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MEN IN A FEMALE-DOMINATED PROFESSION: THE LIVED EXPERIENCES OF GHANAIAN MALE NURSES IN THE UNITED STATES

By

Daniel Kwadjo Frimpong

A dissertation submitted to the

Faculty of the graduate school of education

In partial fulfillment of the requirements for the degree of

DOCTOR OF PHILOSOPHY

Lesley University

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ABSTRACT

Minority men are less than two percent of the total nursing workforce in the United States. The small presence of minority men in the nursing profession presents a challenge to healthcare providers as patients are much more responsive and open-minded to healthcare providers of the same cultural and ethnic backgrounds. This qualitative study was designed to explore the lived professional experiences of Ghanaian male nurses in the United States to shed light on the barriers minority men encounter in the nursing profession in order to make suggestions relating to strategies to appropriately support minority men in their nursing practice. This study utilized a purposeful sample of 10 Ghanaian male nurses (six interviewees and four focus group participants) from the New York City metropolitan area.

Data were collected from three sources including in-depth interviews, a focus group interview, and participants' diaries. The interviews were conducted in both English and Twi-- a Ghanaian local dialect. The interviews were translated, transcribed, and coded manually using Moustakas' (1994) transcendental phenomenological approach to develop common themes describing the shared lived experiences of Ghanaian male nurses in the United States. Seven themes were identified: a) separateness; b) discrimination; c) job security and benefits; d) career opportunities; e) gender-based stereotypes; f) caring through spirituality; and g) *glass (d)escalator*.

Despite the challenges and barriers encountered, the participants expressed satisfaction for their career choice because of job security and career opportunities afforded them in the nursing profession. Recommendations offered to minority male

nurses, hospitals, and other stakeholders of healthcare relate to targeting the support and retention of minority men in the nursing profession.

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Finally, I would like to extend my sincere appreciation to my wife, Afua Foriwaa Frimpong; your consistent encouragement, sacrifices, and loving support have enabled me to achieve my dreams. I love you!

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CHAPTER 1: INTRODUCTION

In America today most people picture a nurse as a woman. When the first nursing school was opened for admission in India around 250 BC, however, only men were deemed pure enough to work as nurses (Anthony, 2006). Men served actively as nurses around the world until the twentieth century when Florence Nightingale professionalized the practice of nursing (Wolfenden, 2011). Nightingale created the concept "that nursing was the ideal occupation for women, or that every woman was a nurse" (Wolfenden, 2011, p. 2). From that moment nursing programs began to exclude men. The marginalization of men from nursing in the US was sustained until after the Korean War in 1955 (Anthony, 2006; Wolfenden, 2011).

In recent time there have been efforts to recruit and retain men in nursing, but their exclusion from the profession for half a century has created huge barriers that have impeded men from entering the nursing profession. Nightingale created an image of nursing as a caring profession for women, but not for men, because men are assumed not to have the natural tendencies to care (Anthony, 2006). In fact, women have been so closely associated with nursing that the sexuality of men who choose nursing as a profession has often been questioned because the belief is that heterosexual men are not natural caregivers (Wolfenden, 2011). The feminization of nursing has created gender bias against men and little is being done to change this image of the nursing profession or welcome men who are about 50% of the world's population. The overall percentage of male nurses in the United States of America is about 9% (Minoritynurse.com, 2013). Minority men in the United States represent an even smaller fraction of male nurses; in

2008, they were about 17% of the total male nurse population (Pham, 2013).

The minority status of men in nursing and the small proportion of men of color in the profession have inspired me to research the lived experiences of Ghanaian male nurses in the United States in order to understand how they perceive their personal, social and organizational influences within their career choices. This study can further inform the nursing profession by putting forth recommendations that address the barriers that confront minority male nurses as well as suggest possible approaches to recruit more men into the profession.

Background of the Study

Since the professionalization of nursing by Florence Nightingale females have dominated the profession for almost a century. Today women still comprise about 95% of all registered nurses (Wolfenden, 2011). Nursing is the largest healthcare occupation in the United States. In 2011, there were about 3.5 million registered nurses in the United States– 3.2 million of these were women (Landivar, 2013). The number of female registered nurses in the United States indicates men are less than 10% of the total nursing workforce and constitute a small minority in the profession (Landivar, 2013). In recent years men have been welcomed back into nursing programs but their enrollment has been slow and steady for over fifty years (Minoritynurse.com, 2013).

In 1970, men represented 2.7% of all registered nurses in the United States. In 2011 this number rose to 9.6% indicating a steady growth but still a small fraction in the nursing workforce (Landivar, 2013). With such small number men are therefore seen as tokens in nursing and are referred to as “male” nurses rather than just as nurses like their female colleagues (McLauglin, Muldoon, & Moutray, 2010). The difference in

identifying nurses today has been attributed to Nightingale's assertion that nursing was a women's work and that every woman was a nurse thus marginalizing the caring abilities of men (Hsu, Chen, Yu, & Lou, 2010). Nightingale's era in nursing and her concept of the profession have contributed significantly to the barriers affecting men in nursing. Some of the barriers noted that male nurses encounter include discrimination, isolation, accusations of inappropriate touching, and questions about their sexuality. Research has shown that the majority of male nurses are heterosexuals but the stereotype still persists (Harding, 2007). Men continue to encounter stereotypes due to the stigma that nursing is not a profession for men but rather for a woman in a white dress with a cap (Loughrey, 2007). The perceived and real barriers associated with men in nursing have implications for gender diversity; however they contribute to be significant factors contributing to the persistent minority status of men in nursing over the recent century (Wolfenden, 2011).

Based on the projected nursing shortage, there is a need for a research about the experiences of men in nursing in order to both identify and address the barriers and to recruit and retain more men in the profession. Gender diversity in nursing could be achieved as more men are supported, recruited and retained into the profession (Robert Wood Johnson Foundation, 2011). Male nurses would also serve as role models for other men who are considering nursing and ultimately helping to change the public image of nurses. Addressing the stereotypes associated with men in nursing might help to decrease the nursing shortage in the United States, which is projected to be over one million in 2022, as the Baby Boomers age, and the need for quality and culturally competent healthcare grow (AACN, 2014).

Statement of the Problem

The United States is projected to experience a shortage of qualified registered nurses. This problem is expected to worsen as Baby Boomers retire and the need for healthcare and culturally competent care intensifies. In addition, the Affordable Care Act (2010) which mandated every American is eligible for healthcare has made the need for quality care a much needed commodity and has therefore exacerbated the nursing shortage as the demand for qualified nurses has steadily increased (Spetz, 2014). Currently, it is estimated that the average age of registered nurses is expected to increase in the next 25 years putting more strain on the profession to recruit additional nurses especially specialty nurses such as psychiatric and nurse anesthetics which tend to attract male nurses (Buerhaus, Staiger, & Auerbach, 2009).

Meanwhile men continue to encounter gender barriers and role strain in the profession thus complicating efforts to recruit more men into the profession (O'Lynn, 2007). In the case of minority male nurses, they are also discriminated in the profession as their race and culture further impact their careers (Cham, 2008). Discrimination against minority male nurses and other gender-related barriers have kept minority male nurses to about 17% of the total male nurse population in the United States (Pham, 2013). High attrition rate is also noted among racial and ethnic minority men in nursing. In fact it has been estimated to be as high as 100% among male nursing students in some nursing programs (Banister, Bowen-Brady, & Winfrey, 2014; Wolfenden, 2011).

The current projected nursing shortage of about one million registered nurses in 2022, and the high attrition rate among male nurses may lead to a crisis in a profession that cares for the vulnerable and underserved populations in our society (United States

Department of Labor: Bureau of Labor Statistics, 2013). The projected shortage of nurses and the lack of male nurses could impact access to healthcare and the delivery of competent care in the United States (Buerhaus et al., 2009).

In addition, the small presence of minority male nurses in the United States indicates a disparity between the changing demographics and qualified registered nurses who can contribute to the delivery of quality and culturally competent care for a diverse population (Banister et al., 2014). The lack of minority male nurses, especially black men, is a concern for the delivery of care in black communities as "patients are much more receptive to health care providers of similar cultural and ethnic backgrounds" (Robert Wood Johnson Foundation, 2011). Therefore as the Baby Boomers retire, and the demographics of the population consistently change in the United States, it is necessary to understand the lived experiences of black male nurses in order to recruit and retain qualified minority men into the nursing profession to help offset the expected shortage to deliver culturally competent care (AACN, 2014). However, there is limited research about the lived experiences of black men in nursing and the factors that impact their professional careers. Such a situation suggests a need for more research relating to the experiences of minority male nurses to improve recruitment effort among black men into nursing and to support the delivery of culturally competent care in the United States.

Purpose of the Study

The purpose of this phenomenological study was to provide an opportunity for 10 Ghanaian male nurses (six interviewees and four focus group participants) in the United States to describe their lived professional experiences within the nursing profession to shed light on the barriers they encountered as minority men in a female dominated

profession. The aim of this study was to understand the factors that impacted the professional experiences of the participants and to make recommendations that might help recruit and retain more minority male nurses, especially Black men, into nursing in order to support the delivery of culturally competent care in the United States as the demographics in the population continue to change. Factors such as gender and race were also examined to understand whether they contributed to the high attrition rates among men in nursing (Buerhaus et. al., 2008).

Research Questions

The following research questions were used to guide this study about the lived experiences of Ghanaian male nurses in the United States:

1. What are the lived professional experiences of Ghanaian male nurses in the United States and how do Ghanaian male nurses narrate these experiences related to their career choices?
2. What factors contribute to the lived professional experiences of Ghanaian male nurses in the United States and how do these factors impact their careers in nursing?

Methodological Approach

This study employed a phenomenological qualitative approach to understand the lived experiences of 10 Ghanaian male nurses (six interviewees and four focus group participants) in the United States. The interviewees and the focus group participants have all completed a four-year bachelor's degree in nursing and have worked as registered nurses for at least three years. Data was collected from in-depth interviews, focus group

discussion, and participants' diaries. The participants were assigned pseudonyms to protect their identifies. The individual interviews and the focus group discussion were conducted in both English and *Twi,* a Ghanaian dialect. I employed open-ended questions following with probing questions in the participants' first language then listened carefully to them throughout the interviews to develop an accurate qualitative data from their experiences. The interviews and the focus group discussion were recorded, translated, and transcribed manually.

As a Ghanaian, I explained the significance of the study to the participants and assured them of the confidentiality of the information they shared. I was open-minded with my data collection and its analysis; I only transcribed the information the participants shared with me and bracketed my beliefs and biases from the research to maintain an objective perspective throughout the study. The data was analyzed following Moustakas' (1994) transcendental phenomenological approach. The significant statements were identified from the data to develop common shared themes to describe the essence of being a Ghanaian male nurse in the United States.

Significance of the Study

Evidence has shown that men encounter gender barriers in nursing; however, the challenges immigrant male nurses have been facing in the United States have not yet been explored. Literature review has revealed that not much is known about the lived experiences of immigrant male nurses from Africa and the factors that impact their professional career in the United States. The experiences of African male nurses in the United States can no longer be ignored as the population of Africans in the United States steadily increases. In the past four decades the population of Africans in the United States

has increased from 80,000 in 1970 to almost 1,600,000 in 2012, with the majority coming from Western Africa countries such as Ghana and Nigeria (Gambino, Trevelyan, & Fitzwater, 2014). Therefore the gap in the literature about African men in nursing in the United States needs to be addressed. Although, the overall population of African-born immigrants in the United States may be small when compared to others, there is an increasing need to study their ever growing presence in the U.S. and in the healthcare industry, especially in nursing which has a projected shortage of about one million nurses in 2022 (United States Department of Labor: Bureau of Labor Statistics, 2013).

It was hoped that outcomes of this study would provide a deeper understanding of the unique experiences of Ghanaian male nurses in the United States. With this information, recommendations could be made for a culturally safe working environment for Ghanaian male nurses and other racially and ethnically diverse foreign-born registered nurses in the United States who account for about 15% of the total nursing workforce (Rand Corporation, 2013). The study might have important implications for stakeholders as the attrition rates among male nurses continue to rise with more men quitting the nursing profession within the first five years of practice (Stokowski, 2012).

It was anticipated that this study would provide factors that influence the professional careers of Ghanaian male nurses and it could serve as a blueprint to guide healthcare employers to increase recruitment and retention among racially and ethnically minority male nurses in the United States. This study is intended to improve diversity in nursing and to support the delivery of “culturally competent, linguistically appropriate and sensitive healthcare for the unique needs of minority populations in the United States” (Gardner, 2005, p. 155).

In addition, this study provided an opportunity for African-born immigrants of Ghanaian descent to share their lived experiences in a female-dominated profession and to facilitate an in-depth exploration of the impact of race, culture and national origin on the careers of men in nursing from racial and ethnic minority backgrounds in the United States. This study might contribute to the limited body of knowledge about men in nursing focusing on the experiences of African-born male nurses in the United States and drawing on the impact of race, gender, nationality and culture on the careers of men in nursing. It was hoped that this study would lead to further research about men in nursing focusing on racial and ethnic minorities to help recruit and retain more minority male nurses to create a diverse nursing workforce to address the issue of diversity in nursing, which could assist in the delivery of healthcare in the United States (Gardner, 2005).

This study has reaffirmed the basic tenets of critical race theory, which asserts that racism is prevalent in the American society and it affects the daily lives and career experiences of many people of color including those in professional occupations such as male nurses. The study, therefore, questions the notion of a color-blind society and it calls for a united effort against racism and discrimination to develop an inclusive and diverse society for the good of the United States as the demographics in the country consistently changes. Furthermore, this study questions the validity and generalization of the concept of a "glass escalator" for male nurses which many studies have found to be a hidden treasure for men in nursing (Porter-O'Grady, 2007).

The findings from this study could be significant to critical race theorists as they continuously advocate for a more inclusive society where all men are treated equal irrespective of their skin color; and to healthcare employers who have the responsibility

to provide a safe and welcoming environment for all nurses to develop professionally, and provided equal opportunities for overall success.

Delimitations and Limitations of the Study

The study was limited to the lived experiences of registered male nurses of Ghanaian descent from the New York City metropolitan area. The study employed a purposeful sample of 10 Ghanaian male nurses (six interviewees and four focus group participants) who have worked and lived in the United States for at least three years. The findings were limited to the experiences of the participants and their responses to the interview questions during the study. Therefore the results do not reflect the general lived experiences of all male nurses in the United States. It cannot be assumed that the study is representative of the experiences of all Ghanaian male nurses in the United States.

In addition, the study was delimited to Ghanaian male nurses who understood and spoke *Twi*, a Ghanaian local dialect that was used to conduct the interviews. It should also be noted that my insider status as a Ghanaian researcher made some of the participants uncomfortable discussing their experiences with me especially on sensitive issues due to fears of being personally identified within the Ghanaian community. As a result, some of the participants were brief in their responses during the open-ended interviews and such limitations may have impacted the validity of the results of the study.

Ghanaian Immigrants in the United States

Ghanaians living in the United States are less than one percent of the total population. However, they are among the fastest growing African immigrants in the country growing from10,000 in 1980 to about 235,000 in 2014 (Migration Policy

Institute, 2014). Data show that more than half of Ghanaian immigrants presently living in the United States have lived in the country for less than 15 years meaning they arrived in the year 2000 or later. Ghanaian immigrants tend to live in the northeast of United States in states such as New York, Virginia, New Jersey, Maryland and Massachusetts with the highest population in New York City. Ghanaian immigrants in the United States are educated; 18% of adult Ghanaian immigrants have at least a four-year degree and 12% have a master's degree, doctorate degree, or a professional degree (Migration Policy Institute, 2014).

Ghanaian immigration to the United States has consistently increased since the Immigration Act of 1990, which introduced the diversity immigrant visa. Under the diversity immigrant visa, the United States issued permanent residency visa to individuals from countries deemed "Low Admission States" such as Ghana in order to promote diversity among the immigrant population.

Ghanaian immigration to the United States has increased so much that Ghana is now one of the leading African countries with the highest number of visa issuances from the State Department (US Department of State, 2015).

Ghana: A brief history, location, people, and culture

History and Location

Ghana is a former British colony, known as the Gold Coast of Africa until its independence on March 6th, 1957. The Portuguese were the first Europeans to sail to Ghana in the 15th century followed by the French, Dutch, Danes, and British when the country became prominent for its natural resources and a harbor for slaves. At the end of the 19th century, most of the European explorers in the Gold Coast left leaving behind

the British who colonized Ghana. The British controlled the Gold Coast until the country gained its independence. Dr. Kwame Nkrumah became the first Prime Minister and the president when the Gold Coast became a Republic in 1960 (Utley, 2009). There have been subsequent changes in government since independence including military coup d'états. Ghana now civilian ruled is considered a beacon for democracy in sub-Saharan Africa.

As a result of colonization, western cultures have had a great impact on the development of Ghana and Ghanaians. Their exposure to western culture has assisted Ghanaians to assimilate easily in developed countries when they migrate, and the culture shock is less disorientating. For example Ghanaian migrants have a good knowledge of English when they arrive in the United States making their adjustment to living in the country easier.

Ghana is located in sub-Saharan Africa and it is located along the Gulf of Guinea and the Atlantic Ocean. Three French western African countries border Ghana: Togo is to the east, Ivory Coast in the west, and Burkina Faso to the north of Ghana. The Gulf of Guinea and the Atlantic Ocean are in the southern part of Ghana making the country a shipping hub for some Western African countries (Kuada & Chachah, 1999; Utley, 2009). Ghana is sandwiched among three Francophone countries in West Africa. Ghanaians however, have positive relationships with their neighbors and such attitudes of Ghanaians toward their neighbors are the source of the great relationship they enjoy outside their home country with diverse groups of people.

Major Tribes and their Languages

Ghana is a multi-ethnic country with a population of about 24 million people from

the Akans in the mainland to the Ewes in the eastern part of the country known as the Volta region. The Akans represent about half of the population, which include Ahantas, Akyems, Akuapims, Ashantis, Bonos, Fantes and Nzemas. The Ewes are about 13% of the population, the Ga-Adanges who are from the Greater Accra region of the country are about 8%; and the Mole-Dagbanis and the Gonja people are about 24%, and they are form the main tribes in northern Ghana. There are many other minor tribes in Ghana. Ghanaians speak many different local languages including Akan, Hausa, Anloga, Frafra, and Mamprusi, and with many different dialects; however, English is the official language and it is the medium of communication in schools and for official state functions. The majority of the Ghanaian population speaks dialects of the Akan language, with Twi as the most spoken Akan language in the country (Kuada & Chachah, 1999; Utley, 2009). Twi serves as the medium of communication on many radio and television stations and it has become the "country's unofficial lingua franca" (Utley, 2009, p.17).

Customs and Cultural Values

Ghanaians have a rich diverse culture that arises from the multi-ethnic tribes in the country. The rich cultures in Ghana are displayed through festivals and durbars, such as Dipo (puberty rites), *Aboakyire* (deer hunting to acknowledge bravery), Kwahu Easter festival (communal spirit), *Odwira* (thanksgiving), *Akwasidae* (purification of ancestral stools), *Fetu Afahye* (festival to commemorate first contact with Whites), *Apoo* (purification of people from social evil), *Gologo* (sacrifices for abundant rains for farming), *Homowo* (remembrance of agricultural success) and many others (Easytrackghana.com, 2015). These festivals display the way of life of the many ethnic groups in Ghana. The festivals serve as rites of passage in many communities as the

occasions are used to initiate girls into womanhood, to remember ancestors, purify self, recognize as gods and ancestral stools, which are well carved seats that serves as a symbol of heritage and authority for spiritual purposes, to ask for protection, to bring people together for community services and to officially remind the citizens of the beginning of special seasons (Utley, 2009).

Ghanaians are raised in a multi-ethnic and multi-diverse society and they lived happily together with each other with no ethnic tensions. In Ghana, the love for humankind crosses ethnic and cultural differences; Ghanaians are receptive and welcoming especially towards foreigners. Such upbringing leads Ghanaians including the participants of this study to live and work collaboratively with people from different cultures and backgrounds. Ghanaians are united and they always unite people for the common good of humankind so such values could guide the participants of this study to have a great sense of unity to work collaboratively to deliver cultural competent care in the United States (Kuada & Chachah, 1999; Utley, 2009).

Family Values

Family is very important to Ghanaians, it is the primary mode of identification and Ghanaians proudly identify their family lineages. Ghanaians believe in the extended family system and family is the only and important asset many in the country have because they can always rely on family for support. The Akans are more than half of the total population of Ghana and the traditional Akan succession and inheritance is based on matrilineal lineages. Some parts of the Akan family and other tribes in Ghana follow patrilineal lineages. However, it is often the men who inherit the family's wealth. Men are often the head of the family and it is the responsibility of men to work and provide for

the welfare of the family. Women in a traditional Ghanaian family are influential because of the matrilineal lineages of succession; however, women are expected to be mothers and primary supporters of the goals of their husbands. Ghanaian women also work outside of the home and in a modern Ghanaian family, women are educated and they take up traditional roles of men to support the family. The Ghanaian philosophy of an extended family extends beyond immediate family to people they work and interact with regularly and I could imagine the participants for this study treating their colleagues as family in a supportive work environment (Utley, 2009).

Respect for Elders and Moral Values

The elders in Ghanaian families are highly respected and it is a taboo to challenge an elder in your family. Respect for the elderly and people in authority shape the way of life of Ghanaians at home and abroad so they are very respectful to friends, colleagues and supervisors at work. However, respect for authority could impede the work habits of the participants of this study, because Ghanaians tend to wait on instructions before they act rather than taking the initiative to lead. Ghanaians are friendly, loving, and compassionate to family and others including foreigners. The high moral values among Ghanaians are a result of their religious nature because they believe in doing for others, as they want God to do for them (Kuada & Chachah, 1999).

Religion and Religious Values

Religion is embedded in the fabric of the Ghanaian society-- religion influences the daily-lived experiences of Ghanaians. Ghanaians pray about everything and in every endeavor in their lives. Ghanaians profess their faith in their greetings; they easily

identify their religion and they do not hesitate to inquire about faith of others. Religious tolerance in Ghana is the primary reason for peace in the country. Ghana observes religious holidays for Christians and Muslims; and all the citizens recognize them. Christianity is the major religion and about 67% of the citizens identify as Christians, 15% are Muslims and the rest are of various religious beliefs including African traditional religion, Judaism, Hinduism, and Buddhism (Easytrackghana, 2015; Utley, 2009). Ghanaians are religious and hardworking; they are committed in life and are compassionate. Ghanaians are raised to know that knowledge is power and hard work is the key to the success of a person so they have positive attitudes towards education and work (Utley, 2009).

Assumptions of the Study

I am Ghanaian researching the lived experiences of Ghanaian male nurses in a female dominated profession. As a result, I am knowledgeable about the Ghanaian culture and how Ghanaians are raised to adjust to life’s circumstances including job related barriers such as gender-based barriers, racism, and discrimination without complaining to authority. However, I assumed the participants having lived in the United States for many years would be forthcoming in their responses to the interview questions. The participants were expected to talk about their experiences and specifically stereotypes, which might have impeded their professional career. Ghanaian nurses in the United States are held in high esteem in Ghanaian communities; they are regarded as successful with no job related barriers. It was my hope that the participants would provide insightful responses especially to questions that sought descriptions detailing their profession contrary to how it is viewed by many Ghanaians.

I assumed the findings from the study reflected the unique lived experiences of the participants. I used *Twi*, a Ghanaian dialect to conduct the interviews, assuming that it would have provided an easier means for the participants to express themselves without any challenges when answering the questions in English which is a second language to the participants. I assumed the participants recollected their lived experiences, shared their experiences fully with me and trusted me to confidentially keep the information they divulged to me during the research.

Role of Researcher

As a Ghanaian descent, the researcher brings to this study cultural experience that allowed him access to this immigrant population. Although I am not a nurse, I have much in common with the participants—we are Ghanaians, we live in the same community in the United States, we share a common culture, and we speak the same dialect, which I employed to interview the participants during the study.

I have many friends and associates who are male nurses in the New York City metropolitan area, but none of them were interviewed for this study. Although the participants I interviewed were initially strangers, I developed a positive rapport with them. I was always aware of the trust they had in me as a Ghanaian professional who was studying the phenomenon of men in nursing from the experiences of Ghanaian male nurses. I did not persuade any of the participants to take part in the study and explained to them their rights as participants.

I had some assumptions about the experiences of Ghanaian male nurses based on my preconceived ideas about them in Ghanaian communities in the New York City area. In addition, I had developed some biases and expectations about the experiences of men

in nursing from conversations with friends who are male nurses, and from my review of the literature. I kept a research journal to acknowledge my biases, assumptions, expectations, and personal beliefs in order to bracket them from the study to capture the true voices of the participants.

Definition of Terms

The following operational terms were defined for the purpose of this study.

Male: A person biologically identified as male from birth and born with mobile gametes especially spermatozoa.

Male Nurse: A nurse who self identifies as a male and is officially employed as male registered nurse to care for the sick and injured usually in a hospital or health care facility.

Ghanaian male nurse: Male nurses of Ghanaian ancestry who were either born in Ghana or to Ghanaian parents in the United States and who have been working as registered nurses in the United States for at least three years.

Gender bias and Gender barriers: Gender bias is a commonly accepted approach or identification in nursing that intentionally or unintentionally discriminates against men in nursing for example referring to men in nursing as male nurses while their female colleagues are just called nurses. The feminine pronoun "she" is also commonly used to refer to nurses indicating nurses are females and any man pursuing nursing may have feminine characteristics. Gender barriers are processes such as isolation and lack of male preceptors in the nursing profession that impede the careers of men in nursing.

Female Dominated Profession: Female dominated profession is a profession where women are more than 75% of the total workforce and men are seen as 'tokens,' and as

possibly having feminine behaviors for pursuing careers in the field.

Twi: A Ghanaian local dialect. It is the native language of the Akan people of Ghana. It is the second unofficial language in Ghana.

Ghana: A country located along the Gulf of Guinea and the Atlantic Ocean in the Sub region of West Africa. It is bordered by the Ivory Coast in the West, Burkina Faso in the north, Togo in the east and the Gulf of Guinea and the Atlantic Ocean in the south.

Glass Escalator: It is a common phenomenon in female-dominated professions such as nursing which asserts that men are promoted more quickly than women indicating men ride an escalator to the top in female-dominated professions.

CHAPTER 2: LITERATURE REVIEW

The purpose of this phenomenological study was to explore the lived professional experiences of 10 Ghanaian male nurses (six interviewees and four focus group participants) in the United States within the nursing profession to shed light on the barriers they encountered as minority men in a female dominated profession. This qualitative study was based on a thorough review of the literature regarding men in the nursing profession. The literature review provided an understanding of the slow but steady growth of men in nursing since their marginalization from the profession. This literature review is therefore focused on the historical perspectives of the role of men in nursing and the challenges they encounter in their careers. A literature review of the impact of race, culture and ethnicity on the professional careers of minority male nurses in the United States was also conducted to further understand how such factors could influence the lived professional experiences of the participants and the outcomes of this study.

The review of the literature focused on the history of men in nursing, marginalization of men in nursing, the continued prevalence of a feminine image of nursing, gender bias and gender-based barriers against men in nursing, sexual stereotypes about male nurses, social isolation experienced by male nurses, role strain for male nurses, glass escalator opportunities for men in nursing, job security and career opportunities, and high attrition rates among male nurses.

History of Men in Nursing

In modern times, nursing is still perceived as a profession associated with women. When the nursing profession was first established in India around 250 BC only men were determined to be pure and competent enough to train as nurses (Anthony, 2006). In those early days it was always men who were trained as nurses to care for the sick.

During the early Christian era, two men, Ephrem and Basil, led groups of monks and nuns from Christian churches to provide nursing services for the sick and poor (O'Lynn, 2007). The contributions of Ephrem and Basil still resonate today because they established hospitals across the world and financially supported the hospitals in their services to the sick and the poor (O'Lynn, 2007). Basil hired many male nurses in the hospitals to care for the sick. The male nurses from the Christian churches later formed a group known as the parabolani (O'Lynn, 2007). The parabolani was an organization, which consisted of only men who cared for the sick during the Black Plague epidemic (O'Lynn, 2007).

The Christian churches spread their caring mission and instituted many hospitals across the world especially during the Byzantine period. Like in earlier time, the majority of the nurses who worked at the Byzantine hospitals were men and it is believed that the care they provided was comparable to nursing care in the modern world (Kourkouta, Plati, & Ouzounakis, 2012).

The military nursing orders also established many Hospitallers including the Knights Hospitallers of St. John of Jerusalem to care for sick pilgrims and to provide humanitarian services for the poor and needy (O'Lynn, 2007). Brother Gerard led the Hospitallers until 1118 when Raymond du Puy succeeded him. The serving brothers, who

were all men from the Hospitallers, served as the nurses at the hospitals and they bathed, clothed, and cared for the sick. The Hospitallers moved across Europe and established healthcare institutions. Men again led the Hospitallers in Europe to care for the sick, prisoners and slaves. The male nurses from the Hospitallers were very dedicated to nursing care and lost some of their leaders while caring those with the plague (O'Lynn, 2007).

The Hospitallers encountered some challenges during their stay in Europe and abandoned their services; however, other male nursing orders such as the Brothers of St. Anthony and the Alexian Brothers took up nursing to care for the sick. The Alexian Brothers provided important nursing care for the sick in Europe during the spread of the Black Plague (O'Lynn, 2007). The Alexian Brothers comforted the sick, cared for them and buried the dead when their families left them to flea to safer places. The Alexian Brothers established hospitals in many countries including the United States. Their first hospital was in Chicago, Illinois, and a second hospital was established in St. Louis, Missouri. The nursing services of the Alexian Brothers continue today across the world in top-level hospitals including hospitals United States (O'Lynn, 2007).

During the Renaissance period, interest in science led to advancements in medicine; however nursing skills and services deteriorated sharply as many of the Christian hospitals and monasteries shut down their operations (O'Lynn, 2007). The closures of monasteries and Christian hospitals led to large exodus of men from nursing leaving only a few men who specialized in psychiatry and transportation of patients. The deplorable conditions in the hospitals and huge decline in the male nursing workforce led to the rise and dominance of women in nursing (O'Lynn, 2007).

Florence Nightingale both reformed and professionalized the field of nursing (Wolfenden, 2011). In 1860, Nightingale trained women from wealthy backgrounds as nurses and established her first nursing school in London. Nightingale enrolled only women at her school because she thought women were natural caregivers and "that nursing was the ideal occupation for women, or that every woman was a nurse" (Wolfenden, 2011, p. 2). Nightingale's reforms in nursing excluded men from the profession and permanently changed the public image of nursing. As part of the reforms in nursing, Great Britain introduced nurse registries for which "only female nurses were allowed full membership on the registry" (O'Lynn, 2007, p. 26). The nurse registries were also introduced in the United States and at the same time there were revisions to nursing curricula to include women's health education courses, which were not opened to men. The nurse registries and the gender discrimination against men for membership in elite nursing associations alienated men from the profession.

In 1901, the Army Nurse Corps was commissioned within the United States Army Medical Department. The military ranks in the Army Nurse Corps were exclusively female and by the First World War, military nursing had permanently changed from a majority male profession to exclusively female. The marginalization of men in nursing in the US was sustained until after the Korean War in 1955. Men were again allowed to reenlist as nurses in the US military and this started the slow reemergence of men in nursing (Anthony, 2006; Wolfenden, 2011).

In the United States, men have gradually embraced nursing since 1955 when they were allowed to serve as army nurse corps officers in the military. However, their enrollment in nursing programs has been slow and they are still a small minority in the

total nursing workforce. Men were 2.7% of the total nursing workforce in 1970 and as of today that percentage has more than tripled but the profession is still female dominated with about 90% of all registered nurses as females (Wolfenden, 2011). According to research data, Nightingale's reforms and the feminine image she created for nursing has been difficult for men to overcome, as the stigma against men in the profession continues to exist in our society today (Wolfenden, 2011).

Feminine Image of Nursing

Nursing has been portrayed in our society as a feminine occupation so "the public image of a nurse continues to be a white woman in a white dress and a white cap" (Robert Wood Johnson, 2011). The nursing profession has changed dramatically over the past 50 years with advancements in technology, the use of nursing informatics, evidence-based practices and the focus of quality and safe health care. However, Nightingale's assertion that nursing was a woman's job has lingered in the nursing profession. According to Murphy (2010) and Wolfenden (2011) nursing is still looked upon as a caring, nurturing, feminine, motherly, and soft profession considered ideal for women. Murphy and Wolfenden further posit that the media has strengthened the feminine perspective of nursing; it has often employed females as nurses and has shown male nurses to be compassionate—caring men in our society. In a 2006 national survey, 1604 people were asked the first thing that came to mind when they heard the words "registered nurse." Respondents overwhelmingly described nurses as caring and compassionate, words associated with feminine traits (Wood, 2008). The notion of a nurse as a caring, compassionate individual has helped to perpetuate the assertion that nursing is a feminine profession; it portrays a nurse as an individual "who is subordinate,

nurturing, domestic, humble, and self-sacrificing” (Anthony, 2006, p. 46).

The public image and the outcome from the national survey portraying nurses as caring and compassionate seems to question the role of individuals who are brave, assertive, confident, and aggressive in nursing (Wood, 2008). The feminine image of nurses conjures a gender bias in nursing; it poses potential challenges to men who pursue a career in nursing, it questions men’s caring ability and sexualizes their caring touch in nursing (Harding, North, & Perkins, 2008). Although there are many progressive changes in the nursing practice, the lingering feminine image of the profession as indicated in the Wood (2008) study could lead Ghanaian male nurses in the United States to distance themselves from their female colleagues and enter into nursing specialties compatible to the masculine image such as psychiatry, emergency room care, intensive care, orthopedics, and anesthesiology. Research has shown that socially distancing themselves from female colleagues could help to dispel talk about their sexuality; however, such isolation could impede any team effort, which is significant in the nursing profession (Harding, 2007; MacWilliams, Schmidt & Bleich, 2013).

Gender Bias

Evidence has shown that too often nurse educators have not acknowledged the presence of men in nursing as evident by the choice of language they have employed in the classroom while addressing nursing students. In many cases nurse educators refer to nursing students as ‘she,’ thus ignoring the growing presence of men in nursing programs (McKinlay, Cowan, McVittie & Ion, 2010). The use of this term implies that all nurses are female and that men pursuing nursing may have feminine characteristics. Also, nursing textbooks tend to use the feminine pronoun to refer to nurses and there is little

effort to gender-neutralize the image of nurses (McKinlay et. al., 2010). Men in nursing have suggested that their approach to learning is not always accepted in nursing programs (Anthony, 2006; McLauglin, Muldoon, & Moutray, 2010; Stott, 2007). Men have found caring for the sick to be a learning process; however, they have been told that caring is a skill that should come naturally to people with a passion for life (McKinlay et. al., 2010). Such practices have strained some men's attempt to enter the nursing profession.

Other secondary sources for learning in nursing programs, such as videos, typically portray nurses as female. McLauglin et al., (2010) also affirm that answers to multiple choice test questions are only correct according to the female perspective of caring. In a study on gender bias in nursing, Anthony (2006) expressed the frustration of one male nursing student who said, "when I look at the questions I got wrong, I don't think it shows my lack of knowledge, only that I think like a man, not like my nursing instructor" (p. 43). This perceived discrimination in nursing education against men could contribute to the attrition rate among male nursing students.

Touch is imperative in nursing as patient care entails comforting, physical contact and intimate care. However, touching in nursing has been feminized so male nurses are perceived, in many instances, as sexual predators as some patients tend to misconstrue the intimate touch of male nurses as sexual (Harding et al., 2008). Such differences in the public perception of touching play an integral role in nursing discrimination against men, which limits their access to the profession.

Male nurses have long been marginalized in providing nursing care to children and women (Harding, 2007). There are sparse institutional supports to guide men in performing intimate nursing care. Harding et al., (2008) conducted a discourse analysis

study of 18 men to explore the lived experiences of male nurses in delivering intimate care for patients. The researchers found that a man's intimate touch was deemed sexual (Harding et al., 2008). The participants asserted that they were ill-prepared to deliver physically intimate care as touching was associated with motherly instincts; as such, nurse educators presumed women could provide the services without much guidance. The participants indicated both male and female patients rejected their services; and, one of the participants, said that he was rejected simply because of his gender (Harding et al., 2008). The professed lack of support from nurse educators and the assumption that providing intimate nursing care is a natural instinct imply bias against men in the profession; as a result female domination persists and protracted shortages in nursing especially in specialties like psychiatry, orthopedics and emergency room nurses which tend to benefit from the physical strength of men.

Stokowski (2012) concluded that gender bias is a common phenomenon in nursing and too little has been done to improve the situation to welcome men into the profession. Christensen and Knight's (2014) thematic analysis study found that gender inequality existed in nursing. Male nurses recounted challenging experiences such as patients questioning the intent of male nurses during procedures, especially those that involved intimate nursing care. The participants in the study, who were all males, reported having dealt with many challenging situations including restriction from working with newborn girls and breast-feeding mothers. They mentioned being permitted to care for only newborn boys and restricted from physically handling female patients receiving psychiatric care to avoid any accusations of inappropriate touching, a situation not experienced that did not apply to their female colleagues (Christensen & Knight,

2014). These restrictions on male nurses stem from the negative sexual stereotypes about men in the profession.

Evidence has shown that gender bias in nursing has isolated men in the profession. Such circumstances generate mounting stress on the lived professional experiences of male nurses. Therefore more organizations in the field of nursing should support the actions of Robert Wood Foundation and The American Assembly of Men in nursing to launch diversity recruitment initiatives to recruit more men in the nursing profession (Robert Wood Johnson Foundation, 2011).

Gender-based Barriers in Nursing

Men who are professional nurses are not "often referred to as nurses but as male nurses" (McLauglin et al., 2010, p. 303). Such a gender-based approach to addressing men in nursing presents them as different from their female colleagues. About 95% of all registered nurses are females; this has created a feminine image of nursing in the minds of the public. Nightingale's creation of a caring and feminine image for nursing now brings into question the masculinity of male nurses. According to Twomey and Meadus (2008) men in nursing are also viewed as unintelligent and academically incapable of attending medical school; therefore, leading their female colleagues and some patients to question their knowledge and skills. Even with the current increase of men in nursing, some patients still struggle to accept men as their nurses, because of the stereotypes they hold about male nurses. Current research shows some patients think men are neither caring nor compassionate and lack the skills to be nurses (Stokowski, 2012). As a result of these experiences, some male nurses have developed insecurities of their own in delivering quality nursing care believing that they are not accepted into the profession

(McLauglin et al., 2010).

In a cross-sectional design, Muldoon and Reilly (2003) asked a group of nursing students to rate 19 specialties in nursing as either gender neutral, female sex-typed or highly female sex-typed. Twelve of 19 specialties were deemed either highly female sex-typed or female sex-typed. Only the seven following specialties were viewed as gender neutral: Mental health, accident and emergency, learning disability, theatre, surgical and medical nursing, nurse teaching and management. The specialties deemed gender neutral were labor intensive and required physical strength to handle aggressive patients: while other specialties expected nurses to be comforting and sympathetic to the pain of others— traits more associated with women. Whittock and Leonard (2003) write that the constant expectation of male nurses to perform the manual labor aspect of nursing creates a barrier for men, which leads some to quit after only a few years.

The assumption that men are sexually aggressive has created a suspicion about male nurses especially during intimate care of female patients. In a study about the experiences of men in nursing, Evans (2002) found that the caring touch of men was perceived as sexual by some patients. This evidence shows that such gender-based beliefs in nursing leave men vulnerable to sexual harassment charges in their daily practices. In the United Kingdom, men were not allowed to train as midwives until after labor discrimination laws were passed in 1993 (Pilkenton & Schorn, 2008). Because female patients reported feelings of vulnerability, many midwives thought midwifery was an intimate "woman-to-woman care" therefore excluding men from never developing trusting and caring relationship with pregnant women (Pilkenton & Schorn, 2008, p. 31). Some people even used the name of the specialty to question men who tried to become

midwives claiming not to know how to address them because the job title is “midwife but not midhusband” (Pilkenton & Schorn, 2008, p. 31).

In another descriptive qualitative study in Iran, 18 male nurses who had graduated from a four-year bachelor program with at least a year of clinical nursing experience shared their lived experience as men in a female-dominated profession (Zamanzadeh, Azadi, Valizadeh, Keogh, Monadi, & Negarandeh, 2013). The participants were between 23 to 43 years of age and 12 of them were married. The participants specialized in coronary care, psychiatry, emergency care, operating room, surgery and internal medicine. An in-depth semi-structured interview was employed to collect data about the lived experiences of the participants. The study found that many factors including gender related stereotypes influenced the lived experiences of the participants. The participants chose to identify either as medical staff or supervisors to avert the daily gender barriers they encountered in their practice (Zamanzadeh et al., 2013).

“As a male nurse, I experience some obstacles that may not be present for women” (Rochlen, Good, & Carver, 2009, p. 49). This was a sentiment a male nurse expressed because of the gender barriers he encountered in his career. Male nurses experience isolation and loneliness on the job; they lack role models to motivate and inspire them to remain in the nursing profession (Anthony, 2006). The minority status of men in nursing exacerbates the issue of gender barrier in nursing because it isolates men and “they report that they’re likely to be more closely scrutinized than their female peers and often feel as if they’re under a microscope whether in the classroom or clinical setting” (Anthony, 2006, p. 47).

In the midst of these gender-based barriers is a lack of sufficient successful male

role models to encourage, guide and serve as preceptors for new male nurses. Female nurses often serve as preceptors for men during clinical rotations, and because they do not necessarily understand the experiences of male nurses they tend to either mislead or misguide new male recruits about the expectations of the job (McLaughlin et al., 2010).

Sexuality and Sexual Stereotypes in Nursing

Harding (2007) interviewed 18 male nurses from New Zealand in a longitudinal study, which employed both masculinity and queer theory for data analysis. The participants were employed in clinical nursing, education, administration, midwifery, mental health, and the armed forces and their experiences level ranged from new recruits to a retiree with 40 years in the profession. All but seven of the participants identified themselves as gay. Harding (2007) identified three themes from the study-- they are stereotypes of male nurses as gay, consistent homophobia during patient-nurse interactions, and male nurses open declaration of heterosexuality on the job.

Although not all of the participants were gay the study found that men in nursing are generally presumed to be gay and that male nurses confronted homophobia because of the public perception of the sexuality of male nurses (Harding, 2007). One of the participants described that during a routine procedure, a visitor told the male patient he was caring for “to better watch out for them you know what they’re like!” (Harding, 2007, p. 639). The participant understood the comment to mean that male nurses are perceived as gay. The majority of the participants claimed that being gay was a barrier that impeded the career of male nurses because patients’ interactions with gay nurses were awkward and that being gay made it challenging to progress in nursing. Therefore the participants wore wedding rings to either identify as heterosexual or to hide their

sexuality to fit well within nursing profession.

In a recent study about the attitudes and perspectives of Canadians regarding men in nursing, Bartfay (2007) surveyed 84 participants; 12 were men and 72 were women with mean ages of 24 and 23 respectively. The study asked participants to identify barriers that hindered men in nursing and found that the issue of sexuality and sexual stereotypes was a primary issue of concern to male nurses. One male participant concluded that the constant questioning of the sexuality of male nurses had an influence on the high attrition rates among male nurses and asserted it could be the primary reason for poor recruitment among men into nursing. Evidence shows that the media portrayal of male nurses as feminine, caring, compassionate, gays, nice, and unintelligent is further creating the perception that there is no place in nursing for heterosexual men leading to doubts about the sexuality of male nurses (Stokowski, 2012).

Twomey and Meadus (2008) employed a descriptive design qualitative method to study perceived barriers male nurses experienced on the job, factors that influenced career satisfaction, and why men choose nursing as a career. The study surveyed 102 male nurses using a self-reported questionnaire on which participants were asked to respond to questions on a scale from 0 to 3, with 0 as not important and 3 as very important. The mean age of the participants was 38.1 years and their professional experiences ranged from one to 35 years. On the question of perceived barriers that hindered the career of men in nursing, the study found that sexual stereotypes was the leading impediment to men in nursing with a mean score of 1.75 and a standard deviation of 1.1. All of the participants agreed that sexual stereotype was a hindrance to men in the profession (Twomey & Meadus, 2008).

In a study exploring the experiences of men in a female dominated profession, Cross and Bagihole (2002) found that the sexuality of men in nursing was often questioned by their friends; they were asked to defend their masculinity for being in a woman's job. The participants in another qualitative study about the experiences of male student nurses said their female peers and patients perceived them as "unmanly" (Kelly, Shoemaker, & Steele, 1996). The participants often talked about their love for their wife and children in order to emphasize their sexual orientation; they always wore their wedding ring to dispel any rumors of being gay. Such beliefs about male nurses often affect them psychologically and their ability to deliver competent nursing care (Twomey & Meadus, 2008).

Whittock and Leonard (2003) interviewed 42 male nurses, most of whom were white. The mean age of the participants was 33 and about two-thirds were unmarried. Similarly to the earlier studies (Kelly, Shoemaker, & Steele, 1996; Cross & Bagihole, 2002), findings from this study indicated that the participants were compelled to acknowledge their heterosexuality by constantly talking about their relationship with women. The study also found that the issue of sexual stereotyping hindered men from practicing effectively as nurses. Most of the male nurses said they relied on their female colleagues to perform intimate care for patients. The participants were fearful that their touching of patients would be misunderstood as sexual (Whittock & Leonard, 2003). Male nurses are competent and professional so the sexuality of male nurses should never hinder them from performing nursing roles including intimately caring for patients. Whittock and Leonard concluded (2003) that nursing should change its traditional gender roles to evolve into a profession, which support men and women to collaborate on

delivering competent care for patients. Such an approach could eliminate the stereotypes about the sexuality of male nurses, which has become a barrier for men in nursing.

Social Isolation in Nursing

Most people strive to establish relationships with colleagues in their job to develop networks for support. However, such support has eluded men in nursing who are often socially isolated from female colleagues. *Social isolation* is defined as the lack of connectedness to an environment in which an individual belongs; therefore "social isolation is the loss of place within one's network" (Biordi & Nicholson, 2008, p. 85).

One of the primary barriers for male nurses is social isolation. The feminine image of nursing and the minority status of male nurses in the United States reinforce the social isolation of men in the nursing profession (MacWilliams, Schmidt & Bleich, 2013). Male nurses are often isolated from some sections of nursing care such as maternity. In a thematic analysis study, Christensen and Knight (2014), found that male nursing students were isolated from their female colleagues during maternity placements and were instructed not to support breastfeeding mothers and female newborns. Isolation in nursing overburdens male nurses and it challenges the role of men in the profession.

Role Strain in Nursing

Role strain is defined as the challenges an individual encounters in discharging expected roles. Role strains are classified as role overload, role conflict, role ambiguity and role congruent (Tzeng, Chen, Tu, & Tsai, 2009). Men in nursing encounter role strain when they care for female patients rather than males, they experience unfavorable attitudes from clinical educators, and female patients refuse their services. Male nurses

are often accuse of inappropriately touching women during breast examination, perineal care, and in obstetrics clinical rotations, and are restricted from caring for female newborns and breastfeeding mothers (Christensen & Knight, 2014; Eswi & El Sayed, 2010). Accordingly such restrictions in nursing do not serve patients very well but only put male nurses in uncomfortable situations and make them anxious to care for female patients.

In a cross-sectional study, 76 male nurses from southern Taiwan were surveyed to understand the correlation between demographic data, dimensions of role stress, organizational commitment and intention to quit nursing among male nurses (Lou, Yu, Hsu, & Dai, 2007). Forty-one of the participants were older than 30 years and 35 were between 20 to 29 years old. The experience of the participants ranged from newly hired nurses to veteran nurses with more than five years of service; however, only 33% of the participants were married. The researchers designed a 30-item instrument to measure role stress in which the participants were asked to respond on a 5-point Likert scale from "strongly agree" to "disagree." Data analysis revealed that rejection from patients, isolation from female colleagues, and the feminine perception of nursing were primary barriers that challenged the role of men in the profession. In addition, the study found a correlation between the role strain and the high attrition rate among male nurses (Lou et. al., 2007). Healthcare providers should adopt strategies to retain men in nursing for them to serve as role models for new recruits in order to address the issue of role strain among male nurses.

Role strain is a common barrier for men in nursing (Christensen & Knight, 2014). In a phenomenological study, eight nursing students in an obstetrics rotation were

sampled to share their experiences about restrictions against male nurses in fulfilling their nursing roles (Patterson & Morin, 2002). The participants were individually interviewed for between 1to 3 hours at convenient locations. The study found that male nurses felt anxious on the job and were uncomfortable when asked to assess women because of their belief that a woman's body was private. The participants felt lonely among their female colleagues because they could barely engage them in conversations. The nursing students were worried about patients' rejections and they needed to ask for female chaperones to be present when performing intimate assessments to protect themselves from accusations of inappropriately touching patients (Patterson & Morin, 2002). Such role strain on male nurses serves as permanent barriers for men in the profession.

After completing a clinical rotation in obstetrics, 150 nursing students participated in a cross-sectional survey, which sought to understand the impact of role strain on nursing students. The sample consisted of 95 female and 55 male nursing students (Tzeng et al., 2009). Forty-five of the male participants were between the ages of 20-25 and 10 were between the ages of 26-30; 88 of the female participants were between the ages of 20-25 and 7 were between the ages of 26-30. The surveys were conducted in three parts; part three consisted of the Sherrod Role Strain Scale (SRSS), which was employed to understand the impact of role strain on nurses (Tzeng et al., 2009). The participants' responses were evaluated on a 5-point Likert scale for the four subscales on the SRSS instrument: role overload, role conflict, role incongruity, and role ambiguity. The results indicated higher role strain for male nursing students than their female peers during clinical rotations. The male students scored very high under role incongruity indicating they encountered difficulties in meeting their responsibilities of obstetrics practice in

nursing (Tzeng et al., 2009).

Glass Escalator

The glass escalator phenomenon refers to the hidden advantages for men in female-dominated professions such as nursing. Glass escalator indicates that men often rise higher and are promoted faster on the job than their female colleagues who may be highly qualified for the positions men are promoted to occupy (Williams, 2013). The concept of the glass escalator indicates that men in female dominated professions ride an escalator to the top of the job by passing able and qualified female colleagues. For this reason men in nursing enjoy some hidden advantages despite the barriers they encounter in the profession.

In a six-year longitudinal study, 32 male nurses working in major cities in the United States were interviewed in order to understand the impact of the glass escalator in nursing (Porter-O'Grady, 2007). The study focused on hiring and promotion opportunities for men. The study also examined the relationships between male nurses and physicians, female colleagues and patients. The study found that men were easily hired as nurses because they were presumed to be physically strong and capable of handling the manual demands in some specialties such as psychiatry and orthopedics. Male nurses were encouraged by colleagues to seek administrative positions and were often promoted to leadership positions even when there were highly qualified female colleagues (Porter-O'Grady, 2007).

The advantages in nursing for men are even greater for heterosexual married men, who are assumed to be responsible, caring, compassionate and reliable employees (Porter-O'Grady, 2007). The study also found that physicians treated male nurses better

than their female colleagues. Physicians were comfortable discussing patients' action plans with male nurses because of the belief that men are assertive and critical thinkers. Physicians encouraged male nurses to seek advanced degrees so they end up having better credentials than their female colleagues and are promoted to prestigious positions in nursing (Porter-O'Grady, 2007).

To dispel rumors of being gay, male nurses specialized in nursing fields such as psychiatry, anesthesiology, intensive care and emergency care to emphasize their masculinity. These specialties tend to pay more as compared to bedside nurses (Porter-O'Grady, 2007). Men are about 41% of all Certified Registered Nurse Anesthetists (CRNA) and the average salary for CRNAs is about $150,000. Female nurses working in the same field with the same qualifications as their male counterparts earn almost 10% less than male nurses (Casselman, 2013). There are many hidden advantages for male nurses. However, the concept of glass escalator has recently been viewed as not holding true for all men from all backgrounds in our society.

In a qualitative study, 17 male nurses who self identified as either Black or African American were interviewed about their experiences as minority male nurses in the United States in order to understand the intersection of race and gender on the glass escalator phenomenon (Wingfield, 2009). The participants ranged in age from 30 to 51. Six of the participants were oncology nurses, four bedside nurses, two intensive care nurses, one an acute dialysis care nurse, one an orthopedic nurse, one an ambulatory care nurse, one an emergency care nurse, and one surgical care nurse. All of the participants had worked for more than five years in the profession. The participants were interviewed, recorded, and the data was transcribed to code for common themes. The study found that

the concept of the *glass escalator* was a myth for some men in nursing and for "Black men nurses, intersections of race and gender create a difference experience with the mechanisms that facilitate White men's advancement in women's profession" (Wingfield, 2009, p. 15). The findings from this study indicates that further studies should be done to understand the intersectionality of race and gender on the "hidden advantages" for men in nursing, which has been thought to be true for all men in nursing.

Job Security and Career Opportunities

"Despite the barriers men nurses are satisfied with career choices" (Twomey & Meadus, 2008). In the above descriptive study, 62 male nurses were surveyed to understand their reasons for choosing nursing as a career and the perceived barriers they encountered on the job. The data was collected from a self-designed 4-point Likert type scale questionnaire specifically developed for the study. The researchers found that career opportunities and job security were the two primary reasons men choose nursing as a career. Using an SPSS to analyze the data, the mean score from the survey for career opportunities was 2.41 with a standard deviation of 0.78; it was 2.39 for job security with a standard deviation of 0.91 (Twomey & Meadus, 2008). A mean score of 2.41 and 2.39 for career opportunities and job security, respectively, meant that male nurses valued the opportunity and security nursing provided them. Job security and career opportunities are significant to men as they age because men establish their status in the society around their careers (Levinson, 1979). Therefore it is easy to understand why Ghanaian male nurses would be satisfied with their career choices despite the challenges in the nursing profession.

Zamanzadeh et al. (2013) interviewed 18 Iranian male nurses in an exploratory

descriptive study to understand the factors that motivated them to pursue a career in nursing in a patriarchal society. The study also explored the reasons why men remain in nursing. The participants were from 23 to 43 years old, 12 of them were married and all of them had completed 4-year bachelor's degree program. The interviews were conducted in the native language of the participants and the data was translated, transcribed and coded for common themes among the participants. The study found job security and career opportunities as the primary factors men choose nursing (Zamanzadeh et al. 2013). Job security serves as a source of power and an economic stability for male nurses so it provides the margin for men in nursing to overcome the challenges they encounter in the profession.

In another qualitative study, five male nursing students from New Zealand who were enrolled in a 4-year bachelor's nursing program were interviewed in-depth using open-ended questions to explore the experiences of men in nursing schools and the reasons for choosing nursing as career (Christensen & Knight, 2014). The mean age of the participants was 25 years old and they were pursuing nursing as a second career choice. The participants were interviewed and a thematic analysis method was employed to analyze the data. The researchers found that male nursing students encountered challenges such as antagonistic attitudes from female peers; however, the participants were satisfied with their career choice because of the prospects of career opportunities and job security in nursing (Christensen & Knight, 2014).

Many people immigrate to the United States to achieve the "American Dream" and the dream becomes a reality when they secure a job with career opportunities. Nursing provides both the security and career opportunities being sought after and could

motivate the participants of this study to remain as nurses as the profession potentially serves as a means to achieving the American Dream. Therefore the satisfaction of the participants of this study as nurses, despite the barriers for men in nursing, could be influenced by the reliable income with which they could meet their financial obligations to extended families back in Ghana.

The Impact of Race, Ethnicity, and Culture of Minority Male Nurses on their Profession

In a personal narrative, Cham (2008), a young African man from Sierra Leone in West Africa, shared his lived experiences as a registered nurse in the United States. He discussed how his gender, race and culture impacted his professional nursing career. According to his account, Cham was often seen as different because of his race, ethnicity and gender. Healthcare administrators often mistook him as a Certified Nursing Assistant (CNA) when he applied for a nursing position. In his narrative he told of being assumed to be a Certified Nursing Assistant because that was a position many Africans from his neighborhood applied for at the healthcare facilities.

In Cham's daily practice as a nurse, there were many days when some family members and visitors would ask him to call the nurse for them when they met him by the bedside performing his duties. When he told them he was the nurse, they often requested to speak to another nurse because they could not understand his accent. Some patients rejected his services claiming they were not comfortable with male nurses. However, in some previous instances white male nurses at the facility cared for the same patients. He states he was never angry about the blatant discrimination against him because his cultural background taught him to be respectful to people (Cham, 2008). Although the

experiences of Cham (2008), may be unique to him, there could be similarities between his experience and that of the participants of this study since they are all African men who speak English as a second language. If patients claimed not to understand Cham because of his accent then, the participants of this study could experience similar challenges as African male nurses in the United States. From Cham's experience, the participants for this study could encounter barriers such as rejection because of their race and ethnicity.

In a phenomenological study, 13 African American registered nurses from Southeastern Louisiana were interviewed about their lived experiences (Wilson, 2007). The participants were all women between the ages of 40 to 62 years. The study found that race and culture impacted their professional practices. The participants felt invisible, voiceless, and eager to prove their competency on the job because "they heard some people constantly saying that the Black nurses did not know what they were doing" (Wilson, 2007, p.147). The participants' cultural belief in religion and spirituality guided their daily experiences as nurses. Some participants said they prayed for some patients and even prayed to avoid hurting them (Wilson, 2007).

Another qualitative study about the experiences of Black male nurses, explored the intersection of race, culture, and gender on their nursing careers (Wingfield, 2009). Wingfield (2009) interviewed 17 African American male nurses from the southeastern United States. The study found that race, culture and gender negatively impacted the career experiences of the participants. The participants reported awkward interactions with female colleagues and isolation from white female nurses. Kenny, one of the participants, shared an unpleasant experience from a previous job where he was the only

Black male nurse on staff. Kenny claimed “they wanted me to sit somewhere else; they wouldn’t even sit at a table with me! When I came and sat down everybody got up and left” (Wingfield, 2009, p. 16). The participants described subtle and glaring discriminatory attitudes from supervisors and claimed they were passed over for promotions even when they were the most qualified person for the positions. The participants attributed the challenges they encountered on the job such as unnecessary rebukes and rejections from patients to racial biases and felt their race impeded their promotion to leadership positions in nursing. According to the participants, racial bias is a common phenomenon in nursing and the deck is always stacked against Black nurses especially Black men nurses who are in a double minority status in the nursing profession. Black male nurses routinely receive unsatisfactory ratings and write-ups from supervisors for minor offenses. The participants claimed that supervisors who were mostly White had preconceived views of Black men and therefore refused to evaluate them on merits. The experiences of the participants shared in the study indicate that the challenges of Black men in nursing are not only gendered but are also racialized making it challenging for Black male nurses to ride the glass escalator with their White male nurses in the nursing profession (Wingfield, 2009).

In summary, this literature review indicates that gender, race, ethnicity, and national origin impact the nursing practices of minority male nurses in the United States. Research findings from the literature review showed that the experiences of minority male nurses in the United States affirm the central tenets of critical race theory, which challenges the claims of neutrality, objectivity, colorblindness and meritocracy in the United States and asserts that racism is a permanent component of American life. In

addition, the factors that impede the careers of male nurses, including gender-based stereotypes and role strain, constitute *load,* which was defined by McClusky (1963), as burdens on an individual's life. The literature also found that the glass escalator phenomenon in nursing favors male nurses and compensates for the stereotypes they encounter. Nursing provides job security and career opportunities for male nurses; so in spite of the challenges in the profession for men especially Black men, the participants of this study would be satisfied as nurses. Such opportunities and the eagerness of doctors to confidently discuss patients' diagnoses with some male nurses lead to promotions over qualified female colleagues. As a result of the benefits men enjoy in nursing despite challenges such as isolation, discrimination, and racism in the profession, the experiences of Ghanaian male nurses in the United States were examined through the lenses of Critical race theory and McClusky's theory of margin.

Critical race theory and McClusky's theory of margin provided the theoretical framework for this study; these two adult learning theories shed light on how the cultural background, gender barriers, the lack of support from administrators, job security, promotions, higher salaries and prestige of the nursing profession in Ghanaian communities impact the careers of Ghanaian male nurses in the United States. In addition, these theories helped to understand how factors such as race, culture and ethnicity impacted the lived experiences of the participants in their careers.

Theoretical Framework

Critical race theory (Delgado & Stefancic, 2012) and McClusky's theory of margin (1963) were the two theoretical frameworks that guided this study. I have outlined the two theoretical frameworks below:

Critical Race Theory

Critical race theory asserts that racism is permanent and still active but subtle in American social life. Critical race theory acknowledges that race is a primary contributing factor to the inequities in American society; it alleges that the United States is not a colorblind society, and success is not based on merit but on race of the citizens (Delgado & Stefancic, 2012; Zamudio, Russell, Rios & Bridgeman, 2011). Critical race theory was developed in the 1970s by a group of legal scholars as a result of the slow progression of the Civil Rights Act and reforms. Creators of the theory included Derrick Bell, Alan Freeman, and Richard Delgado. Many scholars in the field of critical race theory regard Derrick Bell as the movement's leading advocate. The theory is now used widely in academic disciplines including education. The basic tenets that guide critical race theory are applicable to understanding discrimination and inequalities in various institutions including nursing (Delgado & Stefancic, 2012).

The basic tenets of critical race theory are that race and racism are central in American life and that they are primary sources for inequalities in the society. Critical race theory challenges liberalism ideologies such as meritocracy, colorblindness, and neutrality in America. Critical race theory proposes that race differentiations are formed from social thoughts with the intent to permanently oppress marginalized groups. Critical race theory is based on the shared experiences and narrative analysis of stories from minorities (Delgado & Stefancic, 2012; Malagon, Huber & Velez, 2009; Zamudio et. al., 2011).

The first tenet of critical race theory asserts that racism is engrained in American life and that it is part of the daily-lived experiences of people of color. The first tenet of

critical race theory implies that race and racism are common in the United States and that they impact the lived experiences of Black Americans such as Black male nurses who are intentionally ignored for promotions to administrative positions when race intersects with gender (Wingfield, 2009). Racism has become a way of life for Blacks in America. Racism is often subtle and it is difficult to challenge people with racial prejudices especially in situations when Black male nurses are either openly asked if they are the janitors, or after introducing themselves to patients as nurses, are asked to call the doctor (Cham, 2008; Wingfield, 2009). The first tenet of critical race theory posits that racism is a menace to American social life (Abrams & Moio, 2009). Based on this tenet of critical race theory, Ghanaian male nurses in the United States could experience some level of racism on the job.

The second tenet of critical race theory asserts that racism boosts the wealth of White elites and the progression of the White working class so that the majority population has no desire to address racism (Delgado & Stefancic, 2012). This tenet is termed *interest convergence* and it implies that the promotion of minorities is advanced only when the advancement of minorities is of interest and benefit to the White majority in our society. An example of an interest convergence was the promotion of a Black Missouri highway patrolman, Captain Ron Johnson, to lead policing in Ferguson when a young Black man, Michael Brown, was shot and racial tensions were high in the city and around the country (Alter, 2014). The promotion of Captain Johnson converged with the interests of the White majority in Missouri whose businesses were being looted and burnt. Therefore according to critical race theory, Johnson's position was to help protect the interests of the majority.

The third tenet of critical race theory posits that race and races are non-scientific artificial categories used to discriminate and oppress minority groups in order to benefit the White majority. Critical race theory asserts that race categorizations are a social construction and are the outcomes of social thoughts to differentiate human races (Delgado & Stefancic, 2012). The next tenet is differential racialization, which refers to the racialization of different minority groups at different periods in the history of the nation to advance the economic interests of the White majority (Abrams & Moio, 2009).

The final tenet of critical race theory is the use of narrative and storytelling from minorities who have experienced discrimination and racism to share their stories. Much of the history and the experiences of minorities have been written from the perspectives of the White majority, and such an approach tends to rewrite history excluding the struggles and painful experiences of minorities. Critical race theorists advocate to employ the unique voices of minorities to understand the experiences of people of color such as Black male nurses in the United States whose experiences could differ from White male nurses in a female dominated profession (Abrams & Moio, 2009; Delgado & Stefancic, 2012). The voices of minorities have questioned ideologies such as color blindness, and the glass escalator phenomenon for men in nursing which does not hold true for Black male nurses. However, opponents of critical race theory have critiqued the reliance on storytelling from minorities because they are of the view that narratives devalue the objectivity of the stories shared by critical race theorists (Delgado & Stefancic, 2012).

McClusky's Theory of Margin

McClusky's (1963) Theory of Margin is relevant to understanding the life of

adults during challenging times when anxiety levels increase amid pressures from their family, job and the desire to succeed. McClusky's theory is based on the idea that adults have the ability to succeed in life in the midst of mounting challenges when they balance those challenges with the power of their natural abilities, possessions, and family support (McClusky, 1963). McClusky described his theory of margin as the ratio of *power,* such as resources and support networks, to *load,* such as the challenges and demands on the limited resources in an individual's life. This ratio is also known as the Power−Load−Margin formula theory and is expressed as Margin = *Load*/*Power*. The ratio of load as the numerator over power as the denominator provides the margin in life for individuals to succeed (McClusky, 1963).

Load consists of both external and internal factors. External *loads* include family, work, socio-economic status, social responsibilities, colleagues from work, and role strain stemming from a token status at one's job. Internal loads consist of ambitions, goals, desires, and personal values. In general, *loads* cause stress and anxiety, minimizing individuals' power and their ability to succeed (McClusky, 1963). Power also consists of internal factors like adaptability, personality traits, and resiliency as well as external factors, which include family support, health, wealth, social status, social skills and emotional intelligence (Hiemstra, 2002). McClusky (1963) combined the loads and power in an individual's life to formulate his theory as a function of margin in life. McClusky stated that margin increased when the resources an individual possessed in life increased or when the loads were decreased. The Power−Load−Margin formula indicates that the more power an individual has the easier it is to overcome life's challenges. This is because more power leaves a person with surplus margin to handle his or her loads in

life. Using the formula in the preceding paragraph, a margin above 0.50 would provide an individual with the necessary margin to succeed (Hiemstra, 2002; McClusky, 1963). A surplus of power in an individual's life provides the needed margin to overcome challenges. Margin in life is therefore the "surplus power available to a person over and beyond to handle load" (Merriam & Bierema, 2014, p. 153).

McClusky's theory of margin is relevant for studying adults' development and their motivation for learning especially when encountering challenges in life; however, McClusky did not develop an instrument to thoroughly study and generalize his power-load-margin theory (Merriam & Bierema, 2014). McClusky was vague in his identification of the loads and power sources in the lives of individuals. Loads and power sources are situational and they depend on an individual adult so it is difficult to use the theory to study the motivation of people from diverse backgrounds (McClusky, 1963). McClusky stated that adults with a margin score below 0.50 were likely to be stressed and at risk of failure. He failed to explain the successes of overcomers−people who succeeded in life against many odds. McClusky also indicated that adults with scores above 0.80 could be underutilizing their potential but did not factor into his assessment affluent individuals who could have abundance of power with which to suppress the loads in their life (Hiemstra, 2002).

Although male nurses encounter numerous challenges such as role strain, isolation, gender biases, and sexual stereotypes they are still satisfied with their career choices. McClusky's theory of margin was used to understand the experiences of men in nursing and based on this theory, the benefits men enjoy in nursing serve as source of power to overcome the challenges men encounter as minorities in nursing. In addition,

critical race theory, which posits that racism is a central part of American social life, helps to explain how the daily lived experiences of Ghanaian male nurses in the United States could differ from that of White male nurses. Critical race theory asserts that success is based on race but not on merit, therefore this theory implies that Ghanaian male nurses are more likely to experience the glass ceiling instead of the glass escalator effect to rise up to positions of power in nursing.

Summary

This literature review about the experiences of men in nursing has revealed that the feminine image associated with nursing poses many challenges for men who pursue nursing as a career. Some of the challenges male nurses encounter are the feminine image of nursing, gender bias, gender-based barriers, sexual stereotypes, social isolation, and role strain (Christensen & Knight, 2014; Harding, 2007; Lou et. al., 2007; McKinlay et. al., 2010; Twomey & Meadus, 2008; Wolfenden, 2011). The literature also revealed that men experience the glass escalator phenomenon enjoying many benefits in nursing (Porter-O'Grady, 2007). Male nurses rise up quickly to administrative positions in nursing and, on average, men earn about 10% more than female nurses for the same job with the same experiences but this is not case for Black male nurses (Casselman, 2013; Wingfield, 2009). In addition, the literature showed that gender barriers and other challenges that confront men in nursing are the primary factors for the high attrition rates among male nurses and male nursing students, which is estimated to be as high as 100% in some nursing programs across the United States (Wolfenden, 2011).

Although the literature review indicated male nurses encounter gender−barriers and experience sexual stereotypes, social isolation, role strain, have career opportunities

and ride the glass escalator in nursing, all but a few of the studies sampled only White male nurses neglecting the unique experiences of minority male nurses, who are about 17% of the total male nurse workforce in the United States (Pham, 2013). The impact of the feminine image of nursing on the experiences of minority male nurses is currently unexplored thus creating a gap in the literature about the experiences of male nurses in the United States. In addition, there is limited research about the experiences of immigrant male nurses and how their status in the United States as foreign, impact their careers and desire to stay in the nursing profession. It is therefore imperative to study the experiences of immigrant male nurses to understand how gender barriers in nursing impact their careers and whether other yet to be determined factors, impede their professional practices to guide healthcare providers to create favorable working environment to support immigrant male nurses. Knowledge of the barriers that impact immigrant male nurses in the United States would help to recruit and retain many immigrant men within nursing to promote diversity in the nursing workforce to deliver culturally competent care with empathy and understanding of the diverse population in the United States.

The literature also identified many benefits for men in nursing, however the very few studies that have included Black American male nurses as participants have found the experiences of Black male nurses are different from the majority White male nurses especially in regard to the glass escalator phenomenon which white men experience within the nursing profession (Wingfield, 2009). There is also no research about the experiences of immigrant male nurses or how the intersections of race, gender and immigrant status influence the careers of immigrant male nurses in the United States. For

this reason, my study about the lived experiences of Ghanaian male nurses in the United States is important, because it sheds light on the unique experiences of immigrant male nurses and identifies barriers they encounter within the nursing profession. An understanding of the barriers immigrant male nurses encounter may guide healthcare employers in providing a culturally welcoming work environment for immigrant male nurses and other minority men when recruiting and retaining them in the nursing workforce.

CHAPTER 3: METHODOLOGY

The purpose of this phenomenological study was to explore the lived experience of 10 Ghanaian male nurses (six interviewees and four focus group participants) in the United States within the nursing profession to shed light on the barriers they encountered as minority men in a female-dominated profession. The factors that have impacted the professional lived experiences of the participants have been examined in order to make recommendations to help recruit and retain more minority male nurses, especially Blacks to support the delivery of culturally competent care in the United States. Two questions were explored to learn about the phenomenon of being an immigrant male nurse in a female-dominated profession in the United States in order to understand the barriers and opportunities the participants encountered in their daily practices.

The two research questions that guided this phenomenological qualitative study are:

1. What are the lived professional experiences of Ghanaian male nurses in the United States and how do Ghanaian male nurses narrate these experiences related to their career choices?
2. What factors contribute to the lived professional experiences of Ghanaian male nurses in the United States and how do these factors impact their careers in nursing?

This chapter describes the research methodology, research sample including demographic data such as age, years of nursing experience, brief biography of participants, ethical considerations, methods of data collection, analysis of data, and

limitations of the study. The chapter concludes with a summary of the research methodology.

I conducted semi-structured interviews with six Ghanaian male nurses to explore their lived professional experiences. In addition, I conducted a focus group discussion with four other Ghanaian male nurses to further understand the lived experiences of Ghanaian male nurses in the United States. A phenomenological approach was chosen for this study because the participants were all Ghanaian male nurses and they had experienced the phenomenon of being a minority male in the nursing profession.

Research Methods

A Moustakas' transcendental phenomenology was chosen as the research methodology for this study because it emphasizes the experiences of the participants. From Moustakas' approach, I bracketed my knowledge of the experiences of men in nursing from my study and focused on the composite descriptions of the experiences of the participants to explain what it meant to be a Ghanaian male nurse in the United States.

Phenomenology is the study of the lived experiences of a group of individuals who have experienced a unique phenomenon; in this case those of minority men in a female-dominated profession. This phenomenological approach focused on the socially constructed worldviews of the participants as they narrated their lived experiences as minority men in a female-dominated profession (Creswell, 2013). Phenomenology values human experiences and the use of this approach allows individual people to construct meaning and knowledge from their common experiences through narrative stories (Merriam, 2009). Experience, and importantly, shared experiences among people about a

given phenomenon offer primary sources of knowledge and understanding, which are the basis of a phenomenological study.

Phenomenologists value shared experiences and use them to develop an understanding of socially constructed ways of knowing about the world from a group of individuals (Creswell, 2013; Richards & Morse, 2013). In a phenomenological study, data are collected from in-depth personal interviews, focus group interviews, journals, personal observations, and other sources, such as pictures, video, diaries from the participants (Creswell, 2013). In this study, data were collected from in-depth individual interviews, focus group discussion and participants' diaries. Phenomenologists set aside their own experiences, biases, and prior knowledge about the phenomenon they are studying to present only the views of the participants in order to develop meaning solely from their narratives. The process of setting aside a researcher's perspective in a study is known as bracketing, and it is a key procedural step in phenomenological studies especially those using Moustakas' (1994) transcendental approach, which I employed to collect and analyze the data in this study.

Using Moustakas' transcendental phenomenology, this study focused on the experiences and narratives of the participants to develop common meaning of the phenomenon of being a minority male nurse for a group of Ghanaian men (Merriam, 2009). Applying Moustakas' (1994) approach involved identifying the research phenomenon of minority men in nursing lived experiences and interviewing the selected participants who have experienced the phenomenon. The researcher transcribed the individual interviews, focus group discussion, and reviewed the participants' diaries to identify key statements about the lived experiences of the participants. The significant

statements were organized into themes and then used to describe a common meaning regarding the research phenomenon (Creswell, 2013).

For this study, six individual Ghanaian male nurses narrated their lived professional experiences through in-depth interviews. Four other participants discussed the phenomenon of being a Ghanaian male nurse in the United States in a focus group discussion. The interviewees and the focus group participants followed the interview questions to complete participant diaries about their lived professional experiences as Ghanaian male nurses. The three data sources were collected for the purposes of providing a complete and holistic understanding of the phenomenon of being a minority male nurse. The use of triangulation for the purpose of completeness added rigor, breadth, and depth to the data (Creswell, 2013; Denzin & Lincoln, 2011). The triangulation approach for completeness of data is consistent with the characteristics of qualitative research as advocated by Creswell (2013) to gather multiple forms of data about a phenomenon in order to develop a deeper essence of the experience. Triangulation also presents a holistic and complex picture of the phenomenon under investigation (Marshall & Rossman, 2010).

Study Sample

The study employed a purposeful sample of 10 Ghanaian male registered nurses who have lived and worked in the United States for at least three years. Six of the 10 participants were individually interviewed and four participated in the focus group discussion. All the interviewees and the focus group participants have completed a four-year bachelor's degree in nursing, and have successfully passed the NCLEX-RN licensure examinations to become licensed as registered nurses.

The interviewees and focus group participants were recruited from a direct promotion of the study with introductory letters in five different hospitals in New York City that are known to employ Ghanaians. The introductory letter contained a brief description of the study, the research methodology, and measures to protect the identities of participants with pseudonyms. The participants were diverse in terms of age, nursing experiences, specialties and work locations. The participants were assigned pseudonyms to protect their privacy and confidentiality.

Brief Biographies of the Participants

Interviewees

Akwasi has lived in the United States for 23 years. He is married with four children. When he first immigrated to the United States, he worked at a clothing store as a cashier for five years when he immigrated to the United States. After that Akwasi changed jobs and drove a yellow cab in New York City for 10 years while attending nursing school. He is now an emergency room nurse and has worked at the same hospital for about 8 years.

Kwadwo is married and has two children. He has lived in the United States for about 13 years. Kwadwo was a tutor for five years with a private NYC tutoring firm until he became a registered nurse in 2007. He is a medical surgical nurse.

At 54, **Kwabena** is the oldest of participants. He was a teacher in Ghana for many years before he immigrated to the United States in 1996. He worked as a certified nurse's aide while studying for his bachelor's degree in nursing. Kwabena has been a nurse for 13 years and is currently a telemetry nurse.

Kwaku came to the United States as a student in 2000 but dropped out after one

semester. He later worked in billing at a major hospital until he became a legal US resident and completed a degree in nursing in 2010. Kwaku is an orthopedic nurse and has worked for four years.

Yaw has lived in the United States for 20 years. He was a mechanic for five years until he decided on a career change and earned his GED. He completed his four-year bachelor's degree in nursing in 2003 and has worked in an outpatient psychiatric-mental health clinic for 12 years.

Kofi was a registered nurse in Ghana. He won a U.S. diversity lottery visa and immigrated with his wife and two sons to the United States in 2003. He passed his NCLEX test and became a registered nurse in 2005. He has since worked as a medical surgical nurse at a hospital in the New York City metropolitan area. Kofi completed his bachelor's degree in nursing in 2010 and is currently writing his thesis for a master's degree to become a nurse practitioner.

Focus Group Participants

Kwame came to the United States as a teenager and completed his high school education in 2000. Both of his parents are nurses and they encouraged him to pursue a career in nursing because of the benefits in the profession for men. He has worked as an intensive care nurse since 2005 and he loves his career choice. Kwame has encouraged many of his male friends to pursue a career in nursing. Kwame is enrolled in a nurse practitioner's program, which he expects to complete in 2016.

Annan wanted to be a nurse in the United States even before he migrated in 2005. He heard much about nursing and its benefits from friends who went back home to Ghana for vacation. He enrolled in a licensed practical nursing program a year after he

came to the United States and completed it in 2007. He continued with his education and was licensed as a registered nurse when he passed his NCLEX tests. Annan is currently in graduate school, pursuing a degree in nursing education and administration. Annan's goal is to become a nurse educator and an advocate for minority male nurses.

Nkrumah has lived in the United States for 25 years. He graduated from high school in 1992 and enrolled in college but eventually dropped out after his father passed away. He drove a yellow cab in NYC for 10 years to support his mother and two younger siblings. He reenrolled in college in 2003 after his youngest brother completed his college education. He is an orthopedic nurse manager; he works in the same hospital and on the same unit with his youngest brother. Nkrumah has a master's degree in nursing administration and he is a part-time lecturer in a licensed practical nurse program. Nkrumah is currently applying to doctoral programs in nursing and his goal is to become a full-time nurse educator.

Kuffour has worked his way up in the nursing profession. He was a home health aide for two years, a certified nurse assistant for three years, and a phlebotomist and patient care technician for three years. He studied by himself to pass his GED tests in 2005. Kuffour later enrolled in a community college and obtained an associate's degree in nursing in 2009. He completed his bachelor's degree in nursing in 2012 and has worked as an intensive care nurse for 5 years.

Table 1: Demographic data by age, years of nursing experience and educational level of Individual Interviewees

Participants (pseudonyms)	Age	Years of Nursing experience	Nursing specialty	Highest educational background
Akwasi	48	8	Emergency Room	BSN
Kwadwo	43	8	Medical Surgical	MSN
Kwabena	54	13	Telemetry	BSN
Kwaku	38	4	Orthopedic	BSN
Yaw	45	12	Psychiatric-Mental	MSN
Kofi	41	9	Medical Surgical	BSN

Table 2: Demographic data by age, years of nursing experience and educational level of Focus Group Participants

Participants (pseudonyms)	Age	Years of Nursing experience	Nursing specialty	Highest educational background
Kwame	35	10	Intensive Care	BSN
Annan	45	5	Intensive Care	BSN
Nkrumah	42	7	Orthopedic	MSN
Kuffour	44	5	Intensive Care	BSN

Limiting Potential Bias of the Study

As a Ghanaian with friends who are male nurses, I forwent sampling my friends for this study because I wanted to avoid the potential bias. Therefore, I did not ask any of my male nurse friends to participate in the study. I intentionally did not discuss the study

with my male nurses' friends until it was completed. I recruited Ghanaian male nurses from the New York City metropolitan area via a direct promotion with introductory letter about the study in the Ghanaian community and at New York City hospitals known to employ Ghanaian nurses. The introductory letter contained a brief description of the study, the research methodology, and measures to protect the identities of participants with pseudonyms. The sample was purposefully selected to include Ghanaian male nurses from five different hospitals in the New York City metropolitan area in order to capture diverse experiences of Ghanaian male nurses in the United States and to limit the potential bias associated with purposeful sampling. Although the interviews were conducted in English and *Twi*, I translated and transcribed the words of the participants verbatim to eliminate my opinions from their narratives.

Methodological Rigor

My role as the sole researcher and my identity as a Ghanaian might have influenced the trustworthiness (i.e. dependability, transferability, and credibility) of the study. Therefore, I was careful not to establish any friendship with the participants so as not to influence their responses to the interview questions. I did not disclose to the participants that I had been advised to become a nurse and the reasons my family suggested nursing as a career for me when I immigrated to the United States.

During this study, I did not share my knowledge about the experiences of men in nursing and the conversations I had with friends about their experiences as male nurses with the participants of this study. I did not nod or otherwise show signs of support for participants' answers during the interviews; I set aside my knowledge about the experiences of Ghanaian male nurses from my pilot study and only presented the

narratives of the study participants. The participants member-checked the transcriptions from their personal interviews and agreed that they were true reflections of their experiences before I incorporated the data to help understand the phenomenon of being a minority male in nursing.

Ethical Considerations for Study

I obtained an Institutional Review Board (IRB) approval from Lesley University before I proceeded with my study. The participants signed consent forms that explained the study purpose and the methodology. The participants were informed about the process and were assured of the confidentiality of their personal data. The participants were assigned pseudonyms using common Ghanaian names to protect their identities.

The participants were informed of their rights to withdraw at any stage without notifying the researcher. I explained their rights to them emphasizing that during any part of the study they could opt out for any reason they deemed fit. I made great accommodations to prevent any situation that could have harmed the participants or their families, or put their jobs in jeopardy. I was considerate and respectful throughout my interactions with the participants.

The study and its purpose were explained to the participants; they were not rewarded for their participation. Participation in the study was totally voluntary.

Methods of Data Collection

Data were collected from in-depth individual interviews, focus group discussion, and participants' diaries to identify significant statements to develop themes from the shared experiences of the participants. This triangulation improved the completeness of

the data collection, which was employed to understand the lived experiences of Ghanaian male nurses in the United States. The literature review about the experience of men in nursing was reviewed prior to the collection of data. The review of the literature was the guiding principle to the two adult learning theories, which informed the data collection methods. In addition to the literature review, a pilot study was conducted to guide my investigation of the experiences of Ghanaian male nurses in the United States.

Pilot Study

The experiences of men in nursing have been studied; however, the literature specific to immigrant male nurses was lacking. Therefore a pilot test was conducted with four Ghanaian male nurses who were not sampled for the actual study. The purpose of conducting a pilot study was to examine the research methods specifically the data collection methods and the interview questions to understand whether the questions garnered accurate responses to reflect the lived experiences of Ghanaian male nurses in the United States. The responses from the pilot interviews and the findings from the study were employed to revise the interview questions to include a series of open-ended questions to gather in depth data about the phenomenon of being an immigrant male nurse in the United States.

Interviews

I conducted both face-to-face and telephone interviews with six individual participants based on their preferences, and busy job schedules. It was understandably difficult to schedule in-person interviews. I conducted the interviews in dual languages but mostly in *Twi,* a Ghanaian dialect, and English. I chose to conduct the interviews in

Twi, because it is the first language of the participants. The language of choice for the interview made it easier for the participants to narrate their experiences to me in a very thoughtful manner without having to translate anything, which can be an issue for some multi-linguals when they are asked to express themselves in their second language. The participants chose convenient locations for the interview processes to eliminate anxieties and any exposure to the public as a result of their participation in the study.

I conducted individual interviews with six participants for about 60 minutes in length. The interview processes contained both closed and open-ended questions. The close-ended questions were used to obtain demographic data such as age, years living in the United States, marital status, family size, total number of years practicing as nurses and the educational background. The open-ended questions provided an opportunity for the participants to narrate their lived experiences as minority male nurses in a female-dominated profession in the United States. Following Moustakas' (1994) phenomenological approach to improve the validity of the data and study, the interviews were audiotaped, translated, and transcribed.

The interview questions were based on my literature review findings. I also asked questions about the impacts of race, gender, ethnicity, immigrant status, and English language proficiency on the professional careers of the participants. I asked follow-up questions based on their responses for clarification.

Focus Group

In addition to interviewing six participants, I conducted a focus group discussion with four additional participants to further understand the experiences of Ghanaian male nurses practicing in the United States. The questions used for the individual interviews

were utilized to further draw on the experiences of the four participants during the focus group discussion to collect in depth data about the phenomenon of being a Ghanaian male nurse in the United States. The focus group discussion was also used to clarify the experiences of Ghanaian male nurses on issues such as isolation, discrimination, and the *glass escalator* phenomenon in nursing for men. In addition, the focus group discussion helped to complete the data for the purposes of triangulation.

The focus group discussion was conducted in both *Twi* and English and was approximately 90 minutes long. The choice of *Twi* as the language for the interview made it easier for the participants to narrate their experiences, challenge each other on multiple issues, and agreed to disagree on issues of acceptance, race, and discrimination based on their location and specialty in nursing care. The focus group interview was audiotaped, translated, and transcribed.

Participants' Diaries

The six interviewees and the four focus group participants recorded actions that impacted their professional lived experiences as they occurred during the time of the study. These recorded participant diaries completed the data sources for the study. The participants' diaries served as the third source of data for the purpose of triangulation and they helped to provide a complete picture of the experiences of Ghanaian male nurses in the United States. The participants followed the open-ended questions from the interview protocol to complete their diaries in order to narrate their lived experiences and the factors that impacted their careers.

Data Analysis

The individual interviews and the focus group discussion were audiotaped, translated, and transcribed. The responses from the participants' diaries were typed. The individual interviews, focus group discussion, and participants' diaries completed the data for this study. The three sources of data were analyzed following Moustakas' (1994) phenomenological data analysis steps, which required the researcher to bracket his views from the phenomenon and to identify significant quotes to develop textual and structural descriptions of the experiences of the participants. Moustakas' approach advocates for focusing on the research questions to identify significant statements from the data to develop a common narrative of the experiences of the participants. I reviewed the transcripts thoroughly and asked the participants to member check to confirm the accuracy of the data as representative of their lived experiences. I manually coded the approved transcript data from the participants and selected significant statements to identify common themes from the shared lived experiences of the participants.

I developed *clusters of meaning* from the significant statements identified from the data into themes to understand the phenomenon of being a minority man in nursing. From this process, I developed a *textual description* of the common lived experiences of the participants. The significant statements that were identified from the study were also employed to develop *structural description* of the experiences of the participants. The *textual* and *structural descriptions* of the experiences of the participants were merged to construct a compound description of the meanings and the *essence* of the phenomenon of being a Ghanaian male nurse in the United States (Creswell, 2013).

Finally, I developed a narrative of the shared lived experiences of the participants

and the *essence* of being a Ghanaian male nurse in a female-dominated profession in the United States. Comparing and connecting the findings of this study to the relevant literature helped me to interpret this study in the context of gender, race, and national origin to contribute to the body of knowledge about men in nursing. Following this interpretative process, the study deepened my understanding of the experiences of men in nursing in the United States. Recommendations for further research were suggestion and actions for change in the nursing profession were also suggested based on the broader implications of this study.

Limitations of the Study

This study was limited to the experiences of 10 Ghanaian registered male nurses (six interviewees and four focus group participants) who have worked in the United States for at least three years. The findings from the study were based on the lived experiences of the 10 participants and may not reflect the experiences of all male nurses or even those of other Ghanaian male nurses in the United States who were not involved in this study. Some of the participants were restrained in their responses-- they avoided specific questions on sensitive issues that questioned their sexuality, the stereotypes of male nurses as gay, and their comfort level working alongside openly gay colleagues. The participants refused to elaborate further even upon probing because in the Ghanaian cultural context, sex and sexuality are forbidden topics of discussion especially in public with a stranger. The participants' hesitation to elaborate on all the interview questions could have impacted the data and ultimately the outcomes from the study.

Typically, Ghanaians mainly identify with only one race. The issues relating to racism and discrimination are not crucial issues of concern and discussion for public

discourse; so some Ghanaians in the United States, including the participants of this study, could either be misguided about racism and discrimination or uncomfortable talking about those issues. In addition, Ghanaians are reluctant to discuss discrimination and racism in the United States and how such issues affect their professional growth in their careers. Therefore the data from the interviews and the findings from the study may not be representative of the experiences of most Ghanaian male nurses. The above issues could have limited the credibility of the data and the findings for the study. Nonetheless, the credibility of the data collected was maintained using triangulation, member checks, and detailed descriptions.

Summary

This chapter described the research methodology employed to gain understanding of the phenomenon of being a minority male nurse in the United States. The sample consisted of 10 Ghanaian male nurses (six interviewees and four focus group participants) who have lived and worked in the United States for a minimum of three years, have completed a four-year bachelor's degree in nursing and have passed the NCLEX examination and are certified as registered nurses. I developed the semi-structured interview questions based on the literature about the experiences of men in nursing and the responses from a pilot study. I collected data from in-depth interviews with six of the participants and a focus group discussion with the other four participants in English and *Twi*, a Ghanaian dialect.

In addition, I collected a week's worth of participant diaries with narratives about their lived experiences in their professional careers in order to analyze and further understand the essence of the phenomenon of minority men in nursing. I asked the

participants to member check the transcribed data for accuracy before I proceeded with data analysis. I manually coded information for significant statements to develop themes and make sense of the phenomenon of being minority men in nursing in the United States. I analyzed the data to answer the research questions from the narratives of the lived experiences of the participants.

CHAPTER 4: RESEARCH RESULTS

The purpose of this qualitative phenomenological study was to examine how 10 Ghanaian male nurses (six interviewees and four focus group participants) narrated their lived experiences within the nursing profession, and to understand the factors that impacted their careers in the United States. This study was conducted with the goal of understanding the phenomenon of being a minority male nurse and the intent to make recommendations based on the findings that could help to provide a receptive environment to retain more minority men in the nursing profession to support the delivery of culturally competent care in the United States.

This chapter presents the findings from the in depth semi-structured individual interviews with six of the participants, a focus group interview with four other participants, and participants' diaries to achieve composite evidence that explains the research phenomenon. The data was manually coded to identify significant statements from the shared lived experiences of the participants. The significant statements were used to develop themes to understand what the participants experienced as minority males in a female-dominated profession in the United States.

The seven themes that emerged from the study provided a deeper understanding of the phenomenon of being a minority male in nursing. These themes answered the two research questions identifying the factors that impacted the nursing careers of Ghanaian male nurses in the United States. The following themes were identified from the study: a) separateness; b) discrimination; c) job security and benefits; d) career opportunities; e) gender-based stereotypes; f) caring through spirituality; and g) *glass (d)escalator*. These

themes identified in this study supported research findings identified from the literature review; however the participants' reporting of discriminatory experiences challenged the concept of a glass escalator which has been widely identified as a phenomenon in nursing for men (Cham, 2008; Christensen & Knight, 2014; Harding et al., 2008; McKinlay et. al., 2010; Pilkenton & Schorn, 2008; Twomey & Meadus, 2008; Williams, 2013; Wingfield, 2009; Zamanzadeh et al. 2013). However, based on study findings, the participants did not benefit from the glass escalator phenomenon; they described being isolated and discriminated against in the profession because of their race, ethnicity, and national origin. These reported experiences of the participants have confirmed author's assertions that the issue of discrimination in the nursing profession (Cham, 2008; Gardner, 2005; Wilson, 2007; Wingfield, 2009)

Separateness

All six of the interviewees and two of the focus group participants described their lived experiences as minority male nurses as being in a state of isolation from their colleagues. All six participants interviewed individually expressed a sense of separateness from their colleagues. They felt unequal even when they were the most experienced nurses in the unit and believed that some of their colleagues avoided them and only talked to them when they were in need of a chaperone when other nurses were busy attending to patients. Kwabena, an interviewee, summed up the feelings of the participants stating:

> I am often the only male and specifically the only African on the unit and I feel lonely when everybody, including other male nurses, associate themselves with female nurses of their own race rather than talk with me. I've attempted to

establish relationships with other male nurses but they hardly talk to me. White male nurses bond easily with the white female nurses and they prefer to talk and associate with them than to talk to an African male nurse on the unit. I have even tried to talk sports with them to start a relationship but they have hardly shown an interest in talking with me. I can't force myself on people who don't want to be my friends so I am always withdrawn to myself on the job, even staying in patients' rooms to avoid my colleagues. It hurts, but I can't change people and I can't choose their friends for them. (Kwabena)

Similarly, another interviewee, Kofi, expressed an overwhelming sense of isolation and separateness from his colleagues. He was surprised about the degree of isolation he is experiencing in the nursing profession in the United States, because of the cordial experience he enjoyed as a male nurse in Ghana. Kofi said:

Nursing is a kind of teamwork; we have to work together to deliver the best possible care for the patients, but I see nursing as a competition and sometimes a challenge for those of us who are different from the majority. (Kofi)

Kofi thought some of his colleagues felt uncomfortable with him on the unit. He commented "They didn't want anything to do with me; they wanted me to fail and they refused to support me when I asked for a chaperone even when they were chatting with others at the nurses' station." Kofi's upbringing in a country where the concept of family extends to colleagues at work, made it challenging for him to adapt to the new reality of being lonely on the job because he was expecting the same strong and positive relationship he had enjoyed with his nursing colleagues in Ghana.

Kofi continued, "I was the only male nurse at my hospital while in Ghana but I

never felt lonely; I was accepted, respected, and treated as a brother. I wish I could relate to my colleagues like I did in Ghana." These statements by Kofi are evidence that isolation in the nursing profession is a barrier that causes some male nurses to wonder why they are not accepted and begin to reconsider their decisions to remain as nurses.

Kwaku, who has been a nurse for only four years, echoed similar sentiments of isolation on the job. He said:

> I felt lonely in my first year and nearly quit. I was the only minority nurse and it was difficult to establish relationships with my colleagues; sometimes they would not even respond when I said "hi" to them in the morning. It was so bad and I left after six months to go to a different hospital in the city. (Interviewee)

Like the other participants, the interviewee Kwadwo spoke about his isolation on the job but he insisted it was a self-imposed isolation because he was uncomfortable with his co-workers naïve questions and comments about Africa and Africans. Kwadwo said, "there is an age divide in nursing. Most of the newly hired nurses are young and they tend to be disrespectful of anyone above 40 and it's worse for men, especially minority male nurses who are older." Ghanaians are raised to respect the elderly so any behavior towards the elderly, especially in public, is deemed rude and an affront to their status in the society (Utley, 2009). Therefore, Kwadwo's background could explain his self-imposed isolation from his colleagues on the job. Such experience in nursing lead to loneliness and attrition among minority male nurses as Kwaku indicated "he felt lonely and nearly quit."

The interviewee Yaw commented, "I can't go to the lunch room; it's the place to meet and talk with your colleagues, but they asked ignorant questions, such as, 'What's

that?' or 'Are you eating that?' when I microwave my food." Such comments may not be rude, but the tone and gesture of the person asking the question could be misinterpreted. Yaw further asked, "Why do people question the smell of my lunch when nobody dares to ask about others, can everyone eat burgers and French fries?"

The issue of isolation was further discussed during the focus group. Some participants disagreed about feelings of separateness among Ghanaian male nurses. Two focus group participants, Kwame and Nkrumah, thought that the issue of isolation among Ghanaian male nurses in the nursing profession was just an exaggeration. Kwame and Nkrumah felt welcomed at their jobs as minority male nurses and they disagreed with the other participants about their assertions of isolation. However, they conceded that the location and demographics of the nursing staff at their hospitals, which is about 55% Black, might have influenced the attitudes of their colleagues about minorities. Kwame said, "I'm fine with everybody, including both male and female nurses from all races and they welcome me with big smiles on their faces." Kwame was asked about his experience in the lunchroom and whether or not his colleagues had questioned his African food. He said, "I love my Ghanaian foods, but some foods are meant to be eaten at home and not at your job." His comments implies that people tend to inquire about unfamiliar things including foods from different cultures so questions about Ghanaian foods should not always be construed as ignorant because they could lead to constructive conversation among colleagues from diverse backgrounds.

Kwame's experience was contrary to those expressed by the majority of the participants and there were many reasons his experience could have differed from the others. Kwame was the youngest among the participants; he came to United States as a

teenager and completed his high school and college education here. Kwame has assimilated well into American culture, and he speaks fluent American English with no accent so he might be perceived more as a Black American than a Ghanaian immigrant. In addition, both of Kwame's parents are nurses and he said his father shared his experience with him and encouraged him to pursue nursing at an earlier age rather than to going into nursing as a second career.

Just like Kwame, Nkrumah also came to the United States as a teenager to complete his high school education. Both men shared similar experiences of acceptance within the nursing profession. Nkrumah was encouraged by his colleagues to become a nurse manager and he said his daily experiences are full of joy working with people from diverse backgrounds. Nkrumah said he could not afford to isolate himself from his colleagues because as the nurse manager he was responsible for providing leadership and guidance for a team of nurses. "I collaborate with management, physicians, and other nurse managers to monitor patient care for quality services, and this does not indicate a person who is isolated on the job," he explained.

Both Nkrumah and Kwame shared positive experiences as Ghanaian male nurses and disagreed with Annan and Kuffour however, the differences in their experiences indicate an age divide among Ghanaian immigrants and their relationships with others in the United States. Nkrumah and Kwame completed their high school education in the United States and they identified with the American culture, so they related better with their colleagues than the other participants who immigrated as adults. Nkrumah has only been a nurse for seven years, but he has lived in the United States for 25 years longer than any of the participants. Nkrumah and Kwame both grew up and spent part of their

formative years in the United States and that could also account for the differences between their experiences and that of the other participants. In all, two of the focus group participants and six interviewees indicated experiencing varying forms of isolation in their careers as a nurse.

Discrimination

Discrimination in nursing occurs in many different forms, and for Ghanaian male nurses in this study it occurred in their relationships with colleagues, physicians, administrators, and in their services to patients and their visitors. All six interviewees and the focus group participants confronted subtle and blatant discrimination and said some of those experiences were simply cruel and hurtful. The most painful discrimination occurred in the forms of jokes to demean Africans. “I like to laugh with people, but not at the expense of others; how do you laugh when a colleague shouts ‘Ebola!’ as you walk towards him in a hospital?” asked Yaw. Yaw described an incident involving a colleague who shouted “Ebola!” at the time of the Ebola outbreak in West Africa while running away from him along with two other nurses. They claimed it was a joke. “I was very angry and reported it to my nurse manager, but she also thought it was a joke,” said Yaw. An epidemic should never be used as a joke and no nurse should expect a man whose neighbors in Africa are dying to laugh at it. Such common jokes have racial undertones and they are meant to degrade and demean African immigrants in the United States.

“I was always assigned the most difficult cases even when the patients were rooms apart from each other,” Kofi indicated in his participant diary. About 83% of the interviewees and 50% of the focus group participants wrote in their participant diaries about encountering discrimination in nursing; the documents revealed their nurse

managers often altered assignments to meet the needs of their colleagues but refused to listen to them when they had issues with their assignments. The participants felt that the practice of favoring some employees over others was discriminatory, and it should not be tolerated in nursing, a profession in which it is so important to retain the best and most competent professionals to deliver quality care.

Akwasi was asked to resign from his position as the emergency room charge-nurse after he refused to write up an African female nurse based on an unsubstantiated charge from his nurse manager. Akwasi said, “I couldn’t do it, knowing that it was a case of hatred based on the African female nurse arguing for her rights.” Akwasi lost his position and said “I’m ANCC board certified, I’ve been an emergency room nurse for eight years and have been a preceptor for many of the nurses in the unit including the new charge nurse but I’ve been asked to float.” Accordingly, no nurse should be treated like Akwasi because the profession requires skillful professionals to deliver culturally competent care. Akwasi reiterated his feelings about encountering discrimination in his lived professional experience, “It hurts to be treated this bad, but whom do I complain to, when the nurse manager is behind it, and administrators are always on her side?”

Unlike Akwasi who was asked to resign his position, Kwadwo resigned as a charge nurse after his colleagues insulted him. He was baffled at his colleagues for their cruel treatment of him and asked why other charge nurses were treated with respect but he was not. Akwasi said, “They couldn’t stand to take instructions from me and some female nurses made statements such as, ‘I’m not your African wife to be submissive to you in this hospital’.” Akwasi was uncomfortable with the insults and found the comments aimed at demeaning African women to be offensive so he resigned. Akwasi

chose not to confront his colleagues about their offensive and discriminatory behaviors because he felt administrators were not helpful in such situations. “I was a triage nurse in the emergency room for many years and the nurse manager would transfer patients to other nurses when patients openly said they wouldn’t allow the African nurse to triage them” said Akwasi. A review of the participants’ diaries confirmed that some hospital administrators unintentionally supported and encouraged patients to discriminate against minority nurses by reassigning minority nurses at patient request. Such practices are painful to minority nurses.

During the focus group discussion, Annan, Kwame, Kuffour, and Nkrumah opened up about experiencing racism and discrimination at some point in their careers; however, they believed that discrimination in nursing was limited, indirect, implicit, and subtle rather than widespread, blatant, explicit, and overt, which was challenging to prove. Throughout the discussion, the participants shared varying experiences of discrimination in their careers. Kuffour said, “I transferred from the emergency room to intensive care after my first year because I couldn’t tolerate the discrimination in the department. It came from the patients, EMT workers and physicians.” Kuffour shared many instances in which physicians questioned cases he had endorsed as urgent after triage but said the same physicians trusted the decisions of his colleagues from other races. When asked why some physicians displayed a lack of trust and questioned his nursing abilities, Kuffour replied, “It’s just because I’m Black and African and I think these doctors associate blackness with stupidness.”

Annan described his experience as a critical care nurse. In this position, nurses are responsible for caring for patients with severe and life threatening illnesses and injuries.

Critical care nurses spend much time with patients and serve as patient advocates; they answer questions from family members and allay their fears about the prognosis of their loved ones. However, critical care nurses perceive inquiries from family members that questioned their competencies and educational backgrounds to be inappropriate and discriminatory. Such was the experience of Annan in the intensive care unit. Annan said family members inquired about medications and procedures and some questioned his educational background in a very doubtful manner to indicate a lack of trust in his ability as a nurse. “I’m always prepared to answer questions about medications and their side effects because it’s part of our training, but I feel uncomfortable when my ethnicity and educational background become the questions of interest,” said Annan.

The six interviewees and the four other participants in the focus group discussion unanimously spoke about experiencing discrimination within their careers. Five out of the six interviewees and two of the focus group members detailed their experiences with racial and ethnic discrimination in their participants’ diaries and indicated their gender, age, and national origin compounded their experiences as some patients blatantly discriminated against them.

The findings from the individual interviews, focus group discussion, and participants’ diaries affirmed that discrimination is embedded in the fabric of the American society, thus indicating that unfortunately nursing is not exempted from the ills of discrimination. According to evidence discrimination in nursing comes from many sources, including patients who refuse care from minority nurses because of their race and from men because of their gender. Based on the study participants’ account, any form of discrimination in nursing should be condemned because such practices hurt and isolate

minority male nurses including Ghanaian men.

Job Security and Benefits

All six interviewees were satisfied with their career choices despite experiencing discrimination and isolation in the nursing profession. In addition, all the focus group participants expressed deep satisfaction with their careers and spoke much about the job security and benefits in nursing. The interviewees and the focus group participants said choosing nursing as a career was born out of their compassion for humanity and the will to serve others. However, they indicated job security and the benefits for their families as the primary factors that impacted their careers. Akwasi, an interviewee explained:

> I was a cabdriver for 10 years, making good money at my age but with no pension and health insurance, so I decided to look for a secure job with benefits and my friend talked me into nursing and I'm forever grateful. As an emergency room nurse, my job is secured; I'll never be laid off because somebody is always sick and there are patients in the emergency room every day. I only worked for three days a week and I have health insurance that covers me and my family. (Akwasi)

Just like Akwasi, Nkrumah was a cabdriver for 10 years, and he acknowledged the financial benefits in nursing and said he was attracted to the profession because of the job security and the benefits.

Based on the feedback from the six interviewees and the four participants in the focus group discussion, nursing provides immediate employment, higher salaries and benefits making the profession appealing to many people especially immigrants in the United States. Kwadwo said, "I'm always getting job offers, including PRN positions through nursing list services while my friends in other professions are being laid off from

their jobs." Kwadwo indicated that the financial security from his career is helping him to establish a nursing school in Ghana. "A great paycheck from a stable job—what else could I ask for as an immigrant? It's the best to happen to me in this country. I've talked to my friends about a career in nursing," said Akwasi. All participants—interviewees and focus group members— stated that nursing is the most recommended profession in Ghanaian communities in the United States so almost every Ghanaian knows someone who is either a nurse or is in nursing school. Kwame indicated that he heard much about nursing from his parents who are both registered nurses. He attested to the job security in nursing and spoke highly of the benefits in nursing. Kwame's employer reimburses nurses for pursuing higher education and he is currently enrolled in graduate school for a degree as a family nurse practitioner. Kwame said, "I guess the benefits in nursing are some of the best out there; I'm getting a graduate degree for free and all that I have to do is learn and pass every course. It can't get better than that."

Four of the interviewees spoke about flexible schedules in nursing and the opportunity the profession provided them to spend time with family and to attend to other extracurricular activities in their lives. Three of the focus group participants also mentioned the value of flexible schedules in the nursing profession and how that influenced their professional experiences. Three of the interviewees said they chose their schedules to fit with their childcare needs; they said that has worked well for them. Kwame, a participant in the focus group discussion acknowledged the benefits of flexible schedule in nursing. Kwame, whose parents are nurses, said, "My parents chose their schedules to spend time with me when I came to the US and that was helpful because they guided me well, especially when I was going to college." Kwadwo also indicated

that his flexible schedule helped him to attend to his duties as the junior pastor of his church, and said that has influenced his career in nursing. From the review of the participants' diaries, three of the interviewees and three of the focus group members indicated career in nursing puts Ghanaian immigrants in the middle class. For Kofi, job security and benefits in nursing made life easier for him and his family when they immigrated to the United States. Kofi, who was a nurse in Ghana before he immigrated to the United States, said "I live comfortably with my family and I can afford to pay for my wife to go to school, knowing that I have a job for life." Kofi said his dental insurance saved his teeth and for that he would never quit his job.

All the four participants in the focus group discussion said that nursing was recession-proof and that their careers provided the financial security they needed to support their families. Akwasi, Kwabena, and Kwadwo echoed similar sentiments about job security in their careers. Based on the narratives of the six interviewees and the feedback from the focus group members, all the participants were content with the benefits the profession offered and they praised the flexible schedules, salaries, health insurance, dental insurance, and the retirement benefits that a career in nursing provides as well as the satisfaction of knowing that they would be able to retire with dignity after a lifetime of caring for others. Study data from the three data sources indicated that the benefits for registered nurses were a significant motivating factor for all the participants in their careers and job security and benefits impacted their decision to stay in the profession.

Career Opportunities

Kwame, a participant in the focus group acknowledged the career opportunities that existed in nursing during the discussion:

> My parents always spoke about career opportunities in nursing whenever I questioned the bedside experience and now I can attest to everything they said to me because I've experienced many opportunities in my short career of being an AACN certified nurse. In addition, I'm about to fulfill my dream of becoming a family nurse practitioner. It's a great feeling and I am enjoying the benefits of career opportunities in nursing. What's more fulfilling is the total tuition reimbursement my job offers to nurses who pursue educational advancement. (Kwame)

Four of the interviewees, Akwasi, Kwabena, Kwaku, Yaw and two other participants in the focus group, Nkrumah and Kuffour, spoke about the endless opportunities in nursing because each of the specialties had its own certification and most registered nurses were eligible to pursue certifications in fields that were appealing to them. Nkrumah, a participant in the focus group said he chose nursing administration when he started his career but with his experience and interest in teaching he is pursuing a new opportunity in nursing education to become a full time nurse educator. Yaw said "I fell in love with psychiatric-mental nursing during my clinical experience in nursing school and that's what I've pursued for 12 years." Majority of the interviewees and three of the focus group participants said that the opportunities made a career in nursing very satisfying because they could change jobs and again rely on their nursing skills. Kuffour, a participant in the focus group discussion said he is still a nurse because of the

opportunity to move from one specialty to another. Kuffour shared a difficult experience he had as a novice nurse in the emergency room but said he did not quit nursing because of the opportunity he was given to transfer to the intensive care unit without the need to return to school.

According to Kwabena, who transferred from one specialty to another until he found his interest in telemetry, career opportunities in the nursing profession improves job satisfaction. Kwabena said, “I found my passion in telemetry; it brings me much joy knowing I can combine my interest in technology with my strong interpersonal skills to care for patients with chronic diseases and monitor patients before and after invasive procedures.” Kwaku was drawn to orthopedic nursing because he once had a broken bone and his mother also suffers from arthritis so to him it was personal to care for patients with disorders, diseases and injuries of the musculoskeletal system. Kwaku said, “It’s satisfying to be an orthopedic nurse, and the appreciation of my service from patients helps me to overcome any challenges I encounter as nurse in my daily experience.”

In all, about 67% of the interviewees and 75% of the focus group participants spoke about career opportunities in the nursing profession and they expressed deriving greater career satisfaction from chosen specialties within their careers. Career opportunities in the nursing profession have positively impacted the careers of the participants in this study and such opportunities continually play a significant role in their decisions to remain as nurses.

Gender-based Stereotypes

Four of the interviewees, Akwasi, Kofi, Kwaku, and Yaw, and three of the focus group participants acknowledged gender-based stereotypes in nursing. They acknowledge

encountering such stereotypes daily because male nurses are believed to be stronger and more capable of the physical aspects of nursing than female nurses. The participants said gender-based stereotypes in nursing brought immense strain on them, as they were expected to handle most of the difficult cases in the unit, complete their assignments on time, and help female colleagues with the manual aspects of the job.

Kwaku complained about doing most of the heavy lifting in the orthopedic unit during his shift because his colleagues assumed he was strong and could handle the manual labor. Kwaku said, “It was strange when female colleagues who were six feet tall and about 200 pounds asked me a 5’6” tall man who weighs 160 pounds–to lift heavy patients on their assignments.” Kwaku wondered why female colleagues taller, heavier, and muscular than himself would ask him to lift their patients for them but said it was because of his gender and the stereotypes about men in nursing.

Yaw also spoke about encountering gender-based stereotypes in the psychiatric-mental clinic when dealing with violent and out-of-control patients. He said, “I’ve been asked many times to stay with violent patients before they called security. It’s unfortunate–sometimes they (female colleagues) are seeking shelter but calling you to help deal with a patient because you are a male nurse.” Yaw is very masculine and has the physique of a body builder who could help deal with out-of-control patients, but he said the pace at which he was called during emergencies was due to gender-based stereotypes in nursing.

Akwasi described experiences of gender-based stereotypes in the emergency room and said they serve as barriers in his career, especially during triage when young female patients refuse to communicate their pains to him because of his gender. He

recounted a common issue:

> They come to the emergency room and complain of headaches and nothing but headaches with no other symptoms. It is difficult triaging female patients, especially young women between the ages of 18-25; they never share their sicknesses with you as a male nurse. Instead, they waited until they are seen by doctors and share their pains with them. Some patients claim to be uncomfortable with male nurses and will say anything to avoid you; however, such encounters have created problems between doctors and male nurses, the former sometimes accusing male nurses of incompetency for not triaging patients accurately. (Akwasi)

Akwasi said he nearly lost his job in his first year due to gender-based stereotypes in the emergency room; he recounted that he triaged a young woman and assigned her a triage scale of 4, indicating she had no emergency and could wait. To Akwasi's surprise, the young woman passed out within 20 minutes and then underwent an emergency surgery due to a medical condition she had not shared with him during triage. The patient saved Akwasi from any suspension and potential loss of his job when she confessed later she had hidden her pain from him because she felt uncomfortable talking to a man about her pain. This shows a life could have been lost due to gender-based stereotypes in nursing and this should stop because male nurses undergo the same training as their female colleagues and are equally competent to care for patients, including young women.

Gender-based stereotypes in nursing occur in many different forms including questioning of the sexuality of male nurses. Kofi told an experience with a female

colleague who was surprised to meet him with his wife and sons at the mall when he introduced them. Kofi's colleague said to him that most of the nurses in the unit thought he was gay because of his compassionate way of caring for patients.

The focus group discussed the issue of gender-based stereotypes in the nursing profession. The participants attested to the feminine image of the profession and said it had an impact on how patients related to male nurses. Unanimously, the participants spoke about encountering rejections within their careers and indicated that gender-based rejections impacted their lived professional experiences. The issue of gender-based chaperone services in nursing and their impact on the careers of the participants was discussed in-depth in the focus group. All four focus group participants, except Nkrumah, who is a nurse manager, said the need for male nurses to call for female chaperones during basic procedures such as EKG was a nuisance in their careers and only served to delay the progress of their assignments on a daily basis. However, the participants indicated their female colleagues did not often call for chaperone services even when they were inserting foley catheters in men, which involves touching the male genitals. The participants insisted that there was a double standard in nursing and it only compounded the feminine image of the profession.

Four of the interviewees and three focus group participants detailed their encounters with gender-based stereotypes in their dairies. The participants indicated that stereotyping in nursing impeded their daily-lived experiences within their careers and they have become cautious in their services especially when caring for young women. They felt that gender-based stereotypes in nursing lead to rejection, discrimination, and double standards in the profession, which reinforce the public's feminine perception of

nursing. Based on the findings from this study, gender-based stereotypes subdue male nurses, present them as "unwelcome guests," in the profession and defeat the passion of male nurses to care for others. According to the experience of the participants of this study, hospitals and healthcare providers should acknowledge gender-based stereotypes in nursing to appropriately address them to eliminate role strain for male nurses and the high attrition rates among them.

Caring Through Spirituality

All the participants including the interviewees and focus group members revealed that Ghanaians are religious by nature; they are born and raised with religious values and such values lead them in all areas of their lives. Religion is therefore omnipresent in both the private and public lives of Ghanaians and they are very open about their religious beliefs. Ghanaians pray about everything and prayers guide their daily experiences at home, in their commutes and in their jobs. Unanimously the interviewees and focus group participants indicated that they prayed before and after their daily shifts for God's guidance in order to avoid making mistakes and to protect them from patient accusations of inappropriate touching or any charges of sexual harassment. Majority of the participants said they prayed for and with patients who shared their Christian faith.

Kwadwo and Kwaku are both leaders in their churches and they perceive nursing as a "call to duty from above." Kwaku said nursing has provided an opportunity for him to meet and pray for and with people of the Christian faith. He further stated:

> I'm a prayerful man of God. I pray to commit my patients into the Lord's hands at the start of my shift for healing because it is not for humankind to suffer in pain. I ask patients to hold my hands in faith and we pray together for healing and they

> begin to recover and some of the recoveries I've observed can only be explained as miraculous. This is the part of my profession that impacts my daily experiences, knowing that my Lord would use me as a vessel to heal others. (Kwaku)

Kwaku said some of the patients became like family and that they asked him to pray with them even when they were not on his assignments. Kwaku's religion has had a significant impact on his professional experiences in his career and he said, "My daily interactions with patients forever strengthen my faith as a Christian and they give me a reason to be a nurse."

Similarly, Kwadwo reiterated many of Kwaku's beliefs about caring through spirituality and said that incorporating prayers into clinical practices heal the sick. Kwadwo said "prayer is a humble communication with the Lord in faith for answers to questions above our pay grade and this makes prayers very significant when sicknesses befall people unexpectedly." Kwadwo stated that he cared for people confronting unforeseen illnesses who were constantly in denial, angry, fearfulness, depression, heartbrokenness, and confusion; they had many unanswered questions and for that they needed more than clinical practice. Accordingly, this is when prayers are necessary because they are comforting. Kwadwo said, "When I pray with patients, I comfort them with the words of God to believe again and they recover more quickly to go home and never to return to the hospital."

Prayer in nursing care was discussed in the focus group. All the participants Kwame, Annan, Nkrumah, and Kuffour agreed that the significance of prayer in nursing is unquestionable. They said nobody should doubt the power of prayer because

sometimes the only thing that changes everything is prayer. Nkrumah, an orthopedic nurse manager, said that he prayed for strength and able leadership at the beginning of each shift, for a trouble-free workday with no in-fighting among nurses, no critical cases, and more discharges so that patients could return home to their families. Nkrumah suggested a possible correlation between prayers and recovery time when he said that patients who prayed and were prayed for had fewer complications and shorter hospital stay times. Nkrumah said he had overcome many challenges in his career through the use of prayer and for that he would continue to pray for wisdom to speak with patients and words to comfort the sick.

Caring through spirituality was a common theme that was developed throughout the study and it was an affirmation that religion is embedded in the fabric of the Ghanaian society and culture. Unanimously, the participants declared their belief in the healing powers of prayer and affirmed the significant impact of prayers on their careers. The participants' acknowledgement of the healing powers of prayer suggested that spiritual practices such as prayer should not be denied in nursing care but instead be supported to encourage nurses to pray with patients to alleviate sickness.

Glass (d)Escalator

All the interviewees and the focus group participants acknowledged that while men are a small minority in the nursing profession they enjoy many advantages, such as promotion to leadership positions, and careers in nursing specialties with better salaries than many of their female colleagues. The literature review for this study described the phenomenon whereby men enjoy hidden advantages in female-dominated professions such as nursing as the glass escalator, indicating that men often rise higher and are

promoted faster on the job than their female colleagues who may also be highly qualified for the positions men are promoted to occupy (Williams, 2013). The literature about men in nursing indicates that all male nurses regardless of race, socioeconomic background, and national origin ride an escalator to positions of status in the profession; however, for the Ghanaian male nurses in this study the reverse was true. Five of the interviewees and Kwame, a member of the focus group said the hidden advantages for men in nursing have eluded them because of their race and national origin and that they have not benefitted from the advantages men of other races enjoy in nursing. Akwasi, Kwadwo, Kofi, Kwabena, Kwame, and Yaw said the escalator ride in nursing for Ghanaian male nurses descended to the bottom floor instead of ascending to better paying positions. Therefore, the term "*glass (d)escalator*" was more appropriate to indicate the downward progression of the participants in their careers.

Akwasi was an assistant nurse coordinator (ANCC) in the emergency room for a year until a new director of nursing was hired in the unit. Akwasi recalled his first meeting with the director who referenced her preference to working with her "own people" in the emergency room. Akwasi was later summoned to another meeting in the director's office and was instructed to be active on the job, which he learned meant he was to report nurses for offenses including tardiness, neglect, and abuse. In his attempt to explain to the director of nursing that nurses' offenses were reported on the hospital's SkyDrive, which was accessible to all administrators, Akwasi was accused of not reporting a nurse who had under-triaged a patient on an earlier day when he was off from work. The nurse in question was not even interviewed and Akwasi's explanation that he was off duty on the said day was also not accepted; he was asked to resign from his

position and switched to a bedside role.

Akwasi said many of his colleagues including doctors tried to convince him to sue the hospital for bullying and discrimination, but he refused. Akwasi remembered the message from the director's first meeting that she preferred to work with her "own people" and he took that to mean that Ghanaian men were not part of that group. He therefore opted to continue his job as a bedside nurse instead of pursuing a legal action against the director and the hospital. Akwasi conceded "life is tough for African men in nursing because they are considered lower than any other race and are easily blamed for anything wrong in the unit." The literature review for this study indicated that men in nursing are expected to rise up to better paying positions in the profession; however, Akwasi, descended to a position he had held earlier in his career – riding down the escalator instead of moving up and, losing out on the financial benefits, and greater responsibility that men in nursing often experience.

Yaw hit a glass ceiling in his career and bounced back down after he was appointed the assistant director of nursing in an outpatient psychiatric-mental clinic. He described how after two years in his position, the clinic underwent reorganization to reduce its nursing workforce by 10% over a period of a year.

> I was the most experienced among the assistant directors of nursing in the clinic but the first to receive a letter of termination of employment within a week. I couldn't understand the criteria for terminating my employment when I had precepted the other assistant director. I think race, nationality, and my masculine perspective had something to do with my termination, but I accepted it without a question. I was seen as a misfit because the female-dominated administrators

found my views to be authoritative. (Yaw)

Yaw was offered a new position, in which he would be working below the assistant director of nursing in the same clinic a week after he was fired. He accepted the new position due to his passion for psychiatry and compassion for mental health patients. Yaw now reports to an assistant director of nursing that he had trained and who has fewer years of experience in nursing than he has. Therefore, the *glass escalator* phenomenon has become a mirage to Yaw, as his rise in the nursing profession has fizzled.

Kwadwo also experienced a descent in his nursing career after he resigned as a charge nurse. Kwadwo said, “I was set up to fail because nobody supported me on any decision I made, especially with schedules.” Kwadwo was verbally insulted and emotionally abused by his colleagues when he gave job-related instructions for improvements in patient care. Kwadwo alluded to politics in nursing and said, “A rise in the profession was countered by a strong opposition from the female-dominated majority which made it challenging for men to rise to better-paying positions.” Kofi questioned the rationale behind why some Ghanaian male nurses accepted positions in nursing when they knew they would be disrespected because of their race and nationality and, perhaps even fired without cause. Kofi said, “All my friends have come back to bedside after a year or two in leadership positions.” Kwadwo’s experience and Kofi’s assertion are affirmations that the phenomenon of the glass escalator does apply to all male nurses including the Ghanaian male nurses sampled for this study.

The concept of glass escalator was discussed in the focus group and Nkrumah agreed with it. Nkrumah argued that his experience in the nursing profession was a testament to the glass escalator phenomenon, as he had risen to become a nurse manager

and had even received offers at his job to become assistant director of nursing on different units but had declined. Annan also did not express any experiences of a downward mobility in his career; however, he said Nkrumah's experience was different and unique because he works in a minority neighborhood with a majority Black nursing workforce. Nkrumah did not refute Annan's assertion but said all nurses regardless of nationality and race, could rise to positions of power in nursing if they were willing to make a difference in the lives of others.

Throughout the study, five of the interviewees and Kwame, a participant in the focus group acknowledged challenges to a quick rise in the nursing profession for Ghanaian male nurses. They either described hitting a glass ceiling in the profession or experiencing a downward progression in the advancement of their careers. Akwasi was forced to resign from his position; Yaw was fired but later offered a lower administrative role; Kwadwo resigned after a barrage of insults; and Kofi's friends returned to the bedside after having risen up to better-paying positions in the nursing profession. The participants attributed the challenges to their advancement in the nursing profession to discrimination and racial biases against them in the United States because of their race and national origin. The majority of the participants indicated that race had impacted their careers negatively. Narratives such as those of the participants in this study are central to understanding the experiences of people of color, as the review of literature indicates racism is pervasive in American society.

Summary

This chapter is an overview of the findings from the narratives of the lived experiences of 10 Ghanaian male nurses (six interviewees and four focus group

participants) in the United States. Seven common themes were developed from the experiences of the participants and the themes helped to answer the two research questions that guided the study. The interviews and the focus group discussion revealed that the majority of the participants experienced separateness within their careers. The participants felt invisible, unequal, and ignored, and they thought they were misfits in the nursing profession. They discussed being separated from other nurses when their way of life–including their foods choices–was ostracized. Such attitudes towards the participants made it very challenging for them to establish any meaningful relationship with their colleagues. Some of the participants chose to withdraw from their colleagues because of offensive, insulting, and humiliating behaviors directed at them. The fact that Ghanaian male nurses represent a small fraction of male nurses in the United States compounds the state of isolation the participants experience in their careers. Therefore, healthcare providers should create a welcoming environment to retain Ghanaian male nurses, to serve as role models to recruit other minority men including Ghanaians into the nursing, and to support the delivery of culturally competent care.

The participants confronted subtle and blatant discrimination in addition to being isolated, and they revealed that those experiences were cruel and hurtful. Some patients rejected the services of the participants and that impacted their careers. The narratives from the participants dispute the ideology of color blindness and affirmed that racism is pervasive and is engrained in the fabric of the American society.

The majority of the participants believed they experienced downward mobility within their career choices. The participants said that the concept of the *glass escalator* was just a myth and an illusion to Ghanaian male nurses, as they encountered challenges

in advancing to administrative roles in the nursing profession. The majority of the participants indicated that their advancement in nursing retracted, leading to loss of financial benefits and their seats at the table. The experiences of the participants led to the concept of "*glass (d)escalator*" which refers to the downward mobility of Ghanaian male nurses to lower paying status in the nursing profession. The participants described encountering barriers, which constrained their advancement to better-paying jobs and they asserted that their race and national origins diminished the benefits men of other races enjoyed in nursing, such as quick rise to positions of power in administration.

Despite the challenges and barriers encountered, the participants expressed satisfaction for their career choices in the nursing profession. They were unanimously content with job security and benefits in nursing; they expressed a great sense of satisfaction regarding the security of their careers and they said their jobs were recession-proof. Although the majority of the participants struggled to rise up to better paying roles to move away from the bedside, they acknowledged there were many career opportunities in the profession for ambitious Ghanaian male nurses who were determined to succeed against all odds. Job security, retirement benefits, health benefits, flexible schedules and career opportunities served as power resources to overcoming challenges such as discrimination and isolation which were perceived as loads in the careers of the participants. Overall, the participants have had positive experiences within their career choices and have encouraged many other people to pursue careers in nursing; however, the experiences of the participants and other minority male nurses have highlighted the deeply rooted problem of discrimination in the nursing profession.

CHAPTER 5: ANALYSIS, SYNTHESIS, CONCLUSIONS, AND RECOMMENDATIONS

Overview of the Study

The primary purpose of this qualitative phenomenological study was to understand both the lived professional experiences of Ghanaian male nurses currently working in the nursing profession in the United States and the factors that impacted their careers. It is believed that understanding the lived professional experiences of Ghanaian male nurses in the United States will provide healthcare providers, hospitals, and policymakers with research-based evidence to appropriately support immigrant minority male nurses in order to recruit and retain more immigrant men in the nursing profession and thereby diversify the nursing workforce while delivering culturally competent care for the diverse US population.

This research study used a phenomenological approach to collect qualitative data from in-depth interviews with six participants. In addition, to interviewing the six participants, the researcher conducted a focus group discussion with four other participants. The participants' diaries relating to their lived professional experiences were collected and analyzed to further understand the phenomenon of what it is like to be a Ghanaian male nurse in the United States. The participants in this study consisted of 10 Ghanaian male nurses who have lived and worked in the United States for at least three years.

The data from the individual interviews, focus group discussion, and participants' diaries were coded, analyzed, and organized following the research questions and then

again through the lenses of the theoretical framework, literature review, and the intersectionality of race, gender, and national origin of the participants. The themes developed from the study provided deep insights about the lived professional experiences of Ghanaian male nurses within their careers, and the themes helped to answer the two research questions that guided the study.

The two research questions that guided this phenomenological qualitative study about the lived professional experiences of Ghanaian male nurses in the United States are:

1. What are the lived professional experiences of Ghanaian male nurses in the United States and how do Ghanaian male nurses narrate these experiences related to their career choices?
2. What factors contribute to the lived professional experiences of Ghanaian male nurses in the United States and how do these factors impact their careers in nursing?

This chapter presents an in-depth interpretation of the findings from the study, which is outlined in the previous chapter, to provide a deeper understanding to the experiences of the participants and the phenomenon of being an immigrant male nurse in the nursing profession. The narratives of the participants were thoroughly analyzed to identify common themes that were relevant to the lived professional experiences of the Ghanaian male nurses. The literature regarding men in nursing was employed to support the findings from this study. The researcher compared and contrasted the findings of this study with the literature about men in nursing as outlined in chapter two to identify the shared experiences between Ghanaian male nurses and other male nurses to identify

similarities and differences between Ghanaian male nurses and other male nurses.

The analysis and synthesis of the findings is situated in the context of critical race theory and the intersectionality of race, gender, and national origin to suggest recommendations to improve the lived professional experiences of Ghanaian male nurses and to retain them in the nursing profession. The themes from the study are employed throughout the discussion to support the understanding of the experiences of Ghanaian male nurses in the United States. The recommendations include specific strategies to retain and attract more minority men to the nursing profession in order to help in the delivery of culturally competent care in the 21st century. This chapter also includes limitations of the study, recommendations for future research, and implications of this study for healthcare providers and the nursing profession. The chapter concludes with a discussion of the impact of intersectionality of race, national origin, and gender on the experiences of minority male nurses.

Analysis and Interpretations of the Findings in the Context of the Research Questions

Research Question 1

The first research question sought to understand the lived professional experiences of Ghanaian male nurses in the United States and how Ghanaian male nurses navigated these experiences within their career choices. The Ghanaian male nurses who were interviewed for this study have had dual professional experiences within their careers and they described their experiences as being challenging but rewarding because they derived inner satisfaction from caring for others, especially the sick in our society. The findings from the study, which are separateness, discrimination, gender-based

stereotypes, *glass (d)escalator*, career opportunities, job security with benefits, and caring through spirituality framed the lived professional experiences of the participants.

The majority of the participants shared experiences of isolation in the nursing profession. This finding is consistent with previous studies about men in nursing. Wingfield (2009) found that Black men nurses were isolated in their careers and “they often have unpleasant interactions with women coworkers who treat them rather coldly and attempt to keep them at bay” (p. 16). Wilson (2007) found that isolation shaped the lived experiences of African American nurses as they were often shunned and treated as invisible in their workplace. Some of participants of this study chose to self-isolate from their colleagues to preserve their dignity and others felt unwelcomed in the nursing profession because their colleagues ignored them. In a similar study about Black male nurses, Wingfield (2009) found that the research participants isolated themselves from their colleagues; they felt unequal and–rejected and saw themselves as misfits in the nursing profession. Isolation has no place in the nursing profession; it only serves to break apart the team effort, which is invaluable to the success of nursing care (Kalisch & Schoville, 2012). Black male nurses are competent nurses so they should be welcomed in the community of healthcare workers to eliminate the feelings of isolation among them in their careers.

Isolation among male nurses is not only restricted to their social relationships with their colleagues but also within the professional practice of nursing as a whole. Male nurses are often isolated from specialties such as maternity (MacWilliams et. al., 2013). Men begin to experience isolation as soon as they enter nursing school (Christensen & Knight, 2014; Gardner, 2005). Christensen and Knight (2014) found that male nursing

students were isolated from their female colleagues during maternity placements and restricted from supporting breastfeeding mothers. Such rejection in the workplace and especially in a profession that requires a high level of expertise is likely to increase the high attrition rate among men in nursing (Stokowski, 2012).

Like the Black male nurses in the Wingfield (2009) study, isolation among Ghanaian male nurses in the nursing profession could be due to discrimination in nursing which is an open known secret to many stakeholders in the healthcare industry, but nevertheless a sensitive issue that is challenging to address. All the participants of this study experienced varying forms of discrimination in their careers. Discrimination among Ghanaian male nurses is consistent with previous studies about minority nurses (Gardner, 2005; Likupe, 2006). For example, Likupe (2006) found that African nurses in the UK National Health Service were discriminated, consistently harassed, and overlooked for promotions. Likupe (2006) also found that Black African nurses were discriminated and harassed more than Black nurses from the Caribbean and Black British nurses.

Nursing is a team effort and the level of teamwork in the profession impacts the provision of quality and safe culturally competent nursing care (Barrow, 2010; Kalisch, Lee, & Rochman, 2010). Therefore, isolation has no place in the nursing profession for it only serves to negatively impact patient care. Teamwork is vital in nursing; when it is practiced, nurses from different backgrounds work together to meet the needs of diverse patients to improve medical care (Kalisch, Lee, & Rochman, 2010; Kalisch & Schoville, 2012). Teamwork among nurses improves self-worth, and for the Ghanaian male nurses in the United States, it could improve their sense of belonging in the nursing profession. In addition, embracing the team effort in the nursing profession would reject separateness

and motivate both the participants of this study and other men to remain in nursing to diversify the profession (Stokowski, 2012).

Rejection in the workplace is painful and it leads to resentment. All the participants in this study experienced some form of rejection within their careers. They suffered discrimination from many sources; the most blatant discrimination came from patients who openly rejected their nursing services. The majority of the participants said healthcare providers unintentionally encourage discrimination in the nursing profession when they grant the requests of patients who openly discriminate against minority nurses because of their race and ethnicity. Hospitals should never encourage patients and their families to discriminate against minority nurses as in the case in Michigan in which a father's racial request was granted that no African-American nurses care for his newborn (Brumfield, 2013). Hospitals and healthcare providers should strictly follow their anti-discrimination policies to protect employees from unfair treatment and discrimination in all forms; they should refrain from ceding to the requests of patients who reject the services of minority nurses because of their race and/or national origin because this violates the rights of minority nurses and could lead to high attrition among minority men who are a small fraction of the nursing workforce (Likupe, 2006).

In addition to being isolated and discriminated, the majority of the participants encountered gender-based stereotypes in their careers. Nursing is perceived as a feminine profession, so the caring touch of men in nursing is often sexualized (Evans, 2002; Harding, North, & Perkins, 2008). The lack of acceptance in the profession compounds the challenges Ghanaian male nurses encounter in their careers. This finding is consistent with studies that suggest that gender-based stereotypes in the nursing profession serve as

a barrier to impede male nurses in their careers (Rochlen, Good, & Carver, 2009; Zamanzadeh et al., 2013).

Women have long been associated with the nursing profession, so men who pursue careers in nursing are referred to as male nurses to differentiate them from their female colleagues (McLauglin et al., 2010; Stokowski, 2012). The participants of this study mentioned being referred to as male nurses. Why should the professional title in nursing be differentiated according to gender when women who have completed medical school are referred to as doctors but not "female doctors"? It is time to abandon the title "male nurse" and refer to men in the nursing profession as "nurses." Calling men "nurses" would indicate that they are equally as competent as their female colleagues. There has been a call in the literature for nursing to become gender-neutral to change its feminine image, which has been a barrier for some men (Stokowski, 2012).

Despite the preference for female nurses, men in the profession rise higher and are promoted faster from bedside roles to administrative work than their female colleagues. However, for the participants of this study, the quick rise that other men experience was reversed and they found themselves back at the bedside after a short period in an administrative role. The participants described their lived professional experiences in terms of a downward mobility, meaning they ride the glass (d)escalator to the bedside. Other studies about minority male nurses have had similar findings. For instance, Wingfield (2009) found that 17 African-American male nurses were overlooked for promotions when their race intersected with their gender in the nursing profession. Nursing requires competent leaders who can organize their staff to support each other in a team effort to deliver quality care for patients. Such competent leaders do not come in

colors; rather these leaders are individuals–including Ghanaian male nurses–who are willing to work above and beyond the call of duty. Hospital administrators should therefore provide equal opportunities for minority male nurses and adequately support them to succeed in administrative roles because leadership skills are not linked to the skin color of individual nurses.

This is the 21st century in the United States: the country is more diverse than ever, so healthcare workers should be tolerant of colleagues from different cultural backgrounds. Nurses including Ghanaian male nurses should be inclusive and accepting of others and their ways of life. When nurses welcome their colleagues and accept their cultures, they learn from their differences to build a strong community to empower everyone (Kalisch & Schoville, 2012). Therefore, nurses should be encouraged to collaborate with their colleagues from different backgrounds to deliver culturally competent care to meet the needs of the diverse patient population in the United States (Barrow, 2010). A collaborative nursing workforce would welcome Ghanaian male nurses and might help to eliminate their feelings of isolation in the nursing profession.

Despite the challenges they encountered as minority men in the nursing profession, all the participants described their overall lived-experiences with a great sense of satisfaction. The satisfaction of the participants within their careers supports the Power-Load-Margin formula of McClusky's theory, which indicates that a surplus of power sources in an adult's life provides the needed margin to overcome life's loads such as discrimination, isolation, and gender-based stereotypes (McClusky, 1963). All the research participants were satisfied with the job security in nursing. Career opportunities in nursing also had positive impacts on the participants. These opportunities are one of

the primary reasons men choose nursing (Twomey & Meadus, 2008; Zamanzadeh et al. 2013). All the participants described career opportunities and opportunities to pursue specialties in the nursing profession as very rewarding. The participants used career opportunities to promote themselves in the profession. The majority of the participants explained that they have identified pursuing higher education with certifications, in high-need specialties, as a path to career growth for minority men so many are now pursuing graduate degrees. The overreliance of Ghanaian male nurses on educational opportunities to advance professionally supports the study from the American Association of Colleges of Nursing (2015), which found that minority nurses–including African Americans–are more likely to pursue advanced degrees for professional growth in nursing than their White majority colleagues.

Research Question 2

The second research question asked the participants to identify the factors that contributed to the lived professional experiences of Ghanaian male nurses in the United States and how those factors impacted their careers in nursing. This study revealed a number of intersecting factors that contributed to the lived professional experiences of Ghanaian male nurses in the United States. The factors include gender, race, ethnicity, national origin, spirituality, age, sub-minority status, assimilation, isolation, discrimination, educational opportunities, and flexible schedules.

The factors that contributed to the lived professional experiences of Ghanaian male nurses are consistent with previous studies about Black and minority immigrant nurses in developed countries (Obrey & Vydelingum, 2004; Matiti & Taylor, 2005; Pham, 2013; Wilson, 2007; Wingfield, 2009). Matiti and Taylor (2005) found that

assimilation into a new culture, race, home culture, and English as a second language influenced the lived experiences of internationally recruited nurses in the United Kingdom. In a similar study about overseas Black and minority ethnic nurses in the south of England, Alexis and Vydelingum (2004) identified discrimination, lack of opportunities, separateness, and adjustment to a new culture as factors that shaped the lived experiences of the research participants. In a study about the lived experience of African American nurses, the research participants indicated, “their own spiritual and religious beliefs influenced their day-to-day nursing care” (Wilson, 2007, p. 145).

Cultural and social factors such as gender, race, ethnicity, national origin, and sub-minority status intersected to compound the levels of harassment and discrimination Ghanaian male nurses experienced within their careers. Such burdens and challenges in an adult’s life is what McClusky (1963) termed as loads. Other factors such as spirituality, educational opportunities, and flexible schedules in the nursing profession had positive impacts on the lived experiences of the participants and served as sources of power to overcome the loads in their careers. The ratio of load over the power sources in the lived experience of the participants of this study provided the margin for them to succeed in their careers (McClusky, 1963).

The gender of the participants negatively influenced their lived professional experience because of the perception that nursing is a feminine profession. The participants were therefore deemed to be misfits and for that they experienced gender-based stereotypes, which included performing much of the manual labor in nursing care. Gender-based stereotypes in the lived experience of the research participants confirmed a common barrier in the careers of men in nursing (Pilkenton & Schorn, 2008; Rochlen,

Good, & Carver, 2009; Zamanzadeh et al. 2013). Some of the participants of this study were asked to stay with violent patients when their colleagues were running for safety because they were assumed to be physically strong. Such gender-based stereotype of Ghanaian male nurses is compatible with the literature about men in nursing. For example, Meadus and Twomey (2011) found that male nursing students were instructed to stay with disorderly patients because of their gender even when they were professionally unprepared to handle such situations. Many of the research participants described encountering prejudices because of their gender, race, ethnicity, and national origin. The intersection of the gender, race, ethnicity, and national origin of the participants created complexities such as rejection, under triaged cases, verbal abuses and downward mobility within their careers. Wingfield (2009) indicated that the intersection of race and gender creates challenges for Black male nurses; however, research about the intersection of race, gender, and national origin is lacking. Therefore the findings from this study fill the gap in the literature about the experiences of immigrant male nurses in the United States.

Assimilation to a new culture also shaped the lived experience of majority of the participants of this study. Recently arrived immigrants–including Ghanaians–struggle to assimilate completely in the United States as they still hold onto their beliefs, language, and cultural identity (Smith, 2003). Some Ghanaian male nurses continue to be embedded within their culture and either block or delay their assimilation in the United States, so they tend to misconstrue unfamiliar American norms. This can have negative implications for working professionals who have to interact with native-born Americans and citizens from other countries.

The participants of this study were resilient in the face of daily prejudices, rejection, and discrimination because other factors such as spirituality and educational opportunities within the profession have had positive impacts on their careers. The majority of the participants drew a greater deal of inspiration from their faith and said that they prayed daily about their jobs and with patients who shared their faith. Ghanaian male nurses and other immigrant nurses are mindful of opportunities in developed countries, so they do not allow discrimination to deter them from achieving their dreams (Alexis & Vydelingum, 2004; Matiti & Taylor, 2005). The opportunity to advance professionally in a secured career with benefits has had positive impacts on the lived experiences of the participants.

The Intersectionality of Race, Gender, and National Origin in the Nursing Profession

Men in nursing represent less than 10% of the total workforce; however, men are known to enjoy many hidden advantages in the profession (Landivar, 2013; Williams, 2013). This phenomenon in nursing is referred to as the glass escalator effect. The glass escalator effect means that men in nursing rise higher and more quickly to administrative roles in the profession than female colleagues who may be more qualified (Williams, 2013). The glass escalator phenomenon holds true for men in nursing; however, it does not apply to all men from all backgrounds. According to the *glass escalator* concept, Ghanaian male nurses who were promoted to charge nurses should have risen more quickly to nurse managerial positions than their female colleagues, and those who rose to become assistant directors of nursing should have risen more quickly to become directors of nursing; however, the reverse was true for the participants in this study. Some of the

participants were coerced to resign from their administrative positions and others resigned voluntarily when they were subjected to insults and emotional abuse from colleagues and received no support from administrators.

The downward mobility of the participants of this study challenged the glass escalator effect in nursing for men and suggested that, "the glass escalator is a racialized concept as well as gendered one" (Wingfield, 2009, p. 22). The glass escalator concept is truly racialized, yet for Ghanaian male nurses, it is also a nationalized phenomenon for White American men. When the race and national origin of the participants intersected with their gender, it pulled their ride on the glass escalator to the bedside. Nursing care is not limited to women, and neither should it be limited to a single race nor nationality in our society. All nurses–including the participants of this study–should be given equal opportunities for professional advancement (Alexis & Vydelingum, 2004). An equal opportunity in nursing for men from diverse backgrounds could help recruit and retain more minority men to diversify the profession and reduce the shortage in the nursing workforce which is projected to be about one million in 2022 (United States Department of Labor: Bureau of Labor Statistics, 2013).

The Literature Review about Men in Nursing and the Research Findings: A Discussion

This study identified seven themes from the lived professional experiences of Ghanaian male nurses in the United States. The seven themes were separateness; discrimination; job security and benefits; career opportunities; gender-based stereotypes; caring through spirituality; and the *glass (d)escalator*. The themes from this study align with some of the findings from the literature about men in nursing. However, the

experiences of the participants challenged the glass escalator effect. The similarities between the findings from this study and previous research about male nurses indicate that men in nursing–regardless of race–have common shared experiences within the profession. Although the participants described their lived professional experiences as being in a profound state of separateness from their colleagues, the issue of isolation in the nursing profession is not unique to the participants of this study. Isolation of Ghanaian male nurses in the nursing profession supports the thematic analysis study by Christensen and Knight (2014), which found that male nursing students felt isolated from their female colleagues. The isolation of men in the nursing profession does not augur well for the healthcare industry as it plans to recruit and retain more men to diversify the nursing workforce.

In addition to isolation, the participants experienced gender-based stereotypes within their careers and complained that such barriers presented a double standard in the nursing profession. Gender-based stereotypes were challenging to the participants; however, they are common barriers for all men in nursing. Pilkenton and Schorn (2008) found that men in the United Kingdom also encountered gender-based stereotypes when they pursued careers in midwifery; they were blatantly told that the profession was called "midwife but not midhusband." Gender-based stereotypes in the nursing profession impede men from discharging their nursing care responsibilities. Gender-based stereotypes and role strain on the participants of this study and other male nurses will only increase the attrition rates among men in the nursing profession and compound the nursing shortage in the United States.

Gender-based stereotypes were barriers for the participants of this study, and so

were their race, ethnicity, and national origin. The participants were discriminated against and rejected because of their race, ethnicity, and national origin just like Cham (2008), a young Sierra Leonean man, who is a registered nurse in the United States. Cham, a West African immigrant registered nurse in the United States, was often mistaken for a certified nursing assistant and seen as incompetent because of his race and national origin. The experiences of the participants and those of Cham indicate that America is a racist society, as some of its citizens are still judged by the color of their skin and not according to their professional abilities. Wingfield (2009) also confirmed discrimination against Black male nurses in the nursing profession in a qualitative study that explored the lived experiences of minority male nurses. Wingfield (2009) found that the intersection of race and gender negatively impacted the upward mobility of Black male nurses in the nursing profession. For Ghanaian male nurses, their national origin, race, and ethnicity intersected with their gender to deny them the benefits of the glass escalator effect in nursing. The findings from this study indicated that the glass escalator was not only racialized and gendered as Wingfield suggested, but also nationalized to benefit native-born white American men. The findings from this study indicate that the glass escalator phenomenon is racialized, gendered, and nationalized and suggest that other social and cultural categories such as religion, social class, age, sexual orientation, and marital status might also influence the glass escalator phenomenon for men in nursing. The findings from this study raise many questions and point out gaps in the literature about men in nursing and the glass escalator phenomenon. Therefore, further research in the field of nursing should be conducted to understand how other social factors impact the glass escalator phenomenon.

The participants had some positive experiences despite encountering discrimination and the lack of the glass escalator effect. All the participants of this study reiterated the significance of job security, career opportunities, and health and retirement benefits within their careers. These findings support previous research about men in nursing. Twomey and Meadus (2008) interviewed 62 male nurses to explore their reasons for pursuing careers in the nursing profession; the participants identified career opportunities and job security as the main reasons.

In another qualitative study conducted in Iran, 18 Iranian male nurses also identified job security and career opportunities as the factors that motivated them to pursue careers in the profession (Zamanzadeh et al., 2013). Given that job security and career opportunities are motivating factors for male nurses, they should be maintained as a recruitment strategy to attract and retain more men to help diversify the nursing profession. A higher recruitment and retention of men in the nursing profession could help to eliminate the nursing shortage in the United States.

Connecting Research Findings to Theoretical Frameworks

I identified two theoretical frameworks from my review of the literature about men in nursing to frame and ground my study about the lived-experiences of Ghanaian male nurses in the United States. The two theoretical frameworks are critical race theory and McClusky's theory of margin.

Critical race theory posits that racism is engrained in the fabric of the American society and that race is a primary contributing factor to the inequities in the United States. According to the theory, racism is not only part of American life; it advances the interests of White elites and the White working class; as such the White majority has no intention

to obliterate it. Delgado and Stefanic (2012) asserted that social categories such as race are artificial classification methods used to discriminate against people of color, and that the voices of minorities offer accurate representations of discrimination in the United States.

The narratives of the participants and the findings from their lived professional experiences in the nursing profession have confirmed critical race theory and its basic tenets (Zamudio et. al., 2011). The participants of this study presented a unique voice from people of color to share their experiences of discrimination in the United States. They were discriminated against because of their race; some patients and families rejected care from Ghanaian male nurses solely based on their race, ethnicity, and national origin. Nurse Managers who acquiesced to the demands of patients rejecting the services of African nurses because of their race and ethnicity compounded the discriminatory experiences of the participants. The structural discriminatory practices in the nursing profession against the participants are an affirmation of the central tenet of critical race theory, which posits that racism is part of American society and part of the daily experiences of people of color. Critical race theory asserts that race is a socially constructed characteristic based on physical appearance and it is used to discriminate against minorities to deny them access to opportunities for better lives. The participants talked about being denied opportunities for advancement in their careers because of their race. Furthermore, their race intersected with their gender to diminish the benefits White male nurses enjoy in nursing. This finding from the study supports the assertion of critical race theory that race is a non-scientific category employed purposefully in American society to discriminate against people of color.

McClsuky's theory of margin, which also informed this study, states that the two primary components of an adult's life are the loads that an adult encounters and the power they have to overcome the load. McClusky described his theory of margin as the ratio of *power,* such as resources and support networks, to *load,* such as the challenges and demands on the limited resources in an individual's life. This ratio is also known as the Power−Load−Margin formula theory and is expressed as Margin = *Load*/ *Power*. The ratio of load as the numerator over power as the denominator provides the margin in life for individuals to succeed (McClusky, 1963). Load consists of both external and internal factors such as job demands, role strain, life goals and discrimination. Power also consists of internal factors like resiliency, personality traits, and cultural values, as well as external factors, which include family support, social status, job security and benefits (Merriam & Bierema, 2014).

The findings from this study support McClusky's theory of margin because the participants had the resources from their experiences to sustain the challenges from discrimination, rejection, gender-based stereotypes and the lack of opportunities for advancement within the nursing profession. The researcher classified the study findings as either load or power-based after examining the narratives from the participants. The overall satisfaction of the participants in their career choices indicates that career opportunities and job security with benefits provide them with the margin to overcome the blatant acts of discrimination and separateness in their lived professional experiences. The findings from the study could be expressed as the Power−Load−Margin formula below:

$$\text{Margin} = \frac{\text{Separateness} + \text{Discrimination} + \text{Gender-based Stereotypes} + \textit{Glass (d)Escalator}}{\text{Job Security with Benefits} + \text{Career Benefits} + \text{Caring Through Spirituality}}$$

The findings from the study participants and the findings of this study support McClusky's theory of margin. However, the theory falls short in explaining the mathematical analysis of how the participants gained the power to overcome the odds of being separated, discriminated against and denied opportunities for advancement in their careers. This limitation of McClusky's theory of margin offers an opportunity for future mixed method research, which could collect numerical data to determine power and load in addition to qualitative data. This basic mathematical analysis could help to more accurately determine the values for power and load from the lived professional experiences of the participants as well as the value for margin from the Power−Load−Margin formula.

Limitations of the Study

This study is limited to the lived experiences of 10 Ghanaian male registered nurses from the New York City metropolitan area, who have lived and worked in the United States for at least three years. The participants completed a four-year bachelor's degree in nursing, and successfully passed the NCLEX-RN licensure examinations. They are all licensed as registered nurses. This study did not include Ghanaian male nurses from other regions in the United States; or male nurses from the New York City metropolitan area who are new to the nursing profession and have not worked for a minimum of three years. The researcher's understanding of the lived-experiences of Ghanaian male nurses was based solely on the shared experiences of the 10 men, who participated in this study and narrated their experiences about their careers from their locations of employment in the New York City metropolitan area.

Although the individual and focus group interviews were conducted until saturation and the participants' diaries were thoroughly analyzed, to identify the significant statements from the lived-experiences of the participants, the sample size of 10 Ghanaian male nurses is too small to generalize the findings from this study. The majority of the participants refused to respond to questions about their sexuality and the stereotype that male nurses are gay, which might have influenced the data and the findings from the study.

I am knowledgeable about Ghanaian culture and fluent in *Twi*, the Ghanaian dialect used in addition to English to conduct the interviews; however, it is still possible that I mistranslated the narratives of the participants and devalued their unique voices, which would be important to understanding the phenomenon of being a Ghanaian male nurse in the United States.

Recommendations for Further Research

Many studies about men in nursing have validated the glass escalator phenomenon, which asserts that male nurses rise higher and more quickly to positions of status in the profession (Landivar, 2013; Williams, 2013). However, only a few studies–including this research have questioned the reliability of the glass escalator phenomenon for Black Americans and Ghanaian male nurses in the United States. Wingfield (2009) found that the glass escalator phenomenon is both gendered and racialized, while the findings from this study have established that the phenomenon is gendered, racialized, and nationalized to white American male nurses. Therefore, further research of a larger sample of minority male nurses should be conducted to evaluate how other social factors might impact the glass escalator phenomenon and the extent to which the same or similar

findings about the glass escalator could be uncovered.

This study found that nursing is not immune to discrimination; however, only a few studies have sampled minority male nurses to understand their experiences and the level of discrimination in the profession. Additional studies with larger samples of African male nurses are needed to affirm discrimination in nursing and the stereotypical attitudes of the American public on African male nurses in order to appropriately address how these obstacles impede nursing care. In addition, Ghanaian female nurses could be sampled to understand how race and national origin impact their careers in the United States. This study could provide a better understanding to the issue of otherness and how that influences isolation among immigrant nurses. The study with Ghanaian female nurses could also help to explain the level of discrimination and racism in the nursing profession and how such social factors influence the careers of immigrant nurses in the United States.

The overall satisfaction of the participants supports McClusky's theory of margin; however, using the Power−Load−Margin formula to determine the margin from the power-load ratio is complicated without any numerical values. Therefore, values should be assigned to the themes from the qualitative study to mathematically explain the Power-Load-Margin formula of McClusky's theory of margin; this would require a follow-up quantitative study. The participants would need to assign values to the findings from the qualitative study in order to indicate specifically how each finding influenced their retention and overall satisfaction as nurses in the United States. A mathematical calculation from the load and power variables could indicate the margin level of the participants and how they overcame the challenges in their careers to affirm the

Power−Load−Margin formula.

Conclusion

The purpose of this research was to examine the lived professional experiences of Ghanaian male nurses in an effort to understand the factors impacting their careers in the United States. The conclusions for this research were drawn from the findings, which included the literature about men in nursing and the lived professional experiences of Ghanaian male nurses in the United States. This research validates findings from previous studies about men in nursing; however it challenges the concept of the glass escalator for men in the nursing profession. The glass escalator concept affirms that male nurses rise higher to better paying status in the nursing profession. This is not however, the experience of the Ghanaian male nurses. This research revealed that men continue to encounter gender-based biased in the nursing profession. In addition, the study confirmed that racism is embedded in American society as the race of Ghanaian male nurses intersected with their gender to put them on a downward ride in the glass escalator (Gardner, 2005; Wilson, 2007; Wingfield, 2009).

Data methods were triangulated using multiple data sources including in-depth interviews, a focus group discussion, participants' diaries, and a literature review about men in nursing. The triangulation process increased the completeness of data collection, which was employed to capture a comprehensive description of the lived experiences of the study participants. Data were analyzed following Moustakas's phenomenological data analysis steps, to bracket the researcher's personal biases about the phenomenon of being a Ghanaian male nurse in the United States from the study. From the data analysis, the study identified seven themes: separateness; discrimination; job security and benefits;

career opportunities; gender-based stereotypes; caring through spirituality; and glass (d)escalator. Glass (d)escalator, a concept I developed from this research, indicates the downward mobility and the lack of advantages for Ghanaian male nurses in the nursing profession. The themes identified from this research, provide a deeper understanding of the lived professional experiences of the Ghanaian male nurses and the factors that impacted their careers in the United States.

The review of the literature about men in nursing, supported by this research study with Ghanaian male nurses, has proven that racism is still alive and that discrimination is a deeply rooted issue in the nursing profession (Cham, 2008; Gardner, 2005; Hall & Fields, 2013; Wilson, 2007; Wingfield, 2009). In addition, the study confirmed commonly held gender-based stereotypes men encounter with delivering nursing care especially for young female patients. The themes from this study support the findings from the literature about men in nursing; however, the discriminatory experiences of Ghanaian male nurses that put them on a downward mobility to the bedside after a brief rise in the nursing profession challenge the glass escalator phenomenon for men in nursing (Cham, 2008; Christensen & Knight, 2014; Harding et al., 2008; McKinlay et. al., 2010; Pilkenton & Schorn, 2008; Twomey & Meadus, 2008; Williams, 2013; Wingfield, 2009; Zamanzadeh et al. 2013).

The glass escalator concept in the literature about men in nursing assumes that male nurses are more competent, gifted, and better leaders than women, and as a result, they rise higher and more quickly to better-paying specialties and administrative roles than their female colleagues (Williams, 2013). However, the glass escalator concept failed to evaluate the impact of other social factors such as race, ethnicity and national

origin on the experiences of men in the nursing profession. Wingfield (2009) found that the glass escalator concept in nursing was both racialized and gendered as the Black male nurses she sampled for her study were ignored for promotions even when they were the most competent nurses for administrative positions. Just like the Black male nurses in the Wingfield study, Ghanaian male nurses are overlooked for promotions; they are coerced to resign from administrative roles to work at the bedsides and demoted to lower status administrative roles in the nursing profession. This research indicates that the glass escalator experience in the nursing profession is not an equal opportunity phenomenon for all men. For Ghanaian male nurses and other "Black men, intersections of race and gender create a difference experience with the mechanisms that facilitate white men's advancement in women's profession" (Wingfield, 2009, p.15).

The glass escalator ride for Ghanaian male nurses progresses to lower-paying positions but not to administrative roles. The race, ethnicity, and national origin of Ghanaian male nurses intersect with their gender to diminish the glass escalator effect in their careers. The experiences of Ghanaian male nurses support the assertion that the glass escalator concept is both racialized and gendered (Wingfield, 2009). In addition, this study has revealed that the glass escalator concept is nationalized and is a privilege for straight, white, middle-class men in the nursing profession (Wingfield, 2009; Williams, 2013).

The glass escalator concept was developed from the experiences of straight, white male nurses from middle-class backgrounds who were socially privileged because of their race and thus assumed to be competent, better leaders and sometimes mistaken for medical doctors (Williams, 2013). Such positive assumptions about white men in the

nursing profession are not the expectations of minority men such as Ghanaians in the nursing profession (Wingfield, 2009). Just like other minority nurses, Ghanaian male nurses are assumed to be inept, unskilled, and unworthy leaders, and they are constantly urged to prove themselves as competent nurses to their colleagues and patients (Vukic, Jesty, Mathews, & Etowa, 2012; Wingfield, 2009). The glass escalator phenomenon, which was developed on the assumptions of white privileges, at the moment, eludes Ghanaian male nurses in the United States.

The glass escalator concept could hold true for all men in the nursing profession if they could universally be identified as a single group. However, for Ghanaian male nurses and other minority male nurses who are often racially mistaken to be janitors or unskilled laborers, the hidden advantages in nursing may continue to be a mirage because they are assumed to be unsuited for better paying positions (Cham, 2008; Wingfield, 2009). Ghanaian male nurses in the United States, Black male nurses and white male nurses are all registered nurses; however, they have different experiences as men in the nursing profession, so they cannot share a universal identity as male nurses and be assumed to ride the glass escalator in the nursing profession.

Ghanaian male nurses are at the periphery in terms of the classification of male nurses as race, ethnicity and national origin intersect with their gender. This injustice identifies them differently and marginalizes them in the United States. The marginalization of the participants of this study along with other Ghanaian male nurses indicates that they have much in common, so despite the limitations of this study, it provides valuable insights into the discriminatory experiences of Ghanaian male nurses in the United States. This study has shed light on the deeply rooted problem of

discrimination in the nursing profession (Cham, 2008; Gardner, 2005; Hall & Fields, 2013; Wilson, 2007; Wingfield, 2009). Ghanaian male nurses experience both blatant and subtle discrimination as it occurs in their relationships with colleagues, physicians, administrators, patients, and visitors. The nursing services of Ghanaian male nurses are rejected because of their gender, race, and ethnicity; however, this is not the experience of White male nurses who are assumed to be physicians and better leaders (Wingfield, 2009).

Any discrimination in the nursing profession is unacceptable and cruel; it is a reminder of America's history of racial injustices that continue to oppress Black people (Cham, 2008; Gardner, 2005; Hall & Fields, 2013; Wilson, 2007; Wingfield, 2009). However, discrimination exists in hospitals across the United States because the organizational structures in the healthcare system and in American society perpetuate it (Brumfield, 2013; Gardner, 2005; Wingfield, 2009). Thus, discrimination has become a permanent impediment to every diversity effort on the part of healthcare providers as they try to recruit racial and ethnic minorities into the nursing profession. Discrimination has no place in the nursing profession because it serves as a barrier against recruiting a more diverse workforce to reflect America's demographics. Discrimination impedes the delivery of culturally competent nursing care and widens healthcare disparities, which significantly affect minorities. Therefore, the nursing profession can no longer ignore the issue of discrimination for it is the most pervasive barrier impeding hospitals from recruiting racial and ethnic minorities—especially minority men such as the participants of this study who encounter gender-based stereotypes as well as racial discrimination.

In addition to discrimination, the study has confirmed feminization of the nursing

profession as the intimate caring services of male nurses are still sexualized (Anthony, 2006; Harding, North, & Perkins, 2008; Murphy, 2010; Wolfenden, 2011). The experiences of Ghanaian male nurses revealed that gender-based stereotypes are still present and continue to serve as barriers for men in nursing (Rochlen, Good, & Carver, 2009; Pilkenton & Schorn, 2008; McLauglin et al., 2010). Gender-based stereotypes create complex situations for male nurses and for Ghanaian male nurses, the gendered nature of their nursing care leads to rejection and under triaging with serious consequences, which include life threatening situations for patients. Gender-based stereotypes are complex in nursing; however, it is time for healthcare providers to acknowledge the issue to unite nurses, the media and the public at large and tear down the gender-based stereotypes in nursing.

The findings from this research and other studies about male nurses are a call to all stakeholders in the nursing profession to adopt research-based strategies, which should include actions to confront discrimination and gender-based stereotypes in order to recruit, retain, and support men–especially minority men–to diversify the profession. The nursing profession–which is predominately female–must identify diversity as a priority and recruit more men from diverse backgrounds in order to change the image of the profession and eliminate the expected shortage in the nursing workforce. The nursing profession risks confronting permanent shortages in nursing specialties such as critical care, emergency room, psychiatry, and anesthetics, which tend to attract male nurses, if it ignores the deeply rooted issue of discrimination which deters men from pursuing careers in nursing.

Recommendations for Action

The Ghanaian male nurses sampled for this study narrated their lived professional experiences in a state of separateness from their colleagues; the participants were rejected and discriminated against because of their race, ethnicity, and national origin. In addition, the participants encountered gender-based stereotypes in the nursing profession. Isolation, rejection, discrimination, and gender-based stereotypes are not sustainable in nursing, as studies have found that not helping nurses who have felt the sting of isolation and discrimination lead to attrition (Gardner, 2005; MacKusick & Minick, 2010). I am therefore recommending the following actions based on my understanding of the shared lived professional experiences of the participants of this study and other minority nurses who encounter discrimination in the nursing profession (Cham, 2008; Gardner, 2005; Harding et al., 2008; McKinlay et. al., 2010; Wilson, 2007; Wingfield, 2009).

1. Healthcare providers should enforce a zero tolerance discriminatory work environment to discourage both subtle and blatant forms of discrimination from staffs and patients. Healthcare employers should recognize diversity in the nursing workforce to promote multicultural workplace competence. Hospitals should set up diversity recruitment offices with experts in conflict resolution to support minority nurses. The diversity recruitment office should provide opportunities for discussion about issues related to inclusion and address the lack of opportunities for minority nurses' professional growth in order to retain minority nurses who may feel isolated and thus contemplate quitting the nursing profession (MacKusick & Minick, 2010).

2. Hospitals should implement yearlong mentoring programs for newly hired minority nurses to support them in their transition from nursing programs to the nursing profession. Newly hired minority nurses can be paired with colleagues from different backgrounds to support them to establish relationships that eliminate potential feelings of exclusion from their workplace. Such a mentoring program would boost the delivery of culturally competent quality nursing care and benefit the entire nursing profession (Robert Wood Johnson Foundation, 2013). A mentoring program for newly hired minority nurses would reduce the level of stress, eliminate isolation, and possibly diminish the thoughts of quitting among new employees who are isolated daily in their professional experiences.
3. Immigrant and minority nurses such as Ghanaian male nurses should expand their cultural knowledge. They should be willing to learn about the cultural values and beliefs of colleagues and incorporate this knowledge into their everyday practices. In addition, minority nurses should acknowledge their biases and personal beliefs and be circumspect in their interpretation of the behaviors of their colleagues from their own individual cultural perspectives.

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APPENDIX A: INFORMED CONSENT FORM

Research Title: Men in female dominated profession: The lived experiences of Ghanaian male nurses in the United States.

I ____, have voluntarily agreed to participate in a dissertation titled "*Men in a female dominated profession: The lived experience of Ghanaian male nurses in the United States.*" Daniel Kwadjo Frimpong, a doctoral candidate of Ghanaian descent in the graduate school of education at Lesley University is conducting this study under the supervision of Dr. Frank Trocco, of Lesley University, Graduate School of Education. The researcher did not persuade me to participate in the study; neither did any Ghanaian male nurse that I know through my job or in the community. I understand that my participation is completely voluntary and my rights as a participant have been explained below:

- I have been assigned a pseudonym and **NO** identifying information provided to the researcher will be included in the study during publication or presentation to protect my privacy and confidentiality.
- The researcher will use a pseudonym to identify all participants to protect their identity for anonymity in participating in the study.
- I can refuse to participate in the study during any stage of it without any prior notification to the researcher or the supervisor.
- I have the right to demand that any information about me may not be added to the collected data for the study.
- I can refuse to answer any question that I am uncomfortable with it.

- The researcher will not discuss with anybody in the Ghanaian community the content of my responses during the interview. He will treat all information in a confidential manner to protect my identity and anonymity.

It is my understanding that the purpose of the study is to explore the lived experiences of Ghanaian male nurses in the United States. The study will also examine the roles of race, gender, and the cultural background of Ghanaian male nurses in the practice of their profession. The researcher has explained to my understanding the procedure involve in the study. There are no known risks involve in my participation in the study. If you have any questions about the study, its purpose, methodology and the confidentiality of information, you may contact the researcher, Daniel Kwadjo Frimpong at 646-371-6978 or email him at frimpong@lesley.edu. In addition, the participants can contact Dr. Frank Trocco at 617-349-8588 or email him at ftrocco@lesley.edu if they have any complaints about the study, methodology and the confidentiality of their personal information. Participants can also contact Dr. Terry Keeney, the co-chair of Lesley University Institutional Review Board (IRB) with any issues they may have with the study.

I have read this consent form; I understand the risks involve in participating in the study and the assurance from the researcher to protect my privacy and confidentiality. I am voluntarily participating in the study to explore the experiences as a Ghanaian male nurse in the United States.

Print Name

____

Date ____

Signature ____

APPENDIX B: INTERVIEW PROTOCOL

1. How long have you lived in the United States?
2. How long have you been practicing as a nurse and what is your specialty in nursing?
3. Why did you choose to become a nurse?
4. What factors influenced your decision to become a nurse?
5. Can you describe your experiences at work explaining your interactions with coworkers including female and male nurses, physicians, administrators and the patients?
6. What factors mostly impact your relationship and interactions with your coworkers and the patients?
7. What factors influence your daily practice as a nurse?
8. In what way, if any has your cultural background influenced your performance on the job and your relationships with coworkers and your interactions with the patients?
9. How do you deal with being a male in nursing?
10. What is the most surprising comment you have heard about male nurses and how did that impact your self-esteem and your desire to continue as a nurse?
11. Would you encourage your male friends to become nurses? Explain your reasons for your decisions?

APPENDIX C: DEMOGRAPHIC DATA QUESTIONNAIRE

1. What is your name?

    ____

2. Where do you come from?

    ____

3. How old are you?

    ____

4. What is the highest level of education you have completed?

    ____

5. What is your marital status?

    ____

6. How many children do you have?

    ____

APPENDIX D: RECRUITMENT PARTICIPATION LETTER

I am Daniel Kwadjo Frimpong, a doctoral candidate at Lesley University in Cambridge, Massachusetts. I am conducting a research for my dissertation title 'Men in a female dominated profession: The lived experiences of Ghanaian male nurses in the United States." The purpose of this study is to provide an opportunity for Ghanaian male nurses in the United States to describe their lived experiences in the nursing profession in order to shed light on some of the barriers they encounter in their practice. In addition the study will seek to understand the factors that contribute to the lived experiences of the participants and how those factors impact their careers to suggest recommendations to help retain men especially minorities in nursing.

This study is limited to Ghanaian male nurses in the United States with a minimum of a Bachelor's degree in nursing and has worked as registered nurses for at least three years. Participants will be interviewed on multiple occasions by telephone or in person at a mutually agreeable time and convenient location to protect their identities. Each interview will last for about 60 minutes so a commitment to sacrifice about three hours of your busy schedule within a period of two weeks will be necessary to complete data collection.

There are no known risks associated with participation in the study and all participants will be assigned pseudonyms to protect their identities and personal information from the public when the dissertation is published. Participation in this study is totally voluntary, participants will not be rewarded and they can withdraw from the study during any stage of it without any consequences. If you are a Ghanaian male

registered nurse with a bachelor's degree in nursing and have a minimum of three years experience, please contact me at 646-371-6978, or frimpong@lesley.edu if you are interested in participating in the study. I appreciate your participation. Thank you.

APPENDIX E: IRB APPROVAL

29 Everett Street
Cambridge, MA 02138
Tel 617 349 8234
Fax 617 349 8190
irb@lesley.edu

Institutional Review Board

DATE: January 12, 2015

To: Daniel Frimpong

From: Robyn Cruz and Terrence Keeney, Co-chairs, Lesley IRB

RE: **IRB Number: 14-036**

The application for the research project, "MEN IN A FEMALE DOMINATED PROFESSION: THE LIVED EXPEREINCES OF GHANAIAN MALE NURSES IN THE UNITED STATES " provides a detailed description of the recruitment of participants, the method of the proposed research, the protection of participants' identities and the confidentiality of the data collected. The consent form is sufficient to ensure voluntary participation in the study and contains the appropriate contact information for the researcher and the IRB.

This application is approved for one calendar from the date of approval.

You may conduct this project.

Date of approval of application: January 12, 2015