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MALE NURSE PRACTITIONERS' VIEWS ON NURSING EDUCATION AS A  
CAREER OPTION: AN INDUCTIVE QUALITATIVE CONTENT ANALYSIS

by

James McDavid

A Dissertation  
Submitted to the Graduate School,  
the College of Nursing and Health Professions  
and the School of Leadership and Advanced Practice Nursing  
at The University of Southern Mississippi  
in Partial Fulfillment of the Requirements  
for the Degree of Doctor of Philosophy

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December 2018

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## ABSTRACT

As the nursing shortage continues, the demand for new nurses will increase. In 2015, nursing schools in the United States turned away 62,361 qualified applicants in the baccalaureate and graduate nursing programs (Fang, Li, Arietti, & Trautman, 2016). The number of funded, vacant nursing faculty positions increased from 6.9% in 2014 to 7.1% in 2015 (Fang et al., 2016). One idea to help with the nursing faculty shortage is to recruit male RNs into nurse faculty positions. Males count for 10.6% of nurses in the United States (U.S. Bureau of Labor Statistics, 2016). However, men only count for 5.5% of full-time faculty at baccalaureate and higher-degree schools of nursing (American Association of Colleges of Nursing, 2013). An inductive qualitative content analysis was done to determine why males do not choose nursing faculty positions as career choices. Ten nurse practitioners were interviewed and recorded. Two categories abstracted from the interviews were Gender and Rewards. Stereotyping issues still need to be overcome by nursing as a profession and society as a whole if more males are to consider nursing faculty positions as a career option. Also, the rewards of teaching need to include internal and external rewards which are important to male nurses.

## ACKNOWLEDGMENTS

I would like to thank Dr. Janie Butts, my chair, and my other committee members.

## DEDICATION

I would like to dedicate this dissertation to my wife and three children. Without their love and support, I would not have been able to accomplish this endeavor. My wife has allowed me to pursue this dream and was inspirational throughout the completion.

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## LIST OF ABBREVIATIONS

AACN	American Association of College of Nursing
ACA	Affordable Care Act
ACS	American Community Survey
CINAH	Cumulative Index to Nursing and Allied Health Literature
CUSC	Clemson University in South Carolina
IOM	Institute of Medicine
RNs	Registered Nurses
U.S.	United States
U.W	University of Wisconsin

## CHAPTER I –INTRODUCTION

As the nursing faculty shortage continues to increase, nursing education leaders must pursue new ways to attract more registered nurses (RNs) to nursing faculty positions requiring education commensurate with the position. One recruitment strategy may be to appeal to male RNs. The nursing faculty shortage is not unusual given statistics mirror the overall nursing shortage within the nursing profession. Current research findings indicate an association between the nursing shortage and compromised quality of care in the United States (U.S.) health system. One such study revealed a relationship between increased RN patient loads and higher readmission rates of patients (Tubbs-Cooley, Cimiotti, Silber, & Sloane, 2013). Specifically, the researchers found a dramatic increase in patient readmission rates when four or more patients were assigned to a staff RN in a pediatric hospital. Another group of researchers found a significant association between nurse burnout and high patient-to-nurse ratios. An association between nurses with high patient-to-nurse ratios and an increase in patients with urinary tract and surgical infections has been identified (Cimiotti, Aiken, Sloane, & Wu, 2012).

The 2014 National League of Nursing's Biennial Survey of Schools of Nursing found a lack of faculty was an obstacle for expanding the nursing programs. (National League of Nursing, 2015). In 2014, nursing schools in the U.S. turned away 68,938 qualified applicants in baccalaureate and graduate nursing programs (Fang, Li, Arietti, & Trautman, 2015). In the school year of 2015-2016, the number of qualified potential nursing students turned away was 62,361 (Fang, Li, Arietti, & Trautman, 2016). The foremost reasons reported for turning away of nursing student

applicants were (a) insufficient numbers of faculty, clinical sites, classroom space, and clinical preceptors and (b) budget constraints (Li, Stauffer, & Fang, 2014).

In one study, 741 nursing schools participated, which represented 75.8% of the total number of schools invited (N=977) (Li et al., 2014). In addition to the 1,328 vacant faculty positions, those same nursing schools reported the need for another 130 faculty positions to accommodate the student demand (Li et al., 2016). Top reasons cited for the growing number of nursing faculty vacancies were insufficient funds to hire new faculty and difficulty recruiting qualified faculty applicants.

An effort to promote diversity in the nursing student population is an ongoing challenge. Some organizations suggested addressing the current and future nursing shortages by steering recruitment efforts toward diverse student population (e.g., American Hospital Association, 2002; Institute of Medicine, 2011). These efforts have not necessarily been successful; for example, only 10.6% of nurses are male in the U.S. (Ingersoll, Merrill, & Stuckey, 2014; U.S. Bureau of Labor Statistics, 2016). Authors have offered ways to attract and retain more minorities and males in nursing programs (e.g., Dyck, Oliffe, Phinney, & Garrett, 2009; MacWilliams, Schmidt, & Bleich, 2013; Stott, 2007).

### Problem Statement

In the past, male nurses have migrated toward high acuity specialty nursing areas, administration or management positions (Evans & Frank, 2003; Williams, 1995). According to the American Association of Colleges of Nursing (AACN) (2013) men only counted for 5.5% of full-time faculty teaching at the Baccalaureate and higher-degree schools of nursing and only 4.5% of nursing school deans were male. The Institute of

Medicine (IOM) (2011) stated nursing should place a greater importance on recruiting males into nursing. The IOM (2011) suggested adding more males would meet the larger goal of having a more diverse nurse workforce. Little research, if any, has focused on how the male nurse moves throughout his career. A large deficit of knowledge exists on the reasons male RNs do not move into nursing faculty roles. Perhaps the problem could be best understood if the voices of male RNs could be explored. New innovative initiatives based on current knowledge could attract more males to nursing faculty roles. Additionally, more male RNs in nursing faculty roles could provide positive role modeling for male students enrolled in nursing programs and for recruitment of high school male students who show an interest in nursing.

The number of funded, vacant faculty nursing jobs continues to increase, as evidenced by a 7.1% national nursing faculty vacancy rate in the academic year 2015 to 2016 as compared to 6.9% in 2014 (Fang, Li, Arietti, & Bednash, 2014). The AACN indicated that in the 2015 to 2016 academic year, 1,328 faculty position vacancies existed in 741 nursing schools with baccalaureate and/or graduate programs (Li et al., 2016). Having so many vacant nursing faculty positions leads to turning away qualified potential nursing students which will worsen the nursing shortage.

#### Purpose

The purpose of this descriptive inductive qualitative content analysis study was to explore the opinions of male RNs who are not in nursing faculty positions and to examine categories and themes related to their decisions of not pursuing nursing faculty roles. Understanding the opinions of male RNs could lead to the development of stronger, improved strategies to recruit and retain male nurses in faculty roles in nursing education.

The findings from this study could offer information to nursing faculty and nursing education administrators on ways to decrease the nursing faculty shortage.

### Operational Definitions

The following terms were operationally defined:

*Nurse faculty*: Nurse who are currently working at a nursing school as a faculty member, either full time or as an adjunct faculty.

*Advanced practice male nurses* (male RNs with a master's degree) in clinical practice: Males in an advanced practice setting but are not employed as a nurse educator. Transgender males were not included for this study.

*Male nursing students*: Male students who are currently working on their nursing degree from an accredited graduate nursing program.

*Male nurse faculty*: Males who are currently working at an accredited school of nursing and are actively teaching nursing school classes or clinical.

### Assumptions, Limitations, Scope, and Delimitations

Assumptions are thoughts or statements the researcher expects to be true, but they may not be true. The assumptions for this research are:

1. The interviewees will report their demographic data questionnaire honestly.
2. The interviewees in this study will accurately respond, report and narrate their story.
3. Nurses could better serve the people if the diversity of nurses mirrored the diversity of the population.

The scope of this study delineates the boundaries of the research. For this study, the scope is to explore and analyze main ideas, then extrapolate themes from the

participants' narrative texts for reasons that male nurses do not usually go into nursing education. Interviews continued until data saturation was achieved using the researcher's interview guide (Appendix A).

Limitations are potential weaknesses the researcher cannot control in the study (Grove, Burns, & Gray, 2013). Limitations for this study are (a) reaching a level of saturation or redundancy in the responses from the interviewees will not ensure that all answers and information are known about the topic and (b) the small sample size characteristic in qualitative studies limits the depth and scope of knowledge. Another limitation is researcher bias; that is, the researcher will be conducting the interviews and making sense of the data, ultimately to extrapolate themes. Inter-coder reliability will be implemented to decrease the potential for researcher bias. A limitation is the researcher is the only one who is doing the data collection and data analysis. Having the one researcher complete the data collection and data analysis produces a potential limitation of researcher bias.

Delimitations are characteristics or variables that can be controlled by the researcher (Grove et al., 2013). To delimit means the researcher defines and exerts boundaries to limit the scope of the study. For this study, the criteria for participation, geographic location, and methodology of the study are delimiting factors.

#### Significance of the Study

Research initiatives on the nursing faculty shortage are vital, especially given the current nursing shortage. The findings from this study provide relevant knowledge of male RNs' opinions and their career preferences. If nursing faculty can develop a better understanding about the reasons most male RNs choose critical care areas, then



recruitment efforts can help steer male RNs to the role of nursing faculty. The focus of the study was to explore the experiences of male RNs not in nursing faculty positions and discover categories and themes related to their decisions for not pursuing nursing faculty roles. Ultimately, the researcher's aim was to contribute findings from this study to nursing educators, so they might develop strategies for recruiting male nursing educators, and simultaneously contribute to reducing the nursing faculty shortage.

#### Transition Statement

The purpose of this qualitative inductive content analysis study was to explore the reasons that male RNs do not move to nursing faculty positions and to uncover themes related to their decisions. Compared to the percentage of male nurses currently, the percentage of man nursing faculty is still low. Currently, 10.6% of nurses are male in the U.S. (U.S. Bureau of Labor Statistics, 2016). The American Association of Colleges of Nursing (AACN) (2013) found men only counted for 5.5% of full-time faculty teaching at the baccalaureate and higher-degree schools of nursing. Using qualitative inductive content analysis to understand the research question of why do male RNs make the career choices they do throughout their career is best answered by using a content analysis approach.

The aging nursing workforce and not having enough new nurses to fill the vacant nursing positions intensify the nursing shortage. Sherman (2012) cited other reasons for the higher demand for more nurses, such as five ways the Affordable Care Act (ACA) (Rangel, 2010) has affected nurses and nursing roles. First, the ACA has resulted in an increase in the nursing workforce because more people are accessing clinics and have health insurance. Second, nursing roles outside of acute care have expanded, such as the

movement from acute hospital settings to ambulatory settings. Third, there is a significant demand for more primary care providers, which entails a need for more nurse practitioners. Fourth, nurses are obligated to have increased accountability in coordination and quality of care for the health care. Lastly, nurses have the opportunity to become the leaders for developing innovative nursing care delivery models.

Nursing practice, as well as nursing education, continues to experience a nursing shortage, but having more males enter into nursing could diminish the nursing shortage. Historically, male nursing students are not as successful in nursing school as female nursing students (Stott, 2003; 2007). One reason may be a lack of male nursing faculty role models and mentors for male nursing students. There are two possible advantages of having more male faculty: (a) greater success of male nursing students if more male nurse faculty served as role models, and (b) inspiration of male nurse graduates to move into nurse faculty roles. Nursing faculty needs to grasp why male RNs are choosing roles other than nursing faculty positions.

### Summary

In the following chapters, the researcher will present the methodology, findings, and a discussion of the study. Chapter II contains a review of the literature. Chapter III includes the research design and methodology of the study. Chapter IV consists of an analysis of collected data. Chapter V consists of a discussion, conclusion, and recommendations for future study.

## CHAPTER II – REVIEW OF THE LITERATURE

### Introduction

For the review of the literature, the researcher conducted searches on the issues of males in nursing and nursing education in Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Allied Health Course databases through EBSCOhost at The University of Southern Mississippi's online libraries. The searches were conducted in May of 2016. Only two relevant articles were discovered during the first search. Because of practically no direct, highly-related research and opinions associated with reasons male RNs do not move into nurse educator roles, other search terms were used. Some of these terms included the nursing shortage, males in nursing, minorities in nursing, the value of male faculty in nursing education, minorities in nursing, nursing faculty, and others.

As the search was later broadened, more articles were obtained, which were relevant to the question at hand. The original time frame for the search was from 2011 to 2016. The searches revealed limited information, the time frame was expanded to include articles from 2000 to the present. Some were published before 2000 but the selected articles were deemed important to show a broad picture of this phenomenon. The researcher derived three main topics based on the readings: (a) the current nursing shortage and potential solutions, (b) males in nursing programs and (c) vocational choices for males in nursing.

A noticeable gap in the literature exists regarding reasons that male nurses do not move into nursing faculty positions. When looking at how other predominately female professions are handling the issue of getting more males into their profession, little

information was found. Much more literature existed about how to get females into male-dominated professions. Most of the articles found about males who are in female-dominated professions were focused on how males make more in those professions than the females.

### Current Nursing Shortage and Potential Solutions

In the midst of the current nursing shortage, nursing schools have to turn away qualified applicants to their nursing programs (Li et al., 2014). In 2014, nursing schools from baccalaureate and graduate nursing programs turned away approximately 68,938 qualified applicants because of budget constraints, insufficient classroom space as well as insufficient numbers of faculty, clinical sites, and clinical preceptors (Fang et al., 2015). Many participants of the American Association of Colleges of Nursing's (AACN, 2013) study reported nursing faculty shortage as the top reason for not accepting the qualified nursing school applicants. More nursing faculty are needed to expand enrollment to include all qualified persons and to overcome the nursing shortage. The AACN released a report in 2014, titled *Special Survey on Vacant Faculty Positions*, which reported a total of 1,236 faculty vacancies in the 714 nursing schools that responded to the survey (Li et al., 2014). In addition, the schools also reported they would need 130 new faculty positions to accommodate current student demand.

Factors contributing to the faculty shortage include the age of the current faculty. In 2013-2014, reported that the average age of doctoral-prepared nurse faculty was age 61.6 years of age for professor, 57.6 years of age for associate professor, and 51.4 years of age for assistant professor (Li et al., 2014). When looking at the masters-prepared nurse faculty, the ages were 57.1 years of age for professors, 56.8 years of age associate

professors, and 51.2 years of age for assistant professors. These findings suggest retiring faculty or faculty near retirement will compound the issue of the nursing shortage of nursing faculty.

The need for master's and doctoral-prepared nurses continues to increase. Not only is there a need for highly educated nurses for nursing faculty positions, but nursing also has demands for advanced practice roles, including nursing anesthetist, nurse practitioner, and nurse executive. The AACN (Fang et al., 2014) reported 13,444 qualified nursing applicants were turned away from master's programs, and 1,844 qualified applicants were turned away from doctoral programs. One of the primary reasons cited was the shortage of nursing faculty to teach in nursing programs.

One difficulty in recruiting nursing faculty is the average salary of nursing faculty. For instance, AACN found the average salary for masters-prepared assistant professors in a school of nursing was \$73,633 (Fang et al., 2014). The American Association of Nurse Practitioners found the average salary for nurse practitioners across settings and specialties was \$94,881.22 (Yard, 2014). The difference is over \$21,000. The large discrepancy in salary for the same level of education may be impeding the ability to acquire more male nurses as nursing faculty.

An increase in salary is critical to ensure adequate numbers of nurses to provide care to patients. A few agencies and states are using different approaches to confront the issue of shortage. For instance, the University of Wisconsin (UW) announced a funded initiative in 2014 titled Nurses for Wisconsin (Young, n.d.). This economic development initiative would supply \$3.2 million to provide fellowships and loan forgiveness for future nursing faculty members, who agree to teach in the state after graduation (Young,

n.d.). Another plan of action that has been successful is by the Jonas Center for Nursing Excellence, which announced a Jonas Nurse Leaders Scholar Program in October of 2012 to provide funding for 198 doctoral students in 87 schools across the country (Curley, 2012). A third example was implemented by the AACN and the Johnson and Johnson Campaign for Nursing's Future (AACN, 2008). This 2008 initiative generated the Minority Nurse Faculty Scholars Program (AACN, 2008) to address the nation's nursing shortage, as well as the need for greater diversity among nursing faculty. Similar initiatives have not been implemented to increase males in nursing education.

The IOM (2011) reported a need for more diversity within nursing to help meet the needs of a diverse public. The IOM is concerned about two issues regarding representation: (a) the ethnic and cultural diversity and (b) the low number of males in nursing. The U.S. Census Bureau (2013) reported that men comprise 9.6% of all RNs, and the highest representation (41%) of male RNs is the nurse anesthetist category, which may leave high insufficiencies of male RNs in other nursing roles. The need to attract diverse nursing students parallels with the need to recruit more nursing faculty of diverse populations. The AACN's annual survey of 2013 illustrated that only 5.5% of full-time nursing school faculty are male RNs.

Many other reports on the nursing shortage, such as the American Hospital Association (2002), the Institute of Medicine (2011), and the Association for Academic Health Centers (2008) pointed to the critical need to recruit more students representing the full spectrum of the population including men and women, all racial and ethnic minorities. One place of growth in diversity is to recruit male nursing students. A more

diverse nursing workforce is essential to meeting the health care needs of the nation (National Advisory Council on Nurse Education & Practice, 2001).

A growing number of programs are working to increase diversity in the nursing student population. Programs from the Robert Wood Johnson Foundation, Johnson and Johnson Campaign for Nursing's Future, and the AACN collaborate with a variety of national nursing organizations to advocate for funding the Nursing Workforce Diversity Grant program (as cited in Nursing Community, 2015). These grants provide nursing educational opportunities for individuals from disadvantaged backgrounds, as evidenced by the fiscal year of 2013-2014, as these grants supported the education of 10,504 students across the country (Nursing Community, 2015).

#### Males in Nursing Programs

Females are moving to areas once predominantly male professions, but males are not moving to the predominantly female nursing profession. Some researchers have reported differences between male and female nursing students. Anthony (2004) reported the educational experiences of males differ significantly from females. The attrition rate of males who enter schools of nursing far exceeds the attrition rate of female nursing students (Scott, 2003; 2007). Written examination results of nursing students favor female nursing students as compared to male nursing students (Kiekkas et al., 2016). Nursing schools are currently designed to meet the needs of their predominately female students (Brady & Sherrod, 2003). Nursing schools emphasize feminine learning styles, communication strategies, notions of caring, and ways of knowing (Ellis, Meeker, & Hyde, 2006).

The first problem, which males sometimes face when they decide to become a nurse, stems from family, friends, or others in their support group (Brady & Sherrod, 2003). Even in the 1970s or before, some male nursing students had a negative experience when they chose a career traditionally reserved for females (Bush, 1976). For example, male nursing students have been confronted with comments from others either of being gay or they failed to make it as a physician (Brady & Sherrod, 2003). Bush (1976) found that one-third of male responders reported being questioned about their sexuality just on the basis of deciding to enter into nursing school.

Challenges for male nursing students usually continue in their nursing programs. Male nursing students have the same issues as female nursing students, but males traditionally have had additional difficulties to overcome. Male nursing students have reported that gender, in a female-predominant population, is a significant determinant of the nursing school environment (Anthony, 2004). Male nursing students have reported they (a) were more scrutinized (Anthony, 2004), (b) were expected to perform at a higher level (Kelly, Shoemaker, & Steele, 1996), and (c) experienced more pressure to be assertive and take leadership roles within the class (Anthony, 2004).

Wilson (2005) stated male nursing students who portray the masculine characteristic of competitiveness and assertiveness sometimes believe they need to temper those characteristics around the female nursing students and avoid sanctions from the nursing faculty. Many male nursing students disclose they feel isolated in the nursing school environment and attributed those feelings to the lack of male nursing faculty and role models in the nursing profession and in nursing education (Bardy & Sherrod, 2003;



Ellis et al., 2006; Stott, 2003). More male nursing faculty are needed to fill the role model for male nursing students.

Labor and delivery is one specialty area that intensifies the stereotyping of males and their roles. The labor and delivery rotation has elicited anxiety, fear, and unclear expectations from nurse educators, staff, and students about the male nursing student's role in this specialty area (Patterson & Morin, 2002; Sherrod, 1991; Trachtenber, 2000). Despite males as a minority in nursing classrooms, one group of researchers observed that male nursing students consistently asked more questions, made more comments, and contributed to discussions than their female colleagues (Dyck et al., 2009). In one class about urinary catheterization, two-thirds of the discussion came from male nursing students even though they only represented 15% of the total nursing student population in that class. Male nursing students sometimes are unafraid to play the role of the joker, challenge the faculty, provide counterpoint defenses to the discussion, and take on confrontational roles inherent to risky masculine behaviors. The female faculty would request "to hear from the guys" even when the males were engaging heavily in conversation during the class (Dyck et al., 2009). During one of the observed classes by the researchers, the nursing faculty stated, "You all know this" when talking about the genitourinary and perineal anatomy of the female. Some male nursing students reported that nursing faculty overemphasized emotion and would expect an inordinately high level of personal reflection, emotional expression, and introspection (Dyck et al., 2009). The researchers concluded that there is a need to consider ways to address gender to promote the success of males nursing students.

Past researchers have found that male nursing students did not have their academic and psychological needs met while in nursing school. For male nursing students to be successful, educators reported they had to develop learning strategies which supported male nursing students in a female-dominated environment (Tumminia & Peterson, 1984). In 1995, Patterson et al. reported nursing education needs to be consistent with the male values of power, competency, and achievement, and male nursing students prefer independence and self-directedness in their learning. Some male students reported they preferred a learning style of processing information through logical and hierarchical organizing approaches (Clump & Skogsbergboise, 2003).

Having male nursing faculty can help male nursing students developing a sense of belonging. Juliff, Russell, and Bulsara (2015) found male nursing students had a sense of connectedness when they had male nursing faculty. During one of the interviews, a male student stated he was in doubt about completing nursing school but just by having a male nurse lecturer, all the doubt disappeared. Another student stated to hear nursing care from a male faculty member was good. Male nursing students find male nursing faculties to be “positive,” “good to hear,” and helps to remove “doubt” about being a nurse (Juliff et al., 2015). Behavior and characteristics of nurse faculty have been described as negative; male nursing students stated the issue was not what the faculty member said, rather how the faculty member said it (Bell-Scriber, 2008).

Stott (2007) suggested six strategies to help nurse faculty meet the needs of male nursing students and help them become successful. These strategies are as follows:

1. Teaching staff should be made aware of their tendency to isolate the male nursing students particularly in relation to asking male students to perform clinically-focused tasks.
2. Select textbooks and test items that are gender neutral in their content.
3. Ensure that adequate male role models are available in the teaching and clinical context.
4. Recognizing that because male nursing students are more likely to experience unique challenges, providing opportunities for discussing problems during their course would be beneficial.
5. Nursing faculties need to be cognizant of gender differences in learning styles and foster a learning environment that focuses on independence as a means of promoting competency and achievement.
6. Male nursing students obviously gain a sense of comfort and mastery when engaging with the technical aspects of nursing. In terms of reducing attrition of males from nursing courses, it is important that the educational context actively promotes the technical aspects of nursing.

(Stott, 2007, p. 331)

#### Vocational Choices for Males in Nursing

Women have made significant strides in professions that were once considered a male-dominated profession. Women account for 32% of physicians and 47% of 1st-year medical students (U.S. Bureau of Labor Statistics, 2010). Men, on the other hand, represented fewer than 10% of RNs (U.S. Bureau of Labor Statistics, 2010). Fewer than 12% of the students enrolled in baccalaureate nursing programs were men. In a report on

the future of nursing, the IOM (2011) emphasized a need for increased efforts to promote a more diverse population in the nursing workforce based on race/ethnicity, gender, and geographic distribution. Because research on the experiences of males working in nursing is scanty, if at all, the perspectives of males who have remained in nursing have not been captured or studied (MacWilliams et al., 2013).

While the nursing profession generally is broad and allows for various career choices or innovative roles, men tend to be unaccepted in some areas of nursing. Male RNs entering the nursing profession experienced barriers to certain nursing choices female RNs did not face (Genua, 2005). Male RNs have a limit to which specialty they choose and are at risk for being labeled and stereotyped. The media often tend to separate male RNs from the female RNs by labeling the nurse as a “male nurse” or “nurse” for the males and just “nurse” for the female nurses. In 2005, the Bernard Hodes Group (2005) conducted a survey to explain why there were few men in nursing. Respondents (N=498) offered their opinions of reasons; 73% of them referred to negative stereotypes of males in nursing, 50% identified nursing as a female-dominated profession, and 42% reported lack of male models and mentors.

Male RNs reported experiencing certain fears in performing certain tasks female RNs did not experience when performing the same tasks. Stereotyping of men as sexual aggressors has made male RNs more keenly aware of their “caring touch” could be misinterpreted as sexual (Evans, 2002). Touching females during obstetrical procedures or childbirth made male nursing students or RNs more aware of how their caring touch could be perceived. Because male nursing students feared their touch would be perceived as sexual rather than professional, the male nursing students would often seek help from

female RNs when performing the more intimate tasks (Paterson & Morin, 2002). Fear would keep most male RNs from even consider working in one of the obstetrical specialties. Fear, among other reasons, has led male RNs to work more in high-tech, low-touch specialties or in administration, even if they initially favored working in a different clinical setting (MacWilliams et al., 2013).

The American community survey showed there were 3.5 million nurses employed in the U.S., and 78% of nurses were RNs (U.S. Census Bureau, 2013). From 1970 to 2011, the number of male RNs grew from 3.9% to 8.1%. The highest representation of male RNs was in the nurse anesthetist area; 41% of nursing anesthetists are males. Nurse anesthetists usually have higher annual salaries than do RNs or other advanced practice registered nursing roles. One study reported men endorsed the statement, “I think I can be a leader in this field” at higher rates than did female RNs (Zysberg & Berry, 2005, p. 197). The female RNs endorsed the statement, “Others always told me I can be a good nurse” much more often than did their male counterparts (Zysberg & Berry, 2005, p. 197).

Other predominately female careers have similar difficulty attracting males to their workforce. Teaching in primary school is an example. Another example is Clemson University in South Carolina (CUSC). CUSC is trying to bring more African American males into education. The university has started the “Call Me MISTER” (Mentors Instructing Students Toward Effective Role Models) program (Snyder, 2011). The initiative provides tuition assistance and leadership training to male African American students who are pursuing a career in education.

The United Kingdom is also having trouble with not having enough males in social work. Galley and Parrish (2014) reported that graduates from social work degrees had factors other than financial reward or professional status as important to their professional identities. Galley and Parrish (2014) also reported a higher attrition rate for the male students as compared to the female social worker students.

#### Summary

Based on this literature review, multiple reasons exist to encourage males to enter in nursing faculty positions. More nursing faculty educators are needed. The nursing shortage could be decreased if faculties did not have to turn away potential nursing students who are qualified because of inadequate numbers of nursing faculty. Having a male nursing faculty member be a mentor to the male nursing students could increase recruitment and attrition rates for male nursing students. Multiple institutions have called for a more diverse nursing workforce and assisting male nursing students can help make the nursing workforce look more like society.

## CHAPTER III - METHOD

### Introduction

The purpose of this qualitative inductive content analysis study was to explore opinions of male registered nurses (RNs) who are not in nursing faculty positions and to discover categories and themes related to their decisions for not pursuing nursing faculty roles. Understanding the opinions of male RNs could lead to the development of stronger, more improved strategies to recruit and retain male RNs to faculty roles in nursing education. Meaningful studies on this phenomenon have been scant; this research provides a foundation for development for future research studies.

### Research Design and Approach

The design for this study is a descriptive inductive qualitative content analysis. The purpose of descriptive research is “to observe, describe, and document aspects of a situation as it naturally occurs” (Polit & Beck, 2012, p. 226). A qualitative approach design was appropriate for this study since the interviewer serves as the basis for data collection. The descriptive design was a critically important design for acquiring knowledge in an area where only minimal research is available (Groves et al., 2013).

Content analysis as a method has gained a significant place in nursing research for several reasons. The method is (a) content-sensitive; (b) flexible in the research design; (c) simplistic; and (d) facilitates and brings meaning, intentions, consequences, and context to collected data (Elo & Kyngäs, 2007; Appendix B). Permission was obtained to use the Elo and Kyngäs (2007) method (Appendix C). In the graphic representation in Appendix B, the inductive qualitative content analysis method by Elo and Kyngäs (2007) was used for this study. The aim of Elo and Kyngäs (2007) was to examine data in a new

context, usually moving from specific to general statements or themes. Three primary phases occur with inductive qualitative content analysis: preparation, organizing, and reporting (Elo & Kyngäs, 2007; Appendix B). The preparation phase consists of the selection of what is to be analyzed, then make sense of the data and the whole. The organizing phase includes open coding, using coding sheets, and grouping similar chunks of data, categorizing the groups, and abstraction, which means collapsing the themes into higher abstractions. The reporting phase entails completing the data analysis and then reporting the findings.

The Elo and Kyngäs (2007) method involves (a) open coding with extrapolation of data chunks with similar meaning into codes and documenting on the coding sheets, (b) organizing the similar data texts into categories, and (c) making sense of the data. Making sense of the data involves the whole organizing phase of open coding, coding sheets, grouping similar texts into themes, and collapsing the themes into main categories until higher abstraction can go no further. At that point, the highest abstractions, or main categories, become the conceptual categories from the study.

### Trustworthiness

Trustworthiness is a way of reassuring the reader that the analysis and the results are valid. Foremost, to have the element of trustworthiness, readers need to have some confidence that the steps and processes for data collection and analysis were an acceptable and universal method (Elo & Kyngäs, 2007). Another way to ensure trustworthiness is to use authentic citations but, at the same time, have a balance between authentic citations and defensible interpretations. Content and internal face validity are two other aspects to help ensure the trustworthiness of the results.



For this researcher's study, using the Elo and Kyngäs (2007) method and supporting the content and method with authentic citations and defensible interpretations are ways that will preserve an acceptable method for following the study's processes, such as data collection and analysis. Maintaining trustworthiness was initiated before the interviews began. The researcher documented content validity by a panel of content experts to verify whether the interview questions were useful and that the item reflected what the researcher intended to ask. The panel consisted of three-man nurse educators. The panel of three experts scored yes they agreed or no they did not agree on the content of each item. They provided suggestions to each item or provided feedback on the overall interview guide. Percentages between the three experts' scores determined the degree of content validity. Using these experts also helped to account for the possible bias of the researcher.

To demonstrate internal face validity of the data analysis, two or more interrater reviewers will document the degree of agreement in terms of categories and themes, making sense of the data, and the overall meaning of the results and the study. When disagreement between the interrater reviews becomes an issue, alternative explanations may be offered until an agreement is reached. The process of interrater discussions and categorizing should continue until saturation of the data is complete (Hickey & Kipping, 1996).

#### Role of the Researcher

After the recruitment of the participants, the researcher did an oral presentation (Appendix D) discussing the study to the participants. Following the presentation and a time to answer any questions, the participants signed an informed consent (Appendix E).

After the informed consents were completed, each participant completed a demographic data questionnaire (Appendix F). Then the researcher conducted the interviews using a guide (Appendix A) for asking questions. The interviews were recorded and then transcribed verbatim for data analysis. The researcher listened to the participants during the interviews. During the interviews, the researcher examined the texts for not only what is said but also the tone and inflection that was made while it was being said. Using this method helped the researcher in spotting clues and meanings beyond just the spoken words. By adding the tone and inflection of the texts, the researcher can give better meaning to what was said.

The researcher conducted all the interviews and written data collection. Participants completed the demographics form and signed the consent. All interviews were recorded by the researcher and then transcribed by a transcriber. The researcher conducted the data analysis from the transcriptions. Themes were formed as the researcher extracted and categorized similar data chunks. The questionnaire was composed of open-ended items and was developed and reviewed by a panel of three content experts to help ensure that the questions are appropriate for the study (Appendix A).

The researcher interviewed the participants to explore the experiences of male registered nurses, not in nursing faculty positions and discover categories and themes related to their decisions for not pursuing nursing faculty roles. The interviews were face-to-face, audiotaped, and coded for the interview, transcription, and analysis phases. The coding process consisted of a reordering of the interviewee names that only the researcher has access to. The researcher stored the recordings on a password protected

computer and sent the recordings to the transcriptionist with no identifying information for transcription. After receiving the transcripts back from the transcriptionist the researcher reviewed the transcripts while listening to the recordings to ensure the accuracy of the transcripts.

### Instrument Development

The interview guide was first created with 8 questions. The researcher created the questions based on popular ideas found in the literature as well as used what relevant research was available on this topic. The questions were sent to 3 different male RN educational experts, who remained anonymous to each other and to anyone other than the researcher. The panel consisted of three male nursing faculty members. Each expert reviewed the level of content validity of each question. When an expert reviewer believed a question had validity, he scored it as valid. When an expert marked corrections to any question, he scored it as valid with alterations. When an expert thought a question was invalid, he scored it as such. In the comments section, the experts also were able to type in a question they believed would be valid and help answer the research question. Each expert returned the interview guide to the researcher with feedback.

After the questions were returned, the researcher analyzed the scoring of each of the reviewer's comments in a collective manner. Items with at least 2 scores reflecting validity became part of the questionnaire. When a question was scored as valid with alterations, the question was adjusted to convey the expert's suggested meaning. When a question was scored as invalid by 2 of the experts, the item was discarded or adjusted and re-evaluated. Newly suggested questions by the experts were incorporated into the interview guide. The corrected interview guide was returned back to the same 3 experts

for additional scoring. This iterative process was repeated until 9 questions were considered valid, at which point the researcher sent those 9 items back to the experts a final time to have them decide if any final changes need to be made. When there were no new changes, the interview questionnaire content was considered valid (Appendix A). To allow for the most complete data collection, the questions needed to be specific enough to give guidance but general enough to allow the participant room to explore the idea.

#### Procedures for Participant Selection

The snowball sampling method was used for obtaining more names for potential use in the study. This sampling method continued until the needed number of participants was reached. The researcher began the interview process with four different male nurses who are not nurse faculty. The study and participation were explained to each participant. After the participants agreed, they completed the consent process by reading and signing the informed consent. The researcher collected them from the participants. The interviews were held individually. At the end of each interview, the four participants were asked if they knew another male RN within the selection criteria who might be interested in participating in the research. Information about the study and how to contact the researcher was sent to eligible candidates who were interested in participating in the study. Once the potential participants were contacted, the researcher ensured that each person verified the inclusion criteria for each potential participant. Incentives to participate were not offered during the study.

#### Measures for Ethical Protection of the Participants

The researcher obtained approval for the study from The University of Southern Mississippi's Institutional Review Board (IRB Protocol #17062602) (Appendix G). An

informed consent (Appendix E) was obtained by signature after an oral and written explanation of the purpose and procedures of the research and any necessary follow-up procedures. The researcher obtained permission from each participant to record the interview by way of audiotaping. Participants were informed they could withdraw from the study at any time without ramifications from the researcher or the participants. Participants read the informed consent before signing it. A signed copy was kept by the researcher and one was given to the participant.

Confidentiality was maintained. Names were not used or indicated on the recordings of the interviews, the demographic questionnaire, or in the dissemination of the research. The findings were reported in a collective manner. Rather than using a name, a pseudonym was assigned to each participant by the researcher at the beginning of the interview. These code names were: Alfa, Beta, Charlie, Delta, Echo, Foxtrot, Golf, Hotel, Juliet, and Indigo. A master file kept by the researcher was the only location of the names and codes of the participants. Each participant's code name was placed on the interview and demographic page. The transcripts, demographic pages, and findings will be maintained only on a master file in a locked cabinet owned by the researcher for a duration of five years. After five years, all digital and hard-copy documentation will be destroyed. The transcriber will have access only to the codes. No one except for the researcher will be able to connect the codes with the participants' names.

#### Criteria for Selecting Participants

Interviews were continued until saturation and a level of redundancy was reached. Saturation means that further interviews would not necessarily yield new information; therefore, no other participants were included in the study (Creswell, 2009). To meet the

criteria for participation in the research, participants (a) were male, (b) had a Master's degree in nursing, (c) were nurse practitioners, (d) were not working or have never worked in nursing education, (e) were not currently earning a nurse educator degree, and (g) were currently practice as a nurse.

### Data Collection

Participants were contacted to set up a meeting time for the interview and were alerted that the duration of the interview will be approximately 1 hour for the consent signing and the interview. The interviews took place in a quiet place to reduce interruptions. The interviews were recorded by audiotaping and then transcribed by a professional transcriptionist. Using this approach allowed the researcher to focus on the interview without being distracted by note-taking during the interview. After receiving the transcriptions, the researcher listened to the recording while reading the transcriptions to ensure that transcribed data were correct. During this time, the researcher added necessary notations about the tone of the participant in case the transcriber did not document in the transcription; for example, a tone of anger or an element of surprise. The interview questions (Appendix A) were used as a guide for the interview. These basic questions were the same for each interview although the researcher broadened some questions for clarification of an answer or to probe for a deeper explanation or expansion on a response.

### Data Analysis

Computer software was not be used in the abstraction phase. Two coders (the researcher and a person with skill in the inductive qualitative content analysis) separately analyzed the narrative transcripts and the characteristics of each section of a message.

The two coders' analyzed the data with the thought that too many themes or categories could be a sign that the coders were unable to categorize the data accurately. They compared their findings, which led to a cycle of making sense of the data and extrapolating chunks of texts into similar groupings of information.

The researcher (1<sup>st</sup> coder) color-coded the chunks of data so that each statement relating to a specific had the same color highlight as other statements fitting within that same group. The chunks of data were re-examined by the skilled coder (2<sup>nd</sup> coder) to verify interrater reliability. The skilled coder reviewed the transcriptions, compared the extrapolated groups to the first coder's groups, and reviewed the transcripts for any missed groupings or discrepancies in groups.

Each of the two coders separately reviewed the transcription and themes; themes from all interview transcripts were reviewed as a complete entity. Each coder reviewed the transcripts individually, and then the two coders discussed the results. Each coder reviewed the findings again individually and this iterative procedure repeated itself until both coders were satisfied with the findings. The abstraction process was used for this inductive analysis. The groups that are similar in meaning were collapsed, or abstracted, into larger themes to reduce the number of groups. Each theme was labeled in such a way as to characterize the content within each one. When creating the larger categories for one or more similar themes by way of an inductive method, the researcher went through a process of interpreting which category to place with each theme and then classified the themes as belonging together within the same category. To accomplish the abstraction process, the coders individually, then together, compared the themes in each larger category to discern for any theme that did not belong to the group. The purpose of these

larger categories was to provide more meaning to and increase understanding of the phenomena under study in this research, which could generate more knowledge in the future.

### Summary

The research question of why do male RNs make the career choices they do throughout their career was best answered by using a content analysis approach. Qualitative inductive content analysis helped the researcher understand the opinions of male RNs. The descriptive design was critically important design for acquiring knowledge in an area where only minimal research was available (Groves et al., 2013). Using the knowledge gained could lead to the development of stronger, more improved strategies to recruit and retain male RNs to faculty roles in nursing education.



## CHAPTER IV – PRESENTATION AND ANALYSIS OF DATA

Chapter IV consists of the findings from this inductive qualitative content analysis. Chapter IV begins with a condensed review of the development of the interview guide and sampling method. Then, findings from the transcripts are presented by themes and categories through an abstraction process (see Appendix B).

The questions for the interview guide were developed using a panel of 3 content experts in a blind separate review. First, the researcher developed the initial draft of 8 questions based on popular ideas found in the literature. Questions were then given to the 3 content experts for their review. Each reviewer evaluated the items for the content validity of the questions and then sent them feedback to the researcher. The researcher then corrected the interview guide items in accordance with the feedback from the experts. This iterative process continued until the experts could document the items as valid. The interview guide was finalized with 9 items documented as valid (see Appendix A).

The researcher then presented the questions to 4 nurse practitioners who met the requirements of the study and the researcher currently knew. An additional 6 participants were found using the snowball method. The interviews were recorded and then professionally transcribed. At the end of the interview, the researcher asked if the participant knew of anyone else who might qualify for the study. These new potential participants were contacted to ensure they were willing to the participant and met the selection criteria. The criteria for participation in the research were that the participants (a) were male, (b) had a Master's degree in nursing, (c) was a nurse practitioner, (d) were not working on or have never worked in nursing education, (e) were not currently earning

a nurse educator degree, and (g) were currently practicing as a nurse. Using this snowball method of sampling, the researcher recruited 10 participants for the interviews.

The interviews were recorded so the researcher could concentrate on what and how the participants responded to the questions instead of trying to transcribe during the interview. Recording the interviews also allowed the researcher to review the interviews multiple times with the transcripts in order to try to fully understand the meanings behind what was being said. The basic questions were asked of each of the participants with follow up questions asked for clarification by the researcher.

#### Evidence of Quality

To ensure the credibility of this research, several issues were addressed. Strategies used to create more confidence and trustworthiness of the data collection and analysis included: following procedural accuracy; adhering to the planned inductive qualitative content analysis method, as presented by Elo and Kyngäs (2007). Also, the recruitment of content experts to review the interview guideline; and an interrater coding system between the researcher and an experienced researcher, as recommended by Polit and Beck (2008). The transcripts and the associated coding, meanings, and themes were analyzed independently by the experienced researcher (chairperson of the committee).

#### Findings

The findings from the interview transcripts build logically from the research purpose and the research design. The purpose of this descriptive inductive qualitative content analysis research was to explore the opinions of male RNs who are not in nursing faculty positions and to examine categories and themes related to their decisions of not pursuing nursing faculty roles. Understanding the opinions of male RNs may lead to the

development of stronger, improved strategies to recruit and retain male nurses in faculty roles in nursing education.

The following findings include the extrapolated themes, the abstracted larger categories, and some examples of data from each interview item. There were 20 groups gleaned for the interviews. The groups were then placed into seven different themes and the 7 themes were then placed into 2 different categories.

The researcher extrapolated groups of data from the interview transcripts (Table 1). These groups of data were then related back to the questions from which the information was gleaned. The same groups of data could come from multiple questions.

Table 1

*Groups*

Groups	Related Questions Numbers
Job Opportunities	1, 8 & 9
Job Security	1, 8 & 9
Job Advancement	1, 8 & 9
More Job Options	1, 8 & 9
Money	1, 8 & 9
Family Members in Nursing	1 and 8
Relationship with Patients	1 and 8
Wanted to give care to people	1 and 8
Doesn't desire to be a nurse faculty member	9
No desire to teach because I don't think I could do it	9
Males have different teaching styles than females	4 and 6
Male nursing students connect with the male nursing faculty better	4 and 6
Male nursing instructors are role models for male nursing students	4 and 6
No discrimination noted from the female nursing students	2 and 5
Did feel discriminated on especially during the OBGYN clinical	2 and 5

Table 1 (continued).

Felt privileged being a male in nursing school	2 and 5
Males are needed in the practice area more than in the classroom	3
Males are the Head of the household	3
Teaching is a female role	3
Faculty schedule is better for females than	3
Males like higher acuity patients and highly technical aspect of nursing rather than the typical floor nursing	3
Do not know	7

The researcher placed each related groups of data together. The data were listed as themes. The themes discovered were external rewards, internal rewards, no desire, connections, discrimination, gender stereotyping, and do not know (Table 2).

The theme of external rewards are groups that dealt with rewards coming from outside sources. Steers and Porter (1991) defined external rewards as the rewards that came from environmental sources, coworkers, supervisors, or the organization's rewards system. These rewards could be either positive or negative. The rewards include items by having the job and have nothing to do with the person themselves. Job opportunities, job security, job advancement, more job options, and money (or higher salary) were groups of data that emerged from the participants' reason they wanted to be a nurse and why they decided to be a nurse practitioner.

Internal rewards are more to do with the individual themselves. Steers and Porter (1991) defined internal rewards as the rewards that come from doing the job itself. These internal rewards would include personal worth, as well as, the feeling of accomplishment or achievement. The internal rewards come from the person doing the job rather than from somewhere else. Each person may have different internal rewards because they come from

within the person who has the job. The internal rewards included (a) family members in nursing, (b) no desire to teach, and (c) wanted to give care to people. The data was collapsed into the theme of internal rewards

The next set of themes to be categorized from the groups was no desire. The categories included both the external and internal rewards in the determination on whether to stay with their current job or move to another. To change from a current job to another job the internal and external rewards need to be greater than their current job. Since their answers were no desire to teach, then their current internal and external rewards were greater compared to the potential internal and external rewards if they changed jobs.

Connections were the next theme discovered from the groups. The connection theme describes the connection the male nursing student had with male nurse faculty members or if they did not have one their perception of connections, would they have had one. The connections between the male student and male faculty would perhaps be different than the connections with the female faculty members.

The theme of discrimination illustrated a dichotomy of answers from negative discrimination towards the male nursing students to a positive discrimination towards the male nursing students. While the research showed the male nursing students felt conspicuous in class, none of the participants felt singled out in the classroom in a negative way. The theme discrimination encompassed 3 main data groups. The first data group was the male nursing students did not note any negative discrimination towards them while in nursing school. The second data group was some male nursing students felt privileged in school because they were male. The last data group was male nursing

students did feel some negative discrimination towards them but it was while on the hospital floor during the OB-GYN rotation.

The last theme collapsed from the groups was gender stereotyping. This theme was collapsed from the groups (a) males are needed in the practice arena more than in the classroom, (b) males are the head of the household, (c) teaching is a female role, (d) nurse faculty schedule is better for females than males, and (e) males like higher acuity patients and highly technical aspects of nursing rather than the typical floor nursing. The theme of gender stereotyping encompasses all the groups that had something to do with answers based on preconceived gender roles.

Table 2

*Themes*

Groups	Themes
Job Opportunities	External Rewards
Job Security	External Rewards
Job Advancement	External Rewards
More Job Options	External Rewards
Money	External Rewards
Family Members in Nursing	Internal Rewards
Relationship with Patients	Internal Rewards
Wanted to give care to people	Internal Rewards
Does not desire to be a nurse faculty member	No Desire
No desire to teach because I do not think I could do it	No Desire
Males have different teaching styles than females	No Desire
Males have different teaching styles than females	Connections
Male nursing students connect with the male nursing faculty better	Connections
Male nursing instructors are role models for male nursing students	Connections

Table 2 (continued).

No discrimination noted from the female nursing faculty	Discrimination
Did feel discriminated on especially during the OBGYN clinical	Discrimination
Felt privileged being a male in nursing school	Discrimination
Males are needed in the practice area more than in the classroom	Gender Stereotyping
Males are the Head of the Household	Gender Stereotyping
Teaching is a female role	Gender Stereotyping
Nurse Faculty schedule is better for females than males	Gender Stereotyping
Males like higher acuity patients and highly technical aspect of nursing rather than the typical floor nursing	Gender Stereotyping
Do not know	Did not have a theme

Themes were then abstracted into two categories (Table 3). The first was a job. The category of job included all the themes that related to the job. The themes included in the job category included (a) external rewards, (b) internal rewards, and (c) no desire. These themes are the reasons for the participants' job choices. They either wanted an external reward of some kind or an internal reward of some kind. The no desire theme indicated that their current job is meeting their external and internal rewards so there is no need for a job change.

The second category is gender. The category gender encompasses all the gender-related themes. The gender-related themes included (a) discrimination, (b) connections, and (c) gender stereotyping. The discrimination was based on the gender of male nursing students or as being male nurses. The discrimination could either be a positive or a negative discrimination. The connections were due to the student and the faculty both being male. The participants felt having a male nursing faculty member would have been

beneficial not because they would be better instructors but because they would have been able to talk to males more easily. Also, they thought having a male faculty member would have been beneficial because the male faculty members would have a different teaching style. The last theme is gender stereotyping. The participants felt teaching was more of a female role and the male was head of the household.

The “I do not know” group did not fit into either category. Only 4 responded to Question 7 with “I do not know.” Since the data “I do not know” did not add any useful information to the research it was noted but not added to the final conclusion.

Table 3

*Categories*

Themes	Categories
External Rewards	Job
Internal Rewards	Job
No Desire	Job
Connections	Gender
Discrimination	Gender
Gender Stereotyping	Gender

Description of the Findings by Interview Question

*Question 1*

What led you to nursing and what has led you to make the changes in positions over your career?

The participants generally stated three reasons they entered into the nursing profession. They wanted to: (a) give care to patients, (b) develop a relationship with patients, and (c) follow in the footsteps of another family member who was a nurse. The



main reason for advancing their education to a master's degree was to become nurse practitioners, and they wanted a higher salary.

*Question 2*

How many male nursing faculty did you have? What impact, if any, did they have on you?

Of the 10 participants, 60% (n=6) stated they had a male nursing faculty member during their BSN nursing education. Of the 6 who had a male faculty member during their BSN program, 16.7% (n=1) never met the male faculty member because the classes were online. Of the 10 participants, 50% (n=5) had male nursing faculty members in their MSN program; 50% (n=5) stated there was no difference in their experience between males and female faculty members (2 of these had very limited contact, if any, with the male faculty). Of the 5 participants who had male faculty members, 80% (n=4) believed they had a positive experience having male nursing faculty members. Twenty percent (n=1) of those 5 participants thought the male faculty member was a negative impact because he was harder on the male nursing students than he was on females. Echo was a pseudonym name for one of the participants. He expressed his positive experience with the male nursing faculty member:

The time that I spent with him was [in classes with content in] management and research. However, I had opportunities to sit down and talk to him, even as an undergraduate BSN RN, [and] to dive into why he chose to serve as an adjunct professor in the midst of being a full-time family nurse practitioner, and it was through talking with him that kind of laid some of the groundwork as to what led

me back to my master's program; [it was] based on things that [the male faculty] had stated in regard to: "This is why I teach and this is why I do what I do."

### Question 3

What are your thoughts as to the reasons males typically do not choose a career in nursing education?

Of the 10 participants, 50% (n=5) offered rationale on why male nurses typically do not go into nursing education. The responses included: (a) teaching is considered a female role, (b) nurse practitioners make more money, (c) 30% (n=3) did not know why male nurses would choose not to go into nursing education as a career but they personally had no desire to teach, (d) 10% (n=1) stated males feel they need to be in the practice arena, and (e) 10% (n=1) stated he had no opportunity to teach.

An example of Echo's view was:

I think there is a stigma that educators are primarily female, and I think that plays a large role; and I think there is a false pretense that if you go into education you are unable to make a good living as compared to what you can do as a nurse practitioner, because oftentimes as a nurse practitioner not only do you get paid a higher salary, you also have the opportunity for overtime pay and other [advantages], so this serves as reasons men choose to become an NP.

### *Question 4*

In what ways would it be beneficial to have more male instructors in nursing school?

Of the 10 participants, 90% (n=9) thought it would be beneficial to have more male nursing faculty in the nursing school. The reasons for the benefit encompassed three

main thoughts: (a) Juliet, Indigo, and Alpha thought the benefit would be from the connection between the male faculty member and the male nursing student; (b) Hotel, Echo, and Charlie thought the benefit would be from other males seeing male faculty members and, therefore, more males would consider nursing as a career option; and (c) Delta, Golf, and Foxtrot thought the benefit would come in the classroom because male faculty would give a different perspective on a situation than a female faculty member. Delta stated: “See [it’s] a different aspect. A male’s approach would be a different view so to speak.” Charlie stated his thought in a different way: “They [male faculty] all seemed to display a different side of nursing [than the female faculty] so they [male faculty] encouraged me and let me know that I could work in this field as well.”

#### *Question 5*

Do you believe male students experience discrimination in nursing school? If yes, in what ways do males experience discrimination?

The participants reflected mixed opinions whether they experienced or saw any discrimination during their nursing education. Echo, Delta, and Alpha stated they saw discrimination while in nursing school. Alpha saw some discrimination from hospital staff where the students attended their clinical, and he stated: “They (hospital staff) are much more uncomfortable with male nursing students being on an OB-GYN floor [than female nursing students].” He even conveyed that this discrimination went beyond the nursing student role to males working as licensed nurses. He explained, “One of the two [males] that graduated in our class was interested in going to work at a hospital near his home in OB-GYN and actually met the floor manager. He was specifically told he could not work there because he was male.”

Juliet, Indigo, and Beta felt they had an advantage while in nursing school because they were male. Juliet stated that while he was on the floor as a nurse, there was some discrimination. Juliet stated, “If you were the only male on the shift, there were certain jobs you always had to do, whether you’re the biggest or you’re not.” Hotel, Charlie, and Golf did not see any discrimination, and Foxtrot was unsure.

#### *Question 6*

Do you believe there should be more male role models in nursing education? If yes, how would having more male role models in nursing education help recruit more males into nursing?

Of the 10 participants, 60% (n=6) believed that having more male nursing faculty members would help with the recruitment of males to the nursing profession. Delta stated, “If you have someone that you identify with that is in a higher level of education, it may drive you.” However, 20% (n=2) did not know or did not believe having male nursing faculty members would be role models and would not help recruit males to nursing. Golf stated, “I had two really good female instructors that were really good role models on how you should behave as a nurse, [to] be professional.” One of the participants, Charlie, summarized:

I don’t know that you would increase [the number of males in nursing]. There’s a certain person or type of person who will make a good nurse or one who would stick with it. I’m not sure that just increasing the number [of male nursing faculty] would increase your enrollment or [encourage male students to] stick with it.

### *Question 7*

Male nursing students have a higher attrition rate than female nursing students. What could be done to help retain male nursing students at a rate equivalent to the female nursing students?

Three of the participants (30%) thought the male nursing students did not know what becoming a nurse meant. Charlie summed it up as, “They just do not know exactly what all is entailed in nursing.” Three of the participants (30%) stated that having clinical settings in higher acuity areas may be more appealing to male nursing students and inspire them to finish nursing school.

One participant, Juliet indicated:

“I was about to graduate and knew I didn’t want to be a nurse, [but] when I found the ER, I thought, ‘Oh, I can do this’ so maybe it would be beneficial to include [in a clinical rotation]. I know it’s not feasible in education, but including some exposure to the ER setting or higher acuity settings.” Delta stated, “I’m not going to do bed baths. You know you’re initially put through that first semester of school, all the rough stuff. They probably look at this and they’re like ‘I’m not here to do that’.”

### *Question 8*

Do you have suggestions that might make a career in nursing education more appealing to males?

Echo stated:

Showing male nurses [how] going back to school for nursing education can certainly benefit you because now you are ‘not performing patient care. [As a

faculty member] you are indirectly performing patient care because you are taking a [nursing student's] fresh mind and molding them into someone who is going to be at the bedside 12 hours a day or 10 hours a day or 8 hours a day.

Forty percent (n=4) of the participants did not offer any reasons why male nurses do not go into nursing education.

### *Question 9*

What would motivate you to transition into a career in nursing education?

Of the 10 participants, 30% (n=3) did not see themselves as nursing faculty members. The reasons given were: (a) they did not like speaking in front of crowds, (b) they were too direct to be an instructor, and (c) they did not like the classroom atmosphere. However, those same participants believed that male nurses could be motivated to become nursing faculty for higher salaries because the male role in the family is considered the primary breadwinner. Sixty percent (n=6) stated money would be the primary motivation to move them into nursing education. Echo indicated:

Obviously, there would be, you know, for me being a family man, there would be costs involved. [Motivators] could be the kind of benefits involved, not only financially, but also in terms of pensions, insurances, curricula, student load, and the actual load of the classroom time.

### Summary

Because male nurses choose different career paths, nurse educators need to begin to understand why males started nursing as a career in the first place. The predominant reason for males to chose nursing was to care for others. The other reasons presented

were job opportunities, money, and family tradition. Two participants stated the reasons they earned their nurse practitioner license was because of money (or higher salary).

Regarding nursing school, 30% (n=3) of the participants stated they or the other male students experienced some discrimination because they were a male nursing student. Alpha stated, "A female student did one thing, and the male student did the very same thing, the male student would fail the clinical." Delta stated, "Males were always targeted more." One participant (10%, n=1) had a different perspective. Juliet stated he believed the male nursing students were treated better than the female students. Another participant (10%, n=1) stated he felt at times some were favored and at other times, some were discriminated against. Forty percent (n=4) of the participants stated they did not experience any bias toward or against themselves while in nursing school.

When asked about why males nursing students have higher attrition rates than female nursing students, the main reason was that males did not know what they were getting into when choosing to make nursing a career. More male nursing students withdrew from nursing school because it was not what they wanted to do as a career. Other participants did not know why the males withdrew or did worse in nursing school than the female nursing students.

The participants generally said that having male nursing faculty members would have been beneficial to them. While they did not think being male would make you a better instructor than being female, they believed male nursing students could better connect to the male nursing faculty because they voiced that they would receive a different perspective to a particular problem than they would from females. Foxtrot

explained, “A male’s approach would be a different view so to speak.” Some (40%, n=4) participants thought attrition rates of the male nursing students would decrease.

The participants were asked ways that could make a role of nursing faculty more appealing, the participants stated that they were more attracted to the more technical aspect, so they went into nursing practice instead of the classroom. Juliet stated, “Males [usually] work in higher acuity clinical settings, as far as ER or ICU.” He had the opinion that the teacher role was still considered a female job. Golf stated, “I think it’s such stigma more than anything in the community.”

When asked how to get more males into nursing faculty positions, 80% of the participants stated, “More money.” One participant (10%) would rather work in a clinical setting than a classroom. Another participant (10%) stated the flexibility of being off would be more beneficial for female faculty members because of childcare issues, as compared to males.

Seventy percent (n=7) of the participants said that a comparable employment package, comparable to what they currently had in practice, would attract them to nursing faculty positions. Thirty percent (n=3) stated they currently make from \$90,000 to \$100,000 annually. Seventy percent (n=7) stated that they currently make more than \$100,000 annually. Overall, the participants thought it would be beneficial to have more male nurse faculty members because the male nursing students would have a male counterpart with which to connect. The participants generally thought male nursing students would be driven to finish school since they could see male nursing faculty members who had been through the process of nursing education and nursing practice.



The primary reason male nurses sought a nurse practitioner degree instead of becoming a nursing faculty member was because of the desire for more money (or higher salary).

## CHAPTER V – DISCUSSION, CONCLUSIONS, AND Recommendations

The nursing shortage negatively affects hospitals and other clinical settings, as well as, nursing faculty numbers. An example of the negative impact on numbers, nursing schools turned away 68,938 qualified applicants in baccalaureate and graduate nursing programs in 2014 (Fang et al., 2015). There were 1,328 vacant nursing faculty positions, and those same nursing schools reported the need for another 130 nursing faculty positions over and above the current vacant positions at that time (Li et al., 2016).

Efforts to promote diversity in the nursing student population in programs of nursing are an ongoing challenge. Having more male RNs in nursing faculty roles could provide positive role modeling for male students enrolled in nursing programs and for recruitment of high school male students. Male nurses have migrated toward high acuity specialty nursing areas as well as, administration or management positions (Evans & Frank, 2003).

The purpose of this descriptive inductive qualitative content analysis study was to explore opinions of male RNs who are not in nursing faculty positions and to discover categories and themes related to their decisions for not pursuing nursing faculty roles. Understanding the opinions of male RNs could lead to the development of improved strategies to recruit and retain them in faculty roles in nursing education. Improved strategies could help with the faculty nursing shortage.

## Interpretation of Findings

The interview questions in this research were developed by the researcher and were reviewed by three blind expert reviewers. The interview guide was finalized with nine items. The following major conclusions are inferred based on the findings of the texts and the analysis of the research:

1. The reason the participants chose nursing was to give care and develop relationships, follow family traditions, ease of getting accepted in nursing school, job security, and job opportunities. The main reason the participants returned to school for a nurse practitioner instead of as a nurse educator was due to money. However, some participants did not see themselves as an educator regardless of the money.
2. The participants had fewer if any, male nursing faculty members either in their undergraduate or for their graduate degrees. No clear impact by the participants for having a male nursing faculty member was noted.
3. According to the participants, the reason males typically do not choose a career in nursing education was because nursing faculty members are seen as female roles, salaries were higher as a nurse practitioner than for a nurse educator, males prefer the highly technical aspects of nursing and the high acuity patient care.
4. Participants believed that having more male nursing faculty would be beneficial because the male faculty could be a mentor to the male nursing students, and the male nursing students would better connect to the male nursing faculty.

5. Participants were split on if they had experienced discrimination or not while in nursing school. Discrimination was an issue with one participant related to the experience during the OB-GYN clinical in nursing school. The other two participants believe the male gender gave them an edge over females.
6. The participants did feel that one benefit for having male nursing faculty would be the male instructors would have a different point of view than the female faculty.
7. The participants felt having more male nursing faculty could help with the attrition of the male nursing students due to the male nursing students would have the drive to finish because of the connections to the male nursing faculty.
8. Paying more salary and having less time in the classroom were reasons given to make nursing faculty positions more appealing to males.
9. The main motivating factor to get the participants into a nurse faculty position was making the compensations comparable to what they were currently making.

The two categories abstracted from the data were job and gender. These two ideas were found throughout the answers given by the participants. The reason was given for getting into nursing dealt with both internal and external rewards. The participants wanted to help others, follow in the family tradition, or have a relationship with the patients which were the internal rewards. The external was job opportunities, job security, job advancement higher salaries, or more job options. The reason they stayed in their current positions was due to their current job met these needs and therefore they had no desire to move to another job.

According to Healy (2004), there are three pros for job comfort. First, it can lead to less anxiety due to job security. Second, the more a person gets along with their fellow co-workers the greater the job satisfaction the person may feel. Finally, a person does not want to feel overwhelmed with job duties.

#### Implications for Social Change

The growing nursing shortage will only worsen with the inadequate number of nursing faculty. While males account for 10% of the total nursing force, only about 5% of nursing faculty are male. The hope of this researcher is that these findings will contribute to strategies to attract more male RNs to nursing education roles and therefore fewer qualified nursing students would be turned away.

The findings from this study have led to multiple questions such as (a) does having more male faculty help with the attrition rates of the male nursing students, (b) would more male nurses move into nurse faculty positions if the salary was comparable to a nurse practitioner, and (c) to what extent do male nursing students believe there is a benefit to having male nursing faculty plus others, which will need to be addressed to entice more males into nursing faculty positions. Further research is recommended to address the issues facing nursing faculty. One such issue is that the unfilled nursing faculty positions are resulting in qualified nursing students being turned away. Will having more male faculty increase the attrition rates of male nursing students? How can nursing education increase the employment package, namely higher salary, for nursing faculty to be more comparative with other advanced practice nurses?

More competent nurses with safe practice habits are required to help alleviate the nursing shortage issue. Getting more competent nurses requires an increase in higher

quality nursing faculty to meet the demands of the nursing students who are currently applying for nursing school. With the current budget cuts and high demands at universities, in addition to the difference in nurse faculty salaries as compared to advance practice nurse salaries, faculty roles may not be as attractive as advanced nursing practice roles. A nurse practitioner with a master's degree will typically make a higher salary than a nurse faculty member with a master's degree. Most universities require nursing faculty to have a Ph.D. Nursing faculty with master's degrees usually teach at the community college level. Nurse practitioners typically make more than a nursing faculty member at community colleges.

In the study *The persistence of gender stereotyping in the face of changing sex roles: Evidence contrary to the sociocultural model* (Lueptow, Garovich & Lueptow, 1995), little evidence of reduction of gender stereotypes was observed since 1974. While this study is older, it does show how gender stereotyping has not changed much from 1974 to 1991. Under the category of gender, there was the idea of gender stereotyping. Gender stereotyping is not just a nursing issue but a worldwide cultural issue. If nursing is to get more men into nurse faculty positions then the gender stereotyping of males not being teachers will have to change. Genua (2005) found men who enter into nursing risk being labeled and stereotyped. They also encounter barriers which could limit their choices of specialty in nursing. Kouta and Kaite (2011) stated certain positions and several forms of training are not afforded to men.

The notion that nursing is a female role and not a male role needs to be addressed in recruitment strategies. Women have been entering predominantly male professions and research findings are abundant; however, little research has been conducted to contribute

knowledge on findings strategies to attract more males into the predominately female profession of nursing. The attrition rate of male nursing students as compared to the female nursing students is much higher. Nursing educators must address the salary and gender issues with the idea of attracting more males to nursing education.

#### Recommendations for Action

Data from the texts revealed multiple themes that related to males in nurse faculty positions. First was the need for more males in nursing faculty positions. Next was the financial disparity between nursing faculties with only a master's degree and nurse practitioners. Finally, the idea that teaching is more of a female role and less of a male role. This research leads to more questions than answers and therefore further research is required to discover answers to the questions at hand and solutions to correct the gender disparity in nursing education. One area needed to progress knowledge about this issue is to compare attrition rates of male nursing students. The attrition rates of male nursing students enrolled in nursing schools that have several male nursing faculty members compared to male nursing students who have very few if any, male nursing faculty members.

Questions needing further research are:

1. Does having male nursing faculty improve male nursing student attrition rates in nursing schools?
2. To what extent do male nursing students believe there is a benefit to having male nursing instructors?

3. Would male nurses further their education and move into nurse faculty positions if the salary and benefits were comparable to that of a nurse practitioner?
4. If further research indicates a benefit to having male nursing faculty in relation to male nursing mentors for male students and reducing attrition rates of males, how can the lack of funds be overcome?
5. Are there other ways to experience the benefit of having male nursing faculty without having full-time male nursing faculty? One possible solution is to hire more male nursing adjunct clinical faculty. The male nurse tends to like the highly technical aspect of nursing and the high acuity of patients more than the classroom.
6. Do female students have the same reasoning about becoming nurses and nurse faculty?
7. Do they see being a nurse faculty member as a female role?
8. What can be done to change the gender stereotyping of teaching is only a female role and therefore get more males into nursing?
9. Is there still gender stereotyping in today's world as compared to the early 90's?
10. If teaching is considered a female role and nursing are considered a female role then how come there is a higher percentage of males in nursing than being a nurse faculty member?

These findings will contribute to the knowledge of attracting and retaining male nursing faculty. Educators need to study the themes discovered and seek ways to



overcome some of the issues they represent. If nursing is to experience more diversity in the profession, gender must be studied, especially how to attract more males to the nursing profession, as well as to nursing education. Just as women are being encouraged to move into predominately male positions, the same encouragement needs to be promoted to attract more males into nursing.

### Reflections

Before beginning this research, I would have “known” the answers to these questions about males in nursing, primarily nursing education. I was sure of my answers. After all, I am a male RN and a nurse practitioner, who returned to nursing education to earn a doctoral degree in nursing, so I should have all the answers. Given these preconceived ideas and values during some of the interviews, I found myself searching for the answers in some of the follow-up questions to the participants. While I still believe money is a large reason why males do not go into nursing education, I did not think about other issues, such as teaching being a “female” role. I also never considered that being a male in nursing school could be an advantage instead of being discriminated against. This research journey has led me to an identified area of research, which will require more investigation.

### Conclusion

If the shortage of nursing faculty is not addressed, the nursing shortage will continue to become a greater issue. Funds are limited for nurse faculty positions. This study can serve as the groundwork for further research but studies need to determine the true benefit to nursing if there are more male nursing faculty. There are more questions at

this point than answers; however, at least researchers interested in this topic will have a base from which to begin.

The two main points are the categories of Job and Gender. If there is going to a change in nursing faculty, then these two items will need to be addressed. However, the category of gender cannot be only addressed in the nursing arena, but it is larger than just nursing. With all the attention to gender have we as a society really made any changes? According to Meadus (2000), even though male nurses enter into nursing for the same reasons as female nurses males are often called “male nurses” by the media and women are just referred to as nurses. Anthony (2004) stated nursing education, programs do still have a gender bias and role stereotyping because nursing faculties are often composed mainly of women. If there is still gender stereotyping or bias in nursing education then why would male nurses want to come and work in that environment? Many times gender stereotyping is mainly looked at trying to get more females into male-dominated roles, but are we as a society looking at getting more males into female-dominated roles? According to Zhang and Liu (2016), nursing stills wants the male nurses to care for and about their clients the same as the female nurses do to be considered a qualified nurse.

The other category was Job. One of the main themes related to this was money. As of now a male nurse can get an MSN degree as a nurse practitioner and make more than a nurse who goes into nursing education and also has an MSN; then what can be done to entice them into nursing education. A limited number of deans of nursing are male, so the perception is it is difficult for job advancement which is another external reward.

Nursing also needs to look at how it educates its students. Do the current policies and clinical settings appeal to the male nursing student? Male nurses prefer high acuity clients. How many rotations do the nursing students get to do in a high acuity setting such as an Emergency Room or Intensive Care Unit?

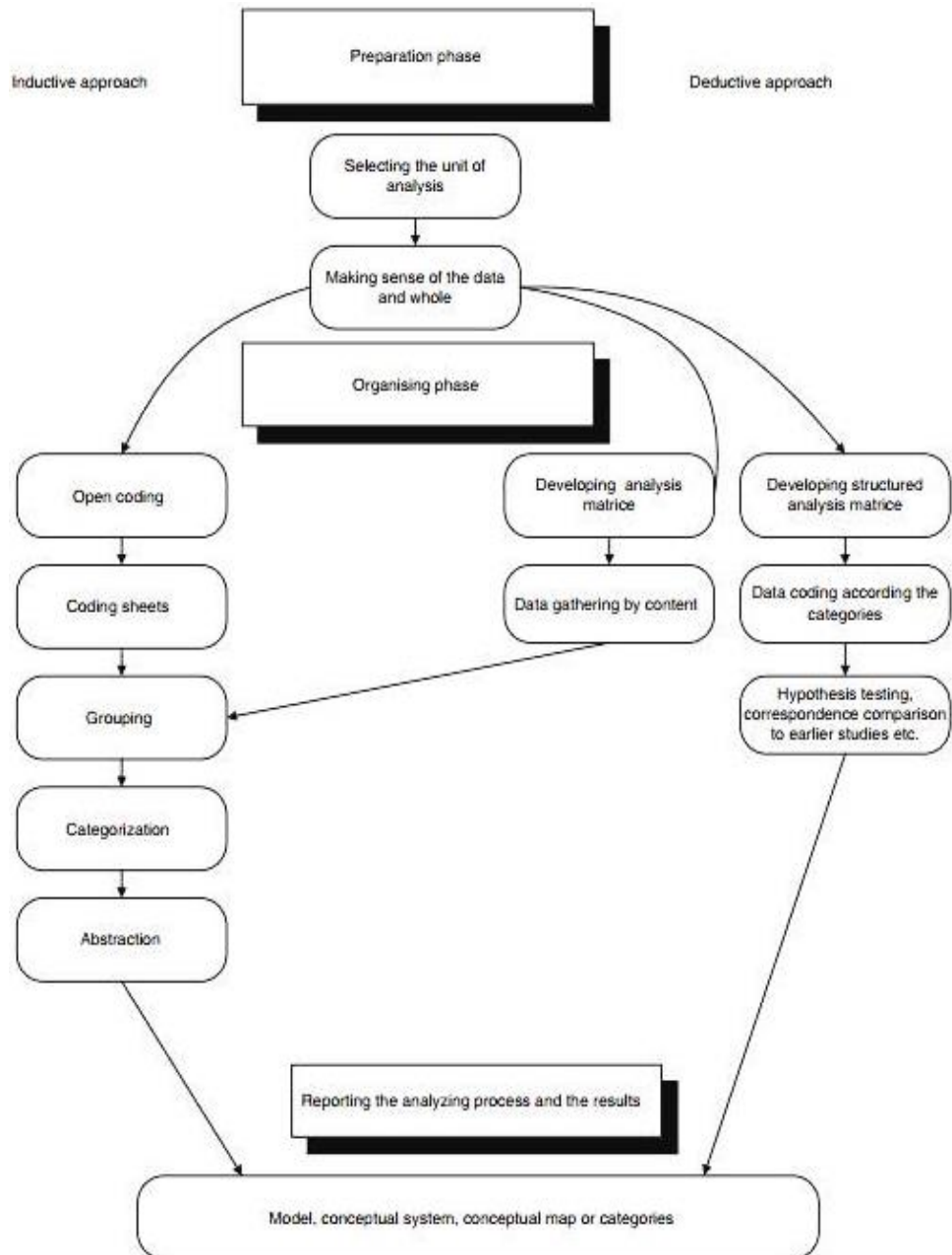
Potential male nursing students feel the worlds stereotyping even before they enter into a nursing school. After people hear they want to be a nurse the potential students will hear like (a) “You want to be a nurse?” (b) I guess you didn’t want to be a doctor?” and (c) “Are you gay?” (Scrubs Editor, 2011). Do female nurse hear any of those types of comments? Gender stereotyping is a problem that still needs to be addressed in the nursing field.

My personal goal with this data is to look at a possible concept model of how the categories of job and gender lead to career choices. Do you look at the job itself with little to no value to gender? Are you a person who stays in the typical stereotype jobs for your gender? I believe there is a concept model that could be developed that would use gender and job to determine the potential job satisfaction before you choose a career.

## APPENDIX A – Interview Questions

1. What led you to nursing and what has led you to make changes in positions over your career?
2. How many male nursing instructors did you have? What impact, if any, did they have on you?
3. What are your thoughts as to the reasons males typically do not choose a career in nursing education?
4. In what ways would it be beneficial to have more male instructors in nursing school?
5. Do you believe male students experience discrimination against them in nursing school? If yes, in what ways do males experience discrimination?
6. Do you believe there should be more male role models in nursing education? If yes, how would having more male role models in nursing education help recruit more males into nursing?
7. Male nursing students have a higher attrition rate than female nursing students. What could be done to help retain male nursing students at a rate equivalent to the female nursing students?
8. Do you have suggestions that might make a career in nursing education more appealing to males?
9. What would motivate you to transition into a career in nursing education?

## APPENDIX B - Inductive Content Analysis



APPENDIX C – Permission Letter

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## APPENDIX D – Oral Presentation

Title: *An inductive qualitative content analysis: Male nurse practitioner's views on nursing education as a career option.*

The following information should be included:

- 1. Purpose:** The purpose of this descriptive qualitative inductive content analysis study is to explore opinions of male RNs who are not in nursing faculty positions and to discover categories and themes related to their decisions for not pursuing nursing faculty roles.
- 2. Description of Study:** The researcher will interview you and other participants to explore opinions of male RNs who are not in nursing faculty positions and to discover categories and themes related to their decisions for not pursuing nursing faculty roles. The interviews will be taped by way of digital recorders, and these recordings will be transcribed into meaningful themes regarding RNs decision not to go into nursing education.
- 3. Benefits:** No benefits are anticipated for the informants. Other benefits include (a) the discovery and dissemination of new knowledge and findings from the study for the nursing profession (b) development of theory or model on male's decision on not choosing nursing education as a career choice.
- 4. Risks:** No risks or harmful effects are foreseen. Only minimal inconvenience in completing the one-on-one interview is anticipated. Any hard-copy and digital information will be maintained confidentially by Patrick McDavid for 5 to 7 years, and only two researchers will have access to the digital recordings and the transcripts. Data will be destroyed after that timeframe.
- 5. Confidentiality:** Anonymity will be maintained; in other words at no time will your name or the information you provide be revealed to anyone other than the researchers. The researchers will change or assign a number to your interview when the information you provide is transcribed in written format. Confidentiality will be strictly maintained. The findings from this study will be shared with others in the nursing profession by written or verbal communication only in a collective format, which will ensure anonymity.
- 6. Participant's Assurance:** This project has been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about your rights as a research participant should be directed to the Chair of the Institutional Review Board at 601-266-6820. Participation in this project is completely voluntary, and participants may withdraw from this study at any time without penalty, prejudice, or loss of benefits. Any questions about the research should be directed to *Patrick McDavid 601-672-3004*.

Signature of Person Giving Oral Presentation

Date

APPENDIX E - Consent Form

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI  
AUTHORIZATION TO PARTICIPATE IN RESEARCH PROJECT  
(Short Form - to be used with oral presentation)**

Participant's Name \_\_\_\_\_

Consent is hereby given to participate in the research project entitled  
*An inductive qualitative content analysis: Male nurse practitioner's views on nursing education as a career option.*

All procedures and/or investigations to be followed and their purpose, including any experimental procedures, were explained by Patrick McDavid. Information was given about all benefits, risks, inconveniences, or discomforts that might be expected. The opportunity to ask questions regarding the research and procedures was given.

Participation in the project is completely voluntary, and participants may withdraw at any time without penalty, prejudice, or loss of benefits. All personal information is strictly confidential, and no names will be disclosed. Any new information that develops during the project will be provided if that information may affect the willingness to continue participation in the project.

Questions concerning the research, at any time during or after the project, should be directed to researcher(s) name(s) at telephone number(s). This project and this consent form have been reviewed by the Human Subjects Protection Review Committee, which ensures that research projects involving human subjects follow federal regulations. Any questions or concerns about rights as a research participant should be directed to the Chair of the Institutional Review Board,

The University of Southern Mississippi, 118 College Drive #5147, Hattiesburg, MS 39406-0001,  
(601) 266-6820.

\_\_\_\_\_  
Signature of participant Date

\_\_\_\_\_  
Signature of person explaining the study Date

APPENDIX F - Demographic Questionnaire

Demographic Information Form

**Instructions:** Please provide a response for each of the following questions:

1. What is your age? \_\_\_\_\_

2. What is your marital status?

Single  Married  Separated  Divorced  Widowed

3. What is your annual income?

Less than \$60,000  \$60,001 to \$70,000  \$70,001 to \$80,000

\$80,001 to \$90,000  \$90,001 to \$100,000  Greater than \$100,000

4. With which racial or ethnic category do you identify?

African American  Asian/Pacific Islander  Caucasian  Latino

Other: \_\_\_\_\_

5. With what denomination or faith tradition do you most closely identify?

\_\_\_\_\_

7. How long have you been employed in your current job?

8. What is your highest college completed?

MSN Nurse practitioner  DNP  PhD

Specialty \_\_\_\_\_

## APPENDIX G – IRB Approval Letter



THE UNIVERSITY OF  
**SOUTHERN MISSISSIPPI**

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### INSTITUTIONAL REVIEW BOARD

118 College Drive #5147 | Hattiesburg, MS 39406-0001  
Phone: 601.266.5997 | Fax: 601.266.4377 | [www.usm.edu/research/institutional.review.board](http://www.usm.edu/research/institutional.review.board)

### NOTICE OF COMMITTEE ACTION

The project has been reviewed by The University of Southern Mississippi Institutional Review Board in accordance with Federal Drug Administration regulations (21 CFR 26, 111), Department of Health and Human Services (45 CFR Part 46), and university guidelines to ensure adherence to the following criteria:

- The risks to subjects are minimized.
- The risks to subjects are reasonable in relation to the anticipated benefits.
- The selection of subjects is equitable.
- Informed consent is adequate and appropriately documented.
- Where appropriate, the research plan makes adequate provisions for monitoring the data collected to ensure the safety of the subjects.
- Where appropriate, there are adequate provisions to protect the privacy of subjects and to maintain the confidentiality of all data.
- Appropriate additional safeguards have been included to protect vulnerable subjects.
- Any unanticipated, serious, or continuing problems encountered regarding risks to subjects must be reported immediately, but not later than 10 days following the event. This should be reported to the IRB Office via the "Adverse Effect Report Form".
- If approved, the maximum period of approval is limited to twelve months.  
Projects that exceed this period must submit an application for renewal or continuation.

PROTOCOL NUMBER: 12345678

PROJECT TITLE: How to Achieve IRB Approval at USM

PROJECT TYPE: New Project

RESEARCHER(S): Jonas Doe

COLLEGE/DIVISION: College of Education and Psychology

DEPARTMENT: Psychology

FUNDING AGENCY/SPONSOR: N/A

IRB COMMITTEE ACTION: Expedited Review Approval

PERIOD OF APPROVAL: 01/02/2015 to 01/01/2016

**Lawrence A. Hosman, Ph.D.**

**Institutional Review Board**

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