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Core professional nursing values as experienced by baccalaureate nursing students who are men

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CORE PROFESSIONAL NURSING VALUES AS EXPERIENCED BY BACCALAUREATE NURSING STUDENTS WHO ARE MEN

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Abstract

Experts have called for greater diversity in the nursing workforce; however, men remain underrepresented in the nursing profession. The presence of cultural dissonance among male nursing students has been documented in prior research but little is known about their values that are culturally influenced. The purpose of this study was to understand and interpret the meaning of core professional nursing values to male baccalaureate nursing students. The research question was: what is the meaning of core professional nursing values to nursing students who are men?

The study setting was an undergraduate baccalaureate school of nursing in the Midwest. Using a purposive, convenience sampling method and van Manen's interpretive phenomenological method, ten semistructured interviews were conducted with nine participants. Documents and images were also analyzed. Data analysis followed the hermeneutic process.

The overarching theme of this study was caring, illustrated by the metaphor of a puzzle. In the first theme, *entering program with pieces of the puzzle of caring*, participants' personal values aligned with those of the nursing profession and professional values began to form before the nursing education experience. The second theme, *finding more pieces of caring*, included subthemes of disconnect and change in professional nursing values during the nursing program. *Caring as patient-centered relationships* (theme three) involved patient interactions, honesty, teamwork, respect and dignity, and privacy/confidentiality. A fourth theme of *caring as helping* was described in subthemes of altruism, empathy/compassion, advocacy, and competency and safety. *Solving the puzzle* of caring was theme five, as participants described learning through

clinical experiences, both recognizing values and failing to see them demonstrated in nursing practice.

Implications for nurse educators include values clarification and development, experiential teaching strategies, cultural sensitivity, teamwork, and conflict management. Inclusive workplace environments, where nursing and organizational practices reflect professional values, may enhance nurse satisfaction, recruitment, retention, and patient care. Further research is needed; strategies to enhance professional values development and core professional nursing values in different cultures warrant further study. Theories of nursing values that are culturally appropriate could be developed and tested. Implications for public policy include academic-practice partnerships, inclusive admission and hiring practices that promote diversity, and identification of common values in the profession.

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Chapter 1

The Problem and Domain of Inquiry

Gender diversity is needed in the registered nurse workforce. An increasingly diverse American population has created a need for a health care workforce to reflect the population it serves. According to the United States Department of Health (USDHHS, 2010), 83.2% of RNs are non-Hispanic White. When combined with the fact that 93.3% of registered nurses are women (USDHHS, 2010), it confirms that the nursing profession is predominantly White and female. Shaw and Degazon (2008) challenged the profession of nursing to bridge cultural, ethnic, and gender differences. The Institute of Medicine (IOM, 2010) called for a heterogeneous nursing workforce. The Robert Wood Johnson Foundation (2012) sought to attract diverse individuals to the health care workforce as a means to improve the health of the nation by addressing health disparities in programs such as Aligning Forces Through Quality. There is widespread agreement that diversity in nursing enhances both the profession and patient care (USDHHS, 2010).

Calls for diversity occur at the same time as a predicted nursing shortage. The United States Department of Labor (USDOL, 2012) estimated that 711,900 additional nurses will be required by 2020. Juraschek, Zhang, Ranganathan, and Lin (2012) projected that over 918,000 registered nursing jobs will go unfilled by 2030. The IOM (2010) identified barriers to men entering the nursing profession as a major factor contributing to the nursing shortage. Adding men and Hispanics to the nursing workforce

could avoid a projected nursing shortage through the year 2025 (Buerhaus, Auerbach, & Staiger, 2009).

Male students are underrepresented in nursing education programs. The American Association of Colleges of Nursing (AACN, 2012a) reported that 11.4% of students enrolled in baccalaureate programs are male, yet only 7% of nurses in the workforce are men (USDHHS, 2010). Because only a slight recent increase has been seen in male enrollments and graduations (AACN, 2012a; USDHHS, 2010), these data support persistent concerns about gender diversity in registered nurse education programs and the transition of men into the nursing workforce.

Theorists have emphasized the importance of personal and professional values in the workplace. Society, institutions, economic forces, politics, culture, prior experience, and needs affect an individual's or group's value system. In turn, values impact attitudes, ideals, and behavior. Values play a key role in occupational choice, and occupational behaviors (Brown, 2002; Schwartz, 1999; Schwartz & Bilsky, 1990).

Students enter professional nursing programs with personal values that are changed through socialization to the role of the registered nurse. According to Bandura (1986), these values begin with early socialization to gender roles. Gender differences in values have been documented in the psychology literature (Rokeach, 1973; Schwartz & Rubel-Lifschitz, 2009). When forming a professional nursing identity, personal and professional values are modified; a set of new values are adopted and expressed in behaviors (Fagermoen, 1997). As students are socialized, their values are either challenged or accepted by the professional nursing group as a whole (Nathaniel, 2003).

The acquisition of core professional values is inherent to nursing practice and begins in nursing education (Bang et al., 2011; Day, Field, Campbell, & Reutter, 2005; Schank & Weis, 2001). It is expected that professional values will be addressed in nursing curricula (AACN, 2008). However, there remains a lack of consensus about core professional nursing values. Different nursing values were expressed by the NLN, AACN, American Nurses Association, and other countries, such as Taiwan and Norway (AACN, 2008; Fagermoen, 1997; Fowler, 2010; Halstead, 2012; Shih et al., 2009). Respect, autonomy, and privacy are examples of professional nursing values.

Researchers concluded that male nursing students may encounter dissonance in the female-dominated culture of nursing education (Baker, 2001; Brown, Stevens, & Kermode, 2012; Meadus & Twomey, 2011; O'Lynn, 2004a; Stott, 2007). Participants in Dyck, Oliffe, Phinney, and Garrett's (2009) study perceived that they are accommodated into the nursing culture but are not truly integrated. Leininger (1994) observed that nursing consists of a dominant or mainstream culture and subcultures with different values and behaviors.

It is unknown which professional values are embraced by male nursing students or whether differences exist in the perceptions of core professional values between male and female nursing students. Because values are an important part of culture, an examination of the perceptions of male nursing students is needed. Few qualitative studies have examined the perceptions of core professional values in baccalaureate nursing students (Cook, Gilmer, & Bess, 2003; Kelly, 1991). In particular, these studies of values in nursing students have not involved adequate numbers of male participants.

Problem Statement

Men remain underrepresented in professional nursing programs, which impedes achieving the goal of gender diversity in the nursing workforce. Both male and female nursing students are exposed to professional nursing values and behaviors in nursing curriculum; however, the perceptions of male nursing students related to core professional nursing values are poorly understood. An understanding of these values could provide a foundation for recruitment, retention, and teaching interventions.

Purpose of the Study

The purpose of this study is to understand and interpret the meaning of core professional nursing values to male baccalaureate nursing students.

Research Questions

The research question for the study is: What is the meaning of core professional nursing values to male nursing students?

Significance of the Study

Nursing Education

Values impact the overall learning process. Learning requires changes in values, attitudes, and behaviors; the establishment of common values was noted as part of the change process in social learning (Bandura 1986, 2001). Value change is moderated by culture, personal values, and traits, including gender (Bardi & Goodwin, 2011). Jarvis (2006) argued that we must understand the significance of the culture in which learners are born and the culture in which they live in order to truly understand learning. He further argued that disjuncture or dissonance caused by the values and cultures individuals bring to a given situation can lead to either learning or nonlearning.

The presence of values conflicts has been documented in nursing education. Levett-Jones and Lathlean (2009) found that personal values conflicted with professional values and expectations in nursing students, such as when a need to fit in or belong conflicted with delivering quality patient care. Diverse students in health care whose values differ from those of the dominant group may experience anger, rejection, or inferiority (Davidhizar, Dowd, & Giger, 1998).

Dissonance between male and female-oriented expectations has been reported in baccalaureate nursing programs (Bell-Scriber, 2008; Dyck et al., 2009; Stott, 2004, 2007). Villeneuve (1994) postulated that gender-based beliefs and experiences lead to conflicts between male students and female professors in nursing programs. For example, use of lecture format and emphasis on feminine styles of caring by instructors were reported as barriers by men in nursing programs (O'Lynn, 2004a). More recently, Meadus and Twomey (2011, p. 271) wrote, "These [study] findings illustrate the paradox of men students within nursing academia who struggle against the feminine culture and the hegemonic form of masculinity to construct their role of becoming a nurse." This study may provide a venue to enhance student learning by reducing conflict experienced by men through a better understanding of values and cultures. A better understanding of the values of male nursing students may also assist educators to select appropriate teaching strategies.

Educators and researchers have linked affective learning to values. Feather (1999) related values to the affective system. In a recent review of literature, Shultz (2009) concluded that values arise through cognitive processing of feelings and emotions

in the affective learning process. Affective learning is an important aspect of education that includes acquisition of values (Krathwohl, Bloom, & Masia, 1964; Reilly, 1978).

A wealth of literature supports a need for affective learning in nursing education. Nåden and Eriksson (2004) noted that values are central to the art of nursing. Professional nursing values can be learned and are critical to developing a professional identity and commitment (Vezeau, 2006; Wilson, 1995). The main goal of affective learning is the development of values congruent with those of the profession (Reilly, 1978). Hartrick Doane (2002) argued that identity and morality must become one in order for sustained moral commitment to occur. Shultz's (2009) allegation that education must address more than cognitive learning for graduates to function in the workplace highlights the importance of affective learning in nursing education. This study addresses the affective domain in nursing education by studying professional nursing values in nursing students.

A need to prepare nursing students for a complex and diverse workplace is supported in the literature. According to the AACN (2008), today's healthcare delivery system is characterized by complexity and change, impacting the competencies needed in registered nurses and therefore nursing education. These competencies include acquisition of professional values and cultural sensitivity with a diverse patient population. Understanding the values of diverse students may help educators meet the needs of a diverse student population (Yoder, 1996). Knowledge gained from this study could also aid in the development of cultural sensitivity in nursing students and faculty.

The AACN (2008) emphasized the importance of professional values and behaviors to nursing and highlighted the importance of baccalaureate education to

professional values formation. The identification of values was listed as a competency in the Quality and Safety in Nursing Education (QSEN) initiative (Barton, Armstrong, Preheim, Gelmon, & Andrus, 2009). Similarly, the National League for Nursing (NLN) endorsed core nursing values as a means to promote integrity in nursing students and nurses, which in turn, enhances the quality of patient care and outcomes ("NLN Ethical Principles for Nursing Education," 2012). Halstead (2012, p. 5) stated, "I believe that facilitating the development of our students' professional values and, thus, the ethical foundation of their nursing practice is one of our greatest responsibilities as nurse educators."

Education plays a key role in professional values formation. Core professional nursing values are developed in professional nursing programs. Students come to these programs with personal values which are changed through the educational process (Weis & Schank, 2002). A better understanding of core professional values may enable nurse educators to assist nursing students to internalize professional values.

McLaughlin, Muldoon, and Moutray (2010); Mulholland, Anionwu, Atkins, Tappern, and Franks (2008); and Pryjmachuk, Easton, and Littlewood (2009) concluded that men in nursing education programs are at higher risk of attrition than are their female counterparts. Participants in Bell-Scriber's (2008) study noted a diminishing male population as they progressed throughout the nursing program. This study may improve retention and success of male nursing students through understanding the meaning and lived experience of core professional nursing values in male nursing students.

Benefits could occur beyond the nursing education setting. Students can become better prepared for the professional nursing workplace through clarification of values

(Eddy, Elfrink, Weis, & Schank, 1994). According to Thorpe and Loo (2003), helping students clarify values could help them change themselves, their profession, community, and society as a whole.

Nursing Practice

Values are important in professional socialization and workplace outcomes. According to Leners, Roehrs, and Piccone (2006), professional socialization is clearly linked to the acquisition of professional values. Conflicts with the culture of nursing have been documented in the nursing workplace, as realities conflict with expectations and values (Kelly & Ahern, 2009; Kramer, 1974; MacIntosh, 2003). The importance of professional value acquisition is highlighted by study findings of positive relationships between professional values and patient/nurse outcomes (Nåden & Eriksson, 2004; Perry, 2005; Tzeng, 2002). Bao, Vedina, Moodie, and Dolan (2013) reported positive relationships between value incongruence, turnover, accident propensity, and burnout. They called for attention to value congruence in the nursing workplace. Values have also been linked to the intention to act accountably in registered nurses (Hartranft, 2009).

It is important to identify common values in the nursing profession. Frenk et al. (2010) recommended that health care professionals develop a set of common values within and across disciplines. Common values are said to be critical to the very survival of the nursing profession (Day et al., 2005; LeDuc & Kotzer, 2009). A study of the perceptions of core nursing values in male nursing students could serve as a foundation for identifying common values in nursing and add to values that have already been established within the discipline.

This study identifying core values may benefit male registered nurses who are at risk for leaving the profession. Nurses who are men were more likely to leave nursing within four years of graduation than women (Sochalski, 2002). An understanding of the lived experience of male nursing students related to core professional values allows a contribution by both genders; understanding the meaning of values to men in nursing may help decrease barriers experienced by male nurses (Alfred, Yarbrough, Martin, & Garcia, 2011)

Nursing Research

This study of core values in nursing education could contribute to affective learning in a diverse student body. According to Shultz (2009), there is an overall scarcity of research in the affective domain of learning. Johnson, Haigh, and Yates-Bolton (2007) concluded that there is a need for nursing education to examine professional values in various cultural and demographic groups. A study of values in nursing students could contribute to a body of knowledge related to values and culture in nursing education. Shultz (2009) envisioned hermeneutic phenomenology as an ideal method for researching affective constructs, such as values. She further stated such study could enable nurse educators to create teaching strategies that foster development in nursing students. Similarly, Thorpe and Loo (2003) suggested that attention be paid to skills training for nursing students related to values.

This qualitative study could set the stage for nursing theory and future studies of interventions related to professional values. Eddy et al. (1994) argued that further study of professional values is needed to identify factors that could be used to enhance values in practicing nurses. A better understanding of values could help nursing faculty and

administrators promote attainment and maintenance of core professional nursing values in nursing students and registered nurses. According to Horton, Tschudin, and Forget, (2007), research is needed regarding values in men in the nursing profession. Studies have not included sufficient numbers of men for analysis when studying professional nursing values (Horton et al., 2007).

Public Policy

Attention to core professional nursing values could benefit society. Bandura's (2001) observation that helping others requires attention to the pursuit of common core values and goals is particularly relevant to the nursing profession. McLeod and Spée (2003) argued that values identification should be used as a basis for policy decisions and therefore behavior. Further study could help registered nurses reinterpret values and achieve value congruence in the profession to better address the changing health care needs of society (Hartman, 1992; LeDuc & Kotzer, 2009). When referring to the benefits of values clarification, Thorpe and Loo (2003, p. 89) stated, "Only with self-knowledge can one then act to change not only oneself but the organization, profession, community and society in which one lives and works." Clarifying shared values may enable nurses to gain power and influence (Antrobus & Kitson, 1999). Learning the meaning and lived experience of core professional nursing values of male nursing students could reveal understandings that would allow them to attain or renegotiate these values. In turn, this may enhance recruitment and retention of men in the nursing profession.

The nursing profession and society stand to gain from recruiting and retaining greater numbers of male nursing students and registered nurses. Buerhaus et al. (2009) stated that adding men and Hispanics to the profession could prevent a projected nursing

shortage. In a report to Congress, the National Advisory Council on Nursing Education and Practice (2008) emphasized the need for policy initiatives that increase the diversity of nursing students and prepare nurses to deliver culturally competent care that matches the diversity of the patient population. The IOM (2010) emphasized the need to increase the diversity of the nursing workforce to enable delivery of culturally relevant care to a diverse patient population; this included increasing the number of men in the profession. London (1987) asserted that male nurses would improve interdisciplinary relationships with physicians, increase pay and benefits, and bring leadership and power to the profession.

Political change may occur in professional nursing programs if core professional values were better understood. Admission and hiring policies could include assessment of the relationship between a candidate's personal values and the values of the profession (Rassin, 2010). Higher education institutions could focus recruitment and retention efforts on diverse students. Teaching strategies that are culturally appropriate and demonstrate respect could be used with students of different cultures who may possess different values.

Philosophical Underpinnings

This study is based on the assumptions and philosophical underpinnings of phenomenology. The process of understanding human experience makes phenomenology a philosophy, as well as a method (Creswell, 2009). Crotty (2003) stated that phenomenologists assume that there are phenomena for humans to experience and understand, raising the notion of intentionality. He further noted that phenomena cannot be described apart from the individual, thus the concept of "being in the world" was

introduced. It is further assumed that perceptions yield evidence of the world as it is lived, not as it is thought to be; human existence has interest and meaning through consciousness (Richards & Morse, 2007). Truth is subjective, occurs through interpretation, and may be shared or unique to individuals (Munhall, 2012).

Research Traditions

Phenomenology arose out of German philosophy, based on the belief that scientific explorations at that time neglected the human or lived experience; it later developed into a research method (Laverty, 2003). Because nursing deals with human responses to health, this research method is well suited to the nursing profession (Lopez & Willis, 2004).

According to Laverty (2003), Edmund Husserl is often considered the father of phenomenology. According to Munhall (2012), Husserl introduced descriptive phenomenology due to concern about the context-free nature of positivism. His transcendental approach focused on describing phenomena as they appear through dialogue between person and world. He emphasized the role of consciousness, intentionality, and essences as critical to understanding (Laverty, 2003). Husserl's belief that this understanding should occur through a scientific approach gave rise to the concept of transcendental subjectivity—a need for researchers to assess and neutralize the influence of biases and preconceptions on the phenomenon under study (Lopez & Willis, 2004). Bracketing, or setting aside previous knowledge, ideas, and preconceptions, is emphasized in Husserlian phenomenology (Lopez & Willis, 2004).

Heidegger built upon Husserl's work but emphasized a deeper understanding found in hermeneutic philosophy (Crotty, 2003). Rather than describing phenomena,

Heidegger focused on being human or the situated meaning of humans in their world. His back and forth movement from parts to whole of experiences gave rise to the hermeneutic circle and an interpretive research tradition. The hermeneutic circle means understanding the whole through understanding the parts and grasping the meaning of parts by understanding the whole; this is done by reflecting and returning to the text to develop meaning (Crotty, 2003).

Heidegger and his followers, including van Manen, held that bracketing is impossible and that researchers cannot rid themselves of their history and presuppositions because individuals are part of the hermeneutic circle and can only interpret the interpretations of others. Interpretive phenomenologists emphasized an awareness of biases and assumptions to protect them from affecting the study (Laverty, 2003).

Hermeneutic or interpretive phenomenology is rooted in philosophy. Its theoretical orientation is interpretivism; ways of being are viewed as multiple realities that are constructed by the knower (Crotty, 2003). According to Crotty, Heidegger viewed ontology as philosophy. Epistemology lies in the relationship between the knower and the known; ways of knowing emerge through lived experiences (Duffy & Chenail, 2008; Laverty, 2003). This study followed the research tradition of interpretive phenomenology. Lived experiences are used to understand the cultural, political, and historical context of these experiences. Meaning and interpretation is the focus of hermeneutic phenomenological inquiry. This type of inquiry seeks to understand how individuals with social and historical influences interpret the world in their context (Polit & Beck, 2012).

Hermeneutic phenomenology goes beyond describing phenomenon to focus on the experience of being human rather than what participants know. A central tenet is the relationship of individuals to their lifeworld. An interpretive phenomenologist seeks to know how the lifeworlds of participants can reveal commonalities and differences in their subjective experiences. Bracketing is not followed in this research tradition. Presuppositions are meaningful guides to inquiry. The concept of co-constitutionality holds that interpretations blend meanings expressed by the researcher and participants. Reflection takes place within four existentials: temporality (lived time), spatiality (lived space), corporeality (lived body) and relationality (lived human relations). Emphasis is placed on language and writing. "Furthermore, the researcher must go further by interpreting the meanings for practice, education, research, and policy to create informed and culturally sensitive healthcare knowledge." (Lopez & Willis, 2004, p. 730)

This study followed van Manen's hermeneutic phenomenological approach. This requires orienting to the phenomena, formulating the question, explicating assumptions, and describing prior understandings. The researcher consults phenomenological literature, analyzes themes, gleans essences, writes, and rewrites. Attention is paid to language, experiential descriptions, and artistic sources (van Manen, 1997).

Interpretive phenomenology was followed when conducting the literature review. Literature review in this research tradition was used to identify a gap in research, while suspending preconceptions. The literature review may be shorter and more evaluative than other methods, informing readers about the topic and the strengths and weaknesses of the literature in that area (Jonathan A. Smith, Flowers, & Larkin, 2009).

Definition of Terms

Many different definitions of values exist in the literature. Schwartz and Bilsky (1990, p. 878) developed a conceptual definition of values from recurrent themes in the literature, stating, "Values (a) are concepts or beliefs, (b) pertain to desirable end states or behaviors, (c) transcend specific situations, (d) guide selection or evaluation of behavior and events, and (e) are ordered by relative importance."

A theoretical definition of professional values was found in the literature. According to Weis and Schank (1997, p. 366), professional values are defined as "standards for action that are accepted by the practitioner and/or professional group and provide a framework for evaluating beliefs and attitudes that influence behaviour." This is consistent with Schwartz's (1999, pp. 24-25) view of values as "conceptions of the desirable that guide the way social actors (e.g. organisational leaders, policy-makers, individual persons) select actions, evaluate people and events, and explain their actions and evaluations."

Fagermoen (1997) and Perry (2005) did not define core professional nursing values, and Shih et al. (2009) used core values and most important values interchangeably in their research report. *Merriam-Webster's Collegiate Dictionary* (Core, 2012, p. 277) defined *core* as a "central and often foundational part" and a "basic, essential, or enduring part (as of an individual, a class, or entity)." *Essential* is defined as "of the utmost importance, basic, indispensable, necessary" (Essential, 2012, p. 427). Although poorly defined in the literature, core professional nursing values are defined in this study as important, essential, and central values in the nursing profession.

Although concept analyses were located for caring and dignity, no concept analyses of nursing or professional values as a whole could be found in the literature. However, Rokeach (1973) analyzed the general concept of values. He listed human needs as antecedents of values, along with cultural, institutional, and personal experiences and forces. Rokeach considered behaviors, including attitudes, ideals, and actions as consequences of values.

Conceptual analyses highlighted the role of values in nursing. The inclusion of appraisal of value incongruency as an antecedent in Riahi's (2011) concept analysis of role stress is consistent with Meleis's (2010) transitions theory. Öhlén and Segesten (1998) presented professional socialization as requiring an internalization of the knowledge, norms, values, and culture of nursing.

In summary, core professional nursing values have been theoretically linked with culture, role stress, and professional socialization. Despite the above conceptualizations, the intent of this study is to describe the lived experience of core professional values from the perspectives of male nursing students. Theoretical definitions associated with this concept must be treated as tentative due to the inductive nature of the qualitative research tradition (Creswell, 2009).

Chapter Summary

Diversity is needed but lacking in the nursing workforce. Male students enter female-dominated professional nursing programs with values acquired from past experience and socialization that influence behavior. Professional identity formation requires the internalization of professional values and begins in nursing education. Few qualitative studies have examined the perceptions of core professional values in male and

female baccalaureate nursing students. In particular, these studies of values in nursing students have not involved adequate numbers of male participants for analysis.

The need to prepare nursing students for a complex and value-laden workplace is supported in the literature. Nurse educators are critical to the development of professional values in nursing students. An understanding of the perceptions of core professional values in male baccalaureate students may help faculty better assist them to establish a professional identity, therefore enhancing retention and success in the nursing program. Attention to core professional nursing values could also help diversify the nursing workforce, thus benefitting patient care, the nursing profession, and society as a whole. This interpretive phenomenological study may contribute to nursing education, nursing practice, nursing research, and nursing policy.

Chapter 2

In this chapter, the literature surrounding personal and professional values, values and professional identity, and values and culture, will be discussed. In order to set context and provide background on study participants, a brief history and current status of men in nursing will be described. Last, an overview of the literature specific to the professional values of male nurses and nursing students will be offered.

Personal Values: Background and History

Values represent personal or social preferences about conduct or end-states of existence. These conscious or unconscious beliefs can change over time but tend to remain stable enough to allow continuity of the individual and society. Values are organized into hierarchal systems and represent standards which determine ideals, attitudes, actions, and behavior. Human needs, and cultural, institutional, and personal forces affect values (Rokeach, 1973).

According to Rokeach (1979), values are learned through interactions and experiences. The acquisition of values begins in childhood with modeling and observation of parents and others (Bandura, 1986). Little girls are socialized to values of nurturing, caregiving, and peacemaking, but boys are socialized to value strength, competition, and suppression of feelings (Flannery, 2000). An individual's values system continues to develop throughout adulthood.

Sagiv and Schwartz (2000) traced the work of several other values researchers. They stated Schwartz also viewed values as desirable states of varying importance that

guide behavior and transcend situations. Building on Rokeach's work, Schwartz identified values of self-direction, universalism, stimulation, hedonism, achievement, power, benevolence, and conformity/security. Sagiv and Schwartz (2000) went on to state that Bilsky and Schwartz drew on Maslow's hierarchy of human needs to systematically classify values into growth or deficiency needs. Schwartz's theory depicted value systems as actions which cause conflict or agreement among value priorities. In addition, personal values were linked with individual well-being (Sagiv & Schwartz, 2000).

Using the Rokeach Value Survey, Rokeach (1973) found differences in the personal values held by groups according to race, age, religion, income, education, and gender. For example, American men placed a higher value than did American women on excitement, accomplishment, capability, logic, and imagination. In contrast, women ranked peace, happiness, inner harmony, salvation, self-respect, cleanliness, cheerfulness, forgiveness, and love more highly than did men. However, Rokeach noted similarities between men and women in 16 of 36 values, including national security, freedom, beauty, equality, family security, and responsibility (Rokeach, 1973).

Other studies of personal values have been conducted in males and females. Schwartz and Rubel-Lifschitz (2009) found that men valued power, achievement, and stimulation more than women in all 68 countries participating in their study. They further noted women rated benevolence and universalism values more highly than men; however, prevailing cultural beliefs about gender greatly impacted the value priorities in various countries. This is consistent with D. Brown's (2002) conclusion that differences in values of men and women have been well documented in prior research studies.

Personal values of male baccalaureate nursing students are relevant to a study of core professional values because male students bring personal values to baccalaureate nursing education programs and the nursing workforce. Individuals develop professional values by reflecting on and expanding their personal values (Altun, 2003).

Personal values have been studied in professional nursing education. In a study of personal values, O'Neill (1973) found significant differences in the perceived values of baccalaureate nursing students who were not identified as female or male and the general population of female college students. Nursing students rated benevolence and altruism higher and conformity lower than did the general female college population. The influence of culture and religion on personal values in nursing students was emphasized in Wronska and Marianski's (2002) study of nursing students in Poland. It should be noted that the above studies either failed to describe the demographic characteristics of participants or described them as predominantly female. After review of the literature, it can be concluded that recent studies of personal values of professional nursing students, particularly students who are men, are lacking.

Professional Values: Background and History

As previously discussed, Weis and Schank (1997) defined professional values as professional standards that can be used to evaluate behavior. Similarly, Leners et al. (2006, p. 504) stated, "Professional values are personal beliefs about the worth of a concept or behavior in a discipline." Altun (2002) and Leners et al. (2006) agreed that professional values serve to guide and evaluate professional actions.

Professional values vary among individuals, groups, and disciplines and are expressed through professional codes of ethics. Rassin (2008, 2010), Schank and Weis

(1989), and Weis and Schank (1997) found that professional values varied between individuals of different cultures, educational preparation, personal values, and work experience. Professional values differ among disciplines (Itzhaky, Gerber, & Dekel, 2004; Sagiv & Schwartz, 2000; Schank & Weis, 1989). Codes of ethics have been established by professional groups to describe shared professional values and obligations and set standards for conduct and care (Schank & Weis, 1989).

Professional nursing values have been recognized throughout the history of nursing. Values dating from Greek and Byzantine times included spirituality, love, and holism (Lanara, 1996). Florence Nightingale espoused values of cleanliness, duty, kindness, love, and prevention (Nightingale, 1946). Nightingale instilled feminist and Victorian values into the profession that persist today (Mackintosh, 1997; O'Lynn, 2009).

Efforts to formally articulate professional values in nursing occurred in the mid to late 20th century. The International Council of Nurses (ICN) developed an ethical code in 1953 and the American Nurses Association (ANA) followed suit in 1985 (ANA, 1985; ICN, 2012). These codes were revised over the years with changes in nursing and social conditions (Fowler, 2010; ICN, 2012). In a survey conducted by the AACN (1986), professional nursing values were identified as equality, altruism, aesthetics, freedom, human dignity, truth, and justice. Currently, the AACN (2008) articulates the values of altruism, autonomy, human dignity, integrity, and social justice. The values expressed in the ANA code of ethics include dignity, respect, autonomy, confidentiality, justice, veracity, professional growth, and activism (Basurto Hoyuelos et al., 2010; Fowler, 2010). The ICN code of ethics (2012) emphasized respect for human rights, compassion, integrity, and justice. The NLN ("NLN Ethical Principles for Nursing Education," 2012)

recently endorsed professional nursing values of caring, diversity, excellence, and integrity.

Definitions of professional values other than those encompassed in the AACN baccalaureate essentials and ANA code of ethics for nurses included social awareness, professional self-concept, nursing professionalism, nursing originality, nursing service roles, honesty, safety, therapeutic relationships, and evidence-based practice (Bang et al., 2011; Lui et al., 2008). Ozcan, Akpinar, and Ergin's (2012) and Rassin's (2010) operational definitions of values were similar to the ANA Code of Ethics (Fowler, 2010) but also included promoting public health, trusting relationships, altruism, reliability, and quality. Kubsch, Hansen, and Huyser-Eatwell (2008) envisioned professional values as a combination of AACN values, ANA standards, ANA social policy statement values, and the values expressed in the ANA code of ethics. To further illustrate a multitude of definitions, Horton et al. (2007) reported 40 different terms used to describe nursing values in the research literature. Shih et al. (2009) revealed a possible explanation for different definitions when they concluded that nurses' values are shaped by demographics, individual healthcare team members, nursing leaders, and institutional culture.

Values and Professional Identity

The role of professional values in professional identity development has been well documented. Professional socialization is the process by which professional knowledge, skills, attitudes, and values are internalized and a sense of professional identity is developed (Day et al., 2005). Benner, Sutphen, Leonard, and Day (2010) used the terms development of professional identity, socialization, and acquisition of professional values

synonymously. Fagermoen's (1997) study validated a theoretical framework for professional identity that proposes values formation as a precursor to identity development.

Professional values acquisition and socialization occurs in nursing education (Schank & Weis, 2001; Shinyashiki, Mendes, Trevizan, & Day, 2006) and continues in the workplace. According to Leners et al. (2006), stage of education was positively associated with professional values formation in undergraduate nursing students. Advocacy was reported as the highest ranked and most improved value in graduating students, but they also valued interactions with other healthcare providers more than did students at entry. In another study, beginning nursing students valued privacy and responsibility for nursing judgments more highly than did seniors; in turn, seniors had higher scores for informed judgment and high quality care (Carlton & Cornell, 2005).

Professional identity does not end when students complete their nursing program. Kubsch et al. (2008) and MacIntosh (2003) reported the presence of values change and professional identity development in practicing nurses. MacIntosh (2003) observed dissonance between values and practices in stage two of the professional socialization process in registered nurses.

In a study of new nurses in Australia, J. Kelly and Ahern (2009) found that the nursing culture influenced socialization to the profession. The impact of culture and professional nursing values on professional identity has been documented (Fagermoen, 1997; Horton et al., 2007). The influence of gender and race on professional socialization was reported in the literature (Price, 2009). C. S. Wilson (1995) concluded a sense of belonging is important to professional identity development, commonality, and

commitment to professional values. Similarly, Öhlén and Segesten (1998) presented a sense of belonging to the nursing culture as a prerequisite to professional identity. Their linkage of a female identity with a professional nursing identity led them to recommend further research to study differences between male and female experiences of being a nurse. Mackintosh (2006) described the outcome of professional socialization as acculturation to values, norms, and expectations. Therefore, a review of professional nursing identity literature would not be complete without a discussion of values and culture.

Values and Culture

Leininger (1991, p. 47) defined culture as "the learned, shared, and transmitted values, beliefs, norms, and lifeways of a particular group that guides their thinking, decisions, and actions in patterned ways." Rokeach (1973) reinforced the interplay of values and culture when he stated that culture was the major factor influencing value systems. Culture and the values embraced by a community are closely interwoven (Suominen, Kovasin, & Ketola, 1997). Fealy (2004) stated that values contain hidden meanings that function to promote the interests of the dominant group.

Nursing and gender are considered cultural groups. Leininger (1994, p. 19) observed a culture of nursing, defining it as "the learned and transmitted lifeways, values, symbols, patterns, and normative practices of members of the nursing profession of a particular society." The notion of a nursing culture was echoed by J. Kelly and Ahern (2009) and Blackford (2003). Fealy (2004) asserted that the image of a "good nurse" is culture-specific, including factors such as class, gender, power, economics, and influence.

Men and women have also been regarded and studied as a culture (Blackford, 2003; Herakova, 2012).

Cultural norms and expectations influence values which, in turn, influence behavior. London (1987) described nursing as a female profession with female values. Since the Nightingale era, White female nursing norms have been taught to White women and diverse students have been molded to conformity (O'Lynn, 2009). Failure to comply with these norms could lead to ostracism and failure, as seen in Dyck et al.'s (2009) study. Gordon (2005) emphasized the subordinate role of nursing in a hierarchal health care system with nurses indoctrinating new graduates into submission. She further observed a cycle of oppression that has been perpetrated over time. Sayman (2009) noted that her study finding of nurses eating their young was consistent with Freire's theory that individuals from marginalized groups tend to treat others the same way they were treated. Student nurses in Levett-Jones's (2009) study reported that they responded to unacceptable practices in the clinical setting with conformity and silence in order to feel included and prevent rejection. The importance of acceptance and the presence of dissonance between expectations and reality and self and others was documented in a grounded theory study of practicing nurses (MacIntosh, 2003). New graduates in J. Kelly and Ahern's (2009) study reported the introduction of cultural practices, the presence of exclusion, and the phenomenon of "eating their young" in the workplace. Therefore students and nurses whose behaviors do not conform to nursing values and norms have been marginalized or excluded from the nursing culture.

Values were studied in the context of various nursing cultures. Weis and Schank (1997) concluded the professional values reported by American and British nurses were

generally congruent; the differences they observed may have been due to cultural influences. In a later study of American and British nurse educators, using a different instrument, Schank and Weis (2000) failed to find significant differences. The existence of common values in nursing was reported in Pang et al.'s (2003) comparative study of Chinese, American, and Japanese nurses. In their study, respect for persons and beneficence were shared values; however, these cultural groups differed in their perceptions of different aspects of these values. R. Watson et al. (2003) compared and contrasted perceptions of caring between nurses in Spain and England and hypothesized that differences may be due to prevailing societal values. Rassin (2010) and Wros, Doutrich, and Izumi (2004) also reported similarities and differences in values between nurses from different countries. These findings support a conclusion that common values exist between nurses from different cultures with some variations.

Research gaps persist with regard to culture and values. Horton et al. (2007) reported that global nursing values have not been widely recognized and studied. Further studies of values in different cultures are needed (Johnson et al., 2007; Shahriari, Mohammadi, Abbaszadeh, Bahrami, & Fooladi, 2012). As a demographic group and a culture, the existing literature and research gaps specific to men in nursing will be discussed in the following sections.

Men in Nursing

History

Although men played a role in the earliest days of nursing, the Nightingale reform era brought with it marginalization and near extinction of men from the nursing profession (Gordon, 2005; Mackintosh, 1997, Nutting & Dock, 1935). Nightingale

(1946) viewed the practice of nursing as natural for women. Exclusion of men from Nightingale schools and from female nursing residences had the effect of barring them from hospitals; men continued to care for psychiatric patients in asylums but were considered orderlies who were lacking in education compared to female nurses (O'Lynn, 2007).

Poliafico (1998) asserted that society in Nightingale times viewed caring, compassion, and subservience as feminine traits. Similarly, B. Brown, Nolan, and Crawford (2000) reported a shift in masculine attitudes away from caring and intimacy previous to the Nightingale era to the masculine attitudes seen in the present day.

Exclusion of men continued in the early 20th century. In 1931, only 0.5% of students in general hospital training programs were men (Brown, 1936). In contrast, 11% of students in mental hospital schools were men, reinforcing a notion that men were appropriate for nursing roles requiring strength (Brown, 1936; Evans, 2004b). During that period, male nurses in England were portrayed as homosexuals who were prone to disciplinary action (Duff-Grant, as cited in Mackintosh, 1997).

The mid and late 1900s brought greater acceptance of men into the nursing profession. Despite that, O'Lynn (2004a) and Evans (2004b) reported slow acceptance and low numbers of men in the nursing in the late 1900s. Mannino (1963) contrasted the 1% of male nurses with 17% of female osteopaths, 6.5% of female physicians, and 2.8% of female dentists at that time. Although opportunities were afforded to both men and women in nontraditional professions for gender, women made more progress in entering these professions than did their male counterparts.

Current Status

According to the USDHHS (2010), men constituted just over 7% of the nursing workforce in 2008. Men comprised 6.2% of employed registered nurses licensed before 2000; 9.6% of nurses licensed in or after that year were men. The AACN (2012a) reported that 11.4% of students enrolled in baccalaureate programs are men. From these data, it can be concluded that only slight gains have recently been made in the numbers of men entering the profession.

The percentage of men employed in nursing contrasts sharply with women in nontraditional occupations. Men constitute 8.9% of registered nurses who are currently employed (USDOL, 2011). The USDOL report further revealed that 32.2% of employed physicians/surgeons, 53% of employed pharmacists, and 25.5% of employed dentists are women. Women are present in previously nontraditional occupations for their gender to a greater degree than are men in nursing. Other than speech/language pathologists, registered nurses are the least gender-balanced of the health care practitioner and technical occupations (USDOL, 2011). Bullough (1994) described the state of men in nursing as a cultural lag.

The need for greater numbers of men in nursing must be viewed in a context of nursing shortages and opportunities for women in other occupations. A decline in the number of women choosing nursing as a career in the late 20th century raised concern about future nursing shortages (Auerbach, Buerhaus, & Staiger, 2011). Buerhaus et al. (2009) noted increasing interest in nursing but projected a shortage of about 260,000 registered nurses by the year 2025. At that time, they posited recruitment of men and Hispanics into the profession as a strategy to avoid this deficit. In 2011, Auerbach et al.

documented a surge in registered nurses entering the profession. Despite greater interest in nursing, they projected growing future shortages, stating that an aging population, primary care physician shortages, and the Affordable Care Act will increase demand for registered nurses. Echoing similar concerns about demand, Juraschek et al. (2012) predicted shortages of registered nurses in 48 of 50 states and a total of 918,000 unfilled nursing jobs by the year 2030.

The underrepresentation of men in the nursing workforce also raised concerns about health care in America. Lack of diversity in the nursing workforce compounds health disparities and impacts the health of our nation (The Sullivan Commission, 2004). The Pew Commission (as cited in Davidhizar et al., 1998) asserted that culturally appropriate care equates to quality care. Similarly, the IOM (2010) found that diversity in nursing enhances both the profession and patient care by ensuring an adequately-prepared workforce to meet health care needs of a diverse American population. The need for a healthcare workforce that reflects the diversity of the general population applies to men.

Social Values and Occupational Choice

Professional nursing values are influenced by culture and society as a whole; therefore, societal values are relevant to this study. Research supports societal expectations and stereotypical images of nursing as barriers to recruitment and retention of men into the profession. Fealy (2004) concluded that the image of nursing is culture-specific and reflects its broader political and social context. The results of a survey conducted by the Bernard Hodes Group (Hart, 2005) revealed that the image of nursing as a female profession was the main deterrent to the entry of men. Gordon (2005)

observed the media portrayal of the profession as reflecting its female roots in a patriarchal health care system. The public has viewed nursing as subservient, unmanly, and women's work (Evans, 2002; Kelly, Shoemaker, & Steele, 1996; Meadus, 2000; Villenueve, 1994). Societal stereotypes that men should be physicians and, if they pursue nursing, they failed in medicine or see it as a steppingstone to a higher status career have been reported (Bell-Scriber, 2008; Burton & Misener, 2007; Hart, 2005; Wilson, 2005). The nursing profession and its professional values have been framed and viewed through a female lens.

The reasons men choose professional nursing as a career are similar to women's reasons and involve values. A motivation for caring was found by Ierardi, Fitzgerald, and Holland (2010). Hart (2005) reported that the top reason men gave for entering nursing was a desire to help people. This was consistent with Okrainec's (1994) finding. Okrainec concluded the reasons men and women gave for entering nursing were quite similar. Besides helping others, job security, opportunities, and job availability/demand were common motivators identified in the literature (Hart, 2005; Meadus & Twomey, 2011; Okrainec, 1994). In contrast to women, men also identified technology and autonomy as attractive attributes of a nursing career (Kelly et al., 1996; Rambur, Palumbo, McIntosh, Cohen, & Naud, 2011).

Men in the Nursing Education Culture

The experiences of men as students in professional nursing programs have been extensively researched and reveal a plethora of issues related to gender that may impede acquisition of professional values. A feminist bias was documented in nursing curricula that strongly affects men (Kermode, 2006). Sex-biased language and behaviors were

supported in nursing education programs (Kelly et al., 1996; Le-Hinds**,** 2010). Similarly, O'Lynn (2004a) found that lack of presentation of the history of men in nursing and use of the word *she* to refer to nurses by instructors and textbook authors were barriers to men in professional nursing programs. Brady and Sherrod (2003) reported a perception that, in order to be successful, male nursing students must not only think like nurses but must also think like women.

Nursing students who are men have reported experiencing role strain in professional nursing programs. Simpson (2005) documented the prevalence of role strain in men in nontraditional occupations for their gender due to tensions between gender identity and the occupational stereotype. Dyck et al. (2009) and Stott (2007) reported difficulties arising from the presence of masculinity within a feminine nursing education culture. Nursing students who were men relied on traditional masculine behaviors, including assertiveness, leadership, and risk-taking (Dyck et al., 2009). Male nursing students were mistaken for physicians in clinical settings, and they expressed goals of continuing on to medical or anesthesia schools (Ellis, Meeker, & Hyde, 2006; Ierardi et al., 2010). O'Lynn (2004a) pointed out that role conflict underlies many of the barriers that males encounter in professional nursing programs, yet acknowledged that gender roles can change as values and norms shift. Okrainec (1994) refuted the presence of role strain in male nursing students but did find evidence of continued gender stereotyping which may be diminishing over time.

Researchers have reported stereotyping and discrimination against male nursing students. Okrainec (1994) noted that the majority of men and women nursing students saw women as superior to men in expressing their feelings; almost one-third of both male

and female students felt women were better suited for caring. The results of Bartfay, Bartfay, Clow, and Wu's (2010) study confirmed student perceptions that men in nursing are less compassionate and caring than females. Different expectations of men from female peers and instructors were found in N. R. Kelly et al.'s (1996) study; namely, that male students should be assertive, lead, and perform lifting tasks in clinical settings. Fister (1999) concluded that expectations that men will do heavy lifting, care for combative patients, or explain why they were not physicians, created dissonance for men in nursing education programs. Further incidents of different treatment of male students in clinical settings included refusal of care by female patients in obstetrical units (Joshua S. Smith, 2006). Instructors in Stott's (2007) study perceived that male nursing students were lazy or likely to joke, question, challenge, and take risks in the classroom (Bell-Scriber, 2008; Dyck et al., 2009). According to O'Lynn (2004a), different treatment or limitations in obstetric clinical experiences and antimale remarks made by faculty were important barriers to men in professional nursing programs. Paterson et al. (1996) found that male students felt their performance was more closely scrutinized in baccalaureate nursing programs.

Men have reported feelings of isolation in professional nursing programs **(**Kelly et al., 1996; Stott, 2007). A lack of male faculty or other role models is a well-documented barrier in nursing education (Alfred et al., 2011; Brady & Sherrod, 2003; O'Lynn, 2004a; Stott, 2007). Labeling men as a male nurse or a *murse* has been reported to have the effect of isolating them from the females in the profession (Klein, 2009; McLaughlin et al., 2010). These nursing students were treated as token males who are accommodated rather than truly integrated into the nursing education culture (Dyck et al., 2009).

Men in the Nursing Workforce Culture

The assumption and avoidance of certain nursing roles by men has been well-documented and may reflect cultural dissonance and underlying values. Evans (2004b) reported a persistent belief that men are inappropriate in caring roles. Harding (2008, p. 29) stated, "There is a long history of men being segregated from children, female colleagues and patients." Men indicated interest in emergency room, intensive care, operating room, and nursing education settings, but females tended to favor obstetrics, pediatrics, operating rooms, or nursery (Okrainec, 1994). There is evidence that men gravitate toward high technology, high pressure, or low touch settings (Fister, 1999; Stott, 2007; Villeneuve, 1994). Some researchers observed that men are disproportionally represented in leadership in nursing and other female professions (Crutcher, 2010; Miranda, 2007); however, others claimed that is not the case (Villeneuve, 1994). In any event, the cultural perception exists that men will assume leadership roles (Miranda, 2007). Evans (2004a) described men's use of power, aggression, and strength in nursing as "he-man" and "enforcer" roles. The association of men with violence in nursing appears stereotypical but was observed to be inconsistent with their personal and professional values (Evans, 2004b). Male nurses described an "iron men" mentality requiring they accept difficult assignments and overtime, to which they respond through job change or advanced education (Miranda, 2007). He-man and enforcer roles may construct an additional role of failed caregiver (Evans, 2004a).

Some researchers questioned the behaviors of men in nursing. Because values guide behaviors, this is relevant to a study of professional nursing values. Evans (2004a) expressed concern that the association of men in nursing with violence and physical

strength may attract the wrong men to the profession and lead to a notion that men are failed caregivers. Whittock and Leonard (2003) reported that a disproportionate number of men lost their nursing licenses in the United Kingdom. Male nurses were involved in 22% of referrals to the Nursing and Midwifery Council and 42% of nurses removed from the United Kingdom nursing register (Clover, 2010). Herkova (2012) observed an overcompensation and failure to ask for help in male nurses due to fear of discrimination. In a review of national state board of nursing disciplinary data in the United States, men constituted a disproportionate share of nurses who were disciplined (Kenward, 2008). Kenward further reported that drug abuse was a common reason for state board action against male nurses. Consistent with this, men nurses were noted to be at risk for addiction (Dittman, 2007). Dittman further noted that male nurses recovering from chemical dependency described altered professional values when using illegal drugs.

Words such as accommodation, segregation, discrimination, integration, isolation, tokenism, ostracism, and exclusion are cultural terms that are present in the above literature surrounding men in nursing. Because values are such an integral part of culture, it raises questions about men's values. Although a general background on values was previously provided, research findings that include the professional values of men in nursing will now be discussed.

Professional Values Research and Gender

Quantitative Studies of Professional Values of Men in Nursing

Researchers have supported differences in professional values by gender in quantitative studies. Martin, Yarbrough, and Alfred (2003) concluded that a sample of 183 male associate degree and baccalaureate nursing students scored significantly and

consistently lower than did 1,248 of their female counterparts on total Nurses Professional Values Scale (NPVS) score and subscales. The NPVS is a 26-item Likert-scale assessment of values derived from the ANA code of ethics for nursing (Weis & Schank, 2009). Using this instrument, Astorino (2006) found a sample of 15 male baccalaureate nursing students scored lower in professional values than did female students. Lui et al. (2008) reported significant differences in only one value (upholding professional image) in a sample of 31 male and 232 female baccalaureate nursing students in Hong Kong. Men scored higher than did women on this value.

No significant gender differences were found by Bang et al. (2011) in Korean undergraduate nursing students, but this study included only 19 males. In a sample of 58 men and 265 female nurses in Israel, Rassin (2008) also used the NPVS and failed to support significant differences in professional values by gender. Rassin's (2008) and Bang et al.'s (2011) findings were consistent with earlier findings of Eddy et al. (1994) who used a national sample of 46 male and 590 female baccalaureate students and the Professional Nursing Behaviors (PNB) instrument. Therefore, findings about gender differences in values are inconclusive. This may be due to reliance on flawed instruments and low samples of men.

Male nurses have not been studied in adequate numbers for analysis, and research is needed in this population (Horton et al., 2007). Polit and Beck (2009) reported an overrepresentation of women and an underrepresentation of men in nursing research. A scarcity of male participants impairs the ability to draw conclusions about gender, and further studies using larger sample sizes are needed (Bang et al., 2011).

Quantitative measurement of professional values has been questioned. According to Shultz (2009), the majority of values studies rely on self-reported surveys and instruments. Many different instruments have been developed to measure professional values. Some were derived from nursing codes of ethics in various countries (Lui et al., 2008; Ozcan et al., 2012; Rassin, 2008, 2010; Weis & Schank, 2009), and some were developed by researchers using other values (Bang et al., 2011; Kubsch et al., 2008). Therefore, it becomes clear that a common operational definition of professional nursing values fails to exist in quantitative nursing literature. This limits the ability to identify core professional nursing values or make comparisons between studies. Schank and Weis's NPVS is the only professional values instrument with evidence of extensive testing and use (Astorino, 2006; Basurto Hoyuelos et al., 2010; Lin & Wang, 2010; Martin et al., 2003; Weis & Schank, 2000, 2009). Despite that, O'Lynn (2004b) questioned whether the NPVS has been adequately tested and validated in male and ethnic minority populations. Further cultural validation of the NPVS is needed (Basurto Hoyuelos et al., 2010). Kubsch et al. (2008) criticized the NPVS as too narrow in focus because it incorporates only those values expressed in the ANA code of ethics.

Qualitative Studies of Professional Values of Men in Nursing

Of the studies reviewed on professional nursing values, only approximately 37% were qualitative in nature, and few involved professional nursing students. A lack of consensus on professional nursing values is also evident in qualitative studies. Schank and Weis (1989) studied the professional values of senior baccalaureate nursing students and practicing nurses in the Midwestern United States. Study participants expressed values of caring, interpersonal goals, helping, respect, patience, honesty, loyalty,

religion/faith, accountability/responsibility, happiness, and education. Values of courage, responsibility, respect, and morality were found in Norwegian nurses in Nåden and Eriksson's (2004) study. Caring, competent/holistic care, fostering growth, the give and take of caring for others, fair compensation, and public awareness of health promotion were valued by nurses in Taiwan (Shih et al., 2009). Study participants expressed values of caring, interpersonal goals, helping, respect, patience, honesty, loyalty, religion/faith, accountability/responsibility, happiness, and education.

Core Professional Values

Consistent with Creswell's (2008) advice, this literature review provides background to the issue and simply notes the presence of previous literature on core professional values in order to limit bias in this qualitative study. No phenomenological studies regarding the lived experience of male baccalaureate students related to core professional nursing values were located in published literature.

Interpretive phenomenological study of the meaning of core professional values for men in baccalaureate nursing education programs is appropriate. Qualitative study can potentially reveal values and beliefs of individuals, groups, and cultures that cannot be measured quantitatively (Munhall, 2012). Munhall further stated that studies involving human thoughts, human behavior, or complex phenomena are more appropriate for qualitative study. Johnson et al. (2007) recommended deep exploration of values in different cultural and demographic groups via qualitative methods. Phenomenology, particularly interpretive phenomenology, offers researchers the freedom and flexibility to allow hidden meanings to be revealed in a situated context (Munhall, 2012).

Researcher Experiences

The purpose of this reflection is to acknowledge my own lived experiences and potential biases related to core professional nursing values. I originally graduated from a diploma nursing program with very few male students. In the mid-1970s, the female students wore white dresses and caps and were expected to adhere to strict standards of moral behavior. Their living quarters were separated from the male students by locked doors, and strict curfews were imposed. Men were housed on the first floor under the watchful eyes of a housemother. Students were taught to serve physicians in a hierarchal healthcare system. This experience personified the Victorian values of the nursing profession, some of which were established by Florence Nightingale. As a practicing nurse, I worked with a very small number of male nurses in the hospital setting. Some were well regarded by my female counterparts although others were viewed as outsiders who gave bedside care only as a stepping stone to a better position. In order to learn more and advance, I enrolled in a baccalaureate degree completion program and then master and doctoral programs.

I became interested in teaching and accepted an instructional staff position in a comprehensive public university. I saw more male students there than in my diploma class, but they were still relatively few in number. It seemed that a disproportionate number of them did not graduate. Other baccalaureate nursing faculty told me that men tended to be lazy and exhibit problem behaviors. A visit to a middle school for a teaching presentation with a male student revealed issues related to recruitment and image of nurses. When asked if they would consider a career in nursing, these middle school boys exhibited strong negative reactions. Therefore, two men colleagues and I

decided to examine the research on men in nursing. This ultimately resulted in a published review of literature and some additional experience in scholarly writing (MacWilliams, Schmidt, & Bleich, 2013).

During this process, I became much more conscious of the issues related to men in nursing. My eyes were opened to their experiences as portrayed in the literature. Research findings of stereotyping, discrimination, and isolation led me to question the status of men in the professional nursing culture. This epiphany revealed to me how these men may be treated in nursing education as different and struggle to overcome barriers. I never saw myself before as prejudiced yet suddenly became aware of my own discriminatory behavior. Without realizing it, I have stereotyped male students as muscle for lifting and as poor in expressing their feelings. I have sometimes even treated them more favorably than their female counterparts, such as giving extra attention or time, which further sets them apart from the other students.

This new awareness raises questions which remain unanswered. Students who are men clearly bring values and experiences to professional nursing programs yet what they hold as core professional values is unknown. Cultural differences in male nursing students may or may not mean their perceptions of values are any different than those found in studies with predominantly female participants. I could be biased to assume they are.

My experiences with the literature and with teaching nursing ethics have lent me knowledge of values, and men in nursing, and a passion to learn more. I care about all of my students, both male and female. These are strengths that can be brought to this research. According to Binswanger (1963), one can only understand truth through

caring. Prior knowledge can guide me in asking questions (Lopez & Willis, 2004). However, prior experiences can also lead to potential sources of bias. Expectations about the values of male nursing students could prevent me from understanding their lived experiences. I must ensure that I am truly hearing their voices and not my own presuppositions. Consistent with a phenomenological research tradition, I realize that I need to remain open to all possibilities. I must see myself as a research instrument whose writing skills can be used to provide a thick, rich description of core professional values as experienced by nursing students who are men.

Chapter Summary

In this review of literature, a background of personal values and values theory was presented. Differences in personal values between genders have been supported in the literature and are thought to occur as a result of early socialization. Students bring these values to nursing education programs where the process of professional identity development or socialization begins. Acquisition of professional values is essential to professional socialization. Various theoretical and operational definitions of professional values in nursing were discussed. These professional values are influenced by culture. Researchers have identified some common nursing values but these vary between cultures. The literature supports the coexistence of a nursing culture and male culture.

The nursing culture is feminine and based on Victorian values. Men played a role in the earliest history but became nearly extinct from the nursing profession in the Nightingale era. Although greater acceptance of men has occurred, little progress has been made in achieving gender diversity in nursing. Recruitment and retention issues were described. Concerns about accommodation, segregation, discrimination, isolation,

ostracism, disciplinary action, and failed caregiving found in literature related to men in nursing support the notion of cultural dissonance in nursing. Barriers for men in professional nursing programs have been well-documented.

Values play an important role in culture. The perceptions of men with regard to core professional nursing values are poorly understood. Most nursing research studies lack sufficient numbers of male participants for analysis. Due to the complex nature of this topic, hermeneutic phenomenological research is necessary and appropriate.

Chapter 3

Methods

Research Design

Consistent with the research tradition, this hermeneutic phenomenological study used an emergent design. Polit and Beck (2012, p. 726) defined emergent design as "a design that unfolds in the course of a qualitative study as the researcher makes ongoing design decisions reflecting what has already been learned." They advised using a broad framework that allows latitude in data collection yet addresses opportunities to establish trustworthiness. Such flexibility is critical in inductive research (Munhall, 2012). This study also followed the assumptions underpinning the hermeneutic phenomenological research tradition.

Research Assumptions

According to Polit and Beck (2012), an assumption is a principle that is accepted without proof as being true because it is based on custom or logic. Several research assumptions underlie a phenomenological approach to qualitative inquiry. Crotty (2003) pointed out the existence of phenomena for humans to experience as an accepted principle underlying phenomenological research. Reality is subjective and results from humans being imbedded in the world (Lopez & Willis, 2004). Thus, being-in-the-world is seen as a central assumption of the interpretive phenomenological research tradition. Humans are conscious through perceiving and responding to the world (Merleau-Ponty, 1962). Human experiences are linked to their cultural, social, and political contexts

(Lopez & Willis, 2004). Therefore, the idea of situated consciousness is embraced by van Manen (1997) and others. Human consciousness seeks to make sense of human experiences (Cohen, Khan, & Steeves, 2000). Similarly, van Manen (1997) assumes that humans question and theorize about their world in an attempt to become more fully a part of it, thus confirming the notion of intentionality. Human experience cannot be constructed by outside observers (Polit & Beck, 2012).

Further assumptions guide interpretive phenomenological research. According to van Manen (1997), properties or essences distinguish phenomena from each other; essences differ from appearances in that essences include things that are hidden and may be brought to light by researchers. However, he goes on to state that there is no single truth or description of phenomena. Van Manen's (1997) assumption that objectivity and subjectivity are not mutually exclusive is important because it allows for credibility when studying a wealth of meanings individuals make of phenomena. Suppositions, assumptions, and scientific knowledge predispose us to interpret a given phenomenon (van Manen, 1997). These pre-suppositions can be valuable guides to inquiry (Lopez &Willis, 2004) or can serve as sources of bias and mental barriers (Crotty, 2003). Van Manen (1997) assumed that phenomenology begins in the lifeworld, a natural, pretheoretical state as the world is experienced. For these reasons, it is accepted that hermeneutic phenomenological researchers will acknowledge their own assumptions and presuppositions in an effort to maintain an open mind when interpreting information obtained from participants.

Interpretive phenomenologists make assumptions about language. According to Munhall (2012), language cannot be separated from thought or perception; language

generates and, at the same time, constrains the world. Language provides a venue for reflecting and sharing human experiences (van Manen, 1997). Jonathan A. Smith (2007) pointed out another important assumption—what an individual says will at least partially reflect his or her perceptions. This study rested on these assumptions.

Setting

The setting for recruitment of participants was a traditional undergraduate baccalaureate college of nursing in a Midwestern university. Although there is no one prescribed setting for qualitative research, data are usually collected in naturalistic settings (Lincoln & Guba, 1985). A safe and quiet setting was selected that afforded some privacy and minimized disruptions. Similarly, Jonathan A. Smith et al. (2009) advised a safe, familiar, quiet setting free of interruptions. Because participants may vary on their perceptions of safe and familiar, they were allowed to choose the interview setting. However, the researcher discouraged interviews within the college of nursing in order to allow participants to speak freely without fear their information may be heard by others and affect their standing or reputation in the nursing program. As recommended by Jonathan A. Smith et al. (2009), a setting was used for data collection that allowed participants to safely share their experiences and feelings. Interviews were conducted in a quiet area within a coffee house, café, office, or conference room at the participant's request.

Sampling Plan

Sampling Strategy

This study utilized a purposive, convenience sampling strategy. Typical case sampling is used to select normal or average participants, is appropriate in cases where

knowledge of a particular culture is lacking (Polit & Beck, 2012), and was used in this study. Male junior and senior nursing students were recruited from an undergraduate baccalaureate nursing program in a Midwestern university.

Eligibility Criteria

Inclusion criteria. English-speaking male students who were currently enrolled in a traditional undergraduate baccalaureate nursing program were eligible to participate. In order to ensure adequate clinical experiences to expose the students to professional nursing values, students who were in middle or upper level clinical courses were included in the study. Participants in phenomenological research not only experience the phenomenon but also are able to articulate meaning (Polit & Beck, 2012). Therefore, a willingness and ability to describe professional nursing values was needed for inclusion in this study. Participants were also willing to agree to one to two audiotaped interviews with the researcher.

Exclusion criteria. Students were excluded if they were not currently enrolled in the traditional undergraduate nursing program. This included students who withdrew from the traditional program, students enrolled in the accelerated undergraduate program for second-degree students, and associate-degree nurses enrolled in the degree completion program in this university. Students who had not already completed their initial clinical courses were excluded from the study. Because the research focus is on male perceptions of core professional nursing values, female nursing students were not eligible to participate in the study.

Sample Size

The sample size was not predetermined because, consistent with the qualitative tradition, data collection occurred until data saturation was obtained. According to Lincoln and Guba (1985), data saturation occurs when no new information is obtained and redundancy is achieved. The potential pool of men who met study criteria was approximately 30, but small sample sizes are typical in phenomenology. The usual number of participants in phenomenological research is 10 or less (Polit & Beck, 2012). Considering the possibility that a participant may be interviewed more than once, Jonathan A. Smith et al. (2009) recommended between 4 and 10 interviews for interpretive phenomenological research studies conducted by professional doctoral students. This study included ten interviews with nine participants.

Protection of Human Subjects

Institutional Research Board (IRB) approval was obtained prior to commencing the study. Approval was obtained from the Midwestern University and Nova Southeastern University (NSU) (see Appendix A).

Junior and senior nursing students who are men were offered information before consenting to participate in the study. NSU's (2013) informed consent checklist was utilized in verbal and written explanations to participants. These included their status as research participants, goals of the study, types of data to be gathered, data collection procedures, taping of interviews, taking field notes, expected time commitment, number of expected participants, potential risks, potential benefits, and alternatives. As further advised, participants were informed of any expected costs of participation and that no compensation would be provided. Participants were informed that their data would be

treated confidentially, their participation was voluntary, and they had the right to withdraw from the study at any time. Participants were provided contact information for the student researcher and dissertation committee chair should questions or concerns arise about the study (NSU, 2013). Male nursing students who were willing to participate were asked to sign a written consent form prior to participation. Written materials used for informed consent were analyzed for clarity and readability. As NSU (2013) and Jonathan A. Smith et al. (2009) advised, informed consent was also obtained for recording interviews. The informed consent process also addressed data dissemination, particularly verbatim quotes in research reports (Jonathan A. Smith et al., 2009).

Confidentiality was maintained in this study by protecting the data from being shared or reported in such a manner that the participants could be identified. Fictitious names were used in research reports to disguise the identities of individual participants, and the researcher took additional precautions to maintain confidentiality; these included omitting or generalizing information (Richards & Morse, 2007). To avoid identifying individuals, participant names and demographic data were not recorded during participant interviews. Demographic data were gathered on a separate data sheet which was accessed only by the researcher. Per Jonathan A. Smith et al. (2009), raw data from interviews was accessed only by the research team. In this study, the research team was comprised of the transcriptionist, doctoral student researcher, and dissertation committee members. The dissertation committee members did not have access to participant names or other identifying information. The transcriptionist signed a confidentiality agreement because she worked at the university.

Measures were taken to protect participants from coercion and risks of participation. The researcher is an instructor in the accelerated nursing program in the same university but does not teach in the traditional program that was used in this study; therefore, participants were not coerced to participate. The participants were informed that, if they choose to participate or not participate, their information would not be communicated to their instructors or others within the college of nursing and would not affect their status or reputation in the nursing program.

Steps were taken to protect study participants from emotional or psychological distress. In this study, the researcher monitored for participant distress during the interview; no signs of distress were verbalized by participants or noted by the researcher. The well-being of participants took precedence over the study (Munhall, 2012). As Jonathan A. Smith et al. (2009) and Cohen et al. (2000) advised, plans were made to refer participants who experienced emotional or psychological distress to psychological or other health services for support as appropriate. These services were available at the Midwestern University that was the setting for this study.

Risks and benefits of participation. The research study may benefit nursing students, nurses, and ultimately patient care, through a better understanding of male nursing students and core professional nursing values. According to Cohen et al. (2000), participants in phenomenological studies contribute to the body of knowledge related to nursing care. They further stated that talking about experiences during interviews may also be helpful to participants who may not otherwise have that opportunity. Hutchinson, Wilson, and Wilson (1994) further explained that interviews can empower minorities by giving them a voice. Because men are a minority in nursing education, this study may

help others understand the lived experiences of male nursing students related to core professional nursing values.

Risks are present in interpretive phenomenological research. Expressing feelings and thoughts that may be personal and sensitive in nature may cause feelings of distress in participants (Cohen et al., 2000). Similarly, Polit and Beck (2012) cautioned that probing questions about personal feelings may awaken deep-seated emotions that participants may have repressed and to which researchers must remain vigilant. The time involved to participate in the study may prove inconvenient (Cohen et al., 2000) and take time from an already demanding academic and clinical schedule. No participant distress or inconvenience was noted in this study.

Data storage. The names of individual participants and other information that could result in their identification (e.g., phone number, address, age) were stored separately from any data and kept locked in a separate location from any other data. The only person who had access to this information was the student researcher. Other members of the dissertation committee were granted access to coded data only if requested and required as part of the dissertation process. Participants were assigned an identification number that was used to label recordings, notes, electronic files, and any other interview materials. Electronic copies were stored on the researcher's home computer in a file that is password protected. Paper documents, interview tapes, and one backup copy of computer files were stored in a locked file cabinet in the researcher's home. Notes and audiotaped information were kept with the researcher at all times when in the field. After three years, all information will be destroyed by shredding of documents or erasure of tapes and electronic files.

Procedures

Participant recruitment began in the college of nursing and its associated chapter of the American Assembly for Men in Nursing (AAMN). Information about the study was posted in the college of nursing and disseminated to students via e-mail (see Appendix A). After obtaining permission from AAMN, the study was announced in an AAMN chapter meeting (see Appendix B). The notice described the nature of the study and identified it as research for a doctoral program in another university. The expected time commitment was described, and the researcher's contact information was provided for further detail about the study. Participants were informed of the study by word of mouth. After initial recruitment, a snowball technique was used to recruit additional participants as appropriate. The researcher provided verbal and written information about the study in accordance with the IRB requirements of both the doctoral university and the university providing the setting for the study (see Appendix A).

The researcher gained trust through an open accepting approach and a willingness to listen. Participant and prospective participant questions and concerns were promptly and thoroughly addressed. In addition, respect for participant preferences and time commitment was demonstrated. Participants were informed that the study involved one interview with the possibility of a second follow-up interview. Interview times were flexible and were scheduled around the student's theory and clinical course work. The researcher sought to minimize participant burden, as this is an important goal when conducting research (Polit & Beck, 2012). Last, it was helpful that the researcher teaches in a separate nursing program and is either not known by the traditional male students or is known only in a supportive role in the local chapter of the AAMN.

After signed informed consent was obtained for the study, participants were contacted by the researcher to schedule a one-to-one interview at a convenient time and place for the participant. Participants were first asked to complete a demographic information sheet (see Appendix C). Semistructured, in-depth interviews lasted approximately 45 minutes to one hour. The researcher used open-ended and probing questions. Participants were given adequate time to answer questions and were reassured that there were no right or wrong answers (Jonathan A. Smith et al., 2009). An interview guide was used; however, participants were allowed to direct the course of the dialogue as long as it remained pertinent to the study question (Cohen et al., 2000; Munhall, 2012). Per van Manen's (1997) method of interpretive phenomenology, a conversational tone was maintained, and participants were encouraged to share stories, incidents, and examples.

A second interview was scheduled with participants if the researcher felt that additional information may be gained. If needed, second interviews were conducted in a similar manner to the first using similar questions and addressing interpretations gained from the first interview. Second interviews gave an opportunity to gather additional data, reflect on data collected in the first interview, and go deeper into the meanings of the lived experience (van Manen, 1997). Cohen et al. (2000) asserted that second interviews are helpful to reduce researcher bias and give participants time for reflection, thus allowing for richer, more credible data. Second interviews were done to clarify information or explore issues that arose in later interviews with other participants. The participants were asked for any additional thoughts or reflections they had between

interviews. Based on the information provided, the participants were asked to clarify or provide further information.

Additional documents, such as poetry, artwork, public documents, or nursing program materials were gathered by the student researcher in the course of the study. Van Manen (1997) argued that journals may contain valuable reflection; therefore, a reflective journal written by the student researcher was used.

Data Collection Instruments

The researcher is considered a primary instrument in qualitative research (Creswell, 2009; Lincoln & Guba, 1985). Consistent with van Manen (1997), male nursing students and the student researcher coparticipated in this study. Jonathan A. Smith et al. (2009) reported that in-depth interviews are usually preferred in phenomenological research. Therefore, a semistructured, in-depth interview format was used in this study. A videotaped pilot interview was conducted with a male nursing school graduate not participating in the study in order to evaluate the researcher's interview techniques and the interview questions (Chenail, 2009). Information obtained was not included in the study data.

Van Manen (1997) suggested documents and art are possible sources of insight into the phenomenon of interest. Consistent with the interpretive phenomenological tradition, the researcher used interviews, images, and other documents for data collection in this study. These will be further discussed in a later section.

Demographic Data

Age, ethnicity, and level of enrollment in the undergraduate nursing program were gathered as part of the study for purposes of analysis and reporting. Qualitative

research reports generally contain a description of participants; a transparent and contextualized analysis allows the reader to evaluate whether the results are transferable to persons in other settings (Jonathan A. Smith et al., 2009).

Interview Questions

According to van Manen (1997) the purpose of the interview in interpretive phenomenology is to gather data about and analyze a phenomenon as it is experienced by participants. It is seen as a purposeful conversation which is informed by the research question (Jonathan A. Smith et al., 2009; van Manen, 1997). As noted earlier, the interviews were semistructured in nature. A list of interview questions is included in Appendix D. The interview guide was revised after piloting and midway through the study. The interview questions followed the qualitative research tradition. Open-ended and nonleading questions were posed only as a guide, and participants were encouraged to offer stories or examples (Jonathan A. Smith et al., 2009; van Manen, 1997). In accordance with Jonathan A. Smith et al. (2009), interview questions flowed from general to specific and descriptive to affective.

Field Notes

Field notes were utilized in this study for purposes of description. Cohen et al. (2000) pointed out that field notes can be used to record additional information beyond transcription of verbal discourse, such as environment, body language, voice tone, and participant appearance. Only a few words or phrases were written during interviews in order to avoid distractions; the remainder of the field notes was completed immediately after interviews concluded. Participants were informed in advance that field notes would be taken.

Reflective notes were taken in this study. Polit and Beck (2012) stated these may be theoretical, methodological, or personal in nature. According to Schwandt (2007), a reflective journal promotes reflexivity—a critical look by researchers at their own preferences, biases, and presuppositions. An inspection of the researcher's role in the situated context is another benefit of journaling (Schwandt, 2007). Again, only very brief notations were made during interviews; most reflective notes were written after the conclusion of the interview. This allowed the student researcher to reflect on findings, feelings, and assumptions.

Documents and Artwork

Other documents and images were used for data collection as appropriate. Artwork, images, poetry, biographies, and other literature exposed the researcher to additional experiences that might not otherwise be available (van Manen, 1997). Review of additional materials, including curricular and professional documents, allowed the researcher additional insights into the phenomenon under study and allowed data triangulation (Standing, 2009).

Data Management and Organization

Jonathan A. Smith et al. (2009) provided helpful guidance for data collection and organization that was followed in this study. Interviews were taped and transcribed verbatim to electronic format. Other documents, such as images or artwork, were obtained in electronic format. Hard copies with wide margins were printed, allowing the researcher to make notes. Themes, super-ordinate themes (or categories), supporting extracts and references to exact locations within the documents were constructed and saved in electronic table format. This facilitated internal consistency and data analysis.

This organization allowed information to be traced from the document through initial clustering and thematic development to the final narrative (Jonathan A. Smith et al., 2009).

Transcription

An experienced transcriptionist was hired for this study, and all interview transcripts were compared to the audiotape by the researcher to ensure accuracy. Transcription was done as soon as possible after each interview to enable the researcher to analyze and make changes in subsequent interviews. The researcher communicated with the transcriptionist to give feedback, for debriefing purposes, and to solve problems as necessary. In advance of transcription, clear guidelines were established with the transcriptionist on how to handle problems (Polit & Beck, 2012).

Category Scheme

The researcher followed Polit and Beck's (2012) description of the most commonly-used category scheme. Categories were not predetermined but were developed based on careful analysis of a substantial amount of data; important concepts seen in these data were identified which provided the basis for category formation and grouping of concepts within these categories (Jonathan A. Smith et al., 2009). Van Manen (1997) portrayed a category or theme as portraying an aspect of the structure of the phenomenon under study. Although themes may be viewed as frequently occurring in the text, thematic development is not bound by rules but is an act of insightful discovery of the essence of an experience. Themes were assessed for connections and essential qualities were verified by questioning whether the phenomenon would remain the same if the theme were changed or removed (van Manen, 1997). Van Manen

recommended researchers ask this question in order to distinguish between essential themes or meanings and themes that are only incidentally related to the experience of interest.

Coding Data

Coding data were treated as an evolving process in this study. Per the qualitative research tradition, codes were developed and revised based on careful reading of data (Polit & Beck, 2012). In accordance with their recommendations, single-person coding was conducted by the researcher, and verification of coding by a peer reviewer was done early in the process to enhance reliability. Van Manen's (1997) approaches to coding were followed in this study. He advocated looking at the overall meaning of the text (wholistic approach), highlighting of key information (selective approach), and performing line-by-line analysis (detailed approach). Consistent with Jonathan A. Smith et al. (2009), descriptive, linguistic, and conceptual comments were made in one margin of the documents in the first stage of coding; emerging themes were then identified in the other margin. Each document was coded individually then patterns across documents were identified (Jonathan A. Smith et al., 2009).

Data Analysis

In interpretive phenomenological studies, data analysis begins with data collection (Cohen et al., 2000; van Manen, 1997). In accordance with an emergent design, data analysis was conducted after each interview in this study.

Consistent with Jonathan A. Smith et al. (2009), the analysis began with a description of the explicit meaning expressed in participant comments and moved to interpretations; analysis was conducted jointly by the researcher and participants.

Jonathan A. Smith et al. (2009) emphasized the importance of immersion or reflective engagement with the data in order to understand meaning. They further described analysis as involving dialogue between the researcher, their knowledge, and the study data. Therefore, the researcher allowed adequate time and conditions for immersion and reflection on the data in this study.

Van Manen's (1997) method was used for data analysis in this study. He viewed hermeneutic phenomenological research as involving a dynamic relationship between six activities. The first, turning to the phenomenon, involved orienting to the phenomenon, formulating the phenomenological research question, and identifying assumptions and prior understandings. In the second activity, the researcher explored the phenomenon, started with personal experience, traced etymological sources, and obtained experiential descriptions from subjects, art, and literature. Phenomenological reflection, the third research function, included conducting and uncovering themes, isolating thematic statements, composing linguistic transformations, gleaning descriptions from art, interpreting through conversation, and determining incidental and essential themes. The fourth activity involved writing and rewriting. A strong, oriented pedagogical relationship with the data was maintained by the researcher. Last, the study context was balanced by considering the parts and whole (van Manen, 1997).

Van Manen (1997) offered an additional framework for data analysis in the form of four existentials. These existentials of lived space, lived body, lived time, and lived human relationship are themes common to the lifeworld. Using these existentials facilitated reflection on the study surroundings, bodies, temporal issues, and relationships.

Analysis was conducted in several stages in this study. The meanings expressed by study participants were first described and interpreted. Codes and themes were established on the basis of interview data. During the second level of analysis, artwork, phenomenological literature, biography, videotapes, and curricular materials were introduced to allow a deeper level of reflection related to professional values of men as they entered into the nursing profession. In accordance with van Manen's method (1997), these additional data sources were not reviewed before the interview data in order to prevent bias. The second level of analysis allowed further reflection and insight into the study themes and subthemes.

Trustworthiness and Integrity

Lincoln and Guba (1985) addressed the trustworthiness of qualitative study data. Their criteria of credibility, dependability, confirmability, and transferability were used in this study and will be addressed in the following sections.

Credibility

Lincoln and Guba (1985) compared credibility to the internal validity of a study. They posited prolonged engagement and persistent observation as strategies to enhance the credibility of qualitative research. This study employed prolonged engagement and persistent observation as strategies to achieve greater scope and depth in data generation through the use of two interviews. Member checks were another method of improving the credibility during data collection (Lincoln & Guba, 1985) and were used in this study. Member checking was achieved by verifying accuracy of the information obtained. This was achieved by sending participants a summary of findings by e-mail at the end of the study with a request to send any comments to the researcher within one week (see

Appendix F). Chad responded, stating, "I believe you have captured what my experience has been like as a student nurse." No other responses were received. It should be noted that e-mail messages to two participants bounced back as undeliverable most likely due to graduation. However, emerging findings had been validated by one of those participants during a second interview prior to graduation. The researcher clarified meanings and verified understanding of participants during the course of all interviews, as advised by Jonathan A. Smith et al. (2009). As described earlier, interviews were audiotaped and transcribed verbatim. The accuracy of transcription was ensured by using an experienced transcriptionist and checking the transcript against the interview tape for accuracy. The credibility of data analysis was addressed through the use of a peer reviewer, a colleague who has experience in conducting qualitative research and who was not otherwise involved in the study.

The use of triangulation through different sources or methods of data collection also improves the credibility of a study (Lincoln & Guba, 1985). In this study, triangulation was implemented through the use of participant interviews and other documents or images. According to Cohen et al. (2000), the writing involved in maintaining journals requires a researcher to critically think about bias during a research study. Therefore, the researcher maintained a reflective journal on an ongoing basis to enhance credibility. Last, an audit trail and inquiry audit was performed, as described in the following section.

Dependability

Lincoln and Guba (1985) described dependability as the reliability of qualitative research findings. Data triangulation and member checks were used to promote the

dependability of data collection (Lincoln & Guba, 1985). To further enhance dependability, Lincoln and Guba (1985) recommended an inquiry audit of the processes used during a qualitative study; this was done in this study. Careful documentation and an audit trail were maintained during the study, such as decision trails and other process-related materials. This information was provided to the qualitative expert member of the dissertation committee or other dissertation committee members upon request so that the dependability of research processes could be confirmed.

Confirmability

Lincoln and Guba (1985) explained confirmability as the objectivity of the results in a qualitative study. In this study, the results were auditable by the dissertation committee through the use of materials that supported the data, findings, interpretations, and recommendations (Lincoln & Guba, 1985). For example, electronic files supported themes and linked them to the original sources of data. The study report included verbatim quotes that supported the data findings. A reflective journal was part of the audit process (Lincoln & Guba, 1985) and was made available to dissertation committee members. A peer reviewer was used in this study to review a sampling of data and the objectivity of the themes derived from the data. Confirmability was further enhanced in this study by providing participants with an opportunity to respond to a final summary of themes at the end of the study. This was achieved by sending participants the summary at the end of the study with a request to send any comments to the researcher within one week.

Transferability

The transferability of findings was addressed in this study. According to Lincoln and Guba (1985), the reader of a qualitative study is responsible for judging whether or not the findings are transferable to other situations. Transferability was enhanced by providing readers with thick, rich descriptions of the study and enough information about original data to make such judgments (Cohen et al., 2000). To further allow readers to determine similarity and transferability, the percentage and demographics of male nursing students in the Midwestern university were compared with national data where available.

Chapter Summary

In this section, the qualitative method for this study was described. The design followed van Manen's (1997) interpretive phenomenological framework and was flexible, emergent, and inductive in nature. Consistent with the research tradition and assumptions, one to two semistructured interviews were conducted with each participant, along with review of documents and images. The setting for recruitment of participants was an undergraduate baccalaureate college of nursing in a Midwestern university. Men currently enrolled in junior or senior nursing courses in the university's traditional nursing program were eligible to participate. A purposive, convenience sampling method was used and interviews were conducted until data saturation occurred. The risks and benefits of the study and measures to protect participants from harm were described. Participant identities were kept confidential and measures to do so were discussed in this chapter. Data collection, transcription, coding, data management, and analytic procedures were presented. Procedures to enhance trustworthiness of the study included,

but were not limited to, member checks, peer review, triangulation, reflexive journaling, and an audit trail.

Chapter 4

Interpretation of the Findings

In-depth interviews were conducted individually with nine male nursing students in a traditional baccalaureate nursing program in a Midwestern university. One participant was interviewed twice; therefore a total of 10 interviews were completed over a three-month period. Demographic analysis (see Appendix E) revealed the mean age of this group was 28 and the median age was 23. All but two of the participants (78%) selected Caucasian/White as their only racial group; the other two were of mixed race and non-Caucasian. Four students (44%) were currently enrolled in the junior level of the nursing program and five (56%) were seniors.

Comparisons were made between the ages and race/ethnicity of the men in this study and available national data. The percent of men in this study who were over age 30 was 22%. The NLN (2012) reported that 16% of students currently enrolled in baccalaureate nursing students were over age 30 in 2011. In terms of race/ethnicity, 22% of the study participants identified themselves as belonging to an ethnic/racial minority group. The AACN (2012b) reported that 28% of students currently enrolled in baccalaureate nursing programs were from racial/ethnic minorities. Therefore, the study participants were slightly older and less diverse than baccalaureate students nationwide. These data from AACN (2012b) and NLN (2012) included both men and women. No data were available on age and ethnicity specific to male nursing students.

Comparisons were also made between the percentage of men in the nursing program used in this study and national statistics. Approximately 8% of students currently enrolled in the junior and senior levels are men. In contrast, AACN (2012a) reported that 11.4% of students enrolled in baccalaureate programs in 2011 were male. Therefore, this student body is less diverse than the national average in terms of gender.

Although not part of the demographic data sheet, a nursing assistant background was noted in many participant interviews. When discussing experiences related to professional values, six of the participants (67%) described their work experiences in a health care setting. All but one of these mentioned working as a nursing assistant. The college of nursing providing the setting for this study requires nursing assistant certification prior to admission.

The findings of this study will be described in this section. Using pseudonyms to protect confidentiality, excerpts from the interview transcripts will be presented to support five themes and several subthemes under an overarching theme of caring that describe the essence of core professional nursing values from the perspective of nursing students who are men (see Table 1).

Table 1

Study Themes and Subthemes Under an Overarching Theme of Caring

Themes	Subthemes
1. Entering program with pieces of the puzzle of caring	• Aligned personal values • Professional value formation before program
2. Finding more pieces of caring	• Disconnect • Change to varying degrees • Initial task orientation then greater awareness
3. Caring as patient-centered relationships	• Relationships and interactions with patients • Therapeutic honesty • Respect and dignity

	• Privacy and confidentiality • A focus on patients as individuals • Holism • Empowerment through information • Patient-focused teamwork
4. Caring as helping	• Altruism • Empathy/compassion • Advocacy • Competency and safety
5. Solving the puzzle of caring	• Experiential learning • Recognition • Disappointment

Situated within a puzzle metaphor, *entering program with pieces of the puzzle of caring* and *finding more pieces of caring* (themes one and two), described perceptions about the relationship between personal and professional values and the acquisition of professional values during the nursing program. Themes three and four centered on the nature of professional values: *caring as patient-centered relationships* and *caring as helping* with several underlying subthemes. Theme five emerged as *solving the puzzle of caring*.

Rather than providing a definition of the concept of core professional nursing values, most participants chose to name individual constructs that they felt represented these values. Chad provided a more general definition when stating,

> I think it means the core values a nurse needs to have to, kind of, provide for the patient in the workplace. Those values that they need to follow, or should have, are what been picked out to, that have shown to bring out the profession and the need for the profession.

As per van Manen's (1997) method, sources other than interview findings were incorporated as data in this study. These data were selected based on additional sources referenced in the books and articles included in the literature review for this study and via Internet searches for information on male nursing students. Websites, images, videotapes, syllabi from the Midwestern university nursing program, previous

phenomenological studies, and an autobiography were analyzed for additional experiential descriptions and insights. In order to prevent the introduction of bias into the study, interview findings from the participants were analyzed first. Then the additional data sources were analyzed for further reflection on the interview themes and subthemes.

Theme One: Entering Program With Pieces of the Puzzle of Caring

Participants came to the nursing program holding some pieces of the puzzle of core professional nursing values. These came in the form of personal values that were aligned with professional values. In addition, the men who were interviewed recognized that their professional value formation began before the nursing program.

Aligned personal values. All of the participants described a relationship between their personal values and core professional nursing values. This was demonstrated when participants named some of the same constructs when describing their personal and their core professional nursing values. Examples of this were caring and helping. Dan described his personal values this way: ". . . empathy is probably another big one. It's a core value in my life, anyway, being able to put yourself in other people's shoes and reevaluate your thoughts on certain things and change perspectives, maybe, even." Dan discussed his core professional nursing values, stating, "So, I would say competency, compassion, and empathy are probably three of the biggest ones, for me anyways." Greg said, "I guess my personal values are honesty, you know, integrity." "I think they're [personal and professional values are] pretty close to the same . . . you got to keep integrity and honesty in everything you do." Adam, Kurt, and Greg reported they applied the golden rule in their personal and professional lives. Adam stated,

> But, to me, the core nursing values, I kind of view them as just, they go hand in hand with, kind of, how I was raised, you know, by my parents—treat people with

> respect, dignity, you know, be honest with people. I just think they go along with how I, personally, believe I should live my life, and um, as I said, treating people with respect, dignity, honesty, hard work.

Adam's and Greg's comments highlight statements made by all but one participant about a relationship between their personal and professional nursing values. According to Bob, "Yeah, I mean, I hope so [personal and professional values are related] you know, because who really are you if you try to present as two different people?" Similarly, Kurt stated, "Oh, absolutely, they [personal values] should [relate to professional values]. I mean, some of them you can't turn on and off like a switch, you really can't." As Dan said, "I think in order to even get into the program here, your personal values have to be very well aligned with what is perceived as core nursing professional values."

After the interview analysis, the findings of previous qualitative studies were analyzed. Alignment between professional values and the person as an individual was illustrated by a participant in G. Wilson's (2005) study: "I felt that it best suited my personality. I needed to be able to help people or do good instead of working on pure sciences that I couldn't see having any benefit to anyone." C. S. Wilson (1995) reported personal values of communication, equality, caring, and respect in baccalaureate nursing students. Participants perceived alignment between their personal and professional values and saw personal values as an important part of being a nurse (Wilson, 1995).

Professional value formation before program. All participants who were asked when they began to develop professional nursing values reported that they began before their entry into the nursing program. As Bob related:

> When it comes to actually nursing practice, um, I mean, I guess, you could go back and say, I worked at the YMCA for 5 years, I kind of developed a little bit of

> characteristics and values and, you know, the trust and friendship and caring for everyone, including the kids that are there.

When discussing when he began to form nursing values, Dan said, "Um, I did lots of sports, and ah, I was really into that in high school, triathlete, baseball, basketball and football." Frank reported his professional values began "Probably with my first job that I ever had. I worked on a farm actually." Kurt put it as follows: "Um, I don't know, I think they're values I've always had. Um, but I think they just sort of, they take on a life of their own depending on the profession you get into."

Joe and Kurt mentioned personal or family exposure to health care experience when discussing the beginning of their professional nursing value formation. For example, "Well, I was, I've been always fascinated by how nurses have been caring for both of my parents, because ever since I was young, all I could remember was they're disabled . . ." (Joe).

Previous research findings on the phenomenon of socialization were utilized as data in this study. According to Day et al. (2005), students entered nursing programs with notions about nursing values to some degree; sometimes, influenced by personal or family experience with health care. Participants in that study came into nursing because they believed it was a good fit for their personal attributes.

Theme Two: Finding More Pieces of the Puzzle of Caring

Students gained more pieces of core professional nursing values in their nursing education. They experienced feelings of disconnect with the professional nursing values embraced by the college of nursing and between their values and those of the nurses they encountered. Their values changed or developed to varying degrees during the nursing

program. They described an initial focus on task orientation progressing to greater awareness of other core professional nursing values of greater complexity.

Disconnect. Statements made by several men supported a sense of disconnect with the AACN's professional nursing values that were adopted and communicated to students in this college of nursing. "Honestly I couldn't even, I couldn't even tell what's on that, on those [College of Nursing value] statements right now to tell you the truth" (Greg). According to Evan,

> when we were Sophomore IIs, we went through that whole spiel about what [College of Nursing's] nursing values are. And those don't apply to everybody, I don't think. Um, well, like I said, they're good values, so they apply. But, they don't really say who we are.

Dan commented, "It's been awhile since my theory courses, so I can't really spout them [core professional nursing values] out at you." Frank stated,

> Obviously I'm going to have my own values compared to what the school is going to tell us what our values are. But I think the school kind of develops it cause it makes you think more into what their values are and what yours are, and you kind of rethink and build upon it.

Just as one may press a puzzle piece to fit, a small number of men experienced some degree of pressure from themselves or others related to adopting core professional nursing values. Dan reported an "extreme amount of pressure to change things about yourself, even if you don't necessarily feel like you want to or should have to, and you have to, at least for the four years that you're here." Bob said, "and they list the five values when you first come into the program—here's our five values, here's what we're going to pound into you—that's exactly what happens." Evan shared the following pressure he placed on himself:

> I feel like this is the best way for me to give back, because it's something that I'm forcing myself into, and that sounds worse than it really is. By forcing myself into

> this, I'm willingly putting myself in a situation where I have to interact with others.

Day et al.'s (2005) research findings provided an additional data source for this study. The personal values expressed by participants were foundational to acceptance or rejection of professional nursing values. Nursing program experiences reinforced student beliefs at entry, and professional nursing values were accepted in most participants; however, the presence of cognitive dissonance was noted in some participants early in the program. Although students internalized values by the end of the program, they also recognized a gap between the ideals and reality of nursing practice (Day et al., 2005).

Change to varying degrees. Almost all the men in this study reported that their core professional nursing values changed or developed though the nursing program. According to Chad,

> Well, I think, coming into the program, I didn't know what, you know, what core values of what, or pretty much what nursing stood for, besides caring for someone and doing tasks. . . . And, as I progressed through the semesters, I guess once I had those skills and tasks done, I more so focused on individual care and including everything they want to do and advocating for them and opening more lines of communication to the nurses and other techs and CNAs, and even so relaying messages to doctors.

Bob stated,

> It really did develop who I am, and what I would say is, like, you know, what I'm going to do in my future practice, I guess, you know, or how I'd like to practice someday. . . . I feel like I have a very firm and solid foundation as to how I'm going to practice someday, what values I'd like to focus on within my practice.

According to Frank, "It's more of I got more developed with it and it became, you know, a bigger set of values." Kurt stated, "Probably not that much of a change, just now the more the program put more into practice, so you could say more honed, kind of, honed it more than anything else." Dan offered these comments:

> I think it's about the same, um. The only thing that's really changed is, and I kind of knew it coming in, but not really, that, I mean, you have to be a professional outside of everything, as well as inside, and if you're not, you'll be penalized.

Previous qualitative research findings with baccalaureate nursing students provided additional data for this study. The professional beliefs of their participants became broader and more articulate as they progressed through the nursing program (Day et al., 2005). C. S. Wilson (1995) documented the adoption of professional values in first-year nursing students to varying degrees in one nursing program.

Initial task orientation then greater awareness. The students in the study related initially focusing on individual professional values or pieces of the puzzle. Some participants described their core professional nursing values as task-oriented. "They [good nurses] always seem to have their charting done on time." (Dan)

Chad reported his initial task orientation as follows:

> I first started, when I would have my first patients early on, I didn't, I was more so focusing on what I was supposed to get done for that moment and not really focusing on lines of communication and advocating for the patient and including all types of care that focuses making the patient individual, and more so, just focused on just making sure I was doing a task correctly, as well as getting all my tasks done.

Comments by Frank and Joe support a progression to greater awareness of a bigger picture of professional nursing values as they progressed through the nursing program.

> You know I didn't really, I'd always had values, but you don't really think of them that much until they're brought up. So, at that point, you know, it's kind of hard to describe I guess. You know they're there, but you don't really realize them. You're just kind of going on with every day type activities. . . . You know, going into clinicals I was just thinking about, you know, learn what I'm doing. And then it's more of, once you've learned what you're doing, okay, how am I really there to take care of the patient. Cause it's kind of going through that process. You got to, you know, learn your skills; once you learn your skills you start noticing these other things that are going on. (Frank)

Joe said, “It [in the beginning] was more of just doing what you are being told.” He added, “Well, since I began the program, it has changed. I actually developed more knowledge and skill set, and um, more rationales behind what I am doing now.”

Previous phenomenological studies related to nursing socialization were reviewed as data in this study. Benner (1984) identified the role of novice clinicians as focused on tasks and rules with a lack of contextual understanding. The stage of advanced beginner incorporated the meaning of situational components; in the stage of proficiency, nurses developed a holistic understanding of the situation which improved decision-making (Benner, 1984). Similarly, a progression was noted in Day et al.’s (2005) study of nursing students as students moved from a lay to a professional image and a more contextual view of nursing care. Participants in Maben, Latter, and Clark’s (2007) study used “molding,” “indoctrination,” and “conditioning” to describe how faculty taught values during the nursing program. As one graduating student put it, “I do believe the college has conditioned you to think a certain way” (Maben et al., 2007, p. 101).

Theme Three: Caring as Patient-Centered Relationships

In this section, the study finding of *caring as patient-centered relationships* is discussed. Subthemes expressed by participants as core professional values are *relationships and interactions with patients, therapeutic honesty*, and *respect and dignity*. *A focus on patients* as individual and *whole* persons, who are *empowered* by information given to them by nurses are additional subthemes in this section. In addition, *privacy and confidentiality* and *patient-focused teamwork* also emerged as core professional nursing values.

Relationships and interactions with patients. All of the participants described relationships and interactions that were patient-centered as a core professional nursing value. Bob explained,

> The focus on not just being there for the patient as an advocate, and patient safety, and certainly patient care, but also to develop a relationship, in which, to me, goes much further than just delivering medications and implementing interventions, nursing interventions, as necessary, but more so . . . getting to know the person. Really getting down to a trustworthy relationship with them, whereas it's not just superficial and temporary, but really making an impact and a lasting impression on each person that I interact with.

Bob emphasized the importance of the nurse's presence in the following excerpt: "We're with our patients for 8 ½ hours shifts, 12 hour shifts, you know, we're not behind our computer for 8-12 hours, we're with our patients a good 8 hours at least, you know."

Evan stated,

> I had a family member who passed away. I worked with the nurses for a week in hospice, and saw their interactions with other people and with my family, and realized not only am I not good at that, but I want to be good at that, I want to be able to be that person.

Similarly, Frank made the following observation:

> I like that some of them [nurses] will kind of try to build these relationships with the patients. They can go in there; they can kind of joke around with them a little bit. . . . That's something I always kind of want with all my patients too.

The importance of communicating and connecting with patients was echoed by Kurt when he said, "You validate all their feelings. I do that all the time . . . I try to [connect and communicate]." Dan explained, "Just being a good person, having like a gentle touch, kind of. Just being able to read people and to understand what they want, what they need."

Additional data sources were again reviewed in this study. Communication was a professional value embraced by baccalaureate nursing students (Wilson, 1995).

Participants in Maben et al.'s (2007) interpretive study valued psychological aspects of care, the therapeutic nurse-patient relationship, and spending time with patients. Spouse (2000) also found student nurses valued relationships with patients. As a male student in that study explained,

> the idea of talking to patients and getting to know them, which is what I wanted to do at [first training school] and was getting criticized for. It's somehow become accepted as good nursing in a way, which I felt then but couldn't articulate it. (Spouse, 2000, p. 734)

A male nurse wrote the following about his initial experiences in nursing: "I had doubts about how much longer I could go on. But there were times when it all seemed worth it; times when I connected with a patient." (Alexander, 2012, p. 29). He further stated, "Instead of the physical things I had previously considered to be the biggest part of nursing, I was learning to listen" (p. 182). A nursing student reported, "I chose nursing because, as they say, 'doctors focus on treating diseases and nurses on treating people.' I definitely want the patient interaction" (Turner, 2014, para. 18).

Images portrayed male nurses and nursing students relating to patients. Men were photographed touching patients, talking with them, and holding children (see Figure 1, Oregon Center, 2004; Sullivan 2014).

Figure 1. Nurse-patient relationship. From Men proud to take place in nursing field [Blog post photograph] by A. Sullivan, (2014, January 29). Retrieved from http://blog.diversitynursing.com/blog/?Tag=male%20nurse

Therapeutic honesty. Most of these men described honesty as a core professional nursing value; some also discussed how necessary honesty was to developing trusting relationships with patients.

> And honesty, that's probably where the trust came from . . . we're the ones with them all the time. I mean, it's either they're going to be fully trustworthy of us or they're going to sit there and say, I don't want to trust. (Bob).

Adam put it this way:

> Honesty, I mean, it can go a long way in developing a relationships, whether it be a working relationship, a relationship with a family member, with a friend. It's definitely important to establish rapport with anybody, I think. And, from the nursing standpoint, too, um, being honest with patients whatever you are doing. If you have to tell them something that's not necessarily what they want to hear, you know, there is a fine line between bluntly telling someone, like, maybe some bad news, but you know still relaying what information you need to know, and doing it in, kind of, a therapeutic way.

Similarly, Kurt discussed his perception that honesty might sometimes need to be tempered when he said, “Unfortunately, but you do have to mix that with a little bit of tact.”

Respect and dignity. Most of the study participants described respect or dignity as core professional nursing values. Frank stated, “In my opinion it would be pretty much respecting the patient and, you know, including them into their care.” According to Joe, “Well, they’re [core professional nursing values] pretty much what we talked about—trust and respect.” Adam described respect as:

> Treating all people without a bias. You know, it’s hard, especially working in the ER. I mean, we see people all the time that you hear that providers, nurses, kind of, talking bad about people. It’s, sometimes, I can’t blame them, I mean, I feel like, you see all these people all the time, and they got, kind of, worn out, but I think it’s important to try, as hard as you can, to, you know, see each patient, or not even from a nursing standpoint, anybody that you come in contact with, you know, you don’t know what they’ve been through in their past, so trying to be nonjudgmental, and keeping your initial opinions, kind of, internalize them first, and kind of, give the person the benefit of the doubt.

Kurt echoed the importance of valuing the patient and suspending judgment:

> Basically let somebody know that you matter, and I’m going to do what I can for you, and I think that’s the probably Reader’s Digest abridged version, it’s telling, showing somebody that you, letting somebody know that you matter, that you’re not just another number—not just a number, not just another hospital fee or anything else. Somebody, you know, and you gotta, and the biggest thing with that is you’ve got to do that without being judgmental.

Other data sources revealed similar findings. Alexander (2012, p. 70) said, “I just hope that as a nurse I can always accept people for who they are and give them the best care that I can.” Day et al. (2005) and C. S. Wilson (1995) revealed that nursing students valued respect and a nonjudgmental manner toward others. Paradoxically, male participants in Sayman’s (2014) study experienced disrespect from instructors in nursing school; they reported stereotyping as an additional concern. According to a nursing

student, “[Some female] instructors make little comments like, ‘for you nurses—and you males who are preparing for pre-med’” (Turner, 2014, para. 13).

Privacy and confidentiality. In this study, three participants emphasized privacy and confidentiality in their relationships with patients. “The main thing is patient confidentiality, and um, I guess that’s pretty much it” (Joe). Similarly, Kurt commented, “you’ve got to have first and foremost just confidentiality, you know.” According to Frank,

> Just it’s the whole, like, ethical part of it. If you're going to talk about a patient, keep it professional. And keep it somewhere where it's just going to be, you know, with the people that need to know. And somewhere that other people aren't going to overhear it as well.

A focus on patients as individuals. The vast majority of participants described perceptions of patient-centeredness or a focus on patients as individuals. “Yeah it would be [patient centeredness], cause it’s pretty much all about the patient” (Frank). As Greg put it, “I don’t know if it would be considered a core professional nursing value, but I guess my, the way I approach my job as a nurse is the patients come first.” Evan stated,

> I think that’s, you treat each individual as they come to you, and you try to treat them how they would define themselves… You want to give every individual the care that they deserve, um, to the best of your abilities, obviously.

Chad addressed “caring for the patient because, um, making sure you’re giving the competent care that you’ve been trained with, um, always keeping in mind, um, individual care.” Evan’s story about a nurse highlights the importance of an individualized approach.

> Sometimes, she would just tell them like it is, that kind of nurse. . . . And some of the patients like that. Um, she would also give them the, ah, the gentle shoulder, sometimes, to cry on or whatever, just to vent.

In a similar manner, Adam commented, “I think, you know, especially, like, with the geriatric population, people might approach them differently, and obviously, then, if you had a patient my age, in your twenties or something like that.”

The following comments from Joe about core professional nursing values reinforced the idea of individualized care and introduced the idea of patient preferences.

> That actually means pretty much taking a different, you know, aspects of what life really means to the individual and take it into consideration of promoting and encouraging the healing process. . . . Um, I don’t know, pretty much what the patient prefers—that pretty much enables their healing process to be better.

Similarly, Frank stated, “Just the whole main thing that I feel like it should be what the patient needs and what the patient wants.”

Some participants pointed out that openness, flexibility, and even creativity were needed to provide individualized patient care. Joe summed up his perceptions as follows:

> I think a good nurse is someone who’s open to everything, open to every possibility, open to any kind of, um, change in care, or open to anything an individual patient needs or wants, whether it’s pain management, or religious beliefs that they want in their room, or if they like a lot of family or if they like it quiet. I think just being able to be flexible and accepting to a lot of different things, I think it would help a nurse a lot . . . yeah, patient centered and just being open to a lot of things.

Greg said, “Well, in nursing creativity to me is finding different options to make something better.”

Bob incorporated a notion of family-centeredness in this interview excerpt:

> How do you help the families, you know, it’s not just delivering care to the patients, but it’s focusing on the family as a whole as well, because they’re equally as impacted as the patient, perhaps something that’s terminal or even something that’s pretty significant, you know. . . . Every family reacts in their own way, and it’s being receptive to that.

Other data sources emphasized the value of the patient as an individual. Day et al. (2005) reported a patient-centeredness and a view of patients of individuals among their study participants.

Interestingly, justice was not expressed as a core nursing value among study participants or in the other sources reviewed for this study. One study participant mentioned justice as a professional nursing value but when questioned whether it was a core professional nursing value or not, the participant replied that he did not consider it to be a core value.

***Holism*.** Another core professional nursing value expressed by most of the students in this study was holism. Frank also discussed addressing patients as part of a family unit in this clinical example:

> The nurses really do get the families involved with the care. They'll talk to them about their, I mean, they'll get everybody in the same room together and talk about what's going on and what decisions they have to make, what they have to teach them to do for their care later on. That's another big thing that I've seen.

Bob further observed,

> Caring is very holistic. It needs to be, you know, as much as aspects of someone's life that you can get, whether it's helping children cope with their parent's illness or parents coping with the children's illness, or economically have enough money to be able to find alternative ways to support the family if they're, you know, in the hospital.

Kurt said, ". . . but overall the biggest one is, is my main concern anywhere, um, is just the overall well-being of the person. I mean, they talk about the holistic approach—mind, spirit, body, and so forth."

Joe offered these thoughts about patient care:

> It's not just focusing on treating their illness, but pretty much, like I said before, encompassing all the, what really brings meaning to their life, into

> consideration—not just focusing on their illness—such as, holistically . . . their traditions, spirituality, providing any rituals of their preference.

Some participants also discussed addressing cultural values as part of holistic care. According to Bob,

> But, I mean, it's sort of going back to how we were talking about values, you know, advocating for what your patients' cultural values would be. I mean, we've had multiple Hispanic populations come into the hospital, especially in the [name of city] area. I haven't had that experience just yet this semester at [name of hospital], but I know, just this last summer, you know, we've had different cultural perspectives come in for treatment and what their preferences were. And you know what, it's about voicing whatever their concerns are and not just omitting them.

In a similar manner, Evan advised,

> You need to educate yourself on the demographics you're working with, the location you are geographically, the population of different ethnicities, and you need to become aware of what you might deal with day to day, so that you give each person the care that they deserve.

Some participants expressed a view of holism that extended to physical and emotional comfort of the patient. "You know, there were medications ordered PRN if the patient was experiencing, like, respiratory distress, that he could use, because that was the family's main concern—was what if he's, you know, uncomfortable during this whole thing" (Adam). Chad stated,

> I did learn, the kind of, like, a four piece thing, you know, pain, potty, position, and personal stuff, and those are the four things you can ask while you're in there to help the patient out. And, with the same clinical, we followed one nurse that, kind of, basically followed those rules and one that wouldn't, really, ask about any personal things that they wanted or if they wanted to be positioned differently, only if they had to be positioned every, like, two hours, wasn't really asking if, maybe, they weren't comfortable.

Evan depicted his instructor in clinical as "able to deal with the emotional side of what had happened to him . . . it was a very emotional time for the person, ah, and she was just able to comfort him in a way that I had never seen before . . ."

Holism was noted in other data sources utilized in this study. Benner (1984) and Day et al. (2005) described the emergence of a holistic understanding during professional formation. The pursuit of patient-centered holistic care was a theme in Maben et al.'s study (2007). A participant in Mackintosh's (2006) study linked caring to holism in this excerpt: ''you can't look at someone as just a body, they're a person as well. You've got to care for the person as much as the body.'' A practicing male nurse wrote ". . . when we take care of a patient, we look at the whole person, and try to provide complete (holistic) care" (Alexander, 2012, p. 293). However, a participant in Sayman's (2014) study left nursing for medicine because of frustration with the stereotypical caring and compassionate aspect of nursing. He said he was not a "'comfort type nurse' as you would expect nurses to be. I am very medically inclined. I treat problems, I feel like that's what I'm there for, you want a back massage, your grandma will give one." (Sayman, 2014, p. 7).

Johnson & Johnson's (2012) video promoting the profession of nursing portrayed a male nurse demonstrating holism. The nurse is shown comforting "Emma," a child receiving an injection, by singing her a song while he administers the medication and expressing concern for her well-being.

Empowerment through information. Some of the men in this study identified giving information to patients as a way to provide patient-centered care. For example, "if we teach them this is what's going to happen when we do this, this is how you're going to get better, then it, just incorporating them in the care will make it overall, you know, a better experience" (Frank). Evan related this clinical observation: "Like, if they're not

following the care plan, like, she'll tell them, like, you need to do this, you have to do this or this will happen. She'd give them the straight facts."

In the perceptions of the students who were interviewed, family and students can also be empowered to participate in patient care through education. Adam extended this notion to providing information to family when he said, "And then after that whole educational part, the nurse said, you guys can stay in the room before we do this for as long as you want." Evan expressed empowerment through education as a student in a clinical situation involving a staff nurse. "Ah, she pushed me to educate myself, ah, to be an individual in the room, to take charge."

Previous qualitative research findings provided additional insight. Students in Day et al.'s (2005) study described the nurse's role as an educator who helps patients become aware of deficits and change their own behaviors. Maben et al. (2007) found empowerment was an important principle expressed by participants in their study. Alexander (2012, p. 148) relayed his efforts: "I tried the honest approach. 'People die from asthma—young people like you. If you have a death wish, you're free to go right now. We won't stop you.'"

Patient-focused teamwork. Almost all of the participants expressed the value of a patient-focused healthcare team. "I guess I didn't mention a core value that I would consider, but teamwork is really important" (Adam). Bob said the following about teamwork: "Seeing where it was at the cusp of it all, if not the pinnacle of any values that I had—I mean, teamwork, communication—I mean without those two it was irrelevant." When discussing his core professional nursing values, Chad stated ". . . I think, a lot of health care should be more focused-based on team, like a team approach." According to

Frank, “Definitely for our hospice it’s absolutely needed and very, very, important. If you don’t have teamwork you’re going to drown there. Because there’s no way you’re getting everything done by yourself.” Dan expressed the following perceptions of patient-focused teamwork:

> Yeah, flexible, not making waves, not being angry, people who leave their crap at home and come to work and just are able to be able to provide good patient care, I guess. It’s, if you have to, putting on a fake smile and being nice your whole shift to everyone who you’re seeing, even coworkers and everyone, you know. . . . It’s not just being nice inside a room, it’s being nice at the nurses’ station, charting, and you know, just being understanding of what’s going on with everyone else.

The notion of teamwork among students was also raised by a study participant. As Frank discussed,

> I feel like once you get in the clinical, the lab, that’s kind of more of a teamwork type thing to help each other figure out what’s the best way to do this, how can I do this better, how can I do it more efficient. Can I have you, you know, help me with something the patient needs that you know you can’t do by yourself.

Many study participants reported negative behaviors in work or clinical settings related to teamwork, sometimes directed towards themselves as students. At other times, they reported a failure to see teamwork between students or between staff members. Adam explained,

> For instance, one example, you know, we always get our patients assigned to us in the morning, and then we have to go talk to the assigned registered nurse, you know, and get another report. And so I would go, and we don’t know these nurses, we’re new to the unit, and so, we have to, kind of, go and ask, like, hey are you, is this your name, who is this nurse? And then I finally found one, and I said, oh are you? I can’t even remember her name, and she is like, no, and hid her name tag, like somewhat sarcastically, and the other nurses were, like, laughing, but very funny, I have to talk to you about stuff. They seemed, you know, not thrilled to have me there.

In a similar vein, Dan observed: “. . . we [students] don’t matter when we’re there, really. Just someone extra following along.”

Some of the students who were interviewed had witnessed communications that were not patient-centered in clinical or work settings. Evan described a sense of isolation in his clinical group related to communication.

> My experience has been that I'm the only guy on most of my clinical groups. Um, and girls talk about a lot more personal things than guys do. . . . When they come outside [patient room], their conversations don't really reflect on anything you would think a nurse would talk about. . . . No, I'm not really an advocate for gossiping about anything. . . . No, I don't think talking about sex during clinical is something I'm going to value. . . . My other instructor, actually, would sometimes join in the conversation, and lead the conversation, which, she's a well-liked clinical instructor, but I don't know. She's well liked and I learned a lot in that clinical, but the conversations were a little off.

Chad described his perception as follows:

> My preceptor, while I learned a lot from her, her attitude toward others, co-workers—ah, I mean, you are a team, and team work is huge in the, on the floor, and the way she treated, like, the other nurses, I didn't agree with. She was just very, kind of like, a plow, just rolling over everybody.

Greg explained,

> Nursing is so cut throat . . . the day shift hates the PM shift and the PM shift hates the day shift, you know, wherever you go they hate each other. And the night shift just kind of plays along with both of them, you know, trying to, trying to stay out of it as much as they can, but yet, everywhere you go they, they just hate each other.

Dan's account of his clinical experience reinforced a perception of war:

> But, you know, instead of gently reminding us you know, coming out and being, like, hey, by the way you should probably stay by your station, turn around, keep an eye on that, she just came out guns blazing, yelling, which is incredibly awful. Some participants discussed the need for conflict management in clinical settings.

According to Dan,

> A lot of people I think need help with the conflict resolution and proper ways of doing things, because yelling at someone in front of other people is not going to do anything but embarrass that person and make them hate you.

Study findings revealed perceived differences in how men and women handle conflict. Greg, who worked in a long term care facility for several years, shared these thoughts about conflict management by men and women:

> And, and I, you know, I run into it a lot and it is hard when you have a profession that's so overwhelmingly female, and being a male. And I see it over the years so many times where women working together would rather backstab than confront. And men on the other hand would rather be in your face and tell you what's going on. And tell you their, what, what their issues are, or what the problem is. And over the years, I've learned that I can't do that; I can't do that in nursing. . . . Because they don't look at it as being assertive or being upfront or open, they, they look at it as an attack.

Previous qualitative research findings were reviewed to lend additional insight into teamwork. Fister (1999) and Herakova (2012) found male nurses perceived differences in conflict resolution between themselves and their female counterparts. A preference to directly address problems was highlighted by this participant's comment: "If I have a problem with somebody, I confront them, I don't go and backstab them" (Herakova, 2012, p. 344). Participants in Herakova's study attempted to assimilate themselves into the dominant nursing culture by monitoring their communication and shaping it in a comfortable manner.

The value of belonging to a healthcare team was important in other studies that were reviewed. Reflecting on his experiences as a new graduate, Alexander (2012, pp. 42, 46) stated, ". . . the main reason things felt better was because of the team I was working with. . . . Feeling part of a team was what made nursing truly enjoyable for me. I no longer dreaded going to work each day." Levett-Jones and Lathlean (2009, p. 107) quoted student nurse 'Fiona' as follows:

> If you feel you are not wanted or they [the nurses] don't care whether you are there or not, it is disheartening and you are like, ''What is the point of me trying to learn; they don't acknowledge me, they don't want me here.'' But when you

> feel welcome and as if they really want you there, you try harder and you are more motivated to do well.

A sense of belonging to the nursing and interdisciplinary group through knowledge and experience was also valued by students in C. S. Wilson's (1995) study. Despite instructor efforts, some participants without prior healthcare experience did not have a sense of belonging in that study. Knowledge helped students to feel part of a team and was a venue to a sense of affirmation (Secrest, Norwood, & Keatley, 2003). According to J. Kelly and Ahern (2009), new graduates valued being part of the nursing team but were unprepared for the exclusion from cliques, power games, conflict among nurses, and the phenomenon of "eating your young" they encountered in the nursing culture.

Images also portrayed male nursing students and nurses as team members. They were portrayed as studying in teams, in a clinical group, collaborating with nurses in the workplace, and empowered together in their national association (AAMN, 2011; Burton & Misener, 2007; Potter, Perry, Hall, & Ostendorf, 2013; Tuten, 2010).

Theme Four: Caring as Helping

All nine participants expressed a concern for others or a value of helping others. Analysis of interview excerpts revealed *altruism, empathy/compassion, advocacy, competency and safety* as core professional nursing values. Van Manen (1997) posited researching etymological sources of words as part of data collection. Therefore, the origins of four words used as subthemes in this section were researched. According to Harper (2014, 23A), *altruism* is rooted in French and Latin words meaning "unselfishness" or "other." *Advocacy* stems from middle English "one who intercedes for another" and a Latin word *advocatus* meaning "one called to aid; a pleader" (Harper,

2014, p. 13A). *Empathy* was described as having Greek origins from "en 'in' (see en-(2)) + pathos 'feeling'" (Harper, 2014, p. 12E). Shipley's (1984) etymological description of *empathy* included "experiencing with him" (p. 188). According to Harper, the origins of the word *compassion* include "to feel pity," "to suffer," and "together" (Harper, 2014, 51C).

Altruism. The male nursing students in this study described *altruism* in the following statements:

> We're nurses, not just people, because we want to make money, because we care about other people. I can't think of a word to describe that –selfless . . . we're in a profession to help others who get sick or during their worst times, we need to put our own lives on the back burner, and I'm okay with that. I think once you get accepted into this, you're, life's no longer your own, it's automatically other people's, in some way. . . . I think, a good nurse is, is someone who's going to be more concerned with other people than they are about monetary value or what they're getting back from it. It's what they give. (Evan).

Dan offered these comments:

> You have to want to help people, you have to be motivated to help people because you want to—not because everyone else wants you to or not, or because you want money, but because you want to help people, and that's important.

Bob emphasized "altruism and empathy. . . . Two of the main focal points in my clinical practice." Frank stated, "Helping people, pretty much every single, again profession, you need to be helping each other or it's going to go nowhere."

Additional study data supported the value of helping others. Meadus and Twomey (2001) and G. Wilson (2005) found helping others was a major motivator for male students to enter nursing. A video made for prospective students by men in nursing emphasized the satisfaction they gained from helping others and making a difference ("How to," 2010).

Empathy/compassion. Participants expressed the importance of empathy and compassion. Dan's perception of empathy as a foundation for helping is illustrated in the following interview excerpt:

> Compassion's a good thing to have, but empathy's better. Um, compassion is, like, having strong feelings for, I don't know, for people, for helping people specifically with nursing. So, I mean, in order to be a nurse and to be a good nurse, you have to obviously, you have to have that. You have to want to help people, you have to be motivated to help people because you want to—not because everyone else wants you to or not, or because you want money, but because you want to help people, and that's important. But empathy's definitely better to have, cuz' compassion's cool, but a lot of people don't really care if you just want to help them really bad, you have to be able to understand how they feel and be able to put yourself in their shoes, and know what's going on with them, so you can truly help them. So, I would say almost in order to be compassionate, you have to first be empathetic, which can be very hard sometimes.

Several other participants described empathy. According to Bob,

> Altruism is much of a word of, it's sort of, like, empathy. It's being, doing what you can to best serve the patient, I suppose, and, I mean, being true to, I guess, who you are and what you can do for your patient. So, I know there's other Webster dictionary definitions that probably more accurately define it. But for me, that's covers it, encompasses it. It's being empathetic, sympathetic for your patient and caring more than anything about your patients as well.

Adam commented,

> But I think it's important to try, as hard as you can, to, you know, see each patient, or not even from a nursing standpoint, anybody that you come in contact with, you know, you don't know what they've been through in their past, so trying to be nonjudgmental, and keeping your initial opinions, kind of, internalize them first, and kind of, give the person the benefit of the doubt.

Kurt observed,

> Um, well, caring, caring is just a deeper concern, whether it's somebody, and it's not just, you know, when you provide cares, as it were, like, bathing or toileting or changing the dressing or administering mediation, um, ah, caring is just like, you know, it's having that empathy I mentioned earlier, you know. Um, putting yourself in their shoes, seeing what they're going through. Um, well, caring, caring is just a deeper concern, whether it's somebody, and it's not just, you know, when you provide cares, as it were, like, bathing or toileting or changing

> the dressing or administering mediation, um, ah, caring is just like, you know, it's having that empathy I mentioned earlier, you know.

Other research data related to the phenomenon of core professional nursing values were reviewed. The students in C. S. Wilson's (1995) study related a sense of compassion to altruism. Men students in Fister's (1999) study expressed values of empathy and caring. Beginning nursing students in Day et al.'s (2005) study emphasized the importance of compassion, sensitivity, and caring. Mackintosh (2006) reported students emphasized caring for patients as important but also expressed the complexity of the construct. One of her study participants explained caring as "involvement in how that person is, a very sketchy explanation, sorry. Care is . . . wanting to know about that person, to improve their quality of life''(Mackintosh, 2006, p. 956). Previous phenomenological literature also revealed that men in nursing programs experience caring in different ways than their female counterparts (Fister, 1999; Paterson, 1996; Young, 1997).

Advocacy. About half the participants raised the notion of advocacy. "Another big one that I really focus on is advocacy" (Bob). Chad said,

> To me it's, um, advocating for the patient, it's kind of like, how I describe it as relaying information from the patient, and because, nurses are there the most, and if you relay their struggles, that they have questions about anything, you can relay to a doctor or the nurse case manager, and they can all help, um, provide for them the best way they can to get them better. It's, kind of like, a relay message, so they can get the best care they can. You, kind of, advocate for, you know, what they're feeling, what signs they've seen, and if there is, like, even an economic problem, the nurse can advocate that information toward another person in the team of care.

Kurt put it this way: "I will fight tooth and nail, because advocacy is a big part of nursing."

Two men who were interviewed discussed advocacy at the same time they raised the values of competency and safety. According to Bob,

> I think, advocacy ties along with safety. Yeah, I mean, you're advocating for the patients so that the patient doesn't get harmed in any way, shape or form, and that's socially or physically, psychologically, but um, I mean you could talk about evidence based practice.

Greg explained,

> . . . if I'm taking care of my patients and doing the best I can for them, being an advocate for them, you know, taking care of their safety as, you know, the upmost number one issue, then everything else falls in line after that.

Day et al.'s (2005) research findings were included as data in this study. Nursing students, who were in the third year of a baccalaureate nursing program, experienced moving into an active role as patient advocate.

Competency and safety. About two-thirds of those interviewed expressed competency or safety as a value. "I don't know if it's a value, but competency. So, I mean, you have to be intelligent to be able to provide the care to people" (Dan). Chad explained, "I think it, well, having competent care, yeah, I think involves some kind of safety, because you should recognize things that put patients, you know, in danger." Greg said, "You know, patients first, and patient safety is first of all. So everything, everything falls from that." To Bob, advocacy in the form of competency is

> huge, because patient safety is one of the top notch things in hospitals just from a qualitative standpoint I mean, that's, I mean we're front line people, we're not the sharp end, we're the blunt end, we're the ones who administer the medication, we're the ones who deliver the last safety net.

Participants emphasized the need for competency in nursing skills. Chad was concerned with "making sure you're giving the competent care that you've been trained

with . . . I always made sure that I was competent with my skills that I learned."

According to Adam,

> I feel like they're, myself included, there are so many of my classmates, our biggest concern is not knowing, like, not knowing medications or patho, it's the hands on skills that we always feel, like, we don't have enough experience in. Participants expressed the need for competency in other areas.

Greg valued "personal development." Similarly, Evan stated, "Continuing education. I don't know if that's, you can, I don't know if you can call it a value, but I believe in order to move the profession forward, we need to keep educating ourselves." He also called for care that is "evidence based, this is the right way to do things, as opposed to what is the easy way to do things." Adam advised, "Just being real diligent about your patient's condition."

Dan introduced another notion of competency in his interview. "You have to be competent to people . . . you have to be able to understand and read people, as well as being an intelligent person and having the skills necessary to be a nurse."

Once again, other sources were utilized as data in this study. Participants in Maben et al.'s (2007) study emphasized the importance of safety, competency, and evidence-based practice. According to Secrest et al. (2003), competency, a key part of professionalism, was defined as going much deeper than psychomotor skills. For example one student in their study said "I knew what he [the patient] needed" (Secrest, et al., 2003, p. 81). According to Day et al. (2005), baccalaureate nursing students valued competent and safe care in the third and fourth year of their program. They further discussed lifelong learning, awareness of research, holistic care, and communication. Men in nursing valued competency as a means to gain respect of others and avoid marginalization (Sayman, 2014). Levett-Jones and Lathlean (2009) stated that although

students did not condone unacceptable practices by registered nurses in clinical, they complied with such practices as a means of preventing rejection and gaining inclusion into the nursing team. Alexander (2012, p. 169) offered another perspective on safety, relating that in his time as a nurse and nursing student "everyone from tutors, managers, and colleagues, had all said never to put yourself at risk. If it's not a safe environment, don't do it."

AACN (2008) argued that gaining competency in technology is necessary for nursing students to deliver safe, high quality care. Many images of nurses or nursing students portrayed men as engaging with technology. For example, the cover of the January 2013 issue of the *American Journal of Nursing* introduced a feature article about men in nursing with a picture of a male nurse providing intravenous therapy. A review of images and online videos of males as nursing students or new graduates portrayed many of them engaging with technology (Busemeyer, 2013; Gunderson, 2010; "How to," 2010; Sameer, 2010). This is in contrast to interview findings as none of the participants mentioned technology as a value.

In summary, themes four and five represent pieces of the puzzle of caring. The core professional nursing values expressed by participants in themes three and four may be viewed as dimensions of caring (see Figure 2).

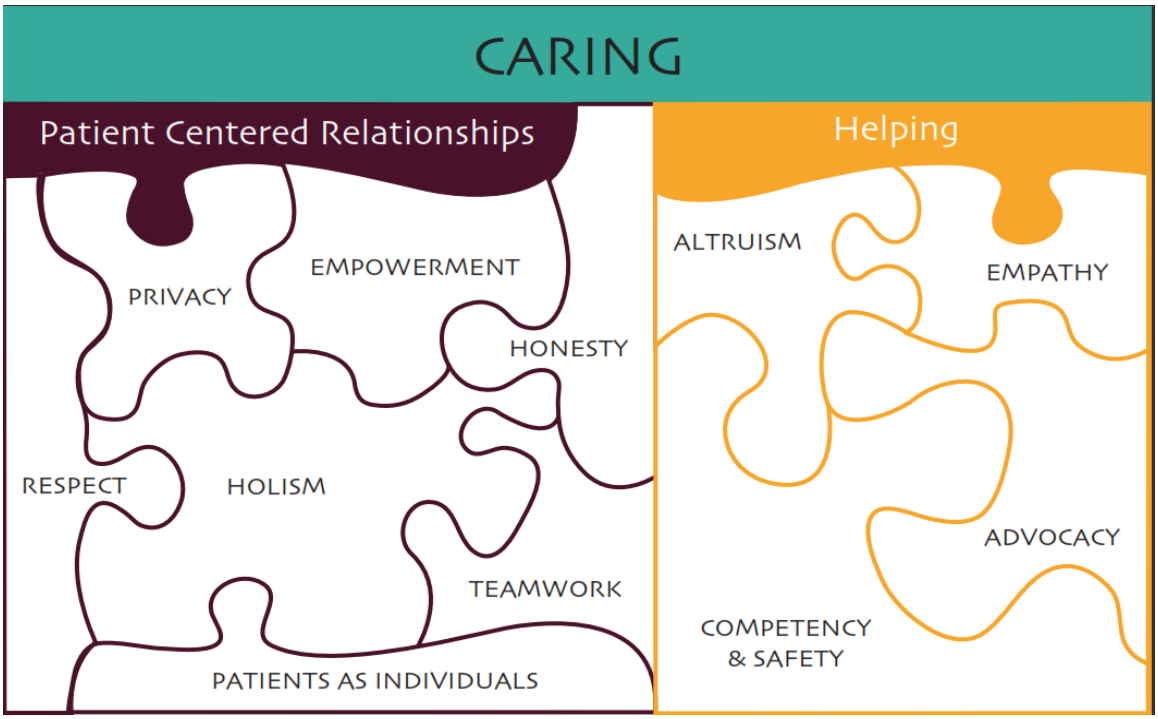

Figure 2. Themes three and four: Relationships and helping. Depicts perceptions of caring expressed as core professional nursing values in themes three and four.

Theme Five: Solving the Puzzle of Caring

A metaphor of solving a puzzle illustrates the process of learning core professional nursing values, as experienced by the men in this study. As Bob explained,

> So, like, throughout the course at the undergraduate program in five semesters that I was in the program, that was one thing . . . you kind of take chunks and pieces as they came, and then you put it all together, you know, now four weeks away from graduation.

Just as one tries puzzle pieces to see how they fit together, participants expressed how they learned professional nursing values through experiences in clinical courses and at work. They described more difficulty seeing these values in classroom and lab settings. They recognized when core values were demonstrated in nurses' behaviors and were disappointed when they saw behaviors that did not match their values in clinical practice.

Experiential learning. Participant statements brought to light the importance of experiences in learning core professional values. "Um, so from a values standpoint, I don't know that I would've learned as truly impactful as the core values of nursing are, um, without having these clinical experiences" (Bob). Dan commented, "Um, [experiences in nursing program] showed me what not to do and what to do because you learn from both." Adam stated, "I know [core professional nursing values] when I see them." Bob pointed out that experiential learning could occur in the classroom as well as clinical settings.

> So, and we talk about those things, especially in our case studies in Junior I and Junior II, which tremendously helps, because it gives you, like, a starting point, and obviously everyone's going to respond a little different, because we all have our own perspectives, and . . . how to approach those things, those scenarios . . . the biggest thing about values and what I've learned throughout the College of Nursing, you don't realize how much you really use the core values, until, I mean, you really get out and practice.

Other data sources utilized in this study highlighted the importance of experiential learning. C. S. Wilson (1995) reported students developed a new awareness of values when they shared and reflected on experiences in the classroom. When investigating experiences of male nursing students as they learned about caring, Paterson et al. (1995) found learning occurred through role modeling, observation, storytelling, discovery through clinical experiences, and being cared for as students by instructors.

Participants had more difficulty identifying core professional nursing values in laboratory and classroom settings. When asked about this, Chad replied,

> I guess if there's anything [classroom experiences] that would be professional values, it would just be, like, meeting with group members for projects. . . . Um, I didn't really say doing much in lab. I mean it was mostly just listening, performing something on the dummy, so I really didn't really practice any core values on the dummies or anything, so I don't think there is anything in classes.

Dan stated, “As far as in the classroom, I don’t really know. Professional nursing values in the classroom?”

Few values were recognized in laboratory and classroom settings as evidenced by the following statements. “The main thing [core professional values in classroom] is patient confidentiality, and um, I guess that’s pretty much it” (Joe). Frank made these observations:

> Classroom is just more about, I, I kind of feel like the classroom is more about yourself, individualism. Obviously respect the people around you and the teacher by being, you know, quiet throughout the class, not interrupting. But it’s more of a time for you to focus on yourself and focus on what you need to learn to grow as an individual, to grow as a better nurse. That’s really it.

Frank further described professional nursing values related to privacy during physical assessments of students in the laboratory: “Pretty much everybody that I saw was really good at, you know, keeping it close quarters, not leaving everybody open for everyone to see.”

Not all students who were interviewed had difficulty seeing core professional nursing values in the nonclinical aspect of the nursing program. Adam identified honesty in test-taking and the approachability of laboratory instructors adding this comment: “I was actually, kind of, surprised at the amount of, throughout the whole program, the amount of teamwork exercise and assignments that we did.”

Students in other studies failed to see core professional values in the classroom. C. S. Wilson (1995) found little recall of values presented in the classroom by students; direct classroom observation revealed presentations of values by instructors were few, and represented lists or attributes that lacked meaning to students. On direct observation, C. S. Wilson did find demonstrations of professional nursing values through positive

behaviors and behaviors that were inconsistent with these values in classroom experiences. Professional nursing values were not represented in a cohesive manner in the nursing curriculum (Wilson, 1995). Similarly, a review of syllabi in the Midwestern university providing the setting for this study revealed professional nursing values were inconsistently presented. Safety, caring, competency, communication, holistic care, teamwork, and cultural competency were commonly mentioned but were not present in all courses. Patients as individuals, empowerment, patient education, respect, evidence-based practice, and advocacy were present in a smaller number of course syllabi. The AACN (2008) values of altruism, autonomy, human dignity, integrity, and social justice that were the stated values of this nursing program were present in some syllabi but not others.

Recognition. In accordance with van Manen (1997), participants were encouraged to relate examples or stories from their clinical courses. About two-thirds of these male students reported behaviors that fit core professional nursing values in clinical or work settings. As Bob said, "The whole family was there, and I'd never seen such a caring attitude by anyone like I did with my preceptor that day." Participants most frequently identified behaviors of staff nurses. These students less frequently described professional values in their instructors, some citing the number of other students in a traditional clinical model and multiple responsibilities of their instructors as a barrier to learning values from them. Adam reported that when ". . . they pair you up with one nurse and you're with them for the duration of the day. And I've, every time, I've felt that there's such a better a learning experience and I understand more." However, Dan

related the following positive experience with his instructor in a traditional model clinical course:

> I was in [name of agency] for my Senior II with [name of instructor] and she is a fabulous nurse, super great, kind, compassionate, caring, she knows what she's doing, she knows why she's doing it. She's a great role model. Also, there was another nurse on the floor there. Her name was . . . I don't know, and she was a really good nurse. I think it had a lot to do with communication. They were very good at communicating with the patient what they were doing. Just, in being nice, even if, you know, the situation sucked. Just being a good person, having like a gentle touch, kind of. Just being able to read people and to understand what they want, what they need.

Frank offered this example of core professional nursing values in action:

> But the nurses really do get the families involved with the care. They'll talk to them about their, I mean, they'll get everybody in the same room together and talk about what's going on and what decisions they have to make, what they have to teach them to do for their care later on. That's another big thing that I've seen.

Evan told this story:

> I worked with a nurse in the ER, um, who was amazing. Ah, she pushed me to educate myself, ah, to be an individual in the room, to take charge. If I didn't know the answer to something, she'd expect me to go look it up and research it. . . . She interacted with the doctors well, the other nurses well. The patients, even the ER patients who were in a bad way, would stop and listen to her when she talked.

As recommended by van Manen (1997), further qualitative study data were reviewed as part of this study. Student nurse participants in Day et al.'s (2005) study reported purposeful observation of nurses and nursing instructors to determine expected behaviors. Additionally, they described seeing both positive and negative behaviors among nurses.

Disappointment. All but one student reported seeing behaviors by nurses in clinical or work settings that did not fit their perceptions of core professional nursing values. "I'm not going to lie, I've seen a lot. I feel like I've seen a lot of stuff more that I

would not want to do than what I would. I mean, it's hard for me to come up with the good" (Evan). He further expressed his feelings as follows:

> It was really disappointing because I know that's not how I'm going to act when I'm on the floor ever, and we go through all these classes together, and we, my classmates become a family, and it's hard to imagine, like, one of them acting like her or anything like that.

Similarly, other participants expressed disappointment that they did not see the values they themselves demonstrated in nurses and nursing instructors. As Frank put it:

> Just that they're throwing out their opinions of the person. Cause I mean I come, I'll come into work some days, the nurse will be like, oh this person is so needy, their family's so needy, it's terrible, it makes work hard. And then I'll come in there I won't see a problem with anything. And it's just totally their perspective on what they don't want to do, or want to do. That's how I take it. And I just don't find that professional at all. It's just not needed, and that kind of bugs me.

Joe stated, "there was a time when I saw a nurse that didn't do something, like, not respecting a patient." Greg shared this experience:

> Yeah, I think a lot of, the majority of nurses are very task oriented. And I think that's what they do, they look at what assessment is due next on the computer in the hospital and that's what they do. And when they got all their assessments done then they'll go in the, the break room and, you know, I, I saw some nurses that were taking, I, I would say more than their share of breaks, you know.

Sometimes their treatment as students did not fit participants' perceptions of core professional nursing values. According to Dan, ". . . on the floor, a lot of nurses who were not willing to teach, not really excited about having us there, I don't know. They weren't very nice, which is something I think you have to be." Adam reported, "I had some not so pleasant experiences with the nursing staff. . . . I didn't feel like it was a learning environment for me, just in these few specific circumstances. I felt, maybe, not as respected at times."

Similarly, previous qualitative studies revealed experiences of negative behaviors by students in clinical settings. Students in Mackintosh's (2006) study reported failure of staff to demonstrate caring attitudes. Spouse (2000) described experiences where staff behavior conflicted with students' notions of professionalism.

Caring as the Overarching Theme

The overarching theme of this study was caring. A core value of caring was revealed by nurse Greg Focker in the motion picture *Meet the Parents* when Greg described why nursing was a good fit for him as a career (Tenenbaum & Roach, 2000). Similarly, Young (1997) documented the importance of caring in male nurses in her phenomenological study that was incorporated as data in this study. Although most of the participants in this study described caring in different contexts, few directly identified it as a core professional nursing value. When asked to expand on caring when they mentioned in stories or examples, a few participants mentioned empathy. Evan laughed when he made the following comment about caring: "It's [caring] just an easy way to go." He went on to describe caring as selflessness. Adam acknowledged caring as a professional value stating, ". . . I think caring can be such a subjective term . . . yeah, I feel like there's a little different levels of caring from, you know, from patient advocacy to, you know, actually taking time to converse with the patients, you know, if you have time." He further remarked,

> Obviously everyone has a different personality, so everyone's not going to be caring in the same sense that, you know, a co-worker or a colleague might be. For example, I feel I'm a pretty sarcastic person. I use a lot of sarcastic humor, and I try to use that with my patients.

Adam's comments reflected different perceptions of caring which were discussed in the previous themes and subthemes. Participant expressions of caring included major

meanings of *patient-centered relationships* and *helping others.* The men in this study clearly valued the relationships and connections which enabled them to help patients.

The meaning of core professional nursing values to male nursing students was caring, which incorporated many other core professional nursing values as subthemes in themes three and four (see Figure 2). These subthemes may be viewed as dimensions of caring. Participants described the complexity of learning to care for patients during their baccalaureate nursing program. The puzzle of core professional nursing values represented learning to care for others to these male nursing students as they entered the profession. The nursing program experience provided a foundation for change, greater awareness, patient-centered relationships, helping others, and solving the puzzle of caring (see Figure 3).

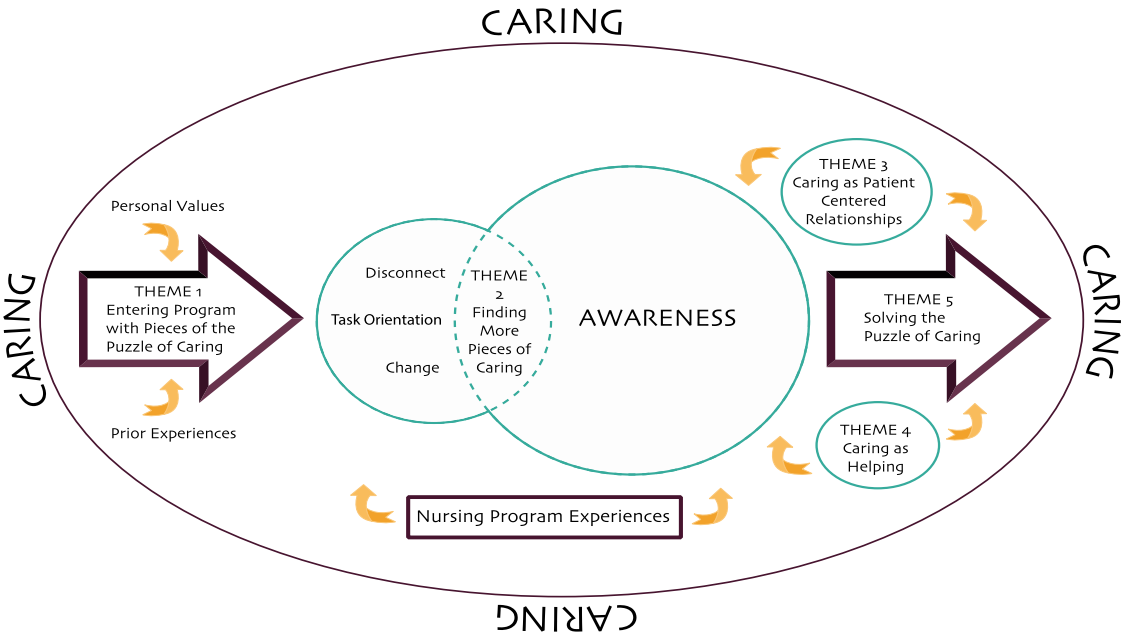

Figure 3. The process of developing core professional nursing values as described by male baccalaureate nursing students. Depicts the overall findings of the study.

Chapter Summary

Interpretations of data from ten individual interviews with nine participants were presented in this chapter. Previous qualitative interpretive studies, literature, and images were also included as data during the second phase of analysis. Themes and subthemes were described and supported with interview excerpts and other data sources. The overarching theme of this study was caring, illustrated by the metaphor of a puzzle. The first theme, *entering program with puzzle pieces of caring*, was presented because participants expressed personal values that *aligned* with those of the nursing profession and because they felt their professional values began to form *before* the nursing program. The second theme was *finding more pieces* of caring through nursing education. These male students experienced feelings of *disconnec*t with the professional nursing values embraced by the college of nursing and between their values and those of the nurses they encountered. Their values changed or developed *to varying degrees* during the nursing program. They described an initial focus on *task orientation* progressing to greater awareness of other core professional nursing values of greater complexity.

Theme three is *caring as patient-centered relationships*. Subthemes expressed by participants were *relationships and interactions with patients*, *therapeutic honesty*, *respect and dignity*, and *privacy and confidentiality*. *A focus on patients as individuals* and *whole* persons, who are *empowered* by information given to them by nurses, was also discussed. *Patient-focused teamwork* emerged as a core professional nursing value. A fourth theme of *caring as helping* was further described in subthemes of *altruism*, *empathy/compassion, advocacy*, and *competency and safety*.

Solving the puzzle of caring was the fifth theme found in this study. Just as one tries puzzle pieces to see how they fit together, participants expressed how they learned professional nursing values through experiences in clinical courses and at work. They described more difficulty seeing these values in classroom and lab settings. They *recognized* when core values were demonstrated in nurses' behaviors and were *disappointed* when they saw behaviors that did not match their values in clinical practice.

The meaning of core professional nursing values to male nursing students was caring, which incorporated many other core nursing values. Participants described the complexity of learning to care for patients, patient-centered relationships, and helping others, as a puzzle that they solved during their baccalaureate nursing program.

Chapter 5

Discussion and Summary

Caring was the overarching theme in this study. A large body of previous literature has supported caring as the essence of nursing (Leininger, 1991; Morse, Bottorff, Neander, & Solberg, 1991; Watson, 2005; Weis & Schank, 2009). Caring was commonly expressed as a core value in prior studies of professional nursing values (Gregg & Magilvy, 2004; Kelly, 1991; Shih et al., 2009; Wros et al., 2004) and by the NLN (Halstead, 2012). Consistent with this, caring was frequently mentioned by study participants. Although it was only specifically identified as a core professional nursing value by one student, it was strongly present in the examples and stories told by the men in this study. Per participant expressions, professional nursing values stem from caring and are reflected in nurse-patient relationships (Schank & Weis, 2000).

Participant descriptions of core professional nursing values clustered in two major categories or themes under an overarching theme of caring: *patient-centered relationships* and *helping others*. Within the category of *patient-centered relationships*, subthemes of *relationships and interactions with patients, therapeutic honesty, respect, dignity, privacy, confidentiality, patients as individuals, holism, teamwork, and empowerment through information*, revealed the nursing values considered important by the men in this study. Helping others incorporated values of *altruism, empathy/compassion, advocacy, competency,* and *safety*. Some of these values were identified in prior research conclusions about core professional nursing values (Alfred et

al., 2013; Kelly, 1991; Perry, 2005; Shahriari et al., 2012; Shih et al., 2009). Privacy, confidentiality, safety, competency, respect, responsibility, and accountability were rated highly by both American and Taiwanese nursing students (Alfred et al., 2013). In a literature review of values in nursing, Horton et al. (2007) concluded respect and caring were common values; caring encompassed dignity and humanity. Snellman and Gedda (2012) reported values of trust, nearness, sympathy, support, knowledge, and responsibility in their international literature review. Fagermoen (1997) reported human dignity as a core professional value under which other values were linked. Similarly, Nåden and Eriksson (2004) reported several nursing values as facets of dignity. Values of dignity, connections with patients, hope, and finding meaning that were described by Perry (2005) had some similarities to, but did not exactly match, participant values in this study. In addition, values expressed by the ANA, NLN, ICN, and AACN contained both similar and different values than those expressed by the men in this study (AACN, 2008; Fowler, 2010; Halstead, 2012; ICN, 2012). Shih et al. (2009) validated patient centered-relationships, holism, competence, and helping others but also identified values of personal and professional growth and fair compensation. Therefore, many core professional nursing values in prior literature diverged from those expressed by the participants in this study.

Possible reasons can be given for the mixed findings in prior literature and for the differences in values from this study. Many of the above studies of core professional nursing values used samples of practicing nurses rather than nursing students. It is possible that practicing nurses may have different perceptions of core values due to socialization and maturation. Many of these studies were conducted in foreign countries

or with small numbers of men. This raises the possibility of cultural differences in professional nursing values, as suggested by Alfred et al. (2013). Last, differences in data collection techniques, instrumentation, and definitions of constructs may have accounted for variable findings.

Summary of Findings

Caring as an essential nursing value was revealed by the men in this study as a puzzle. Caring is the overarching theme in this study. Other core professional nursing values expressed by participants may be viewed as dimensions of caring, similar to J. Watson (2005) and Gregg and Magilvy (2004). The overarching theme of caring encompasses five themes and several subthemes.

In theme one, professional nursing values *aligned with personal values* and *began before entry* into a nursing program in this sample of nursing students. As described in theme two, *change and development of values* was seen in nursing education but varied with the individual student. This change appeared to follow a novice-to-expert framework as participants described an *initial task orientation* progressing to an awareness of more complex values. Core professional nursing values clustered under themes of *patient-centered relationships* and *helping others* (themes three and four). Fagermoen's (1997) observation of other-oriented values which involved relationships and helping is consistent with the findings of this study. Rognstad, Nortvedt, and Aasland (2004) concluded that valuing human contact motivated nursing students to help others, and this suggests a possible relationship between themes three and four in this study that would need to be explored further. In theme five, solving the puzzle of caring, the students described learning professional nursing values through experiences. These

experiences brought both *recognition* and *disappointment* with values they observed in clinical practice.

Integration of the Findings With Previous Literature

Theme One Integration: Entering Program With Pieces of the Puzzle of Caring

The literature supports a relationship between personal and professional values (Sagiv & Schwartz, 2000). Personal values may motivate individuals to choose certain professions (Astorino, 2006; Rassin, 2010). According to O'Neill (1973), the personal values of nursing students significantly differed from students in other majors, such as a higher value of altruism. Similar to the comments of some study participants, Fealy (2004) noted nursing values were rooted in religious beliefs. Tadd et al. (2006) acknowledged possible separation of personal and professional values but stated certain personal values, such as honesty, would be expected of an individual entering a profession. Nurses used their personal values in professional decision-making (Horton et al., 2007; Rognstad et al., 2004; Tadd et al., 2006).

This study's finding that *professional value formation began before the nursing program* was consistent with some previous literature (Cook et al., 2003; Leners et al., 2006; Ware, 2008). In contrast, Astorino (2006) and Schank and Weis (2001) stated that professional value formation begins in nursing programs. Cook et al.'s (2003) comment that students come with variable conceptions of a professional nursing identity may shed some light on mixed findings. The nursing program used in this study requires certification as a nursing assistant as an admission requirement; experience working as a nursing assistant is preferred before admission. This experience may have caused

participants to enter with a more realistic knowledge and acceptance of professional nursing values.

Theme Two Integration: Finding More Pieces of Caring

Participant feelings of *disconnect* with professional nursing values is consistent with prior literature (Nathaniel, 2003; Price, 2009). MacIntosh (2003) concluded that dissonance was part of the nursing socialization process. Consistent with some participant experiences, pressure to conform to nursing values and norms was reported in previous studies of nursing students (Kelly, 1991; Levett-Jones & Lathlean, 2009). Johnson et al. (2007) applied Feistinger's cognitive dissonance theory to explain motivation for values change in their study of nursing students.

The study finding of *change to varying degrees* is consistent with some prior research findings (Leners et al., 2006; Mackintosh, 2006). Mackintosh further noted that socialization in nursing is not a uniform process. In contrast, Rassin (2010) found no change in professional values among students in different years of nursing programs. Schank and Weis (2001) found professional value formation was not complete at graduation when comparing students at graduation to practicing nurses. Because these studies represent qualitative and quantitative findings with different samples and methods, study design and data collection methods may account for variable study findings.

The study subtheme of *initial task orientation then greater awareness* is supported by prior literature (Leners et al., 2006; MacIntosh, 2003; Schank & Weis, 2001). Similar to the descriptions of some study participants, Björkström, Athlin and Johansson (2008) found an increase in flexibility, intuition, and communication when

comparing students on entry to the nursing program to graduating students and practicing nurses.

Theme Three Integration: Caring as Patient-centered Relationships

The study's finding of *caring as patient-centered relationships* is congruent with some previous literature and divergent with others. Perry (2005) and Wros et al. (2004) concluded that a connection with patients is a core professional nursing value. Shahriari et al. (2012) reported nursing values of forming human relationships, honesty, and respect and dignity. Some researchers found that men preferred to work in high technology areas (Kelly et al., 1996; Rambur et al., 2011) but this may be a reflection of social acceptance rather than reflecting a value of technology. Men in this study did not express a value of technology.

Johnson et al. (2007) found an increase in the value of honesty in their longitudinal study of nursing students. Honesty was expressed as a value by participants in this study. Consistent with this study, dignity and respect were demonstrated as core professional nursing values in prior nursing research (Fagermoen, 1997; Nåden & Eriksson, 2004; Pang et al., 2003; Perry, 2005; Rassin, 2010). Similar to participants in this study, care without prejudice was highly valued by nursing students (Leners et al., 2006).

Privacy and confidentiality was documented in previous literature as an important professional nursing value (Alfred et al., 2013; Carlton & Cornell, 2005; Shahriari et al., 2012). Rassin (2008) considered privacy a facet of the important nursing value of dignity. However, privacy and confidentiality were expressed as core professional nursing values by only a minority of participants in this study. One possible reason for

this divergence may be that with the Health Insurance Portability and Accountability Act (HIPAA), students consider confidentiality a legal matter rather than an ethical matter or nursing value.

The study finding that *patients were valued as individuals* is congruent with prior research. Shih et al. (2009) noted nurses valued patient-centeredness. Nursing students rated values related to patients higher than values relating to society or the profession (Astorino, 2006; Cook et al., 2003; Eddy et al., 1994; LeDuc & Kotzer, 2009; Leners et al., 2006; Schank & Weis, 1989). As expressed by participants in this study, Fealy (2004) noted a current ideal of open-mindedness in nursing. Open-mindedness may be needed in order to provide patient-centered care.

Holism was a subtheme under theme three. The notion of holism as a core professional nursing value is supported by previous researchers (Cook et al., 2003; Shih et al., 2009). Lanara (1996) concluded that a holistic approach to patients characterizes the nursing profession as a unique discipline.

Empowerment through information was another subtheme. Cook et al. (2003) reported that nursing students valued promoting self-care and teaching patients, a finding consistent with this study's subtheme and with Orem's theory of self-care (George, 2011).

Patient-focused teamwork, the next study subtheme, is consistent with prior literature (Cook et al., 2003; Fowler, 2010; Gregg & Magilvy, 2004; Leners et al., 2006; Shih et al., 2009). Like the men in this study, male nursing students in other studies described incidents of not feeling valued, exclusion, and isolation from the nursing group (Kelly et al., 1996; Kermode, 2006; Stott, 2007). Similar to the study findings, a lack of

belongingness in clinical settings negatively impacted student learning (Levett-Jones & Lathlean, 2008). Previous literature also reflects the "female talk," gossip, conflict, and discussions about personal issues experienced by participants in this study (Ellis et al., 2006; Kelly et al., 1996; Klein, 2009; Miranda, 2007).

Patient-focused teamwork requires communication. As seen in this study, communication styles and comfort level with expressing emotion differ between men and women (Dyck et al., 2009; Ellis et al., 2006; Klein, 2009; Okrainec, 1994). For example, men preferred direct and efficient communication, but women preferred talking and feeling.

Theme Four Integration: Caring as Helping

Rognstad et al. (2004) concluded that a value of human contact motivated nursing students to help others. Participants' expressions of wanting to help others were seen in other prior literature (AACN, 2008; Kelly, 1991; O'Neill, 1973; Rognstad et al., 2004). A desire to care for others is a major reason that men enter into the profession (Ierardi et al., 2010; LaRocco, 2007; Okrainec, 1994). Johnson et al. (2007) noted a decrease in altruism in present nursing students compared to a sample of students two decades earlier. Rognstad et al. (2004) reported the current coexistence of altruism with self-concern in nursing students. Although one participant discussed unselfish giving, a few others described giving to others tempered with some concern for self. A dual concern for self and others among nursing students may be due to societal and economic forces. Despite that, a sense of altruism was strongly expressed by the men in this study and in the literature.

The men in this study affirmed values of *empathy* and *compassion*, similar to findings of Cook et al. (2003), Evans (2002), Gregg and Magilvy (2004), and Shih et al. (2009). However, Okrainec (1994) found that both men and women believed that women were superior to men regarding empathy. This divergent finding may be due to changes in societal norms and expectations related to masculinity over the past two decades.

The value of *advocacy* in study participants as a subtheme in theme four is supported in the professional values literature (Alfred et al., 2013; Cook et al., 2003; Gregg & Magilvy, 2004). Similar to expressions of participants in this study, Leners et al. (2006) noted the increased importance of advocacy as students progressed through the nursing program. *Advocacy* or acting as agents for others appears to represent caring to the men in this study.

This study finding of *competency and safety* as core professional nursing values as a subtheme in theme four is congruent with previous values literature (Alfred et al., 2013; Fealy, 2004; Shih et al., 2009; Wros et al., 2004). Similar to some study participants, Leners et al. (2006) and Lui et al. (2008) concluded safety and competency were the most important values in nursing.

Theme Five Integration: Solving the Puzzle of Caring

Theme five addressed *solving the puzzle* of caring through *experiential learning*. This study finding of student difficulty identifying core professional values in the classroom and laboratory is consistent with Eddy et al.'s (1994) review of prior literature. They noted that education regarding nursing values was informal, random, and insufficient.

Participant perceptions of the importance of *experiential learning* of core professional nursing values are congruent with prior literature. Rassin (2010) and Schank and Weis (2001) emphasized the importance of clinical experience in applying and developing professional nursing values. In addition, these findings are consistent with Bandura's (2001) social learning theory and Jarvis's (2006) experiential learning theory.

The study finding that students recognized behaviors in nurses that did and did not demonstrate core professional nursing values in clinical practice is consistent with prior literature. Although a few students in Maben et al.'s (2007) study reported clinical nurses whose behaviors matched their values and ideals, others were disappointed or distressed by what they saw in practice. Like the participants in this study, students in Mackintosh's (2006) study witnessed poor examples of care in clinical settings and rejected such behaviors. Hartrick Doane (2002) linked inconsistency of behaviors and professional identity with moral distress; this moral distress mirrored the expressions of some students in this study

Implications of the Findings

Implications for Nursing Education

Nurse educators can use the results of the first study theme, *entering with pieces of the puzzle of caring*, to promote professional values development in nursing students by working with their personal values and preconceptions. As Cook et al. (2003) concluded, faculty can assess and build on students' pre-existing notions about professional nursing values. Faculty can encourage students to clarify and communicate their personal values as part of professional identity formation. An understanding of

personal values, professional values, and organizational values could help students to resolve conflicts between them.

The second theme, *finding more pieces of caring*, has many implications for nursing education. Student enculturation as a minority in the culture of nursing can be assessed and facilitated by faculty, using cultural frameworks. Martin et al. (2003) suggested Leininger's cultural care framework, commonly applied to patient care, could also be used with nursing students with diverse backgrounds. Instructors should recognize that men are caring but, as expressed by participants, men may demonstrate caring differently than their female counterparts. Nursing program administrators can use the findings of this study to monitor climate in the nursing program, making improvements when necessary to ensure a welcoming environment that is culturally sensitive, respectful, mutually trusting, and conducive to student learning. This should include anonymously surveying current and past male students to ascertain their perceptions, needs, and treatment as a minority in the nursing program.

As seen in the study findings, nursing education plays an important role in the acquisition of professional values. Faculty can guide professional socialization by helping students learn and demonstrate values through behaviors and by serving as role models. Students from diverse backgrounds can be supported in value formation through mentorship by diverse faculty and nurses. Students should be encouraged to develop awareness by reflecting on professional values and behaviors. These can be done in journals, classroom assignments, or clinical conferences. Learning activities must be purposefully selected to help students learn the core nursing values and behaviors of the profession (Astorino, 2006).

Some students in this study felt exposure to staff nurses was important in acquiring professional nursing values. They further noted that a traditional instructor-student clinical model limited the time instructors were able to spend with them. J. Brown et al. (2012) emphasized the importance that access to nurse-clinicians plays in student professional identity formation. Nurse educators could use the findings of this study to implement clinical practices and models that allow sufficient exposure to nurses for professional value development. The use of well-prepared clinical preceptors may be helpful in promoting a professional identity in nursing students. Male students should be given opportunities to work with male nurses in clinical, if possible.

The study finding of *experiential learning* is important to nursing education. The finding that students had difficulty identifying core professional nursing values in the classroom and laboratory settings is troubling, given the fact that a course in ethical and legal nursing care is a part of the curriculum in this program. This course was never mentioned by participants when discussing their learning of core professional nursing values, which raises questions about its impact. The results of this study can be used to make connections between professional nursing values and practice. Clinical instructors can enhance student experiences and encourage value formation through debriefing or analyses of situations from a values standpoint. As Benner et al. (2010) recommended, ethics curricula should be redesigned to address ethical dilemmas and everyday nursing situations. Challenging clinical scenarios that require students to analyze and apply professional nursing values can be used in the classroom or incorporated into laboratory simulations. Student-centered and active learning techniques can be used to enhance learning among diverse individuals (IOM, 2004).

Inconsistency of nurse behaviors seen in practice with professional nursing values has implications for nursing education. Nurse faculty will not be able to eliminate negative clinical experiences but may be able to arrange more positive clinical placements or preceptors for students. When professional behaviors are not demonstrated in practice the instructor can use this as a point of discussion. Students can be given suggestions on how to handle such behaviors in clinical courses or in their future practice.

The third study theme of *patient-centered relationships* impacts nursing education. Although patients are valued as individuals, the lack of expression of social justice is concerning. Nurse educators should examine ways to emphasize these values in nursing curricula. Some participants described a need to learn about other cultures. Cultural immersion, such as working with vulnerable or minority populations or international clinical experiences may help increase student awareness of different cultures and of social justice. Nursing students should be exposed to cultural values (Alfred et al., 2013) in order to promote holistic and patient-centered care.

Realizing the link between belonging to the health care team and learning expressed by participants, faculty can work together with nurses in the clinical setting to promote student acceptance. Instructors should require students to maintain a focus on patients and spirit of teamwork when in clinical settings. Personal discussions, gossip, negative interactions between students or between students and staff should be discouraged. Students should be taught conflict management strategies and patient-focused behaviors. Group work or interdisciplinary learning activities can be used to

promote teamwork among students. Communication styles, communication techniques, and conflict management can be taught and reinforced in nursing programs.

Students of different cultures should be considered and accommodated in classroom and clinical settings. Educators need to ensure their teaching materials, teaching methods, and clinical assignments are free of cultural biases, prejudice, and stereotypes. For example, men should be treated equally with regard to lifting and obstetrics/pediatric assignments. Diverse views and perspectives should not only be tolerated but should also be encouraged so that students feel their participation is valued. An inclusive excellence model (Williams, Berger, & McClendon, 2005) for higher education can be used by nurse educators and higher education administrators to promote inclusion and diversity in nursing students. Related to this, a code of conduct can be established for staff, faculty, and students in nursing programs. Policies against sexism, discrimination, and harassment should be developed and enforced in nursing programs.

Implications for Nursing Practice

In the workplace, managers can acknowledge the role personal values play in professional values, decision-making, satisfaction, and other patient/nurse outcomes. Conflicts can then be addressed and resolved. Values clarification and involvement in shared decision-making regarding organizational values and practices could aid in staff nurse retention and give minority nurses a voice.

The finding of *variable professional values development* among nursing students highlights implications for nurse employers. Although some new graduates may be confident in their professional values and behaviors, others may continue to form a professional identity after graduation. Mentorships, residency programs, orientation, and

training could assist in professional values acquisition and professional identity formation. New and experienced nurses could be supported in ethical decision-making and professional behaviors by workplace resources that include a network of administrators, managers, peers, and staff educators.

Relationships and interactions with patients were valued in this study. Nurse-managers and health care administrators can use the findings to examine staffing and models of care and ensure that staff nurses have ample opportunities to spend time with patients. As Perry (2005) noted, nurses who were able to follow their core values were more satisfied in the workplace. Administrators should consider the potential benefits of a more satisfied nursing staff, including cost savings associated with lower turnover rates.

The study theme of *patient-focused teamwork* can be promoted in the workplace by including nurses as an important part of the healthcare team. Shared governance, interdisciplinary collaboration, work teams, and participation of nurses in organizational decisions could promote a sense of acceptance of diverse individuals and affirm the personal value of all nurses. In turn, a diversity of perspectives could result in better decision-making and workplace outcomes. Care should be taken not to stereotype men as belonging to specific roles in the workplace, such as lifting, high technology, or leadership.

The fourth study theme, *helping others*, can be used to unite nurses in the workforce. Shared values could allow a basis for moral decision-making, enable contributions from all nurse employees, and decrease barriers to men in nursing (Alfred et al., 2011).

A study participant observed high workloads in staff nurses as a barrier to demonstrating core professional nursing values. An environment that is congruent with employee values enhances employee well-being (Sagiv & Schwartz, 2000). Therefore, nurse administrators would be wise to assess the organizational culture and practices, making changes and removing barriers to inclusion of nurses from diverse backgrounds where needed. Such efforts could enhance coping and increase retention among staff nurses.

Behaviors that fail to match core professional nursing values can be addressed in the workplace. Staff nurses can work together by rejecting poor practice and reinforcing professional values in action. Nathaniel (2003) challenged nurse leaders to identify opportunities to facilitate successful moral behavior by encouraging nurses to tell their stories, examine conflicts, and participate as partners in moral decision making.

Implications for Nursing Research

Further research is needed related to the role personal values play in the development of professional nursing values. As Rassin (2008) noted, research is needed regarding the relationship between personal values and core professional nursing values. Effective ways to assess the alignment of a candidate's personal values with those of the profession during the nursing program admission process warrant investigation. In addition, studies of the public's awareness of professional nursing values and effective means to attract men and other minorities into the profession would be beneficial.

Study findings related to the socialization process in nursing education support a need for additional research. More research is needed on professional values acquisition in nursing education. As Horton et al. (2007) and Martin et al. (2003) concluded,

longitudinal studies are lacking and would illuminate the process of values change in students during their nursing programs. Studies are needed on the influence of culture and demographics on professional values development (Johnson et al., 2007; Martin et al., 2003).

The findings of this study highlight the importance of research in the affective domain of learning. The dimensions of caring and the relationships between the themes and subthemes in this study deserve further study. The process by which core professional nursing values translate into practice warrants qualitative study, as recommended by Johnson et al. (2007). Last, the outcomes of specific learning activities on professional values and behaviors would help provide an evidence base for nurse educators.

Values research in nursing education could extend into the workplace. Factors that facilitate change and values development in nursing programs and work settings should be studied, such as clinical models, environmental factors, and support systems. Research should be conducted on the relationship between professional values and retention in the nursing program and in health care organizations.

The study finding of *patient-centered relationships* illuminates the need for further research. Mixed study findings related to technology and patient relationships in male students warrant further qualitative study. Perceptions of therapeutic honesty and the role of privacy and confidentiality as professional nursing values could be explored. A better understanding of various communication styles in nursing subcultures could benefit nurse educators and health care administrators. Research on interdisciplinary teams and conflict in nursing education and the workplace should be conducted. Because

participants identified conflicts between nurses, studies of means to successfully resolve such conflicts should be funded and implemented.

The value of *helping others* in theme four concludes a summary of core professional nursing values that need to be explored in future studies. Further research on common professional values of men and minorities in various nursing programs would illuminate commonalities and differences. Comparisons of values in nursing subcultures are needed, for example, comparisons of professional nursing values in men and women. There is a need to develop common definitions and valid instruments related to core professional nursing values. Further qualitative studies and concept analyses may provide a starting point. Nursing value theories can then be developed and tested using quantitative methodologies.

Behaviors that do not match professional nursing values warrant further study. Research could illuminate barriers, interventions, and best practices that could improve environments for nurses and patient care. Further study of moral distress is necessary as this has potential negative implications for nurses, patients, and the system as a whole (Nathaniel, 2003).

Implications for Public Policy

The first study theme, *entering with pieces of the puzzle of caring*, reveals potential implications related to recruitment. Many nursing program websites, media representations and organizations either fail to portray men as nurses or portrayed men as engaging with technology (AAMN, 2011; Burton & Misener, 2007; Evans, 2004a; Meadus, 2000). Such portrayals could work to the detriment of men by reinforcing stereotypes. Consistent portrayals of men as nurses and male nurses as caring could

increase awareness of nursing as a career for men and increase gender diversity in nursing. Greater social acceptance of men in nursing offers a venue to meeting greater demands for nurses in the future.

Using the results of the first theme could provide a basis for admission policies in nursing programs that address alignment of the personal values of candidates with core professional nursing values. Example of this might be interviews, essays, or personal values instruments. This may reduce dissonance and attrition in nursing programs. Admission policies should be nondiscriminatory and promote inclusion of men and other minorities into nursing programs.

Finding more pieces of caring, the second study finding, has implications for public policy in the area of clinical placements of students. These clinical experiences were important to the men in this study in learning core professional nursing values. Academic-practice partnerships can help facilitate high-quality clinical placements for students.

The study value of *teamwork* sets the stage for policy decisions. Interdisciplinary collaboration could promote a greater sense of teamwork and acceptance and improved relationships with other professional groups. Empowerment of nurses, including minority nurses, as important members of the health care system could help end the cycle of oppression and workplace violence in nursing that was discussed by Sayman (2009). Professional organizations and involvement of nurses on a regional or national level could help unify the profession. Minority nurse organizations could form coalitions with other nursing organizations. If nurses could reach agreement on issues that divide the profession they may interact in a more positive manner with colleagues, increase

involvement in professional organizations, and gain status in the healthcare system. Leaders can develop inclusive strategies to recruit and retain diverse individuals into the nursing population as a means of addressing predicted nursing shortages.

The fourth study theme of *helping others* has policy implications. Core professional nursing values expressed by men and minorities gives them a voice in nursing and builds a foundation for common global values. Perhaps nurse leaders should work toward adapting or adopting the multicultural code established by the ICN (2012) rather than establishing separate codes of ethics for different countries. Identifying common values would allow the profession to communicate its values to policymakers and the public. This greater understanding could, in turn, enhance the perceived value of the profession.

The fifth study theme of *disappointment* raises the potential of collective power. Nurses, nursing students, and educators can use the findings of this study to speak out against poor practice. Policy decisions made by legislators, health systems, and professional nursing organizations have the power to impede or enable ethical behaviors in nurses. Minimum nurse staffing is one example of a public policy decision.

The results of this study indicate that men in nursing have common values that can be applied to nursing education, nursing practice, nursing research, and public policy. The following statement by Kurt illustrates the potential for culturally appropriate common values in nursing: “We talked about the values, and I think they should be for men and women, quite frankly. But, I think, in terms of men and women in nursing, I think both genders bring something valuable to the table.”

Limitations

According to van Manen (1997), it is not appropriate to generalize the results of phenomenological studies. Therefore, the results of this study cannot be generalized to other students or settings. The results must be viewed as unique to study participants. The study setting in the Midwest yielded a primarily Caucasian sample. Although two of the nine study participants were not primarily Caucasian, the lived experiences of men who belong to racial and ethnic minorities may be different. Only nursing students who are men were eligible to participate. This prevented comparison of interview findings between men and women and was a limitation of this study. Because men in the middle and upper level courses of the nursing program were included in the study, the insights and values of beginning nursing students were not revealed. The exclusion of male nursing students who were not currently enrolled prevented analysis of their values, which may be very different from the values of students who are currently enrolled. It is possible that those students with a different view of professional nursing values or personal values that were inconsistent with those of the profession may have left early in the program.

The study findings of *aligned personal values* and *professional value formation before the nursing program* may have been due to contextual factors that might not occur in other schools of nursing. Many students work as nursing assistants before admission to this particular program. This program utilizes a holistic nursing admission process which may have informally screened the men's personal and professional values through essays and personal interviews.

More second interviews or using additional data collection methods might have improved the study. Busy schedules limited the time participants could devote to additional interviews and only one second interview was conducted. A major theme that emerged during the third interview could not be validated with an earlier participant because the participant had graduated in the interim. Other means of collecting data, such as focus groups or participant journals, might have been used to enhance the study.

The experience level of the researcher was a limitation of the study. The student researcher conducting the study is a novice at conducting qualitative research studies. It is possible that another researcher who was more experienced in this methodology may have conducted the interviews differently or revealed additional findings upon analysis.

The work experiences of the participants during the program may have limited the study. Despite asking about experiences in the nursing program, participants tended to introduce experiences related to their experiences at work. Although this seems valid because work experiences brought them in contact with nurses, it made it more challenging to analyze experiences within the nursing education program related to core professional nursing values.

Some of the interviews may not have been held in a location in which participants could feel an optimal level of comfort. Despite the researcher offering alternate locations nearby, several early participants suggested the researcher's faculty office in the college of nursing. They stated it was convenient and, when questioned, said they were comfortable with it. Because of the austere office environment and the possibility that participants may be seen as they entered or left the office, the researcher was more firm about asking later participants to meet with her in another location. Although the

interviews yielded rich data in hindsight, the researcher could have been more persistent about another location in the beginning.

Standing (2009) stated that participants may have problems recalling past events, and this may further have limited study findings. At times, students seemed to have difficulty remembering experiences and stories. Standing (2009) further suggested that power dynamics and the roles and agendas of researcher and participants may limit a study. Even though the researcher did not teach in the traditional program used in this study, the researcher might have been known to participants as an instructor in another program and may be have been seen as having power by belonging to the college of nursing faculty as a whole. The credibility of the study was enhanced because the researcher is an officer of the local chapter of AAMN and is known to be supportive of men in nursing. However, fear of negative repercussions could have limited the willingness of participants to be honest and complete in their responses. Two participants reported previous conflicts with instructors in the nursing program; one of these was particularly fearful that his standing in the program could be in jeopardy by speaking out about his experiences. Participants may have given information that they thought would portray them in a positive manner. Participants may have been more open with a researcher who was not a part of the college of nursing.

Chapter Summary

Study findings were discussed in this chapter and compared to previous literature. Implications were given for nursing education. These included personal values clarification, assisting students in professional values development, promotion of affective learning, appropriate teaching-learning strategies, cultural sensitivity,

teamwork, and conflict management. Nursing practice could also benefit from using the findings of this study. Administrators could ensure an inclusive practice environment where personal and nursing values align with organizational values. Common values may be identified and demonstrated through behaviors of nurses in the workplace. The strengths that a diverse nursing workforce brings to an organization could be applied to foster outcomes in the workplace. Conflict management and intolerance of poor workplace practices may enhance satisfaction, recruitment, retention, and patient care. This study reveals the need for continued research relating to core professional nursing values in different cultures. Theories of nursing values that are culturally appropriate could be developed and tested. Teaching strategies and ways to enhance professional values development should be studied. The results of this study have implications for public policy. Academic-practice partnerships can be developed. Common values in the profession could be used to unite nurses on a national and global basis and bring power and value to the profession. Society can benefit from a diverse nursing workforce that understands and communicates its values to the profession.

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Appendix A

IRB Letters of Approval

NOVA SOUTHEASTERN UNIVERSITY

MEMORANDUM

To: Bonnie J. Schmidt, MSN
HPD – College of Nursing

From: David Thomas, M.D., J.D.
Chair, Institutional Review Board

Date: November 4, 2013

Re: *Core Professional Nursing Values as Experienced by Baccalaureate Nursing Students Who are Men* – NSU IRB No. 10141312Exp.

I have reviewed the revisions to the above-referenced research protocol by an expedited procedure. On behalf of the Institutional Review Board of Nova Southeastern University *Core Professional Nursing Values as Experienced by Baccalaureate Nursing Students Who are Men* is approved in keeping with expedited review category #6 & 7. Your study is approved on **November 2, 2013** and is approved until **November 1, 2014**. You are required to submit for continuing review by **October 1, 2014**. As principal investigator, you must adhere to the following requirements:

1) CONSENT: You must use the stamped (dated consent forms) attached when consenting subjects. The consent forms must indicate the approval and its date. The forms must be administered in such a manner that they are clearly understood by the subjects. The subjects must be given a copy of the signed consent document, and a copy must be placed with the subjects' confidential chart/file.

2) ADVERSE EVENTS/UNANTICIPATED PROBLEMS: The principal investigator is required to notify the IRB chair of any adverse reactions that may develop as a result of this study. Approval may be withdrawn if the problem is serious.

3) AMENDMENTS: Any changes in the study (e.g., procedures, consent forms, investigators, etc.) must be approved by the IRB prior to implementation.

4) CONTINUING REVIEWS: A continuing review (progress report) must be submitted by the continuing review date noted above. Please see the IRB web site for continuing review information.

5) FINAL REPORT: You are required to notify the IRB Office within 30 days of the conclusion of the research that the study has ended via the IRB Closing Report form.

The NSU IRB is in compliance with the requirements for the protection of human subjects prescribed in Part 46 of Title 45 of the Code of Federal Regulations (45 CFR 46) revised June 18, 1991.

Cc: Dr. Robin Chard
Ms. Jennifer Dillon

Institutional Review Board
3301 College Avenue • Fort Lauderdale, Florida 33314-7796
(954) 262-5369 • Fax: (954) 262-3977 • Email: *irb@nsu.nova.edu* • Web site: *www.nova.edu/irb*

NOVA SOUTHEASTERN UNIVERSITY
Health Professions Division
College of Nursing

Consent Form for Participation in "Core Professional Nursing Values as Experienced by Baccalaureate Students Who are Men"

Funding Source: None
IRB Protocol Number: 10141312Exp.

Principal Investigator:
Bornie Schmidt, PhD(c), RN
UW Oshkosh College of Nursing
800 Algoma Blvd.
Oshkosh, WI, 54901
Phone Number: 920-209-3361

Co-investigator/Faculty Advisor
Robin Chard, PhD, RN
Nova Southeastern University College of Nursing
3200 S. University Drive
Fort Lauderdale, FL 33328
Phone Number: 954-262-1992

For questions/concerns about your research rights, contact:

Human Research Oversight Board
Institutional Review Board (or IRB)
Nova Southeastern University
(954) 262-5369/Toll Free: 866-499-0790
IRB@nsu.nova.edu

Research Site IRB:
Chair, Institutional Review Board
for Protection of Human Participants
c/o Office of Grants and Faculty Development
800 Algoma Blvd.
University of Wisconsin Oshkosh
Oshkosh, WI 54901 (920) 424-3215

What is this research study about?
You are invited to participate in my doctoral dissertation research study of the professional nursing values of baccalaureate nursing students who are men. The goal is to understand and interpret the meaning of core professional nursing values from male baccalaureate nursing students.

Why are you asking me?
You are invited to participate because you are a male nursing student in the junior or senior level. I am seeking about 10 participants for this study.

What will I be doing if I agree to be in this study?
You will be asked to participate in 1-2 interview(s) with the Principal Investigator lasting approximately one hour per session. You will be asked questions about your professional values as a nursing student. Interviews will be conducted in person at a location of your choice.

Is there any audio or video recordings?
This research project will include digital audio recording of interviews. This recording may be

Initials: _____ **Date:** _____ **Page 1 of 3**

NOVA SOUTHEASTERN UNIVERSITY
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heard by the researcher, the IRB, any granting agencies, and dissertation chair or committee. The recording will be transcribed by an experienced transcriptionist who has signed a confidentiality agreement. The recording will be kept securely in a password protected computer. The recording will be kept for 36 months and destroyed after that time by deleting the file. Because your voice will be potentially identifiable by anyone who hears the recording, your confidentiality for things you say on the recording cannot be guaranteed although I will try to limit access to the tape as described in this paragraph.

What are the dangers to me?
There is a minimal risk of discomfort when discussing values. This study poses minimal confidentiality risks. With a very small expected sample size (10 or less), it is possible participants could be identified based on their responses. Risks will be minimized by using false names in the data, analysis, and any reports. Loss of time is another potential risk that will be minimized by informing you in advance of the length of interviews and by respecting your time and schedule. Please contact me, Bonnie Schmidt, or my advisor, Dr. Robin Chard (listed above) with any questions or concerns about the research. If you are not satisfied with the response of the research team, have more questions, have a research-related injury or want to talk to someone about your rights as a research participant, you may contact the IRB at the numbers listed above.

Are there any benefits to me for taking part in this research study?
There are no direct benefits to you. Information gained from this study may help faculty and students develop sensitivity to minorities in the nursing profession and enhance success and retention of nursing students who are men. Benefits to society may include delivery of culturally competent care by a diverse nursing workforce and improved relationships within and outside the profession.

Will I get paid for taking part in this research study? Will it cost me anything?
You will not be compensated for participating in this study. There are no costs to you.

How will you keep my information private?
All information obtained is strictly confidential unless disclosure is required by law. NSU-IRB, other regulatory agencies, and NSU dissertation chair/faculty advisor may review records. My computer requires a password only I will know. I will use false names in the data, analysis, and publication to protect your confidentiality. I will store documents containing your information in a locked file cabinet which cannot be accessed by anyone else. If you participate in this study, I would like to be able to quote you without using your name. At the end of the study, I will send you a summary of the findings and will be happy to discuss any concerns with you. Transcripts and other documents will be kept for 3 years after the study and then destroyed.

What if I do not want to participate or I want to leave the study?
You have the right to leave this study at any time or refuse to participate. If you do decide to leave or you decide not to participate, you will not experience any penalty or loss of services you have a right to receive. If you choose to withdraw, any information collected about you **before**

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College of Nursing

the date you leave the study will be kept in the research records for 36 months from the conclusion of the study but you may request that it not be used.

Other considerations
If significant new information relating to the study becomes available, which may relate to your willingness to continue to participate, I will provide this information to you.

Voluntary Consent by Participant:
By signing below, you indicate that

- this study has been explained to you
- you have read this document or it has been read to you
- your questions about this research study have been answered
- you have been told that you may ask the researchers any study-related questions in the future or contact them in the event of a research-related injury
- you have been told that you may ask IRB personnel questions about your study rights
- you consent to the use of quotes from your interview in study reports using a false name
- you are entitled to a copy of this form after you have read and signed it
- you voluntarily agree to participate in the study entitled "Core Professional Nursing Values as Experienced by Baccalaureate Students Who are Men"

Participant's Signature: _____ Date: _____
Participant's Name: _____ Date: _____
Signature of Person Obtaining Consent: _____ Date_____

By signing below, you indicate that

- you consent to tape recording of interviews

Participant's Signature_____ Date_____
Signature of Person Obtaining Consent: _____ Date_____

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Nova Southeastern University **University of Wisconsin Oshkosh**

Volunteers Needed for Research Study

I am looking for participants for a research study entitled:

"Core Professional Nursing Values as Experienced by Baccalaureate Nursing Students who are men"

Description of Project: For my doctoral studies at Nova Southeastern University, I am researching male nursing students' perceptions of core professional nursing values. The study will consist of one or possibly two one-to-one interviews. An interview is expected to take approximately 1 hour.

To Participate: You must be a man who is currently enrolled at the University of Wisconsin Oshkosh College of Nursing in Junior or Senior nursing courses.

Participants in this study will not receive compensation. Information that could be used to identify you will be kept confidential.

To learn more: Contact the Principle Investigator of the study, Bonnie Schmidt, at 920-209-3361 or schmidtb@uwosh.edu

This research is conducted under the direction of Dr. Robin Chard, Nova Southeastern University College of Nursing, and has been reviewed and approved by the NSU and UW Oshkosh Institutional Review Board

Bonnie Schmidt
schmidtb@uwosh.edu
Core Values Research Study

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10/1/2013

Ms. Bonnie Schmidt
800 Algoma Blvd.
Oshkosh, WI 54914

Dear Ms. Schmidt:

On behalf of the UW Oshkosh Institutional Review Board for Protection of Human Participants (IRB), I am pleased to inform you that your application has been approved for the following research: Core Professional Nursing Values as Experienced by Baccalaureate Nursing Students Who are Men. The approval is valid for one year from the date of this letter.

Your research has been categorized as NON-EXEMPT, which means it is subject to compliance with federal regulations and University policy regarding the use of human participants as described in the IRB application material. Your protocol is approved for a period of 12 months from the date of this letter. A new application must be submitted to continue this research beyond the period of approval. In addition, you must retain all records relating to this research for at least three years after the project's completion .

Please note that it is the principal investigator's responsibility to promptly report to the IRB Committee any desired changes in the research project, whether these changes occur prior to undertaking, or during the research. In addition, if harm or discomfort to anyone becomes apparent during the research, the principal investigator must contact the IRB Committee Chairperson. Harm or discomfort includes, but is not limited to, adverse reactions to psychology experiments, biologics, radioisotopes, labeled drugs, or to medical or other devices used. Please contact me if you have any questions (PH# 920/424-2328 or e-mail: mirona@uwosh.edu).

Prior to the end date of the approval period, please complete and return a final report "IRB Status Form" to the Office of Grants and Faculty Development for this project. All IRB forms may be found on our website, completed on-line and sent electronically to IRB@uwosh.edu. Applications for any new project also require a hard copy to the Office of Grants and Faculty Development at 214 Dempsey Hall.

Sincerely,

Dr. Anca Miron
IRB Chair

Protocol Number 972473
cc: Dr. Chard

OFFICE OF GRANTS AND FACULTY DEVELOPMENT / INSTITUTIONAL REVIEW BOARD
UNIVERSITY OF WISCONSIN OSHKOSH · 800 ALGOMA BLVD · OSHKOSH WI 54901
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Appendix B

AAMN Approval

Subject: FW: dissertation

Lecher, William (Bill) <William.Lecher@cchmc.org> 10/9/13

to: me, Pam, Byron, Bob

Bonnie - I have reviewed your request and find the documents you provided to be consistent with AAMN policy for research requests. By way of this email I provide you written permission to proceed with your research. Best wishes and I look forward to you presenting your findings at the 2014 or 2015 AAMN conference. Thank you for your interest in promoting gender diversity retention and the value men bring to the profession.

Pam – Please maintain this email as associated files with AAMN records at IAS for custodial record maintenance and storage.

Thanks,

Bill

William T. Lecher, RN, MS, MBA, NE-BC

Senior Clinical Director

Cincinnati Children's Hospital Medical Center

President

American Assembly for Men in Nursing

(513) 636-8490 - office

(513) 407-6425 – cell (preferred)

3333 Burnet Avenue, MLC 11012

Cincinnati Ohio 45244

Appendix C

Demographic Data Collection Sheet

Research Study: Core Professional Nursing Values as Experienced by Baccalaureate Nursing Students Who are Men

Demographic Data Sheet

Age (write in) _____

Race/ethnicity (circle the category or categories that best describes you)

Caucasian/white
Hispanic/Latino
Black/African American
Asian
Pacific Islander
American Indian/Alaska Native

Semester in the Nursing Program (circle the level in which you are currently enrolled):

Junior I
Junior II
Senior I
Senior II

Thank you for providing this data. Your information will be kept confidential.

For researcher use only:

Interview # _____
Interview date _____
Pseudonym Name _____

Appendix D

Interview Guide

Interview Guide

1. How do you define the word ‘value?’
2. What are your personal values?
3. How do your personal values relate to your professional nursing values, if at all?
4. If you have heard the phrase “core professional nursing values”, what does that phrase mean to you?
5. When did you begin to develop professional nursing values?
6. Can you please talk about experiences you had prior to beginning the program that may have shaped your professional nursing values, if any?
7. Tell me about your professional nursing values at the time you began the program. How about now?
8. Please talk about your experiences with professional core values in your clinical courses. In your academic courses.
9. What values do you demonstrate within *yourself* in your own clinical practice, if any? In the academic program?
10. Is there anything else you would like to share with me about this topic that we have not discussed?
11. Is there anything else you think I should have asked you about core professional nursing values?

Appendix E

Demographic Data Analysis

Participant #	Age	Race	Level in Program
1	23	Caucasian	Senior II
2	23	Caucasian	Senior II
3	23	Caucasian	Senior I
4	21	Caucasian	Senior I
5	29	Caucasian	Senior I
6	21	Caucasian	Junior II
7	>40	Mixed Caucasian and Non-Caucasian	Junior II
8	25	Non-Caucasian*	Junior II
9	>40	Caucasian	Junior I

*Because this participant is the only male nursing student in the junior and senior level who belongs to this racial/ethnic group, more specific racial information is not given to maintain confidentiality.

Appendix F

Summary of Findings to Participants

Subject: Dissertation Study

Bonnie Schmidt <schmidtb@uwosh.edu> Sent: May 5, 2014 at 11:24 am

To:

Dear Participant, I want to reach out to you again to present these preliminary findings of my research study for your review and input. The purpose of this study was to understand ***your*** experiences, and as such, I value and welcome any comments or feedback you can send me. Do you feel the findings capture the essence of your experiences or do you feel differently about any of my statements in the following summary of findings?

The overarching theme of this study was caring, illustrated by the metaphor of a puzzle. The first theme, entering program with puzzle pieces was presented because participants expressed personal values that aligned with those of the nursing profession and because they felt their professional values began to form before the nursing education experience. The second theme was finding more pieces of professional values through nursing education. These male students experienced feelings of disconnect with the professional nursing values embraced by the college of nursing and between their values and those of the nurses they encountered. Their values changed or developed to varying degrees during the nursing program. They described an initial focus on task orientation progressing to greater awareness of other core professional nursing values of greater complexity.

Solving the puzzle was the third theme found in this study. Just as one tries puzzle pieces to see how they fit together, participants expressed how they learned professional nursing values through experiences in clinical courses and at work. They described more difficulty seeing these values in classroom and lab settings. They recognized when core values were demonstrated in nurses' behaviors and were disappointed when they saw behaviors that did not match their values in clinical practice. Theme four is caring as patient-centered relationships. Subthemes expressed by participants were relationships and interactions with patients, therapeutic honesty as a basis for trusting relationships, respect and dignity, and privacy and confidentiality. A focus on patients as individual and whole persons, who are empowered by information given to them by nurses was also discussed. Patient-focused teamwork emerged as a core professional nursing value. Lastly, a theme of caring as helping was further described in subthemes of altruism, empathy/compassion, advocacy, and competency and safety.

Please send me your comments no later than Monday, May 12th. Thank you again for allowing me to interview you and for your valuable feedback on these preliminary findings.