

## **Learning to Care: Gender Issues for Male Nursing Students**

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L'article suivant est la description d'un aspect d'une recherche phénoménologique visant à examiner le vécu des étudiants en sciences infirmières tandis qu'ils apprennent à montrer leur sollicitude dans leur emploi d'infirmier. Les stratégies de collecte de données comprenaient des récits de cas particuliers et des entrevues paradigmatiques. Quatre points importants caractérisaient l'étude des données : l'analyse, la synthèse, la critique et la compréhension. On a employé ces stratégies pour établir le sens des entrevues transcrites et pour en faire l'interprétation. Les participants ont décrit l'apprentissage de la sollicitude comme une entité complexe qui inclut le sexe de l'étudiant, le malade, le professeur et l'infirmière. À mesure que les étudiants avançaient dans le programme, leur expérience des questions de sexe dans l'apprentissage de la sollicitude était façonnée par leur vécu personnel, les attentes d'un corps enseignant majoritairement féminin et du personnel infirmier, et leur meilleure compréhension des façons de montrer leur sollicitude, basées sur le fait qu'ils étaient des hommes.

The following article is a description of one aspect of a phenomenological research study designed to investigate the lived experience of male nursing students as they learned to care as nurses. Data-collection strategies included paradigm case narratives and interviews. Data analysis was characterized by four major strategies: analysis, synthesis, criticism, and understanding. These strategies were used to identify meanings of the text of transcribed interviews and to generate interpretive commentary. Learning to care was described by the participants as a complex entity that incorporates the gender of the student, the patient, the teacher, and the nurse. As students progressed through the program, their experience of gender issues in learning to care was shaped by personal experiences, the expectations of a predominantly female faculty and nursing staff, and their evolving understanding of the ways of caring that are gender-based.

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In order to untangle the meaning of caring in nursing, it is necessary to understand the social construction of caring within historical patriarchy (Macpherson, 1991). Historically, caring within the female-dominated profession of nursing has been perceived as arising from the biological and social differences that exist between men and women (Baines, Evans, & Neysmith, 1991). Nursing has its roots in the notion that women care for others because of their maternal feelings and experience (Turnipseed, 1986). Tact, gentleness, and empathy in the caregiver role of the nurse are normally attributed to "maternal instincts." Men have been perceived as not imbued with these mothering characteristics and more concerned with competition than with the ethic of caring (Baines, 1991). The belief that caring comes "naturally" to women has added to the perception that men in nursing experience difficulty relating to patients in a caring manner, and that they prefer the more technical aspects of the profession to the manifestations of compassion and caring (Dassen, Nijhuis, & Philipsen, 1990).

Streubert and O'Toole (1991) and Okrainec (1994) conclude in their review of research concerning male nursing students that most researchers have assumed that the experience of female and male nursing students is the same. They challenge researchers to investigate the lived experience of male nursing students in order that educators be able to maximize the quality of the educational experience of these students. The following article is a description of one aspect of a phenomenological research study designed to investigate the experience of male nursing students as they learned to care as nurses.

### **Literature Review**

The research regarding male nursing students is sparse. The majority of this research was conducted 20-30 years ago. It has been criticized as focusing largely on entry-level students, employing unequal and small samples, using only one setting, and having inconsistent results (Okrainec, 1994; Streubert & O'Toole, 1991). The major findings of this research have been that (1) high school and university students consistently view nursing as requiring "female characteristics" (Aldag & Christensen, 1967; Egeland & Brown, 1988; Minnigerode, Kayser-Jones, & Garcia, 1978; Pontin, 1988); (2) male nursing students may or may not experience role strain when they attempt to reconcile their role as men with the feminine qualities inherent in nursing (Okrainec; Schoenmaker & Radosevich, 1976); (3) there are no statistically significant differences between female and male nursing students as to their experience of social isolationism and tokenism within the profession (Snavey &

Fairhurst, 1984); and (4) male nursing students have equal or higher aptitude for caring to their female counterparts (Aldag & Christensen; Becker & Sands, 1988; MacDonald, 1977; Okrainec).

One study of how nursing students learn to care as nurses was conducted by Kowsowski (1995). The 18 female nursing students who participated in this phenomenological research study indicated that they constructed their understanding of caring in nursing by building on what they had experienced as children or parents, or in other family roles. The author does not consider the gender of the participants in her discussion of the research findings. No research regarding the experience of male students as they learn to care as nurses was located. Thompson (1993) calls for the abandonment of research that emphasizes the question of whether men or women are more caring. She invites researchers to investigate how men and women differ in their experience of learning to care in order to determine what conditions are necessary for men and women to learn caring within a helping profession. Okrainec (1994) proposes that a phenomenological investigation of the lived experience of male nursing students would be an appropriate response to such a call.

### **Research Design**

The research was a phenomenological investigation of the lived experience of male nursing students as they learned to care as nurses. It was guided by the tenets of interpretive phenomenology in the tradition of Benner (1984, 1994). The goal of interpretive phenomenology is to reveal similarities and differences in the participants' lived experience.

### ***Sample***

The 20 participants in the study were male students, ages 18 to 34, representing each year of a four-year baccalaureate nursing program. A member of the research team who did not have teaching or evaluation responsibilities for the students presented a description of the research and asked for volunteers in class at the beginning of the academic year. The number of male students enrolled in the final year of the program was small (four); therefore, the third- and fourth-year students are considered as one cell group, to protect their identity. First-year students are referred to in this report as "beginning students," second-year students as "junior students," and third- and fourth-year students as "senior students."

## *Setting*

The setting was a multi-campus-site Canadian university undergraduate nursing program. There were 28 male students enrolled in the program in a student body of approximately 300. The beginning students in the research did not have clinical site experiences in their educational program; clinical education for students began in the second year of the program. The majority of faculty were female. Only the senior students reported that they had been taught by a male faculty member; this faculty member was a lecturer in the classroom.

## **Method**

The premise of interpretive phenomenology is that individuals' experiences and their reflections on those experiences constitute knowledge (Boyd, 1988). The participants' stories were obtained by means of paradigm cases and interviews. Paradigms are narratives of significant events or situations in the participant's experience (Benner, 1984, 1994). An analysis of the paradigm cases offered by the male students in the research revealed their common understandings, as well as the dilemmas a male nursing student faces in learning to care as a nurse. The participants were asked to relate a story about an incident/situation in which they learned about how to care. They were given the following instructions: (a) relate a story about an incident or situation during this academic year that taught you about the nature of caring in nursing; (b) describe the context of the incident or situation (i.e., Who was there? What was happening? What was the setting like?); (c) describe the emotions you felt during and after the incident or situation; and (d) do not stop until you feel you have discussed the incident/situation as fully as possible. The participants contributed 30 paradigm narratives. All participants contributed a paradigm narrative in January of the winter term of their academic year; 10 of these students chose to offer another paradigm narrative in April of that year.

A member of the research team contacted the participants in person or by telephone to review the purpose of the study, answer the participant's questions related to the research, and introduce the plan for the paradigm interview. As recommended by Benner (1994), this pre-interview enabled the researcher to coach the participant about the nature of the narrative that was required (i.e., events, situations, feelings, and actions) in the research. Several participants commented that the pre-interview helped them to understand the purpose and design of the research, as well as to intentionally select a paradigm case.

Each participant was interviewed at a location of his choosing, for approximately one hour, about the paradigm case he related to the interviewer. The interviews were audiotaped. The interview consisted of questions designed to clarify and reflect upon the meanings and understandings inherent in the paradigm case.

Four members of the research team, three researchers and one research assistant, participated as interviewers. As it was possible that the gender of the interviewer could affect the interview process, the participants were divided equally among the two male and the two female interviewers in order that half the participants be interviewed by a man and half by a woman. In the data-analysis phase of the project, the data from the male interviewers were compared to those of the female interviewers; no differences were identified.

### **Data Analysis**

In congruence with the tradition of interpretive phenomenology detailed by Benner (1984, 1994), data analysis was characterized by four major strategies: analysis, synthesis, criticism, and understanding. These strategies were enacted according to the framework of qualitative data analysis developed by Collaizi (1978). The first step in the data analysis was to read each transcript, to obtain an overall picture of the contents. Next, the researchers extracted significant statements relating to the experience of students as they learn to care as nurses; 356 significant statements were extracted from the 30 interview transcripts. Meanings were formulated from the significant statements and these were then organized into clusters of themes. Outliers and discrepancies between themes were identified. Table 1 provides examples of significant meanings, their formulated meanings, and the theme cluster that was derived from the formulated meanings.

Theme clusters were validated by referring to the original transcript and by distributing the theme clusters to the participants and requesting their feedback as to the accuracy of the researchers' interpretation of the lived experience of learning to care.

### **Research Findings**

The experience of learning to care as a male nursing student was perceived by the participants to be unique to their gender. The category "caring as a male" emerged from the theme clusters "gender differences in caring," "experiencing the difference," and "being prepared for the difference." The following discussion will include a description of this



**Table 1**

*Example of Significant Statements, Formulated Meanings, and a Theme Cluster*

Significant Statements	Formulated Meanings	Theme Cluster
1. It has been my experience that the women here [the teachers and students] think that the only way to show you care for patients is to hold them and to talk about feelings. I was taught that real men don't behave that way. (22)*	1. Males are not socialized to care in the same way as females in our society.	Gender Differences in Caring
2. I feel like if I acted the way my teachers wanted me to, with all that touchy feely stuff, that I'd have to become less of a man. I'd have to act like a woman, not a man. (18)*	2. Junior students feel there is a need to divest themselves of the macho image of being a man before they can learn to care as nurses.	Gender Differences in Caring
3. And he [male nurse] was sort of a friend, a tease at times, to the patients. He would go by their wheelchairs and give them a punch on the shoulder. It was a male thing. It wasn't the same as how the female nurses cared for the patients but it was caring nonetheless.	3. Senior students have identified a male form of caring that is different from but as valuable as female caring.	Gender Differences in Caring

\* Numbers indicate total number of similar statements from which meanings were formulated.

category, as well as the exhaustive description and essential structure of learning to care as a male nursing student.

### *Gender Differences in Caring*

*Beginning students.* Only the junior and senior students in the study identified that male nurses may care differently from their female coun-

terparts. The beginning students downplayed gender as a factor in how they cared for others, perceiving their family and their experiences as being critical to their ability to care as a nurse. They believed that their desire to help others by enrolling in nursing education indicated that they, along with their classmates of both genders, had the caring traits of compassion, conscience, and commitment.

It's not necessary to study how males learn [to care as nurses]. If you [males] want to go into nursing, you are obviously one of the few special people who are willing to do anything for other people.

**Junior students.** The junior students in the research acknowledged that they had encountered gender differences in caring in their clinical learning experiences. Their clinical learning experiences frequently entailed situations in which the manifestations of caring that had previously been invisible to them were now made visible. These experiences were often discomfoting, causing them to confront their belief that "caring is caring, no matter if it's done by a man or a woman." The junior students recognized that women are socialized to care for others by openly expressing their feelings and by touching others freely. They admitted that they had to learn aspects of caring for patients that "came naturally" to their female classmates. One participant described a situation in which a female classmate was able to establish a rapport with his client although the participant himself had been unable to do so in the several preceding weeks.

She walked into the room and kind of enveloped him in a fog of love. How she did it was outrageous. She doesn't show this otherwise. She's a pretty gruff person. But when it comes to her patients, at least this one time with my patient, it was overwhelming. I was just struck by it. She touched him. She was just sincere and she talked to the person. She didn't even know him. I think I may have thought about it [touching the client] before but I quickly ruled it out because I was just too uncertain about how to go about it. She was - I think it was just a shade below loving. You know? It wasn't a passion. It was sort of an empathetic caring. That's what it was. I think I was beyond that because I was worrying about the tasks I had to do. I couldn't spend the time to try it. Or maybe I didn't have it in me. I don't know. I think she had that kind of knack. And I think I have to learn it.

Several junior students described "feeling tense and frustrated" because, although they could identify positive outcomes of "feminine" manifestations of caring, they were unsure if and how they could adopt these ways of being with patients. They also hesitated to discuss this with female faculty, because "they are women and they take all of this for granted."

The junior students concurred that female faculty and nurses communicated an expectation that nurses "should care for patients like women do, by being sensitive and demonstrative." This expectation was communicated most directly by the criteria faculty and nursing staff used to evaluate students' caring ("She told me I needed to open up more with my patients. She told me to watch her and try to be more like her.").

Two junior students stated that learning how to care for clients as they had been taught by female nurses and faculty meant they had to consciously divest themselves of their "macho image." They expressed concern that they would never be able to touch clients or to openly display emotions because they had learned all their lives that to do so was effeminate and emasculating. When asked whether he discussed this matter with his teachers, one student replied, "My teacher is a woman. She is very understanding of most things but she wouldn't be able to understand why I would be afraid of becoming feminine."

*Senior students.* The senior students agreed that they had developed an understanding and acceptance of both "female caring" and "male caring" in nursing by the final year of the program. One senior student said that by his final year he had developed a way of caring that was "an amalgamation of the models" he had observed in nurses of both genders. The senior students reported that they had learned from their personal attempts to emulate "female caring" and from occasional male nurse role models that they may "care in a different way" from their female counterparts. Male caring was perceived by the senior students as being "less touchy feely" and more of a friendship than female caring. The senior participants believed that this form of caring is not always recognized within the profession as "true blue" and as valuable as female caring.

I was amazed at the relationship he [male nurse] had with his patients. He was loud at times. He told jokes. He teased them a lot. But they loved him. And you could tell he cared about them deeply. I think some of the female nurses on the unit thought he was too casual and not caring enough. I think they were wrong.

### *Experiencing the Difference*

*Rejection by patients.* The junior and senior students in the study experienced times when their gender affected their ability to learn to care as a nurse. One participant referred to these occasions as times when "you are smacked in the face with the fact that you are different," such as when patients were asked by a teacher if they would agree to be cared



for by a nursing student and they refused based on the gender of the student. Although these situations came up infrequently, the participants concurred that they were distressing and caused them to "feel different" from their female classmates. They stated that their clinical teacher and the nursing staff generally attempted to comfort them when this happened by attributing the patient's behaviour to bias and misunderstanding of the male nurse role.

I had one patient who refused to have me care for her. My teacher said that she was older and she didn't understand that there were male nurses now. The patient didn't want me to see her body when she was being bathed. My teacher's comments really didn't make me feel any better. I kept thinking that no one makes a fuss when male doctors look at you. I felt – well, the best way to put it is powerless. I would have preferred for the teacher to help me to change this patient's mind. Maybe I wouldn't have been successful but at least I would not have felt so useless.

*Touching patients.* The junior and senior participants agreed that they experienced "the difference" when in their junior year they wrestled with appropriate ways to touch a patient "so they don't think you're seducing them." They reported feelings of confusion, resentment, fear, and embarrassment when they made first attempts to emulate the touching that they had observed as "female caring."

So then I put my big hand on him, the way I had seen her [a classmate] do it. There was my big hand on his [the patient's] little arm and it looked so huge and heavy. I wondered if I was hurting him. I felt so stupid. I wondered if he thought I was coming on to him. I thought about what my dad would say if he could see me. Or some of my friends. They would think I was gay or something. But I knew that I needed to touch this man to express my caring for him. I got mad at my teachers for not understanding how awkward I felt. I knew there was no way I could make them understand how I was feeling. To them, it's such a little thing. Women touch other people all the time, even when they're just talking to one another. Men don't.

The junior students also recalled feeling uncertain about touching and expressing their feelings openly. They agreed that such matters were not generally discussed by faculty.

I don't think it's always men who feel funny about touching and stuff. I know that some of the girls in my class weren't very comfortable with it at first. But it is mostly a male thing. And the teachers never discuss it. They just think that it is good enough to give us a lecture on the importance of touching. There were so many questions that I had back then. Like, do you touch everyone the same way or should you touch men and women patients differently? Or how do you know if a

patient might not want to be touched or get the wrong idea if you touch them?

*Being a visible minority.* Another way in which the participants experienced a difference associated with their gender was that they “stood out in the crowd” because they were the gender minority. This visibility was at times disadvantageous because the male student’s performance was “under a microscope.”

For the most part, I think we get treated better than average – not better, I guess we are recognized more. Because there are so few of us, everybody recognizes our names. In some ways, that is a disadvantage because people walk up to me and start talking to me. They know of me and I don’t know who the heck they are.

The participants identified an additional concern in relation to visibility as rumours and gossip, particularly in regard to budding romance. They agreed that “rumours circulate pretty quickly” when they are observed to be spending social time (e.g., having coffee) with individual classmates, nurses, or faculty members. One student commented that “having everyone know who you are and what you are up to gets to be a pain. It feels like you have no privacy.”

### *Being Prepared for the Difference*

The students in both senior and junior groups concurred that they had felt unprepared for the gender issues that arose as they progressed through the program. They stated that they had few occasions in the program to explore what it means to be a male nurse and the gender-specific issues that arise when a man cares as a nurse. One student said that the only thing he had heard from his teachers in relation to gender issues in caring as a nurse was “don’t date your patients.”

Several junior students regretted that they had not worked with other male nurses and nursing students during their clinical learning experiences. One student commented, “I would just like to talk to some [male nurses] and hear about their experiences. I think they could teach me more about being a male in nursing than my female teachers can.” Three senior students identified a significant paradigm as one in which they had worked with a male nurse who had shared his stories of caring as a nurse. They stated that such an experience helped them to appreciate the complexity of caring as a nurse, specifically as a male nurse.

Several of the participants stated that participating in the research project had been beneficial because it provided a forum to explore

issues in relation to care that are unique to male nursing students. They expressed a desire for additional opportunities within the educational program to continue this exploration.

I am finding myself thinking about this subject [learning to care as a male nursing student] more than ever since I said I would be part of this study. The thing that is sad for me, though, is why we don't talk about these things in our program. I would love to hear what other students, the women as well as the men, think about these things. I would love it if a male nurse came to class and talked about his experiences being a man in a female profession. Don't get me wrong – I'm not treated badly or anything because I am a man. I just think my experience is different from the women in the class. And I never get to talk about it in my program because the teachers are all women and they don't seem to think it's important.

### **Exhaustive Description of Gender Issues in Learning to Care**

Learning to care was described by the junior and senior participants as a complex entity incorporating the gender of the student, the patient, the teacher, and the nurse. Gender influenced the lived experience of learning to care because of the societal construction of male and female roles in caring. The students moved away from an initial understanding of caring in nursing as gender-neutral to an acceptance of the existence of male manifestations of caring. As students progressed through the program, their experience of gender issues in learning to care was shaped by personal experiences, the expectations of a predominantly female faculty and nursing staff, and their evolving understanding of the ways of caring that are gender-based. Although initial attempts to emulate female nurses and classmates were often awkward and private, with clinical experience, trial and error, and reflection, students were able to formulate their personal construction of both female and male caring in nursing.

### **Discussion**

Condon (1992) postulates that because women have so much experience with caring they tend to dismiss it as familiar. Davies (1995) states that attempting to describe professional caring in nursing is like trying to help someone see invisible mending: much of it cannot be seen unless it is identified and clarified by a professional "insider." It is apparent that male nursing students benefit from the stories of nurses, particularly male nurses, regarding caring. It is in these stories that the students are able to discern the components and manifestations of caring in the profession.

The participants differentiated between female and male forms of caring. Their perceptions of female caring are congruent with those of authors who regard female caring as an ongoing connection with others (Benjamin, 1988; Davies, 1995; Gilligan, 1982). Their perceptions of male caring differed from the current sociological viewpoint. They saw male caring not as detachment and individuality (Chodorow, 1989; Davies), but as reciprocal friendship. The participants viewed male caring as less demonstrative than female caring but as equally connected. Perhaps the participants' socialization to the profession and the expectations of largely female faculty resulted in their acceptance, in their final year of the program, of connectedness as a critical component of professional caring.

The participants were convinced that their teachers and classmates would regard them as obtuse if they confessed to feeling awkward about what they perceived were female caring traits (e.g., touching, sentimentality). It is apparent that nurse educators should not assume that all students are comfortable with these aspects of caring. Male nursing students need to be able to openly dialogue with teachers, classmates, and nursing staff about the experience that is unique to males as they learn to care as nurses. According to the participants, it would be helpful in this regard if opportunities were provided within the curriculum for male nursing students to be taught by, and to work with, male nurses.

The research findings show that learning how to care as a nurse is often characterized by internal conflict. Researchers have investigated this conflict in terms of role strain; however, the findings of this study indicate that the conflict may relate to how persons of either gender are socialized to care, rather than to occupational roles. Villeneuve (1994) identifies several barriers to men in nursing education, including the interpretation of caring as women's work. The participants identified a significant barrier as the "separate realities" that exist between the male students and female teachers, classmates, and nurses. They perceived that their female teachers and peers expected them to care for patients as women. The junior participants, for example, believed that to be successful in nursing school they may be required to suppress their customary masculine behaviours (e.g., aggression). The senior participants, however, had recognized the value of an amalgamation of female and male characteristics of caring in the profession. Nurse educators should promote the acceptance of both feminine and masculine characteristics of caring in the curriculum (Galbraith, 1991). Additional research is required to explore the nature of "male caring" within the profession.

The participants' experiences of being different or of forming a minority in the program were significantly related not to discrimination because of gender but to a lack of awareness in the educational program of the unique needs of male students and the students' lack of preparedness for the gender issues they would encounter in nursing. The participants identified a number of gender-specific issues in the lived experience of male students as they learn to care as nurses. Many of these (e.g., how can a nurse touch a patient without his/her intentions being construed as sexual?) appear to be equally significant for female and male students. Further research might compare the lived experience of female and male students as they learn to care as nurses. The gender issues that appear to affect both male and female nursing students, as well as those that pertain only to males (e.g., being a gender minority in the profession), should be addressed as part of the curriculum for all students. This would serve to heighten the awareness of students of both genders regarding the influence of gender on caring within the profession.

Researchers (Lemin, 1982; Mynaugh, 1984; Newbold, 1984; Woodhams, 1984) have concluded that most patients would welcome care from a male nurse and that, therefore, rejection of a male nurse by a patient is not a significant problem. Although it occurred infrequently, the experience of being rejected by a patient because of gender was distressing for the male students who participated in the research study. It is apparent that nurse educators at times regard these situations as inevitable. Although patients have the right to refuse care by any student, the participants believed that negotiation may be a more appropriate response than removing the student from the clinical assignment. Further study could identify appropriate strategies to help male nursing students cope with such incidents.

### **Conclusion**

It is understood in the prevalent models of caring that the uniqueness of the individuals involved will influence the process and outcome of the caring encounter (Condon, 1992). Gender is one aspect of the uniqueness of the individual that will affect how caring is carried out in nursing. The research findings presented here indicate that nurse educators can do much to explicate to students the effect of gender in caring relationships and to teach male students to care as nurses. What is required is an honest appraisal of how women in nursing have defined caring as women's work, as well as an acceptance of both female and male ways of caring in the profession.



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