Perceptions of Gender-Based Barriers for Men in an Online Nursing Completion Program Compared to Traditional On-Campus Nursing Programs

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Abstract

This paper reports on a mixed-method study that compared the perceptions of gender-based barriers experienced by 49 men who were enrolled in an online Registered Nurse to Bachelor of Science in Nursing degree completion program with those they experienced in their previous traditional on-campus nursing programs. The subjects responded to an online adaptation of O'Lynn's Inventory of Male Friendliness in Nursing Programs and provided narrative comments. There was no significant difference in total scores between the two programs, though significant differences were found for individual survey items between the two programs. Importantly, the men rated the online program significantly more accepting of them as men than their traditional on-campus programs. Narrative comments clarified the scores the men provided. This study contributes to the scholarship on gender and online learning by reporting the experiences of men in an online nursing program.

Keywords: RN to BSN, nursing education, gender barriers, diversity, men, male friendliness, Inventory of Male Friendliness in Nursing Programs (IMFNP)

Introduction

Advances in information technology and delivery have greatly increased options for students seeking nursing education as evidenced by the larger number of nursing programs using online and blended curricular formats (<u>Tri-Council for Nursing, 2010</u>). Since the diversification of education delivery increases access to continued education, nontraditional delivery formats are essential in addressing a looming national nursing workforce shortage in a time of strained resources for nursing faculty (<u>Holly, 2009</u>). Furthermore, the <u>Institute of Medicine (IOM, 2010</u>) has recommended that at least 80% of registered nurses have at least a bachelor's degree by the year 2020. This recommendation has sparked an influx of nurses who do not have bachelor's degrees to enroll in Registered Nurse to Bachelor of Science in Nursing (RN to BSN) completion programs. Since many of these students are over 40, employed full time in healthcare settings, and are not receiving financial aid, the flexibility of online education is attractive and cost-effective (Dyck, Oliffe, Phinney, & Garrett, 2009).

In addition, the IOM and other organizations have called for increased diversification of the nursing workforce (American Association of Colleges of Nursing, 2011; IOM 2010). Nursing continues to be overwhelmingly Caucasian and female with only 7.1% of American nurses being male (U.S. Department of Health and Human Services, Health Resources and Services Administration, 2010). In light of increased attention on the recruitment of men into nursing and the recent economic opportunities in nursing (O'Lynn, 2013), greater numbers of men are enrolling in nursing education programs. In 2011, men constituted 15% of students enrolled in basic registered nurse (RN) programs – a historic high (Kaufman, 2012). Increased interest from men will benefit schools that offer online completion programs. Mattes, Nanney, and Coussons-Read (2003) report that men drawn to online programs are more introverted and self-reliant than men taking courses in traditional campus settings. They surmise that male online students find the flexibility, independence, and anonymity of the online classroom liberating and appealing.

Despite the increased number of men enrolled in nursing programs, the attrition rates for male students far exceed those for female students (Pry/machuk, Easton, & Littlewood, 2008; Stott, 2007; Wilson, 2005). The reasons for higher attrition are unclear but are hypothesized as resulting from perceived gender-based barriers that promote a learning environment hostile or "unfriendly" to men (O'Lynn, 2004). The unfriendly environment is pervasive and has persisted for decades (Bell-Scriber, 2008; Le-Hinds, 2010; O'Lynn, 2004, 2007, 2013). Exploration into the causes of attrition for male nursing students is important if the goal of improved gender balance in the nursing workforce is to be realized. To date, no study has explored possible gender-based barriers for male students enrolled in online nursing programs. The need to better understand barriers grows increasingly urgent as more men seek nursing education in online settings. Since the online environment offers students different benefits and challenges from traditional campus programs, this study explored initial comparisons of gender-based barriers for men between the two program types.

Literature Review

Despite considerable scholarly interest in classroom-based gender issues, little of the literature has examined gender issues in the online learning environment (Machado, 2011). However, some evidence exists that men perceive and experience the online environment differently from women. For example, men reported preferring self-paced learning more often than women even though maximum flexibility in scheduling was important to both genders. Anderson and Haddad (2005) found that men preferred the increased sense of control afforded in the online environment, and Sullivan (2001) report that men more often than women embrace the need to develop adequate self-discipline for success in the online environment. Acceptance for self-discipline among men was suggested by a study of 799 college students (36% male) that showed men exerted more energy toward their online program than did women (Yang, Cho, Mathew, & Worth, 2011).

The extant research depicts men behaving overall very much the same way online that they would in traditional, face-to-face classroom settings (Ritke-Jones & Merys, 2010). One significant difference, however, is that men are more inclined to develop and exhibit traditionally feminine traits such as submissiveness and collaboration in order to be more successful in group or team projects required in online courses. Ritke-Jones and Merys conclude that social inhibitions influencing gendered behaviors are easier to transgress online due to the safety created by anonymity and distance.

The available literature on male nursing students consists primarily of small studies describing characteristics of men who enroll in nursing school and qualitative studies describing men's experiences in traditional, face-to-face nursing education programs (O'Lynn, 2004). Nevertheless, the literature reports persistent and pervasive barriers for men in the nursing school environment, with at least some barriers present in most nursing programs both in the US and abroad (Anthony, 2006; Bell-Scriber, 2008; Brady & Sherrod, 2003; Le-Hinds, 2010; O'Lynn, 2004, 2007, 2013; Stott, 2007). Specifically, common barriers include gender-biased language and imagery, lack of role models, isolation, devaluing of men's perspectives and contributions, sexist stereotypes, and open hostility and discrimination. These barriers are multifactorial in derivation, but many stem from patriarchal structures in the larger society, nursing's backlash to patriarchy, and mindful disregard of non-feminist paradigms in nursing education culture and curricula (O'Lynn, 2007, 2013). The pervasive and persistent nature of these barriers create an unsatisfactory and possibly hostile learning environment likely leading to reported higher attrition rates for male nursing students (McLaughlin, Muldoon, & Moutray, 2010; Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008; Pryjmachuk et al., 2008; Stott, 2007; Wilson, 2005). Contrary to the experiences of some male nursing students reported in these studies, men desire equal treatment with women instead of being singled out (Dyck et al., 2009). Further, men tend to prefer either autonomous, self-directed, mildly competitive learning activities, or being in charge during team-based learning that is often minimally present in many nursing programs (Anthony, 2006; Brady & Sherrod, 2003; <u>Dyck et al., 2009</u>; Ellis, Meeker, & Hyde, 2006; O'Lynn, 2004; Stott, 2007).

Method

The setting selected for this study was an accredited, for-profit university-based online degree completion program in which registered nurses with associate degrees in nursing or nursing diplomas enrolled to earn their baccalaureate degrees in nursing (RN to BSN). After securing institutional review board approval, a detailed electronic invitation was sent to all 270 male students enrolled in at least one RN to BSN online course in late 2011. Those who agreed to participate were sent an electronic survey that was available to complete for three weeks.

The survey used was an adaption of O'Lynn's (2004, 2007) Inventory of Male Friendliness in Nursing Programs (IMFNP) tool. The IMFNP assesses men's level of agreement as to whether any of 35 gender-based barriers toward men were present in their nursing programs. Scores were tabulated based on survey responses to determine the overall level of male friendliness of the nursing program. O'Lynn (2004) operationally defines male friendliness as an academic environment in which male students perceive few, if any, male gender-based barriers. O'Lynn (2004) proposes that the more barriers perceived to be present in a program, the more unfriendly the learning environment is to men. Barriers on the IMFNP were identified from a synthesis of the literature and interviews with male nursing faculty and students. Content validity was initially established in 2004. A shortened version of the IMFNP was later developed with a Cronbach's alpha of 0.84 (O'Lynn, 2007). The tool has since been used in multiple studies in several countries for evaluating numerous types of campus-based programs.

Since the IMFNP was originally developed for evaluating nursing programs men complete before RN licensure, the tool required modification for evaluating the online RN to BSN program. For example, items pertaining to barriers in clinical experiences were removed as well as possible barriers men may have faced when initially deciding to pursue a nursing career. One additional item – whether or not the program was overall accepting of male gender – was added. The resulting adaptation included items referring to 20 unique barriers. In addition, the tool was modified to prompt men to compare their original traditional nursing program with their online RN to BSN program. Demographic items and prompts to provide narrative comments were included as well.

Respondents described perceived barriers from *strongly agree* to *strongly disagree*. Reverse coded items were included to avoid response bias. A numerical rating accompanied each response to facilitate tabulation with scores of 1 corresponding to strong agreement that a barrier existed and 5 corresponding to strong disagreement that a barrier existed. Scores above 3 were determined to be relatively male friendly, whereas scores below 3 were determined to be relatively male unfriendly. Using Statistical Package for the Social Sciences (SPSS) version 17.0, quantitative scores were compared between the original and online nursing programs using paired t-tests. A Bonferroni correction was applied to alpha to control for overall Type I error at the .05 level thereby resulting in significance level of p = .0025 for each t-test. The means for all barrier items were averaged to provide an overall male-friendliness assessment. Narrative comments were reviewed to provide clarity and meaning to the responses provided by the participants.

Results

Forty-nine men completed the survey. The men were primarily White (78%), over 40 (66%), had earned their initial nursing degree within the last 10 years (64%), and had the support of their friends and family (98%) for enrolling in the degree completion program. The men attended 49 different schools for their initial traditional education. An overwhelming majority (98%) of the men were motivated to complete the BSN degree for career advancement and to be better-prepared professional nurses.

Friendly ratings were given to online programs regarding six barriers (suggesting low barrier presence): (1) lack of group/team assignments; (2) overall male gender non-acceptance; (3) lack of encouragement to pursue leadership roles; (4) lack of invitation to participate in activities; (5) lack of use of competition as a learning motivator; and (6) lack of discussion of men's health issues. Friendly ratings were given to traditional programs regarding nine barriers including all of those noted for online programs as well as: (1) textbooks using the pronoun "she"; (2) men having to prove that they belong; and (3) lack of use of debate of issues as an instructional strategy in class. In comparing the two programs, the men rated the online program significantly more male friendly with regard to four barriers and the traditional program significantly more male friendly with regard to five barriers. Scores for each barrier item are detailed in Table 1.

Table 1. Scores for each of the 20 gender-based barriers

Gender-Based Barrier	Online		Traditional	
	М	SD	М	SD
Lack of group/team assignments	4.53*	.73	3.12	1.42
Overall male gender non-acceptance	4.20*	.97	3.69	1.22
Not encouraged to strive for leadership	3.98	1.07	3.53	1.40
Not invited to participate in all activities	3.92	1.07	3.61	1.41
Competition not used as a motivator	3.90*	1.27	3.00	1.47
No discussion of men's health issues	3.12	1.26	3.08	1.27
Textbooks used "she" as generic pronoun	2.96	1.11	3.35*	1.21
No discussion on communication differences between men and women	2.90	1.41	2.88	1.39
Program did not actively recruit men	2.88*	1.05	2.39	1.25
Did not prepare male students to work primarily with women	2.86	1.22	2.76	1.30
No content on men's history in nursing	2.67	1.40	2.37	1.52
Men had to prove that they belong in nursing	2.55	1.43	3.06	1.56
No content on appropriate use of touch	2.37	1.14	2.86	1.45
Faculty used "she" to refer to generic nurse	2.33	.96	2.88*	1.23
No debate of issues in class	2.22	1.21	3.02*	1.34
Men not encouraged to seek peer support	2.22	1.04	2.08	1.15
Men portrayed as perpetrators	2.20	1.09	2.78*	1.37
Men felt isolated from other male students	1.82	1.11	2.24	1.36
Gender impaired relationships with faculty	1.73	.93	2.22	1.43
Faculty made anti-male remarks in class	1.51	.91	2.29*	1.42

^{*}p < .025.

Many of the narrative comments provided additional insights. Regarding positive aspects of the online program, men stated that they frequently participated in group assignments and frequently assumed leadership roles within groups in order to keep the group focused on tasks rather than emotion-based discussions. The men felt that their leadership activities were generally well supported and were congruent with their future career aspirations of advanced practice and administration. Interestingly, the men reported some competition for leadership roles but found that competition facilitated hard work and academic success.

The men provided a number of negative comments about the online program. Men reported textbooks and faculty using feminine imagery and language when referring to nurses and nursing. Combined with a lack of review of the historical contributions men have made to nursing, minimal instruction on how to communicate and work with primarily female co-workers, little visible recruitment of men to the program, and no frank encouragement to students to form peer support networks, men were left with a sense of non-belonging and isolation. Furthermore, men reported rare but disturbing comments by faculty disparaging men as a group and men as perpetrators. These comments fostered a hostile climate for the men.

Discussion

In recollecting their traditional pre-licensure nursing programs, the men in this study agreed on average that 11 of 20 (55%) barriers existed with few barriers earning friendly ratings far above a neutral score. For the online program, the men agreed on average that 14 of 20 (70%) barriers existed. In comparison, in a study conducted by O'Lynn (2007), men from five different traditional pre-licensure programs agreed that six of 17 (35%) barriers exist Consequently, men in the current study found their nursing education experiences less friendly to them as men than O'Lynn's earlier study. Since the men's experiences in their online programs were more recent than those in their traditional programs, these findings are troubling. In the online program assessed in this study, overall improvement in the educational climate for men in nursing has not been realized following O'Lynn's (2004) observation nearly 10 years ago that barriers for men in nursing are pervasive and persistent.

Men found the online program significantly more favorable than the traditional program in including group/team assignments and using competition as a motivator for learning. Others have noted these learning milieus can help facilitate learning for male students, including male nursing students (Anthony,

2006; Brady & Sherrod, 2003; Dunn & Griggs, 1998; Dyck et al., 2009; Ellis et al., 2006; O'Lynn, 2004; Stott, 2007). Group/team assignments are possibly seen more favorably among nursing educators in light of reports from the IOM (2010) and other organizations that recommend increased teamwork skills among nurses. As such, group/team assignments may be more prevalent today. On the contrary, the data are less informative about competition as a motivator for learning. Formal implementation of competitive activities is not typical in nursing education, particularly in light of frequent calls in the nursing education literature supporting the ideals of a caring curriculum that is aversive to competition (Brown. 2011; Evans, 2004). The men in this study commented that they had to compete for "hard to earn good grades" and for leadership positions within assigned teams. Given the positive ratings, the men perceived competition as a beneficial motivator for learning. Conversely, debate is a time-honored learning activity that fosters critical thinking and active engagement in knowledge acquisition (Doody & Condon, 2012). Yet the men commented that the online program was significantly less amenable to debate of issues than was their traditional program. One student commented that he was not free to express his conservative views. Another stated that the "freedom of education has been removed." Still another commented that he "was required to accept the information as presented without asking questions or challenging the material." It seems that competition, which the men perceived positively, occurred naturally within groups or within the self and not through structured course activities such as debate. Nevertheless, the benefits of group/team assignments, competition, and debate should not be overstated. O'Lynn (2007) notes that items on the IMFNP relating to these barriers were removed from the shortened version of the IMFNP because men had reported that these items were less important than others in creating learning environments unfriendly to men.

The men rated their previous traditional pre-licensure programs significantly more friendly with regard to several other barriers. The use of the pronoun "she" to refer to the generic nurse by both faculty and in textbooks was less problematic in the traditional programs. This is a curious finding since the men enrolled in the traditional programs years prior to the online program. Since then, more textbook publishers have adopted gender-neutral language and more inclusive imagery. However, the online courses included discussion postings from faculty and other students that may have made frequent use of feminine pronouns. This finding warrants further exploration.

More importantly, men rated their traditional programs significantly higher than their online programs with regard to faculty making anti-male remarks in class and portraying men as perpetrators more frequently than as victims in course content. Most disturbingly, the men were in the most agreement that anti-male remarks in class constituted the most prevalent barrier in their online program. Although the remarks were likely from a very small minority of female faculty members, even one is too many. This finding supports those of Bell-Scriber (2008) who discusses the chilling effect sexist and uncivil remarks and behaviors from faculty have on students after observing them in the classroom.

It is not clear why these barriers were more prevalent in the online program. Perhaps the presence of faceless students creates an impersonal milieu that promotes less personal interactions and interactions characteristic of uncivil behavior (Gailbraith & Jones, 2010).

Faculty incivility is a well-discussed topic in the nursing literature. Marchiondo, Marchiondo, and Lasiter (2010) reiterate that incivility ignored is incivility condoned, and that incivility will continue as long as the likelihood of punishment is low. Low punishment for incivility directed at male students may be poorly addressed in nursing education due to a female-dominated academy combined with a high demand for nurse educators in a time of a faculty shortage. However, as Suplee, Lachman, Siebert, and Anselmi (2008) point out, it is imperative that uncivil behavior be addressed in nursing programs and not allowed to pass into the nursing workforce environment where it could lead to adverse patient outcomes. Furthermore, in O'Lynn's (2004) study, men identified barriers relevant to faculty incivility in nursing programs as some of the most important and damaging barriers. Faculty incivility may be a causative factor for higher attrition rates for male nursing students (O'Lynn, 2013).

Despite the relatively large number of barriers identified in both programs, the men rated the online program significantly more accepting of their gender than their traditional campus programs. Initially, this seems counterintuitive given that the men identified the presence of many barriers. But by the time of this study, the men had already completed one nursing program and had been working as nurses in professional settings. Negative memories of their initial programs may have persisted, resulting in lower friendliness scores. Further, many of these men reported that they had returned to school to further their careers. It is likely that these men, over time, had learned how to cope with barriers and take in stride any

perceived systemic inequities within nursing. Among the men, there may be a level of self-acceptance of the negative attitudes within nursing. Also, the men may perceive benefit and relevance of the online program offerings to their future career aspirations, thus enhancing their overall positive appraisal of the male friendliness of the online program.

Nevertheless, effective coping strategies and program relevance cannot negate the concerns about an unfriendly, or even hostile, academic environment for male students. The men identified widespread problems that should not be present in today's nursing educational settings striving for just and learner-centered environments. This study supports others that suggest a discriminatory culture persists in nursing education. Even though Carol (2006) points out that nursing students have become more diverse, nursing faculty continue to be overwhelmingly white, female, and middle aged or older. A persistently homogenous faculty may perpetuate traditional educational and nursing paradigms and perspectives. Diversification of faculty and of behaviors will promote desirable changes within the culture of nursing education. Until this happens, male nursing students will continue to feel isolated and struggle to fit into the traditional, though archaic, view of the nurse archetype.

The study has several limitations. The reliance upon the self-report and memory of the men is an important limitation; however, the men were still enrolled in the online program at the time of the study, and most of the men had graduated from their traditional programs within the past 10 years. Memories may likely remain fresh for these men. Also, the findings from the men corroborate the perspectives of men from multiple other studies. The study also examined the experiences of only one RN to BSN online completion program. Even though the program selected for this study is one of the nation's largest online nursing programs, given the low (18%) response rate, the findings cannot be generalized to other programs.

Conclusion

This study provided a glimpse into the experiences of 49 men in an online nursing program and identified the need to create a more male-friendly academic environment. The findings support the conclusions of O'Lynn (2004) that "nursing education, as whole, has failed to provide an environment optimally conducive to preparing men for the nursing profession" (p. 235) and indicates that previously documented biases in traditional campus programs transcend education delivery modalities. This study reinforces the findings from other studies that men simply want to be treated fairly and be provided with an atmosphere deemed warm (Bell-Scriber, 2008), genderless (LaRocco, 2007), and friendly (O'Lynn, 2004).

McLaughlin et al. (2010) places the burden of creating a friendly learning environment on the nursing faculty, who set the tone for the entire academic experience. Although the men rated the online program generally more accepting of their gender than their traditional programs, the findings from this study present a challenge to all faculty members in online nursing programs that much improvement is still needed. Ultimately, a gender-inclusive academic culture will do much to reduce male attrition from nursing education programs and contribute to alleviating the projected nursing shortage. An academic culture that strives for the ideals of a caring curriculum and learner-centeredness must adopt actions that support the needs of all students. This study provides awareness that important barriers persist for male nursing students in both traditional and online environments. Awareness is the first step toward action.

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