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Isolation and marginalisation: exploring attrition of men on pre-registration nursing programmes

Running title: Attrition of men in nursing programmes

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Abstract

Background

In Scotland, like other countries, male nursing students have a high attrition rate. This study explores reasons why and how this can be mitigated.

Methods

A collaborative 4-Phase study involved four Scottish universities. Phase 1 involved three telephone interviews with men who had left a pre-registration nurse education programme. Phases 2 to 4 used focus groups and/or 1:1 interview with 13 male, 5 female nursing students, and 12 nurse lecturers. Thematic analysis followed a four-stage process.

Results

Male nursing students feel isolated and marginalised, are stereotyped regarding their masculinity and physical attributes, find difficulty communicating, and can be reluctant to seek help. Financial pressures and access to learning opportunities also disproportionately affect male students. Resilience and maturity are required to cope with these challenges.

Conclusion

Proactive measures and visible role models in academic and clinical environments are needed to support male students complete their nursing education and improve retention.

Key Words

Qualitative data, Pre-registration, Student, Nursing, Attrition, Retention, Men, Gender

Introduction

In 2018 one in four student nurses in the UK failed to finish their nursing studies (Jones-Berry, 2019) and this attrition rate of 24% has changed little since 2006 (Jones-Berry, 2018). Issues regarding nursing student attrition are also being explored and evidenced elsewhere in the world (Bakker et al., 2018; Kubec, 2017; Nkutu, et al., 2018). Reasons for attrition are often multi-factorial and, as well as the impact of life events, can involve student characteristics; the learning environment; the relationship with educators; and clinical practice issues (Merkely, 2015; Ten Hoeve et al., 2017). This study explores how the gender characteristic of being male impacts on nursing student attrition and how retention can be improved.

Background

Despite a rise in applications to UK nurse education programmes, and a small increase in the number of males applying in Scotland (CODH, 2019), over the last few years the number of nurse registrants in the UK who note their gender as male has remained static at around 11% (NMC, 2019). Given that male pre-registration nursing students have lower completion rates (between 5 and 7 percentage points of a difference compared with female nursing students), are slower to complete, and more likely to interrupt their studies than female students (Whitford et al., 2018; Whitford et al., 2019) this lack of change in the percentage of nurses who are men in UK is not surprising. Moreover, higher attrition of men compared to women on undergraduate nurse education programmes has been reported previously (Mulholland et al., 2008) with the pattern evident in countries across the world (McLaughlin et al., 2010; Stott, 2007; Wilson, 2005).

Whilst it would seem likely that the reasons for higher attrition in male nursing students are similar to nursing students in general, a number of specific factors that may contribute have been suggested. These include; being made to feel more conspicuous in class and under pressure to respond to questions (Christensen & Knight, 2014; Ellis et al., 2006; Meadus &

Twomey, 2011); a lack of male roles models (DeVito, 2016; Smith, 2006) and other males in class (Anderson, 2014); financial pressures (Smith, 2005; Wilson, 2005); negative staff attitudes (Bell-Scriber, 2008; O'Lynn, 2004); and, gendered stereotyped language, or homophobic remarks (Anderson, 2014; Bell-Scriber, 2008; DeVito, 2016; Ellis, 2006; Ieradi et al., 2010; O'Lynn, 2004; Smith, 2006), but there is little evidence on how to successfully address these. Instead, strategies and policies that improve male nursing students' learning experiences and mitigate against programme attrition continue to be sought (Younas et al., 2019).

In Scotland, the reasons for higher attrition of male nursing students compared with female students is not clear and warrants further exploration. This understanding is needed so that male nursing students can be given appropriate support during academic study and while on clinical practice placements.

The Study

The aim of the study was to explore the reasons for higher attrition of men from pre-registration nursing programmes at four universities in Scotland and ways of improving retention within these programmes. The study specifically sought to better understand the experiences of male students being on a programme of pre-registration nursing, strategies to help complete their studies, or reasons for leaving. The views of female nursing students and higher education nursing lecturers on why male students might leave programmes early and on ways of helping students complete their programme of study were also sought.

Design, Data Collection and Analysis

This was a 4-Phased phenomenological study conducted between January and June 2019. It sought to explore the reasons for higher attrition of male pre-registration nursing students and how this could be mitigated by bringing together the views and experiences of current male

and female nursing students, male students who withdrew from their programmes of study, and academic staff who teach nursing students. Ethical approval for Phases 1 to 4 was gained from one institution. Each of the other three participating institutions independently obtained ethical approval for Phases 2 to 4.

Phase 1 sought to gain insight into reasons why male nursing students quit their studies. One-to-one phone interviews were conducted with three male nursing students who left programmes of nursing in Scotland within the previous five years. Recruitment to this phase of the study proved difficult despite recruitment information being distributed through social media (Facebook, Messenger, and Twitter) and student nurse forum websites. Legacy contacts were also used to request participation from known contacts. Participants were asked about their experiences in the programme, reasons for leaving and support options that might have improved their experiences and helped them to complete the programme.

Phases 2 to 4: Focus groups with current male students, current female students and University lecturers were conducted throughout Scotland. Interviews were arranged if preferred or more convenient. Invitations were sent by email to current male and female nursing students and to academic staff who teach on pre-registration nurse education programmes at four Scottish Universities. Interested participants responded by email. The focus group or face-to-face interview was held in a room on University premises. Some interviews were carried out by telephone. The focus group or interview moderator was a nursing lecturer, some of whom were known to participants. Current male students were asked about their experiences in the classroom, on placement and on support measures that have or might improve their experience and reduce attrition. Current female students and university nursing lecturers were asked their views on working with male students, potential reasons why male students have a higher attrition rate, and how this might be reduced. Open questions were asked to prompt discussion in the focus groups but not to lead responses. Thirteen current male students participated in

four focus groups and one interview. One focus group with three current female students was held in one location, and two telephone interviews with female students from two other locations were carried out. Twelve lecturers (male and female) participated in three focus groups.

Data from each participant group was initially analysed separately and subsequently commonalities and differences were identified between participant groups. The analysis was driven by common processes in all qualitative data analysis: compiling, disassembling, reassembling, interpreting and concluding (Yin, 2016), although progress through these phases was not linear or unidirectional. A data base using NVIVO11 software was created. Four data clusters were created: Leavers; Male Student Nurses; Female Student Nurses; Lecturers. Data clusters were disassembled/coded through iterative process as more data became available. The use of mind maps in hierarchical array helped to visualise and formulate the links between codes and therefore helped progression to the reassembling phase where themes and sub-themes were identified and patterns within the data from each data cluster were discerned.

In the interpreting phase all the data was brought together and comprehensively interpreted. This interpretation sought to describe and where possible explain the emergent themes (Yin, 2016). The trustworthiness of the findings was derived from the breadth and depth of data collection and the process of constant comparison between each data source. Trustworthiness was further enhanced by critical discussion among the project team who had all participated in data collection. The emergent themes were then refined after this debriefing. Illustrative quotations using the participants' phrases give their representation of reality (Van Manen, 1990) and these have been sourced from several perspectives giving an overall sense of emergent themes. There were themes which emerged commonly from each data set and some which were particular to certain data sets. For example, common across all groups was comments on intimate care, isolation and male nursing students engaging in tasks associated

with physical strength and size or the management of aggression and violence; whereas, only the female student group proposed that there were no gender specific challenges experienced by male students when engaged in classroom or skills learning. An overarching conclusion was reached bringing together all the data.

Findings

Three linked superordinate themes were identified; **minority student group; gender differences and stereotypes**, and; **influence of gender on learning**. Each of these findings, including sub-themes (also noted in bold), are separately reported, supported by a range of quotes from study participants. Quotes labelled 'L' are from male students who left their programme of nursing education before completion; 'M' for current male students; 'F' for current female students; 'A' for lecturers and 'I' for interviewer.

1. Minority student group

We found that for male students, being a minority student group within pre-registration nursing programmes leads to a sense of isolation. Examples of practical challenges and concerns included a lack of male changing rooms in some clinical areas (necessitating having to change in staff rooms or toilets) and being more visible, so that their actions were more noticeable compared with their female student counterparts. Both lecturer and male student nurse data confirmed that in teaching and clinical situations male student nurses can be more easily placed **'under the spotlight'** are more easily observed with regards to their participation and attendance and, are more easily targeted in terms of being asked direct questions.

M5:... we're an easy target when asked a question. Whether it's because the lecturers remember the one guy's name in the class, I don't know.

Yet, despite this increased visibility there can be a sense of personal and group **'isolation'** that arises from being different to the majority student group (female) in nursing programmes and

by having difficulty gaining acceptance in a predominantly female work culture. From male participants there was a sense of not fitting in with classmates or other nurses when on practice placement.

M1: ...It's difficult in first year when you are first making friends to break down that barrier...

L2: I guess I would say it's a bit harder to socialise with the class because it's a bit cliquy... it can be a bit intimidating for a boy to go into that environment.

F4: Maybe harder to make friends, especially if through the programme, if there's not that many male nurses... going to uni, there is a social part of it, which can be daunting if you're a male nurse and don't have any other male student nurses to go with them.

Additionally, some participants commented on not having male peers to relate to or lamenting the lack of 'laddish banter', finding feminine communication patterns alien to those expressed in male dominated work environments.

M2: Yeah I think that girls like to gossip so on placement when you sat down for an hour for lunch then when you have a tea break maybe in the morning or the afternoon..., yeah for me there is a sense I felt really isolated and just wanted to sit on my own...

Male participants also consistently reported that the words used as greetings or to describe nurses and nursing assumes that nurses are female. This unconscious bias by lecturers and clinical staff contributes to the feelings of isolation and makes what is a highly visible male nursing student group invisible.

A1: ... its pronouns, the assumption that nurses are all she and girls, and that's seeping out of the language, generally, also the development of scenarios, case studies, and I think even if we are not consciously doing it, even if it's the nurse, how much of how its talked about and how much of the assumption is actually that the nurse is female...

As such, one method of coping with a personal sense of isolation, a need for a group identity and for peer support was a process of male nursing students **'buddying up'**.

A2: ...Observing, like you say, males always sit with other males, regardless of age gap, regardless of maybe what they've got in common... And is it because of that that they might... I don't know, trying to get away from that female conversation of drivel, which it sometimes is.

Male and female students also lamented a lack of visible male **'role models'** and access to a voice of men in nursing. Both groups suggested that male nursing role models could provide insight into what a career in nursing is like, share positive and negative experiences, as well as explain how they addressed any gender specific challenges they encountered.

M3: ...I think role modelling, that's something that you need in the first year, at least you need someone that you can look up to, in the first year. I didn't have anyone, any male mentors or any males that I could see that I could see myself being...You need to see yourself after the degree; if you are not seeing yourself after the degree then you want to drop out.

F5: I feel there could be more male role models out on the field... I would like to see more male mentors being involved and encouraging new students... and making it more accessible for male students.

However, some female students, despite recognising the isolation experienced by their male peers, were, even when prompted, unable to identify any current practices that posed difficulties for men engaging in nursing programmes of study.

I: ... do you think any of the educational processes that we put you all through would pose particular issues or make it difficult for men when they're engaging in nursing programs?

F5: Not at all. [others voicing agreement: F3: No. F4: Don't think so at all.]

Nonetheless, despite the above factors contributing to feelings of isolation and marginalisation, many male participants saw nursing as an attractive career choice; worthwhile because of its breadth of opportunity and inherent value to society. To realise these opportunities, however, they had to cope with and, where possible, overcome the challenges posed by being part of a minority student (and then workforce) group.

2. Gender differences and stereotypes

Stereotyping, gender bias and gender differences are evident in many professions and, indeed throughout society. They do however appear very overt in nursing, for example, the consistent use of feminine nomenclature to denote nursing and nurses. Conversely, in this study some male participants expressed a stereotypical male gendered role of being “**the breadwinners and protectors of the family**”. Being a nursing student allows little opportunity to earn additional income over and above a student nurse bursary. This was experienced as an additional financial pressure by male nursing students and their families, leading to male students experiencing difficulties or withdrawing from their programme of study. However, in this study there were several other evident gender differences, biases and stereotypes regarding males engaging in pre-registration nurse training and education.

Many participants commented on ‘**men adding value**’ to nurse education and healthcare provision.

L2: My perspective is I don't think a lot of people understand the importance of male nurses. Because a lot of patients feel a lot more comfortable with male nurses. Especially young male nurses. Like if you're a twenty-year old boy, you just want someone your own age who is a nurse. And it's such an essential part of what makes nursing so important.

F5: I think from a patient's point of view, it's better when there's more males... they might want to talk to a male, might not want to discuss their concerns with a female.

Yet, there was a consistency reported across our data that male student nurses were more likely to be asked to carry out physical, strength-based, tasks than their female peers. Moreover, the actioning of these tasks appeared based on gendered expectations of roles which did not always consider the abilities or wishes of each individual male.

M11: I felt that was the case when I was on placement, because there were mattresses and stuff coming up and the porters weren't in...

L1 I remember them looking at me for management of violence and aggression at one point, thinking "he's a man, he's there." Obviously, I kind of stepped back and knew my place. So, yeah, I probably was treated slightly differently.

Female participants did however comment on the positive effects of improved communication and group dynamics when having a male presence in the nursing workforce.

F5: ... The thing that I think about males is there's less worry about, whatever else is going on and more focus about you as a student, and "I'm going to teach you this" and "here's where we're at." And not getting caught up in any pettiness, any squabbling, anything else that's going on in that place. They seem to be more focused on the job in hand.

I: So, when you're saying get caught up into the pettiness and the squabbling going on in the place, what do you mean by that?

F4: The ward politics.

F5: Well, many women in a setting isn't always positive.

Other participants however commented on the challenges nurses who are male experience when in clinical environments. Some female lecturers when commenting on this did so by describing female nurses' communication style as one of '**cattiness**'. It was noted that this must

be particularly challenging for men working in a female dominated clinical environment to cope with.

A11: The sisterhood, we don't look after each other, we really don't. And there's the cattiness, the bitchiness, the gossip, maliciousness..... I find it tough as a fellow female. So, men coming into that environment must find it really tough as well. And I certainly witnessed that throughout my career, definitely.

It is perhaps because male student nurses have to be resilient to the challenges of operating in a predominately female environment (both academic and clinical) that, as reported elsewhere (Whitford et al., 2018), male applicants to pre-registration nursing programmes tend to be older than their female peers and, as this study also found, have a **'need for maturity'** before considering nursing as a career. What was clear in this study was that many male participants spoke of a need for support to complete their nurse training, but, paradoxically, that they would be **'reluctant to seek help'** if they were experiencing academic, practice placement or personal difficulties. Therefore, some participants suggested that **'assertive support'** for male pre-registration nursing students needs to be provided proactively by lecturers to ensure that they can continue to engage with their nurse education.

L3:.. Because men don't like asking for help, and I didn't like asking for it. I was just sort of getting on with it and not saying anything, whereas I should have maybe asked a lot more. Maybe that's a big problem, because the men will actually rather fail than ask for help.

M9: I think with males maybe personal tutors checking in every couple of months, "is everything okay?" As I said, it's that pride thing, you don't want to admit there's anything wrong, but when somebody asks you that question personally, it gives you an opportunity to open up about any issues, rather than "I'm a prideful man, I'm not going to tell anybody my problems."

Ultimately not offering routine proactive/ assertive support and contact with male pre-registration nursing students might result in the student requesting withdrawal from their programme in the belief that they are wrong for nursing and that nursing is not for them.

L2: I also want to say this as well, I was just thinking. Even though I had a negative experience, that was because of me, that was because of my personality... So, I would definitely not use my experience to discourage any male nurses. I totally encourage male nurses to do this, because there's male nurses who are meant to be doing this, it's just not me.

3. Influence of gender on learning

Being a male nursing student can have a specific impact on the accessibility of some practice-based learning opportunities. Difficulties for men who are student nurses in providing **'intimate care'** to female patients emerged in all data sets analysed. This could have been motivated by the desire for mentors allocating duties to protect both the student nurse and the patient, as it was assumed that both may be uncomfortable, but also implies that the patient would see the student as a man and not as someone learning to be a nurse.

L1: Like I say, they almost seen it as a sort of protection, I would say. Don't put you into that sort of task in case it makes you feel uncomfortable. [and then later in the discussion] ... I remember being within a nursing home, and a lot of my time was spent within the kitchen helping the cook. And, again, I think that was probably because there was a high proportion of female residents. ... Whereas the female student who worked the same kind of time as me, I think she probably kept working at the personal care side of things

F2: I feel like there's still this view that women nurses will be better at caring, and that patients are more comfortable having women nurses.

In addition, when access to learning opportunities involving intimate care were made available to male student nurses, participants spoke of the concept of **'double consent and**

chaperoning'. Although patient consent is a professional imperative, for male student nurses caring for female patients this process of obtaining consent is more complex. Firstly, consent is sought for the procedure to be carried out and, secondly, for a man to be present when the care is provided or to provide this care, usually while chaperoned.

M3: ...we have to get consent to do any procedure, so I don't see why that isn't sufficient to do a procedure. We seem to get double consent. "I've got X here who is a male nurse, you need to get the catheter sorted out, but are you happy for a guy to be doing it?" ... But, on the flip side if I was a male patient and a female nurse was changing my catheter, I wouldn't get the same duty afforded to me...

Lecturers pointed out that in medicine the gender of the clinician appears less relevant compared with the professional status and the implicit trust the role conveys. Furthermore, many of the male students believed that gender should not be a barrier to the provision of this care, arguing that the decision should be based on knowledge, skills and competency. The professionalism of the nurse obtained through their ongoing learning and training is what is important rather than the nurse's gender. Yet, the reluctance of mentors to involve male nursing students in the care of female patients, results in '**missed learning opportunities**' and narrows the care that male nursing students are able to experience and learn. It also contributes to the sense of difference and makes men feel less accepted into the profession.

Discussion

This study is unique in gathering data from multiple sources: men who have left their pre-registration nursing programme, male and female pre-registration student nurses and nurse academics, and provides compelling evidence that men face incremental gender related pressures which may combine to hamper their assimilation into the nursing profession. The most striking and fundamental finding was the profound and pervasive sense of isolation and

difference, experienced by men in pre-registration nursing programmes. This was articulated poignantly by the men in programmes and confirmed by those who left. Although men being different was sensed by the female students, in contrast, their comments denoted detachment and showed a lack of appreciation of the depth of feeling experienced by their male colleagues. The feelings of isolation of being a male in an all-female environment has been reported before in Scottish, North American and Taiwanese cultures (Lou et al., 2011; Meadus & Twomey, 2011; O'Lynn, 2004; Stott, 2006; Wilson, 2005). Similarly, others have reported that the novelty of men in pre-registration programmes make them stand out in learning environments (Anderson, 2014; Christensen & Knight, 2014; DeVito, 2016; Ellis et al., 2006; Powers et al., 2018) and creates undue pressures. The use of female nomenclature in course materials and teaching (Anderson, 2014; Bell-Scriber, 2008; Christensen & Knight, 2014; DeVito, 2016; Ieradi et al., 2010;; Powers et al., 2018; Smith, 2006) contributes to men feeling disconnected to the profession they are seeking to join and affects completion rates (McLaughlin et al., 2010). This is communicated early in the programme when the history of nursing and the impact of Florence Nightingale is discussed. She believed that men's 'hard and horny hands' were not fit to touch, bathe, and dress wounded limbs, 'however gentle their hearts may be' for humanity (Nightingale cited in Summers, 1988). We found a continuing feeling of lack of integration for male nurses resonating with the classic idiom that 'nurses eat their young' (Meissner, 1986); a concept which sadly seems to have contemporary relevance.

Female dominated environments may produce feelings of isolation for men because females and males have characteristic ways of relating and communicating (Haferkamp et al., 2012). This extends to the way in which work performance is evaluated whereby men face being evaluated according to female standards of communication, social interaction, and caring (Stott, 2007). The contradictions and tensions that men face in enacting a predominantly feminine professional role while maintaining a masculinity acceptable within their social

context has been widely discussed in the men in nursing literature (Connell, 1995; Connell & Messerschmidt, 2005; Evans, 2001, 2002; Evans & Frank, 2003). This societal view is confirmed by Clow et al. (2015) who even suggests due to ‘role incongruity’ that male nurses are viewed as being less competent and more deviant than their female counterparts. Similarly, Dyck et al.’s (2009) study of nursing students found that men are accommodated into the nursing culture but are not truly integrated. This phenomenon has long been noted in nursing and has been theorised to cause feelings of dissonance in male nurses who form a distinct subgroup or ‘tribe’ (Leininger, 1994). However, forming a subculture can help to resolve the dissonance for men and can be a way of coping in the predominantly feminine world (Herakova, 2012). Ironically the male identity which marginalises men in nursing may also compound the experience of financial pressures (Wilson, 2005) because of a need to provide for families in the role of ‘bread winner.’ Reinforcing the idea that financial pressures affect men disproportionately, recent data suggests that nurses who are men work more overtime hours to boost their pay (RCN, 2020). In addition, men might be inhibited from seeking help or discussing their concerns with female lecturers expecting that they would not understand the challenges they face (Paterson et al., 1995, 1996). Other studies have also found that male students experience a disproportionate burden (Gavine et al., 2020) and are more likely to be given ‘heavier’ or more challenging patients because of male stereotypes of being strong and always remaining calm (Meadus & Twomey, 2011; Twomey & Meadus, 2016; Powers et al 2018; Sayman, 2015). Although these gender-related differences for male students and male nurses have been previously noted, this study has highlighted how cumulatively they lead to feelings of marginalisation and isolation.

The sense of difference and isolation was compounded on practice placements because of issues surrounding the provision of intimate care to female patients, so eloquently expressed in this study through the notion of ‘double consent and chaperoning.’ Meadus and Twomey

(2011) and Sayman (2015) also found that the pairing of male students with female peers on paediatric or obstetrical units was used because of concern about the comfort level of patients and to prevent potential sexual misinterpretations. There is a paucity of evidence however as to whether patients prefer female or male nurses. Chur-Hansen (2002) used a questionnaire to identify these preferences in 4 clinical situations. Her findings were that the degree of intimacy in a clinical situation predicts same-gender preferences. This supports the expectation that female patients experience discomfort being cared for by male nurses however there appears to be a converse assumption that male patients will be content to be cared for by female nurses. This assumption needs to be explored in further research.

Men in nursing need to be resilient and learn to overcome gender related pressures. Schmidt's (2016) discovered a similar process for men in nursing which she aptly describes as 'solving the puzzle of caring' (Schmidt, 2016:677). This is an important lesson for nurse academics. Despite the importance of these issues and gender-based pressures for men generally, they have not been addressed well in nursing education, and men often learn to cope with difficult situations through trial and error (Keogh & Gleeson, 2006; Keogh & O'Lynn, 2007; O'Lynn, 2004). Coping strategies suggested in the literature, and which were evident from this study, include: support and positive feedback for male students (Ieradi et al., 2010; Meadus & Twomey, 2011; Wilson, 2005) equal treatment by lecturers (Anderson, 2014) and male student support groups (Stott, 2006; Wilson, 2005). Other factors that can help male students are having other male students in the class (Anderson, 2014; Meadus & Twomey, 2011), and positive relationships with female students (Anderson, 2014; Bell-Scriber, 2008; DeVito, 2016; Ellis et al., 2006). The need for positive role models (DeVito, 2016; Ellis et al., 2006; O'Lynn, 2004; Powers et al., 2018; Stott, 2006; Smith, 2006) and mentorship (Office for Students, 2020) is well established and was confirmed in this study. One Scandinavian study theorises that the

needs of men and women in terms of support are different (Arvidsson et al., 2008) and this study confirms that there are some important gender-related issues to be addressed.

Findings from all four phases of this study suggest strategies, which align with those suggested previously in the literature, to improve the experiences of male nursing students while on programme, reducing attrition and prevent discontinuation (Table 1), but this is not to preclude the need for wider research into how best to address male nursing student attrition. For example, whilst strategies suggest new ways of communicating and providing support or increasing the visibility and access to male nurses or other male nursing students, there currently appears little research evidence on whether the provision of assertive academic or clinical support; use of male role models and male mentorship; or increasing the numbers of male nursing students in a class; influence rates of male nursing student attrition.

Lastly, the men in this study hoped to gain acceptance by presenting a professional identity. This concurs with a coping strategy identified by Inoue et al. (2006): men need to interact in a formal and professional manner and assume a professional identity as a nurse in order to elicit trust. It emerged in this study that men can add value to nursing and this concurs with a general agreement in health care policy in western countries that greater diversity enhances care (Sullivan Commission, 2004).

Limitations

Recruitment to the study may have been affected as the same institutions were used in a recent previous, and related, study (Whitford et al 2018). Recruitment of former male students of nursing and of current female nursing students were particularly difficult. Despite prolonging the data collection phase, following up legacy contacts, and repeated efforts to publicise the study the number of participants in Phases 1 and 3 were lower than planned. The findings from these phases of the study were, however, broadly corroborated by the data from the other

participant groups. This gives us confidence that the results would be largely unchanged if recruitment to these phases had been more successful.

Conclusion

Male nursing students are a minority group. Although gender equality is becoming more mainstream in society, in educational nursing programmes men feel profoundly isolated and pressurised. They can face challenges in terms of gaining access to learning opportunities, stereotyping of their masculinity, assumptions about their physical attributes, and being in the 'spotlight' in the classroom and on practice placement. Many seemingly minor differences such as the need for 'double consent', lack of changing facilities, gendered assumptions about the role, challenges of socialising in a predominantly female environment or the ubiquitous use of the prefix 'male' all combine to emphasise their difference. In addition, leavers acknowledged that they may have been too immature for the programme and that they should have sought help sooner. These factors seem to contribute to men leaving pre-registration programmes of nursing before completion. Without a degree of resilience and maturity, male nursing students could be vulnerable. Without efforts to address attrition and improve retention of men on pre-registration programmes of nursing, the nursing profession may not be able to attract the best people (Office for Students, 2020). The reaction of female students in this study suggests that nurses who are women may not fully appreciate the challenges that their male colleagues face in the profession and may not understand the need to improve gender diversity within nursing.

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Table 1: Strategies to reduce attrition and improve retention in male nursing students

Strategies to reduce attrition and prevent discontinuation of male nursing students

- Unconscious bias training for academic and clinical staff to ensure that learning materials include gender diversity, that stereotypical assumptions are minimised, and to avoid the use of gendered language.
- To minimise feelings of isolation ‘buddying up’ opportunities, and/or provision of male student mentors or a male student nurse support group should be provided in both university and practice placement environments.
- Academic staff should be proactive in encouraging and enabling students to seek support by implementing assertive support opportunities.
- Practice placement staff should ensure there is an equity of learning opportunities to male and female nursing students, including the provision of intimate care.
- Practice placement staff should avoid gender specific introductions and consent processes when engaging with service users.
- University simulation, teaching and learning, and practice placement, environments should have facilities to support the needs of all nursing students.