PERCEPTIONS OF NURSING AS A CAREER OPTION HELD BY MEN WITH EXPERIENCES IN MILITARY HEALTH CARE

by

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Despite notable efforts to present nursing as a viable career for men, the profession remains predominately female, and the modest changes in the numbers of men has not kept pace with the increasing demand for nursing services. In contrast to professional nursing, men comprise the majority of direct care providers in the military health care as medics, hospital corpsmen, and medical technicians. These men receive training and patient care experiences that would seem valuable assets in nursing practice, yet nursing fails to attract them in large numbers. The purpose of this qualitative study was to describe what men, currently in military health care roles, think about nursing as a career option after military service. Focus group interviews were conducted with 27 men engaged in direct patient care duties at 3 military health care facilities. Thematic content analysis was used to identify concepts, patterns, and themes that emerged from transcripts of the narrative data. The pervasive theme derived from the analysis was that participants did not view nursing as an appealing career and perceived nurses as "overworked, underappreciated" for the education, responsibilities, duties, and liabilities they incur in the healthcare environment. They revealed a conflicted perception about nursing, respecting many qualities and attributes while dismissing other aspects of the occupation as unappealing. Secondly, informants indicated they already performed most of duties required for nursing

practice, but lacked the credentials to employ these capabilities outside the military health care environment. Finally, the participants considered the obstacles presented by both military structure and schools of nursing policies as significant barriers to pursuing nursing as a career during and after military service. Exploring the experiences of men in nursing and teaching has significant implications for recruitment and retention in a profession with historically low numbers of men. The information gained from the investigation enhanced the understanding how men in military health care perceive nursing as a career option and suggested a number of actions to encourage men to consider nursing as a career option after military service.

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By

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CHAPTER 1: FORMULATION OF THE PROBLEM

The nursing profession has attracted few men into its ranks despite offering a respected career with comfortable, escalating earning power, stable employment, diverse work settings, and opportunities for career advancement. While nursing has historically been a female-dominated profession, lack of attraction on the part of men is particularly difficult to understand, especially in light of the 2008-2010 employment situation in the United States. This phenomenon is particularly puzzling when considering military medics, corpsmen, and medical technicians. These men (and women) have training and experiences in military health care that exposes them to a variety of experiences with knowledge and skills that overlap significantly with the skill sets required by nurses. Military medics, corpsmen, and medical technicians receive training in basic patient care procedures, emergency response, triage, preventive medicine, and therapeutic communication. Additionally, they apply their training to engage in a wide range of direct patient care experiences that might include pre-hospital or combat response, inpatient hospital care, ambulatory care, or rehabilitative services. Logically, this solid background and experience in health care establishes a springboard to begin a career in nursing, yet the profession has demonstrated little success in efforts to attract large numbers of men from this pool of potential applicants. Research is warranted to understand what men with military health care training and experiences think about nursing as a career option, and why nursing has not attracted men from military ranks in greater numbers.

Recruiting men into nursing has significant implications as the profession faces a growing workforce shortage. The US Department of Labor (2010) predicted that employment for registered nurses is expected to grow much faster than average for all occupations through 2018, and employment for registered nurses is projected to increase by 22%. Using the US Census

Bureau Current Population Survey, Auerbach, Buerhaus, and Staiger (2007) examined the effects of recent economic conditions on registered nurse (RN) employment and projections of the future size of the nurse workforce. Their revised forecasts were not as dire as the 2004 Health Resources and Services Administration (HRSA) estimate of 800,000; however, they projected a shortage of 260,000 full time equivalents (FTE) by 2025. More recent HRSA (2010) estimates based on the 2008 National Sample Survey of Registered Nurses projected a shortfall of 275,000 RN FTEs in 2020. While neither source collected data on demand, both predicted significant shortages based on characteristics of the US population.

The researchers postulated that targeting some minority groups, such as men and Hispanics who are already seen as a readily available source of perspective nurses that could add enough new RNs into the work force to address the shortage if financial, educational, and social barriers could be removed. Both groups are greatly underrepresented in nursing relative to their relative proportion of both the population and the overall labor force. Currently, an estimated 7.1% of the nursing workforce is male and 5% is Latino (Buerhaus. Auerbach, & Staiger, 2009).

The dearth of men entering the profession is one factor contributing to the shortage of nurses and student enrollment. Despite national efforts to increase the numbers of men entering nursing, the profession has experienced only modest gains in the percentage of men in nursing. According to findings from National Sample Survey of Registered Nurses (HRSA, 2010), the number of men in nursing grew 14.5% since 2000, but comprised only 5.8% of the total RN population in 2008. While nursing is viewed primarily as a female profession, there is growing support to recruit and retain men as nurses. As an aging population places increasing demands for nursing care, the aging nursing workforce can ill-afford to underutilize 50% of the potential talent pool by failing to recruit and retain men as qualified candidates. The Institute of Medicine

(2010) report on the future of nursing also cited the paucity of men entering the profession as one factor contributing to the shortage of nurses and student enrollment. The report pointed out that the modest gains in gender diversity in nursing lag behind other health disciplines and that the unique perspectives and skills of men are important to the profession and the overall in the workforce. Exploring the factors that influence nursing as a career choice for men has significant implications for the development and expansion of nursing knowledge and nursing practice. Increasing the numbers of men who select nursing as a career choice has the potential to decrease disparities in healthcare, bridge cultural gaps in care, and increase cross-cultural training. Exploring the factors that influence nursing as a career choice for men has significant implications for the development and expansion of nursing knowledge and nursing practice.

Moreover, reports from descriptive surveys and correlation studies indicate that characteristics of men in nursing differ from those of women in the profession. Most often these investigations have concentrated primarily on practicing nurses or men enrolled in entry-level nursing education programs and did not compare the men in nursing with men in traditional male-dominated professions. A notable exception was Galbraith's (1991) examination of personality and sex-role characteristics among men and women in both traditional and non-traditional occupations. Early studies of men in nursing indicated that men tend to be older and more experienced than women when they begin their nursing careers (Mannino, 1963; Perkins, Bennett, & Dorman, 1993; Hodes, 2005). Men are more likely to have engaged in previous occupations, served in the armed forces, and hold previous degrees. Similarly, the influence of role models is well-documented (Whitlock & Leonard, 2003; Hodes, 2005). A high percentage of men report spouses and other relatives who are nurses. Finally, although researchers frequently have identified military service, emergency medical service, and nursing assistants as

experiences for a high percentage of men who enter nursing, no published research has been found on the characteristics of men currently in those positions as potential candidates for nursing careers.

Research also reveals an unclear understanding of the motivations of men who chose nursing as a career option. Literature suggests similarities between the motivations of men and women choosing a career in nursing, but noticeable differences do emerge. Survey investigations by Mannino (1963), Perkins, Bennett, and Dorman (1993), Tranbarger, Marshburn, Collins, Wexford, and Lewis (2003), and Hodes (2005) indicated that men are similar to women in identifying altruistic reasons such as caring for others, wanting to help people, and desire to make a contribution. On the other hand, Boughn (1994, 2001) and Boughn and Lentini (1999) reported that men tend to place more importance than women on the practical aspects of the profession, such as financial stability, job security, and career opportunities. Findings from studies in foreign countries (Muldoon, 1995; Whittlock & Leonard, 2003; Yang, et al., 2004; Romem & Anson, 2005) are consistent with studies from the US that men choose nursing for reasons similar to women although they are more likely to cite financial stability as a contributing factor.

Other researchers explored potential barriers and deterrents to men considering careers in non-traditional gender occupations (Lent, Brown, & Larkin, 1986; Obrien, Martinez-Pons, & Kopala 1999; Lease, 2005). These investigations compared the influences of self-efficacy beliefs on education and vocational choice, but focused primarily on women considering traditional male occupations. Lease (2005) identified 4 social variables that were statistically significant predictors of men choosing or not choosing one of 10 female-dominated occupations, but did not report differences for men choosing nursing specifically. She reported that men with

ideologically liberal social attitudes were more likely to choose occupations with higher percentages of women; whereas, men with high socioeconomic status, higher degree aspirations, and who place greater importance on prestigious careers were more likely to choose gender-traditional occupations.

The perceptions of nursing held by high school students, college students, and the general public suggest that nursing is not highly regarded as a career choice and indicate a disparity between expectations for a nursing career and an ideal career. Descriptive studies by Kohler and Edwards (1990, May, Champion, and Austin (1991), Mendez and Lewis (1991), and Erickson, Holm, Chelminiak, and Ditomassi (2005) identified the perception of nursing as women's work as the primary deterrent for men choosing nursing as a career. Investigations of students interested in science and engineering careers rarely acknowledge nursing as a science and may fail to attract applicants with the interests, abilities, and skills sets for successful nursing practice. There are relatively small pools of candidates in high school, college, and adult career-switchers who considered nursing as a career choice. Additionally, once men reach a decision to pursue a career in nursing, they may encounter unique barriers during their educational experiences (Jeffreys, 1998; Keogh & O'Lynn, 2007; O'Lynn, 2004, 2009; Hodes, 2005).

Partnering with military services to conduct a study on career perceptions of men in military health care roles is particularly strategic because men comprise a significantly larger proportion of health care providers in military health care than in civilian practice, and their experiences and perceived roles may lead to more successful recruiting approaches. While the proportion of men in the nursing employed workforce approaches 6%, men comprise nearly 30% of military nurses and approximately 60% of medics, corpsmen, and medical technicians (Boivins, 2008).

In addition, military health care casts the role of men providing direct patient care in a dramatically different light than the generally accepted role for men in civilian health care. Health care and nursing duties are envisioned as an accepted warrior role within the military structure, whereas nurses in civilian practice often are viewed primarily as compassionate care givers. The enlisted, para-professional personnel would seem to make excellent candidates for entry-level nursing programs because their special niche in the military has few equivalents in the civilian work force, although their specific knowledge, skills, and abilities match favorably with the skills employed by nurses. Their training and work experiences parallel much of the content in nursing school curricula and would seem to constitute excellent preparation for careers in nursing. The current research seeks to discover what men with training and experiences in military health care think about nursing as a career option after military service

Statement of the Problem

The nursing profession attracts too few men into its ranks to have a significant impact on the growing nursing shortage of nurses in the work force. Despite notable efforts to present nursing as a viable career by Johnson and Johnson (n.d.), the American Nurses Association (Nevidjon & Erikson, 2001), and the American Assembly for Men in Nursing (n.d.), schools of nursing have seen little increase in the numbers of men applying for admission. In contrast to professional nursing, men comprise the majority of direct care providers in the military health care as medics, hospital corpsmen, and medical technicians. These men receive training and patient care experiences that would seem valuable assets in nursing practice, yet nursing fails to attract them in large numbers. Men in military health care represent a rich pool of potential that is poorly understood and explored.

Notwithstanding the desire to recruit men into nursing, the profession remains predominately female, and the modest changes in the numbers of men in nursing has not kept pace with the increasing demand for nursing services. Faced with changing population demographics and an aging workforce, it is becoming increasing difficult for the nursing profession to meet the growing demand for nursing services without attracting well-qualified men into the profession. Current research has not identified the motivations and incentives that encourage men to consider nursing as a career option. Additional investigation is warranted to fill gaps in current knowledge needed to increase the numbers of men in nursing. A distinct paucity of research exists on the perceptions of nursing held by men in military health care with prior training, experiences, and exposures to direct patient care.

Purpose of the Study

The purpose of this qualitative study was to explore and describe what men, currently in military health care roles, think about nursing as a career option after military service. The goal of this exploratory study is to shed light on the thoughts of non-professional, military health care providers and to better understand what influences the decisions of men to choose or not choose nursing as a career after completing military service with a background in direct patient care. Military health care providers represent a relative abundance of men when compared to the general nursing population. Results from this study, with data collected in a focus group setting, hopefully will afford nursing leaders with additional knowledge to develop and refine strategies to attract knowledgeable, skilled, and experienced men in to a profession generally considered a feminine occupation.

Research Questions

The central and global question guiding the investigation was: "What do men employed in military health care think about nursing as a career option after military service?" In addition the following research questions will be asked:

- How closely does a career in nursing match an ideal career for men in military health care?
- Are there factors that might encourage men in military health care to consider nursing as a career after military service?
- Are there factors or impressions that discourage men in military health care from choosing nursing as a career after military service?
- Do men in military health care roles view their skills and experiences as prognostic to a career in nursing?

Delimitations

This study confined itself to exploring the perceptions of enlisted military men on active duty with training and experiences in direct patient care responsibilities. Personnel in administrative, ancillary, and support career fields such as laboratory, radiology, and pharmacy technicians were be included. Reserve force personnel were included unless they have been activated for extended duty because of the potential influence of their civilian occupations on their perceptions of nursing.

Limitations

Participants may represent such a diverse collection of experiences and opportunities within health career fields that common or shared perceptions of nursing as a career option do not emerge from the data. In addition, participants may demonstrate exposures and experiences

other than military health care that cloud or alter their perceptions of nursing. Furthermore, the actual timing of data collection may exert influences on the data. Personal encounters, economic conditions, military operations, or current newsworthy events involving nurses or nursing can potentially alter the public image of nurses and affect the perceptions of nursing as a career option revealed by the participants.

As with other qualitative research approaches, participation in the interview process may exert a therapeutic effect on respondents and alter their perceptions of nursing as a career option. Since narrative data relies on symbols and language to convey meaning, there is no direct access to the experience. Participants are not equally articulate and perceptive in sharing their perceptions, and information is filtered indirectly through the view of the respondents. The true nature of the phenomenon may be represented contextually, partially, and imperfectly.

Furthermore, qualitative investigations are subject to multiple interpretations, and researcher bias can potentially cloud the true reality revealed in the data. With an introduction to health care as a Navy corpsman and long career as a military nurse, the experiences and exposures of the researcher provide a unique insight into the military health care culture. While these experiences may enhance the acceptance of the researcher by the participants and may aid the researcher's understanding for the dialogue, they also can potentially create deeply imbedded beliefs and perspectives about the transition of military men into nursing careers that obscure the essence of the experiences of the participants. To enhance credibility and accuracy of the data, the investigator employed professional transcriptionists to transcribe the interview dialogue. Due to deployments and reassignments, the participants did not review the transcripts, but the researcher compared each printed narrative with the recorded dialogue to establish the trustworthiness of the data. Doctoral-prepared content matter experts in nursing and in military

health care also reviewed the transcribed narratives to confirm the analysis of the data. An independent research assistant made field notes during each focus group to provide additional details on the behaviors and activities of the participants and the researcher and enrich fullness. The researcher also listened to each audio tape multiple times to immerse himself in the data and to fully appreciate the content and context of the narrative. In addition to the interview transcripts, the investigator maintained an audit trail of reflective journals, field notes, and personal memoranda of the focus group interactions to enhance his awareness of personal biases. The notes suggested that the researcher's familiarity with military health care, protocols, and jargon promoted open dialogue and enlightened him to the true meaning revealed by the informants. While participation varied among the participants, all contributed to the discussion and freely voiced their perceptions, observations, and opinions.

Participants were recruited from military bases proximal to the academic institution which included US Navy and Air Force facilities, but no US Army bases. The lack of participants from the US Army branch of service represented a significant limitation to the study.

Unifying Framework – Social Cognitive Career Theory

Social cognitive career theory (SCCT) provides a potentially unifying framework to explore and explain the processes through which people progress to arrive at career choices and decisions. The theoretical framework can provide direction for future research from both qualitative and quantitative ontological and epistemological perspectives to expand our knowledge about the career decisions of men with training and experiences in military health care who choose or do not choose nursing as a non-traditional gender occupation.

Lent, Brown, and Hackett (1994) refined career development theory by applying Bandura's (2001, 1982) self-efficacy theory and self-efficacy expectations to career decision

making. The refined SCCT provides a framework to investigate the perceptions of nursing as a career option held by men with unique training and experiences in military health care (Figure 1). SCCT hypothesizes that three social cognitive mechanisms are particularly relevant to career decision making and career development: self-efficacy, outcome expectations, and goal setting. Self-efficacy is defined as the individual's judgment about his or her capability to attain a desired performance. Self-efficacy is influenced by previous accomplishments, prior learning, verbal persuasion, and physiological arousal which interact to establish a dynamic set of self-beliefs about specific career performance domains. Outcome expectations represent personal beliefs about the probable outcomes of a behavior and involve the imagined consequences of performing certain career actions and activities. Goal-setting allows the individual to organize and guide behaviors to achieve desirable career outcomes and reflect the determination to affect a particular future outcome. SCCT proposes that the interaction of personal attributes and contextual affordances constitutes the learning experiences from which the individual develops career interests, constructs career goals, and initiates actions in career development. Individuals participate as active agents in developing career interests and in pursuing actions to achieve career-related goals. Self-efficacy, the individual's judgment about personal ability to perform career expectations, and anticipated outcome expectations, the expectations that performance will produce positive outcomes, enable a person to exercise that agency. People develop career interests in activities that they believe they can perform well and that will produce positive consequences. Conversely, people will avoid careers in which they feel incompetent or that will generate unpleasant outcomes.

Along with self-efficacy, outcome expectations influence career interests which in turn stimulate the development of career choice goals and choice actions to achieve those goals.

Once a career path is selected, performance, progression, and/or attainment of the desired goals become new learning experiences to reinforce or refute perceptions about self-efficacy and outcomes expectations. The ongoing feedback loop continues to influence decisions about self-efficacy to meet career expectations and the merit of anticipated outcomes of the career choice.

SSCT posits that the complex interaction of self-efficacy, outcome expectations, and goal setting work together to help individuals exercise personal agency in making career decisions. Self-efficacy influences career interests because individuals choose careers they judge are compatible with their interests, skills, abilities, and education. Career interests interact with outcome expectations to influence career goals that the individual considers realistic and attainable which, in turn, increases the likelihood of setting goals and selecting actions to attain those goals. The interactions are subject to contextual influences from the internal and external environment, and successes or failures during the process become additional contextual variables. SSCT emphasizes the complex and dynamic nature of career decision making and career development.

SCCT is particularly suitable for investigating the career decisions of men in military health care to choose or not choose nursing as a career option. No studies have been found that investigated the career aspirations and direction for this population. Although medics (Army), corpsmen (Navy), and medical technicians (Air Force), receive slightly different initial training, all are introduced to medical terminology, health care principles, advanced first aid, basic nursing skills, and disease prevention. Furthermore, they have opportunities to apply this training in direct patient care roles as medics, corpsman, and medical technicians. In addition, the distal contextual affordances for these individuals originate in a culture that ascribes traditional masculine attributes such as “warrior” and “combat medic” to the caring roles of

treating and comforting sick and wounded soldiers. Also, individuals in military healthcare settings perform duties in facilities with more exposures to other men in caring roles as nurses and para-professional technicians. The unique learning experiences of men with training and experiences in military health care potentially can alter their self-efficacy beliefs and outcome expectations of a career in nursing and contribute to the understanding of what influences their decisions to choose or not choose nursing as a career.

Manuscript Option

The dissertation is presented as a manuscript option and includes five chapters. The first chapter is an introduction, the next three chapters are the proposed manuscripts for publication in peer reviewed journals, and the fifth chapter is a conclusion. The proposed manuscripts focus on a systematic review of the literature to summarize the state of knowledge about men who select nursing as a career choice, the analysis, results, and implications of the study on the perceptions of nursing as a career option held by men with training and experiences in military health care, and the application of Social Cognitive Career Theory to the career choices of men in military health care. The concluding chapter synthesizes the knowledge that has been gained by the research as presented in the three manuscripts, discuss the limitations of the body of research, and enumerate future research plans.

CHAPTER 2: THE SOCIAL CONSTRUCTION OF NURSING IN THE MILITARY HEALTH CARE CULTURE: A COMPREHENSIVE REVIEW

Nursing has long been associated with women and women's work, but the current nursing shortage and projected future demand for nursing services elevates the urgency to recruit and retain qualified practitioners, and the profession cannot afford to attract candidates from only one half of the potential applicant pool. Efforts to increase the numbers of men who choose nursing as a career have produced only modest results. While women have made significant progress in entering professions formerly dominated by men, nursing continues to attract relatively few men and remains overwhelmingly female. Interestingly, military health care services represent one subset of nursing practice where gender balance contrasts starkly with the general nursing population. While men represent approximately 7% of employed registered nurses (RN) in the general nursing work force, men comprise nearly 30% of military nurses (Boivins, 2002), yet there is a paucity of research on how the military services attract and retain a high percentage of men in nursing practice.

Aspects of the literature that enlighten the state of knowledge about men in nursing include the social construction of nursing as a gendered profession and the gendered nature of health care institutions and nursing education. On the other hand, there has been little investigation into areas of Western society where men routinely engage in occupations traditionally considered feminine, such as the armed forces. Men in military services have engaged in caring for sick and injured soldiers for centuries, and the roles of care givers are considered honorable professions that are essential to successful military operations (O'Lynn &

Tranbarger, 2006). Evidence suggests that schools of nursing for men existed as early as 250 BCE, and religious and military orders such as the Hospitalers, the Alexian Brothers, and the Knights Templar provide care for injured and dying soldiers during the Crusades. Many of these orders continue in those ministries today. In contemporary military services, men are well trained as "combat medics" and that warrior image is respected as integral components of military operations. What remains unclear is how this unique aspect of military health care culture influences the perceptions of nursing as a career option for the men who fill these military roles and how this unique perspective might encourage men to consider nursing as a career**.** The demographic composition of the nursing workforce is shaped by societal conceptions of what nursing is and what nurses do, and it is important to consider how societal conventions influence decisions by men to consider nursing as a career. Furthermore, the structure, policies, and practices of health care institutions that prepare and employ nurses contribute to social perceptions about the nature of nursing, and investigation into those influences is warranted.

The purpose of this review is to explore the published research literature that considers the social construction of nursing as a gendered profession as well as published works that describe the military health care culture that appears to create a different perspective of nursing as a career option for men. The review was initially conducted using the *Cumulative Index to Nursing and Allied Health Literature (CINAHL)* with the search terms "male nurses," "male student nurses," "motivation or intent", and "characteristics." Search parameters were English research articles published between 1960-2011. The review was expanded by including the database *Sociological Abstracts* and adding "nursing career," "social construction," and "social constructivism" as key words. The initial search was pared to 248 articles for review.

The preponderance of research found in CINAHL focused on the characteristics of men in nursing and their motivations for choosing the profession, but literature from *Sociological Abstracts* provided access to studies that addressed the social construction of nursing as a gendered profession and the gendered nature of health care institutions that reinforce gender-stereotyping of nursing and discourage men form considering nursing as a career option. Although, the general concepts gender socialization and gender role development are strongly associated with career choices, the literature for this study was restricted to content related to men in nursing or in nursing schools.

Nursing as a Gendered Profession

The objective reality in Western society is that nursing is a feminine profession. Literature supports that the predominant perception is that women become nurses while men pursue more masculine occupations. While nursing is viewed as a trustworthy and honorable calling, nurses generally are considered less important, less powerful, and less valued than health disciplines dominated by men (Badgett & Folbre, 2003; Brown & Jones, 2004; Evans, 2004; and, Zimmerman & Hill, 2008). Many authors (Ridgeway, 1997; Jones & Gates, 2004; and, Kleinman, 2004) attribute the generally low status of nursing to the gendered nature of the profession. While women in society are increasingly entering traditionally male-dominated occupations, Bureau of Labor (2008) statistics indicate the percentage of men employed full time in nursing increased only from 8.98% to 9.93 between 2000 and 2008, a modest change.

Career interests and decisions can be attributed in part to the internalizations by individuals of objective realities about gender-appropriate occupations. Societal norms influence men's consideration of nursing as a career option because the perception of nursing as a feminine occupation influences their beliefs about gender-appropriate work. Career choices for men

gravitate to those occupations that society defines as masculine. Cure is valued more than care, high-tech more than high-touch, and dominance more than submission. Since nursing is viewed by society as "women's work" of low status, men are more likely to internalize their career interests as something more gender appropriate (Reverby, 1987). Women are more likely to enter male-dominated occupations than men are to enter female-dominated occupations because they can elevate their status in societies that value masculine attributes (power, independence, and competition) more than feminine attributes (nurturing, passivity, cooperation). Both men and women internalize these value systems and act in accordance with those principles as if they were reality (Boudourides, 2003)

Research findings reported in nursing literature (Mannino, 1963; Perkins, Bennett, & Dorman, 1993; Hodes, 2005) indicate that a high proportion of men who enter nursing have training and experiences in military health care suggesting that the military health care culture and perceptions of nursing may contrast with general societal views about men as nurses. Although, there is a paucity of research on the military health care culture, the literature suggests that military culture embraces a more masculine perception of nursing, and therefore, may prove a fertile resource for addressing the current and pending shortage of nurses. Careful examination of how nursing is socially constructed within the military culture may enhance our understanding of what influences men with backgrounds in military health care to choose or not chose nursing as a career.

Social constructivists maintain that reality is constructed through human activity, and members of society invent properties of the world (Kim, 2003). Expressions of interest and career choices may be seen as congruent with or deviations from traditional gender choices and are subject to responses of others in society as to whether or not those choices are socially

condoned or rejected. The ways that individuals experience and communicate about the appropriateness of the career choice establishes the objective reality of gender-appropriate career decisions. Research by Williams (1995, 1997, & 1999) suggested that men in female-dominated occupations encountered different work environments than women in male professions that attested to asymmetries in workplace experiences. While men do encounter prejudice and discrimination in feminine-dominated occupations, these prejudices actually can benefit men through preferential hiring practices, wage gaps, and career advancement opportunities. Despite the entry of men and women into non-traditional occupations, societal attitudes maintain a clear distinction in gender work roles and division of labor along gender lines that favor masculine discourses.

Social constructivism provides a framework for examining sociological and cultural phenomena that influence career choices. Doolittle and Camp (1999) emphasized the social nature of knowledge and described the assumptions of the social constructivist perspective. First is the belief that knowledge results from social interaction, and thus is a shared experience, rather than an individual experience. Reality, therefore, is a socially-constructed and agreed-upon truth resulting from co-participation in cultural practices. The social constructivist perspective potentially can reveal formerly unasked questions and provide new insights into research to enhance the diversity and gender balance of the nursing profession to meet changing population demands.

In social constructivism, objective realities are the cultural beliefs, values, and norms accepted by society or social group as true. Objective realities result from the congruence of collective individual perceptions and constitute the social facts described by Durkheim (1982) which exert a coercive influence on individuals in the society. Objective realities establish

accepted ways of thinking, acting, and believing for individuals within the society, and individuals may or may not be aware of the influence exerted by objective realities on their behaviors. In Western societies there appears a strongly held objective reality that nursing is a profession more appropriate for women than for men. Despite the high demand for health care and the relatively stable and lucrative income opportunity, few men consider nursing as a viable career option in many cases because of the perception that nursing is a female occupation. The objective reality of nursing as "woman's work" impedes the ability to recruit sufficient numbers of qualified men to reduce the current shortage of professional nurses. Career choice and professional socialization are influenced by multiple factors, and a meta-analysis of research on career choice in nursing suggested that gender role and race consistently asserted a strong influence on an individual's identification in studies in the United States, the United Kingdom, Canada, Australia, Japan and Sweden (Price, 2008).

Gendered Health Care Institutions

The history, culture, and social climate of health care institutions present powerful forces for both establishing and reinforcing the idea of gendered professions, and research indicates that health care organizations are not gender neutral. The organizational structure, corporate policies, and gendered work practices of health care institutions foster a culture and climate that favor masculine traits, enhance the status of men's health professions, diminish the contributions of professions dominated by women, and discourage men from considering nursing as a career option. Since nursing is so strongly associated with women and feminine roles in society, institutional factors that influence the status of nursing also reinforce the construction of societal perceptions and values about men in nursing.

Gendered Practices in the Workplace

The hierarchical structure of health care institutions reinforces the power of male-dominated professions in health care by work practices that separate along gender lines and favor a masculine perspective and discourse. Ridgeway (1997) noted that interactional processes in paid employment leveraged men into positions of authority through recruitment, hiring practices, placement of workers, career ladders, internal labor markets, and job evaluations that demonstrate preferences for men. Sex categorization and gender stereotyping in social institutions resulted in occupational gender inequalities in interactions, resource allocation, and status that favored male employees. Ridgeway (1997) concluded that organizations incorporated gender status beliefs and assumptions about gender that become part of gender-biased structures, conserve gender inequality in the organization of work, and integrate it into new work structures and practices as they develop. Men then are less likely to consider a career in nursing because of its strong social identification as a feminine profession and the status accorded nurses.

Maier (1999) described a gendered subculture of *corporate masculinity* in health care organizations that reflected and reinforced masculine conceptions, values, and qualities associated with men. Male behaviors of competition, control, and authority are accepted as the norm over feminine behaviors that emphasized compromise, integrative solutions, and participation. Groups of men subordinated groups of women because organizational practices emphasized hierarchy, status, and independence (traditional masculine attributes) over feminine qualities of cooperation, balance, and connections. In health care settings, this social order is evident in deference afforded to physicians (primarily men) over other professions such as nursing (primarily women). Nursing suffers from this objective reality because most men

consider nursing as an occupation acceptable only for women and few consider it as a viable career option.

Masculine Discourse in Health Care

Gender acts a cognitive filter to establish roles, expectations, and behaviors in health care agencies, and the attributes traditionally associated with masculinity (aggression, dominance, and physical size) are generally valued over characteristics considered to be feminine (passivity, submission, and small stature). The male standard emerges as the dominant gender schemata in North America for organizing information and communicating dominant or subordinate power (Devor, 2002). While masculinity and femininity can be demonstrated through a wide variety of cues, persons who display traditional masculine traits of toughness, confidence, and self-reliance become "innately" more valuable than those who exhibit sensitivity, emotionality and dependency. McKenna (2002) noted that society awards approval to a man based on the influence he wields, his importance in the community, and the money he earns. Men's identities and worth are tied to their work role, unlike women, who have a socially acceptable alternative to work as wife and mother. In health care employment settings, masculinity confers access to power, privilege, and status that is not enjoyed by more feminine persons.

The hierarchical structures of health care institutions also entrench power and authority in traits associated more with men than with women. Halford (2003) reported that requirements for advancement emphasized male traits and masculine terms for management positions that "masculinized" nursing in terms of performance and career advancement and threatened to destroy traditional feminine model of nursing (p. 283). Organizations value success, career orientation, and impersonal logic more than relationship building, service, and life-work integration. The ethic of maintaining rule, a masculine perspective, takes precedence over the

ethic of caring, a feminine perspective. Health care organizations adopt masculine images of leadership rather than femininity by focusing on hierarchy, control, and rank rather than collaboration, diversity, enabling behaviors, and fair play. This phenomenon of power associated with masculine traits generated two outcomes. Men in nursing tend to rise to management and leadership positions more rapidly than women, and women who aspire for success and advancement must adopt the male model of corporate behaviors.

Gendered Nursing Education

Studies suggested that nursing education, particularly, reinforces gender stereotypes within the profession. Cude and Winfrey (2007) reported that men felt more gender bias and discrimination in school than in practice and more from faculty and peers than from patients. Men reported feeling accommodated, but not integrated into the education process. Two primary factors emerged from literature as contributors to feelings of separation and isolation for men.

First, femininities predominate the culture of nursing education through symbols, language, and faculty role models (Baker, 2001; Anthony, 2006; Ellis, Meeker, & Hyde, 2006; McMillian, Morgan & Ament, 2006; Keogh & O'Lynn, 2007; Grady, Stewardson, & Hall, 2008; O'Brien & Mooney, 2008; Dyck, Oliffe, Phinney, & Garrett, 2009; O'Lynn, 2009, 2004). Sexist language in texts and classrooms, feminine models of caring, and lack of visible men role models frame nursing as a woman's domain and create a setting that highlights gender differences and where men "stick out." Men who relied on traditional masculine roles and behaviors, such as decisiveness, assertiveness, and risk taking, were acutely aware of times when masculinity is typecast as a unitary position. The diversity between masculine and feminine perspectives exacerbated gender stereotyping, separation, and isolation.

The second aspect of nursing education as a gendered institution was the reported lack of support and protection for men who chose nursing as a career path (Inoue, Chapman, & Wynaden, 2006; Stott, 2007; Tracey & Nicholl, 2007; Bell-Scriber, 2008; Harding, 2008; Roth & Coleman, 2008; Bartfay, Bartfay, Clow, & Wu, 2010). With little exposure to the history and contributions of men in nursing and little guidance in touch and intimate care, men felt poorly prepared for engaging in intimate touch and reported a high degree of stress associated with vulnerability to accusations of sexual misconduct. The feminization and sexualization of touch by men was largely ignored in their education. In addition, men reported more scrutiny, higher disciplinary actions, and discriminatory academic and clinical practices that afforded different learning experiences than their female peers.

Segregated Work Patterns

Gender is inscribed first through the training and preparation of the health professions and underlies problematic working relationships between physicians and nurses (Davies, 2003). The collective professional bodies of medicine and nursing were separated by training, values, views, and ways of knowing that conflicted. Medicine, by history and training, emphasized traditional masculine attributes of objectivity, rationality, decisiveness, and autonomy, and authority, while nursing emphasized feminine qualities of communication, caring, comfort, warmth, compassion and sacrifice. Medical training promoted "toughness," while nursing was an object lesson in submission which fails to attract men to the profession. Furthermore, gender stereotyping is implicated in interaction patterns between physicians and nurses. In fact, nurses rarely just interact with physicians, but a male or female nurse interacts with a male or female doctor. Analyzing medicine and nursing in terms of masculinity and femininity helps understand the tensions and problems in present day relations. Even appropriation and use of space are

political acts that reinforce the gendered nature of relationships among the professions that relates to dominance and deference as a relevant issue. Davies (2003) concluded, "The culturally determined spatial rules, admittedly unwritten but none the less widely understood, saw to it that each person knew their place in the hierarchy (including doctors within the medical hierarchy)" (p. 737).

The net effect of these formal policies and informal practices is to create different career ladders for men and women in health institutions. Halford and Leonard (2003) noted that even allocation of organizational spaces reinforced the separation of physicians and nurses by gender, reinforced the lower status of nursing, and discouraged men from nursing careers. Space and place are not neutral but are linked to relations of power, gender, and class, and professional differences in use and access of space are intermingled with gendered differences. Access to and movement in space communicated identities and power, and space was not equally open to physicians and nurses. Nurses had the least access to space, were the most confined, and performed most duties in public or "borrowed" spaces; nurses were concentrated in specialty areas where space was constituted for patient care. Physicians, on the other hand, roamed freely and had access to both public and non-public spaces. The researchers concluded that differences in access to and use of space underscored differences between physicians and nurses and that the professional differences intermingled with gender differences creating a disparity of power and status.

Results of Gendered Institutional Patterns

Since the structure, practices, and norms of health care institutions tend to organize around masculine attributes, men in nursing tend to segregate into different career paths along gender lines that favor men. Men were significantly more likely than women to be in senior

nursing positions despite reporting fewer years than women since initial entry into nursing practice less full time nursing experience (Brown & Jones, 2004; Nilsson and Larsson, 2005). Men were more likely to possess education beyond initial certification, were less likely to take breaks from full time nursing, and were more likely to relocate to obtain a promotion. Men developed better stores of human capital for senior positions than women, or women followed "masculine" employment patterns to achieve similar degrees of career success. Results of the study reinforce the concept that corporate masculinity permeates health care organizations and advantages men even in occupations that are traditionally considered women's work.

Corporate masculinity exists as the cultural norm imbedded in many health care organizations that advantages occupations dominated by men at the expense of professions comprised primarily of women. Organizational, professional, and interactional practices establish a climate within which both men and women accept masculine perspectives as a matter of course. As a profession strongly associated with feminine attributes, nursing fails to attract more men into its ranks because the culture and climate of health care institutions externalize and reinforce nursing as a feminine profession. Gendered institutional practices contribute to division and inequities both between professions and within professions and develop formal and informal mechanisms to establish these divisions as the norm in the workplace.

Research has validated diverse inequities created by gendered institutional practices and policies. Gender bias that disadvantages women is ubiquitous in organizational structure, policies, and practices, and men in nursing are affected by these factors by virtue of association with an occupation perceived as feminine. While biases may reflect pervasive cultural and societal stereotypes that persistently reinforce the low status of nursing, what remains unclear is how these gendered practices affect the recruitment and retention of men into nursing.

While gendered health care institutions seem to provide men in nursing with unique opportunities to advance and progress in their non-traditional career choices, it seems that these same practices would stimulate more men to enter the profession. However, the paucity of men entering nursing suggests that the economic incentives, job security, advancement opportunities, and potential for rapid career progress do not overcome the perception of nursing as "women's work", and men are not attracted into the profession. Gendering appears deeply embedded in organizations and constructs a way of thinking about education and employment that separates men and women into different types of work. As a consequence, gendered institutions interfere with the recruitment and retention of men into occupations they perceive as feminine, and the question remains whether perceptions can be changed.

Culture of Military Health Care

Although few actual research studies were found, published literature suggests that the military health care culture espouses a different objective reality than society in general for nursing as a desirable career option for men. Although widespread societal perceptions reinforce nursing as a female occupation and contribute to a paucity of men entering the profession, men comprise larger proportion of military nurses and enlisted, para-professional health care workers. Whereas the proportion of men in the nursing employed workforce approaches 6%, men comprise nearly 30% of military nurses and approximately 60% of medics, corpsmen, and medical technicians (Boivins, 2008). While the dominant societal perception of nursing discourages men from considering nursing as a career, the military sub-culture may provide an alternative shared perspective that encourages more men to choose nursing.

In Western society, men associate more with masculine jobs, and do not envision themselves nurturing and caring for ill, injured, or diseased individuals; military services,

however, project the role of health care workers as "combat medics" who endure the same austere, brutal and primitive conditions as other "warriors." Feller and Cox (1987) emphasized that throughout the history of the Army Nurse Corps nurses continued to care for the ill and injured during times of conflict when they were subjected to mud, mire, gunfire, starvation rations, and other hardships, even internment camps. Sheehy (2007) and Alberts (2007) reinforced the concept of nurses caring for sick and wounded in deplorable conditions and at great risk to their own lives, and noted that the tradition continues today with nurses managing horrific injuries in the heat and severe conditions in Iraq and Afghanistan. The cultural norm for military health care personnel was summarized best when the non-commissioned officer in charge of two female medics said, "We all respect them for their abilities as medics and as Soldiers" (Alberts, 2007). The military culture combines the caring aspects of healthcare with more masculine attributes of a warrior (respect, power, independence, and survival) to create an accepted norm for men in caring roles.

Military leaders assert that military health care is an innovator in trauma care and that advances learned in combat influence civilian medical practices. Tracy (2005) compared the levels of trauma care employed by civilians favorably to the echelons of care devised by the military to manage wounded soldiers in combat. The current civilian concept of rapid transport of severely injured victims for rapid definitive care arose from the military model of triage, forward surgical teams, aeromedical evacuation, and definitive trauma centers. Furthermore, the military first employed specially trained field medics to provide early stabilization and resuscitation to injured soldiers, military counterparts to civilian paramedics and emergency medical technicians. Personnel with military experiences in combat were instrumental in

integrating lessons learned in combat into civilian practices once they separated from service, and those experiences remain influential in shaping trauma care.

The primary value embraced by the military culture is emergency, trauma care to save life, limb, and sight. Since the mission of the armed forces is to conduct combat operations, the bulk of time, energy, and effort to train military health care personnel are devoted to preparing to manage combat injuries.

The persona of military health care personnel is summarized best by outlining the attributes necessary for army nursing. In addition to maintaining a clean, orderly clinical environment during deployments in unfavorable conditions, army nurses must appreciate the additional demands that military service places on its personnel and demonstrate the ability to perform in isolation and in teams under intense pressure (Philott, 2007). The unique aspects of military nursing require physical fitness, mental maturity, moral courage, and weapons familiarity which contrast sharply with traditional characteristics of caring and compassion associated with nursing care. While society in general perceives nursing as a caring profession, and caring is inherent in dealing with the suffering of sick and injured soldiers, military health care adds new socially constructed warrior-first dimensions and expectations for health care providers. Quinn (n.d.) compared nurses to their military comrades—armed to fight just as soldiers, sailors, and marines. The nurses are armed with the knowledge and skill to wage war against disease and injury. Their role of providing care to the sick and injured is just as important as the role of others in combat and is necessary to the success of the mission, and they see themselves as warriors first, and then care providers.

The military culture emphasizes stoicism, teamwork, cooperation, and community spirit to unify individuals into cohesive units and provide support during stressful and distressing

periods of combat operations. The demands of military duty separate the warrior from usual social supports, physically and emotionally, and comrades-in-arms become the primary source of community and support. Trossman (2007) reported that same sentiment from military health care personnel in Iraq who identified unit members as "deployment family" and "one of our own." Not only do health care personnel endure the same military hardships as their combat peers—austere conditions, battle risks, family separations—but they also exhibit the accepted value of stoicism to validate care decisions. Harper, Ersser, and Gobbi (2007) described military cultural attitudes to postoperative pain as a product of collective thinking and socialization that begins during initial military training. Findings from the study indicated that military nurses revealed taken-for-granted assumptions to rationalize assessment and decisions surrounding postoperative pain. The prevalent attitude is that stoical behavior demonstrates courage and endurance, and when postoperative patients display such behaviors, it can be admired and rewarded. Investigators concluded that despite the "gold-standard" pain intensity scale, military nurses relied more on their own assessments of pain than on patient self-reports of pain. The nurses rationalized over reporting of pain by patients as "attention seeking" behavior and underreporting of pain by patients as stoicism expected of military personnel.

Visible symbols of nurses and nursing care are closely associated with war, conflict, and care for suffering soldiers. The accomplishments of the best known nurses, such as Florence Nightingale, Clara Barton, Dorthea Dix, and Walt Whitman, are rooted in periods of war, turmoil, and deplorable conditions. Sheehy (2007) outlined the role of nursing care throughout the history of the United States and summarized the perception of military nurses as "reluctant heroes" who are always there during times when troops are suffering. These images reinforce the important role of nursing and nursing care in military operations to care.

While the Nurse Corps became a permanent division of the Medical Department in 1901, men were prohibited from commissions as officers in military service until 1955 (Proud to serve, n.d). The role of military men in providing care as technicians and contract registered nurses is well documented; however, opportunities for men as registered nurses did not exist in military service until after World War II. Since 1955, men have capitalized on opportunities that the diversity of military service offered and proved their worth. While men in nursing are a relatively new addition to military services, their visibility as care providers is increasing among military ranks.

For the nursing profession, the military health care sub-culture might reflect a different perspective of nursing and caring than the dominant social culture. Military health care personnel are perceived as warriors with training and preparation for combat operations which is more acceptable to society's views of masculine occupations. Socialization within military services establishes norms, beliefs, values, and symbols that can encourage men to consider nursing as a career option. While Western cultures primarily construct nursing as a feminine occupation, the military healthcare subculture appears to provide a more masculine alternative that embraces nursing as a caring profession with a warrior role. While nursing research indicates that many men who chose nursing as a career option, it is unclear how many "combat medics" eventually opt for a career path in nursing. The lack of understanding about how men with military health care experiences perceive nursing warrants additional research to discover how nursing is socially constructed for men from this population. Findings from additional research have implications for nurse recruiters, educators, and administrators to fully capitalize on the potential applicant pool to address the nursing shortage.

CHAPTER 3: MILITARY MEN'S PERCEPTIONS OF NURSING AS A CAREER OPTION

The nursing profession has attracted few men into its ranks despite offering a respected career with comfortable, escalating earning power, stable employment, and opportunities for career advancement. Despite the fact that nursing has historically been a female-dominated profession, the current lack of attraction for men is difficult to understand, especially in light of the high unemployment in the late 2000s in the United States (US). This phenomenon is particularly puzzling when considering the sheer numbers of military medics, corpsmen, and medical technicians currently serving in the armed forces. These men (and women) have training and experiences in military health care that expose them to a variety of knowledge and skills that overlap significantly with the skill sets required by nurses. Military medics, corpsmen, and medical technicians receive training in basic patient care procedures, emergency response, triage, preventive medicine, and therapeutic communication. Additionally, they engage in a wide range of direct patient care experiences that might include pre-hospital or combat emergency response, inpatient hospital care, ambulatory care, or rehabilitative services. Logically, this background and experience in health care establishes a springboard to begin a career in nursing, yet the profession has demonstrated little success in attracting large numbers of men from this pool of potential applicants. Research is warranted to understand what men with military health care training and experiences think about nursing as a career option, and why nursing has not attracted men from military ranks in greater numbers.

Recruiting men into nursing has significant implications as the profession faces a growing workforce shortage. The US Bureau of Labor Statistics (2009) predicted that employment for registered nurses (RN) is expected to grow much faster than average for all occupations through 2018, and registered nurses are projected to create the largest number of new jobs among all

occupations. Buerhaus, Auerbach, and Staiger (2009a, 2009b) examined the effects of the 2007-2009 recession on employment and forecast a shortage of 260,000 full time equivalents (FTE) of RNs by 2025. The researchers postulated that successful recruitment of some minority groups, namely men and Hispanics, could add enough new RNs into the work force to ease the shortage. In addition these minorities entering nursing could decrease the perceptions of financial, educational, and social barriers and stimulate greater diversity in the profession.

The paucity of men entering the profession is viewed as one factor contributing to the shortage of nurses and student enrollment. Despite national efforts to increase the numbers of men entering nursing, the profession has experienced only modest gains in the successful recruitment of men in nursing. The National Sample Survey of Registered Nurses (HRSA, 2010), the best source of data about the nursing workforce, reported only 6.6% of all RNs were male, a small increase from 5.8% in 2004. As an aging population places increasing demands for nursing care, the aging nursing workforce can ill-afford to underutilize 50% of the potential talent pool by failing to recruit and retain men as qualified candidates. Exploring the factors that influence nursing as a career choice for men has significant implications for the development and expansion of nursing knowledge and nursing practice.

Partnering with military services to investigate career perceptions of men in military health care roles is particularly strategic because men comprise a significantly larger proportion of health care providers in military health care than in civilian practice, and understanding their experiences and perceptions of their roles in reference to nursing, may lead to more successful recruiting approaches. While the proportion of men employed in the workforce remains 5.6%, men comprise nearly 30% of military nurses and approximately 60% of medics, corpsmen, and medical technicians (Boivins, 2002). In addition, the military health care casts the role of men

providing direct patient care in a dramatically different light than the generally accepted role for men in civilian health care. Health care and nursing duties are envisioned as an accepted warrior role within the military structure, whereas nurses in civilian practice often are viewed primarily as compassionate care givers. The enlisted, para-professional personnel would seem to make excellent candidates for entry-level nursing programs because their special niche in the military has few equivalents in the civilian work force, although their specific knowledge, skills, and abilities match favorably with the skill sets employed by nurses. Their training and work experiences parallel much of the content in nursing school curricula and would seem to constitute excellent preparation for careers in nursing. The purpose of the current research was to fill a knowledge gap and illuminate just what men with training and experiences in military health care think about nursing as a career option after military service.

Review of Literature

Many studies of men in nursing have attempted to identify specific motivators that stimulate career interest in nursing. The most frequently identified reason for men to choose nursing is the desire to help others, but pragmatic concerns over employment stability, income, and social and economic standing also are frequently cited. Findings from the investigations suggest that men choose nursing for many of the same reasons as women, but men may value more pragmatic reasons for considering nursing as a career option (Hodes, 2005; Tranbarger, et al., 2003; Whittock & Leonard, 2003; Boughn, 2001, 1994; Boughn & Lentini, 1999; Perkins, Bennett, & Dorman, 1993; Galbraith, 1991; and Kersten, Bakewell, and & Meyer, 1991; Mannino, 1963). The reasons for men choosing nursing were consistent with reasons given by general nursing populations composed primarily of women.

Research on motivations for men to choose nursing as a career suggests that men are similar to women in identifying altruistic reasons such as caring for others, wanting to help people, and desire to make a contribution. On the other hand, men tend to place more importance than women on the practical aspects of the profession, such as financial stability, job security, and career opportunities. The perceptions and motivations of men with experiences and training in military health care were not found in the published literature.

The literature consistently supported the finding that men tend to be older and more experienced than women when they begin their nursing careers (Mannino, 1963; Perkins, Bennett, & Dorman, 1993; Hodes, 2005). In addition, men are more likely to have engaged in previous occupations, served in the armed forces, and hold previous degrees. Prior military service for men in nursing ranged from 17% to 69%. While some studies did not indicate if military service included duties in health care, the samples investigated by Perkins, Bennett, and Dorman (1993) reported that 17% had been military corpsmen or medics. Mannio's (1963) survey of 480 men who graduated from an all-male school of nursing found that 69.3% indicated previous military service but did specify if they performed health care duties.

Although research has identified that military service, experience in emergency medical service, and employment as a nursing assistant for a high percentage of men who enter nursing, no published research has been found on the percentage of men engaged in military health care who actually chose nursing as a career option after military service. Furthermore, no published research was found of the perceptions of men currently in those positions about careers in nursing. It seems clear, however, that a significant number of men begin careers in health care as military medics, but how many RNs began as medics is unknown nor is the exact number of

military medics who consider nursing known. The perceptions of nursing held by enlisted military health care personnel have not been examined.

The purpose of the current study was to describe what men, currently in military health care roles, think about nursing as a career option after military service. Since little is known about the perceptions of nursing held by this unique sub-population, the goal was to develop a better understanding of what influences the decisions of men to choose or not choose nursing as a career after completing military service with a background in direct patient care. Although exact figures are not known, military health care providers represent a disproportionate abundance of men when compared to the general nursing population, yet their perceptions about nursing as a career option remain unclear and unexplored. Men with military health care experiences potentially represent a rich talent pool to help alleviate the shortage of nurses.

Methods

The descriptive exploratory study analyzed a narrative data base obtained through a grant funded by the North Carolina Center for Nursing. The primary question guiding the investigation was: What is the perception of nursing as a career option held by men with training and experiences as military medics? The investigator contacted Chief Nurses at three proximal military medical facilities to explain the study and to request assistance with recruiting participants and arranging suitable locations for focus group interviews. The Chief Nurses appointed liaisons to solicit potential participants and make arrangements the focus groups. The researcher obtained approval for the investigation from the East Carolina University Institutional Review Board and obtained written consent to participate from each respondent prior to each focus group interview.

The overarching question guiding the investigation was: What is the perception of nursing as a career option held by men with training and experiences as military medics? With assistance from doctoral-prepared faculty, the researcher developed a semi-structured interview guide with initial and probing questions to facilitate the flow of discussion and to expand, clarify, and add richness to the data collection (Figure 2).

Participation was limited to English-speaking enlisted men actively engaged in direct patient care who were willing to share perceptions about nursing as a possible career choice. The researcher conducted the focus groups with 7-10 participants in conference rooms at each military base. Consent and participation were voluntary, and participation or non-participation did not affect employment status, rights, or benefits of the participants. The interviews were recorded, transcribed, and analyzed for structure and meaning of the experiences of the participants. Identities of the participants were removed from the transcripts before the analysis and replaced with an identification code to preserve privacy and confidentiality and to ensure all voices were treated equally. Interviews lasted from 45-75 minutes.

Sample

A total 27 men participated in three semi-structured focus group interviews representing a wide range of ages, ranks, time in service, and time in health care. Some participants revealed health care experiences prior to entering military service. Table 1 presents the demographic characteristics of the 27 participants in the 3 focus groups. The researcher informed the participants of his background as a Navy corpsman, Air Force Nurse Corps Officer, and instructor at a school of nursing. Participants were recruited from military bases proximal to the academic institution, and lack of participants from the US Army branch of service represents a significant limitation to the study.

Analysis Procedures

Thematic content analysis of the transcripts used coding procedures proposed by Richards and Morse (2007) to identify concepts, categories, and themes that emerged from the data. The researcher initially reviewed the transcripts line by line to describe and label relevant passages from the focus group narratives that described the respondents' perspectives and ideas. As new concepts emerged from the narratives, the investigator collapsed the initial concepts into broader categories, refined the descriptions and labels, and linked related constructs into coherent themes. A final thematic coding was conducted to describe the pervasive themes revealed by the data. Essential phrases and statements were identified and clustered into coherent categories that described the unique perspectives of nursing as a career option revealed by participants' own words. The purpose of thematic analysis was to describe: (1) what participants think about nursing as a career choice, (2) aspects of a nursing career that appealed to participants, (3) and factors that influenced participants' perceptions of nursing as a potential career choice

Rigor

Recognizing that his personal and professional background and experiences significantly influence on the research process, the investigator employed multiple strategies proposed by Patton (2001) to enhance the credibility of the analysis. Since his health care career began as a Navy corpsman and continued as an AF Nurse Corps Officer, he persistently compared his personal beliefs to alternative themes and divergent patterns arising from the narrative data. To ensure accuracy of the data, the investigator recorded each focus group dialogue with multiple recording devices to capture the voices of all participants. In addition, he employed professional transcriptionists to transcribe the interview dialogue and then compared each printed narrative with the recordings. The researcher also listened to each recording multiple times to immerse

himself in the data and to fully appreciate the content and context of the narrative. Due to deployments and reassignments, the participants did not review the transcripts, but doctoral-prepared content matter experts in nursing and in military health care reviewed the transcribed narratives to confirm the analysis of the data.

Although inexperienced in qualitative research, the researcher was guided by doctoral-prepared faculty in conducting the study. An independent and trained research assistant made field notes during each focus group to provide additional details on the behaviors and activities of the participants and the researcher and enrich fullness. In addition to the interview transcripts, the investigator maintained an audit trail of reflective journals, field notes, and memos of the focus groups to enrich his awareness of personal biases. The notes suggested that the researcher's familiarity with military health care, protocols, and jargon promoted open dialogue and enlightened him to the true meaning revealed by the informants. While participation varied among the participants, all respondents contributed to the discussion and freely voiced their perceptions, observations, and opinions.

Results

Initial coding revealed 15 relevant concepts from the narratives which were refined through subsequent analysis into 6 overarching categories and finally 3 pervasive themes to capture the general sentiment about careers in nursing expressed by the participants (Table 2). The participants in this study discussed nursing in the following ways. Three major themes interacted to influence participants' perceptions of nursing as a career option after military service: conflicted perceptions of nursing, inadequate "transferable capital" for military experiences, and obstacles to nursing education.

First, they generally respected the qualities and attributes required to become a nurse and acknowledged the advanced knowledge and insight that nurses brought to patient care. At the same time, they suggested that that nurses were charged with assumed a high level of responsibility, extensive administrative duties, and excessive stress.

Conflicted Perceptions of Nursing

While respondents revealed aspects of nursing they identified as positive, they expressed another set of dimensions that they considered negative. Most participants that it would "always be a compliment" to be told one had the qualities of a good nurse, and consistently described nurses and nursing in positive terms. This image was related to three distinct factors: extensive knowledge base, people skills, and passion for caring. On the other hand, three negative qualities also consistently surfaced: administrative overload, persistent stereotypical images, and stressful work setting.

Positive aspects of nursing.

Knowledge and a desire to learn surfaced as positive qualities for nurses in each focus group. Participants separated the practical, psychomotor skills aspect of nursing from the cognitive requirements and noted that their backgrounds as medical technicians and corpsmen did not reach the same level of understanding as nurses. Respondents admired the extensive education required to become a nurse and acknowledged that continuous knowledge acquisition was necessary to remain in nursing. Respondents accepted that the academic path to a career in nursing was difficult and continuous, and supported the difficulty as necessary to protect patients and maintain a current practice.

In addition to advanced knowledge, participants indicated robust people skills as necessary for nurses to meet patient care demands and to function in the rapid-paced healthcare

environment. Respondents also extended the need for people skills beyond traditional patient care to deal with colleagues in other health care disciplines. Specifically, informants respected the ability of nurses to employ interpersonal skills to meet patient care needs, get along with other health care team members, and manage the complexities of the health care system. Respondents respected "people skills" as a positive asset for the nurses with whom they worked, but often indicated that it was not one of their personal strengths.

"Comfortability" for caring also emerged as a recurring theme in each focus group. Participants identified compassion, communication, caring, patience, and trust as necessary attributes of nurses, but indicated that knowledge, interpersonal skills, and desire to help others were insufficient without truly loving the work. Nurses demonstrated a passion that extended beyond making money and wanting to help others. As Participant 27 stated, "…if you don't have…like they were saying the stomach – the grit – to do it [be a nurse], people are just not going to be able to stand up to that."

Negative dimensions of nursing.

Although participants expressed admiration for the qualities they deemed necessary to become a nurse, they also acknowledged administrative overload, persistent stereotypes, and stressful work as negative attributes of the job nurses perform. Participants perceived collateral duties and administrative responsibilities as complications for nurses' assignments. Participants repeatedly referred to nurses as overworked and over tasked with administrative work such as completing reports, consulting with physicians, going to meetings, filling out forms, and "counting for narcotics." Respondents identified administrative responsibilities as barriers that separated nurses from performing patient care duties and left the real "nursing care" to the

technicians. Respondents overwhelmingly considered psychomotor tasks as the essential nature of nursing practice instead of knowledge based decisions.

Persistent stereotypical images of nurses and nursing emerged as a second negative attribute, but participants denied their significance in choosing nursing as a career choice. Participants were acutely aware of the public perception that nursing was a "women's profession" but maintained that men could perform nursing duties and responsibilities just as well. Informants in each focus group acknowledged that nursing was identified as a feminine profession, but claimed that those perceptions claimed the common cultural stigma did not influence their decisions about nursing as a career. Interestingly, participants revealed the clear perception that many of a nurse's "people skills" were associated with maternal instincts and feminine stereotypes which seemed to contradict the claim that the feminine image did not influence their career aspirations. The military men in these focus groups still associated the term "she" with nursing and shared little insight that what they themselves did as medics and corpsmen was comparable.

Finally, respondents described "handling stress" as another negative aspect of nursing. Each focus group discussed at length the litigious climate in the healthcare industry and perceived legal scrutiny as an ever-present stressor for anyone involved in patient care. Furthermore, caring for injured, sick, and dying individuals can extract a toll on nurses as care givers, and participants agreed that nurses demonstrated "grit" to face unpleasant and distasteful situations that other occupations do not encounter. In addition, informants repeatedly referred to the multiple tasks that the nurses juggled as additional stressors. Participant 17 summarized the perception of excessive stress:

> "When you got six different people, you know, wanting her [the clinic nurse] to do different things for them all the time, she never has the moment to finish the task that she gets from some other places. And she is always turning around and doing stuff… she is constantly stressed out; because she has always got a hundred things on her plate."

Inadequate Transferable Capital

Although respondents acknowledged the advanced knowledge required by nurses, they forthrightly maintained that they performed many of the same duties as nurses. They believed their training, experience, and capabilities as corpsman and medical technicians prepared them to perform "99% of the nurses' work", but that those capabilities were not formally recognized by boards of nursing or educational institutions. "Transferable capital," coined by Participant 24, emerged to describe the nursing knowledge, skills and abilities that respondents already possessed but could not capitalize on without formal credentials, certifications, or academic degrees. Corpsmen and medical technicians developed transferable capital through military training, current duties and responsibilities, and unique real-world experiences, but they felt those attributes possessed little value outside military service.

Current duties and technical skills parallel nursing duties.

Participants focused almost entirely on the technical aspects of nursing and not the advanced education and knowledge base. They revealed a strong task orientation when describing the duties and procedures they currently performed under the supervision or direction of nurses. For example, respondents surfaced intravenous (IV) therapy a total of 28 times during the 3 focus groups as a responsibility that distinguished nurses from corpsmen and medical technicians. Participant 13 volunteered, "And now that we [technicians] are allowed to give

medications, it will be interesting what they [nurses] are going to do on the ward. I started the IVs."

Participants in each focus group shared the perception that their duties paralleled those of nurses except for administrative responsibilities and medication administration. Respondents provided numerous examples of completing nursing skills and tasks that "translate very well to the nursing field."

Military experiences match requirements for nursing.

In addition to current duties and responsibilities, participants expected other experiences in military health care to provide transferable capital. Specifically, informants cited Emergency Medical Technician training, pre-hospital transportation, and combat as experiences that provided them with skills and abilities comparable to nurses. Respondents considered their training in military health care equivalent to licensed practical nurse (LPN) programs, but not as advanced as schools for registered nurses. Participant 23 explained, "Most of the 'patient care' and stuff, we already have the knowledge on it. We just need to finish up on the knowledge of anatomy a little bit stronger, um…you know meds, stuff like that, pharmacology."

The combined effect of military training and experiences provided the respondents with a distinctive skill set which they perceived as transferable capital for a career in nursing. The intense focus on tasks, procedures, and skills reinforced their perception that their current duties were only modestly different from duties nurses perform. The dichotomy between nurses and corpsmen and medical technicians seemed attributable primarily to task assignments versus "book knowledge" and administrative responsibilities. To the respondents, military service established a unique setting where corpsmen and medical technicians can perform duties they could not perform as civilians which one respondent described a "military blanket" (Participant

13). Participants felt that their military positions prepared them as nurses, but their practice was limited to military recipients.

Obstacles to Nursing Education

Almost all participants at one time during their military service had considered careers in nursing, but they cited significant challenges to pursuing that path while on active duty and after military service. Barriers to advancing from military medics to nursing derived primarily from two distinct areas that hampered education endeavors. The structure and procedures of military organizations and the admission and attendance policies of nursing education programs were identified as significant impediments to pursuing a career in nursing. Participants described an arduous process fraught with frustration and inflexibility that discouraged many from pursuing a career in nursing while on active duty and after military service.

Military structure and environment.

Military men indicated that peer pressure within the military environment paralleled common societal perspectives and discouraged them from pursuing a nursing career. Respondents reported negativism about nursing from both enlisted peers and even Nurse Corps officers. The investigator was surprised at the frequency participants reported encounters with nurses who discouraged them from a career in nursing, not only from military peers, but from Nurse Corps officers. This finding is even more puzzling considering that participants generally held male nurses in high esteem and consistently lauded the men in military nursing as positive role models. Participant 13 again summarized focus group sentiment, "I know for a fact that the best nurses I've worked with were male nurses." Participants did not indicate, however, working with men in nursing was an influential factor to consider nursing as a career.

Military structure and procedures presented three additional obstacles to pursuing education leading to a nursing career: existing duties and responsibilities, complicated application processes, and a changing military healthcare system. First, participants acknowledged that military duties were their primary responsibilities and took priority over educational pursuits. Participants expressed a clear understanding that duty, including reassignments and deployments, came first even when they interfered with education. Participant 3 explained, "School's going to have to wait a little bit. I know my duties are more important. I'm in the Navy so that's my duty. School is an extracurricular thing. So I've got to get it straight on that." Informants voiced concerns that military services relied on civilian institutions to prepare nurses instead of providing their own training programs.

Participants also perceived military application process and service commitment to attend nursing programs as "a turn off." They cited excessive forms, "hoops to jump through", and examples of rejected applications for inconsequential reasons. In addition, participants viewed the extensive service commitment for attending the limited military training programs as another deterrent. The consensus was "[the military education program] is not worth it." Informants preferred to return to school on their own time without lengthening their military career. They considered the service commitment for education as excessive and undesirable.

The final element of military structure that influenced decisions to pursue a nursing was career was the changing military health care system. Participants indicated that the shift in emphasis from inpatient care to outpatient and ambulatory facilities diluted the value of their training and reduced their transferable capital. There was general agreement among informants that their initial training had little application in outpatient settings, and their role was reduced to administrative assistance. Respondents

perceived that changes in the health care system were reducing opportunities to participate in the most appealing aspects of nursing, technical skills and tasks.

Respondents also indicated that the growing demand for military deployments was changing the roles and responsibilities for health team members in military services. As civilian personnel assumed more health care responsibilities in military facilities, military personnel were subjected to more frequent deployments making it even more difficult for military medics and corpsmen to pursue educational opportunities that lead to nursing careers.

Schools' of nursing policies.

In addition to a confining military structure, respondents reported that policies and decisions at individual schools of nursing represented a second set of obstacles to nursing education both during military service and afterwards. They questioned three aspects of institutional decision-making: academic credit for military experiences, allocation of student admissions, and schedule flexibility. The most prominent concern expressed by the participants was the lack of sufficient credit for military training and experience (transferable capital) that lengthened the education beyond the requirements to perform what they perceived as nursing duties. Respondents acknowledged that although they received academic credit for some formal military training, they consistently insisted that schools of nursing did not adequately consider the merit of field experiences which represented the essence of their perception of nursing. They considered much of the course work as repetitive and unnecessary with limited mechanisms to challenge the curricular requirements. The concept of constructive credit was universally supported in focus groups at all three locations.

Respondents identified the admissions processes of nursing programs as a second institutional policy that discouraged nursing careers. They consistently cited "long waiting lists"

as an incentive to pursue alternative career paths and saw little future in taking pre-requisite classes while uncertain about their admission into the nursing program. Participant 9 captured respondent perceptions best when he explained, "I could start taking classes there [local college], but I wasn't guaranteed a slot in the program." Long waiting times, uncertain admission status, and lack of fast track or advanced placement opportunities encouraged the participants to consider alternate career paths.

Finally, participants maintained that inflexible course schedules and clinical requirements discouraged applications to nursing schools. They cited difficulty resolving conflicts between military duty schedules and educational course requirements. Rigid nursing class schedules and clinical times that adhered to traditional Monday through Friday academic calendars prevented many respondents from applying to schools of nursing. They did not understand the lack of available class and clinical times during weekend and "after hours" shifts because hospitals operated "24-7". They valued educational opportunities that accommodated military duty schedules.

Discussion

The primary consensus derived from the analysis was that nursing is not perceived as an attractive career option by enlisted military men because nurses are "overworked, [and] underappreciated" for the education, responsibilities, duties, and liabilities they incur in the healthcare environment. The overarching theme that emerged from the analysis was best captured by a statement from Participant 1:

> "I mean it's just not…you just don't…you're not compensated for what you do. You know. If you go in to be a nurse, you're gonna make the same, the same as other people. You know. That's not the way is. You have all that responsibility.

You should have, you should be getting paid more. You should be more compensated."

Participants in the study identified the public image of nurses as a deterrent to choosing nursing as a career during and after military service. While they indicated an expectation of sufficient earning power as a nurse to maintain a "comfortable" lifestyle, they also perceived nursing as a career that required too much preparation, responsibility, and hard work to achieve that lifestyle. Nursing was not a desirable career choice because the responsibilities and liabilities of nursing outweighed the potential benefits and compensation. Informants suggested that increasing compensation for nurses might attract more men, but that "liking the job" would be necessary for retention. This perception was related more to the job stereotype of nursing than to gender stereotyping.

The findings were consistent with previous studies that suggested stereotypes were barriers to men entering nursing. Kohler and Edwards (1990) reported that high school students held low opinions of nursing as a career and perceived nursing education as too difficult and too expensive in view of the potential return on investment (status and earning power). May, Champion, and Austin (1991) and Mendez and Louis (1991) found that college students, parents, school nurses, teachers, and high school students reported significantly different perceptions between a nursing career and an ideal career that discouraged recruitment of both men and women. Finally, findings by Erikson, Holm, Chelminiak, and Ditomossi (2005) also purported that the image of nursing discouraged men and women from choosing nursing as a career because of unappealing responsibilities (menial tasks), emotional strain (working with sick and dying patients), and long hours. Participants in the current study expressed perceptions similar to high school students, college students, and the general public that a disparity exists between

expectations for a nursing career and an ideal career, and nursing is not highly regarded as a career choice.

Findings also suggest that military men are discouraged more by the image of nursing than gender stereotyping. Data indicated that respondents dismiss nursing as a desirable career because financial security and stability do not compensate adequately for the responsibilities, liabilities, and limitations the career entails. They perceived that other career options provided similar financial benefits with less preparation, responsibility, and effort to achieve.

Implications

Military leaders and nurse educators can use the findings to guide actions that encourage men to consider nursing as a career option after military service. First, recruiting efforts need to focus on the financial rewards, economic security, and career opportunities that nursing provides. Current and accurate information to clarify the many misconceptions about the financial compensation and potential earning power of nurses will likely generate interest for men to consider nursing as a career choice. In addition, men are likely to respond better to recruiting tools that emphasize nursing career opportunities in independent, fast-paced, high-tech practice settings. Highlighting the technical and psychomotor aspects of nursing practice appeals to men more than comfort and caring.

Military and civilian agencies need to undertake a consistent, collaborative effort to provide military personnel with access to current information about nursing careers, school curricula, admission processes, and financial aid. Participants indicated increased interest in pursuing educational opportunities following visits from schools of nursing representatives, but were confounded by inconsistent follow up and conflicting information from local campuses. Regular, periodic, and reciprocal communication between military Nurse Corps leaders and

nursing school officials would enhance a common understanding how knowledge, skills, and abilities of military corpsmen and technicians match the academic requirements of nursing school curricula. If possible, schools of nursing should investigate appointing qualified military nurses as adjunct faculty and using military bases as clinical sites for nursing students to foster a clearer understanding of the nursing duties performed by corpsmen and technicians.

In addition, schools of nursing should examine policies that can impede or enhance the progress of qualified military personnel through academic programs. Specifically, nursing educators need to expand creative opportunities to award academic credit to military personnel their health care experiences or to challenge courses for advanced placement in the nursing curriculum. Furthermore, schools of nursing should explore condensed or accelerated course work for military personnel with extensive experience. Finally, leaders in education should consider class and clinical schedules to accommodate the duty schedules of military personnel. Evening and weekend classes would expand opportunities for military medical personnel to purse nursing education while on active duty.

Military leaders should explore strategies to enhance the professional image of nursing among the enlisted staff. Enlisted personnel in the study did not distinguish differences between technical skill and professional nursing practice, and they place a higher value on tasks and procedures than on knowledge, theory, and critical thinking. Emphasizing the assessment, judgment, interpersonal, and problem-solving skills required by nurses would help the enlisted staff appreciate the additional capabilities that nurses employ to affect patient care.

Finally, additional research is warranted to ascertain motivators and disincentives for military personnel to consider nursing as a career path after military service. Women in military health care receive the similar training and experiences as men, yet there are no studies to

indicate the rate with which military women pursue careers in nursing. While recruiting men remains critical for diversity in nursing, it is equally important to investigate the incentives and barriers to a nursing career for women in military service. Furthermore, no studies have examined the success rates of former military health care personnel who do apply to schools of nursing. How well military training and experience prepares technicians and corpsmen for careers in nursing is undocumented. Likewise, military nurses who retire or separate have training and experiences that position them for careers as nurse educators. While data from Nurse Corps has been collected, the analysis is not complete.

Conclusions

Military health care personnel represent attractive candidates for careers in nursing because they receive training and experience in nursing procedures, patient care, first aid, preventive health, and mass casualty management. In addition, a larger percentage of military corpsmen and medical technicians are men than in the nursing profession which offers an opportunity to increase diversity in nursing. However, few participants in the current study considered nursing as a career choice after military service. Respondents perceived nursing as "overworked and underappreciated" and considered other career options as more appealing. Results of the study indicated several opportunities for military leaders and nurse educators to develop mechanisms that would increase incentives and decrease barriers for military men to choose nursing as a career after military service.

CHAPTER 4: SOCIAL COGNITIVE CAREER THEORY – A FRAMEWORK TO INVESTIGATE NURSING AS A CAREER CHOICE FOR MEN

The nursing profession has attracted few men into its ranks despite offering a respected career with comfortable, escalating earning power, stable employment, diverse work settings, and opportunities for career advancement. Although nursing has historically been a female-dominated profession, the current lack of attraction for men is particularly difficult to understand, especially in light of the 2008-2010 employment situation in the United States. This phenomenon is even more puzzling when considering the sheer numbers of men serving as military medics, corpsmen, and medical technicians. These men (and women) have training and experiences in military health care that exposes them to a variety of knowledge and skills that overlap significantly with the skill sets required by nurses. Military medics, corpsmen, and medical technicians receive training in basic patient care procedures, emergency response, triage, preventive medicine, and therapeutic communication. Additionally, they apply their training in a wide range of direct patient care experiences that might include pre-hospital or combat emergency response, inpatient hospital care, ambulatory care, or rehabilitative services. Logically, this solid background and experience in health care establishes a springboard to begin a career in nursing, yet the profession has demonstrated little success in current efforts to attract large numbers of men from this pool of potential applicants. Research is warranted to understand what men with military health care training and experiences think about nursing as a career option, and why nursing has not attracted men from military ranks in greater numbers.

Recruiting men into nursing has significant implications as the profession faces a growing workforce shortage. The US Department of Labor (2010) predicts that employment for registered nurses is expected to grow much faster than average for all occupations through 2014,

and the employment needs for RNs will exceed 3 million by 2018. Buerhaus, Auerbach, and Staiger (2009) examined the effects of 2007-2009 economic conditions on employment and projections of the future size of the registered nurse (RN) workforce and project a shortage of 260,000 full time positions for RNs 2025. The researchers postulated that successful recruitment of some minority groups, namely men and Latinos, would add enough new RNs into the work force to avoid the deficit if financial, educational, and social perception barriers could be removed. Currently, an estimated 9% of the nursing workforce is male and 5% is Latino leaving both groups are greatly underrepresented in nursing relative to their proportion in the general population and overall labor force.

The Institute of Medicine (2011) report on the future of nursing also cited the paucity of men entering the profession as one factor contributing to the shortage of nurses and student enrollment. Despite national efforts to increase the numbers of men entering nursing, the profession has experienced only modest gains in the successful recruitment of men. The best source of data on RN employment, the National Sample Survey of Registered Nurses (HSRA, 2010), reported the number of men in nursing grew significantly since 2000, but comprised only 6.6% of the total RN population in 2008. The report pointed out that the modest gains in gender diversity in nursing lag behind other health disciplines and that the unique perspectives and skills of men are important to the profession and the overall in the workforce. Exploring the factors that influence nursing as a career choice for men has significant implications for the development and expansion of nursing knowledge and nursing practice.

Partnering with military services to investigate career perceptions of men in military health care roles is particularly strategic because men comprise a significantly larger proportion of health care providers in military health care than in civilian practice, and understanding their

experiences and perceptions of their roles in reference to nursing, may lead to more successful recruiting approaches. While the proportion of men employed in the nursing workforce vacillates between 6-9%, men comprise nearly 30% of military nurses and approximately 60% of medics, corpsmen, and medical technicians. In addition, military health care casts the role of men providing direct patient care in a dramatically different light than the generally accepted role for men in civilian health care. Health care and nursing duties are envisioned as an accepted warrior role within the military structure, whereas nurses in civilian practice often are viewed primarily as compassionate care givers. The enlisted, para-professional personnel would seem to make excellent candidates for entry-level nursing programs because their special niche in the military has few equivalents in the civilian work force, although their specific knowledge, skills, and abilities match favorably with the skills employed by nurses. Their training and work experiences parallel much of the content in nursing school curricula and seems to constitute excellent preparation for careers in nursing. The purpose of this article is explore the applicability of Social Cognitive Career Theory (SCCT) to understand what men with training and experiences in military health care think about nursing as a career option after military service.

Social Cognitive Career Theory purports that career interests and choices are influenced by individual attributes and personal learning experiences that determine self-efficacy to perform job requirements and outcome expectations of pursing specific occupations (Lent, Brown, & Hackett, 1994). Since the nursing profession has attracted few men despite offering employment stability with a comfortable income, SCCT provides a unifying framework to examine the perceptions of men about nurses and nursing careers during different stages of career decision making. Understanding the perceptions of nurses and nursing held by men with previous

training and experiences in health care potentially can increase recruitment and retention of men during a time of projected of austere shortages in the nursing workforce.

According to SCCT, the fundamental preparation in nursing principles, work experiences in health care, and exposures to nursing activities received by men in military health care can provide learning experiences to influence career interests in nursing. Research on men already employed in nursing occupations indicate that a high proportion have served as military medics (Mannino, 1963; Perkins, Bennett, & Dorman, 1993; and Hodes, 2005). No research studies were found that specifically investigated the perceptions of nurses and nursing held by men with military health care experiences, and there is evidence that the military health care culture espouses a more positive perspective of caring professions than the public at large. The effect of that perspective on the career choices is unclear, and the purpose of this study was to understand what men with military health care training and experiences think about nursing as a career option, and why nursing has not attracted men from military ranks in greater numbers.

Social Cognitive Career Theory

Social Cognitive Career Theory (SCCT) provides a framework to investigate the perceptions of nursing as a career option held by men with unique training and experiences in military health care (Lent, Brown, & Larkin, 1984; Lent, Brown, & Hackett, 1994, 2000; Lent & Brown, 1996). SCCT hypothesizes that three social cognitive mechanisms are particularly relevant to career decision making and career development: self-efficacy, outcome expectations, and goal setting (Figure 1). Self-efficacy is defined as the individual's judgment about his or her capability to attain a desired performance. Self-efficacy is influenced by previous accomplishments, prior learning, verbal persuasion, and physiological arousal which interact to establish a dynamic set of self-beliefs about specific career performance domains. Outcome

expectations represent personal beliefs about the probable results of a behavior and involve the imagined consequences of performing certain career actions and activities. SCCT proposes that the interaction of personal attributes and contextual affordances constitutes the learning experiences from which the individual develops career interests, constructs career goals, and initiates actions in career development. Self-efficacy, the individual's judgment about personal ability to perform career expectations, and anticipated outcome expectations, the expectations that performance will produce positive outcomes enable a person to exercise that agency. People develop career interests in activities that they believe they can perform well and that will produce positive consequences. Conversely, people will avoid careers in which they feel incompetent or that they perceive will generate unpleasant outcomes.

The complex interaction of self-efficacy, outcome expectations, and goal-setting effect how individuals exercise personal agency in making career decisions. Self-efficacy influences career interests because individuals choose careers they judge are compatible with their interests, skills, abilities, and education. Career interests interact with outcome expectations to influence career goals that the individual considers realistic and attainable which, in turn, increases the likelihood of setting goals and selecting actions to attain those goals. The interactions are subject to contextual influences from the internal and external environment, and successes or failures during the process become additional contextual variables. SSCT emphasizes the complex and dynamic nature of career decision making and career development and provides a potentially unifying framework to explore and explain the processes through which men with experiences in military health care arrive at decisions about nursing as a career choice after military service.

Military service environments provide a unique platform of experiences and exposures to health care professions that differs from the general public and potentially can influence

significantly the perceptions of men about nurses and nursing. The purpose of the current study was to explore what men with training and experiences in military health care thought about nursing as a career option.

Previous Research on Men in Nursing

Knowledge about men in nursing is informed primarily by research concentrated on men already practicing as nurses or enrolled in nursing education programs. Numerous studies investigated narrow samples of men selected from schools of nursing or graduates from schools of nursing for men and focused on their personal characteristics (Mannino, 1963; Galbraith, 1992; Perkins, Bennett, & Dorman, 1993; and, Hodes, 2005). Research on practicing nurses and nursing students consistently indicated that men enter nursing at a later age than women and after previous career paths. Data revealed that although men had the same number of years in nursing practice as the general population of female nurses, men had a higher median age, more likely served in the Armed Forces (17-69%), and more often had previous occupations (29-61%) than female counterparts. These data indicate that men choose a different pathway to nursing career than women who enter the profession. Men tend to choose nursing at an older age and after exploring other career options. For men, the decision to enter nursing more often represents a change in career direction and a deviation from traditional gender-stereotyped occupations. However, all the studies explored men who already had chosen nursing as a career choice and did not investigate the perceptions of nursing prior to their decisions, and no studies were found that specifically addressed the perceptions of men with prior military or health care experiences.

Another body of research on men in nursing attempted to identify specific motivators that stimulated career interest in nursing, but results shed little light on why so few men envisioned nursing as a desirable career option. The most frequently identified reason for men to choose

nursing was the desire to help others, but pragmatic concerns over employment stability, earning power, and social and economic standing also are cited frequently. Research findings suggest that men choose nursing for many of the same reasons as women, but men may value more pragmatic reasons for considering nursing as a career option (Hodes, 2005; Tranbarger, et al., 2003; Boughn, 2001, 1994; Boughn & Lentini, 1999; Perkins, Bennett, & Dorman, 1993; Galbraith, 1992; and Kersten, Bakewell, and & Meyer, 1991; Mannino, 1963). The reasons for men choosing nursing consistently reflected psychosocial motivations (nurturance, desire to help others, caring), practical motivations (growth profession with many career options, job security, career stability, employment opportunities, financial benefits), and feelings of power and empowerment (breaking barriers, interest in science, respect and control, handing emergencies, problems solving). Overall, the reasons for men choosing nursing were consistent with reasons given by general nursing populations composed primarily of women.

Research on motivations for men to choose nursing as a career suggests that men are similar to women in identifying altruistic reasons such as caring for others, wanting to help people, and desire to make a contribution. On the other hand, men tend to place more importance than women on the practical aspects of the profession, such as financial stability, job security, and career opportunities. The importance of power, prestige, and respect are unclear. Again, published research does not add to the body of knowledge about the perceptions of men with military health care training and experiences or other unique subpopulations of men.

A third dimension of research that informs current knowledge about men in nursing focused on the public image of nurses and nursing. Findings indicated that public perceptions of nursing and nurses present obstacles for recruiting both men and women into the profession (Kohler & Edwards, 1990; May, Champion, & Austin, 1991; Mendez & Louis, 1991; Erikson,

Holm, Chelminiak, & Ditomossi, 2005; and, Evans, 2004). Results consistently revealed that high school students, college students, parents, and adult career-switchers had low opinions of nursing as a career, identified nursing as "low status", and perceived nursing as too difficult and expensive in view of the potential return on investment (status and earning power). Data further indicated that the perception of a nursing career did not correlate with the image of an ideal career, and a nursing career was rated lower than an ideal career for making independent decisions, working in a safe place, making money, and having respect. The image of nursing repeatedly fared poorly among diverse study samples, and few participants perceived a nursing career as providing happiness at work or economic benefits.

Historical research by Evans (2004) provided additional evidence that a feminist perception of nursing discourages the entry of men into the profession. Although, the early history of nursing identified a role for men in caring for sick, wounded, and dying people through military and religious orders, Evans purported that the modern era of nursing (after Nightingale) resulted in a feminized image of nursing that segregated men in separate registries, educational institutions, and work opportunities. Despite a large influx of women into medicine and dentistry, nursing remained an overwhelmingly female profession. "The fact that the small numbers of men who become nurses have historically been viewed as anomalies and labeled as homosexual suggests that men have not mounted a significant challenge to the ideological designation of nursing as women's work." (Evans, 2004, p. 324). She concluded that men's participation in nursing is staged by the social and political factors and by prevailing notions of masculinity and femininity and that the limited visibility of men contributes to the stereotypical notions of nursing as a feminine profession.

While researchers investigated the public perceptions of nursing and nurses held by non-nurses, a paucity of research was found on the perceptions of nursing held men prior to entering nursing schools and practice. In addition, no studies were found that explored the perspectives of men already employed in other aspects of patient care activities such as health care technicians, emergency medical technicians, or military medics, corpsmen, and medical technicians. Furthermore, few studies addressed the unique aspects of military health care and the experiences of men in military health care positions.

Military Health Care Culture

Although little research was found, published literature suggested that the military health care culture espouses a different objective reality for nursing as a desirable career option for men than society in general. Although widespread societal perceptions reinforce nursing as a female occupation and potentially contribute to a paucity of men entering the profession, men comprise larger proportion of military nurses and enlisted, para-professional health care workers. While the dominant societal perception of nursing discourages men from considering nursing as a career, the military sub-culture may provide an alternative shared perspective that could be leveraged to encourage more men to choose nursing.

Men in military services have engaged in caring for sick and injured soldiers for centuries, and the roles of care givers are considered honorable professions that are essential to successful military operations. The literature indicated that schools of nursing for men existed as early as 250 BCE, and religious and military orders such as the Hospitalers, the Alexian Brothers, Knights of St. Lazarus, the Knights Templar, and the Teutonic Knights provided care for injured and dying soldiers during the Crusades. Many of these orders continue in those ministries today (O'Lynn & Tranbarger, 2006 and Evans, 2004).

In contemporary military services, men are well trained as "combat medics" and the warrior image is respected as an integral component of military operations. What remains unclear are how this unique aspect of military health care culture influences the perceptions of nursing as a career option for the men who fill these military roles and how this perspective might encourage men to consider nursing as a career. Societal conceptions of what nursing is and what nurses do shape the demographic composition of the nursing workforce, and it is important to consider how societal conventions influence decisions by men to consider nursing as a career. Furthermore, the structure, policies, and practices of health care institutions that prepare and employ nurses contribute to social perceptions about the nature of nursing, and investigation into those influences is warranted. The unique structures and practices of military health care institutions potentially represent a significant subset of society that embraces a more positive image of nursing as a career choice for men than society in general.

In Western society, men associate with masculine jobs and do not envision themselves nurturing and caring for ill, injured, or diseased individuals; military services, however, project the role of health care workers as a "combat medics" who endure the same austere, brutal and primitive conditions as other "warriors" (Feller & Cox, 1987; Sheehy, 2007; and, Alberts, 2007) Throughout the history of the Army Nurse Corps, nurses continued to care for the ill and injured during times of conflict when they were subjected to mud, mire, gunfire, starvation rations, and other hardships, even internment camps. Nurses cared for sick and wounded in deplorable conditions and at great risk to their own lives, and that tradition continues today with nurses managing horrific injuries in the heat and severe conditions in Iraq and Afghanistan. The cultural norm for military health care personnel was summarized best by the non-commissioned officer in charge of two female medics said, "We all respect them for their abilities as medics

and as Soldiers" (Alberts, 2007). The military culture combines the caring aspects of healthcare with more masculine attributes of a warrior (respect, power, independence, and survival) to create a more accepted norm for both men and women in caring roles.

Military medical leaders assert that lessons learned in combat led to innovations in civilian trauma where a disproportionate number of men practice nursing. The current civilian concept of rapid transport of severely injured victims for definitive care arose from the military model of triage, forward surgical teams, aeromedical evacuation, and definitive trauma centers (Tracy, 2005). Military medicine first employed specially trained field medics, almost exclusively men, to provide early stabilization and resuscitation to injured soldiers. Medical personnel with military experiences in combat were instrumental in integrating lessons learned in combat into civilian practices once they separated from service, and those experiences remain influential in shaping trauma care. The concept of projecting small, mobile, and specialized medical units into the forward battle areas, emphasizes the primary value placed on outcomes of care, and effectively reduce the role of gender from defining nursing and medical disciplines (Salle, Love, & Welling, 2008). Caring is viewed different in the military milieu; combat is more visible than comfort. Saving life, limb, and sight through trauma management overshadows traditional concepts of caring. Since the mission of the armed forces is to conduct combat operations, the bulk of time, energy, and effort to train military medical personnel are devoted to preparing to manage combat injuries, a more traditional masculine perspective than the compassionate, caring role more often associated with nurses and nursing care.

The unique aspects of military nursing require physical fitness, mental maturity, moral courage, and weapons qualifications which contrast sharply with traditional characteristics of caring and compassion associated with nurses and nursing care. While society in general

perceives nursing as a caring profession, and caring is inherent in dealing with the suffering of sick and injured soldiers, military health care adds new masculine dimensions and expectations for its health care providers. In addition to maintaining a clean, orderly clinical environment during deployments in unfavorable conditions, military nurses must appreciate the additional demands of military service and demonstrate the ability to perform in isolation and in teams under intense pressure, (Philpott, 2007). To military comrades, nurses are armed to fight just as soldiers, sailors, and marines; nurses are armed with the knowledge and skill to wage war against disease and injury (Quinn, n.d.). The role of providing care to the sick and injured is just as important and necessary to mission success as other combat roles. Military nurses view themselves as warriors first, and then care providers.

The military culture emphasizes teamwork, cooperation, and community spirit to unify individuals into cohesive units and provide support during stressful and distressing periods of combat operations. The demands of military duty separate the "warrior medic" from usual social supports, physically and emotionally, and comrades-in-arms become the primary source of community and support. Unit members become socialized as "one of our own" and part of the "deployment family" (Trossman, 2007).

Visible symbols of nurses and nursing care are closely associated with war, conflict, and care for suffering soldiers, and military nursing orders are well documented as part of care provided to ill and wounded soldiers (O'Lynn & Tranbarger, 2006). The accomplishments of the best known nurses, Florence Nightingale, Clara Barton, Dorthea Dix, and Walt Whitman, are rooted in periods of war, turmoil, and deplorable conditions. Sheehy (2007) summarized the perception of military nurses throughout history as "reluctant heroes" who are always there

during times when troops are suffering. These images reinforce the important role of nursing and nursing care in military operations to care.

Although male nurses were prohibited from commissions as officers in military service until 1955, the role of military men providing care as technicians and contract registered nurses is well documented and respected (Proud to serve, n.d). Since 1955, men have capitalized on opportunities the nursing profession offered in military service and proved their worth. While men in nursing are a relatively new addition to military services, their visibility as care providers is increasing among military ranks and substantially greater than the visibility of men in civilian nursing practice.

For the nursing profession, the military health care sub-culture presents background, training, and experiences to constitute a unique contextual affordance for considering a career in nursing that conflict with dominant social norms. Military health care personnel perceived as warriors with training and preparations for combat operations are more likely to match society's views of acceptable masculine occupations. Socialization within military services establishes norms, beliefs, values, and symbols that can encourage men to consider nursing as a career option.

Exposure to the military health care culture potentially introduces new and fresh learning experiences for men with respect to career opportunities and interests. Within the military health care structure, men encounter role models, skill sets, and perceptions of nurses and nursing that might alter their self-efficacy, outcome expectations, and career interests in nursing. Men in military health care participate in a world view of nurses and nursing that emphasizes more masculine perspectives of caring than the views that dominate general public perceptions. The roles nurses fill in military health care expands beyond the roles generally associated with nurses

in society. The unanswered question is whether the learning experiences of men in military health care generate self-efficacy and outcome expectations that encourage them to consider nursing as a career.

Methods

This descriptive, exploratory study was an analysis of transcripts generated from focus group interviews with men at military health care facilities obtained through a grant funded by the North Carolina Center for Nursing to explore their perceptions of careers in nursing. Approval for the study was obtained from the East Carolina Institutional Review Board, and points of contact were established at one US Air Force and two US Navy installations to recruit participants and arrange a suitable location. Representatives in the nursing offices at each military facility arranged the focus group interviews at their respective facilities and recruited participants in accordance with parameters provided by the researcher. Lack of participants from the US Army branch of service represented a significant limitation to the study.

The primary question guiding the investigation was: What is the perception of nursing as a career option held by men with training and experiences as military medics? A semi-structured interview guide was developed with initial and probing questions to facilitate the flow of discussion and to expand, clarify, and add richness to the data collection (Figure 2). Participation was limited to enlisted men actively engaged in direct patient care who were willing to share perceptions about nursing as a possible career choice. All spoke English as a primary language. A total of 27 men participated in 3 focus group interviews with 8-10 participants in each focus group. A significant limitation of the current study was the absence of participants from the United States Army from the sample. The geographic proximity of the Navy and Air Force facilities influenced the selection of the sample and prevented the inclusion

of Army medics. Focus groups were convened in conference rooms at each military base. The researcher conducted each focus group and was accompanied by a non-participating assistant who monitored extraneous activities outside the conference rooms, documented non-verbal cues of participants, and recorded the identities of participants to correlate with the taped recording of the conversation. Written voluntary consent to participate was obtained from each participant prior to the interview, and participants were presented printed copies of the purpose of the study, the rights of research subjects, and voluntary consent statements. Participation or non-participation did not affect employment status, rights, or benefits of the participants. Interviews lasted from 45-75 minutes. The interviews were recorded, transcribed, and analyzed for structure and meaning of the experiences of the participants. Identities of the participants were removed from the transcripts before the analysis and replaced with an identification code. Privacy and confidentiality were preserved. Table 1 presents the demographic characteristics of the 27 participants in the 3 focus groups.

Recognizing that his personal and professional background and experiences significantly influence on the research process, the investigator employed multiple methods to establish rigor for the investigation. To enhance credibility and accuracy of the data, the investigator employed professional transcriptionists to transcribe the interview dialogue. Due to deployments and reassignments, the participants did not review the transcripts, but the researcher compared each printed narrative with the recorded dialogue to establish the trustworthiness of the data. Doctoral-prepared content matter experts in nursing and in military health care also reviewed the transcribed narratives to confirm the analysis of the data. An independent research assistant made field notes during each focus group to provide additional details on the behaviors and activities of the participants and the researcher and enrich fullness. The researcher also listened

to each audio tape multiple times to immerse himself in the data and to fully appreciate the content. In addition to the interview transcripts, the investigator maintained an audit trail of reflective journals, field notes, and memos of the focus groups to enhance his awareness of personal biases. The notes suggested that the researcher's familiarity with military health care, protocols, and jargon promoted open dialogue and enlightened him to the true meaning revealed by the informants. While participation varied among the participants, all contributed to the discussion and freely voiced their perceptions, observations, and opinions.

Analysis Procedures

Thematic content analysis of the transcripts used coding procedures proposed by Richards and Morse (2007) to identify concepts, categories, and themes that emerged from the data. The researcher initially reviewed the transcripts line by line to describe and label relevant passages from the focus group narratives that described the respondents' perspectives and ideas. As new concepts emerged from the narratives, the investigator collapsed the initial concepts into broader categories, refined the descriptions and labels, and linked related constructs into coherent themes. A final thematic coding was conducted to describe the pervasive themes revealed by the data. Essential phrases and statements were identified and clustered into coherent categories that described the unique perspectives of nursing as a career option revealed by participants' own words. The purpose of thematic analysis was to describe: (1) what participants think about nursing as a career choice, (2) aspects of a nursing career that appealed to participants, (3) and factors that influenced participants' perceptions of nursing as a potential career choice

Rigor

Recognizing that his personal and professional background and experiences significantly influence on the research process, the investigator employed multiple strategies proposed by

Patton (2001) to enhance the credibility of the analysis. Since his health care career began as a Navy corpsman and continued as a registered nurse, he persistently compared his personal beliefs to alternative themes and divergent patterns arising from the narrative data. To ensure accuracy of the data, the investigator recorded each focus group dialogue with multiple recording devices to capture the voices of all participants. In addition, he employed professional transcriptionists to transcribe the interview dialogue and then compared each printed narrative with the recordings. The researcher also listened to each recording multiple times to immerse himself in the data and to fully appreciate the content and context of the narrative. Due to deployments and reassignments, the participants did not review the transcripts, but doctoral-prepared content matter experts in nursing and in military health care reviewed the transcribed narratives to confirm the analysis of the data.

Although inexperienced in qualitative research, the researcher was guided by doctoral-prepared faculty in conducting the study. An independent and trained research assistant made field notes during each focus group to provide additional details on the behaviors and activities of the participants and the researcher and enrich fullness. In addition to the interview transcripts, the investigator maintained an audit trail of reflective journals, field notes, and memos of the focus groups to enrich his awareness of personal biases. The notes suggested that the researcher's familiarity with military health care, protocols, and jargon promoted open dialogue and enlightened him to the true meaning revealed by the informants. While participation varied among the participants, all respondents contributed to the discussion and freely voiced their perceptions, observations, and opinions.

Findings

Initial coding revealed 15 relevant concepts from the narratives which were refined through subsequent analysis into 6 overarching categories and finally 3 pervasive themes to capture the general sentiment about careers in nursing expressed by the participants (Table 2). The primary theme derived from the analysis was that nursing is not perceived as an attractive career option because nurses are "overworked, underappreciated" for the education, responsibilities, duties, and liabilities they incur in the healthcare environment. This theme was best captured by a statement from Participant 1:

> "I mean it's just not…you just don't…you're not compensated for what you do. You know. If you go in to be a nurse, you're gonna make the same, the same as other people. You know. That's not the way is. You have all that responsibility. You should have, you should be getting paid more. You should be more compensated."

Three major themes interacted to influence participants' perceptions of nursing as a career option after military service: conflicted perceptions of nursing, inadequate "transferable capital" for military experiences, and obstacles to nursing education.

Conflicted Perceptions of Nursing

While respondents revealed aspects of nursing they identified as positive, they expressed another set of dimensions that they considered negative. Participants expressed general consensus that it would "always be a compliment" to be told one had the qualities of a good nurse, and consistently described nurses and nursing in positive terms. Focus group discussions consistently identified four characteristics about nurses that warranted admiration - extensive knowledge base, people skills, and passion for caring. On the other hand, three negative

qualities also consistently surfaced – administrative overload, persistent stereotypical images, and stressful work setting.

Positive aspects of nursing

Knowledge and a desire to learn surfaced as positive qualities for nurses in each focus group. Participants separated the practical, psychomotor skills aspect of nursing from the cognitive requirements and noted that their backgrounds as medical technicians and corpsmen did not reach the same level of understanding as nurses. Respondents admired the extensive education required to become a nurse and acknowledged that continuous knowledge acquisition was necessary to remain in nursing. Respondents accepted that the academic path to a career in nursing was difficult and continuous, and supported the difficulty as necessary to protect patients and maintain a current practice.

In addition to advanced knowledge, participants indicated robust people skills as necessary for nurses to meet patient care demands and to function in the rapid-paced healthcare environment. Respondents also extended the need for people skills beyond traditional patient care to deal with colleagues in other health care disciplines. Specifically, informants respected the ability of nurses to employ interpersonal skills to meet patient care needs, get along with other health care team members, and manage the complexities of the health care system. Respondents respected "people skills" as a positive asset for the nurses with whom they worked, but often indicated that it was not one of their personal strengths.

"Comfortability" for caring also emerged as a recurring theme in each focus group. Participants identified compassion, communication, caring, patience, and trust as necessary attributes of nurses, but indicated that knowledge, interpersonal skills, and desire to help others were insufficient without truly loving the work. Nurses demonstrated a passion that extended

beyond making money and wanting to help others. As Participant 27 stated, "…if you don't have…like they were saying the stomach – the grit – to do it [be a nurse], people are just not going to be able to stand up to that."

Negative dimensions of nursing

Although participants expressed admiration for the qualities they deemed necessary to become a nurse, they also acknowledged administrative overload, persistent stereotypes, and stressful work as negative attributes of the job nurses perform. Participants perceived collateral duties and administrative responsibilities as complications for nurses' assignments. Participants repeatedly referred to nurses as overworked and over tasked with administrative work such as completing reports, consulting with physicians, going to meetings, filling out forms, and "counting for narcotics." Respondents identified administrative responsibilities as barriers that separated nurses from performing patient care duties and left the real "nursing care" to the technicians. Respondents overwhelmingly considered psychomotor tasks as the essential nature of nursing practice instead of knowledge based decisions.

Persistent stereotypical images of nurses and nursing emerged as a second negative attribute, but participants denied their significance in choosing nursing as a career choice. Participants were acutely aware of the public perception that nursing was a "women's profession" but maintained that men could perform nursing duties and responsibilities just as well. Informants in each focus group acknowledged that nursing was identified as a feminine profession, but claimed that those perceptions claimed the common cultural stigma did not influence their decisions about nursing as a career. Interestingly, participants revealed the clear perception that many of a nurse's "people skills" were associated with maternal instincts and feminine stereotypes which seemed to contradict the claim that the feminine image did not

influence their career aspirations. The military men in these focus groups still associated the term "she" with nursing and shared little insight that what they themselves did as medics and corpsmen was comparable.

Finally, respondents described "handling stress" as another negative aspect of nursing. Each focus group discussed at length the litigious climate in the healthcare industry and perceived legal scrutiny as an ever-present stressor for anyone involved in patient care. Furthermore, caring for injured, sick, and dying individuals can extract a toll on nurses as care givers, and participants agreed that nurses demonstrated "grit" to face unpleasant and distasteful situations that other occupations do not encounter. In addition, informants repeatedly referred to the multiple tasks that the nurses juggled as additional stressors. Participant 17 summarized the perception of excessive stress:

> "When you got six different people, you know, wanting her [the clinic nurse] to do different things for them all the time, she never has the moment to finish the task that she gets from some other places. And she is always turning around and doing stuff… she is constantly stressed out; because she has always got a hundred things on her plate."

Inadequate Transferable Capital

Although respondents acknowledged the advanced knowledge required by nurses, they forthrightly maintained that they performed many of the same duties as nurses. They believed their training, experience, and capabilities as corpsman and medical technicians prepared them to perform "99% of the nurses' work", but that those capabilities were not formally recognized by boards of nursing or educational institutions. "Transferable capital," coined by Participant 24, emerged to describe the nursing knowledge, skills and abilities participants already possessed but

could not capitalize on without formal credentials, certifications, or academic degrees. Corpsmen and medical technicians developed transferable capital through military training, current duties and responsibilities, and unique real-world experiences, but they felt those attributes possessed little value outside military service.

Current duties and technical skills parallel nursing duties.

Participants focused almost entirely on the technical aspects of nursing and not the advanced education and knowledge base. They revealed a strong task orientation when describing the duties and procedures they currently performed under the supervision or direction of nurses. For example, respondents surfaced intravenous (IV) therapy a total of 28 times during the 3 focus groups as a responsibility that distinguished nurses from corpsmen and medical technicians. Participant 13, "And now that we [technicians] are allowed to give medications, it will be interesting what they [nurses] are going to do on the ward. I started the IVs."

Participants in each focus group shared the perception that their duties paralleled those of nurses except for administrative responsibilities and medication administration. Respondents provided numerous examples of completing nursing skills and tasks that "translate very well to the nurs.ing field."

Military experiences match requirements for nursing.

In addition to current duties and responsibilities, participants expected other experiences in military health care to provide transferable capital. Specifically, informants cited Emergency Medical Technician training, pre-hospital transportation, and combat as experiences that provided them with skills and abilities comparable to nurses. Respondents considered their training in military health care equivalent to licensed practical nurse (LPN) programs, but not as advanced as schools for registered nurses. Participant 23 explained, "Most of the 'patient care'

and stuff, we already have the knowledge on it. We just need to finish up on the knowledge of anatomy a little bit stronger, um…you know meds, stuff like that, pharmacology."

The combined effect of military training and experiences provided the respondents with a distinctive skill set which they perceived as transferable capital for a career in nursing. The intense focus on tasks, procedures, and skills reinforced their perception that their current duties were only modestly different from duties nurses perform. The dichotomy between nurses and corpsmen and medical technicians seemed attributable primarily to task assignments versus "book knowledge" and administrative responsibilities. To the respondents, military service established a unique setting where corpsmen and medical technicians can perform duties they could not perform as civilians which one respondent described a "military blanket" (Participant 13). Participants agreed that their military positions prepared them as nurses, but their practice was limited to military recipients.

Obstacles to Nursing Education

Almost all participants at one time during their military service had considered careers in nursing, but they cited significant challenges to pursuing that path while on active duty and after military service. Barriers to advancing from military medics to nursing derived primarily from two distinct areas that hampered education endeavors. The structure and procedures of military organizations and the admission and attendance policies of nursing education programs were identified as significant impediments to pursuing a career in nursing. Participants described an arduous process fraught with frustration and inflexibility that discouraged many from pursuing a career in nursing while on active duty and after military service.

Military structure and environment.

Military men indicated that peer pressure within the military environment paralleled common societal perspectives and discouraged them from pursuing a nursing career. Respondents reported negativism about nursing from both enlisted peers and even Nurse Corps officers. The investigator was surprised at the frequency participants reported encounters with nurses who discouraged them from a career in nursing, not only from military peers, but from Nurse Corps officers. This finding is even more puzzling considering that participants generally held male nurses in high esteem and consistently lauded the men in military nursing as positive role models. Participant 13 again summarized the focus group sentiment, "I know for a fact that the best nurses I've worked with were male nurses." Participants did not indicate, however, working with men in nursing was an influential factor to consider nursing as a career.

Military structure and procedures presented three additional obstacles to pursuing education leading to a nursing career: existing duties and responsibilities, complicated application processes, and a changing military healthcare system. First, participants acknowledged that military duties were their primary responsibilities and took priority over educational pursuits. Participants expressed a clear understanding that duty, including reassignments and deployments, came first even when they interfered with education. As one participant explained, "The military person has a commitment, and I understand that that is my commitment." Informants voiced concerns that military services relied on civilian institutions to prepare nurses instead of providing their own training programs.

Participants also perceived military application process and service commitment to attend nursing programs as "a turn off." They cited excessive forms, "hoops to jump through", and examples of rejected applications for inconsequential reasons. In addition, participants viewed

the extensive service commitment for attending the limited military training programs as another deterrent. The consensus was "[military education program] is not worth it." Informants preferred to return to school on their own time without lengthening their military career. They considered the service commitment for education as excessive and undesirable.

The final element of military structure that influenced decisions to pursue a nursing career was the changing military health care system. Participants indicated that the shift in emphasis from inpatient care to outpatient and ambulatory facilities diluted the value of their training and reduced their transferable capital. The consensus among informants was that their initial training had little application in outpatient settings, and their role was reduced to administrative assistance. Respondents perceived that changes in the health care system were reducing opportunities to participate in the most appealing aspects of nursing, technical skills and tasks.

Respondents also indicated that the growing demand for military deployments was changing the roles and responsibilities for health team members in military services. As civilian personnel assumed more health care responsibilities in military facilities, military personnel were subjected to more frequent deployments making it even more difficult for military medics and corpsmen to pursue educational opportunities that lead to nursing careers.

Schools' of nursing policies.

In addition to a confining military structure, respondents reported that policies and decisions at individual schools of nursing represented a second set of obstacles to nursing education both during military service and afterwards. They questioned three aspects of institutional decision-making: academic credit for military experiences, allocation of student admissions, and schedule flexibility. The most prominent concern expressed by the participants

was the lack of sufficient credit for military training and experience (transferable capital) that lengthened the education beyond the requirements to perform what they perceived as nursing duties. Respondents acknowledged that although they received academic credit for some formal military training, they consistently insisted that schools of nursing did not adequately consider the merit of field experiences which represented the essence of their perception of nursing. They considered much of the course work as repetitive and unnecessary with limited mechanisms to challenge the curricular requirements. The concept of constructive credit was universally supported in focus groups at all three locations.

Respondents identified the admissions processes of nursing programs as a second institutional policy that discouraged nursing careers. They consistently cited "long waiting lists" as an incentive to pursue alternative career paths and saw little future in taking pre-requisite classes while uncertain about their admission into the nursing program. Participant 9 captured respondent perceptions best when he stated, "I could start taking classes there [local college], but I wasn't guaranteed a slot in the program." Long waiting times, uncertain admission status, and lack of fast track or advanced placement opportunities encouraged the participants to consider alternate career paths.

Finally, participants maintained that inflexible course schedules and clinical requirements discouraged applications to nursing schools. They cited difficulty resolving conflicts between military duty schedules and educational course requirements. Rigid nursing class schedules and clinical times that adhered to traditional Monday through Friday academic calendars prevented many respondents from applying to schools of nursing. They did not understand the lack of available class and clinical times during weekend and "after hours" shifts because hospitals

operated “24-7”. They valued educational opportunities that accommodated military duty schedules.

Application of SCCT

Findings from the current investigation were consistent with the three social cognitive mechanisms posited by SCCT as relevant to career decision making and career development: self-efficacy, outcome expectations, and goal setting. Participants in the study revealed a strong sense that they possessed the qualities, assets, and capabilities necessary to become a nurse and that judgment was influenced significantly by military duties which they perceived as similar to the roles and responsibilities of nursing. Although they maintained they already could and did function as nurses, they expressed low outcome expectations of a career in nursing that dissuaded them from pursuing a path to achieve a nursing career. Participants shared the belief that the probable results of becoming a nurse and the imagined consequences of a nursing career did not encourage career interest in the profession. The military health care culture seemed to reinforce existing societal norms regarding nursing as a career for men and did not constitute a learning experience that significantly altered participants’ perceptions of a career in nursing.

Self-Efficacy to Function as Nurse

Respondents in the study revealed a high value on task performance and psychomotor aspects of nursing and made little distinction between duties performed by nurses and medical technicians. The primary functions that differentiated nurses from technicians were administrative responsibilities that encumbered nurses and reduced the direct care role. Although they acknowledged that nurses enjoyed advanced education and robust interpersonal relationship skills, they perceived those attributes as less essential for nursing practice than manual dexterity and technical competence. Furthermore, study participants attributed more

value to the military training and experiences they underwent than the education and professional development of nurses.

Analysis of the narrative data indicated that men in military health care roles believe they can and do perform many of the duties and responsibilities of nurses. They consistently expressed the collective belief that their role as men in military health care prepared them with necessary capabilities and competencies to become nurses.

Outcomes Expectations

Although participants acknowledged potential benefits to a career in nursing, they considered the negative aspects of nursing to outweigh those benefits. Their perceptions of nursing as a career revealed three elements that discouraged them from the nursing profession: a demanding academic path, inadequate compensation, and low respect and prestige. Respondents expressed an overall impression that the limitations of a career in nursing overwhelmed the practical and intrinsic rewards. Participants identified practical rewards as adequate, comfortable income, employment stability, and flexible schedules. There was general agreement that a nursing career would afford steady employment, but the compensation was inadequate for the level of responsibility.

Participants identified internal rewards of a nursing career that revolved around action-oriented, fast-paced responsibilities. A "sense of accomplishment" was identified and connected to the practice setting. Participants frequently identified specialty areas as sources of intrinsic rewards. Flight nursing, anesthesia, operating room, trauma nursing, and similar high-tech settings surfaced in every focus group. As one informant explained, "I really think I would enjoy the paramedic side of it because I love that adrenaline rush."

Demanding academic path.

Pursuing education to transition from corpsman or medical technician to nurse was described as a "turn off." Participants expressed admiration for the advanced education that nurses obtained and acknowledged that nurses surpassed technicians and corpsmen in "medical aptitude" such as pharmacology, anatomy, and physiology. They also accepted that a difficult academic curriculum was important to protect patients and keep pace with advances in health care, but they did not see the merit in continuing education after attaining a degree. Interestingly, they did not express concerns about physicians' continued education. In fact, they indicated that once physicians earned degrees, "They're done." It is not clear how the participants developed this misconception or reconciled the disparity between the need for physicians and nurses to maintain current practice.

It was apparent that study respondents considered the education to become a nurse as a difficult endeavor whether they began while in military service or after separation. Either avenue to nursing was fraught with perceived barriers that negatively influenced the outcome expectations of a career in nursing. Both military services and academic institutions presented formidable obstacles that diminished interest in applying the capabilities developed in the military to a nursing career. The pursuing an education in nursing was perceived as too difficult and expensive to justify the effort.

Inadequate compensation.

Participants revealed mixed perceptions about the earning power of nurses, and they most often described nursing salaries as "comfortable." Estimates of nurses' incomes ranged from $19 to $39 per hour, which participants generally deemed "adequate" but not commensurate with the responsibilities of a nurse. The participants cited "palm pilots", cars, and sign-on bonuses as

high as $35,000 to recruit nurses, but they did not consider those sufficient incentives to choose nursing as a career personally.

Financial considerations other than earning power also surfaced. Respondents did not consider the costs of nursing education as a barrier, but they consistently expressed concerns about managing living expenses while attending nursing school after military service. Attending nursing school while in active military service was the most appealing option because they could continue to provide for families, but most indicted that duty schedules prevented attendance. Furthermore, they anticipated that attending nursing school after military service would be difficult because the academic demands of the school would limit their ability to earn sufficient income for living expenses.

Family financial concerns, perceived waiting lists for admission, and repetitive course work further discouraged the participants from considering a career in nursing because for men with families, the time frame to achieve a nurse's earning power was prolonged. Respondents feared they would spend time and money for prerequisite courses without assurances that they would gain entry into the nursing programs.

Although, respondents accepted that nurses could depend on a steady, comfortable income, they believed that income was inadequate for the responsibilities nurses shouldered. The overall impression of a career in nursing was, "There is always going to be a job. You are going to be working more than what you earn" (Participant 13). Most respondents agreed that nurses are overworked and underappreciated.

Excessive responsibilities and liabilities.

Participants expressed a healthy respect for the demanding responsibilities placed on nurses and perceived those responsibilities for direct patient care as a disincentive. The

consensus of participants about nursing responsibilities was best summed up by the respondent that stated, "You've got a life you're dealing with that…you've got to make sure you don't screw up on" (Participant 20). Respondents perceived that responsibilities placed on nurses exposed them to significant legal liability. Participants in each focus group discussed liability in the health care environment and cited the litigious atmosphere as a detriment to choosing any healthcare field after military service. Participants identified these legal ramifications as a major factor in considering nursing as a career path.

Low respect and prestige.

In addition, respondents perceived a hierarchy of healthcare disciplines that influenced their choices of careers in healthcare. The differences in power and respect accorded different health careers consistently discouraged them from considering nursing as a career option. As one respondent noted, "Why stop at being a nurse? Why not go all the way and be a doctor?" Most respondents agreed with the perception that military nurses enjoyed a degree of power, prestige and influence that did not transition to the civilian community. The perception of nursing as a profession with low power and prestige was an influential variable in choosing it as a career. Participant 19 summed up the general consensus: "I think the biggest drawback for me to go into nursing are perceptions…of subservient positions."

Summary expectations.

The general consensus from all three focus groups was that the financial benefits of a nursing career did not match the responsibilities and liabilities nurses held. In their view, other healthcare career options provided similar incomes with less preparation, fewer responsibilities, and easier job demands. For example, respondents viewed medical administration and radiology technology as occupations with similar financial rewards for less work. Despite the potential

rewards of career in nursing, participants considered limitations as more significant factors in choosing nursing as a career option.

Military Health Care as a Unique Learning Experience

It is unclear how military culture, training, and service constituted a unique learning experience that influenced either the self efficacy of men in the study to become nurses or their outcome expectations of a career in nursing. Participants revealed a sense of pride in their roles as medics and corpsmen and a strong commitment to the duties and responsibilities associated with military service. They consistently pointed to settings traditionally associated with men in nursing such as critical care, pre-hospital care, and combat related assignments as best opportunities to develop the skills required of nurses and to prepare them for a career as nurses because of the "practicality" of those experiences. Tasks and psychomotor skills dominated their perceptions of what nurses do and what defines a good nurse.

The narrative data indicated that the military culture reinforced existing societal norms that nursing is a career choice more appropriate for women than men. Persistent stereotypes, peer pressure from military colleagues, and behaviors exhibited by military nurses combined to diminish the desire of the men in the study to consider a nursing career. Particularly disheartening were the negative feedback and career advice study participants reported from military nurses. While the culture of military health care facilities might differ significantly from the culture of society at large, there was no compelling evidence in the current study to suggest men in military health care roles are encouraged to consider nursing as a career either while in active service or after separating from active duty.

The current study represented a beginning exploration of the perceptions nursing as a career option held by men with training and experiences in military health care, and there is a

paucity of research on the military health care culture as a unique learning experience and the career paths of medics and corpsmen after leaving military service. Military personnel receive a fundamental introduction to basic nursing principles, health promotion concepts, emergency response, and direct patient care health concepts which would seem to prepare a rich resource pool for recruiting men into the nursing profession, yet little is known about the perceptions and beliefs held by this population of potential nurses. Additional research is warranted to understand how service in military healthcare settings influences career interest in nursing.

CHAPTER 5: SUMMARY AND CONCLUSIONS

The United States faces a growing shortage of nurses as the demand for nursing services expands with the aging population, and the inability of the profession to recruit significant numbers of men into its ranks is a contributing factor. The US Department of Labor (2010) predicted that employment for registered nurses is expected to grow much faster than average for all occupations through 2018, and registered nurses are projected to create the second largest number of new jobs among all occupations. Buerhaus, Auerbach, and Staiger (2009) examined the effects of recent economic conditions on registered nurses (RN) employment and identified three major trends affecting of the future size of the nurse workforce. As more career options open to women than in the past, there are shrinking numbers of young women who find nursing as an attractive career. The aging nursing faculty and inadequate capacity of nursing education programs limits the stream of new nurses entering the workforce at a time when the average age of employed RNs approaches retirement. Finally, the public perception of nursing as women's work discourages men from considering it as a career alternative.

Buerhaus, Auerbach, and Staiger (2009) further noted that men constitute 54% of the overall workforce but only 8.9% of nursing full time equivalents. With a deficit of nurses in the workforce relative to projected requirements estimated to reach 260,000 nurses by 2020, attracting qualified male applicants is evident. Failure to recruit significant numbers of men into the nursing profession not only compounds the existing and projected shortages of nurses, it also impacts the quality of nursing care. Approximately half of the population receiving nursing care is male, yet women almost exclusively provide the care for both men and women patients. The lack of qualified men to provide the necessary care devalues masculine perspectives of what

constitutes appropriate care, limits diversity and creativity, and reduces the potential contributions of a significant portion of the workforce.

The Robert Wood Johnson Foundation (RWJF) and Institutes of Medicine (IOM) *Future of Nursing Report* (2010) specifically cited the paucity of men entering the profession as one factor contributing to the shortage of nurses and student enrollment. Despite national efforts to increase the numbers of men entering nursing, the profession has experienced only modest gains in the percentage of men in nursing. According to findings from National Sample Survey of Registered Nurses (HSRA, 2010), the number of men in nursing grew 14.5% since 2000, but comprised only 6.6% of the total RN population in 2008. While nursing is viewed primarily as a feminine occupation, there is growing need to recruit and retain men as nurses.

Military health care services, on the other hand, reflect a different gender balance than the general population of nurses, since nearly 30% of military RNs are men, and the number of men in para-professional enlisted ranks approaches 60% (Boivins, 2002). Furthermore, health care personnel in the military, nurses included, embrace a more masculine discourse of a caring role. Military health care focuses more on management of battlefield injuries, physical fitness, and surviving austere conditions than on comfort and caring generally associated with nurses. "Combat medics" are appreciated as comrades in arms with a vital contribution to the military mission.

Social Cognitive Career Theory SCCT proved particularly suitable for examining the perspectives of men in military health care to choose or not choose nursing as a career option, yet no studies were found that investigated the career aspirations and intentions of this population. First, these individuals receiving training and education in medical terminology, health care principles, and basic nursing skills. Furthermore, they have opportunities to apply this training

in direct patient care roles as medics, corpsman, and medical technicians. In addition, the distal contextual affordances for these individuals originate in a culture that ascribes traditional masculine attributes such as "warrior" and "combat medic" to the caring roles of treating and comforting sick and wounded soldiers. Also, individuals in military services perform health care duties in facilities with more exposures to men in caring roles as nurses and para-professional technicians. The unique learning experiences of men with training and experiences in military health care potentially can alter their self-efficacy beliefs and outcome expectations of about nursing as a career choice.

Purpose of Study

The purpose of the current study was to describe what enlisted men, currently in military health care roles, think about nursing as a career option after military service. Since little is known about the perceptions of nursing held by this unique sub-population, the goal was develop a better understanding of what influences the decisions of men to choose or not choose nursing as a career after completing military service with a background in direct patient care. Military health care providers represent a relative abundance of men when compared to the general nursing population, and present a potential source of prospective nurses to alleviate projected shortages in the nursing workforce. The central and global question guiding the investigation is: "What do men employed in military health care think about nursing as a career option after military service?"

Methods

The descriptive exploratory study analyzed an existing data base created from a grant by the North Carolina Center for Nursing. The data based consisted of transcripts from 3 focus group interviews with enlisted medical personnel at one US Air Force and two US Navy

installations. A total of 27 men participated in the focus groups with diverse ages, ranks, years of military service, and duty assignments. The primary question guiding the research was: "What is the perception of nursing as a career option held by men with training and experiences as military medics?" Initial and probing questions will be used to stimulate discussion, seek added depth, and elicit details to the participants' responses.

The researcher used thematic content analysis described by Richards and Morse (2007) to identify concepts, patterns, and themes that emerged from the narrative data. The researcher reviewed the transcripts of the narratives line by line to label and code relevant passages from the textual data base. Subsequent topical analyses developed categories that linked and grouped the initial topical labels and descriptions. A final thematic analysis was conducted to describe the pervasive themes revealed by the data. Essential phrases and statements were identified and clustered into coherent categories that described the unique perspectives of nursing as a career option revealed by participants' own words. The descriptions emerged from the thematic analysis after repeated readings and reflection on the text.

Findings

The pervasive theme derived from the analysis was that participants in the study perceive nurses as "overworked, underappreciated" for the education, responsibilities, duties, and liabilities they incur in the healthcare environment. The initial major theme they revealed was a conflicted perception about nursing, respecting many qualities and attributes while dismissing other aspects of the occupation as unappealing. Secondly, the analysis indicated that informants believed they lacked "transferable capital" to leverage their training and experiences for a career in nursing. Specifically, they perceived they already performed most of duties required for nursing practice, but lacked the credentials to employ these capabilities outside the military

health care environment. Participants in the sample perceived nursing almost entirely as a task-oriented occupation, and compared their abilities only to the technical aspects of patient care with little emphasis on the knowledge base and critical thinking skills required of nurses. Finally, the participants considered the obstacles to the necessary education as a deterrent to a career in nursing. They viewed both military structure and schools of nursing policies and procedures as significant barriers to pursuing nursing as a career during and after military service. In summary, the data analysis revealed that there were aspects of nursing that participants admired and respected, but they considered the costs of a nursing career to outweigh the potential benefits.

From framework of Social Cognitive Career Theory, participants revealed a high self-efficacy, the belief that they possessed the necessary knowledge, skills and abilities for a career in nursing. In fact, there was general agreement that they already performed most duties and responsibilities of nurses, and the differences between the skills they already possessed and those held by nurses were limited to administrative activities and additional knowledge about pharmacology and physiology. Respondents perceived nursing primarily as a task-oriented, technical occupation in which they already held advanced capabilities.

Despite the belief that they could and did perform the duties and responsibilities of nurses, low outcome expectations of a nursing career diminished their interest. They perceived the academic pathway to obtaining a nursing degree as too difficult and expensive to warrant consideration. In addition, they indicated they received inadequate transferable capital for the training and experiences they gained during military service, and therefore viewed the pathway to nursing as redundant and too lengthy. The responsibilities and liabilities of a nursing career outweighed the compensation. A career in nursing, from the point of view of the respondents in

the study was “not worth it” despite the belief that they already possessed most of the requisite abilities

Findings suggested that training and experiences in the military health care environment do little to stimulate the interest of men in a nursing career. While the unique military culture embraces a more masculine discourse of caring and presents nursing as essential to the combat mission, the appeal of nursing as a career does not extend beyond the confines of military service. It seems that men with training and experiences in military health care continue to perceive nursing as a career with low desirability even though they already possess many of the assets and abilities required for a nursing career.

Implications

Exploring the experiences of men in nursing and teaching has significant implications for recruitment and retention in a profession with historically low numbers of men. The information gained from the investigation enhance the understanding how men in military health care perceive nursing as a career option. Findings from the current study suggest a number of actions to encourage men to consider nursing as a career option after military service.

First, military and civilian agencies need to undertake consistent, collaborative efforts to provide military personnel with access to current information about nursing careers, school curricula, admission processes, and financial aid. Regular, periodic, and reciprocal communication between military Nurse Corps leaders and nursing school officials would enhance a common understanding how knowledge, skills, and abilities of military corpsmen and technicians match the academic requirements of nursing school curricula. Schools of nursing also should investigate appointing qualified military nurses as adjunct faculty and using military

health care facilities as clinical sites for nursing students to foster a clearer understanding of differences between nursing responsibilities and duties performed by corpsmen and technicians.

In addition, schools of nursing should examine policies that can impede or enhance the progress of qualified military personnel through academic programs. Specifically, nursing educators need to expand creative opportunities for experienced military personnel to receive academic credit and advanced placement for competencies developed through their military experiences. Furthermore, schools of nursing should explore the possibility of condensed or accelerated course work for military personnel with extensive experience. Finally, leaders in education should consider class and clinical schedules that are more accommodating for the duty schedules of military personnel. Evening and weekend classes might faculty and facility resources, but would create an opportunity for expanding the student population with diverse, motivated, and capable students.

Military leaders need to explore ways to enhance the professional image of nursing among the enlisted staff. Enlisted participants in the investigation did not distinguish differences between technical skill and professional nursing practice, and they placed a higher value on tasks and procedures than on knowledge, theory, and critical thinking. Emphasizing the assessment, judgment, interpersonal, and problem-problem skills required by nurses would help the enlisted staff appreciate the additional capabilities that nurses employ to affect patient care.

Finally, additional research is warranted to ascertain motivators and disincentives for military personnel to consider nursing as a career path after military service. Women in military health care receive the similar training and experiences as men, yet there are no studies to indicate the rate with which military women pursue careers in nursing. While recruiting men remains critical for diversity in nursing, it is equally important to investigate the perceptions of a

nursing careers held by women in military service. Furthermore, no studies have examined the success rates of former military health care personnel who apply to schools of nursing. How well military training and experience prepare technicians and corpsmen for careers in nursing is undocumented.

Military health care personnel represent attractive candidates for careers in nursing because they receive training and experience in nursing procedures, patient care, first aid, preventive health, and mass casualty management. In addition, a larger percentage of military corpsmen and medical technicians are men than in the nursing profession which offers an opportunity to increase diversity in nursing. However, few participants in the current study considered nursing as a career choice after military service. Respondents perceived nursing as "overworked and underappreciated" and considered other career options as more appealing.

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APPENDIX A. INSTITUTIONAL REVIEW BOARD APPROVAL

University and Medical Center Institutional Review Board
East Carolina University
Ed Warren Life Sciences Building • 600 Moye Boulevard • LSB 104 • Greenville, NC 27834
Office 252-744-2914 • Fax 252-744-2284 • www.ecu.edu/irb
Chair and Director of Biomedical IRB: Charles W. Daeschner, III, MD
Chair and Director of Behavioral and Social Science IRB: Susan L. McCammon, PhD

TO: Philip Julian, RN, MSN, School of Nursing, ECU, Rivers Bldg.

FROM: UMCIRB

DATE: October 6, 2005

RE: Expedited Category Research Study

TITLE: "Incentives and Barriers to Men Entering the Nursing Profession After Military Service"

UMCIRB #05-0445

This research study has undergone review and approval using expedited review on **10/5/05**. This research study is eligible for review under an expedited category because it is a collection of data from voice, video, digital, or image recordings made for research purposes and it is research on individual or group characteristics or behavior (including, but not limited to, research on perception, cognition, motivation, identity, language, communication, cultural beliefs or practices, and social behavior) or research employing survey, interview, oral history, focus group, program evaluation, human factors evaluation, or quality assurance methodologies. Dr. S. McCammon deemed this **NC Center for Nursing** sponsored study **no more than minimal risk** requiring a continuing review in **12 months.**

The above referenced research study has been given approval for the period of 10/5/05 to 10/4/06. The approval includes the following items:

- Internal Processing Form
- Consent Document (no version date)
- Conflict of Interest Disclosure Form (signed 9/8/05)
- NCCN Grant Application
- Interview Questions

Dr. S. McCammon does not have a potential for conflict of interest on this study.

The UMCIRB complies with 45 CFR 46, 21 CFR 50, 21 CFR 56, ICH Guidelines, UMCIRB operating policies and procedures, institutional policies and other applicable federal regulations.

APPENDIX B. INFORMED CONSENT DOCUMENT

INFORMED CONSENT DOCUMENT

Title of Research Study: Incentives and barriers to men entering nursing and nursing education as a career choice after military service

Principal investigator: Philip Julian
Institution: East Carolina University/North Carolina Center for Nursing
Address: Rivers Building/School of Nursing, East Carolina University
Telephone: (252) 328-5587

> This consent form document may contain words that you do not understand. You should ask the study coordinator to explain any words or information you do not understand in this consent form that you do not understand.

Introduction

You have been asked to participate in a research study being conducted by Philip Julian and colleagues. The purpose of the study is to identify incentives and barriers to men for entering nursing (nursing education) as a career choice after military service.

Plan and procedures

You will be in a group of 5-10 nurses or medical technicians from your military base. A focus group leader will ask several questions about the issues related to men entering the nursing profession. Your response to the questions is voluntary. The focus group session will last about 90 minutes and will be taped, transcribed, and compared to responses from 7 other focus groups.

Risks and benefits

There are no anticipated risks related to participation in this study. If you become uncomfortable during the session you may leave the group or discuss it with the focus group leader. As a military service member, you may find value in the support and information that you learn from others in the nursing profession.

Subject privacy and confidentiality of records

The session will be taped and one of the research group members will take notes. The information will be handled in a confidential manner, and the tapes will be erased once they are transcribed.

Costs of participation

There are no costs associated with participation in this study.

Voluntary participation

Participating in the study is voluntary. If you decide not to be in this study after it has already started, you may stop at any time without losing benefits that you should normally receive. You may stop at any time you chose without penalty, prejudice, or loss of benefits.

Persons to contact with questions

The investigator will be available to answer any questions concerning this research, now or in the future. You may contact Philip Julian at (252) 328-5587 or julianp@mail.ecu.edu. If you have any questions about your rights as a research subject, you may call the Chair of the University and Medical Center Institutional Review Board at phone number (252) 744-2914.

Title of Research Study: Incentives and barriers to men entering nursing and a nursing education as a career choice after military service

Consent to participate

I have read all the above information, asked questions, and received satisfactory answers in areas I did not understand. (A copy of this signed and dated consent form will be given to the person signing this form as the participant.)

Participant's name (PRINT)	**Signature**	**Date/time**

WITNESS: I confirm that the contents of this consent form document were orally presented, and the participant indicates all questions have been answered to his/her satisfaction.

Witness's name (PRINT)	**Signature**	**Date/time**

PERSON ADMINISTERING CONSENT: I have conducted the consent process and orally reviewed the contents of the consent document. I believe the participant understands the research.

Person obtaining consent (PRINT)	**Signature**	**Date/time**

Principal investigator's name (PRINT)	**Signature**	**Date/time**

APPENDIX C. TABLES

Table 1. Participant Demographics

Branch of Service (N=27)	**Age (years)**	**Rank**	**Time in Service (Yrs)**	**Time in Healthcare (Yrs)**	**Highest Education Level (Yrs)**	**Marital Status**
USN 17 USAF 10	Range 19-44 Average 26.9 Median 24	E2-3 (Junior enlisted) 9 E4-6 (Non-commissioned officer) 16 E7-8 (Senior Non-commissioned officer) 2	Range <1 – 14.5 Average 5.9 Median 4.5	Range <1 - 25 Average 6.1 Median 5	HS 13 Some college 6 College degree 6 Post graduate 2	Single 14 Married 12 Divorced 1

Table 2. Thematic analysis results – Pervasive themes

Pervasive theme **Category** ***Relevant concept*** Exemplar from narrative
Conflicted perceptions of nursing
Positive aspects of nursing
Knowledge and desire to learn
"There's a lot of times we'll be trained on the prac out [practice] but not necessarily…on the theory behind it…There's a lot of background we're missing."- Participant 9
People skills"
"You know it's not just compassion; it's not all of it…you may want to, but you've got to, you know, love your job." - Participant 7
"Comfortability" for caring
"Most of it's how you treat other people. Ninety percent of your patient care is their comfortability [sic] with you…" - Participant 3
Negative dimensions of nursing
Administrative overload
"[S]he [clinic nurse] is constantly stressed out; because she has always got a hundred things on her plate." – Participant 17
Persistent stereotypes
"Yeah, made fun of me. And when I got re-classified into this job. I was called 'Gaylord Focker'. That is the guy's name in the movie…Gaylord." - Participant 18
Stressful work
"[I]t's not a male or female thing as to why I don't, or can't be a nurse…just the stress, etc. of the job." – Participant 10
Inadequate transferrable capital
Current skills parallel nursing duties
Task orientation
"They [nurses] basically do the same thing I was doing as a technician." – Participant 17

Military experiences match requirements

High value on trauma care

"You see some hard stuff out of the war. Doing actual casual-evac, med-evac. Grab people off of the battle field. Patch them up." - Participant 21

Constrained civilian practice

"… like I said when we're in Iraq we do surgeries for doctors 'cause there ain't any law - providing that they just check to make sure what we did was right. We can do anything overseas…but when we get back here we can't do anything." – Participant 3

Obstacles to nursing education

Military structure and environment

Peer pressure

"Just straight peer pressure. People saying, 'you don't want to be a nurse.'" – Participant 1

Mission first

"School's going to have to wait a little bit. I know my duties are more important. I'm in the Navy, so that's my duty. [Nursing] School is an extracurricular thing." - Participant 22

Complex military processes

"That would really help with the whole problem [nursing shortage] we are having now. To make it an easier pathway for the military [member] to finish school, because I know I got the feeling it is like they really don't care." Participant 8

Schools of nursing policies

Inadequate academic credit

"Do I need to go to school again? To learn what I already know?" Participant 3

Uncertain admission processes

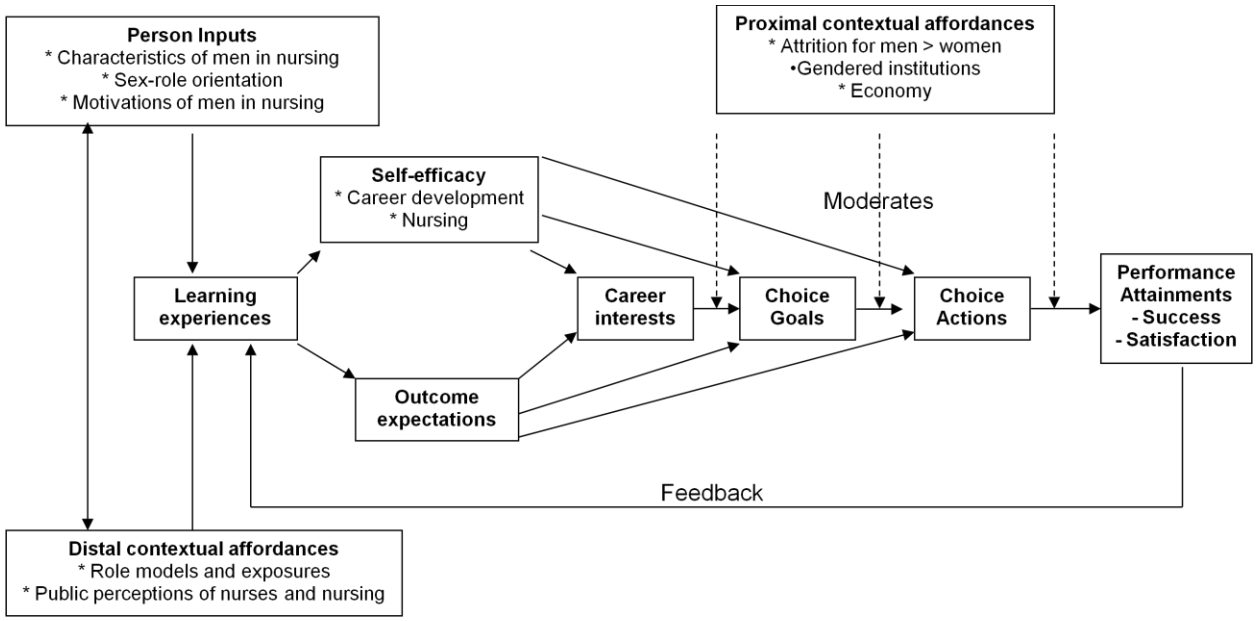
"I could start taking classes there [local college], but I wasn't guaranteed a slot in the program." - Participant 9

Restrictive class schedules

"Again, if you went to some type of program to where it was weekends, nights, whatever, I would guarantee you will see military people getting their degree." - Participant 13

APPENDIX D. FIGURES

Figure 1. Social Cognitive Career Theory



(Adapted from Lent, Brown, & Hackett, 2000).

Figure 2. Interview Guide - Initial and Probing Questions

Show image "Are You Man Enough to be a Nurse?"

Initial interview question:

- "Picture is worth a 1000 words"…our impressions of people & actions formed in first few moments…Look at this image for a few minutes and think about what it is "saying to you." What comes to mind? Remember, no right or wrong answer…just conclusions & impressions about what we observe.

Probing questions:

- Describe what you think it would be like to be a nurse.
- What would you think if someone whose opinion you respected said they thought you possessed the skills and qualities to be a good nurse?
- What skills and knowledge do you use in your current position?
- Think ahead for a minute about the time when you get out of the [service branch]. Describe what would be your "ideal job" after military service.
- Tell me what specific things would need to happen to make it easier or likely for you to consider a career as a nurse as a next possible step after military service.
- It is still unusual for men to choose nursing as a career. Describe what might happen if more men became nurses.
    - Do you have any other thoughts or comments?