Voice: Never Hidden – The Articulation of Learning by Male Students of Undergraduate Nursing.

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Abstract

Aim: To discover how male students of nursing in Wales, articulate how they learn in the college pre-registration nursing environment?

Epistemological framework: The language of hegemony, hegemonic masculinity, complicity, marginalization and subordination from Connell's (1995) masculinities framework was revised to create what is called Ryan's model, which guided this study. Ryan's model was developed pre-analysis and post analysis. Pre-analysis, hegemony was interpreted as 'dominance and male positioning' and post analysis became 'dominance reduced/ mutual and neutral appreciation of nursing undergraduate peers'. Pre-analysis hegemonic masculinity was interpreted as 'Men: their gendered practice in society' and post analysis 'Men: their gendered practice in undergraduate nursing'. Pre-analysis – complicity was termed as hidden maleness and post analysis 'Maleness surfaces through the articulation of learning needs and demonstration of their learning'. Pre-analysis marginalization was interpreted as 'Imposed feelings of marginalization on learning opportunities' and post analysis 'Exclusion and being excluded; feelings of inferiority when learning and visualising procedures in clinical practice. In the pre-analysis, Subordination was interpreted as 'gendered subordination' and post analysis as scenarios that captured the principles behind the 'in and out groups' and scenarios 'looking at inferior and superior knowledge'. The main ethos that gender is socially constructed connects to the analytical approach of Charmaz (2006).

Methodology and methods: Thirteen participants took part in the two pilot studies and eleven in the main study. The research data consisted of tape recorded speech from focus groups and individual interviews. The analysis of fieldnotes contributed to triangulation. The aim was to develop a grounded theory based on how male students articulated how they learnt in the classroom and in clinical practice. Their implicit actions and speech were analysed using the contructivist grounded theory approach by Charmaz.

Results: Four categories, along with a core category were developed. The core category, Voice: never hidden, released by masculinity captured the essence of the four categories. The act of coming together allowed a vocal space to discuss learning and how they see themselves in relation to the numerically dominant group. The male students retained their socially perceived masculinity by being able to voice how they learn through the dominance of their speech. Relationships within the classroom were de-gendered and a small number of participants assumed a neutral identity, 'the student nurse'. Limited opportunities resulted through discriminatory attitudes and the disability of dyslexia.

Conclusion: The findings of this study suggested hegemonic masculinity was rarely practised through the medium of voice, but male students could openly call on the complicit nature of masculinity to voice how they learnt in college and in the clinical area. Their preferred route to acquire skills was through the visual route; however, even the complicit nature of masculinity could not triumph in clinical practice to achieve learning with regards intimate care. Overall, the male student of nursing

possesses masculinity, which is conducive with the nature of nursing and a sound ability to voice how they learn.

Tables

Chapter 1

Introduction

1.1 Introduction

This thesis brings together two areas of scholarship which have, to date, been largely separate. It focuses on learning and the preferred learning styles of male student nurses in the United Kingdom (UK). While there is a research literature on men in UK nursing, and a body of scholarship on learning styles in general, and on gender and learning styles in particular, the two topics have received scant attention. The two empirical areas are unified in a social context and with a theoretical perspective, but are contradictory. Empirically, women are the dominant sex, and are dominant numerically in every degree programme for adult, child health and mental health nursing. So, male students of nursing are a minority on their course, and, if they qualify, will be a minority in the occupation (Heikes 1991, Whittock and Leonard 2003). While such concepts are equally important, this thesis does not analyse the socialization of the student nurse or examine why men enter and remain in nursing (Melia 1987, LaRocco 2007).

UK nursing is an occupation in a society that generally privileges men over women and the 'male voice over the female' (Baxter 2006: xiv). Theoretically, scholarship on nursing has, for the past forty years, been strongly influenced by feminist social science. This thesis draws on the 'new' men's studies to theorize the data on men in undergraduate nursing. The learning styles research has been relatively untouched by feminist social science or by the theorization on masculinity and overall has ignored taking a qualitative approach to examine the gendered context in which learning takes place. By focusing on male students of nursing, and providing a 'gender lens' on their learning and learning styles, the thesis makes a contribution to the literature on learning.

This thesis is exploratory and takes a qualitative approach to investigate learning and styles of learning by male student nurses. The decision to adopt a qualitative perspective enabled me to make 'knowledge claims' primarily using a constructivist interpretive approach (Cresswell 2003: 18), and underpinned with a 'strategy of inquiry' by Charmaz (2006).

1.2 The structure of the thesis.

This thesis begins with a literature review. McGhee, Marland and Atkinson (2007: 334) review arguments 'surrounding the role of the initial literature review in grounded theory' and suggest familiarity with literature can distort the researcher's overall view. They suggest:

> grounded theory is a way of generating new
> theory grounded in the field, but also set in
> the context of existing theory
>   (2007: 335)

The review details the historical evolution of nurse education, males in nursing, learning and styles of learning, I am aware using Hutchinson (1993: 126) that a new search 'would become' necessary to underpin the properties of my data. The learning styles of undergraduate male nurses are addressed by taking a three-step approach to establish men's role and status in nursing. Three 'distinct voices emerge from the literature review', presented in chapters two and three.

Chapter two focuses on the history of nurse education, nurse education, and issues of gender in the UK. The chapter covers the period from 1860 to 2008. Key themes are: the change from nurse training to nurse education; the incorporation of nurse education into the UK higher education system; the changing nature of the curriculum and the development of registration systems. The second half of chapter two addresses

the following themes: the historical account of men in nursing from 1095 to 2008; the reduction in opportunities for men in nursing; the early movement of feminism against a Victorian patriarchal culture; statistics regarding the numbers of men in nursing; age and demographics in relation to the student and qualified nurse, and the notion of male tokenism and its application to males in undergraduate nursing.

The analytic thread throughout both sections of chapter two is the exclusion of men, and the male voice. The reports that drove the change from nurse training being an apprenticeship model in the hospital to being a degree course in a university did not necessarily ignore male gender issues, but continued to culturally enforce an exclusion zone for male recruits. The feminisation of nursing caused female gatekeepers to prevent the entry of men into hospital departments and into the profession (Gans 1987: 184, Mackintosh 1997: 234). This, therefore, created a space for female dominance over the powerful gendered male role in society. This 'feminised' dominance initially influenced how male nurses were recorded on the general register from 1919 to 1949 and in so doing, excluded men then working as nurses.

Chapter three focuses on the other main body of literature that underpins the thesis: learning and styles of learning. Several points are made: the research on learning styles has been overwhelmingly quantitative not qualitative (Hayes and Richardson 1995, Philbin, Meier, Huffman, and Boverie 1995, Suliman 2006); the learning styles of nurses are frequently studied; however, that research is purely American not British (DeCoux 1990: 202, Rassool and Rawaf 2007: 37). This chapter covers the different approaches to learning, explores how students learn, before moving on to the reports that discuss styles utilised by students of nursing. The discussion on selective learning

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style inventories and theories incorporates how students respond to subjects and how

they learn at different stages in their university course. The analytical thread of male

exclusion from the latter half of chapter two is reversed as modes of learning always

go through a practice of being benchmarked against the male gender; and in doing so

marginalize women in the learning environment. I have chosen to locate the learning

style of articulation as the last section in this chapter as it relates to the focus of this

thesis and features in my research question.

Chapter four is devoted to explanations of the theories of gender, Connell's (1995)

epistemological framework, Ryan's interpretation of Connell's framework, the

analytical approach, methodology and methods of the thesis. The sample was drawn

from male third year student nurses. I use the language from Connell's (1995)

masculinities framework to explore how male students 'as men' see themselves within

the nursing profession. This chapter discusses the research design and chosen methods

of focus groups and individual interviews. The data were analysed using atlas.ti v 5.2.

2000. In chapter four the use of grounded theory (Charmaz 2006) and atlas.ti v 5.2

are explained.

The findings are presented in Chapter five – eight inclusive. These chapters have titles

taken from the data that reflect the key findings. Chapter five: entitled 'Coming

together: Interact to learn' draws primarily on the focus group data. Its main concern

is looking at the interaction that took place between the male students and discusses

how male students see themselves as men within undergraduate nursing. Chapter six

is called 'Learning: Finding that voice'. It discusses how my informants voice how

they learn best, their perceived position in the classroom and that they are successful

by demonstrating the complicit nature of their masculinity. Chapter seven is called

'Relational gender: Observation in the classroom'. The students' preferred identity

within undergraduate nursing is discussed. This preferred identity is supplemented by

the notion that the male students through their masculine speech de-gender others to

become members of the 'in group'. In undergraduate nursing, this 'in' group is

assigned to the female student nurses.

Chapter eight is called 'Becoming a learner: In the face of gendered concerns'. This

chapter focuses on attitudinal discrimination in clinical practice and revisits the

threads of gender and exclusion. The gender of the male recruits is predicted by

qualified staff to be a barrier in the administration of intimate nursing care to female

patients. The second theme reveals how dyslexia impacts on the uptake of knowledge

and further learning abilities of my male participants. I class chapter nine: titled

'Voice: Never hidden, released by masculinity' as my core category. It brings together

two points: my voice as the researcher interpreting their speech; the second focus

outlines how their speech conveys dominance, meaning, and portrays their

masculinity within undergraduate nursing. Chapter ten called 'Concluding overview:

On the stages of this thesis' brings together the key points from each stage of the

research and makes recommendations for clinical practice, education and future

research.

In this thesis, different chapters are written in different voices. As the researcher, I

refer to myself as I go through the research process in Chapter four. In Chapters five

to ten, I adopt an integrative strategy of infusing the self with the literature and the participants' speech.

1.3 My personal journey drawing on the principles by Denzin and Lincoln (2003).

Alongside the academic argument in chapter one, my personal journey describes how critical social practice impacts on the nursing researcher. The established thread between my ontology, methodology, and epistemological framework is one of constructivism. The research aim: To identify how male students of nursing in Wales articulate how they learn in the college pre-registration nursing environment: is derived from my value laden ontology. The intellectual agenda has been to bring social science concepts into nursing practice. Denzin and Lincoln (2003: 33) identify ontological principles as 'what kind of being is the human being and what is the nature of reality'? From an ontological perspective I wanted to create a space where male students from undergraduate nursing programmes articulate their stories and in doing so allowed them the authority to speak about learning and their learning styles. Raising a level of awareness is the prime focus of what Lincoln and Guba (2003: 278) determine as individuals' 'ontological and educative authenticity'.

This authenticity comprises two concepts. The first allows individual participants to increase their appreciation of how they learn and their learning styles. The second concept is connected to *my* role. The fact that I am a female nurse educator, and socially immersed within a female dominated profession identifies my approach to

this thesis. The decision to create a partnership with Connell is influenced by Whitehead (2001a: 71) as he asks his readers: "Can you survive using a gendered epistemology?" I contemplate this statement. My initial challenge is to comprehend his underlying ethos and the need to establish what it means to be male from my female researcher's perspective. My review is treated to sporadic infusions of Connell's (1995) masculinities framework. Such infusion of this epistemology pairs up with later explanations on how dominance features through hegemony and how knowledge and power demonstrated by men keep male values as the rightful bench marks against which others are measured (Belenky, Clinchy, Goldberger and Tarule 1986: 7).

Chapter one introduced the content and format for my thesis. Chapter two is in three parts and includes: Reference to the literature search strategy; the literature review on the history of nurse education and history of men in nursing. The third chapter is also part of the literature review, but is separated due to inclusion of different literatures.

Chapter two

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Literature Search Strategy.

The Literature underpinning the chapters in my thesis.

The Development of nurse education.

The Historical perspective: Men in nursing.

> Male nurses were probably, for the first
> half of the twentieth century, considerably
> disadvantaged by the dominance of women
> (Miers 2000: 91)

2.1 Literature Search Strategy

The search strategy for this thesis evolved during a series of separate, sequential stages (Gillen, Biley and Allen 2008), search terms were retrieved for (1) the literature review, (2) the qualitative methodological approach and (3) for the methods to gain the data.

Stage 1

A preliminary search in September 2005 determined the feasibility of search terms and retrievable sources for my literature review. Setting the limits of the search varied according to the subject matter, for example the literature for the history of nursing spanned from the 1800's to the present day and for the grounded theory approach from 1967 onwards, see stage 1, appendix 1.

Stage 2

The text words contained in the titles and abstracts of all the relevant papers identified in stage 1 of the search strategy, along with the controlled language terms used to describe the papers within the databases, were then used to develop a more extensive search of the literature to ensure that all relevant material was captured. The search strategy was adapted to suit the needs of each database. Data bases were accessed and the thesaurus was utilised to examine appropriate headings, see stage 2, appendix 2. Individualised searches can be seen in appendix 3. In stage 2, the strategy of using a synonym map was adopted (Hart 2001: 142). This entailed taking each key search term and searching it using as many different ways that described the word within the individual database, see appendix 4.

Inclusion and exclusion criteria

Using the preliminary key words the articles I required needed to refer to nurse education, men in nursing, learning styles, Connell masculinities framework, the grounded theory approach, and chosen methods. Titles and abstracts were analysed for relevant content. Articles in English were selected. In the main articles focusing on practices in Australia, Canada, United Kingdom and the United States were considered applicable for this thesis. In stage 2 conference reports, internet sites and professional publications and reports were searched for appropriate information, see appendix 5.

Stage 3

Key journals to the topic areas produced a yield of relevant material, see appendix 6. In this stage references and bibliographies from all the relevant papers retrieved in stages 1 and 2 were then searched for any additional references. Articles were selected on subject matter reflected by the title and abstract and the stage of the thesis.

Filtering process

The originality of this literature research strategy materialised through the inter-meshing of the subject areas. Material was discarded due to its association with specific subject matter. Appendix 7 lists the subject areas and number of articles. In total 175 articles were selected for their relevance. However, further key words were searched following the analysis to establish material discussed in chapters 5 to 8: 'Coming together: Interact to learn', 'Learning: Finding that voice', 'Relational gender: Observation in the classroom', and 'Becoming a learner: In the face of gendered concerns'. The process of searching a second set of key words, see appendix 8, establishes the theory underpinning the interpretation of my data.

2.2 The Literature: Underpinning the chapters in my thesis.

Different literatures and theories feature in my thesis. The literature infused into Chapter two, the development of nurse education and the history of men in nursing details in chronological order the acts and events, which impacted on the contentious development of nurse education. Simultaneously authors' work from various decades is infused into this chronological reportage and supports themes such as recognizing that training becomes a prerequisite to produce a knowledgeable qualified nurse. The literature featuring in the history of men in nursing serves to illustrate their historical roots and enforced segregation from the mainstream of general nursing. The effects of being a minority group are discussed using the work of Kanter (1977a and 1977b).

Chapter three: This chapter looks at empirical projects and various learning style inventories. This reviewed literature is included to contrast with the approach that I took.

Contrasting literature is found in the chapters presenting my data. The nursing literature does not allow a balanced discourse surrounding learning and learning styles, masculinity and males in undergraduate nursing. Therefore, the findings are embedded within Ryan's model, post analysis, and other associated literature on masculinity.

2.3 The Development of Nurse Education:

The first part of this chapter looks at the progressive development of nurse education. It highlights the key change that took place when 'nurse training' became 'nurse education'. This dynamic approach to elevate nurse training to nurse education was

echoed by the *Platt Report*, (Royal College of Nursing 1964). Initially, only ladies of a higher social class were recruited, but women from lower classes eventually joined nursing. Registration for nurses promoted a two-tier system that kept men and women on different registers. Educational preparation of nurses took place alongside changes in the nursing curriculum. A key change was the move away from the apprentice style training to recruits acknowledged as supernumerary students of pre-registration nurse education. Reports and restructuring of healthcare delivery contributed to the reformation of nurse education. Higher educational institutions became responsible for the delivery of nurse education.

Nurse training began in the Nightingale Training School at St. Thomas' Hospital in 1860's (now called the Florence Nightingale School of Nursing and Midwifery and part of King's College, London). Florence Nightingale's *Notes on Nursing* acted as the bedrock for future nursing curricula (Davies 1980: 103). The beginnings of nurse training fostered a two-tier system, where 'lady probationers' became 'matrons', and nurses of a lower social rank, performed tasks under the supervision of the matrons (Burnard and Chapman 1990, Naish 1993). This 'two-tier educational system' created at the commencement of the nursing profession was to have profound effects on how students learnt within the hospital environment. Education and learning for nursing evolved indirectly by proposals made from influential figures such as Ethel Bedford Fenwick (Bendall and Raybould (1969:2).

Ethel Bedford Fenwick, a previous lady probationer dominated nursing politics from 1887 for the next sixty years (Abel-Smith 1960: 62-63). Fenwick was active in her

fight for the emerging nursing profession to be led and organised by nurses, and due to her political stance, formed the British Association of Nurses. Fenwick believed in a nursing register to protect the general public and bring professional recognition for nurses. The rival group, the Hospitals Association, considered a register only as a record of practising nurses, accessed by doctors, matrons, and employing authorities (Bendall and Raybould 1969: 4). Florence Nightingale was adamant that registration would lead to examinations testing the knowledge of recruits, and ultimately deflect attention from the personal qualities in the selection and training of nurses (Abel-Smith 1960:65). The need to inflict a rigid control on nurses' knowledge mirrored the powerful authoritarian values of Victorian life and subordination of women to patriarchy (Holton 1984: 64, 65 and Turner 1981: 195, 196, Turner 1987: 149). Fenwick achieved her goal with the Nurse's Act of December 1919 (Hoy Moustafa and Skeath 1986: 45). This act saw the inception of the General Nursing Council (GNC) for England and Wales whose responsibility was to establish a register of nurses.

The academic profile of the nurse received attention following the formation of the GNC disciplinary and penal committee. The committee stipulated entry onto the qualified register of nurses was granted after three years training and passing the final examination. This created the early standards of entry onto the register and governed conduct during 'basic' training (Hoy *et al.* 1986:45). The preparation to enter the register did not feature in the curriculum design for nursing. Hoy *et al.* (1986:9) stated:

> there is a wealth of literature related to curriculum
> theory and general education in the United
> Kingdom, there is little such theory related directly
> to nurse education

This lack of theory underpinning nurse education was due to nursing remaining under the jurisdiction of the GNC, whose rigid control was driven by their philosophy and the needs of healthcare to provide a nurse who administered care in a hospital service environment. This statutory body exercised a governing power over nurse training. This dominating institutional power created a positive, but early vision for the education of nurses. Preparing a student to become a knowledgeable qualified nurse became a core component of early nurse training (Hoy *et al*.1986: 9). A knowledge centred curriculum acted as a vehicle for the transmission of knowledge from one generation to another, and was viewed as an essential pre-requisite for normal human development (Lawton 1978:3, Hoy *et al*.1986: 9). Student nurses developed as they acquired knowledge during their training.

Hoy *et al*. (1986: 9, 10) did not clarify whether they referred to nurse education from the 1960's or 1970's, but proposed a debate was required to pinpoint the theory related directly to nurse education. They discussed two issues; how much knowledge was required as a nurse; and this knowledge, unless applied to the needs of nurses, patients and society as a whole then the 'knowledge-centred view' would become worthless. The structure of nursing education through the development of nursing curricula was exposed to numerous changes by professional and statutory bodies before the application of knowledge became a primary concern for educators.

Gallego's study explains the chronological events that took place in the nursing curricula. Gallego (1983: 49) evaluated the existing curriculum for a three-year training programme in a London teaching hospital. This study also provided a

summary of the history of nurse education. The theoretical framework by Bernstein (1975) served as the guiding influence to evaluate the nursing curriculum in the institution. Gallego (1983: 44, 45) hypothesised that there was a relationship

> between the institutional context , the nursing model,
> the model of education and the style of evaluation
> operating within the nursing school

Evaluating the relationship between the above elements created an opportunity for new ideas to be introduced. The overall aim of the study was to highlight the culture and underpinning philosophy of the nursing institution. The case study approach focused on one team of teachers managing the training for the qualification 'State Registered Nurse' (SRN) and two groups of nursing students. 80% of the curriculum took place in the clinical area and 20% within the School of Nursing classroom. The in-depth evaluation of the 'profile of the institution' allowed a chronological resume of the developing structure and academic perspective taken for the nursing curriculum.

In the middle of the nineteenth century training lasted one year and was supplemented by lectures on procedures, totally delivered by doctors (Gallego 1983: 51). One structural change came in the form of increasing the length of training to three years adopted by UK Schools of Nursing in 1889 on the insistence of the British Nurses' Association (Abel-Smith 1960:70). Furthermore, the hours worked were reduced from 96 to a 56 hour-long week in the 1920's, this enabled lectures to take place during off duty hours. Five nursing syllabuses were published by the GNC between 1920 and 1977. The GNC 1952 curriculum was used until 1976. It was immensely influential as the theoretical components of the programme were extended and introduced into each year of training (Gallego 1983: 56-57). Nurse training was influenced by a number of governmental and nursing reports.

The *Horder Report 1941-1949* (Royal College of Nursing 1943) (RCN) proposed five

major recommendations: Fewer and larger training schools, entrance by school

certificate or alternative entrance test, the syllabus to incorporate preventive and social

medicine, a revitalised GNC with an inspectorate and a generic training with post-

basic courses (Dolan 1993:131). Separate from these recommendations was the

proposal in the *Wood Report* (Ministry of Health 1947) to make student nurses

supernumerary as opposed to being a part of a hospital's workforce. This suggestion

was vetoed by the matrons from the GNC and RCN.

Nevertheless, a paradigmatic shift was needed to move the student away from the

constraints of the apprenticed style of training to an educational programme, which

fostered intellectual and transferable skills. The objectives to achieve intellectual and

transferable skills featured in the *Robbins Report* for higher education (HE)

(Committee on Higher Education 1963). This report contained instruction for skills to

play a role in the workplace, for teaching to expand the individual's mind, and to build

on existing learning. The objectives of the *Robbins Report* featured in the philosophy

of the University of Edinburgh's Nursing Studies Unit, which created the first social

science degree twinned with nursing in 1960 (Fitzpatrick, While, and Roberts 1993:

1488). The University of Edinburgh believed a degree level of education promoting

personal and professional development would attract candidates of a high academic

calibre (Altschul 1987). The recommendations for increasing the links with HE and

using degree educational programmes met with resistance 'from within the nursing

population' itself (Fitzpatrick *et al.*1993: 1489). The RCN asked Sir Henry Platt to

chair a committee in 1961 to discuss nurse education (RCN/7 2009). The committee's

proposals, which featured linking nursing to HE were published in 1964 (Royal

College of Nursing, RCN 1964, Dolan 1993: 132).

The GNC responded to the RCN through a statement published in the *Nursing Times*:

> A very great number of those entering nursing do so with a
> stronger desire to be a nurse than to be a student, and that if
> too great an emphasis is placed on the student status of the
> nurse in training this may in fact act as a deterrent to recruitment
> (Nursing Times 1965: 1328)

The GNC's stance was indirectly summarized in the *Report of the Committee on*

Nursing, commonly known as the Briggs Report (1972): Educational provision for

nursing remained inflexible and impermeable to change. Central to the Briggs Report

was the call to change the selection process for nurse trainees. After the report, a

tripartite process involved 'selection by aptitude, intelligence and O levels'. The

move to introduce a modular framework for the provision of education was echoed by

recommendations from the *Salmon Report* of 1966. This led to staff deployment both

in education and the NHS and altered patterns of training (Gallego 1983: 54, Keyzer

1988:104).

In relation to the nursing curriculum (Gallego 1983: 49, 53), the theoretical time

named as 'blocks' became shorter in 1962 to 1964 and occurred at regular intervals

during the three-year training. In addition to the subjects taught nurse trainees were

exposed to new learning experiences in the form of secondments to psychiatry,

geriatrics, nursing community care and obstetric nursing, outside their parent hospital

(Gallego 1983: 56-57). The re-organisation of the NHS in 1974 resulted in the

creation of 'district responsibilities', which meant healthcare was available from more

than one hospital in a designated area. The effects of the NHS reforms diluted the

autonomy and power of institutions responsible for nurse trainees, as they were forced

to amalgamate with other Schools of Nursing exposing the trainee to clinical practice opportunities with different demographic and cultural concepts.

Overall, the impact of the NHS re-organisation allowed the Briggs recommendations to become active and the educational institution discussed by Gallego (1983: 57) became a district School of Nursing. A minority of Schools of Nursing became twinned with higher education (HE). The first association with HE materialised in Edinburgh, Scotland in 1962, where a student qualified with a BSc and Registered General Nurse, (formerly State Registered Nurse) qualification (RCN/7 2009). Altschul (1987: 15) referred to the University of Edinburgh and stated the first students graduated in 1965. The proposals by Sir Henry Platt: increasing links with HE and exposing nurse trainees to degree courses reached fruition (Royal College of Nursing 1964, RCN/7 2009). At two London universities in the 1970s students completed a four to five year programme comprising of a shortened nursing course and a three year degree (Fitzpatrick *et al.*1993: 1489).

Nurse training twinned with an HE degree met with negativity and resistance from the nursing population as a whole. Hubert (1967) reported that nurses failed to view nursing as an academic subject, considered HE preparation as unconventional and were oblivious to the pitfalls of the apprenticeship style system, which fostered the premise that 'learning was by doing' (Fitzpatrick *et al.* 1993). Educational provision and preparation for the State Registered General Nurse qualification over three years remained within Schools of Nursing unattached to HE until the late 1980's (O'Brien and Watson 1993). This education was initially delivered at certificate level. While no one had wanted a nurse educated to HE degree standard; Sloan and Slevin (1991)

and preparation for the State Registered General Nurse qualification over three years remained within Schools of Nursing unattached to HE until the late 1980's (O'Brien and Watson 1993). This education was initially delivered at certificate level. While no one had wanted a nurse educated to HE degree standard; Sloan and Slevin (1991) questioned how an education not grounded in research contributed to a competent qualified nurse and thought critically and creatively on behalf of patients. Education was therefore viewed as the vital ingredient to supplement nurse training and produce a new knowledgeable doer (Chapman 1980, Collins 1984, Burnard 1989, Akinsanya 1990, Wilson and Startup 1991).

The *Judge Report*, Judge (1986) called for nurse education to be transplanted into HE and the educational level to reach diploma standard. These proposals featured in the Project 2000 document *A New Preparation for Practice* (UKCC 1986). The United Kingdom Central Council for Nursing and Midwifery and Health Visiting viewed the new nurse 'practitioner' as a thinking person with analytical skills (UKCC 1989). Project 2000 (PK2) was introduced in September 1989 (Glen 2003). Students obtained supernumerary status and graduated with a Diploma in Nursing Studies and the Registered General Nurse Qualification, (RGN), previously known as 'SRN'. The PK2 curriculum was designed to enable all nursing students to study together for the first part known as the Common Foundation programme, (CFP). Within the CFP programme, run over eighteen months, students reached a standard of education by completing 'outcomes' required for entry to the second part of the course, known as the 'branch' programme. Students specialised in either, adult, child health or mental health nursing and all students had to complete competencies, which mirrored the standards of education for proficiency (Nursing and Midwifery Council 2004a).

Responding to the needs of the service side of the NHS, the United Kingdom Central

Council, now the Nursing and Midwifery Council (2004a) agreed to the establishment

of a Commission for Nursing and Midwifery Education. Chaired by Sir Leonard

Peach, this allowed the UKCC to provide an authoritative position on pre-registration

nursing and midwifery education. The prime purpose of educational institutions was

to create a pre-registration education 'that enabled fitness for practice based on health

care need' (UKCC 1999:6).

Following the dissemination of the report from the Commission for Nursing and

Midwifery Education the four countries of Wales, Scotland, Northern Ireland, and

England adopted different approaches towards implementing the new curriculum for

'Fitness for practice'. This curriculum was launched in Wales in 2002 (Welsh

Assembly Government 2002: foreword), CFP was shortened to one year, and branch

covered two years. The curriculum was primarily designed to provide equal time in

college and in the clinical area, so students would gain the necessary experience,

which would equip them at the point of registration (UKCC 1999). Up until March

2004, students in Wales could apply for diploma and degree pre-registration nursing

programmes, now Wales follows an all graduate programme, and application is

through UCAS (Cardiff University 2008: 7).

The following gives a chronological resume of the development of nurse education.

Table 1 Development of Nurse Education

Development of Nurse Education		
DATE	**EVENT**	**SIGNIFICANCE OF EVENT**
1860	Nightingale Training School, St. Thomas' Hospital.	Lady probationers – improved the status of the entrant into nursing. However, apprenticed style education – learning on the 'job'.
1860 to 1920	Conditions of pre-registration.	Mrs Ethel Fenwick. Gradual scrutiny of length of training and hours worked. Lectures taken by trainees outside work hours.
1919	Nurses' Act of December 1919	Inception of General Nurses Council (GNC). Scrutiny of the academic profile of the nurse.
1941-1949	The Horder Report	Fewer/larger training schools. Entrance to training via an examination. GNC to have an inspectorate function. Introduction of post-basic courses.
1947	The Wood Report	A call for trainee nurses to become supernumerary and a student of nursing.
1952	GNC 1952 syllabus	Theoretical input increased and injected into each year of training.
1963 1964	The Robbins Report The Platt Report	-Advocated intellectual and transferable skills. -Student training became student education, and in 1960 Edinburgh university created the first social science nursing degree.
1972	The Briggs Report	Change was required for the selection process for nurse trainees.
1974	The NHS reforms	Formation of District Schools of nursing.
1984	The Judge Report	Nurse education to be twinned with HE. Aim for diploma education.
1986	UKCC	*A New preparation for practice* – aim for an analytical nurse.
1989	Project 2000 (PK2)	Supernumerary status. Diploma and registered qualification at the successful conclusion of three years. Introduction of CFP, then branch programmes 'adult, child health', or mental health' nursing.
2002	Welsh Assembly Government	Reduction of the CFP programme from 18 months to one year. Branch (adult, child health and mental health) extended to two years. Equal time spent in college and clinical practice.
2004	Welsh nursing programmes	From March 2004 Wales follows an all-graduate programme.

This chapter has looked at the development of nurse education, changes to elevate

training to 'nurse education', the registration of nurses, curriculum changes thereby

influencing educational preparation, and the student nurse status. How men and

women were recorded on the professional nursing register signalled a definite division

in the treatment of male nurses. This treatment was not deserved as men claimed an equally valid historical role in nursing (Mackintosh 1997: 232).

2.4 The Historical perspective: Men in nursing.

The second half of this chapter seeks to illustrate that men preceded women as caregivers. Smaller numbers of men worked in the general sector of nursing, but male nurses existed in large numbers in asylums and the army. The concept of the 'skewed' group is discussed (Kanter 1977a) and highlights how tokenism impacts on the visible token, the male nurse, and the opportunities within the nursing profession.

Brown and Stones (1973: 14) and Mellish (1984: 36) stated that men featured in the earliest recordings from Asia and Europe of what was classed as nursing. The creation of religious orders such as St. Antonines in 1095 to nurse sufferers with skin conditions and the mentally ill, the Knight Hospitallers of St. John of Jerusalem founded in 1200 and the Knights of Lazarus founded in 1490 to care for lepers supported that men were the primary and archival providers of nursing care (Mackintosh 1997: 232). Organized nursing activity disappeared following the dissolution of the 16th century monasteries. Dingwall, Rafferty and Webster (1988: 7) suggested that in England informal female carers named 'handywomen' delivered caring duties mainly within private households in the first half of the nineteenth century. The revival of sisterhoods in the 1840's saw a greater number of women visibly administering care to the sick (Vicinus 1985: 49). Foster and Sheppard (1980: 200) assert that 'little evidence' exists documenting 'the history of nursing'; however, Evans (2004: 322) provides a chronological and detailed account of the care administered by men and women.

The emergence of charitable or voluntary hospitals, mid 18th century, heralded a new

beginning for organized nursing work (Mackintosh 1997: 232). Significantly men

attended the men's wards and women the female wards (Board of Governors 1791: 2).

Segregated patient settings continued to be a feature in the Victorian infirmaries. This

strategy added to the isolation of men within an occupation, which Nightingale

envisaged as a profession (Vicinus 1985: 85); and especially prominent in mental

health institutions labelled asylums.

To preserve their position, male attendants refused to allow general trained female

nurses to work in asylums. In 1879 formation of the Medico-Psychological

Association (MPA) took place and Adams (1969: 12) and Greene (1975: 53), discuss

Henry Maudsley from 1871 whose proposition to the MPA led to the creation of a

register of good male attendants. Furthermore, the establishment of the MPA

certificate served to accredit asylum attendants (Mackintosh 1997: 234). This

educational accreditation as well as working in the private sector did little to convince

the largely female nursing workforce of the men's contribution to nursing. With this,

they actively encouraged the dismissal of male nurses from general nursing.

The voluntary hospitals mirrored the Victorian class structure, which was based on the

division of labour between the sexes and especially amongst women of different

classes (Carpenter 1978: 92). In this era nursing was classed as an extension of

women's domestic roles and as unskilled in relation to the male occupation of

medicine. Nursing was therefore designated as a low status occupation (Palmer 1983:

230-231, Evans 1997: 233). Traditionally, all health related activities outside the

domain of the medical profession were benchmarked against 'male' practices and

subject to intense scrutiny. Hence, little importance was attached to any non- medical

personnel performing health related activities, and as a consequence of this thinking,

women were labelled as amateurs (Connor Versluysen 1980: 178). This non

professional status underpinned by the Nightingale apprenticeship style of education

fuelled the belief that women were deemed not to require education prior to working

in hospitals (Evans 1997: 228). The establishment of the non-religious Nightingale

School of Nursing was enhanced by the creation of 'female only' accommodation,

thereby creating an entrenched 'sisterhood', primarily with ladies as the core people in

Victorian nursing. These moves caused men to be pushed to the periphery of this

occupation (Maggs 1983: 113, Mackintosh 1997: 233).

This sisterhood acted as a form of early feminism and coincides with what has been

designated as the first wave of feminism, 1848 - 1918 (Delamont 2003:2).

Nightingale's feminisation of nursing initiated the creation of a dominant number of

women; whereas the small number of men mirrored Kanter's (1977a) notion of

tokenism. Nursing by men continued in selected sectors and tokenism remained

apparent in the twentieth century.

Whilst not immediately at the forefront of general nursing, organisations such as the

1894 Temperance Male Nurse Co-operation Ltd provided prospective clients with

male nurses with three years training and experience in medical, surgical and mental

health nursing. The Navy and Army Male Nurses Association, 1907, also provided a

source of trained male nurses (Mackintosh 1997: 234). By the commencement of the

Boer War the Royal Army Medical Corps (RAMC) boasted 800 male nurses with

three years training who responded to a variety of medical and surgical nursing

situations (Mackintosh 1997: 234). However, their contribution was overlooked

following the Nurses Registration Act of 1919 by the General Nursing Council

(GNC), (Bendall and Raybould 1969: 27). Female nurses were admitted to part 1 of

the register. Male nurses' names and qualifications were recorded on part 2, which

was maintained separately for thirty years (Brown and Stones 1973: 16, Mackintosh

1997: 234). This segregation of registration, along with only eight general hospitals

offering training opportunities to men, ensured the scarcity of men in nursing (Editor

1907).

The action of keeping men and women apart on registers signalled a temporary fight

against patriarchal control. The patriarchal definition of femininity is associated with

dependence and fearfulness (Connell 1995: 83). This 'dependence' became

'independence' by keeping men on part 2 of the register. This action within nursing

reversed the cultural dominance of men in society and allowed female nurses to

reinforce their position as the first self-determining all female occupation (Mackintosh

1997: 234). Miers (2000:91) echoes this sentiment and states:

> Male nurses were probably, for the first half of the
> twentieth century, considerably disadvantaged by
> the dominance of women

Between 1921 and 1938 (Mackintosh 1997), 97,028 female nurses were recorded on

part 1 of the general register and 435 males on the part 2 register. This imbalance in

numbers resembled the concept of the skewed group, when the dominant group

features as a ratio of 85:15 (Kanter 1977a: 208). Only allowing women on to part 1 of

the register reinforced Kanter's (1977b: 966) belief that the numerical dominant types,

female nurses, 'control the group and its culture in sufficient ways to be labelled as

dominants'. Applying the theory of Kanter (1977b), male nurses would have been

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only a token presence. For example if two male nurses worked in a general hospital amongst 100 female nurses or attended a training school with similar numerical proportions, the two male nurses would encounter difficulty in forming an alliance in order to exert power in the female dominated group (Kanter 1977b).

World War II acted as the impetus for qualified male nurses to battle for public acceptance and recognition (Williams 1989: 19). Active attempts were made to reverse the inequality of male participation in general nursing. The 1943 and 1949 Nurses Registration Acts allowed male nurses admission to the general part of the register, thereby ending formal discrimination against men (Brown and Stones 1973: 17, Collins 1981: pages 1-5). The feminisation of general nursing was further diluted as hospitals required recruits post second-world war, and in doing so, accommodated a pool of jobless men (Shuker 1981).

Men experienced significant difficulties in gaining entry to areas of the nursing profession, alongside the dominant female nursing group in the United Kingdom (UK) (Society of Registered Male Nurses 1960, 1969). Such negative experiences continued even after the acceptance of men into the Royal College of Nursing in 1960 and the Report of the Salmon Committee on Senior Nursing Staff (Salmon Report 1966), which aimed to improve the promotion prospects of male nurses. The *Sex Discrimination Act of 1975* created new opportunities for men such as entering midwifery (Miers 2000: 103). Even so, the proportion of men entering and working in the UK's nursing profession remained low (Waters 2002: 13). This maybe attributable to the following view:

> few people choose subjects or jobs which they
> associate with the opposite sex either at school or

college or in the training and careers that follow
(Equal Opportunities Commission 2000: 1)

Table 2 The history of men in nursing.

The history of men in nursing.		
DATE	EVENT	SIGNIFICANCE OF EVENT
1095	Creation of religious orders	Men main providers of nursing care
1200	Knights of St. Johns	Men main providers of nursing care
1500's	Dissolution of the 16th century monasteries	Female carers emerged. Little mention of men.
1800's	The Victorian era.	Men and women worked in segregation in Victorian workhouse infirmaries and asylums.
Late 1800's	The Victorian era.	Little importance attached to nursing. Men seen as performing women's work
1894	Private organisations.	Male nurses experienced in medical, surgical and mental health nursing.
1907	Navy and Army Male Nurses Association. Royal Army medical corps	-800 male nurses.
1919	Nurses' Act of December 1919. Register of nurses.	Male nurses only recorded on part 2 of the register.
1943 & 1949	Nurses Registration Act.	Male nurses allowed admission to the general part of the register.
1960	Royal College of Nursing (RCN).	Men accepted into the RCN.
1975	Sex Discrimination Act	Men allowed admission to midwifery.
1983	American Nurses' Association	4% - number of men in America's nursing system.
2003	United Kingdom	Male nurse rarely exceed 10% of the number of registered nurses.
2005	Cardiff University, South Wales.	Male numbers in undergraduate programmes = 7% of each cohort in 2005.

Schaffner (1998) reported that in a review of American nursing journals printed in

1997, only 6% of articles, advertisements, and photographs made reference to the

male nurse. Despite Meadus (2000: 8) suggesting Schaffner's assessment confirmed

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the invisibility of men's contributions; visibility of men in those displays confirmed the true representation of the existing numbers in the profession.

Men in nursing remained the minority group, the figures being 3.1% in Canada and the United States in 1989 (Miller 1989), whilst figures reached 8.77% in 1993, and 10.21% in 2002 in the United Kingdom (UK) (Ryan and Porter 1993: 265, Nursing and Midwifery Council, NMC, (2002: 5). This, contrasts greatly with 23% of the nursing population being male in the Netherlands, and a significant proportion of male nurses were found in Germany and the Phillipines (Irish Nurses Organisation 2002, Whittock and Leonard 2003). Whittock and Leonard (2003:242) suggest UK registered male nurses rarely exceed 10%. However, the gender breakdown of the NMC register demonstrates a slight rise in the number of qualified male nurses, 10.48% in 2004 and 10.73% in 2005 (Nursing and Midwifery Council 2004b: 5, Nursing and Midwifery Council 2005: 4, Nursing and Midwifery Council 2006/2007: 5). Whilst the numbers of men in nursing remain low, the age profile and characteristics of the student and qualified nurse have changed considerably in the last two decades.

2.5 Age and demographics: The student nurse and qualified nurse.

Mashta (1998:12) revealed that two thirds of student nurses were less than twenty when they commenced their training in the 1970's. The Statistical Analysis of the UKCC's (1995) (now the NMC) Professional Register demonstrated that a change in the age profile of the nursing profession was a result of smaller intakes of students (Buchan 1996: 5). In 1990 and 1991 26% of all nurses were less than 30 years of age

with a further fall in numbers to 18% in 1994/5. The demographic characteristics of student entrants were due to the decreased numbers of school leavers and an ageing population (McLoughlin 1991; Schuller and Bostyn 1996; Tuijnman 1996). In 2002, the numbers of qualified nurses on the register were 2.24% under 25 years of age, and 30.63% fell into the age range of 30 to 39 years. In 2005, 1.94% nurses were under 25 and the figure post 30 years of age had reduced to 27.35%. In 2006, 1.87% were under the age of 25, and 26.72%, were post 30 years of age. In 2007, 1.82% were under 25 and post 30, the figure fell to 26.06% (NMC 2002: 4, NMC 2005: 4, NMC 2006/2007).

The significance of these figures suggests that female and male students qualify at an age other than 21. The Royal College of Nursing (2002: 17) reported that 'fewer than two-thirds of men qualified by the time they were 25' and confirmed 26 was the average age at qualification. Buchan and Seccombe (2003: 16) argued, students over 25 years of age were more likely to be successful than students aged 25 and under. No rationale was provided. This posed two questions: Do young and mature men enter nursing with different learning styles and do they learn from one another during a nursing undergraduate programme? The impetus for the first question stemmed from the fact that men in their late thirties and forties entered the nursing profession to instigate a career change (NMC 2005: 3). Fleming and Mckee (2005: 235) argue that the mature students' experience potentially lessens the shock of adapting to new situations. Nevertheless, the effect that the dominant group of female nurses has on the minority group will be underpinned by Kanter's (1977a and 1977b) work.

2.6 Kanter

Kanter (1977a: xi) originally investigated the effects of numbers on group life through an ethnography of a corporation. Simmel's (1950) theoretical framework proposed that group size was a determinant of form and process, and argued that numerical modifications effected qualitative transformations in group-interactions. Dissatisfied, Kanter focused on the interactions in groups composed of people of different cultural categories and statuses. The field study involved analysing a minority group of women selling industrial goods. The issue of being a minority or token connects with three perceived phenomena labelled as: 'visibility', 'polarization', and 'assimilation'. Kanter (1977b: 971) stated these perceptions:

> determine the interaction dynamics between tokens
> and dominants and create the pressures dominants
> impose on tokens.

Visibility and polarization have relevance, and will be examined in relation to the interaction dynamics and proportional scarcity (Kanter 1977b: 968) of male students in UK undergraduate nursing programmes.

2.7 The Male Nursing Student

In Kanter's (1977b: 966) study the visibility of people was increased due to the ratio of the skewed group, where the greatest number of people featured as 85% and the minority group 15%. In nursing, undergraduate male students could be described as having a higher visibility (Spangler, Gordon and Pipkin 1978: 161). Male entrants to Welsh pre-registration nursing programmes constituted 7% of each of the two cohorts accepted into Cardiff University in 2005 and 8% into cohorts in 2008 and 2009 (Cardiff University 2005a, Cardiff University 2009). Kanter (1977b: 968) suggested assumptions are always made about the members of the 'minority/token group'.

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Hughes (1945: 353, 354) classed the characteristics of master statuses such as sex, race, religion, ethnic group, and age as auxiliary traits. These 'traits' set the token person apart from the numerically dominant group. The 'token's' position was complicated by the association of these characteristics with assumptions about culture, status, and behaviour (Kanter 1977b: 968). Heightened visibility of these characteristics led dominant members to interact with tokens differently, as opposed to fulfilling the demands of task accomplishment. For Kanter (1977b: 968) males in nursing would never assume full membership, as they belonged to a rare category within the profession. This culminates in tokens being viewed as the hyphenated member and on the undergraduate nursing programme the male student of nursing would be known as the 'male nurse'. Reapplying the work of Spangler et al. (1978: 161) the highly visible male would lack privacy, experience increased observation from others and due to the rarity of their group 'have fewer backstage areas than dominants'.

Kanter's (1977b) theoretical framework has been rejected by some authors; South, Bonjean, Markham and Corder (1982: 587); and Frisbie and Neidert (1977: 1023), but is supported by Izraeli (1983: 160) and Spangler et al. (1978: 169). More in relation to nursing, Williams (1989: 69) and Gans (1987: 182, 191) supported the actual theory that men were 'tokens'. Criticism of Kanter's theoretical framework, along with her failure to examine whether structural, cultural, and social psychological factors influenced group interaction acted as the impetus for the study by Heikes (1991).

Heikes (1991: 389) re-examined Kanter's theoretical framework and focused on issues related to socio-cultural influences of gender and masculinity on interaction patterns.

It was not reported how ethical approval was gained for the study. The non-probability sample of fifteen registered male nurses was drawn from nine different hospitals based in Austin, Texas. This American state reported a higher proportion of male nurses 7.7%, than the national average of 4% (American Nurses' Association 1983, Heikes (1991: 391). Respondents' ages ranged from 26 to 43, typical of the age ranges now observed in Cardiff's nursing undergraduate programmes (Cardiff University 2008). In-depth interviews took place. The students' narratives revealed they experienced negative or positive 'heightened visibility'. The underlying cause for this 'heightened visibility' is that despite being tokens men have to live up to the reputation of excelling both in their occupation and in the public arena (Heikes 1991: 392, 396).

In nurse pre-registration education, heightened visibility assigned to tokens has placed immense pressure on students to prove their worth and perform successfully (Kanter 1977a: 971, Zimmer 1988: 66). Halford, Savage and Witz (1997: 136) confirmed this pressure existed because men's motivation and abilities were 'more closely' scrutinised on entry to the nursing profession. Nevertheless, Heikes (1991: 389) suggested male nurses reacted differently to the dynamics of visibility, polarization, and assimilation. Kanter (1977b: 971) stated the dominant group were normally responsible for the occurrence of polarization. The dominant group engage in boundary heightening, leading to social isolation taking place mainly on an informal level, and increasing the marked difference between dominants and tokens (Spangler *et al.* 1978: 165). Male nurses felt excluded from the conversations between their female colleagues and were not invited to traditional female gatherings such as bridal showers.

Heikes (1991: 393) reversed Kanter's thinking that dominants were totally responsible for initiating the process of differentiation. He used the example that men have a higher status in society and so the token group disassociates itself from the dominant group in order to improve their overall status and avoid the stigma associated with being a male nurse. In the learning environment and based in a Yorkshire University, Gough and Peace (2000: 387) highlighted that male Psychology students were outnumbered by females by a ratio of one to four. This 'skewed ratio' could lead to male psychology students claiming potential feelings of vulnerability during the undergraduate course. 'I' pose the question do male students of nursing experience vulnerability with regards to their learning on undergraduate nursing programmes due to their minority numbers?

The historical perspective on men in nursing has highlighted their token presence, the practices of discrimination and segregation from Victorian gatekeepers and later nursing regulators, together with the age profile of student and qualified male nurses.

2.8 Summary to Chapter two:

Gender and learning styles should be understood in the context of the last one hundred and fifty years of established nursing practice. Lectures were usually delivered by male doctors and later female nurse educators to female students. Connections were rarely made between theory and clinical practice. Nurse education evolved from an apprenticeship style model and shifted towards a curriculum, which promoted knowledgeable nursing practice. Delivery and management of nurse education changed and nursing schools were absorbed into universities. This meant, students

were being exposed to academia and clinical practice underpinned with evidence, an

icon of a modern educational system. Gradually nursing gatekeepers warmed to the

presence of men becoming qualified nurses. The historical embargo, along with the

lure and portrayal of nursing contributed to the minority of men in the profession. The

token number of males contributes to the notion of investigating whether a minority

have a voice and can articulate how they learn within higher education.

Chapter 3

Learning and styles of learning

Learning has the potential to trouble,
to offer a glimpse into chaos and disorder,
and into the unknown.

Mann (2001:15)

3.1 Introduction

Chapter two discussed: nurse education, historical roots and presence of men in nursing. The theme of nurse education re-appears in the discussion on learning styles and gender differences. Chapter three has several functions. Firstly, the majority of the research related to the approaches to learning uses quantitative methods rather than qualitative. In the approaches and styles of learning, explanations are provided on the number of empirical studies on learning style inventories (LSI). I embed the nursing literature into this section as most nursing studies use the same sterile inventories to gain their data. Gender is discussed as male learning styles are considered the key bench markers in education and males are often minority groups in certain sectors of higher education. The subject of 'articulation' is addressed as it features in my title and research question. Understanding the process of articulation allows me to create a linguistic space for the male students.

My thesis may superficially resemble the empirical studies, which have stimulated a great body of knowledge, but has prompted me to tackle my study in a different way. The interest in investigating the subject of gender, learning styles and pedagogy is on the increase (Dyck, Oliffe, Phinney, and Garrett 2009). Whilst not everyone should take my perspective, a fresher approach should be taken towards my subject area.

3.2 Approaches and styles of learning.

The development of learning styles has been evaluated by authors using a plethora of inventories and instruments: education (Entwistle 1981, Entwistle and Ramsden 1983,

Nutty and Barrett 1996, Oullette 2000); educational psychology (Claxton and Murrell 1987), language learning (Oxford, Ehrman, and Lavine 1991) and nursing (Hodges 1988, Ramprogus 1988, Remington and Kroll 1990, Rassool and Rawaf 2007). The investigations remain located within the realm of quantitative research, indicating that authors have not entertained the qualitative methodological approach.

Richardson (1995: 7) used the 'approaches to studying inventory' by Entwistle and Ramsden (1983) and suggested mature students adopted deep approaches to studying. Pask (1976) originally devised styles and pathologies of learning, implemented in Entwistle and Ramsden's (1983) inventory. Hayes, King, and Richardson (1997: 21) questioned the working status of the scale used by Pask. However Richardson (1990) simplified the work of Entwistle and Ramsden (1983). 'I' interpret that if the term 'learning style' is buried within a model of approach to learning, then the student cannot verbally describe how they learn. First of all Mann (2001:15) provided a perspective on learning:

> Learning has the potential to trouble, to offer a glimpse
> into chaos and disorder, and into the unknown.

This prospective anxiety attributed to learning could be overcome if the male student possessed a defined learning style. The phrase 'learning style' acts as a common language to describe differences between people and its overriding appeal is the provision of a framework for dealing with individuality (Ouellette 2000: 2). One of the hypotheses tested by Oullette (2000:1) was 'Students cluster in definite learning style groups'. In response to this, 'I' ask "Do male students automatically cluster in male groups, or do they recognise the style of other students and integrate into a mixed group to discuss their actual learning style? Deakin-Crick and Wilson

(2005:359) explored what it is like to be a learner in the 21st century and claimed a

paucity of language existed to describe learning as a process and participative

experience. Deakin-Crick and Wilson (2005: 369) stated:

> Like muscles or the skill to play a musical instrument,
> a language neglected and underdeveloped will result
> not simply in atrophy and failure to function, but the
> potential loss of those life-giving perspectives that the
> use of language enables a person to inhabit

Learning takes place by seeing and hearing, reflecting and acting, through structured

reasoning, memorizing, and visualization (Felder 1995: 21). Learning styles featured

heavily in the educational psychology literature (Claxton and Murrell 1987, Schmeck

1988), and from the domain of 'language learning' (Oxford, Ehrman and Lavine

1991) emerged 30 learning style assessment instruments alone (Guild and Garger

1985, Jensen 1987). Oullette (2000) conducted a review of three learning styles: The

Index of Learning Style (Felder and Silverman 1988), the Gregoric Style Delineator

(Taylor 1997), and the Long/Dziuban Learning Style Inventory (Long 1985). A brief

analysis of the components from each learning style framework has established the

variety of existing styles and the acknowledgement by lecturers of these styles.

Felder and Silverman (1988:647) investigated: aspects of learning styles, preferred

learning styles of students, favoured teaching instruction, and addressed why

engineering education failed to accommodate particular students' learning styles.

Their study centred on the components from the Index of Learning Styles (ILS) later a

web-based publication in 1991 (Soloman and Felder 1991). The ILS was a self –

scoring instrument, which assessed preferences on the Sensing/Intuiting,

Visual/Verbal, Active/Reflective, and Sequential/Global dimensions. Preferred

learning styles were mapped against corresponding teaching styles. Incongruence

existed between students' classroom learning styles and the teaching style of the lecturer (Felder and Silverman 1988, Lawrence 1993, Oxford *et al*. 1991, and Schmeck 1988). Student's learning styles demonstrated: the visual, sensing, inductive and activity perspectives, and completely opposed the styles of engineering education, which were auditory, abstract (intuitive), deductive, passive, and sequential.

Felder and Silverman (1988:680) suggested specific teaching techniques to address all learning styles and concluded that feasible teaching methods will develop to affect the quality of the students' learning. The goal of Goodman, Soller, Linton, and Gaimari (1998: 237) was to promote a more effective instructional exchange between a student and an intelligent tutoring system (ITS). The value of small groups of students participating in collaborative structured learning activities has contributed to the development of computer-supported collaborative tools (CSCL). The simulated learning companion 'LuCy' designed by Goodman *et al*. (1998:237) has enabled a specific style of learning to emerge. A two-way dialogue between computer tutor acting as a human resource has stimulated reflection and articulation on the student's learning. Whilst LuCy was a learning tool programmed to record the student's understanding of the material, previous computer- generated tool, the ILS, have enabled students to identify their actual learning style (Soloman and Felder 1991).

Ouellette (2000: 4) was critical of the Felder-Silverman model, as the validity of the ILS was not established. Through further study Felder and Spurlin (2005:107) established that the test-retest reliability underpining the ILS scores was satisfactory. The ILS was applicable as it provided guidance to teachers on the diversity of

students' learning styles and allowed individual students an insight into potential

learning strengths and weaknesses (pg 110). The findings of Felder and Spurlin

(2005) were similar to the Gregorc (1979) Style Delineator (GSD). The underpinning

philosophy of the GSD instrument was based on 'mediation ability theory', where the

individual possessed channels to receive and then express information. This

mediation ability was further divided, in the GSD, to 'perception' and 'ordering'.

Perception was further broken down into: abstractness where students will visualize

and register data and 'concreteness' where students mentally register data through the

direct use of their physical senses (Ouellette 2000:3). In ordering, information was

arranged in sequential or random steps. Therefore, this instrument named four

learning styles: concrete sequential, abstract random, abstract sequential and concrete

random (Taylor 1997).

Long's (1985) Dziuban Learning Style Inventory, the third learning style mentioned

by Oullette (2000), examined how behaviour affected students learning and observed

adolescents progressing from a state of dependence to independence. The principle of

Long's study can be applied to the male student nurse irrespective of their age as they

too progress within their learning from a state of dependence to independence.

The transition of the male student moving from a state of dependence to independence

could be influenced and impaired by the co-educational nature of nurse education. The

overriding message by Hayes and Richardson (1995:215) suggested the approaches to

learning by female students, studying in the arts or sciences, approached study in a far

more effective way than male students. Female students were reported to take a deep

approach to studying and their learning style was directed at actively interrelating

ideas to other parts of their course (Richardson 1993). This 'deep approach' was enabled when the female students took arts courses in a 'female' environment indicating that the dominant gendered nature of their course supported their ability to approach study in a meaningful way (Hayes and Richardson 1995: 220).

Common approaches using the Kolb learning style inventory (LSI) and producing statistical evidence to understand learning styles feature in the following nursing literature: Hodges (1988), Ramprogus (1988), Remington and Kroll (1900), and Cavanagh, Hogan, and Ramgopal (1995). This literature is worthy of its inclusion, but my intention is to use a qualitative approach.

Hodges (1988: 68) profiled personality types and learning preferences of nursing students. One research question investigated the predominating learning style amongst the young student population (18-21 years) and the older student population (22-54 years). Learning styles were assessed using Kolb's (1976) LSI. Dimensions of personality and 'the effect on learning processes' were related to sex-role types' using the Bem (1979) Sex-role Inventory, (Hodges 1988: 71). Personality will not be a focus of this thesis, but the characteristics associated with measurements in the Bem sex-role inventory, the 'feminine' and the 'masculine' have immense relevance.

Ramprogus (1988: 61) asked 'what are the predominant learning styles among student nurses'? He found that a percentage of students' scores were similar to all four categories, accommodator, diverger, assimilator and converger. As a consequence of this, he concluded that students could belong to a separate category named the 'All rounder' (page 62). In line with Kolb's LSI the 'all rounder' students became

accommodators and convergers. Remington and Kroll (1990: 31) investigated the

characteristics and learning style preferences of American students on undergraduate

nursing programmes who were predicted to experience academic difficulties and

therefore classed as 'high-risk'. Their goal, to relate learning styles to the retention of

students. This study utilised not only Kolb's LSI, but a modified version of the

Learning Preference Questionnaire (LPQ) (Dunn, Dunn and Price 1985), and an

investigator developed a learning history questionnaire. The LPQ was assembled

using five basic stimuli (Dunn *et al.*1985). The outcome of the LPQ measured a

student's' ability to process and retain information and one finding suggested students

preferred visual demonstration and interaction. Two common processes practised in

undergraduate nursing and the profession as a whole.

Cavanagh *et al.* (1995: 179) investigated preferred learning styles and also asked "Is

there a relationship between learning styles and age, gender, educational attainment

and previous work experience?" Kolb's LSI, was used. Students had learning styles

across the four components of Kolb's framework. By a small margin the divergent

style was identified as the most prominent. Gender and educational achievement did

not influence the student's learning style. Despite using the Kolb LSI, Cavanagh *et al.*

(1995: 182) included the viewpoint of De Coux (1990: 207), who suggested:

> the use of Kolb LSI in nursing education is not recommended
> due to the documented instrument weaknesses and the general
> lack of correlation between learning style, and other variables.

The LSI fails to allow for greater exploration on the opinions of students, but the four

main categories of Kolb's experimental learning model allow researchers to locate

students within a framework. Hodges (1988), Ramprogus (1988), Remington and

Kroll (1990) and Cavanagh *et al.*(1995) centred their research on both female and

male student nurses, which remains another common denominator within the studies. Only Remington and Kroll (1990) acknowledged that learning styles are assessable through interviews and observation, rather than inventory questionnaires.

Rassool and Rawaf (2007: 37) aimed to determine the predominant learning styles preferences of undergraduate nursing students. Initially, their thinking was underpinned with Kolb's experiential learning model, but used the revised version of Kolb by Honey and Mumford (1986, 1992), which categorised learning styles as: Activist, Reflector, Theorist and Pragmatist. This questionnaire has twenty questions under each category. Students from two HE institutions took part in the study. Out of the purposive sample of 136 students 110 completed the questionnaire. Two significant findings emerged from the analysis: students possessed single and dual learning styles. The single dominant style was the Reflector and applicable in nursing as students become:

> observers of experiences and prefer to analyse them
> thoroughly before taking action. They are good
> listeners, cautious and tend to adopt a low profile.
> (Rassoof and Rawaf 2007: 36)

A dual learning style category was devised in response to students scoring highly in two categories. The dual categories were: activist-reflector, activist-theorist, activist-pragmatist, reflector-theorist, reflector-pragmatist and theorist-pragmatist. Thirty-three students possessed a dual learning style with sixteen demonstrating a reflector-theorist style. Rassool and Rawaf (2007: 40) concluded that this dual learning was congruent with the ethos that nurses were people orientated and dealt with scientific subjects. However, their study looked at undergraduate students as a whole and did not focus specifically on gender.

3.3 Gender differences

Taking prior ideas by Hayes and Richardson (1995) forward, 'I' ask the question:

Does the gendered nature of the pre-registration nursing programme impede the

'male' student's learning style? Thomas (1988: 123) compared the experiences of two

minority groups: first-year female physics students and first-year male arts students.

Her argument has relevance to the position of the male student nurse. She maintained:

> Female physics students are perceived and treated
> as a minority group, whereas male art students
> are treated as individuals.
>
> (Thomas 1988:123)

Like the male student nurse, being a member of a 'numerical minority' contributes to

being seen as an individual and 'not as part of the faceless mass' (Thomas 1988: 136).

Thomas (1988: 135) concluded being a minority member for women in the discipline

of physics did not equate to being a minority for men in the English discipline. The

rationale for this was physics was associated with 'masculinity and maleness', and

further supported by the male students in her study expressing the confidence to

compete with their fellow female students. Thomas (1990: 181) concluded male

students taking art degrees maintained their 'male' status within a group due to their

perceived dominant position within society. 'I' suggest this perceived dominance and

being treated as an individual enhances their position in the learning environment.

Although, the issue of dominance for male nurses is usually located in literature

discussing career moves post qualification (Porter 1992, Evans, 1997).

Philbin *et al* (1995: 487) identify gender differences in learning styles and experiences

with regard to educational dialectics. They hypothesised that men and women have

different learning styles (p 485). Their thinking was underpinned by the theoretical

framework of Belenky, Clinchy, Goldberger and Tarule (1986) who interviewed

women. The gender of the 1986 interviewees differs from the participants in my study. As a result of listening to their data from interview transcripts Belenky et al. (1986: xiii, xiv) were forced to discard the theories they had brought to their own project as their participants' 'epistemological assumptions were central to their perceptions of themselves and their worlds'. This action played a part in them naming their book as *'Women's ways of knowing'* (Belenky *et al.* 1986). The idea that knowledge and truth is engineered by a 'male-dominated majority culture' is connected to my proposed theoretical framework (Connell 1995, Belenky *et al.* 1986: 5). The notion of male dominance is further enforced as the modes of learning common to women are devalued due to the strong masculine bias in developmental theory in many 'traditional educational curricula and pedagogical standards' (Philbin *et* al. 1995: 486). Interestingly, the literature is not sensitised to 'men's ways of knowing', but is sensitised to the prominence of the male voice. In contrast 'feminine voices and women's highly developed ways of knowing are constantly under valued' (Belenky *et al.* 1986: 163).

Philbin *et al.* (1995: 487) used four methods to test their hypothesis: demographic information, the Kolb Learning Style Inventory (LSI) (Kolb 1984: 68) and twelve educational dialectic questions based on the work of Belenky *et al.* (1986). The dialectic 'questions gave bimodal answers with one choice as masculine and the other as feminine' (Philbin *et al.*1995: 489). Lastly a subjective question "How did your learning style 'fit' with your educational experiences"? Their mode of data analysis does not correlate with the constructivist grounded theory approach (Charmaz 2006). The actual learning style of the participant was decided from their responses to the

LSI, which is based 'on a Cartesian co-ordinate' (Kolb 1976: 91, 92, 94). This co-ordinate:

> consists of active experimentation (doing) versus reflective
> observation (watching) on the x axis, and concrete experience
> (feeling) versus abstract conceptualization (thinking) on the y axis.

This co-ordinate generated four learning styles: Accommodator, Diverger, Converger

and Assimilator. The male participants demonstrated the 'Assimilator' style of

learning, whereas the women scored across all four learning styles with top scores

obtained for the Diverger and Converger learning styles. I propose that one style of

learning is speaking about how you learn and this projection is discussed in

articulation and dialogue.

3.4 Articulation and dialogue

Alongside the descriptions of gender and previous learning styles, the work of Corbin

and Strauss (1993), Gorsky and Caspi (2005) and Gorsky, Caspi and Trumper (2006)

will supplement the idea that articulation as 'expression and a process' has taken place

through the medium of dialogue.

Corbin and Strauss (1993: 71) established the meaning of articulation when related to

work through interaction. Two questions were asked: "What are the interactional

mechanics that shape work performance?" "What are the structural/interactional

contexts that organize work?" Their fieldwork study centred on: the interactional

processes where nurses were able to articulate the required care for their patients.

That fieldwork was not directed at male students on undergraduate nursing

programmes. I pose: The interaction through the articulation of learning styles could

be interpreted as the 'interactional mechanics' within the male group. Corbin and

Strauss (1993) devised a framework which included four interrelated concepts:

Articulation, arrangements, the process of working things out and stance. Articulation

is:

> The co-ordination of lines of work accomplished by
> means of the working out and carrying through of
> work-related arrangements
>   (Corbin and Strauss 1993: 71)

As the researcher, this interpretation of articulation as a process was confusing at first,

but enlightening as it contributed to viewing articulation as more than a form of

expression. Goodman et al (1998: 242) stated that articulation was a process of

explaining problem solving activities to others. Putting these two concepts together, I

interpreted that the phrase 'by means of working out' (Corbin and Strauss 1993)

referred to articulation, expression, or explanation enabled by the medium of

language. Ryan and Porter (1993: 265) suggest qualified male nurses exert

dominance over linguistic discourse, which remains a fundamental base for their

social and occupational power. This social power is a result of the constant practice of

benchmarking against everything that is associated with the male gender.

In relation to the disparity between the learning and teaching styles, the framework of

Corbin and Strauss (1993), although connected to the work environment contributed

to analysing the agreements, and arrangements made in HE. They suggested

articulation referred to agreements among actors within or between departments, so in

HE the lecturer and the student have assumed the role of these actors. Arrangements,

as perceived by actors who carry out the work, referred to actions that differed within

and between departments. The abstract issues, which Corbin and Strauss (1993: 72) deemed took place between departments included: resources, technology, information, and time frames. Nevertheless, if the 'arrangement making' of information exchange regarding the students' best way to learn has not been communicated, then articulation of coherent and current understanding cannot be expected (Koschmann 1995: 93).

Gorsky and Caspi (2005: 137) make the assumption that learning is mediated by intrapersonal dialogue and facilitated by interpersonal dialogue. Two of the five basic assumptions from part one of the theoretical framework relate to intrapersonal dialogue have relevance to the GSD (Gregorc 1979): 'Learning is an individual activity characterised by internal mental processes' and 'learning is mediated by intrapersonal dialogue'. Gorsky and Caspi (2005: 139) suggest intrapersonal dialogue acts as a generic term, and describe the mental processes a student adopts when learning in a purposeful way. This style of learning includes student engagement with self-instructional texts, individually listening to lectures or audio- tapes and thinking about subject matter.

Gorsky and Caspi (2005: 139) surveyed the various theorists for their descriptions of the mental processes concerned with intrapersonal dialogue. They were: 'assimilation' and 'accommodation' (Piaget 1970), 'accretion', 'structuring' and 'tuning' (Rumelhart and Norman 1978), 'intra-psychological processes' by (Vygotsky 1978), and internal didactic conversation (Holmberg 1989). Lewis (1975) and Juler (1990: 28) influenced the thinking of Holmberg (1989). Lewis (1975: 69) refused to contrast conversational activities with solitary mental processes such as private

reasoning and silent reading, but collectively characterized these activities as internalised conversation. Juler (1990: 28) was adamant that a solitary conversation was a result of an interaction with the text and its author. These two viewpoints have led Holmberg (1989: 48) to accept elaborative text processing and internal didactic conversation as inherent to the mental processes of intrapersonal dialogue as a beneficial learning strategy.

Gorsky and Caspi (2005: 139) remained quite dismissive of these descriptions and highlighted the most significant element of intrapersonal dialogue was the characteristics of the prior knowledge, motivation, intelligence and anxiety of the individual learner. The other section of their theoretical framework 'the Interpersonal dialogue' incorporated the instructor as the human resource and indirectly included an element of teaching.

Common to both Felder and Silverman (1988) and Gregorc (1979) was the underlying assumption that an eclectic mix of teaching methods allowed students to adopt different styles. Maclellan (2005:133) discussed 'high-road learning' where no automatic transfer of knowledge and practices occurs from one situation to another. Maclellan's thinking was underpinned by the work of Saloman and Perkins (1989) who suggested the act of transfer occurred through mindful abstraction. Both abstract sequential favouring verbal forms of instruction and abstract random incorporating visual preferences to instruction featured in the GSD. This was interpreted as students' learning styles being driven by visual and verbal representation, a claim supported by Felder and Spurlin (2005).

Verbal forms of instruction have featured in the discussion on interpersonal dialogue by Gorsky and Caspi (2005). Interpersonal dialogue was defined as a message loop involving verbal interaction between the lecturer and reference was always made to social and subject matter. The interpersonal social dialogue involved students projecting themselves socially and emotionally and Garrison and Anderson (2003: 49) reported that social presence created by social dialogue was an essential facet for the community of enquiry located at the heart of HE. Interpersonal subject orientated dialogue was defined as two participants engaging in thought provoking activities such as explaining, questioning, and rethinking problems (Gorsky and Caspi 2005: 140).

Gorsky *et al.* (2006: 71) explored the learning strategies of students while studying physics and chemistry through the use of dialogue. This research has significance as the focus, the medium of dialogue, acts as a process to demonstrate how students learn. The research sites involved a large university and a smaller college. There were three aims to the study: What dialogue mediated through resources were generally utilized by students as they progressed through their programme, and what dialogue types, mediated through which resources were specifically utilized by students to solve problems, lastly to compare with previous research studies (Gorsky, Caspi and Tuvi-Arad 2004a, Gorsky, Caspi and Trumper 2004b) that dealt with distance education for students. Both intrapersonal and interpersonal dialogue was critically reviewed. The resources in this research were referred to lectures, tutorials, conventional texts, web based instructional systems and audio and video-cassettes.

This research was the third study in a list of three 'small scale naturalistic enquiries'. Fourteen students participated. Three lecturers were interviewed regarding impact of group size on instructional strategy and on the 'quality and amount of interactions and dialogues that occurred with students'. Gorsky *et al.* (2006: 78) opted for the grounded theory approach intending to produce models and hypotheses with testable outcomes. The data were collected utilising semi structured taped interviews and analysed using the constant comparative method (Silverman 2000). The findings: lecturers from the smaller college claimed that they engaged in highly interactive strategies because of small group sizes; the majority of subject matter issues were dealt with before and after lectures. Therefore, the student demonstrated a learning style through the process of face to face encounters with the lecturer, an element of the interpersonal subject- matter dialogue (Gorsky and Caspi 2005: 140). The only university lecturer interviewed dealt with very large group sizes and consequently interaction within lecture time remained limited. Gorsky *et al.* (2006: 79) concluded for these students the lecture was a structural resource for intrapersonal dialogue, where the students could think about the subject matter, but interpersonal student-student dialogue took place through whispering and/or note passing.

Gorsky *et al.* (2006: 80) reported that students generally learned through the spoken word. In response to what dialogue mediated through resources were generally utilized by students as they progressed through their programme? Both college and university students mainly demonstrated intrapersonal dialogue when engaging with structural resources such as lectures, tutorials, recommended texts, website materials and exercises. The only difference between these two groups was that the college

students supplemented their intrapersonal dialogue and 'learning style' with lecturer-student interaction classed as interpersonal dialogue.

There was little difference between the college and university students to the question what dialogue types, mediated through which resources were specifically utilized by students to solve problems. Solving problems took place through engaging in the intrapersonal dialogue and individual study was mediated by re-reading lecture notes, a last resort was to contact another student and thereby involved the interpersonal dialogue. When Gorsky *et al.* (2006) compared their findings with previous research dealing with distance education students' use of dialogue, all students in the two investigations Gorsky *et al.* (2004a) and Gorsky *et al.* (2004b) nominated their preferred study strategy as engaging in intrapersonal dialogue. Gorsky *et al.* (2006: 85) concluded that further investigation into students' approaches to learning could be enhanced by the use of their framework to determine whether students adopted deep or surface level approaches as a result of the structural resources in an instructional system. A limitation of the study by Gorsky *et al.* (2006) is the lack of detail regarding the students' characteristics such as age, level of dependence on one particular dialogue and whether the mode of dialogue remained constant throughout the students' length of course.

The change in a student's dialogue over time is also comparable to the focus of transitions in students learning by Nutty and Barrett (1996: 333). The findings from this Australian study are applicable to male pre-registration nursing students. 672 valid responses were received from four different disciplines. Amongst other adapted questions, the Kolb's Learning Style Inventory featured in the questionnaire (Kolb and

Goldman 1973). The first two of three hypotheses are worthy of debate (pp 336): Due

to the nature of secondary education it was proposed in the early years of university

there would be little difference between the most commonly used learning styles of

students in different disciplines, irrespective of the taught subject. Does this mean in

year one of pre-registration nursing named the 'common foundation programme' that

the male student nurse adopts learning styles similar to other students in the healthcare

sciences? Hypothesis two assumed students will adopt learning styles necessary to

suit the studies in that year. This is applicable as the final two years of the

undergraduate- nursing programmes are dedicated to adult, child health or mental

health nursing.

3.5 Summary to Chapter three: This section has addressed general and nursing

empirical studies discussing the variety of learning styles, gender in the learning

process and then in relation to my research question focussed on the subject of

articulation and the male gender in the learning process. In light of my decision to take

a fresher approach to investigate learning and styles of learning, I designed a

research question with a qualitative research methodology in mind.

The research question features next and centres on the main focus of the research.

3.6 The Research question: How do male students of nursing in Wales, articulate how they learn in the college pre-registration nursing environment? The main study was designed to take place in Wales, as I am a nurse lecturer based in Wales and wanted to gain a Welsh perspective on learning. I also include the purpose and objectives for my research study. The purpose statements act as guidelines for the direction of my research (Cresswell 2003: 87). Formulation of objectives assisted in the selection of material for the vignettes and informed my thinking regarding questions for the semi-structured interviews, see appendix 9 for the purpose statement and proposed objectives.

Chapter four is designed to discuss the theoretical framework, the qualitative research methodology and the development of my research study.

Chapter four

Theories of gender

Connell's masculinities framework

Ryan's model pre-analysis

Methodology and methods

The ethical dimensions of research methods have, in any case, become more specific. They have increasingly included the exploration and celebration of "voices" (Atkinson, Coffey, and Delamont 2003: 80).

Ryan's model post-analysis and summary

The Participants

4.1 Introduction

The literature review focused on: the history of nurse education, the history of men in nursing, learning and learning styles. Overall, men are a minority within the profession. Prominent men have always featured in historical texts and likewise as founders and supporters of the nursing profession (Brown and Stones 1973: 14, Mellish 1984: 36, Dingwall, Rafferty and Webster (1988: 49, 50). Connell (1995: 28) claimed the history of men was non-gendered and as a result the concept of masculinity evolved. This happened in reverse when Nightingale completely feminised nursing. Feminine attributes and qualities were viewed as prominent features of nursing and this created a gendered profession. In the view of Evans and Frank (2003: 277), such feminisation 'constituted a significant barrier to men choosing to enter nursing'.

Issues of masculinity have always been muted in discussions about men entering nursing. Whilst MacDougall (1997: 812) fails to state he was referring to the qualified male nurse, he suggests the 'traditional masculine man' continues to achieve powerful roles. 'I', then asked: Have men in undergraduate nursing programmes sustained their masculinity in relation to how they learn in a female dominated learning environment?

Chapter four will explain the three fold model of gender Connell (1995) and the research modes by Beynon (2002), the theories of gender located in chapters 5 – 8 and the masculinities framework by Connell (1995). These theories are fundamental in understanding the concepts underpinning the thread of gender in this thesis. The chapter then presents the connection between Connell's (1995) gender theory and the

interpretation of the terms, hegemony, hegemonic masculinity, complicity, subordination and marginalisation utilised in this thesis. The application of these terms resulted in interpretations being made pre and post analysis of the data. As a result, Ryan's model was developed to demonstrate the association with the masculinities framework. My text then gives a rationale for the qualitative approach and data obtained and the inclusion of the analytical strategy by Charmaz (2006). This chapter then provides: an explanation of the chosen methods, ethical considerations, the selection process regarding the recruitment of the participants, how a pre-pilot informed my decision-making on the methods used, how two pilots were necessary to test the utility of the methods, and then moves on to describe the steps of my main study. In the main study I report on: the process of accessing and contacting the main study sites, the criteria for inclusion and exclusion, how many students took part in focus groups and interviews, my interpretation of the differences between participants, the application of reliability and validity in my thesis, the analysis of interaction between participants, and the analysis of my data using atlas ti v.

4.2 Connell's three fold model of gender and the Research modes by Beynon (2002).

The three-fold model of the structure of gender aimed to clarify the relationship between 'power relations', production relations, and cathexis. Ryan's perspective is offered in order to demonstrate comprehension of the three-fold model of gender, and its application to this thesis, Table 3, page 59. The six research modes Table 4, page 60 from Beynon (2002) acted as a vehicle to see the representation of masculinity and supplemented the significance of the three fold model of gender. Relevant to this study were the categories 'Power relations' and 'Production relations'. Cathexis

involved heterosexual and homosexual desire and these concepts were not considered

appropriate for this thesis.

Table 3 Connell's three-fold model of gender and Ryan's Perspective related to

male students of undergraduate nursing.

Connell Three fold model of gender	Ryan's	Perspective
	Pre-analysis	Post-analysis
POWER RELATIONS: The main axis of power in the contemporary European/American gender order is the overall subordination of women and dominance of men – the structure Women's liberation named patriarchy.	Power and knowledge	The association that knowledge demonstrates power and deliverable through an individual's approach to learning.
PRODUCTION RELATIONS: Gender divisions of labour are familiar in the form of allocation of tasks. The dividend accruing to men from unequal shares of the products of social labour.	Male labour	Male labour and their perceived role in clinical practice.
CATHEXIS: Emotional energy and Sexual desire.	Not applicable	

Beynon (2002: 146, 147) underpinned by D. H. J. Morgan (1992) developed six

investigative research pathways, which he classed as 'modes'. The following table

describes each mode.

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Table 4. Research Modes by Beynon (2002)

Mode	Operational Function
Mode one	The literary. How is masculinity depicted in the literature?
Mode two:	Printed media. How is masculinity represented in newspapers and magazines?
Mode three	Broadcast media. How is masculinity represented in film and on television?
Mode four	Visual and performative. How is masculinity depicted in advertising, photography, painting and sculpture and performed in 'spectacles' like, for example, sport, dance, and even military parades?
Mode five	Auto/biographical and documentary. How do men experience masculinity in their lives? How has masculinity been experienced in the past?
Mode six	Ethnographic. How is masculinity constructed and brought off in particular settings?

These investigative pathways were compared against the themes raised in my literature review. The first three overlapped for nursing. In relation to mode one, Schaffner (1998) highlighted the lack of pictorial images of male nurses in American nursing journals. Meadus (2000: 8) felt this 'accentuated invisibility' further contributed to the visibility of the male image. So, when a pictorial image did appear, it was unusual and made readers take notice of the image. Mode two, in the printed media, male nurses were associated with accident and emergency television programmes. For mode three, this visual representation of masculinity materialised in 'positive television portrayals of male nurses and enriched the role of men in nursing (Begany 1994: 28, Squires 1995:26). However, nearly a decade later, men are still underrepresented in articles and photographs in nursing journals (Hearn, Pringle, Muller, Oleksy, Lattu, Tallberg, Ferguson, Gullvag Holter, Kolga 2003: 177).

Mode four was not investigated in this study, as learning and styles of learning in the classroom remained a focus. Mode five was partially relevant. The fact that the Royal College of Nursing (2002) reported that on average male students qualified later

than the age of 26 years prompts 'me' to ask the question, 'Does the mature male nursing student possess a learner identity grounded in their masculinity? Gorard and Rees (2002: vii) revealed that 'success' or the stigma of failure during compulsory schooling moulded an 'enduring learner identity' (pg 83). In their research, this identity followed one of two pathways: complete a programme of study in HE and create a foundation for a career or delay entering into an occupation originally thought about at the ages of sixteen or eighteen.

Mode six was applicable. I intended making fieldnotes during the focus groups. The fieldnotes became a value added factor in the development of text regarding the social reality of students talking about learning styles. Whilst the lives of the male participants were not under investigation a biographical dimension arose where male students revealed their learning and styles of learning acquired during school and former occupations (Atkinson, Coffey and Delamont 2003: 53).

Beynon's (2002: 146) six research modes acted as a vehicle to aid investigation. Connell (1995) recognizes that a framework allows analysis, exploration, and subsequent explanation of the gendered articulation of learning and styles of learning in the classroom.

The following section explains the theories of gender that support the discussion surrounding the findings from my data.

4.3 Theories of gender included in this thesis

The theories supporting the discussion in chapters 5 - 8 are outlined in order to demonstrate their fit in this thesis. Connell (1995: 37) makes reference to recognizing the affinity between the various strands of masculinity and the 'relations of dominance and subordination'. On a global scale, with multi-national communities influenced by their own internal class and socio-economic structures, the term 'multiple masculinities' has evolved (Connell 2006: 20). Connell (2006: 20-21) suggests:

> Within any workplace, neighbourhood or peer group,
> there are likely to be different understandings of
> masculinity and different ways of 'doing' masculinity.

The male student of undergraduate nursing is a member of their own gendered peer group and the student nurse cohort, both in college and within their workplace. Their entry and consequently their individual 'masculinities' are influenced by the image of caring attached to nursing and to the issues of identity and sexuality (Spouse 2000: 732, Whittock and Leonard 2003: 247).

The perceived sexuality of the male student is not a focus, but because they have attached themselves to a feminine profession, they are viewed by the public as 'stepping outside the stereotypical image' of a man (Whittock and Leonard 2003: 242). Their sexuality within nursing is scrutinised within the public domain. The work of Hartley (1959) informed Hearn (1996: 205) to discuss the sex role theory. Hartley's study examines 'the sex-role pressures on the socialization of the male child'. Concerns for the child's sexuality arise when a mother rears children without fatherly contact and influence. The act of raising boys in the absence of a father emphasises all things masculine and encourages negativity towards 'anything classed as feminine' (Hearn 1996: 206). The Absence of male contact and input furthers the

thought that boys will grow up demonstrating feminine traits (Hearn 1996: 206). This poses the question: Do men accept and adopt feminine traits during their undergraduate programme? The sex-role theory is contextual if located within the structure of power associated with male heterosexuality. The male student of undergraduate nursing could demonstrate not only heterosexuality, but other masculinities. This supports the criticism that sex-role theory does not provide 'instructive direction in analysing power, contradiction and change' even within nursing (Hearn 1996: 206). Skelton (2001a: 49) considers Connell's (1995: 71) outlook on the social practice of gender. Initially, she feels his perspective falls in line with the principles of the sex-role theory. This thought is retracted, as sex role theory is described as a one-way process where socialization is handed down from a culture to the people living within that culture (Skelton 2001a: 49). The male students live with their own gendered culture and become socially exposed to the historical feminised culture of undergraduate nursing. In chapter one, it is stated that this thesis is not examining the socialization of the student nurse into nursing (Melia 1987). However, socialization theory features in chapters 5-8.

Jones (1997:261) provides a brief insight into aspects of 'socialization', while discussing how undergraduate students interpret 'post structuralism'. She reports that her students question the theory that girls and boys are 'blank slates' and are assigned an 'appropriate form' of gender for their actual sex. Francis (2001: 66) suggests the application of socialization theory by feminists distinguishes between culturally imposed male and female behaviour in society. In the nursing profession, the behaviour of male and female students is governed by the code of conduct (Nursing and Midwifery Council 2008). This code of conduct directs students on how they

should interact with their patients. Whitehead (2002: 22) discusses the concept

underpinning gender role theory. In relation to the role of the male student:

> Gender role strain indicates that socialization processes
> are neither uniform or unproblematic for men.
> (Whitehead 2002: 22)

How men see themselves in nursing could differ from their perceived 'gendered role'

in society. Post structuralist (PS) theory features in this thesis. Therefore, the language

taken from poststructuralist theory supports the following explanation (Jones 1993:

157, 159). The theoretical concepts of 'positioning' and 'subjectivity' allow 'a more

intricate way of how we become gendered' (Jones 1997: 261). The language of

'positioning' and 'subjectivity' used in PS theory allows a male nursing student to

socially construct meanings attached to subjects and directs the way they speak about

people (Jones 1997: 262). Weedon (1987: 32) suggests the 'terms subject and

subjectivity' detract from the 'humanist conceptions of the individual'. In relation to

women, she sees subjectivity alluding to 'conscious and unconscious thoughts and

emotions of the individual'. PS theory 'radically foregrounds language' and allows

analysis of 'social organization, social meanings, power and individual consciousness'

(Jones 1997: 264, Weedon 1997: 21, Weedon 1999: 101). The prominence of

language and its associated meaning causes Butler (1990: x) to retort in earlier work,

that real people disappear in PS theory, but are able to craft a gendered body from

their speech alone. In relation to the element of power, Dillabough (2006: 52) sees

Butler's perspective on power as materialising through 'culturally and historically

derived language' to guide gender relations.

Davies (1997: 274) discusses how language is used in PS theory. She clarifies that her

discourse of post structuralism differs from the language and 'pre-discursive self'

perspective taken by Jones (1997). Davies explains that a person is already a 'discursively constituted subject' where the 'self' moves from being a noun, that is stable and fixed, to a 'self' as a verb that takes shape through a process of articulation and only exists as a process (p 275). This existence as a process is captured in such phrases as 'man as hunter' and 'woman as passive' and allows the individual to identify their location in their cultural and social world (Whitehead and Barrett 2001: 21). These phrases could be replaced with 'men as prominent speakers' and 'women as emotional speakers'. How the language of PS intersects with the clinical practice setting of nursing and is adopted by male students, contributes to the validation of identity (Whitehead and Barrett 2001: 21). In response to the issue of identity, Skelton (2001a: 22) argues that in PS:

> gender identity is not fixed but changes across
> time, sites and cultures

This identity is reliant on how an individual is discursively positioned and supports the concept that difference between groups and individuals occur in specific situations (Skelton 2001a: 22). The specific situation in undergraduate nursing is that male students have an identity as a minority group and are expected to learn with a large female group. Social constructionist theory located in chapters 5 – 8, views meaning, including the issue of identity, as occurring in social situations and fashioned through 'social interaction' (Mead 1934, Berger and Luckmann 1966). Francis and Skelton (2005: 28) stress that the social constructionist approach examines the 'micro aspects of local interaction'. In line with their thinking, the gendered relationships occurring between college students are influenced by the culture of the learning environment and group interaction (p.28).

The formation of the gendered relationship is directed by two schools of thought

evident in social constructionist theory. When an individual is seen as being

biologically sexed, this view propagates difference, as others will treat and speak to

the individual in a different way. This means, biologically, there is a gender

difference, but the 'gendered behaviour is socially produced' (Francis and Skelton

2005: 28-29). The second view maintains that the 'biological sex of the individual is

socially constructed and is a factor associated with post-structuralism' (p 29).

However, the social constructionist perspective takes into account the issue of social

identity. This identification of different masculinities receives attention within the

discourse surrounding hegemonic masculinity (Connell 1995). In 1995, Connell,

assumed a post-structuralist perspective, but suggests:

> constructionist research has embraced an assortment
> of social-scientific methods to investigate 'situationally
> formed identities, practices and representation of men
> and boys'.
>
> (Connell 2006: 19)

Taking a constructionist approach will assist in identifying the representation of male

students within undergraduate nursing.

4.4 Connell's theory of gender as outlined in *Masculinities* (1995)

In this thesis, there is substantial reference to Connell's 1995 work; hence the author

will be referred to by the gendered name on the book, R.W. Connell. Connell (1995:

71) proposed that the biological sex of an individual fails to regulate the 'social'.

However, the historical evolution of masculinity and femininity contributed to the

diverse explanations of how gender as a structure of social practice was arranged. To

determine whether traditional or non-traditional masculinity was a feature of the nursing classroom, specific components of Connell's framework were examined.

These components were the language of hegemony, hegemonic masculinity, complicity, marginalization and subordination (Connell 1995: 76).

Connell's terms were not that easy to apply to the position of male students in a female profession in the way meaning is attached to the terms in his masculinities framework. So, in the spirit of the post-structuralist approach used by Connell in the 1995 model of gender, the terms hegemony, hegemonic masculinity, complicity, marginalization and subordination have been revised. Table 5, page 73, demonstrates Ryan's model, pre-analysis, against Connell's framework. Primarily, and pre-analysis, his terms had resonance in a different way. Table 15, page 131 demonstrates Ryan's model post analysis of the data and therefore provides the theoretical framework for this study.

4.5 The language used in Connell's (1995) Masculinities framework.

Hegemony

Gramsci's work on class relations laid the foundation for Connell (1995) to define hegemony and later the term hegemonic masculinity (Skelton (2001 a: 50). Hegemony is evident when the culture of a society allows a group 'to claim and sustain a leading position in social life' (Connell 1995: 77). Barrett (2001: 79) suggests the explanation attached to hegemony extends beyond the materialistic 'holding of power', but is a process that occurs within different groups of men to shape the ideals constructed in the groups. Connell (1995: 77) looks towards the military and government, where the

establishment of hegemony allows a connection between 'the cultural ideal and its institutional power'. In doing so, he highlights that the 'successful claim to authority' remains the central focus of hegemony. However, this focal component of hegemony is subject to challenges due to 'different forms of masculinity existing side by side' (Connell 2001a: 371). The authorial power of hegemony when aligned to masculinity gives rise to a dominant masculinity described as being 'culturally exalted' above other masculinities (Connell 1995: 77). In Ryan's model, pre-analysis of the data, hegemony is described as dominance with male positioning. This interpretation is influenced by the fact that men on a global scale dominate world business, hold the majority of state power and are projected as the dominating and visible group in gender relations (Connell 2000b: 43). Therefore, the male student could transplant society's view of men into the college nursing environment. At the same time, this would be classed as an action to sustain man's 'position' in undergraduate nursing.

Hegemonic masculinity (HM)

Connell (1995: 77) defines hegemonic masculinity as:

> the configuration of gender practice, which embodies the
> currently accepted answer to the problem of the legitimacy
> of patriarchy, which guarantees (or is taken to guarantee)
> the dominant position of men and the subordination of women.

The above definition contains a number of powerful components and indicates that dominance and power remain two prominent features of HM. Skelton (2001b:171) suggests that masculinity materialises in numerous ways shaped by 'general social, cultural institutional patterns of power and meaning'. What is important to know is how these patterns of masculinity are fashioned in relation to one another? The concept of HM is applied to heterosexual men. In this thesis, the demonstration of sexual orientation is not examined. This application of HM elevates man's position in

society, thereby giving men in general, free license to exercise dominance and claim a 'high status' in society that is considered authorial and influential (Skelton 2001b: 172). HM acts as the ultimate ideal and sanctions what it 'means to be a real man or boy in society' (Skelton 2001a: 50). In Ryan's model, at the pre-analysis stage, hegemonic masculinity was classed as 'men and their gendered practice in society'. It was difficult to map the concept of HM to undergraduate nursing as only a small number of men practice HM (Connell 1995:79). My cautious interpretation was fuelled by the significance of this phrase, 'the dominance of *any* group of men may be challenged by women' (Connell 1995: 77). Therefore, the ideal male gendered practice promoted by society is subject to a re-configuration to suit learning with female peers and nursing female and male patients.

If men do not align themselves with this HM strategy, then they become disembodied against this ideal, as HM overpowers other forms of 'masculinity and femininity' (Connell 1995: 77, Francis and Skelton 2005: 29). Connell's (1987) work informs Skelton (2001a 50-51) to indicate HM is not associated with personality, but is the 'face of public power' (Skelton 2001a: 51). So, in relation to this thesis: Does this 'face of public power' materialise in undergraduate nursing and do the male students demonstrate complicity when learning with their peers?

Complicity

Connell (1995: 79) considers the majority of men do not practice hegemonic masculinity and as a result of this do not comply with the 'normative definitions of masculinity'. The aspect 'complicity' refers to men who benefit from the hegemonic pattern and patriarchal practices (Connell 1995: 78, 79). Connell debates how do you

theorize about the 'large numbers of men' who can call on complicity? He proposes

particular masculinities have an awareness of the 'patriarchal divide', but do not

assume the role of the accomplice who 'actively seeks or supports HM' (Connell

1995: 79, Skelton 2001a: 51). In Ryan's model, pre-analysis, complicity was

described as 'hidden maleness'. A description informed by Connell's thinking and

supplemented by the consideration that the male student, one of a minority, enters a

largely female dominated profession. I propose, the male student is aware of the

relationship of their 'maleness' towards their nursing peers, but adopts strategic ways

to benefit from their 'hidden maleness'.

Marginalization

Hegemony, complicity and subordination act as internal influences to define the order

of gender in society. Other social practices, such as class and race interact with gender

and create additional 'complex associations between masculinities' (Connell 1995: 80,

Skelton 2001b: 172). This complexity is evident as marginalized and subordinated

groups of men are subjected to the practice of HM from men within their own social

class or ethnic group. Connell (1995: 80) gives an example of black male athletes in

the sporting world who assume 'uncontested masculinity' from within their own racial

group. The HM practised in the marginalized group does not equate to the power of

the HM practised by the heterosexual white man and therefore 'does not yield social

authority to black men' in general (Connell 2001b: 42). The following informed the

interpretation of marginalization in Ryan's model pre-analysis of the data. Successful

entry to undergraduate nursing is not governed by social class or ethnic minority

(Cardiff University 2008). The minority of male student nurses in the classroom and

clinical practice influenced the interpretation of marginalization as being, 'Imposed

feelings of marginalization on learning opportunities. In this thesis, marginalization is linked to subordination.

Subordination

Subordination is related to explicit 'gender relations of dominance and subordination between men' (Connell 1995: 78). This subordination applies to male groups who do not enact out heterosexuality. Heterosexual men are classed as the culturally accepted group in society. Other groups of men, for example homosexual men, are benchmarked against what is considered a legitimate form of masculinity and in Connell's view 'expelled' from the ideal group (page 78). Any man not conforming to the true male ideal and exhibits feminine characteristics is also classed as an outsider (Connell 2001b: 40). Therefore, this 'subordinate masculinity' lies in opposition to HM (Skelton 2001a: 51). It must be emphasized that sexual orientation is not under investigation, but I am aware that dominance exists between all groups of men and women. In the pre-analysis stage, 'gendered subordination' became the explanation against the term subordination. I consider, a group proactive in their learning, is classed as the ideal group in the classroom environment. Due to the authority that this group assumes, others outside the group are placed in a lower ranked position to this 'ideal' group. This causes the lower ranked group to reassess their ability to acquire information.

The explanation against each component of Connell's framework demonstrates he did not intend for his theory of gender to explore attitudes, behaviours or experiences. This view is reversed by Hearn (1996: 202 -203) as these concepts:

> Psychological characteristics, gendered experiences,
> gender identity, sex-role socialization, gendered

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behaviours, psychoanalysis, power analysis and
institutional practices

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are often explored under a variety of frameworks that keep 'masculinity' and

'masculinities' as their central focus. This thesis incorporates the thinking of Hearn

(1996: 202-203) and utilises the language from Connell's framework. The following

table illustrates the meanings attached to his terminologies pre-analysis table 5.

Table 5

The connection between Connell's gender theory and Ryan's model.

Connell's Masculinities Framework	Ryan's Model Using the language taken from Connell's framework
Hegemony:	**Pre-analysis**
Relates to cultural dominance in society as a whole. Cultural dynamic by which a group claims and sustains a leading position in social life (page 77)	Dominance and Male positioning
Hegemonic masculinity:	Men: their gendered practice in society.
Is the configuration of gender practice, which embodies the currently accepted answer to the problem of the legitimacy of patriarchy, which guarantees (or is taken to guarantee) the dominant position of men and the subordination of women (page 77).	
Complicity:	Hidden maleness
Masculinities constructed in ways that realise the patriarchal dividend, without the tensions or risks of being at the frontline troops of patriarchy, are complicit in this sense (page 79).	
Marginalization:	Imposed feelings of marginalization on learning opportunities.
The relations between masculinities in dormant and subordinated classes or ethnic groups (page 80).	
Subordination:	Gendered subordination.
Specific gender relations of dominance and subordination (page 78).	

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4.6 Methodology and Methods.

Denzin and Lincoln (2003:4) establish that qualitative research is a situated activity. I became an observer in the world of male undergraduate nursing students. The focus groups, the fieldnotes from the focus groups and individual interviews enabled, represented, and made visible how male students' learning styles contributed to their learning processes within the pre-registration higher education environment.

Rossman and Rallis (1998) influenced Cresswell (2003: 181) to recommend a mixture of traditional and innovative characteristics of qualitative research. Ideas from data collected would eventually be amalgamated into a theory produced using the grounded theory approach. Reflexivity was paramount. I recognised that my personal views were fused with my outlook on research, thereby adding double value to my form of inquiry (Cresswell 2003: 182).

4.7 Analytical strategy.

The grounded theory method requires careful scrutiny of data and was chosen purely for this reason. The traditional form of grounded theory by Glaser and Strauss (1967) allows formulation of a rationale for any theory. However, Charmaz (2003: 273) suggested these authors were objectivist grounded theorists who connect with positivism and their methods allow 'them to discover reality'. Charmaz considered, objectivists do not pay attention to the multiple viewpoints within the respondents 'reality'. Therefore, I considered the approach of constructing a theory that viewed the realities of what the participants had to say from a 'uni-dimensional' perspective. This method correlated with other aspects of my research design. I adopted constructivist grounded theory, part of the interpretive tradition (Charmaz 2006: 130).

Her early work in Symbolic Interactionism has relevance to my thesis, as I see myself

and my interpretation of meaning as two processes in my research study. Charmaz

(1990: 1161) stated:

> Symbolic interactionists assume that as thinking,
> acting creative individuals, human beings respond to
> the actions of others after interpreting these others'
> intent and actions.

Her application of grounded theory was drawn from a Symbolic Interactionist

perspective underpinned with Marxism and phenomenology (Charmaz 1990: 1161).

The assumptions attached to Symbolic Interactionism partially fit with the methods

chosen for my research. Symbolic Interactionism (SI) is a theoretical perspective that

assumes 'people construct selves, society and reality through interaction' (Charmaz

2006: 189). The element of interaction was analysed during and post group interviews.

I saw my data and analysis evolve from my own engagement with the data, together

with my shared experiences and relationships with my participants (Charmaz 1990:

1161, 1995: 35, 2003: 275, Charmaz and Mitchell 1996: 295, 296). Therefore, I have

taken an element of symbolic interaction forward to study 'how and why participants

construct meanings and actions in specific situations' (Charmaz 2006: 130).

Charmaz (1990: 1161) looks back at the work of Foucault (1973) and suggests

conditions give rise to discursive practices. She describes his thinking as having a

constructivist viewpoint, with 'outcomes resulting from social interaction,

negotiations and power' (Charmaz 1990: 1161). Both SI and Social Contructionism

(SC) connect to my thesis. In Charmaz' (2006: 189) description, SI differs slightly

from SC in that reality is constructed through interaction. SC makes the assumption

that 'people create social reality through individual and collective actions at specific

times'. In SC when a situation arises, new constructions are made. SI can stand

alongside SC as SI theory classes 'meanings and realities as products of collective processes' (Charmaz 2006: 189).

The element of social interaction overlaps with Cresswell (2003: 14) suggesting researchers endeavour to seek an abstract theory of a process, action, or interaction. Cresswell (2003: xix) claims not to be a symbolic interactionist. However, he compared the creation of a mandala (a Hindu or Buddhist symbol) to a research design where the researcher scrutinises the overall design and the 'interrelatedness' of each section within a study. Analysing the interaction of male students in the focus groups acted as a small part in the scheme of my research study. The concept of power (Charmaz 1990) featured in the three-stage model of the structure of gender (Connell 1995: 73). Therefore the application of the constructivist grounded theory approach was appropriate and mirrored the underlying philosophy of Connell's (1995) framework to detect how masculinities were constructed or maintained in the world of undergraduate nursing.

Charmaz (2003: 250) acknowledged that the analytical strategy of grounded theory originally proposed by Glaser and Strauss (1967) has evolved over time. Charmaz (2003: 270) suggested:

> Many researchers who adopt grounded theory strategies do so precisely to construct objectivist- that is, positivist – qualitative studies.

Charmaz (2003) offers an explicit opinion on the approaches taken by Glaser and Strauss (1967) and Strauss and Corbin (1990) and labels them as 'objectivist grounded theorists' as they follow a prescriptive pathway to arrive at a theory. This pathway, although changeable makes the assumption that 'different observers will discover this

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world and describe it in similar ways' (Charmaz 2003: 274). I felt I possessed some of the characteristics attributed to Glaser and Strauss (1967), and Strauss and Corbin (1990) as 'I would share some assumptions with the participants' and would assume that the potential male nurses share my collective interpretations of the term learning styles (Charmaz 2003: 274). I interpret from Charmaz (2003: 275) that researchers influenced by the positivist paradigm only reported on their participants' dialogue from their perspective. My decision to lean towards a constructivist approach was guided by knowing that a constructivist included 'multiple views and visions' and sought both participants' and researchers' meanings (Charmaz 2003: 275). The inclusion of my own meanings brought an element of subjectivity to my research, which is not apparent in the 'objectivist approaches' (Charmaz 2006: 149).

My thinking was influenced by Mills, Bonner and Francis (2006: 8) stating that 'constructivist grounded theory has an appreciation for multiple truths and realities of subjectivism'. This subjectivist perspective allowed me to reframe the relationships between myself as the researcher, and the participants. As Mills *et al.* (2006: 9) explained constructivist grounded theory will allow reflection on my underlying assumptions and increase my awareness of the participants' stories. In order to avoid assuming the role of the disembodied data collector (Reinharz 1992), I included the voice of the participants' experiences in my memo writing. This enabled me to use the analytical strategy to obtain a theory out of the data. I used a process of 'co-construction', and when applied to this study constructed an image of interpreted reality from the articulation of learning and styles of learning by undergraduate male students of nursing (Charmaz 2003: 273).

I include the work of Webb and Kevern (2001: 801) to outline that the descriptor assigned to grounded theory is not universal. These authors referred to grounded theory (GT) as a [method] and not an analytical strategy. They further suggested the following studies referred to grounded theory as a method. Carey and Smith (1994: 123) investigated capturing the group effect in focus groups and the difficulties in analysing the group effect. Goss (1998: 30) investigated the use of focus group interviews for socially sensitive research. Sim (1998: 345) examined methodological issues raised by the collection and analysis of focus group data. I dispute the reportage of Webb and Kevern (2001: 801) as Carey and Smith (1994: 126) used the approach by Glaser and Strauss (1967) to [analyse] their interview transcripts; Goss (1998: 33) in their [analysis] of their data stated they borrowed techniques from GT, and finally, Sim (1998: 349) talked about concurrent data analysis. What is apparent in all three studies is the failure to define their chosen approach and when using GT not reporting the explicit stages of this analytical strategy. Only Donovan's (1995: 712) description was considered to be explanatory with regards to GT (Webb and Kevern 2001: 802). I ensured compatibility between the focus group interviews and the constructivist grounded theory perspective of Charmaz (2006).

In the next part of this chapter I outline my rationale for my chosen methods.

4.8 Methods

The ethos promoted by Miles and Huberman (1984: 42) to make an early decision about my method really influenced me to devise particular prior instrumentation for the focus group(s) and interview(s). Fontana and Frey (2003: 62) stipulate an interview is conducted in a variety of ways and used in many different studies. I

resisted the temptation to treat my methods as mere techniques and took the view that

my focus groups and interviews would act as 'improvised vehicles' to match the

methodology used (Silverman 2005:110). My prime reason for choosing focus groups

was to bring men together to visualize their collective and discursive reaction – the

minority group then became the dominant group.

4.9 Focus groups:

Fontana and Frey (2003: 71) talk about group interviews and state:

> Today, all group interviews are often generically
> designated focus group interviews, even though
> there are considerable variations in the natures
> and types of group interviews.

The group interview is directed by the researcher's purpose in a structured or

unstructured format and can achieve three aims which are to test a methodological

technique, gather views to define a research problem, or to detect if the participants

are the correct people to take part in the research study (Fontana and Frey 2003: 71).

Focus group interviews were intended to act as a stimulant to explore present learning

styles and aid triangulation (Kreuger 1988, Morgan 1988). Powell and Single (1996:

499) define a focus group as a number of individuals coming together to discuss the

subject of the research. Morgan (1997: 2) states a prominent feature of the focus

group is to analyse the group's interaction on the subject matter supplied by the

researcher. Bloor, Frankland, Thomas, and Robson (2001: 5) suggest the assembled

focus group creates a:

> Socially legitimated occasion for participants to engage
> in retrospective introspection, to attempt collectively to
> tease out previously taken for granted assumptions

The above viewpoint, together with using the term 'the focus group' is relevant for my

thesis, as I explored a specific topic to gain individuals' views and experiences

through group interaction (Litoselliti 2003: 1). In addition to the group dynamics

Bloor *et al*. (2001:7) stress conversations within focus groups 'provide rich data on the

group meanings associated with a given issue'. Group meanings derived from the

participants' speech could be expressed in coded or everyday language. The

researcher avoids ascribing and substituting own terminologies. Gibbs (1997: 2)

describes the utility of focus group research to detect through interaction, the beliefs,

attitudes, experiences, and feelings of participants. This 'interactive activity', a

significant characteristic, has great value.

Bloor *et al*. (2001: 48) suggest the moderator of a focus group either assumes the role

of facilitator or controller. Through facilitation I adopted an exploratory slant, which

allowed the pre-testing of questions and whether vignettes aided the dialogue about

learning styles. I attempted not to control my groups, and in doing so, achieved

'successful group interviews' (Bloor *et al*. 2001: 48). I accepted that the focus group

would be directed by pre-set open-ended questions establishing a familiarity with my

subject. The role of the interviewer is termed as directive (Fontana and Frey 2003: 72,

73). However, I incorporated an element of flexibility in terms of the exploration of

the subject under discussion. I considered my input into the discussion flexible and

influenced by the size of the group.

Bloor *et al*. (2001: 26, 27) debate why the size of a focus group matters and drew on

the work of Morgan (1995), Pugsley (1996) and Thomas (1999). D. H. J. Morgan

(1992: 91) indicates that groups can 'provide the occasion for sociable interaction

between men'. Pugsley (1996: 118) suggests 4 to 12 people are appropriate. The

attendance of only 3 out of 4 people during a first pilot prompted the decision to over

recruit, aim for 12, and accept an attendance of 6 participants (Thomas 1999: 84). This

numerical range has significance, as most cohorts within undergraduate nursing

contain 3 to 14 male students. Taking the male numbers into consideration, I aimed

for mini focus groups with four to six participants (Litoselliti 2003: 6).

I introduced the focus group to four questions. A variable number of vignettes were

assigned to each question, thereby exposing the group to increasing amounts of

information with the prime aim of encouraging debate. This aim was loosely based on

the method employed by Sim, Milner, Love, and Lishman (1998:58, 59), whose

inclusion of vignettes enabled flexible discussion, whilst comparing across groups for

content, length, and format. In Sim *et al.* (1998) the focus group was exposed to a

fictional biography of a disabled man. The staged scenario depicting one family was

presented in five separate sections. I took a different slant and selected individual

material for my vignettes that I considered matched my questions.

To supplement the focus groups and detect individual opinion on learning and styles

of learning semi-structured interviews were planned.

4.10 Interviews

Atkinson and Silverman (1997: 304) suggest the interview is a 'prime means of data

collection'. They do not imply that all researchers take a 'naïve view of the interview

and the data that it yields', but argue, use of the interview meets with negative and

positive criticism in individual theoretical readings (p 310). They recommend that the

researcher be robustly critical of the method, because the interview does not capture

an 'especially authentic mode of social representation' (p 312). Their argument urges

the researcher to consider seriously 'the centrality of the interview culture' and not

view the data as an authentic representation of what the participant has to say (p 322).

Atkinson and Silverman (1997) view interviews purely as accounts, which are elicited

and performed, and the data have to be used and understood as an 'account'. I intend

underpinning any interview accounts with detailed analysis and 'representational

forms of reportage' (p 311).

These forms of 'reporting' were applicable for my study and enabled: interpreting

biographical details from the focus group and interviews (Denzin 1989a), interpreting

interactionism within the focus group(s) (Denzin 1989b), and interpreting the field

notes (Denzin 1997). Atkinson and Silverman (1997:306) suggest:

> that sociologists' methods and analyses reflect a wider
> cultural preoccupation with the interview and personal
> revelation as a technology of biographical construction.

My research design included methods other than the interview and demonstrated that I

did not consider the interview to have a greater status over other methods. My

narratives revealed biographical details. However, the work of Plummer (1995)

supports the perspective of Atkinson and Silverman (1997) that the narration of

biographical details includes reference to cultural aspects of the individual's life. This

is achieved through the idea that the interview becomes the stage for the enactment of

a performative account that reveals details of the interviewee (Atkinson and Silverman

1997: 316). Therefore, a level of analysis was required and needed to demonstrate the

richness of the interview narrative.

I wanted to avoid the unequal position between interviewer and interviewee and so I viewed the interview as a 'site for collaboration and the genuine sharing of experiences' (Atkinson *et al.* 2003: 109). Fontana and Frey (2003: 62) suggest the individual or group face- to- face interview was conducted using a structured, semi-structured, or unstructured format. Individual semi-structured interviews were planned post- focus groups and were predicted to produce valuable data to gain the individual's perspective (Hammersley and Atkinson 1995: 131, 2007: 102). A semi-structured format with one open-ended question opened my interviews. This would enable the interview to follow a natural course (Burns and Grove 1997: 356). However, I devised further open-ended questions to guide my interviewing technique.

Data – source triangulation was achieved by combining face-to-face interviews, focus groups and fieldnotes (Hammersley and Atkinson 1995: 230, 2007: 183). Method triangulation allowed the researcher to check 'inferences' drawn from one set of data against data from another source and simultaneously detect the perceived strengths and or limitations of the first two methods (Hammersley and Atkinson 1995: 230, 2007: 184, Atkinson *et al.* 2003: 144). Atkinson *et al.* (2003: 144, 145) classed Denzin (1978: 28) as the founder of the triangulation method. They critically discuss Denzin's (1978: 304) approach to triangulation and his endorsement that using different methods contributes to validity. I am mindful of the thinking of Atkinson *et al.* (2003:146) and am aware that triangulation should not be regarded as a 'procedural guarantee of methodological rigour and adequacy'. Nevertheless, the process of triangulation allowed me to contrast the findings from my focus groups, fieldnotes from the focus groups and individual interviews (Bloor *et al.* 2001: 12). Whilst I was aware that the actual focus group did not act as a validating function itself, I requested

feedback from the participants, thereby testing the validity of their accounts (Sampson 2004: 395).

4.11 Sample

The grounds for choosing non-probability sampling – purposive sampling was based on the idea that male student nurses were the best group in which the process under study was most likely to occur (Denzin and Lincoln 1994: 202).

4.12 Characteristics of the sample

Characteristics such as age, sex, and educational background were only identifiable in the pilot or main study during the focus group or individual interview if the participant chose to disclose this information. The characteristics of knowledge or familiarity with the given topic were applicable. It was not the intention to target respondents from a specific age range or previous background due to the small number of male students. However, the concept of homogeneity (Litoselliti 2003: 33) is applicable as the third year male students, all with different backgrounds, entered undergraduate nursing with the same intention, to become a qualified nurse.

4.13 Pilot study – the purpose of the pilot study

Presly (1995: 43) states a pilot study is performed on a small number of participants. For Burns and Grove (1997: 52) the pilot study uses similar subjects, the same setting, and the same data collection and analysis techniques as a rehearsal for the main study. The experience of conducting two pilot studies enabled evaluation of my research design, instruments and overall planning (Sampson 2004: 383).

4.14 Instrument construction: Vignette development

Vignettes were used to co-construct a world of learning styles, and at the same time attempted to stimulate the focus group members to think laterally about the infrastructure of their learning environment. Whilst Gould (1996) advocates vignettes as a popular alternative to questionnaires, they are not widely used in nursing research (Hughes and Huby 2002: 382). The purpose of the vignettes is to simulate reality (Hughes and Huby 2002: 383). Initially, selection of suitable material proved difficult due to a vast range of illustrations and their close relationship to reality and as one member from the pre-pilot group stated: "Be careful not to impose your themes onto the focus group members". Like Cresswell (2003: 181) I felt that qualitative methods should enable active interaction by the participants. I attempted to match the content of the vignettes to specific questions to elicit discussion. Preventing the imposition of themes on the participants finally influenced my choice of illustrations.

4.15 Pre-pilot

The 'pre-pilot' of the primary version of the vignettes to a mixed sex group enabled me to identify my strengths and weaknesses as the facilitator. I employed a loosely based version of the *Delphi technique* as I asked the nurse educators in the role as nursing students to give their opinions on the questions and vignettes used and make forecasts on the suitability of the method (Burns and Grove 1997: 368).

4.16 The Vignettes

Version one used in the pre-pilot consisted of six questions and twenty-two illustrations. A laptop with a power-point presentation of the vignettes was also used. Post pre-pilot I decided to: discard the laptop due to a group member being pre-

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occupied with working the machinery, keep the six questions, but reduce the number of vignettes from twenty-two to fourteen. Finally, and after a further process of elimination, I decided to use just four questions with thirteen illustrations, which I classed as 'vignette version three' for the first pilot study.

4.17 Ethical considerations:

Lincoln (1995: 287) says: 'Standards for quality in interpretative social science are also standards for ethics'. I received ethical approval from the Cardiff School of Social Sciences School Research Ethics Committee, appendix 10. As a nurse lecturer I was required to submit and gain approval from my local Research Review and Ethics Screening Committee.

4.18 Access and the Pilot study: At Sites A, B and C the Heads of School received confirmation of my local ethical approval and following consultation with their ethics committees I was allowed to approach their male students and subsequently gained access to their institutions

4.19 Negotiating access and the main study: I distributed information packs to the Heads of Nursing Schools approximately six months before my main study commenced in January 2007. This action informed them about the content and my proposed methods. 'These Heads of School were my gatekeepers' (Cresswell 2003: 65). My research proposal was presented to an ethics committee at Sites One, Two, and Three and received approval. A member of staff from Site One undergraduate office interviewed me. This enabled an explanation of my research and fostered a

relationship between myself, and the institution. At Site Four the Head of School just consulted with the Chair of their ethics committee.

The Cardiff School of Social Sciences School Research Ethics committee advise on four areas: The Data Protection Act, obtaining a valid consent, the need for consent to use personal data, and how to deal with personal data processed for the purpose of a research study (Cardiff University 2005b). I was aware that the Data Protection Act with its eight principles applied as I was using information about identifiable individuals (Cardiff University May 2005b). Iversen, Liddell, Fear, Hotopf and Wessely (2006: 165) clearly reveal that the United Kingdom's Data Protection Act (1998) operational from the year 2000, protects individuals' basic right to privacy when personal data are processed. I felt it was important to observe the whole process relating to consent and privacy and provide full details.

Preservation of confidentiality that includes anonymity towards the respondent was paramount in this study. Iversen *et al.* (2006: 165) comment that the proposed data processing is based on the first principle of "no surprises" (Data Protection Act 1998). Therefore, to adhere to this principle, I asked the male participants for permission to quote their actual words under the protection of a pseudonym. By doing this I upheld the second principle and assured that my data were processed for a specified purpose. The purpose being to theorize about elements of my theoretical categories and arrive at a theory grounded from my data. An important aspect of confidentiality was making it clear to my participants that the nature of my data was discussed only with my supervisor and I alone had access to the actual data (Wiles, Charles, Crow and Heath 2006: 287).

To fulfil the fourth principle of 'Accuracy' the male students from both pilot and main studies were invited via electronic mail to comment on their narratives. This action partially allowed the sixth principle 'personal data processed in accordance with the data subjects' rights' to be addressed. If the male students had requested their narratives to be destroyed I was obliged to respect their wishes. At the same time, returning the transcripts enabled participants the opportunity to ask for them to be amended (Wiles *et al.* 2006: 288). To maintain the fifth principle I kept information about the male students only for the duration of my study. In keeping with the Act's seventh principle of 'security' information such as names and e-mail addresses of the male students were kept on computer in a locked office.

In addition to the eight principles of the data protection act, the issue of gaining 'proper' informed consent was high on my agenda (Wiles *et al.* 2006: 286). Cresswell (2002) provided me with the relevant guidance and standards to achieve 'informed consent'. As a result the following was produced: A covering letter appendix 11 (English) and 12 (Welsh) accompanied the consent form, appendix 13 and 14 and student information sheet, appendix 15 (English), appendix 16 (Welsh) and assured the potential participants of the issues concerned with confidentiality and anonymity, as the terms are often used synonymously. The covering letter asked the potential participant to take the time to read the student information sheet and consent form. My consent form was designed to have two sets of signatures: one from myself, and the participant. Cresswell (2002) suggests signatures from participants and researcher demonstrates agreement to the provisions as laid down by the researcher. In my study the student information sheet acted as an adjunct to my consent form. With the ethical principles cited by Robson and Robson (2002:100), I ensured via

electronic mail that detailed information reached students in sufficient time prior to an identified focus group date.

The student information sheet discussed specific issues: consent, participation, purpose, procedures, and benefits for the student, and elements of confidentiality. I explained the purpose of my study. I assured the student that participation was purely voluntary and they could withdraw at any time from the focus group and/or individual interviews. I outlined that their participation was beneficial in gaining a better understanding of the learning styles of a minority group. I informed them of the procedure normally attached to a focus group and/or individual interview and how the nature of such a group interview could impact on them. In conjunction with gaining written consent I asked if I could tape their conversations (Cresswell 2002). Just in case one piece of equipment became faulty, I used audio and digital taping equipment.

4.20 Access to the pilot sites:

The philosophy promoted by Wilson-Barnett (1995:109) was taken seriously as I possessed few automatic rights towards gaining access to potential pilot sites but many duties and obligations. I made full use of the options suggested by Delamont (2002: 95) and made introductions, either by email, letter or telephone. I considered the initial permission given by a Head of School had to be formally renegotiated to demonstrate respect for their institution. I contemplated on how to present myself to the participants. Four authors influenced my thinking (Fontana and Frey 2003: 77). Becker (1956) asked: "Do you present yourself as an academic?" Wax (1960) queried whether the researcher should present as the learner and Fontana (1977) and Thompson (1985) suggested wear similar student attire. In response, I was aware that

I was a guest lecturer. To reduce any perceived authoritative aspect, I worked on the

idea of establishing a rapport between students and myself. I agreed with Wax (1960)

I was a learner in my study, but presented myself in a confident manner and

supplemented 'this presentation of self' with a formal outfit that I considered non-

threatening (Delamont 2002: 101). All access negotiations were meticulously recorded

and will be discussed in the sequence of events from the pilot study.

Table 6 Pilot study: Sequence of events.

Pilot	Location	Method	Target Sample Group.
First pilot: part one.	Site A.	Focus group planned, but did not take place.	Second and third year male student nurses.
First pilot: part two.	Site B.	Focus group took place.	Third year male student nurses (Not in the system for the main study).
First pilot: part three.	Site A.	One interview.	Second year male student nurse.
Second Pilot: part one.	Site A.	Focus group and two interviews.	Third year male student nurses.
Second pilot: part two.	Site C.	Focus group took place.	First year male student nurses.

4.21 First Pilot: Part one occurred at Site A in June 2006

The first pilot occurred in three parts and at two different sites. Site A was chosen for

its distance from the main area of study. The Head of School was first approached via

email, then by letter. I sent copies of my research proposal, ethical approval, and all

correspondence designated for potential participants. I was mindful to ensure that all

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correspondence was dated, contained my contact number, work address and was signed legibly (Delamont 2002: 99). Permission was granted and I posted student information and consent forms five weeks prior to the proposed date of visiting Site A to twenty-nine male student nurses, in their second or third year undergraduate programme. This allowed the student time to digest the information and be fully informed of my research.

Six students replied, only three students consented to take part. Despite knowing that only three students were willing to participate I proceeded to travel to Site A, as a willing colleague had agreed to be an observer. The role of my observer differed from one of assistant moderator. Litoselliti (2003: 68-69) states an assistant moderator takes detailed notes, operates the recording equipment, and ensures the comfort of the participants. In part one, first pilot, the observer was knowledgeable about the aims of my research. She took detailed notes of the discourse and actions of participants to aid my research process (pg 69). Then through all the stages of the two pilot studies and consequently the main study, I increased my awareness of the strengths and weaknesses of the numerous facets of my own role. These will be highlighted throughout the coming text.

4.22 First pilot: Part one at Site A.

The first scheduled day, 7th of June 2006 proved to be non-productive. An email reminding students of the study and focus group was sent by the undergraduate programme leader. There was a good response, in terms of willing replies but students were busy writing their assignments for a deadline the following week.

Therefore, a focus group did not take place in the first pilot. Silverman (2005: 305) draws on the work of Spencer, Ritchie, Lewis and Dillon (2003: 76) and I decided 'to document the strengths and weaknesses' of how I approached my research study. During Part One I should have examined my pedagogical practice and taken into account the student's own agenda. I did not consider that the students' own studying was important to them. I failed to examine the potential relationship between myself, and the students. My visit was fruitful as it strengthened relationships with university staff. Sampson (2004: 397) discusses the issue of networking regarding grant work, for me, networking enabled two other valued visits to Site A. A return visit to Site A was planned for the middle of June 2006. No one agreed to take part and the return trip for part one was abandoned.

4.23 First Pilot: Part two occurred at Site B, on the 14th of June 2006

Four third year male student nurses from Site B consented to take part in a focus group. All four students were enrolled on an undergraduate course leading to a degree in adult nursing to become a Registered General Nurse. Site B was designated as a site for the main study. These men were due to graduate before the main study began so formed an ideal pilot group. Also, the participants were unknown to me as I had not been involved with their lectures or supervised their work in any way. Two issues of informed consent and facilitation emerged from my preparation and management of this focus group. Gaining informed consent where the participant was 'carefully and truthfully informed' (Fontana and Frey 2003: 89) was attempted via the telephone. Nevertheless, when the participants arrived for the focus group I asked them to read my covering letter, and the student information sheet and then asked them to sign my

consent form. All this correspondence should have been sent through the internal mail and this would have allowed the students sufficient time to read the information.

Turning to the issue of facilitation I became both moderator and observer and endeavoured to perform both roles, and in doing so reflected on the participation and product of those roles (Hammersley and Atkinson 1995: 17, 2007: 15). I made introductions and pointed out to the participants the order of the vignettes (Litoselliti 2003: 70). I was mindful not to control the group narrative, but took heed of this suggestion prevent 'the over-domination of focus group members' (Bloor *et al.* 2001: 49). One member was in fact very vocal. In addition to Bloor *et al.* (2001) I attempted to minimise his domination through the suggestions made by Merton, Fiske and Kendall (1956), cited by Fontana and Frey (2003: 73). These authors expressed: the researcher had a responsibility to minimise domination from one or a subgroup within the group of people. There was no need to apply their second suggestion of encouraging 'wilful' group members to participate, but I was very aware of gaining opinions from all, thereby ensuring coverage of the topic – learning and learning styles.

4.24 First Pilot: Part three occurred at Site A.

If a focus group had occurred at Site A, then it was my intention to invite participants for individual interviews. From the original letters sent to Site A only one second year student responded. I used a formal approach for the interview on June the 19th 2006, which involved questions and tape recording of our conversation (Delamont 2002: 127). The male student was enrolled on a course leading to the qualifications of Registered General Nurse (RGN) and a diploma in adult nursing. This interviewee had

not taken part in a collective discussion on learning styles and I was unable to refer to any focus group conversation.

I used a guide proposed by Charmaz (2006:26) to devise open-ended, non-judgemental questions. I commenced this first interview with the following question, "what has affected your learning since the start of your undergraduate programme?" I had devised what Charmaz (2006: 31) classed as 'intermediate questions', under loosely named categories, Interview schedule, appendix 17. The aim of my interview schedule was to initiate conversation and then construct meaning from the participants' experiences (Silverman 2001: 87).

Silverman (2001: 87) says meaning is 'mutually constructed' and becomes the 'topic' for a researcher. The student, Site A, part three, articulated certain phrases and experiences; and I seriously considered his meanings through what Mills *et al.* (2006: 9) deem as reciprocal explanation. Silverman (2001: 87) suggested the interview should be regarded as a topic not a resource. However, I viewed the interview as a vehicle to gain data on the relationship of the interviewer to the interviewee and overall gain knowledge about the topic.

Examination of this relationship revealed that neither the participant nor I held on to the exclusive rights of exerting power. Our interaction embraced flexibility and the power became more dispersed (Pini 2005: 203). Pini (2005) looks at the impact of gender when a female researcher interviewed men from a male dominated industry. She underpins her work with the feminist post-structural (FP-S) perspective to illustrate why males, whose occupation was cane growing, communicate that they

possess expert and superior knowledge. Ropers-Huilman (2001) suggests the FP-S approach involves the key concepts of power, knowledge, and difference. The FP-S moment has relevance for Pini (2005) and links to Ryan's perspective that knowledge demonstrates power and is deliverable through the process of learning.

Connell (1995: 73) uses the umbrella term of structural linguistics to summarise or define masculine speech. I consider Connell's work links to Pini's (2005) as gender identities are created or re-created through the oral or written word. The cane growers articulated certain phrases, and exhibited actions, which enforced their powerful positions in their work environment. This allowed me to conclude that the 'power of the word' (Crowe 1998: 339) allowed linguistic representation of the data from an interview and the perspective taken by Pini (2005) was suitable for her study. In contrast to Pini (2005), I was a female researcher interviewing a male student in a female dominated profession; however, through establishing a rapport via electronic mail and telephone conversations I felt it was unproblematic to interview this male student.

White and Johnson (1998: 41), and Pini (2005:201), made me think of the impact of gender on the stages of the research process. White and Johnson (1998: 44) review the work of Coltrane (1994). Being a female interviewer, I realised the male students could 'reaffirm the symbolic difference' of gender and exert their own power and dominance on me and that the use of our female and male gender 'facilitated' or 'inhibited' our social interaction within the interview process (Coltrane 1994: 56, 57). I avoided being dominant in my interviewing style. I adopted Ryen's (2004: 240)

interpretation from the ethical codes that the interview was a professional relationship, which prevented integration of private and professional roles. Pini (2005: 203), influenced by Connell (2000), highlights that different gender discourses do not all have equivalent status and men could exert power with a female interviewer. Relating the thoughts of Coltrane (1994), Connell (1995) and Pini (2005) to the interview conducted at Site A, part 3, I assumed that our interview was influenced by the experience of his former working life. 'Russell' had previously worked in the Royal Marines – a male dominated profession and clearly stated at interview "I've had no problems working with females or women you know, it's just respect each other, there's no problem".

Charmaz (2006: 25) suggests if the researcher adopts a subjective stance towards interviewing then the interview becomes the 'intensive interview'. Charmaz (2006: 28) expresses the view that grounded theory methods and intensive interviewing are:

> open-ended but directed, shaped yet emergent,
> and paced yet flexible approaches.

I considered my questions would generate data suitable for the GT approach and was a constructive and developmental pathway to follow. The initial question: "What has affected your learning since the start of your undergraduate programme?" allowed exploration of learning styles and was appropriate for interpretive enquiry. I reviewed my data. I identified that my 'probing style' and formation of 'free style' open-ended questions, irrespective of the intermediate questions, revised interview schedule, appendix 18, required practise to obtain in-depth replies from the participant.

I assumed a reflexive stance on my intermediate questions (Charmaz 2006: 32). Despite analysing whether my questions were biased or neutral in their construction, I had kept, in the sections titled, 'Effect of age on learning styles' a question

commencing with 'Is' and in the 'Approaches to learning' a question commencing

with 'Do'. Questions were changed for the second pilot, as 'do you' questions

interrupt the exploration of a subject and mould the interview into an interrogation

(Charmaz 2006: 30). A section titled 'Clinical Practice' was introduced following the

first pilot as the participant continually referred to clinical practice. I demonstrated a

constructivist approach as I asked the participant to define expressed terminologies,

situations, and events. This approach provided me with insight into the participants'

'assumptions, implicit meanings, and tacit rules' and was applied for future interviews

(Charmaz 2006: 32).

Summary of the utilization of vignettes within the first Pilot: Appendix 19 'Utilization

of vignettes within the first pilot' (Version no. 3), the tables indicate the vignettes that

worked and why. Out of 13 vignettes, 7 were used for the second pilot. 5 were

discarded and one remained as 'undecided'. My decisions were based on the

responses from the focus group and the amount of discussion each vignette evoked.

4.25 Second Pilot: Part one, Site A (3ʳᵈ of October 2006)

Seven vignettes were utilised with the four focus group questions and were used for

the main study, see appendices 20.1, 20.2, 20.3, 20.4, 20.5, 20.6, 20.7, 20.8 and 20.9.

Four students who had just entered their third year took part in the focus group, of

these two students were interviewed. All participants, three students from adult

branch, and one from mental health nursing were studying for the Registered Nurse

(RN) qualification, in Adult or Mental Health nursing. My aim was to explore and

develop a theory through investigating a single phenomenon 'the articulation of how male students learn in undergraduate nursing. How the students learnt equated to the dependent variable, whereas, the adult or mental health route leading to qualification acted as the influence and hence would have been termed the independent variable (Cresswell 2003: 94). In my study, I was well acquainted with the various strands of the undergraduate programme and adopted the stance of making comparisons between the students' ideas.

I revisited 'the importance of reflexivity' (Delamont: 2002: 8) towards my preparation and organisation of the second focus group. Four first- year students volunteered to take part in a final focus group. Choosing first years as opposed to third years informed future decisions. Although their participation was invaluable, they reflected on only two months within the nursing programme. As a consequence of this I decided to include only third year male student nurses.

At this point, I was mindful of the views of Webb and Kevern (2000: 802) towards the incorporation and treatment of grounded theory into the reportage of research studies. Therefore, to fulfil the initial stages of the grounded theory process, see Diagram 1 page 101 (Charmaz 2006: 11) I analysed and coded the data following their conception and collection. The statement made by Glaser (1978: 36) study your emerging data created the first stage of what Charmaz (2006: 47) termed as the grounded theory mandate.

My approach took the format of coding sentences, together with writing ideas against segments of data, as the meaning was lost within particular text if only one sentence

were coded. I deliberated whether line-by-line coding in the initial coding stage

reaped benefits. Nevertheless, Thomas (1993: 43) explains that:

> interpretation of the data is the defamiliarization process
> in which we revise what we have seen and translate
> it into something new.

The above viewpoint has relevance, and equates with the social scientist in the

educational setting attempting to 'make the familiar strange' (Delamont and Atkinson

1995: 3). Through coding, I became familiar with the students' styles of learning, but

was aware to view them in a 'new light' (Charmaz 2006: 55).

In total, from both pilots, I obtained data from three individual interviews and three

focus groups. I applied the second stage, see Diagram 1, initial coding and data

collection and highlighted focused phrases that grouped together large amounts of

data. Re-examination of this initial coding allowed me an insight into the students'

situation (Charmaz 2003: 259, 2006: 46). Charmaz advocates keeping certain codes

'active'. I interpreted this to mean the constructed code revealed what was happening

in the 'students' setting'. The following example of line coding was taken from the

focus group in the second pilot (Site A).

Table 7 Line by line coding.

Line-by line coding	Focus group statement
Acknowledging the time factor.	This is the first time
Coming together	we've probably sat together
Acknowledging own gender	as four males
Communicating	to talk about this.

This initial coding equated to Stage 2 in the Diagram 1, page 101. I applied numbered

stages to the diagrammatic representation of the grounded theory process to affect my

structural recall of the stage I was developing and processing (Charmaz 2006: 11).

However, I remained aware that these stages acted as a tool prospectively and

retrospectively to examine and re-examine my data.

Diagram 1. The grounded theory process.
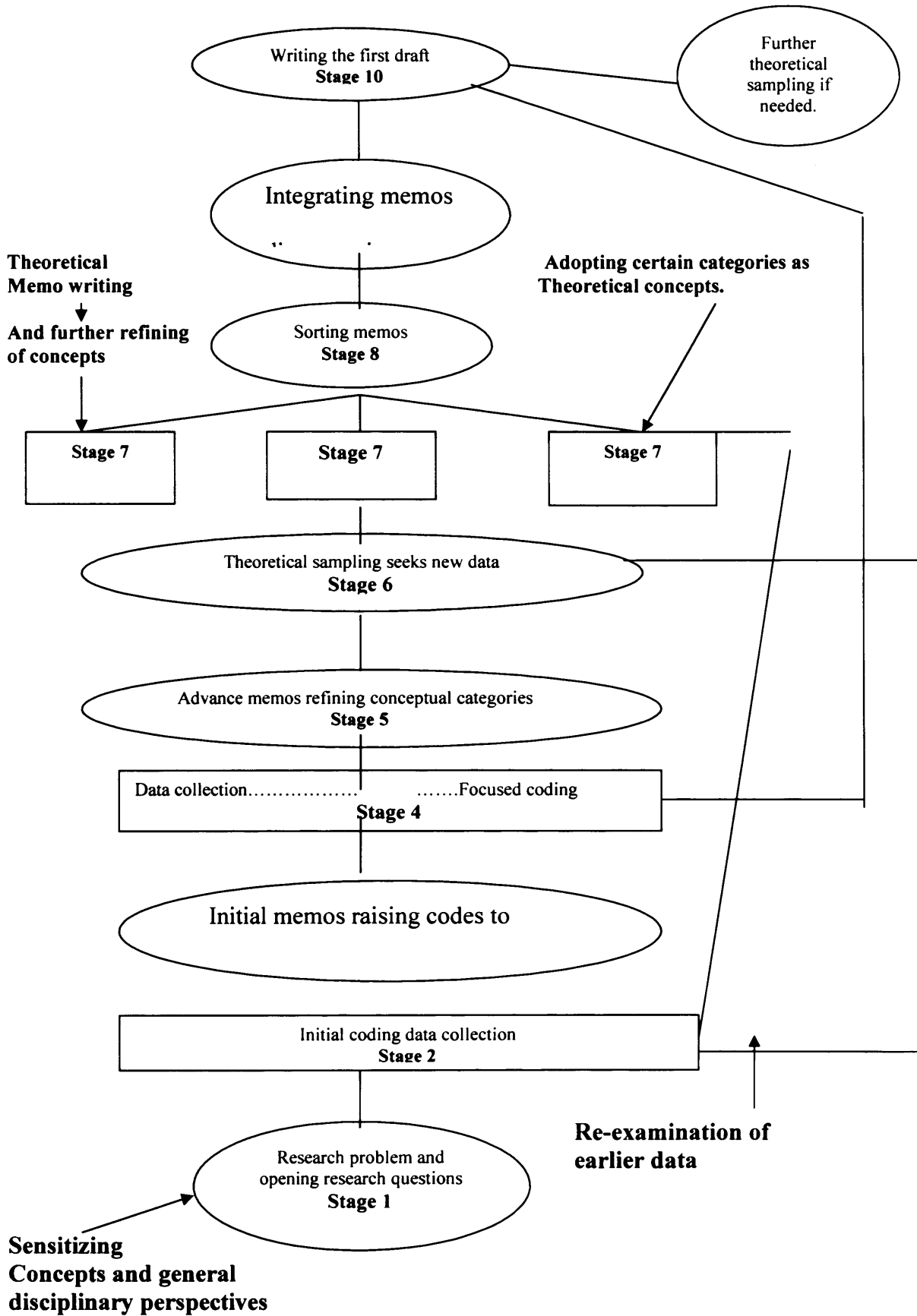
Figure taken from Charmaz (2006: 11)

The idea of producing action codes was especially relevant when comparing the data

from both focus groups, between the three interviews, and within each interview. I

applied the constant comparative method (Charmaz 2006: 178). In my pilot study

what proved relevant were the following comparisons between 'data, codes and

emerging categories'. Appropriate memos (stage 3) were written alongside codes. I

followed Charmaz' (2006: 80) instructions and assigned a title to a memo and

prevented rigidity in my method of memo writing. On occasions I wrote freely about

the contents of the code, but wrote bullet points against other codes, which Charmaz

(2006: 80) claims, occurred when the researcher entered a new analytical arena. I

focused on the purpose of memo writing and asked the vital questions: What were

participants trying to say and what were the underlying processes that affected their

learning and styles of learning in the classroom or in clinical practice?

Memo writing followed the early (stage 3) and advanced memo pathway (stage 5), in

between that process stage 4 centred on focused coding of the data collected. Focused

coding was classed as the 'second major phase' in coding and I used earlier named

codes or new names to assign to large areas of my data. At this stage, I injected the

philosophy to immerse myself into the data to ascertain 'which initial codes brought

analytical sense to produce categories' (Charmaz 2006: 58, 59).

The object of stage 5 was to analyse the early memos connected to my data and

through the process raise their status to one of 'advanced memos' (Charmaz 2006:

81). This was achieved by re-examining the content of each memo, detecting if

memos overlapped with regards to information on my data; and overall this

comparative process led to the refinement of 'conceptual categories' being formulated

from the focused codes. Glaser and Strauss (1967: 36) define the term category as a

'conceptual element of the theory'. In stage 6 of the grounded theory process I was

able to visualise provisional categories but realised further gathering of data was

necessary to 'complete' ideas (Charmaz 2006: 96). See Diagram 2 in Chapter 5,

Diagram 3 in Chapter 6 in Diagram 4 in Chapter 7, and Diagram 5 in Chapter 8,

demonstrating initial, focused and axial coding and the final core category. The idea

of gathering data to answer questions and thoughts on a category and its many

properties was termed as 'theoretical sampling'. I observed the cautionary advice to

make the distinction between initial and theoretical sampling. 'Initial sampling'

reflected the start of my study and referred to the target group. In the grounded theory

process, theoretical sampling 'directed you where to go' to obtain relevant data in the

development of a theory (Charmaz 2006: 100).

Whilst tentative theories emerged within my pilot study, in reality I did not fulfil

Stage 7. I located the subject of saturated theoretical categories within stage 7.

Charmaz (2006: 113) drew on the work of Glaser (2001: 191) to discuss saturating

theoretical categories. What was pertinent for my discussion was the use of the term

'pattern' within the grounded theory process. Saturation of categories did not

necessarily indicate the emergence of the same reoccurring pattern. Instead, I realised

that 'rich' ideas materialised from further comparisons of the 'patterned' events

located within the focus group and three interviews, resulting in the development of

'different properties of the pattern' (Glaser 2001: 191). I used the term 'pattern

matching' when I examined the differences and similarities of Site A and Site B pilot

focus groups and within the three interviews. I chose not to compare against the focus

group from Site C (First years), as their learning experience could not be seen as

equivalent to the other two groups. The constant comparative method (Charmaz 2006: 178) was also applied towards the analysis of the written field notes made during the focus groups, post interviews and during the transcription of the participants' narratives.

4.26 Fieldnotes

I acted as the focus group moderator and observer for Site A and B (Litoselliti 2003: 68). I predicted assuming both roles would impact on my ability to 'capture' the 'social processes' within the context of the two focus groups and three interviews (Hammersley and Atkinson 1995: 175). I classed myself as a novice in the recording of fieldnotes and needed guidance on how, what and when to record interaction and specific events as 'social scenes are truly inexhaustible and the researcher can never record everything' (Hammersley and Atkinson 2007: 144). Hammersley and Atkinson (1995: 185) are critical of the elementary checklist, table 7, provided by Spradley (1980: 78). As a novice I found it helpful. The actors involved were male student nurses; the events discussed indicated what assisted or impeded their learning; and from my analysis I was able to outline the goals and feelings of the participants.

Table 8. Spradley's (1980) Fieldnote checklist.

1. Space:	The physical place or places.
2. Actor:	The people involved.
3. Activity:	A set of related acts people do.
4. Object:	The physical things that are present.
5. Act:	Single actions that people do.
6. Event:	A set of related activities that people carry out.
7. Time:	The sequencing that takes place over time.
8. Goal:	The things people are trying to accomplish.
9. Feeling:	The emotions felt and expressed.

Spradley (1980) provided a format to analyse fieldnotes. My research was overt and I felt comfortable making notes during the focus groups. The views: fieldnotes are only visible to the researcher, and that 'most researchers remain protective of their fieldnotes' prompted me to look at other perspectives surrounding the use of fieldnotes (Hammersley and Atkinson 1995: 176, Delamont 2002: 65). I could see a purpose in taking fieldnotes from the following two viewpoints, Emerson, Fretz and Shaw (2001: 355) stated

> Fieldnotes are an expression of the ethnographer's deepening local knowledge, emerging sensitivities and evolving substantive concerns and theoretical insights.

In response, my fieldnotes would complement thoughts on emerging theory.

However, fieldnotes

> Constitute a central research activity, and it should be carried out with as much care and self-conscious awareness as possible
>
> (Hammersley and Atkinson 2007: 142)

Specific information or themes are interpreted from fieldnotes following an intense process of reading, re-reading and coding (Delamont 2002: 64). This process of interpretation allowed me to address three concerns: From an ethical perspective, how should I represent the actions of my participants? Did my own pedagogy determine the authorial voice in the reporting of my fieldnotes, and lastly do I keep my fieldnotes hidden? (Hammersley and Atkinson 1995: 253, Delamont 2002: 65). I wanted to achieve a literary balance. This meant aiming for a text which was not biased either towards completely omitting the researcher's voice or making the author's perspective the most important voice of all within the social world of the male students (Hammersley and Atkinson 2007: 204).

The above questions overlapped. Raw fieldnotes do not appear in my main report. Delamont (2002: 60, 61) suggests there are 'real time and out-of-the-field versions' of fieldnotes. The real fieldnotes hastily written during observations of my focus groups and made post individual interviews acted as an aide memoir. These notes were later expanded using the 'three mediation' perspective for the development of original and private fieldnotes (page 65), and achieved the objective of keeping coherent but 'explicit records' of events that took place in my study. Participants were allocated pseudonyms protecting their identity (Burns and Grove 1997:204). I realise I played a dominant part through the process of mediation with my notes to interpret actions. I took the decision to quote the written up version of my fieldnotes. My fieldnotes acted as the link between the raw details of my male participants' conversation and interactions. These early fieldnotes underwent a process of refinement and analysis and from a tertiary mediation step appear in my research thesis. Emerson *et al.* (1995: 146) and Charmaz (2006: 22) used aspects of Spradley's checklist to analyse

fieldnotes of observations in grounded theory. The following are short notes written against one area of narrative from the second pilot group – Site A.

In the background some 'ums' presumably in acknowledgement and agreement. All members of the focus group are looking at Noel.

Can be heard in the background – other members of the focus group and researcher take short breaths.

My analyses took the form of seeing what was happening in the setting and seeking a conceptual rendering of the participants' actions (Emerson *et al.* 1995: 146, Charmaz 2006: 22). At the time of writing my fieldnotes, I decided that a collective action occurred with regards agreement towards one of the participant's statements. This participant continued and gave his opinion about how students' chatter disturbed his learning and almost apologised as he raised his voice to express his opinion. The short breaths taken by the student's colleagues and myself were made in response to the obvious frustration felt by the student. I considered the next fieldnote: *The group pauses while Ivan sifts through the vignettes*, gave an indication that the participants, were engaging in a team effort to look at the illustrations. I was mindful of the stance taken by Charmaz (2006: 22) that:

> Grounded theory ethnography gives priority to the studied
> phenomenon or process – rather than the setting itself.

The above view is relevant, as the interaction between the focus group members became the topic under study.

4.27 Focus group formation.

I maintained the principles of the comparative method by pattern matching between the stages of the focus group discussion. Litoselliti (2003: 72) incorporates the work

of three authors Tuckman (1965: 396), Tuckman and Jensen (1977: 419), and

McNamara (1997 - 2006: 1) to support her discussion on the formation stage of a

focus group. This 'forming' stage has several initial stages in itself: group members do

not know one another, have to rely on polite behaviours and formalities, and are

guided by the moderator to comprehend the activity for which they have volunteered

(Litoselliti 2003: 72). Other stages within group formation, storming, norming and

performing (Tuckman 1965: 396) are described alongside the events within this study.

I was aware that the participants from Site A and B were pre-existing groups and

knew one another. Bloor *et al.* (2001: 21) commented that group characteristics such

as sex, ethnicity, religion, and age contributed to the similarities and output of the

group. From an analysis of the focus group interactions and sharing of information I

collated similarities demonstrated by group members, table 8, and table 9 conveys a

synopsis of particular differences.

Table 9. Similarities between the Focus groups at Site A and B.

Similarities	First Pilot Site B	Second Pilot Site A
Characteristics	• All knew one another. • Life experiences. • Could relate to classroom and clinical practice.	• All knew one another. • Life experiences. • Could relate to classroom and clinical practice.
Interactions	• Dissent through nodding. • General agreement through talking all at once. • Laughter. • Pauses/silences. • Eye contact with each other. • Teasing through comments and questions.	• Dissent through nodding. • General agreement through talking all at once. • Laughter. • Pauses/silences. • Eye contact with each other. • Teasing through comments and questions.
Thoughts on Styles of learning	• Liked the visual. • Reading outside the classroom. • The focus group members commented on the incessant chatter in the lecture theatre	• Liked the visual. • Reading outside the classroom. • The focus group members commented on the incessant chatter in the lecture theatre

As moderator I introduced the topic and vignettes and this acted as the beginning of the 'forming stage'. During this stage a notable difference occurred at Site B (First pilot). The focus group at Site B commenced with two participants and the other two students arrived ten minutes into the group discussion. An action, I considered, contributed to the prediction made by Litoselliti (2003: 72) that group members' felt awkward and anxious regarding their role in the discussion. In contrast, all members from Site A were present from the beginning, and embarked on a free flowing conversation. The storming stage is identified by group members demonstrating conflict or strong views over 'interpersonal issues' (Tuckman 1965: 396). I was conscious of the different evolving roles of the participants and conducted a cross comparison of these roles, see interactions, table 9 (Kitzinger 1994: 107).

Table 10. Differences between the Focus groups at Site A and B.

Differences	First Pilot Site B	Second Pilot Site A
Characteristics.	• Approximate age range 22-40 years. • Mixed group – students had had previous careers or had entered university straight from their sixth form. • Geographical site – Site B.	• Approximate age range 35 – 50 years. • All students had had previous careers. • Geographical site – Site A.
Interactions.	• Group composition – One dominant member, one talkative member, and two passive members. • Participants actively followed the focus group moderator's instructions and used the vignettes against the four questions.	• Group composition – Two quite vocal members, one quiet member, and one rambler. • The participants were directed to use the questions and vignettes – their conversation became free flowing. The focus group moderator had to remind them that the vignettes were there to aid their discussion.
Thoughts on styles of learning.	• Disliked power point presentations. • Did not allude to 'getting together'.	• "This is the first time we've probably sat together as four males to talk about this. We've never done it before"
Environment.	• Quiet classroom location.	• Relocated to a building surrounded by building work.

To supplement the differences between the focus groups at sites A and B, table 9, the differences and similarities between the three interviews in the pilot study are detailed in appendices 21 and 22.

The composition of the groups varied, see table 9, interactions. I encouraged all members to talk to one another (Kitzinger 1995: 299). When confronted by the dominant male student (Site B) and the rambler (Site A) I employed the strategy of

calling on the other male students for their points of view. This action was especially

successful during the Site A focus group and their discussion in the norming stage

became cohesive and open (McNamara 1997– 2006: 1). The site A focus group

definitely entered the performing stage (Tuckman 1965: 396) when they became more

interactive and solved problems with regards to learning on their undergraduate

programme. Litoselliti (2003: 77) identifies specific moderator roles in the norming

and performing stages, which involved managing the topic area, and also the

processes of action within a focus group. Munday (2006: 89) looks at the use of focus

groups to study the construction of collective identity amongst members of The

Women's Institute. Her aims centred on considering the content and process of focus

groups, 'for generating data on collective identity' and for testing the social movement

theory (page 90).

Indeed, I was reconstructing my understanding of the social world of the male student

nurse (Denzin and Lincoln 2003: 247). Munday (2006: 92) observed researchers

sceptical about using small groups to investigate social movements and called on the

work of Touraine (1981) who developed 'intervention sociology'. Although not a

focus in my study, the method itself, the use of small groups, was applicable. The

small group was classed as an 'intervention'. North (1998: 566) classed small groups

as focus groups. In the study group members had to define the social construct of

their own group and in doing so enabled progression of their movement. Male

undergraduate students did not constitute a public social group. They remained a

social group within a large cohort of female students. Munday's study has relevance,

and I consider the principle of intervention sociology is connected to the performing

stage (Tuckman 1965: 396). In the performing stage the roles of members become

'flexible and functional' and the new cohesive structure of the group contributes tremendously to completion of tasks. I revisit the overall emphasis of Munday's work, the analysis of interaction between group members to detect 'how collective identity is produced and managed' (page 90). In relation to my study, Site A focus group clarified group loyalties and identities, which enhanced group personal relationships and contributed to solving problems when discussing learning styles. In comparison to Site B, Site A truly identified the social construct of their focus group.

There was a marked difference between Site B and Site A in terms of moving from the performing to the adjourning stage. In Site B the conversation came to a natural end; at Site A, I was required to observe a time limit due to room allocation. Whilst I alerted the group to the amount of time left, I failed to incorporate a summary question such as "Would you like to add one last thing" (Litoselliti 2003: 79). Participants from Site A were extremely vocal in their expressions and opinions and the question would have allowed closure on one element discussed surrounding learning styles.

The experience of conducting the focus groups and interviews enabled an increased awareness of focus group development. The interactions that occurred between my participants were distinct data and I applied the key focus of the constructionist model that prioritises interaction over meaning to emphasis the importance of the data (Bloor *et al.* 2001: 58, Silverman 2005: 10). A thorough analysis of the focus group and interview data prepared me to answer the following questions (Litoselliti 2003: 94): Were the objectives achieved? I achieved the objective of gaining interviews post focus group, and both pilots confirmed the methods were appropriate for my study.

The questions: What was confirmed and what was challenged by the findings and what new ideas emerged? are answered from Chapter five onwards.

Chapter four has examined the application of the grounded theory methodology, how the participants were contacted, focus group composition and progression, reflection on being the female interviewer and the sequence of events. The report of my main study details the strengths and weaknesses pertaining to access and contact, sequence of events, application of the constant comparative method to all data gained from focus groups, interviews and fieldnotes, the establishment of authenticity, the process of transcription and data analysis with atlas ti package.

4.28 The Main Study, access and contact with main sites.

Four focus groups and follow–on interviews were planned to coincide with the third year male students' second semester. Permission was sought to tape record both focus group and individual interviews and verbatim transcriptions were made of the taped material (Burns and Grove 1997: 355). I considered the duration of each interview was dependent on what the participant wanted to say and my interviewing technique, but aimed for each one to last forty minutes to one hour.

4.29 Inclusion and exclusion criteria: All third year male students enrolled onto Adult, Child Health, and Mental Health undergraduate programmes in Wales were invited to participate. Students who did not give their consent were excluded. The limited parameters of the male student nurse population supported my choice of purposive sampling (Silverman 2005: 129). The number of participants differed slightly; thirteen took part in the pilot, and eleven in the main study.

4.30 The sequence of events: The main study was conducted at four sites. Although participant numbers for both the pilot and main study were similar, I failed to achieve four focus groups. I considered the mode of contact influenced participation at Site One. Table 11, illustrates the format and numbers of participants at each site: at Site One two people were interviewed together; Site two, one focus group and one interview; Site three, two people were interviewed together and at Site four, one interview took place.

Table 11 Main study: Sequence of events.

Code	Method	Target Sample Group
Site 1	Two people interviewed together. Nine letters sent in total. The participants were Adult branch students.	Third year student nurses from the Adult and Mental Health branches.
Site 2	Focus groups: Six members. One person from the focus groups consented to an interview. Invitation posted on Blackboard and ten letters sent in total. All six participants were Adult branch students.	Third year student nurses, from the Adult, Child Health, and the Mental Health branches.
Site 3	Two people were interviewed together. Nine letters sent. The participants were Mental Health students.	Third year student nurses from the Adult and Mental Health branches.
Site 4 First attempt – no one responded as two weeks left of the undergraduate programme. Second attempt – one person out of six potential participants responded. 3rd attempt – no one responded from a cohort of eight male students.	One person interviewed. Adult branch student.	Third year student nurses from the Adult and Mental Health branches.

Spencer *et al.* (2003: 76) provides an honest account of the conduct of research. My

aim was to achieve a transparent account and simultaneously reflect on and scrutinize

the experience during access and contact to all sites (Charmaz 2006: 188). I realised

my population was small and was prepared for a limited number of male students.

With hindsight I should have contacted the co-ordinator from the Royal College of

Nursing as her remit with the sites would have provided another communication and

recruitment link between me and the students (Personal communication). At Site One,

a personal, but grave postal blunder created problems and I felt the episode

contributed to only two people consenting to take part in my research at Site One. To

enhance participation, I employed other strategies (Gowdy 1996) and a focus group or

interview was timetabled to occur within the students' lunch breaks or post study time.

Bloor *et al.* (2001: 33) state the researcher has limited control over the issue of

participation. Realising this, I supplied a light lunch with refreshments and as per

student information sheet, appendices 15 and 16, and offered money to cover

travelling expenses (Bloor *et al.* 2001: 34).

The construct of participation was different from the pilot study. Two students took

part at both Sites One and Three. Morgan (1995: 517) analyses the frequently asked

question: "Can I still call it a focus group if only two or three people show up"? His

earlier work D. L. Morgan (1992:186) says extremely small numbers lend themselves

to certain research subjects and often participants feel comfortable within a very small

group. Bloor *et al.* (2001: 27) state small groups give rise to a limited discussion.

Despite this knowledge, my rationale for continuing with a two-person interview,

inclusive of the vignettes, was influenced by the view of Albrecht, Johnson, and

Walther (1993). They drew on Shaw's (1981: 10) definition to capture the true

meaning of the small group:

> A group is defined as two or more persons who are
> interacting with one another in such a manner that each
> person influences and is influenced by each other person.
> (Albrecht *et al*.1993: 52)

This definition was applicable for my main study. The process of interaction, which

included analysis and comparison of the linguistic and non-linguistic communication

between participants, remained a key feature of my study (Albrecht *et al*.1993: 52).

I debated with myself about the quality of data gained from conducting a two-person

interview. In relation to 'reaching for quality' Charmaz (2006: 18) suggested re-

analyse your methods to detect whether the data gathered will provide a true picture of

the 'students' learning styles'. In keeping with my design, I analysed participants'

narratives, individual actions, and the interactions between the two participants and

considered this constituted healthy quality data. Charmaz (2006: 18) called upon the

work of Glaser (1998) and Stern (1994: 214) to support the argument about 'attending

to the amount of data'.

My grounded theory approach allowed me; to value the data from both Site One and

Three as my analysis guided me to develop an insight into the properties of conceptual

categories, link elements of those properties, and overall 'streamline' the amount of

data gained through a rich analysis (Charmaz 2006:18). From the two-person

interview, Site One, Nathan said *"We can vent some more spleen if you like"*. This

statement was in jest; but supported my inner feeling that these two students wanted to

talk and the interview process acted as their forum to air their views. Table 12

illustrates combined differences and similarities from Site One and Three.

Table 12 Differences and Similarities from Sites One and Three.

Significant points	Site One	Site Three
Characteristics.	• Approximate age range years. One member stated he was in the 20-30 age bracket. One member stated he was older than 30 years. • Both participants had previously worked in male-dominated careers. • Students belonged to the Adult branch undergraduate programme. • No experience of nursing.	• Approximate age range –the participants actively stated their ages, 39 and 43 respectively. • Both participants had previously worked in male-dominated careers. • Students belonged to the Mental Health branch programme. • Both participants had worked as nursing auxillaries.
Interactions.	• Group composition – Both talkative. • The participants actively followed the focus group moderator's instructions and used the vignettes against the four questions. • The students did not ask if they could swear. • Both laughed together. • Both agreed and disagreed with one another.	• Group composition – One was quite vocal. Although, the other member was quiet, and allowed his friend to talk more during the conversation, he contributed valuable comments. • The participants partially used the vignettes to aid their conversation. • One student asked if he could swear on tape. • Both laughed together. • Both agreed and disagreed with one another.
Thoughts on styles of learning.	• Frustrated with the teaching construct. • Wanted extra clinical skills and time out in clinical practice. • The two participants learnt very differently.	• Frustrated with the teaching construct. • The two participants actively declared they learnt in a different way to Adult nurses and problem-solved using individualised strategies for their patients. • On participant enjoyed the internet and the other participant visualised through reading.
Environment.	• Quiet classroom location.	• Quiet classroom location.

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I applied the principles of the constant comparative method through my own questioning: How does the content of the participants' conversation compare with the data from the pilot focus groups? Are participants' interactions with one another totally different? Lastly, how does this knowledge affect the process and questioning at Site Two? The Site Two focus group occurred shortly after this two-person interview, (Site One). I decided the vignettes still acted as points for discussion and the actual method initiated interaction. Commonalities with regards to issues and interactions emerged from my data. I was careful as group moderator not to introduce topics from Site One as 'triggers for discussion' as this action may have redirected the natural conversation within the group and caused 'a commonality of issues across groups' (Sim 1998: 349).

4.31 Site Two

Compared with Site One I was more passive in terms of my input into the group's conversation and felt this was due to the advantageous position of recruiting six participants. In fact, this number fulfilled the criteria for focus groups held in the social sciences and was termed as a mini-focus group by Litoselliti (2003: 6). A focus group took place followed by one individual interview and mirrored the second pilot group, Site A. This repeated format enabled the students to articulate in a collaborative manner and gave the interviewee a platform to air personal views. Bloor *et al.* (2001: 20) draw on Michell's (1999: 36) study to illustrate how individuals within groups are silenced due to the perceived power and status others hold within that group. Although particular members at Site Two were more vocal than others, I considered participants enjoyed mutual power and no one was assigned a subordinate status (Bloor *et al.* 2001: 49). I perceived the only interviewee from the focus group,

Ethan engaged on an individual level to provide a personal biography (Atkinson and Silverman 1997: 306).

I assigned great value to this follow-on interview. I was able to listen to Ethan's perceptions of the group's dynamics and the difficulties he experienced in his individual learning career (Litoselliti 2003: 82). I understood from Glaser (2001) passive listening was necessary in order to ascertain what was going on in the respondent's world. Therefore, a strategy of focused questioning at subsequent sites would identify patterns within the data. The focused questioning equated to Stage 6 of the grounded theory process. At the first individual interview I applied the questions: What is going on here? What is the overall situation and how does Ethan overcome his difficulties? (Dick 2005: 6). I asked the question: How could the format of the interview and the emerging concepts from Ethan's narrative influence other interviews?

4.32 Site Four

I approached three small cohorts of male students. One cohort was reached via electronic mail. Perhaps their decision not to participate was influenced by only having two weeks left of their nursing programme. Only one person gave consent from the remaining cohorts of seven and eight students, who were invited to participate through mailed student information packs. During the interview with 'Alun', the process of 'focused questioning' was indeed utilized, as it emerged Alun experienced similar personal learning difficulties to Ethan from Site Two. Firm ideas emerged from my data. I employed the strategy of collecting pertinent data to elaborate on the categories from the Site Two individual interview with Ethan

(Charmaz 2006: 11, 96). My actions equated to the purpose of theoretical sampling and that was to 'obtain data to help me explicate my categories' (Charmaz 2006: 100). As previously mentioned the data from Site One were compared to the data gained from the pilot study.

I then adopted what Charmaz (2006: 54) terms 'making sequential comparisons' of statements from the data within each group and individual interviews. Three elements from the checklist, 'activity, act, and feelings' (Spradley 1980: 78) assisted in the analysis of my data and overt fieldnotes for particular incidences. I examined the incidence of interaction between research participants, which was a key feature of my focus group method (Kitzinger 1994:103). Webb and Kevern (2000: 802) suggest examination of group interaction allows generation of valuable data, which 'otherwise would have remained undetected'.

4.33 The strategy used: To analyse interaction within groups and between groups.

I looked at ways of analysing the social interaction between group members and within groups (Webb and Kevern 2003: 803). Macleod Clark, Maben and Jones (1996: 150, 151) stipulated the focus group method differed from other methods as the report on social interaction needed to mirror collective actions and statements. I asked these questions: Did the social interaction demonstrated in my main study differ from the pilot and did the number of participants at each site influence the type of interactions? Questions by Stevens (1996: 172) assisted me in underpinning my strategy to compile answers, appendix 23. Questions seven and eight were answered through an analysis of the differences between the groups at Site A and B, appendix

24. The remaining questions were addressed through analytical interaction with my

data (Charmaz 2006: 179).

As moderator, I was exposed to numerous forms of communication such as jokes,

anecdotes, teasing, and arguing normally expressed in every day interaction (Kitzinger

1995: 299). Such forms of communication acted as separate data in their own right

and informed me of how the participants felt about issues under discussion (Kitzinger

1995: 299). The recommendation to capture types of interaction (Kreuger 1988: 78-

79), through overt written notes is significant for my study. Sim (1998: 347) suggests

writing notes acts as a support for mechanical failure and enables non-verbal

interaction to be linked to individual narratives.

It was easy to identify individuals on the tape recorder at Sites One and Three through

the tone of their voice. Notes made against participants' actions and conversation

helped me in identifying the six participants at Site Two, and enabled recognition of

other types of interaction such as; "questions", deferring to the opinion of others",

"censorship", or "changes of mind" (Kitzinger 1994: 302). In all three groups, the

participants directed questions at their peers to gain confirmation or refute what they

were saying. The male students certainly did not censor contextual elements of an

individual's conversation, unlike the participants in Kitzinger's (1994: 110) study

during a discussion surrounding safer sex. Whilst participants supplied me with their

own views, they also deferred to the opinions of others by nodding or making

spontaneous murmurs of agreement (Bloor *et al.* 2001: 49). I was mindful that an:

> apparent conformity of view is an emergent property
> of group interaction, not a reflection of individual
> participant's opinions
>
> (Sim 1998: 345, 348)

I consider the extent of general agreement within groups at Sites One to Three was

due to particular factors. They were male students of nursing. From their talk on their

social backgrounds and life experiences they shared commonalities and were therefore

able to contribute to the group discussion (Sim 1998: 348). Kitzinger (1994: 113)

states differences in opinion 'rarely disappear from view'. At Site One, Oliver

disliked using books, whereas Nathan took a broad view of how resources aided him

in his learning. This difference in opinion became obvious at Site Three: Issac

disliked using the Internet, whereas Oz was a strong supporter of all websites to

retrieve information - an obvious polarisation in opinions (Sim 1998: 348). Charmaz

(2006: 179) states

> Comparative methods lend you basic tools, yet myriad
> interactions occurring in multiple forms at various levels
> shape the content of your grounded theory.

The above prediction definitely came true. Numerous linguistic and paralinguistic

interactions emerged from the 'two–person group' interviews and the one focus group.

Such interactions were captured through the process of transcription and memory of

specific incidences. For me the transcribing process went beyond just being a record

of the conversation and I intimately engaged with the 'content and flow of the talk'

and the 'group dynamics' as a whole (Stewart and Shamdasani 1990: 104). When I

transcribed my data I included the paralinguistic elements of conversation such as

'gestures, laughter, sounds of disbelief and the gaze of students' (Litoselliti 2003: 86).

Inclusion of such material allowed me to supplement the linguistic elements and

describe how the participants actually emphasized certain words in their conversations

(Litoselliti 2003: 86).

The principles underpinning the process of transcription were applied to my main study. Silverman (2000: 44) suggests 'make data collection as easy as possible'. I found the role of transcriber to be quite time consuming, but my treatment of the process established a concrete and intimate relationship with all elements of my data. Lapadat and Lindsay (1999: 64) suggest the process of transcription is theory laden. I concur with these authors as my final transcripts were constructed and influenced by my underpinning theoretical stance. The constructivist approach means 'more than looking at how participants view their situations' (Charmaz 2006: 130). Therefore, I theorize about my interpretations of the data and acknowledge that my resultant theory would be an interpretation (Charmaz 2003: 250, 252).

Transcription is seen as a mundane step in the research process (Lapadat and Lindsay 1999: 66, 67). Their analysis of transcription papers reveals that researchers adopt a multiplicity of transcription conventions as opposed to keeping with a standardized format. Now the quest for a standardized practice is replaced by achieving 'contextualised negotiations of method' (p 67). I interpret this to mean that how I handle my data becomes a part of the methods I employed to make my transcribing meaningful. Ownership of the transcription process determined my own conventional style to produce from my transcription (Bird 2005: 231). Lapadat and Lindsay (1999: 69) are critical of Du Bois, Schuetze-Coburn, Cumming and Paolino (1993: 46-84). These authors advise: The use of a framework prevents making exhaustive descriptions of everything in your data, so be selective in how the data are represented. I interpreted this to mean, reduce the amount you write, for example, when coding a long silence the word silence would be written in capital letters

'SILENCE' and a short silence in lower case – 'silence'. For Bloom (1993: 152, 154) choosing a leaner transcription leaves potential room for 'rich interpretations'.

I achieved a rich interpretation by maintaining my methodological stance, which was to avoid treating my transcripts as 'non-objective constructs' and represent the 'voices of my participants in the way they wish to be heard' (Bird 2005: 228). To achieve the recommendations of Bloor *et al.* (2001) to transcribe verbatim, I included even the trivial 'pauses' as meaning could be lost without the material (Silverman 2001: 130). In addition to the recording of pauses I documented contextual information such as tone of voice, the emotional response of laughter, and all the ums and hesitations in the construction of sentences (Tilley 2003: 753).

In the group interviews I concentrated on minimising my own participation and framing my questions, as such framing required skill and practice (Charmaz 2006: 29). Not until the actual transcription was I able to 'hear and feel' what the participants were saying to me. Listening to and transcribing individual and group interviews led to opportunities, for further re-reading linked to coding and the identification of fieldnotes within the recorded material (Charmaz 2006: 70).

4.34 The application of reliability and validity in my thesis.

I am aware that the same meaning is not attached to the terms reliability and validity in qualitative research (Cresswell 2003: 195). Reliability occurs when checking for similar patterns for themes among other researchers within a team. I was the only researcher; therefore reliability cannot be applied to my study. Cresswell (2003: 195, 196) calls on Cresswell and Miller (2000) to provide an overview of validity. Validity

determines whether the narratives, the data, are accurate from the 'standpoint of the

researcher, the participant, or the readers of an account'. In my capacity I needed to

establish that my participants' accounts were authentic. Validity of participants'

accounts was sought by adopting the transactional approach, but termed as a technique

that failed to capture 'the current needs of the field' (Cho and Trent 2006: 319). I

decided the transactional approach was 'an appropriate application' (Cho and Trent

2006: 321) as it centred on attaching value to respondent validation of data. Copies of

the transcribed narratives were e-mailed to my participants. Tables 13 and 14 indicate

the number of respondents who verified the transcribed information.

Table 13 Members' check for the Pilot group.

Pilot Group	Members' Check
First Pilot – Site A	Interview – male student did not raise any objections.
First Pilot -Site B	The four participants did not raise any objections.
Second Pilot – Site A	Three out of the four verified what had been said in the focus group. Both interviewees responded to their interview transcripts.
Second Pilot – Site C	One participant out of four male students verified the focus group narrative.

Table 14 Members' check for the main study

Main Study	Members' Check
Site One	The two participants did not raise any objections.
Site Three	All six participants verified the transcript.
Site Three	The two participants did not raise any objections.
Site Four	The participant verified his transcript.

The transactional approach was considered to be limiting as the researcher only

reconstructs the actions and speech (Hammersley and Atkinson 1995: 227, 228, Bloor

1997: 48). Cho and Trent (2006: 334) devised an alternative framework, which

retrieved ideas from both transactional and transformational approaches to

comprehend validity. In their framework the transactional approach seeks to establish

appropriate validity trustworthy results such as gaining member checking of

transcriptions. They interpret the transformational approach to take an emancipatory

slant and move away from the traditional view of verifying narratives. They ask

researchers to view validity as a multiple and purposeful construct and keep an

open/eclectic conception of validity (page 334). Within their framework, three areas

deal with the types of member checks:

> 'Technical' (focus on accuracy, truth), 'ongoing'
> (sustained over time, multiple researcher/informant contacts)
> and 'reflexive' (collaborative, open-ended, reflective, critical)
> (Cho and Trent 2006: 334).

On reviewing the above work, I feel I took elements from both approaches.

Technically, I focused on achieving accuracy of transcribed data, but had to realise

through the transformational approach that the collaboration between my participants

who verified their narratives and myself achieved an 'eventual ideal' about the

validity of their narratives (Cho and Trent 2006: 320). I had to be aware of the

limitations of participant validation as the male students relied on the 'basis of

memory' to verify their accounts. So, I analysed my data 'in the same way as any

other data, with close consideration to possible threats to validity (Hammersley and

Atkinson 2007: 182).

4.35 Data analysis

Seale (2000: 155) discusses the advantages of atlas ti, which was originally projected

as a software package designed for grounded theory (Seale 2000: 168). I settled on

atlas ti due to 'its extended features for theory development that included creating

conceptual diagrams showing links between emerging ideas' (Seale 2000: 168, 2005: 201). The software enabled me to retrieve large volumes of data, to assign concepts to selected areas of narrative and through the 'sampling decisions' of the software concentrate on theory development within the atlas ti package (p155). I examined my entire data for linked incidences and supported the idea that my conclusions were based on rigorous analysis (Seale 2000: 156). Examples of this rigorous analysis are located following each title page to chapters 5 to 8. My main aim was to 'make the data intelligible in an analytical way' and adopt a theory building approach (Hammersley and Atkinson 1995: 209, 2007: 155). The following concept was applicable for my analysis:

> The constant comparative method for generating theory can be understood as involving continual tests of ideas against data
>
> (Seale 2000: 168)

I was aware that matching ideas against areas of my data was continual and involved the process of theoretical sampling. Charmaz (2006: 99) states

> To use theoretical sampling, we must relinquish our preconceptions about what sampling means.

Theoretical sampling is set apart from the idea of addressing initial research questions or sampling from a population. It is a process where sampling allows for the 'construction of tentative ideas' and then 'examines the ideas through empirical inquiry' (Charmaz 2006: 100, 102). I interpret theoretical sampling to contribute to my analytical process. I was aware that matching ideas against areas of my data was a continual process and involved 'deductive and inductive reasoning' (Charmaz 2006: 103). Deductive reasoning began with looking at a generalised concept and then finding specific instances; whereas inductive reasoning involved analysis of individual

cases and then from identification of mutual patterns form a conceptual theory

(Charmaz 2006 187, 188). During my analysis I wavered between the deductive and

inductive reasoning. Charmaz (2006: 103, 122) states abductive reasoning (Charles

Sanders Peirce (1878 [1958]) involves 'problem solving' and 'supports the notion that

the borders between scientific discovery and justification are indistinct' (pg 122). I

debated the explanation about abductive reasoning , (Charmaz 2006: 103, 104) and

decided I was not considering

> all possible theoretical explanations for the data,
> forming hypotheses for each possible explanation,
> checking them empirically by examining data, and
> pursuing the most plausible explanation
> (pg 104)

In short, I used what Charmaz classed as a combination of inductive and deductive

methods, whilst continually testing out my theoretical conjectures or hunches (pg 104)

to arrive at a theory.

The next section discusses Ryan's model, underpinning chapters 5-8; however,

Connell's work supports selected discussions in my text.

4.36 Ryan's model and summary to chapter four.

Ryan's model evolved pre-analysis against the titles used in Connell's framework.

Ryan's model was completed post analysis of the participants' speech; see Table 15,

page 131 and the interpretations of Connell's language are evident in chapters 5 to 8.

Ryan's model

'Dominance reduced' (Hegemony): By the way my participants expressed themselves

and observed others through the command of their speech, I considered, they

tempered the masculinity publicly expected by society. Hence, their positioning and dominance of their position as men was refashioned and reduced within undergraduate nursing. This reduced dominance accommodated learning with female peers, and demonstrated a mutual respect for learning with a large number of women.

Ryan's interpretation was simplistic in relation to HM, and became 'Men: their gendered practice in undergraduate nursing'. Through their comments, I deduced my participants brought their own perspectives on their gender and gendered practices to their undergraduate programme, but summarise that the male participants did not practice the concept of 'subordination' as outlined in Connell's (1995) work. The participants were subjected to different subordinated practices (Ryan's model).

'Maleness' (Complicity): My engagement with the participants during the focus groups and interviews revealed that their maleness surfaced through two routes – their actions and their speech. Such actions occurred through their body language and they were able to articulate through their prominent male speech their need to learn, both in the college and clinical environments.

'Exclusion' (Marginalizaton) and 'Scenarios' (Subordination): As outlined earlier the question of social class or ethnic group was not considered for the component named marginalization. The participants, due to their male gender, were excluded from clinical procedures when female patients refused to allow male nurses near them during intimate procedures and excluded by female qualified nurses who made assumptions regarding male behaviour. They were made to feel excluded from groups of health care professionals due to their lack of expected 'male' behaviour towards

people and subject matter. In the pre-analysis stage 'exclusion' was linked to 'scenarios' (subordination). Feelings of exclusion resulted from peers acknowledging others lack of knowledge and gendered relations were demonstrated if the concepts of the 'in' or 'out' group were applied to a scenario.

In chapter four the social construction of masculinity was explored. The thematic thread of the social construction of the male gender continues to remain at the forefront and is discussed from chapter five onwards. The two pilot studies served the purpose to test my chosen methods of focus groups and semi-structured interviews. What was successful was the opportunity to interview post focus group and this occurred both in the pilot and main studies. Underpinning all aspects of my research design with empirical studies has contributed to my body of knowledge.

Table 15

Ryan's model using the language from Connell's masculinities framework

Pre-analysis	Post-analysis
Hegemony: Dominance and male positioning.	Dominance reduced. Mutual and neutral appreciation of nursing undergraduate peers.
Hegemonic masculinity: Men their gendered practice in society.	Men- their gendered practice in undergraduate nursing.
Complicity: Hidden maleness.	Maleness surfaces through the articulation of learning needs and demonstration of their learning.
Marginalization: Imposed feelings of marginalization on learning opportunities.	Exclusion and being excluded. Feelings of inferiority when learning and visualising procedures in clinical practice.
Subordination: Gendered subordination.	Scenarios: in-groups and out-groups. Scenarios: Regarding inferior and superior knowledge.

The following table 16 details the names (pseudonyms) and numbers of the

participants that took part in my study.

Table 16 The Participants

First Pilot	Method	Pseudonyms
Site B	Focus group	Jim, Rees, Ryan, Simon.
Site A	Interview	Russell
Second Pilot		
Site A	Focus group	Ivan, Jack, Neal, Noel.
Site A	Interviews	Ivan and Jack
Site C Please note first year undergraduate students took part in a focus group.	Focus group	Michael, Morris, Rick, William.
Main study		
Site One	Two person group interview	Nathan, Oliver.
Site Two	Focus group	Austin, Ethan, Harry, Kevin, Ollie, Vince
Site Three	Two person group interview	Idris, Oz.
Site Four	Interview	Alun

4.37 The conceptual bridge: The literature in chapters 5 - 8.

Chapters five to eight present my four theoretical categories. The decision to locate

and support the theoretical categories with theories of gender and Connell's

masculinities framework was due to the literature on learning and styles of learning

failing to address issues raised by the male students' speech. One of the apparent

tensions in the learning styles literature revealed that gender has been treated

simplistically. The literature that focussed on feminist and new men's studies provided

an effectual, robust, and sophisticated lens 'to examine' learning and masculinity

within an undergraduate nursing programme.

Chapter Five

Coming together: Interact to learn.

"Yeah, this is the first time we've probably sat together as four males to talk about this. We've never done this before?"

"I find it interesting as well, that we are all around a table but we don't work together. We are separated. There are six men in the group, but you could say there are six different groups we learn in, but there is never two men together, learning, either. I don't know why, I've just been thinking about it, I've been thinking about [it].

Diagram 2 – Demonstrates the coding process that arrived at the theoretical category of Coming together: Interact to learn

Theoretical category
Coming together: Interact to learn

Axial coding ↑
Coming together – this is the studied experience 'the interaction' from the focus group.

Focused coding ↑

Interaction

Bodily interaction ⟷ Recognition ⟷ Verbal interaction

Initial coding from the data and the fieldnotes ↑

Actions.

Jokes.

How you learn.

Laughter.

Positive and negative influences on learning.

Positive verbal interaction

5.1 Introduction

Chapter four provided an in-depth critique of my research design. Chapter five has several functions. It is my intention to apply the elements of Ryan's model, with reference to Connell (1995), in order to interpret the social construction of their masculinity from their non-verbal and verbal interaction as men within the focus groups. The theme of gender continues and is explored under the terms of the gendered identity and social group identity. Comprehending how men see themselves within a group of men and a female dominated profession provides answers as to how their actions and speech are formulated when discussing how they learn and their learning styles within the social scene of undergraduate nursing.

5.2 Coming together: Interact to learn.

My text is infused with the participants' speech and the components from my fieldnotes that interpret the 'vertical interaction' between myself as moderator and the 'horizontal interaction' among the group participants (Madriz 2003: 371, 372). The principles of Charmaz (2006) were applied to all data underpinning the four categories. I found the framework to be a little constraining for this chapter, as a phrase 'used by Neal' became a pivot influencing my analytical approach. I attached great prominence to this phrase and from his speech "this is the first time we've probably sat together as four males to talk about this. We've never done this before?" chose to name my chapter 'Coming together: Interact to learn'.

Part of my title 'coming together' is pertinent as my participants recognised the 'action' of being together in a specific situation a focus group (Charmaz 2006: 130).

At interview Ethan implied getting together allowed action and speech specific to

males. I actually asked: "So, you left the focus group and went down the stairs talking

about it?

Ethan: Yeah.

Jane: Um.

Ethan: We were relating to some of the comments that were said, which obviously

made us, enlightened us, and we had a laugh. Maybe it's a man thing?

Jane: So, what is the man thing about getting together and talking about learning?

Ethan: Some of the things that we probably came up with, that somebody might think

is stupid, but we find quite amusing.

I can deduce and interpret that consenting to take part in my research indicates that

these male participants are not afforded the opportunity to form a male group to

articulate 'man things'. 'Coming together' enabled visualization of their collective

and discursive reaction. Their sheer surprise at the lack of male group interaction

prompted me to visit my fieldnotes and analyse what interaction had occurred,

together with constructing the meaning of their conversations. Charmaz (2006: 178)

states:

> Researchers construct their respective products from
> the fabric of the interactions both witnessed and lived.

I was privileged to witness my participants: 'engage in dialogue, share ideas, opinions,

experiences, and debate with each other' (Madriz 2003: 373). I apply the idea of

interpretive interactionism to explain their 'socially constructed interactions' (Denzin

2001:1, Madriz 2003: 373).

The witnessed interactions constituted comfortable silences, eye contact, gestures, joking, laughter, and generally acknowledgement and inclusion of group members into the individual's conversation. My continual engagement with my data allows an emerging analysis that strikes a chord with how I present my data and compare against the language taken from Connell's (1995) framework. I include the work by Wilkinson (1998a: 114) to demonstrate understanding between essentialism and constructivism. Wilkinson (1998a: 114) reports that certain researchers clearly state they work within an essentialist framework. I am not analysing whether the social context of the focus group influences the formation of individual opinion. I make it explicitly known, that I take a social constructivist interpretivist approach that allows me to co-construct the realities between my participants and interpret the meaning of the dynamics occurring in the group (Wilkinson 1998a: 112, 114). In keeping with the constant comparative method, I analysed whether the participants' interactions differed across groups and confidently support that similarities have emerged. Wilkinson (1998a: 112) is critical of the reportage of focus group data and argues 'interactional features' rarely receive analytical discussion. Wibeck and Abrandt Dahlgren (2007: 249) support his view and state:

> The interaction between focus group participants
> has seldom been evaluated, analysed or discussed
> in empirical research.

My analytical stance is enriched as I go beyond the process of content analysis (Wibeck and Abrandt Dahlgren 2007: 263). Therefore, examination of 'how' my male student nurses arrive at comprehending the nature of their learning style enables me to take 'advantage of the interaction itself' (page 263). My fieldnotes provide high quality data emphasising the nature of interactions when male students do come together. For me, the focus group at Site A in the pilot signalled a significant

interaction itself. Noel, when discussing learning, "but we have to come together and things like that, not doing it though, through computers" reinforces that the act of physically meeting up recognises the value of human social and verbal interaction to discuss topical issues. For him computers do not provide this service. His reference to group work also reinforces my view that the act of 'coming together' cannot be negated, even if the group is extremely small. Wibeck and Abrandt Dahlgren (2007: 260) believe 'the group size' seriously effects the overall discussion. In my groups of two people, the conversation reflects dualistic thinking; however, through the discussions raised in Wilkinson (1998a), I am convinced reporting the strength of interactions in all groups has value for my thesis.

The following literature on methods is included as it supports my discussion and demonstrates the relevance of looking at interaction. Wilkinson's (1998a: 112) main aim is to 'illustrate what focus group methods have to offer feminist research'. She reviews over 200 articles from 1946 to 1996 that use the focus group as a method of data collection. She states 'that focus group data is [sic] most commonly presented as if it were one-to-one interview data', (page 112). Her perspective opposes my epistemological framework; however, issues raised connect to this discussion. Wilkinson (1998a: 112) chose to compare individual interviewing with focus group methods. One of her objectives is to look at the power of the researcher and participants. She states that a:

> Focus group obviates many ethical concerns raised
> by feminists about power and the imposition of
> meaning (while introducing others).

Power and the researcher are discussed in chapter four. The ethical strength of power in individual interviews 'shifts' considerably and is influenced by numbers (Wilkinson

1998a: 114). She proposes that there is a tendency for the focus group participants to assume greater control over interaction than the researcher. In isolated cases this can culminate in harassment of the researcher. This was not experienced; however, numbers of 4 to 6 participants allowed interaction to take place. I was involved in their group discussion. Despite interacting, I am satisfied that I exercised the right amount of power thereby enabling group interaction and self control over their own interactions (Wilkinson 1998a: 114). The amount of interaction varied, and is worthy of analysis to co-construct the reality of what actually happened when my male student nurses came together. To convey the social nature of the interaction, I include talk surrounding a theme under discussion and prevent my data being taken out of context (Wilkinson 1998a: 121). In the following extract from the transcription the following things can be seen: in the classroom the male students are separated into mixed groups and realise they have never considered why they do not meet as a group of men together in the college environment.

Jack: I've done extra work because someone has said "have you got anything on this?" and I've gone [Jack searched for extra literature] and done and that's motivated me to go and do something.

Neal: I find it interesting as well, that we are all around a table but we don't work together. Neal pauses: We're separated. There are six men in the group, but you could say there are six different groups we learn in, but there is never two men together, learning, either. For some reason, (Whilst Neal is speaking, Jack is saying yeah, yeah) Neal raises his voice: I don't know why, I've just been thinking about it, I've been thinking about it.

Neal continues and says "I don't know why", the whole group join in and start to laugh.

Jane: I mean, that's good you have actually acknowledged that there's four gentlemen sitting round the table and ok, I'm asking you to discuss you're?

Neal: "Yeah, this is the first time we've probably sat together as four males to talk about this, (Jack says in the background Yes it is). We've never done this before?"

Noel: Its, very, very rarely, even when you know, obviously when they're' picking groups for you they very rarely put"

Neal: Very rarely put.

Noel: very rarely, it's naturally, both Noel and Neal talk together.

Neal: Maybe its um, I don't know, (Neal pauses and takes a deep breath here) maybe its something in our, you know, makeup that say we gonna do without knowing about it and we've just gonna to groups of

Jack: I'm certainly happier working with women. I've never been particularly (Neal interrupts Jack)

Neal: Oh, cheers Jack. The group laugh at Neal and Jack's comments.

Neal acknowledges their lack of male orientated learning groups. His remark causes

Noel to analyse group construction and come to some sense about why the males

within their cohort are allocated to different seminar groups. Wilkinson (1998b: 186)

suggests focus groups can be studied to detect how participants engage in 'collective

sense making' and suggests:

> views are constructed, expressed, defended and
> (sometimes) modified in the context of discussion
> and debate with others

Noel and Neal converse around the issue. I consider that the outcome of their

conversation reinforces Noel's prior observation that men are delegated to mixed

groups. Neal expressed his frustration through a raised voice of why the six men in

his cohort never seem to learn together. His expressed view; "I don't know why"

caused the group members to laugh. I introduced the concept of gender. I asked my

participants to re-examine their position as male students in undergraduate nursing. I

question: could the students not offer a valid reason for their delegation to groups or

did they view the overall situation as unimportant to them? I assume that the phrase

"this is the first time we've probably sat together as four males to talk about this"

caused my participants to re-evaluate their position as men. In earlier work, (Charmaz

1983) a section of data was coded as the identifying moment (Charmaz 2006: 59). I use her reasoning behind the naming of this data to interpret why Neal sees a new social group identity emerging from this interaction. I interpret that the formation of an all male group could facilitate learning in undergraduate nursing.

Particular concepts from Riedlinger, Gallois, Mckay and Pittam (2004: 55) are relevant here. These authors examine the 'impact of social group processes to perceive effective communication in Australian Cooperative Research Centres (ACRC)'. They highlight the importance of social group identification and communication, enlightened by social identity theory (SIT). The core principle of SIT is associated with defining the self and links to how individuals' perceive others. My participants have never really needed to define themselves in society as a whole and this expectation is not required for the undergraduate world of nursing (Brandes 2007: 185). Nevertheless, Connell (1995: 79) suggests men have the luxury of being able to draw on the complicit nature of hegemonic masculinity to define their social gendered identity within a group of female peers. In Ryan's model, their identity as males is signalled through their ability to voice their maleness through their actions and speech. Riedlinger *et al.* (2004: 59) state SIT:

> Examines the ways in which social inequality and inter-group
> competition for power and resources influence the meaning
> that people attach to their social group memberships
> (e.g. gender, ethnic, professional).

It is obvious from Jack, Neal, Noel, and Ivan's conversation that an exclusive all-male group for learning or socialising is not considered a priority that requires power and resources. The requirement for power becomes clear when masculinity is defined in opposition to femininity, 'and in doing so sustains a power relation between men and

women as groups' (Connell 1990a: 454). I interpret that Jack's next remark (line 621) "We are sort of a different population of men" does not support the idea that as males they should be socially dominant and practice hegemonic masculinity (Connell, 1990a, 1995). Through application of Ryan's model, the male students demonstrate how they view their own gendered practice within undergraduate nursing. I suggest their social 'gendered' identity, formulated through coming together, allowed solidarity around views on learning (Reidlinger *et al.* 2004: 59). Solidarity reflects SIT and for these participants my focus group became a site of influential interaction (Zorn, Roper, Broadfoot and Weaver 2006: 115).

Zorn *et al.* (2006: 123) hypothesise that participants' attitudes in focus groups are likely to change about a topic as a result of their participation. Their study was a part of a larger project by Roper, Zorn and Weaver (2004). The topic discussed was human biotechnology. They suggest that focus groups members can be influenced by the nature of the interactive discussion. Zorn *et al.* (2006: 115) highlight two forms of influence:

> Influence on people's beliefs about substantive issues
> under discussion, and influence on self-efficacy beliefs.

I provided not only a platform for the articulation of beliefs concerning learning styles, but 'a communicative space for the empowerment of participants' dialogue' (page 116). Simultaneously, this space is a forum for participants to be empowered to interact with one another. Wilkinson (1998a: 116) talks exclusively about how focus groups address sensitive issues and can initiate consciousness- raising debates. Her inclusion of the views of Kitzinger (1994: 118, f3) on how group attitude directs behaviour is pertinent, as group composition effects interaction and maintains that a

researcher is ethically responsible if interactions within a group get out of control.

The interactions within all my groups remained harmonious due to two factors: the

debate centred on a non-sensitive issue and I enabled the 'empowerment of self-

expression in a supportive environment' (Wilkinson 1998a: 116). This self-

expression was shown in a number of ways. Initially Neal reflects on the lack of

'coming together to discuss their learning', but immediately reacts to Jack's comment:

I'm certainly happier working with women I've never been particularly"-(Neal
interrupts Jack)

Neal: Oh, cheers Jack.

I interpret that Neal finds Jack's view quite strange. Neal challenges Jack's

preference for working with women and by questioning his lack of allegiance to their

male group demonstrates his own cohesive stance for masculinity. I apply Connell's

(1995: 70) perspective on semiotics to Jack's favoured working relationships. Connell

(1995: 70) states:

> Semiotic approaches abandon the level of personality and
> define masculinity through a system of symbolic difference
> in which masculine and feminine places are contrasted.

I see Jack's personal admission and Neal's verbal reaction as symbolic. Jack does not

challenge the semiotic opposition of masculinity and femininity, where the 'masculine

is classed as the unmarked term' and assumes uncontested 'symbolic authority'

(Connell 1995: 70). Instead, Jack deflects this authority away from the 'male student'

nurse and awards this accolade of praise and preference to past and present feminine

colleagues. I make the broad assumption that Jack's previous employment influenced

him to feel at ease with women within the workplace. At the same time I question

why Jack, Neal, Noel, and Ivan took so long to come together to discuss their learning

styles as an all male group. Sim (1998: 349) debates the 'external validity of focus

group data' and suggests the data raise theoretical concerns. From my perspective the

concepts emanating from my data are salient and provide a theoretical base for a

critical and concrete discussion of the interactive processes from the focus groups.

I can see that my focus group – a staged context for interaction - produced data in a

'specific social situation' (Sim 1998: 349). I acknowledge the focus group can act as

an artificial setting for certain participants, producing a forced conversation and

interaction. Within my groups all students were able to listen to ideas and visualise

numerous interactive processes. These male students considered their own gender

within their interaction. To enhance my discussion and enrich my comprehension of

the term interaction, I interpret symbolic interactionism (SI) and the broad take of

'interactionism' by Atkinson and Houseley (2003). Melzer, Petras and Reynolds

(1975: 1) suggest Mead was the principal founder of SI. Partial elements of Mead's

perspective relate to 'coming together'. Mead (1932: 167) describes language:

> as arising out of co-operative activities and acts as a
> stimulus to others to carry on their parts of the social acts.

The co-operative activity was to discuss questions posed by me with the aid of the

vignettes. Melzer *et al.* (1975: 36) suggests actions which are substituted for speech

along with behaviours, form the basis of symbolic interaction. The participants'

language was enriched by actions as captured by my fieldnotes and Mead (1934: 181)

states:

> Vocal gestures in the form of symbols are nothing
> but a stimulus whose response is given in advance.

One example is when Harry described a clinical experience in the genitourinary

medicine (GUM) clinic. His actions reinforced what he had to say and his clinical

experienced was shared as a result of coming together in this focus group.

Harry: I was in the GUM clinic and a typical patient – not going to see everything –
because um being male – a lot more aggressive so they think – I don't know.

In the above excerpt, the "typical patient" is actually a female. Harry actually says he

would not be allowed to see everything, meaning the girl's genitalia as he was a male

student. He perceives female patients seeing male nurses as being "aggressive".

Harry continues: There was a male clinic and I saw three out of four males. The last
one didn't want me to go in because he had such an experience. But the females- I was
only allowed to see one girl – she was – she was quite open.

What Harry meant was – the patient allowed him to observe her genitalia being

examined.

Harry continues: – she didn't want to hide anything and a lot of the others just said –

Fieldnote - Here Harry uses hand actions and the group laugh at these actions.

Mead (1934: 184) suggests the symbol comprises a 'word and a blow'. Harry's

speech was supplemented by 'hand' actions – the blow; therefore his actions became

the symbolic response and initiated a collective response from his peers. Likewise

when Oz discusses the views of lecturing staff on what theory should be learnt and

applied to clinical practice; he expresses surprise at the rigidity of its teaching and the

dismissal of the reality of clinical practice. He uses actions to supplement his speech:

Oz: (Line 79) And as we all know there is quite a large reality gap between learning
something in the classroom and going out and applying it in the clinical situation. Um,
but where it is a case of you need to know what the theories are, you need to know the
underlying evidence of why this is, why we at – talking about this particular subject,
but ok these things need to be adapted – there should be more fluid these things should
be adapted in particular areas – if you're in the field.

(Oz brings his hand down on the table to make a point)

But others say "no, that is what it is, that's what you will learn, that's what you will
apply, never mind about all the other things that you may come across when your

working" - (Oz brings his hand down on the table again) in the clinical setting. Both Oz and Idris laugh here.

Alternatively, if the word is an insult, the word and the blow are fused together. I

provide an example when interviewing Idris and Oz. In the following extract from this

interview (two people) the following things can be seen: The meanings attached to

specific swear words and how the swear words are used by nursing staff to

communicate with the patient.

Jane: Well, (Jane pauses here) I don't know whether you want to move on to question three? (Question three referred to the vignette, appendix 20.7). Jane takes the pin out holding the vignettes and there is a rustle of vignettes.

Idris: (Line 691) What positive or negative experiences have affected your learning in the classroom? I suppose that's -

Oz: We did that in the first one – eh?

Idris: Its err (Idris pauses here) hmm. I suppose there is good and bad practice I would say?

Jane: Can you enlarge on what you mean by good and bad practice?

Idris: Um, you see you work with some staff, but not all, you always find one, and you have a patient coming onto err (Idris PAUSES here) asking for something.
(Idris asks Jane a question) may I swear?

Jane: err – you can swear.

Idris: Right – you have some staff that will say 'Fuck off' to a patient, and I suppose its bad practice – that.

Oz: It depends again that – and the patient saying it.

Idris: I, I am not saying (While Idris is trying to speak, Oz speaks in the background) you can't swear at them can you?

Oz: The last placement I was on it was the 'Name removed' – they were nearly all young lads, all guys in their twenties, mostly personality disorders, mostly drug and alcohol misuse. It's the way they spoke, you could try, and sometimes – I found myself swearing at the patient. I didn't mean swearing at them and insulting them, talking to them. (Before Oz finishes talking Idris starts to talk).

Idris: I agree, I agree with swearing in the conversation, but actually telling someone to 'F' off, that kind of thing, you know what I mean. (Whilst Idris speaks Oz says something in the background). Sometimes you've got to be, you've got to be speaking the language and I've swore! But you, I've seen it. It's hard to explain the

experience, but I've seen someone and really needing help and someone said to them, the V sign is made here. That's what I was trying to get at. (In the background Oz says sorry I don't).

Jane: There, there seems to be a time and place and if you are going to use (In the background Oz is saying yeah) the patient's words especially when your breaking bad news (Somebody coughs in the background). You take a phrase out of the patient's um conversation – don't you?

Idris: Yeah.

Jane: So, if you use their terminologies, the way they've used the language, it perhaps helps your explanation for the patient. I can see where you are coming from. (Someone in the background says yeah).

The above talk certainly raises issues as to how patients should be spoken to within clinical practice (Nursing & Midwifery Council 2008: 2). The 'V' sign in the above scenario is classed as an insulting gesture supplementing the word, but overall their speech surrounding the 'F' word demonstrates the significance of how the meaning of a response is buried within the 'insulting word' (Mead 1934: 181). Mead concentrates on defining SI. The significance of my participants' actions and speech can be signalled through SI; however, I choose to provide an in-depth insight into how I incorporate interactionist thought into my study (Atkinson and Housley 2003: 35).

These authors indicate 'interactionism can mean several things in sociological work' (page 37) and as previously alluded to the invitation to take part in my research creates a chance for a social encounter not normally experienced by the participants. The thoughts of Atkinson and Housley (2003: 37, 38) allow me to interpret the data and examine 'the frontiers of traditions' and apply the different treatments of interactionism. Through personal communication (email post focus group) Harry confirmed that the group enjoyed the discussion and I interpret that the participants acknowledged the significance of talking together about their learning styles. Harry

and his peers had been acquainted for nearly three years. Delamont and Atkinson

(1995: 167) state that;

> interaction between the boys [*girls*] in any particular
> friendship group can be important for the academic
> involvement and achievement of all its members

The group, Harry, Vince, Ollie, Ethan, Kevin and Austin certainly discussed how

group work allowed individuals to develop in a different way. I dedicated a question

to Kevin and asked him to observe the vignette, which illustrated a seminar room and

a mixed group of people, appendix 20.2.

Jane: Well, Kevin there is this other vignette here?

Kevin: (Line 234) It looks like a tutorial to me, with or a small group session, um. In a small group I think it's easier to – people are freer to talk, I think. (In the background someone says definitely) like people there will be interaction like this is – there's a few of us. If there had been – like lots of us perhaps a lot of us wouldn't of talked, we would not have talked – you can't phase out and that's another thing you can't object to - Kevin says 'LED' (the group respond to Kevin's last comment by laughing and making comments)

Kevin: In small groups you have to concentrate you are forced to, whereas in lectures – I maybe do the thing – same – yeah.

Jane: You said LED?

Kevin: ADD – I'm only joking? Attention Deficit Syndrome.

Fieldnote - The focus group members laugh and exchange comments. Someone in the background says cut, cut.

Kevin: For the record I haven't got ADD. In the background someone says "you're lying".

Wibeck and Abrandt Dahlgren (2007: 250) debate the similarities between focus and

tutorial groups and suggest the former is not a learning group per se. I disagree as the

participants' interaction allowed 'a framework of understanding' to develop about

their learning and learning styles. While Kitzinger's (1994: 116) work relates to a

discussion on sensitive issues, Ethan's interview, post focus group, reversed the idea

that 'expression of ideas and experiences' would remain underdeveloped in an

interview. In the following speech, Ethan's demonstrates the learning that took place

post focus group.

Jane: YES – you took part in the focus group – has it made you think about your
learning and style?

Ethan: "Um, yeah, - a little bit. A little bit. Obviously doing the dissertation I've had
a lot of stuff to fill my head with so to speak, but I think I more reflected – did think
about things when we actually left the group – we were just talking down the stairs
about the things we had discussed and um when I read the transcript that you actually
sent – again – it kind of just made it come back again and I suppose I can look at these
things and how I've learnt now and where I am in the programme as opposed to the
beginning, you can see I have obviously benefited from the whole thing"

The nature of Ethan's speech supports several points. The 'socially constructed

interactional experience' (Madriz 2003: 373) prompted the participants to continue

talking about issues raised during the focus group. I ask did my participants recognise

how they developed their own learning style from this focus group inter-student

discussion? The concept of 'how' you learn receives further attention from Black,

McCormick, James and Pedder (2006: 119). They explore the meaning of learning

how to learn (LHTL) and conceptually relate how assessment for learning (AfL)

connects to LHTL. Black *et al.* (2006: 120) openly acknowledge that LHTL is a

perilous concept and subject to interpretation. They use Dearden's (1976: 70) theory

of second order learning to aid their explanation. Second order learning is the next

stage on from "just" learning the content, and what is pertinent is his suggestion

regarding second order activities: 'deliberating how to deliberate and thinking how to

think things out'. I asked my participants to deliberate how they approached their

learning, within the 'interactional activity' complemented by the stimulus material. I link second order learning with intra-personal dialogue (IPD).

Ethan's speech demonstrates an evaluation of 'how far he had come within the nursing undergraduate programme'. Reading his transcript and conducting an IPD allows an evaluation of the learning gained about the topics discussed within the focus group and about himself. As Gorsky *et al.* (2006: 73) suggest 'structural resources for IPD include all materials of any kind that students may learn from'. Their transcript became their resource. I extrapolate specific points from Corbin and Strauss (1993) and apply them to Ethan's speech. Working out how you learn is the 'interactional process where arrangements for learning are revised' (p73). This interactional process is further broken down into strategies and the ones that are pertinent are: negotiating, making compromises, discussing and educating (Strauss 1978: 16, 187). Ethan found the whole process of the focus group educational and it allowed him to evaluate his learning position within the undergraduate programme. I consider Ethan's reflective stance on his learning position was assisted by the gendered social relational context of the focus group. Ridgeway and Correll (2004: 511) state a social relational context includes:

> any context in which individuals define themselves
> in relation to others to comprehend the situation and
> act, everyday interaction, be it in person, on paper,
> or through the Internet, is a major source of social
> relational contexts.

Ethan understands that his learning has progressed and his comprehension is enriched through the discussion with his peers. Ridgeway and Correll (2004: 512) explore the perspective taken by Stryker and Vryan (2003: 3-28). Their work '*The Symbolic Interactionist Frame*' leads them to make this conclusion: The social interactional

perspective also applies when an individual acts alone and 'the behaviour or its consequences are socially evaluated'. The same group rules apply to the individual acting alone, as this individual has to define themselves to their peers, who may manage the group situation. I explore the perspective of socially evaluating particular behaviour and pose questions: What behaviour would be evaluated if male students of nursing actively pursued creating an all male seminar group? Would lecturing staff consider their request normal or deviant? How would the dominant female group react to an all male group? The dispersal of male students does not go unnoticed and was discussed following one of my questions.

Jane: (Line 252) Do you ever have mixed seminars?

Kevin: Mixed?

Jane: Mixed gendered seminars.

Kevin: There's usually one or two of us in a group. They do tend to mix them. I've been the only male in a group of about fifteen/twenty people – a couple of times.

In the background Vince and someone else starts to speak.

Vince: The register is pretty broken up, it's what groups you're in, whether you have slightly more males, or no males, it depends on the size of the group, groupings, or whether the group....

Kevin: They do tend to spread us out from what I pick...

Austin: Do you think that, do you think it's easier when there are other guys in the group? You know if it was a small group and there was someone else with you – do you think that would be easier?

Someone in the background says 'I would be sure about that'.

Ollie: No, I don't think it is, it depends on the other guy really – you know – whether you actually, um, can talk to that other guy – you know whereas, I can talk to you lot,

but then there are other guys on the cohort that I don't really talk to, and I suppose it doesn't really matter?

Jane: I mean, err, Austin, you said there's nine, ten?

The whole group join in here and state a number.

Austin: There's double figures actually?

Jane: And you don't- rarely see the others then?

Ollie: You do, but then?

Harry: You are in your groups by then.

Ollie: You see them, but I suppose you don't talk to them for some reason?

Harry: One of the girls (Someone starts to talk in the background) "you must be on my cohort". This indicates that a female peer has recognised him as one of the men belonging to their large year group.

Harry: you say hello to me – they just blend in they are all girls – it's difficult to recognise them sometimes? The female peer says hello to him, but due to the large number of women in his year group he is unable to recognise a lot of faces.

Vince: It's more likely that they know us than we would know them at the end of the day.

The participants acknowledge that they are integrated into the cohort, but Austin challenges the other participants to consider whether their interaction in a small group would be enhanced if more than one man featured in each group. Quattrone and Jones (1980: 141) discuss the perception of variability within In-groups and Out-Groups and highlight the implications for "the law of small numbers". In the talk from this focus group, the small numbers of males are classed as the In-group and female colleagues would comprise the Out-group. They suggest that an individual holds particular perceptions about their individual group in this case one male student on "male

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students". Quattrone and Jones (1980: 142) ask whether the 'perceiver', the male student nurse is or is not a member of the group being perceived. They also suggest that changes occur more frequently within the social category of the In-group, than within the Out-group as they are non-members of the Out-group. I do not suggest that Austin says the male student would not be considered a member by females in a mixed group. I interpret that the behaviour of the male participants would benefit from a further increase in male student numbers. Quattrone and Jones (1980: 142) suggest:

> The members of a group generally interact more frequently
> with in-group than with out-group members, the in-group
> member is more likely to have been exposed to the full
> range of attributes and personal lifestyles characterizing
> the group members.

The male student nurse shares predictable commonalities with his in-group members. In Ryan's model, 'subordination' is used to describe the gender relations that take place within in-group and out-group scenarios. Ollie indicates familiarity and friendship guide his choice as to whether he associates with all male students. Interacting and integrating into the out-group is necessary, required for learning commitments, and non-integration would be classed as unsociable behaviour. Harry provides a loose reason for not associating with other males and states: "You are in your groups by then", which to me acts as a form of acceptance of low male numbers and gives credence as to 'whether gender can be irrelevant in interactions' (Deutsch 2007: 106). Following the discussion about men rarely meeting up and men in groups caused Jack to state:

Jack: So, whether it's a personality thing- that I wouldn't have naturally progressed to sort of buddy up with a man, I don't know?

Ivan: You don't think it's because all the men in the group are strong characters and you would be?

Jack: What? There would be too much conflict, if we were?

Ivan: Yeah.

Noel: Because it is quite obvious. (Two other participants talk in the background).

Neal: It is obvious in our learning groups things, when we come together and discuss things, it is always the males that seem to lead, so if you had males learning with males, there would be quite a bit of conflict, maybe we've done subconsciously – we've gone to (whilst Neal is speaking, one group member is saying um in acknowledgement of what Neal is saying).

Neal recognizes the potential conflict that could arise with different personalities or contrasting masculinities, and the subconscious refuge taken by joining a female strong seminar group. This acute but subtle observation incorporates the links between the different kinds of masculinity. Issues of alliance, dominance and subordination affect and contribute to oppositional masculinity (Connell 1995: 37). I suggest their interactions with other male peers would be less controllable than with women colleagues. I predict that potential conflict can lead to situational subordination within an in-group (Ryan's model), due to the 'structured and interpersonal dominance of male power' (Hearn 2004: 51). However, Neal's comment stands alone and opposes Ollie. Neal realises that power relations could surface between strong personalities (Madriz 2003: 371, 372).

Prominent features of horizontal interaction surfaced from a majority of my groups. Their familiarity with each other and their collective interaction stimulated both group and individual ideas, and simultaneously their ideas 'interpenetrated and on occasions contradicted each other' (Linell, Wibeck, Adelsward and Bakshi 2001: 253). I talked with Oliver and Nathan:

Jane: Does having a lecturer outside the nursing sphere (While Jane is speaking Oliver is saying hmm) have a certain influence on your learning?

Oliver: Yes. I respond better to lectures from people who are nurses. They come in and lecture on their certain field. I find they are the best lectures.

Jane: Do both of you then say, get together and say "well this person whose not a nurse and who has lectured us on pharmacology" – "how does it apply to our patients in practice?"

Nathan: "Well I no, I totally agree with everything Oliver has said and basically you need to have completely academic teaching on a particular subject". Nathan emphases "you get the DEPTH to it". So you can apply it by doing that sort of work yourself. Or even have a bridge between the nursing and the theory. By having group work or possibly, um, assignments to try and put those two things together or for your-self, so you've got ownership of that connection. But you, but you just can't have one set of people teaching everything, you have to have certain specialists which go into depth and I think pharmacology is a classic because its so complex you need to go into depth. (In the background Oliver is saying hmm – presumably in agreement).

Oliver: From a nursing point of view? Both Oliver and Nathan start to speak.

Nathan: I think

Oliver: I'm sure they give the same lectures to doctors.

Nathan: "I think they do because they talk a lot about side effects and wanting to see our administrations and cautions". Nathan implies that the pharmacologists are interested in knowing how as nurses they administer medicines to patients and what safety precautions are utilised in the administration of these medicines.

Oliver: I think a lot of stuff is irrelevant and uninteresting.

Nathan: I think it's interesting.

Oliver: I don't. For Oliver unnecessary facts are uninteresting.

Nathan: Ok.

Both Nathan and Oliver laugh at this point.

In this talk there is a mixture of agreement, and deferring to the opinion of the other.

Despite sharing the cultural background of being student nurses, Oliver and Nathan

demonstrated different opinions. They talked about voicing opinions in the classroom

and from my own observations they complemented one another through their interactions (Kitzinger 1994: 108).

Nathan: I think the dynamic has changed a lot since we've started the course as well, Since we've got to know, um, other students as people, in their own right as individuals with personalities you kind of, there's less confrontation, as such, you're more likely to say something because you should say it, rather that being worried about upsetting other people.

(Oliver says hmm, hmm in the background – I interpret this as Oliver is agreeing with Nathan)
Jane: Have you upset anyone so far (Nathan laughs at this question) Because you are in your third year – aren't you?

Nathan: I think everyday I think. (After Nathan states this, the two participants laugh. I interpret they either laugh at my question or share an unspoken thought).

Oliver: I think, yeah, now that we are use to each other we just say if you don't agree, diplomatically say "we don't think that's right", or things like that, whereas, before if you would say I don't agree, it could be a confrontational thing.

Nathan: I see, so people try and work out where they fit?

Oliver: Yeah.

In all four groups differences of opinion occurred, but never argumentative interactions, which I attribute to the homogeneity of the participants and the nature of the subject discussed (Kitzinger 1994: 113). In the above talk and throughout all the groups' speech there is a common thread where the participants make comments in a joking way and exchange laughter. Zarubina (2008: 81) looks at the culture of laughter as a factor of tolerance towards new social groups in Russian society. Under close scrutiny are the post-Soviet entrepreneurs, classed as the 'new rich', or 'New Russians' who are subjected to a barrage of general mirth and a 'flood of jokes'. Attention is paid to this group of people as their wealth fails to reflect the wider cultural monetary circumstances of Russian people (p83). Zarubina (2008: 82) suggested:

> Laughter is one of the most important means for
> correcting and stabilizing relations in society

> The joke represents a purely oral genre that belongs to conversation, and is situationally orientated

Oliver and Nathan disagree between themselves on the applicability of pharmacology to their nursing practice, but are able to maintain their relationship through the medium of laughter. Laughter is not necessarily used as a stabilization process, but can be a result of reactions to bodily movements, comments or stimulus material. Two groups made joking comments when they responded to the last vignette titled how are you going to learn in the future?

Jane: Alright then, err, do you want to have a look at question four? How would you like to learn in the future?

Idris and Oz talk at once.

Idris: I suppose just sleep. (Idris and Oz talk at once) I suppose it's all this evidence learning isn't?

Oz: I'd like to learn whilst drinking a vodka and orange.

Idris: And reading the paper. Nice sunny day and reading the paper.

Oz: A nice beach bar somewhere?

Idris: I think, I think life is a learning experience, yeah.

Jane: It certainly is.

Idris: In our field, the nursing field you will learn until you retire.

Oz: It's not going to stop in five months time, is it? It's going to begin?

In the discussion, site two:

Vince: How are you going to learn in the future?

Ollie: Interactively.

The group members interact by making comments, and there is a lot of laughter.

Kevin: With a drink and a paper

Vince: Nice pint in the pub with a laptop in front of you.

Ethan: After the course- yeah?

Ollie: Don't they do that in Japan or somewhere like that – where you learn on a laptop? I'm sure I've seen it in Japan?

One difference between the above two groups is the number of participants and I acknowledge bodily and verbal interactions are greater when more participants are involved. The ease with which my participants could laugh together I attribute to the camaraderie socially generated by peers who are comfortable in one another's company. Hunt (2008: 460) examines living history and presents this historical period using live actors. The overall focus is masculine identity construction, and one section looks at the camaraderie enjoyed by men in battle. I do not necessarily transplant his proposals into my thesis, but draw on the concepts, which underpin comradeship. Friendships materialise in different ways for men and they share what is known as an inferred intimacy (Sherrod 1987: 220). What is applicable here is that this 'inferred intimacy' is characterized by 'sizing each other up, sarcasm, laughter, pranks and humiliation'. In all of my participants' talk, laughter was used in a positive frame to reinforce the meaning of words and act as a response.

5.3 Summary to Chapter five

This chapter focussed primarily on the dynamics occurring from the small group (two people) interviews and the focus groups. Whilst the naming of this category originates

from the pilot study, the principles of Charmaz (2006) were applied. The dynamics of

the focus group material and fieldnotes were analysed. Male students rarely regroup as

men to discuss their learning and learning styles. This fact alone may have an impact

on the consideration of gendered male learning within undergraduate nursing. Overall,

and symbolically, the focus group and small group interviews became a medium for

consideration of their own gender, development of ideas surrounding learning and

learning styles, demonstration of self expression (Wilkinson 1998a: 116), and created

a space for the interactional voice of men. The next chapter called 'Learning: Finding

that voice', is a constructive and interpretative approach, which presents how male

students articulate how they learn.

Chapter Six

Learning: Finding that voice

"I've got an engineering background, I kind of, I don't know whether its good or bad, if something is interesting I can pretty much visualise anything or what's been written or what's been put on the screen, unless you look at that again, but it doesn't, its 100 % pretty fallible, I am afraid, so I quite like using mind maps just because they are kind of I suppose rule based, but I break all the rules"

Diagram 3 Demonstrates the coding process leading to the theoretical category Learning: finding that voice.

Theoretical category

Learning: Finding that voice

Axial coding   ↑

Males can articulate

Focused coding   ↑

Speaking about learning
                                                    ↑

Age.   Chatter in class.

        Frustration.   Environment.   How you learn.

Negative and positive influences.   Neutral descriptions when speaking.

                Recognition. Teaching resources. Styles of learning.

Initial coding   ↑

Developing an individual style.   Finding the learning resource frustrating.

        How are you learning?   Influencing learning.

        Listening/seeing the lecture.   Negatively/positively influencing.

        Neutralising the gender of the lecturer and peers.   Recognizing the fact.

Talking in lectures.   Teaching construction.

6.1 Introduction

Previously, I discussed the forms of interaction which took place between my participants. As my thesis progressed the pragmatics of the grounded theory process (Charmaz 2006: 11) worked well to arrive at the categories grouped under the title "Learning: Finding that voice". In this chapter, I report how particular learning styles have contributed to my male participants' engagement with the learning process. The theme of gender continues from chapter five. The influence of former gendered occupations shapes how certain male students view their learning and whether they adapt their previously acquired skills to nursing. This chapter then moves to highlight how the medium of voice allows the gender of the male student to become prominent when discussing how they learn within the classroom.

6.2 Learning: Finding that voice.

The male students are able to articulate how they learn in the classroom. This articulation is an ability which overlaps into clinical practice. Masculine attributes aid the articulation of learning. I explain further: the sub-components of hegemony, hegemonic masculinity, complicity, and subordination remain relatively dormant in the classroom for undergraduate male nurses (Connell 1995). In my view, when learning is impeded by others, their maleness surfaces (Complicity) through the articulation and demonstration of their learning needs (Ryan's model). Wetherall and Edley (1999: 336) suggest the sub-components of Connell's framework fail to 'prescribe and regulate' masculine identities or strategies. The notion of 'identity' becomes a focus in the relational gender and observation chapter 7.2. In this chapter 'strategy' refers to the practice of how men act or make themselves heard to capitalise on their learning style. A further question is posed: if men conform to hegemonic

practices how does this conformity materialise in practice? (Wetherall and Edley 1999: 336). Relating this question to the undergraduate world of nursing I ask: What male strategies become effective in order to learn in the classroom?

The response to the vignettes asking: 'how you learn' reveal whether previous work experiences influence styles of learning. Oliver's artistic background was not fully explored as to whether it contributed to him developing a strategy for revising facts for examinations. Oliver recorded information onto his MP3 player and continually listened to this information instead of re-reading facts in books.

I then turned to Nathan and asked: "I mean Nathan, Oliver has mentioned that he has an artistic background, can I ask you how your background has influenced how you learn?"

Nathan: I've got an engineering background, I kind of, I don't know whether its good or bad, if something is interesting I can pretty much visualise anything or what's been written or what's been put on the screen, unless you look at that again, but it doesn't, it's 100 % pretty fallible, I am afraid, so I quite like using mind maps just because they are kind of I suppose rule based, but I break all the rules. I make my own version up and it works very well for me and I'm able to condense a lot of information into a small amount of um, it's not text and its not pictures, um, both its like, it's the way your memory functions. I find mind mapping really helpful. I am not pushing you know like a closed door. You are not trying to write a list.

Jane: So in - from your engineering background?

Nathan: Yep.

Jane: You've taken a particular learning style into nursing?

Nathan: Oh – (hesitates here) – no I would say the opposite there.

Jane: Ooh! Can you enlarge on that?

Nathan: I could try yeah. Engineering is influenced by the American adoption of numbers. That's fine I enjoyed that but it didn't really (Nathan hesitates here) it didn't really push me in that sort of sense. I didn't really get any sort of satisfaction, getting the sums right that's what you were suppose to do get the sums right. But with this there is no clear right or wrong answer, there is a degree of, um, grey areas in between. And I like this sort of tustling with problems and concepts and trying to come up with, err, trying to come up with a satisfied solution. That's probably the

difference, I know there's probably no right or wrong but your're satisfied that you have explored something and that's quite a nice feeling.
Jane: So how would you re-alter that particular mind mapping illustration?

Nathan: Oh right. If I can describe that stuff its kind of very geometric very similar to the mind mapping programmes that you can buy, um, you can actually buy software mind maps. I like using more colour and pictures and making it more fluid if you like and so maybe instead of focusing on- you've got four points there. I would maybe have two or three points, but then one might become its own mind mapping in its own right.

Jane: Right.

The engineering training asks the learner to assume a totally objective perspective,

which is not always conducive to an individual's learning needs and has surfaced in

Nathan's speech. I consider through Frehill (2004) that a learning style brought

forward from a male gendered profession enhances the male student nurse's position.

Frehill (2004: 383) provides an historical account of the gendered construction of the

engineering profession and is supported, amongst others, by Acker's (1991: 163)

theory of gendered organisations. Acker maintains that an institution structured

around the masculine safeguards male privileges. Frehill (2004: 385) states:

> Work rules, job descriptions, promotional rules, and
> similar constructions are based on the "abstract worker",
> who is actually a man according to Acker's theory.

This theory has meaning as Frehill (2004) includes Acker's work into her text. I

disagree with Acker (1991: 170, 171) assigning the term an abstract worker to just the

male population. I redefine the term abstract. In undergraduate nursing 'abstract'

learning opportunities take place for both female and male students and I feel that the

term 'abstract' is used inappropriately in Frehill (2004). I support this argument, with

a phrase from Nathan: who states "but I break all the rules". When he discusses mind

mapping he brings the ideology of the male abstract worker into undergraduate

nursing by stating:

"But with this there is no clear right or wrong answer, there is a degree of, um, grey areas in between".

Here, I apply two avenues of thought: adaptation and renunciation of a learning style. If Nathan transfers this abstract thinking into the learning process to accommodate nursing subjects, then this fulfils the premise that people keep the same learning style throughout their life (Philbin *et al*. 1995: 492). Nevertheless, Nathan is quick to say he has adopted a different style through his interest in solving problems for a nursing subject. Does the strength of his masculinity recognise that he has to adapt his learning style as he is a member of an educational environment originally constructed around the feminine? A dearth of literature focusing on how young peoples' approaches 'transform over time' propelled Bloomer and Hodkinson (2000) to conduct longitudinal research with 'transformations' as the main focus. Bloomer and Hodkinson (2000: 584) review the work of Purdie and Hattie (1996: 847), who reveal that approaches to learning are guided by cultural and educational situations. Bloomer and Hodkinson (2000: 584) identified a need to investigate the 'extent and conditions under which preferences change'. Although they targeted students from secondary schools and chose to report extensively on just one case from their sample, it is their views surrounding the practice of learning and constructivism that I link to my own research.

When Nathan discusses mind maps, he states he finds them really useful, but what is enlightening is his phrase, "I am not pushing you know like a closed door". As the researcher, I ask, what does he tell me about his learning situation? The concept of social construction acts as a continuous thread in my research and for Bloomer and Hodkinson (2000: 584) the learning and how it is delivered lies at the heart of

constructivism. I consider that Nathan's account does not discuss 'fixed or trait-like dispositions to learning', but adapts and takes 'the sequencing of knowledge' from his engineering background and 'scaffolds new learning to existing schemata for nursing' (Howard 1987: 45, Driver, Asoko, Leach, Mortimer and Scott 1994:10, Bloomer and Hodkinson 2000: 584). In mind mapping Nathan has developed new interpretations against 'a backdrop of previous learning practices' (Schwandt 2003: 305). Bloomer and Hodkinson (2000: 589) link meaning, participation, and action to the practice of learning and connect them to a symbolic interactionist (SI) approach. How Nathan learns is based 'on the meanings' that he attributes to his knowledge and learning. Therefore, I interpret that Nathan arrives at a meaningful solution through his subjective notion that his learning activity continues to construct meaning for him (Charmaz 2006: 130). The SI perspective actively explains subjectivity as driving an individual's orientation to practice (disposition). In relation to this approach, Bourdieu comments on the association of disposition with position and suggests a person's 'habitus' indicates a 'portfolio of dispositions' from different social backgrounds (Bourdieu and Passeron 1990: 203 and Bourdieu and Wacquant 1992: 133). The habitus or portfolio is influenced by who the person is and their status in society and signifies the bringing together of factors such as social class, gender and ethnicity (Bloomer and Hodkinson 2000: 589).

Nathan's gender alone acts as a strong structural factor and his status in society compared to a woman remains constant despite the diversity of his masculinity (Segal 1993: 626). I can see why Nathan feels he does not have to push "a closed door" as his gender allows him to be 'structurally and interpersonally dominant in most spheres of life' (Hearn 2004: 51). His masculinised status contributes aggressively to his

ability to learn nursing subjects. I think Nathan's adaptation or adoption of a new

style is due to the development of his orientation to learning and remains a

characteristic of a learning career as discussed by Bloomer and Hodkinson (1997: 61).

In other work, Bloomer and Hodkinson (2000: 595) conclude that:

> learning careers are best seen as complex
> interrelationships between the constant
> and the flux

For Nathan, uniformity takes place within one career, and the constant change

happens until the uniformity is achieved, so he finds a learning style which suits

nursing. The claims that a learning career is subject to personal and situational change

is thought to affect teaching delivery. These authors do not offer an explanation why

this should occur (page 595). What is relevant for the male student nurse is that the

subject of learning is firmly pinioned with issues of 'identity and situation and cannot

be extracted from them' (page 595). In this chapter identity is not being scrutinised;

however cannot be ignored as Simpson (2005) allows me to see why learning is

intertwined with identity and situation.

Simpson (2005:363) looks at career entry and orientation and the experience of 'role

strain' in men in non-traditional occupations. I link orientation towards a non-

conventional career to the practice of learning (Bloomer and Hodkinson 2000).

Simpson (2005: 363) investigates four occupational groups: nurses, cabin crew on

aeroplanes, librarians and primary school teachers. The following statement: 'Men –

have less to gain and much to lose by choosing a non-traditional career' (Simpson

2005: 364) is really misguiding as men aspire to and situate themselves in

administrative and elite positions in nursing (Evans 1997: 226). How men succeed in

the nursing profession is not a focus for this thesis. However, following the analysis

of forty in-depth interviews Simpson (2005: 363) suggests men can be located in three

main categories: Seekers who actively chose the 'female' occupation; Finders who did

not actively seek a non-traditional career, but who found the occupation in the process

of making general career decisions and Settlers who actively chose the occupation,

often as a result of dissatisfaction with a more "masculine" job, and who then settle in

their non-traditional career.

Using Simpson's typology eight out of my eleven participants, including Nathan,

(main study) are 'finders' as they all had previous careers embedded in masculine

cultures, and made a career decision to chose nursing. The remaining three male

students are 'seekers' who entered nursing at the age of eighteen or shortly after this

particular age. Returning to Nathan, I tentatively suggest his dissatisfaction with

engineering allows him to discard his 'engineering learning style' and actively choose

a style relevant to his second career choice. Connell (1995: 131) devotes some

discussion to the concept of renunciation and would class the move to nursing as

separating Nathan from the 'masculinizing practices of the conventional workplace'.

Furthermore Connell (1995: 131) states

> Renunciation also means giving up everyday masculine practices
> and styles of interaction, for instance, by consciously trying not
> to dominate discussions and decisions.

Such a change in masculine practice and interaction could lead to role strain for the

male student. The concept of 'role strain' by Simpson (2005: 371) has relevance for

my study. Role strain is described as men experiencing discomfort when they have to

maintain a masculine identity against the demands of nursing. Does taking on a new

learning style mean feminisation for Nathan? I did not perceive any discomfort nor

tension from him during the two-person interview. He willingly volunteered

information about his style for learning and in this example his gender identity remains intact.

As the female researcher I can see why his gender identity remains untouched. Nathan and my other participants do not act as the troops at the front-line of patriarchy. (Connell 1995: 79). These participants can live with the femininity of nursing within the classroom, but, when forced, call on and demonstrate masculine interactions and display dominance when speaking in public. Philbin *et al.* (1995: 492) question how men would adjust their learning when a course is primarily designed to accommodate a diverger/converger learning approach classified as a feminine style.

Taking this perspective forward and keeping with the 'student nurse status' I suggest the interaction and speech of male student nurses reveals how they can call on the complicit nature of the male role. Their maleness surfaces through the articulation of their learning (Ryan's model). I consider the presence of the 'male' student nurse becomes visible through action and voice and is demonstrated when Harry states: "Incessant female chatter impedes listening to lectures".

In the context of my research, I relate the power of language to the male students' ability to be able to manipulate the conversation to their advantage and this power is also enriched by the fact that men are not afraid of speaking publicly. The focus group responded to the vignette question 'what positive or negative learning experiences have affected your learning in the classroom?' In general the group discuss how lectures are delivered and all agree that humour certainly affects their

learning processes. The occurrence of other peoples' conversation is viewed

negatively and to a previous question Vince stated:

"Some people like to chat about what they did yesterday, rather than listen to the lectures" Here, Vince makes an observation that his peers do not consider learning to be important.

Vince: "And unfortunately for me I am late in life and I need to do this because I am going to be retired very soon" Here, Vince summarises the length of his working life.

In the above speech, Vince acknowledges the importance of learning. He sees paying

attention and not talking 'as an adult thing to do', and supports his argument by

making reference to his age. He implies that he needs to accomplish as much as

possible because the length of his new career is shorter than the younger members of

his cohort. The vignette that accompanied the question about positive or negative

learning experiences evoked numerous comments on the beneficial effect of humour,

and the negative drawbacks of elicit conversation during a lecture. The latter is

obvious in Harry's speech.

Harry stated: "And then it would be reflected on us". What Harry meant was: if one person talked the whole group was considered disruptive.

Harry: "Obviously he was talking - automatic, automated and we were not paying a hell of a lot of attention" Here, the lecturer's delivery failed to engage the students.

Harry: Even that one girl speaking on the phone behind me while he was lecturing and I was like, I don't know if she was talking to a friend, its bad enough talking, No, no I'll see you later" – do you MIND!! She went "Ah" She was still thinking shall I pay attention, shall I put the phone down or what – I think she realised I would throw her out.

Harry's account represents his willingness to talk about his experiences in the lecture

hall, and I interpret that Harry was not afraid to face and admonish a female peer. He

was not undeterred by articulating his need to listen to the information and showed his

feelings in order to move his learning forward. Connell (1995: 78) discusses the

concept of subordination as oppression occurring just between groups of men and as a

result establishes a hierarchy of male groups. In the undergraduate programme subordination could exist between both male and female groups when certain learners feel silenced and as a result are unable to express their needs (Ryan's model). In the above example 'the need to learn' compels Harry to voice his opinion and run the risk of becoming unpopular with individual students. Harry makes himself known and in a sense declares his masculine identity. Harry's actions are similar to those demonstrated by Alun when he talks about the distractions that affect his learning.

Alun: It does because – the type of person that I am – I would turn around and ask them to stop – because it disrupts – it disrupts the whole class and I err a student rep for our group as well – so there are rules – we did all write the rules up first when we first started you know. No talking in lectures, no texting - switch your mobile off unless it's an emergency – put it on vibrate, but people still do it. And it does get annoying when people talk amongst themselves and it distracts people like me – (Alun's voice then increases in volume) It does distract – because I don't know – I feel that I've got to like start my next assignment, I've got to start now and err – some of the girls – like- until the week before – until they're under pressure start writing their assignment. Alun's next phrase is said in a quiet voice – I can't do it that way – its unbelievable the way they do it?

In my opinion, Alun's account details his actions and ability in dealing with the negative influences that persist in classroom learning. The research by Gough and Peace (2000: 387) 'explores issues surrounding masculine identities by examining men's talk in various settings with a view to studying the implications for gender relations'. They evaluate the implications of such speech by incorporating a feminist social constructivist analysis by Connell (1995) and Reed (1999), which they later describe in their article as 'critical and feminist work'. Their label of 'critical' is aptly ascribed to Connell (1995). In earlier work, Connell (1987: 92) examined the concept of social structure and classes the models by Piaget, Levi-Strauss and Althusser as 'sophisticated' because they offer concrete frameworks and explanations for the concept of 'social structure'. Although not named, Connell (1987: 92) criticises the

work of other authors when they locate gender relations at 'the latter end of a

spectrum' and then claim their work lies within a structured framework to interpret

gender. I can see why Gough and Peace (2000) twin Connell (1995: xii) with the

feminist stance taken by Reed (1999: 93) as his work on gender evolved from his

exposure to feminism. Connell (1987: 92) argues that the concept of social structure

includes 'constraints' on social practice. I am constructively interpreting the

constraints 'male' student nurses discuss in their accounts when learning with female

colleagues. I perceive the constraint in the nursing classroom is the restriction of

masculine practices related to speech and decision-making; but Connell (1987: 92)

suggests:

> the constraints on social practice operate through a more
> complex interplay of powers and through an array of
> social institutions.

The undergraduate world of nursing is the social institution, so the 'notion of

structure' underpins the 'complexities of interactions' that occur in the classroom

(Connell's 1987: 93). I interpret Harry's interaction and remarks follow a structured

approach: he says "it's bad enough talking". The next stage, when it becomes

obvious that his female colleague is talking on a mobile phone to a person outside the

lecture hall, he resorts to an asymmetrical interplay of power through the forcefulness

of his comments. This interaction and speech relates to Gough and Peace (2000), as

they wanted to feature the discourse/practices of masculinity that assisted

subordination of others such as women.

I think Harry does not force the female colleague into a subordinated position, but

takes a complicitous position. He is able through powerful language and the way he

uses that language to make others aware of his wishes (Ryan's model). To

comprehend further the power behind Harry's speech I return to an underlying theme

surrounding men. Sattel (1983: 119) claims:

> The starting point for understanding masculinity lies,
> not in its contrast with femininity, but in the asymmetric
> dominance and prestige which accrues to males in this society.

The ideas inherent in this claim are previously echoed in education when men's

development acted as the benchmark for both men and women (Belenky *et al.* 1986).

Sattel's viewpoint influenced Fabius Kiesling (2001: 113) to look at 'how men

construct their identities through language'. Whilst the 'student nurse status' remains

a prominent identity for Oliver and Nathan, it is not twinned with the issue of

language. Thinking of Connell's (1995: 131) take on renunciation, Harry

demonstrates a certain amount of restraint in his style of interaction with his female

colleague. In the narrative Harry purposely raises his voice when he says "Do you

MIND" and to me this conveys annoyance and frustration. Fabius Kiesling (2001:

112, 113) discusses that men construct their identities through language and bases his

assumptions on data obtained 'during a longitudinal ethnographic study of a United

States (US) fraternity'. He examines the combination of the ideology of the fraternity

and the numerous discursive abilities of the men who took part in the study. Harry fits

into one of the identifiable discursive resources, which are named as 'storytelling

ability, joking ability, a powerful structural role and a loud voice. Fabius Kiesling

(2001: 113) suggests that if a man can call on one of these attributes, he draws on a

disparate type of power. In my opinion Harry's powerful oral protest demonstrated

his frustration, which was further fuelled by his last statement "I think she realised I

would throw her out".

Unnecessary talking in lectures causes frustration for both lecturer and student. I

chose the title 'Learning: Finding that voice' for this theoretical category as my data

demonstrates that everyday learning is not helped by the mode of delivery and the site

designated for a lecture. For example, numerous students can be located in a lecture

theatre and receive information transmitted through a power point presentation. Data

reveal nothing but criticism of this teaching resource. These criticisms are made

powerful by their language. The male students can articulate how they learn best and

simultaneously through masculine speech highlight what is mundane when learning.

Taking a 'pragmatist foundation' enables me to keep focussed to 'emphasise the

elements of language, meaning, and action for my grounded theory'; and avoid

analysing my interview accounts at a face value level (Charmaz 2006: 184).

Greenwood and Levin (2003: 147) suggest that the initial action of pragmatism is to

'link theory and praxis'. In the following excerpts the students discuss their

environment and the delivery of PowerPoint presentations. The opinions of my male

participants are buried in this view:

> experience emerges in a continual interaction between people
> and their environment, and accordingly, this process constitutes
> both the subjects and the objects of inquiry
> (Greenwood and Levin 2003: 147)

This experience evolves as the students are constantly exposed to PowerPoint

presentations and the whole object of this 'exposure' is to receive knowledge.

Together with the environment of the lecture theatre, PowerPoint presentations fail to

enable the receipt of knowledge. The participants used common phrases to describe

the teaching resource of PowerPoint. My participants certainly reveal contempt for

this mode of delivery and highlight that their learning is not enhanced through this

teaching. The way they describe it is not new; however, I can argue that they can talk

about it and in the following speech 'seeing too much information' leads to sensory

overload.

Russell states: I would say different lecturers have got different techniques in now. If
someone holds my interest I will obviously learn from them, but a lot of them it's just
basically view foil or whatever [sic], the information goes up and then they move on
to the next one without explaining it, you know, or, they don't seem to have enough
time or they're late or you know?

Jane: When you say, Russell- that the information goes up, what do you mean by that?

Russell: It's basically- I think you get what I use to call in the marines 'Death by view
foil'. If especially if it's a hot day like this, and you know, you are in there, and after
the third lecture of the day you start to get a bit tired and people naturally, you know, I
think people have only got a learning process of 45 minutes period and then they
become disinterested [sic] and it all depends what the learning environments like, as
well.

This phrase 'Death by view foil' is related to the teaching resource of PowerPoint and

how it is used in lectures. Russell indicates that the student can be at the receiving end

of too many PowerPoint presentations.

Jane: So, so, can you say that again 'Death by view foil' (Russell is amused 'quite
rightly', at my lack of understanding of the particular naval term) is this 'death by
view foil, um, for PowerPoint?

Russell: Yep, both, but traditional we use to call it in the marines, you can only absorb
so much information, and if it's a hot day, or you know its not holding your interest or
its not an interesting subject, you can just wander off, that's what I meant by 'Death
by view foil'. (Both Russell and Jane laugh at this).

The dislike for this teaching aid is apparent through Russell's description and overall

these meaningful words become 'highly contextualised' (Fabius Kiesling 2001: 130).

Whilst Jim refers to the lecturers teaching methods, he also describes PowerPoint as a

one-way teaching delivery with insufficient inclusion of students. Jim's comments

support that too much information can be delivered through the visual delivery of

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PowerPoint and students do not benefit as they are often excluded from the dialogue

on a subject.

Jim stated: "Who influences your learning within the classroom"? I suppose – its not
always the person doing the teaching itself, I don't think that um – in generating
discussion – you start learning from other people in the group as well-
and I think its important for lecturers to realise that they need   to generate – no
matter what they are teaching – um to just - sometimes - you get PowerPoint
presentation or even overhead slides when they just read off the OHP or
PowerPoint and gives you no chance to actually feedback and you do switch off…
I'm sure everyone does this and it does happen but you just switch off sometimes?

The above sentiments continue and at site two (main study) the students indicate that

their colleagues always look to see how many slides there are on the PowerPoint

presentation. They indicate that numerous slides are greeted with groans from the

audience.

Harry states "Death by slides and that".

Vince qualifies this even further by saying: "At the end of the day, its not very good.
It doesn't keep you interested. You just wander off and drift off and you can't wait to
get out of there".

The above experience can be altered if the presentation captures the students'

imagination.

Oliver makes this observation: "Its hard for me because I come from an artistic
background. I studied art at college before switching and I learn in a very visual way
and so when I am sitting there and there is nothing to see, I switch off. But if when
there's lots of interesting things going on – I pay attention. I think some of the
younger lecturers are pretty good. They put lots of things up and they switch, there's
not just an hour on the presentation. On PowerPoint, there's a bit of PowerPoint and
the old board of a marker and they switch, you not just bored senseless there and –
YOU'RE ENGAGED. And I think that's pretty good.

In the above speech when Oliver says "the old board of a marker" he indicates the

PowerPoint is temporarily suspended and comments from students are written on a

white board. Then the lecturer returns to the presentation. Oliver really emphasises the

words "you're engaged". Engagement theory evolved when Sheiderman (1994, 1998), Shneiderman, Alavi, Norman and Borkowski (1995), and Kearsley (1997) gained experience delivering computer aided distance education. In later work, the principle of this theory continued to focus on achieving meaningful engagement in learning and claimed similarities with the constructivist approach (Kearsley and Shneiderman 1999:1).

Kearsley and Shneiderman (1999) suggest engagement theory has three components named 'relate, create and donate' and the ultimate aim is to create successful collaborative teams that come together and work on projects and are significant to people outside the classroom (p1). The stages of this engagement theory, whilst modified, share similarities with the constructivist perspective discussed by Loyens, Rikers and Schmidt (2007: 582). The commonalities between the two works are cooperative /collaborative learning and the social dimension of human interaction (Kearsley and Shneiderman 1999: 2, Loyens *et al*. 2007: 582). I suggest that 'being engaged' leads to interaction and collaboration and links to the principles relate and create. My fieldnotes written during and after the focus groups together with my interpretation of the interactions that occurred from listening to my participants' speech enables me to interpret the significance of the male students' interactions. I am 'prioritising interaction over meaning without referring to what 'they are thinking or feeling' (Silverman 2005: 10). Interaction is certainly viewed as a necessary requirement to bring learning alive by one of my participants. Austin states:

"I think as well, cos we were sort of saying earlier in lectures when everyone is interacting – when the lecturer is passionate and they ask questions, its different people and different people like contribute"

The phrase "when everyone is interacting" spurs me on to ask: does this interaction mean that both female and male nursing students ask questions on an equal basis and feel confident to verbalise and lead discussions in front of their peers? Dyck *et al.* (2009: xx) (in press) conducted an 'interpretive ethnographic study and explored the experiences of Canadian undergraduate male nursing students and female nursing instructors in the context of classroom teaching'. Data were obtained from participant observations of classroom teaching. From each classroom observation, one female instructor and one student were invited to take part in semi-structured interviews. I did not interview instructors; however, aspects of their study share a commonality with my own. The authors did not adopt the analytical grounded theory approach but their thematic analysis revealed these themes: 'nursing like a man', masculinities in a feminine place' and 'diversity between masculine and feminine'. Earlier, I asked whether students verbalised on an equal basis. Under 'nursing like a man', Dyck *et al.* (2009: 3) suggested men ask more questions and contribute to group discussions, a finding, which correlates with my own analysis. Taking the lead as the male student in a small group also featured under the theme of 'Nursing like a man'.

I suggest from my data that learning through the process of interaction is best achieved during small group work. At site two, the vignette that asked the question "who influences your learning?" displaying four young women and one older man, (appendix 20.1) triggers talk relating to the small number of men in their cohort and small seminar groups in general.

Vince states: Males in nursing, anyway, everybody looks at you to be honest. There's hundred an odd of us (number not specified) in the cohort – how many men in our cohort – was it fourteen? It's less than that?

Ollie replies: It's less than that now.

In response, Vince continues: Well you do stand out a bit. When you look at it it's a bit difficult to blend into the background, especially if your 're older like me and him" – (Vince refers to Harry). You tend to stand out more or like Austin get your self a haircut and everything else?

Further talk around appendix 20.1 continued, Kevin states: It looks like a tutorial to me, with/or a small group session, um. In a small group I think it's easier to- people are freer to talk I think – like people there will be interaction like this is (Kevin refers to himself and his peers taking part in the focus group) – there are few of us. If there had been like lots of us perhaps a lot of us wouldn't have talked –

In the above speech, I interpret that Kevin sees a positive side to the small number of men and this minority number facilitated talk and interaction. As my participants are a minority group they will be prominent, and surprisingly, they report they are forced further into the limelight by the reluctance of the female students to speak in public.

Roussel and Downs (2007: 178) challenge the epistemologies that advocate 'the enunciation of the concept of masculinity'. Their ideas are relevant to the male role within the classroom and they suggest that masculinity is left unchallenged by female students. Initially, the theoretical perspectives of Mirsky (1996) and MacInnes (1998) support their position. Mirsky (1996) focuses on the issue of dualism featuring in the 'dominant concept of men's studies' and argues that feminist studies reject the notion of femininity and questions why studies about men continue to extol the benefits of masculinity. He purports that men's societies [sic] call 'for the reconstruction or reform of masculinity' but continue to argue unexplained 'notions of essential gender

difference' (p 33). Therefore men continue to propagate gender difference through

dualism (Mirsky 1996: 33).

My participants know they are men and their role as undergraduate students 'is not

coherent' because the nature of the nursing profession does not allow them to divorce

themselves from their actual gendered status. The argument that 'masculinity is not

coherent is down to the fact that gender itself is not coherent' (MacInnes 1998: 46).

This profound statement is reinforced by his view that gendered issues reflect a

'transitional society between patriarchy and a universal society, which will eventually

consider men and women as equals' (MacInnes 1998: 59). He explains that

masculinity cannot be held or 'defined', and through a post structuralist view, argues

that masculinity can be assumed by both 'girls and boys':

> and over time, it must surely come to have no special
> connection to either biological sex

Roussel and Down (2007: 191) state that in a 'modern type of patriarchal thought'

masculinity is affiliated 'with the mind, with public speaking and with the workplace,

away from the domestic space'. In opposition to masculinity, 'the feminine is linked

with the body, with emotions, with silence in public, and with domesticity' (pages

191, 192). To me, these views belong to a deep-seated ideology and I am surprised at

their need to refer to these ideas as modern thinking. They do argue that studies on

gender are addressing this dichotomy. Along with Connell (1987: xi), but without the

reference to sexual politics, I suggest that this thinking is just a continuation of the

advantages experienced by men in the scheme of past and present social structures.

Jack and Neal make a significant observation:

Jack stated: Those bigger informal groups, the quiet students that we can always sort of think of, they do eventually pipe up, don't they? But if you think, particularly at the start of this course, err, if we were in groups of five and six and had to talk about something, it was always the bloke that would talk.

Neal replied: Still is, who did I mention it to last week? (Someone says Friday). Was it Friday? Did you notice the only people who answered questions – asked questions were all men in the lecture?

Deutsch (2007: 117) suggests men have more to say. The configuration of masculinity in the early teenage years contributes to men being outspoken in public places. Dalley-Trim (2007: 199) examines how adolescent males (aged 14 years) construct their masculinities with reference to gender and sexuality in an Australian secondary school. She calls on post-structuralism, feminism and critical thinking to aid her analysis. To explain men's dominance in classroom talk, it is necessary to explain women's silence, and therefore illustrate the prominent speech of the male student.

Work by Butler (1990:8) has a significant influence, as the body is classed as a 'medium', where gender is externally related to the body and I interpret the repeated acts of the 'stylization of the body' (page 33) are symbolised through the performance of the individual. However, Connell (2006: 24) criticises Butler (1990) for arguing that gender should be seen as a performance. Davison and Frank (2006: 160) refer to Butler (1990) and consider gender is something 'you do'. This thought can be applied to undergraduate nursing where the male student could adopt 'particular gender performances that have social and educational consequences' through their speech. Jack and Neal's narrative reveals that this gendered performativity is evident in the undergraduate classroom.

Zimman (2007:327) reviews the book *'Speaking out: The female voice in public contexts* by Baxter (2006). Located in Baxter (2006), Litosseliti (2006: 40) suggests the 'female voice is heard as an emotional voice' and bases this assumption on the fact that women 'have to justify their presence and achievements alongside being measured against different norms to men' (p 45). Zimman (2007: 329) uses data from the *Guardian's* column 'Head to Head' to respond to Litosseliti's views. The newspaper published two contrasting types of correspondence; one discourse was regarded as being associated with authority and the other as constructed from an emotional and personal perspective. Zimman (2007: 329) suggests speakers use this paradigm to portray the female voice as 'irrational and un-authoritative' and in general women adopt strategies such as speaking in a masculine style.

Irrationality and rationality are related to hegemonic and complicit masculinities (Connell 1995: 164). He draws from nine life histories to discuss men who claim expertise, but lack social authority (page 165). From his discussion on patriarchy he suggests that men are rational and women are emotional and this relates to my thesis. Scientific and technological industries have supplemented this notion of emotional and rational difference between men and women as publicly these industries are seen as dominant, progressive areas largely controlled by men. Connell (1995: 164) states:

> Hegemonic masculinity establishes its hegemony partly
> by its claim to embody the power of reason, and thus
> represent the interests of the whole society.

In application to the male students, their gendered dominance is reduced, but they retain their prominent standards belonging to their gendered practice in undergraduate nursing (Ryan's Model). However, I propose that the female students have not

adopted strategies 'that legitimate themselves as speakers' (Zimman 2007: 329).

Connell (1995: 174) gives one example: 'intellectually trained' men will disagree

over issues such as 'masculine authority and technical rationality in the workplace'.

He further states it is 'rational management strategy' to have an expert apply for the

job and if women are allowed to apply then the culture of the technical workplace

becomes eroded with the entry of women. In my thesis the concept of being an expert

in nursing would apply to both genders; however, naming the male student as the

dominant speaker is applicable as the female students fail to provide a public

discourse within my study (Connell 1995: 174).

The reviews by Zimman (2007: 329) share commonalities and link to my study as

language is seen as a social practice that promotes the performative nature of gender

and assists the 'co-construction of meaning'. Jack and Neal observe that their male

colleagues are not afraid to articulate their learning needs through the process of

questioning within the classroom environment. Dalley-Trim (2007: 211) discusses the

issue of 'girls on the periphery'. From my participants' speech and actions, I deduce

that they respect their female colleagues' viewpoints and endeavour to do the opposite

to the 'boys' in her study who actively 'restrict the girls' access to the linguistic space

of the classroom'.

In the contextual scope of my study, I feel my participants do not meet the normative

standard of hegemonic masculinity (Connell 1995: 79), but maintain their own

perceived gendered practice in undergraduate nursing (Ryan's model). The male

student's dominance and legitimate linguistic role is assured by the absence of female

participation and enriched by the complicit nature of their masculinity. A mirror image of this projected dominance is evident when my participants highlight that they learn best within small groups. Small groups are less threatening and allow students to ask questions. The 'dominance of the linguistic space' is further protected when a male is the leader of the group. Most of the time seminar groups always contained one male student. The students chose to discuss the composition of seminar groups in the following way.

Jack: So, whether that's a personality thing- that I wouldn't have naturally progressed to sort of buddy up with a man, I don't know?

Ivan: You don't think it's because all the men in the group are strong characters and you would be?

Jack: What? There would be too much conflict if we were?

Ivan: Yeah.

Noel: Because it is quite obvious, (two other people start to talk in the background).

Neal: It is obvious in our learning groups, when we come together and discuss things, is always the males that seem to lead, so, if you had males learning with males, there would be quite a bit of conflict, maybe we've done it subconsciously-we've gone to (Whilst Neal is speaking, one group member is saying um in acknowledgement of what Neal is saying).

Jack: Someone said something interesting yesterday, about when we were forming a group with Harriet. Someone said "do you want to come into our group"? They said, "No I'm in Neal's group". And we say, it's always Neal's group.

The focus group members laugh.

Neal: I've never noticed.

Jack: The group is named. The focus group members comment on Jack's remark.

Therefore, it is not quite clear whether the title 'Neal's group' evolved as a result of male and female collaboration. Naming the group 'Neal's' group alters his token status to one of heightened importance and re-enforces his position in the learning environment (Kanter 1977b: 965, Spangler, *et al.*1978: 161).

From Alun's interview, I perceive the language describing the females within the group stems from masculine thinking.

Jane: You're one gentleman in each group?

Alun: That's what they try and do – I say I'm quite lucky the group that I'm with – the girls – there's five of them and myself – they call them Alun's bitches. (Here Alun refers to 'they' as his peers within the classroom and does not distinguish between males or females) That's the name they have given them.

From the data, I presume and deduce that other male students assigned the title of 'bitches' to the female group members.

Jane: I mustn't laugh.

Alun: It's just the way it's been put across. What are you going to call them or we will call them Alun's bitches.

The complicit nature of masculinity comes to the foreground here when the students name the group with Alun's name but describe his female peers in a derogatory manner. This terminology has salience. Cranny-Francis, Waring, Stavropoulos, and Kirby (2003: 1) discuss discourse surrounding gender that always categorizes people as males or females. They say that gender is hierarchically arranged in society and presented in a binary format, hence the terms 'male and female'. These authors class 'male and female' as an equation with the masculine side being positive and the feminine negative. 'Alun's bitches' embodies this concept. Alun's name is the

dominant part of the title and his female peers are reduced to a subordinated position through the practices that endorse the complicit nature of hegemonic masculinity (Connell 2001: 40). I considered Alun's peers assisted in constructing Alun's relationship with the female students to preserve what they saw as his rightful masculine position. In Ryan's model, Alun is classed as belonging to the in-group and his 'bitches' become members of the out-group.

Godenzi (1999: 385) discusses the notion of self-presentation. His study reveals how males responded to a feminist challenge. An historic event took place in Switzerland, twenty-five percent of the female population refused to assume traditional roles and acknowledge customary positions (page 385). The study is not described in detail; however, the main focus of his work centred on describing, interpreting and categorizing the men's responses to the women's refusal to continue their expected positions in Swiss society.

Godenzi (1999: 387) creates and illustrates the demands/challenges to men from women's stimuli, men's responses in four stages, and then women's responses to men's responses. 'Self-presentation' is located within stage 3 under men's responses and classed as a core 'associative technique'. Self- presentation or impression management involves 'individuals manipulating the impressions others form of them' (Leary and Kowalski 1990: 34). This initial action affects the whole process of the 'social interaction' as the manipulated individual is in a position to evaluate their impressions and alter their behaviour towards the controlling individual (Leary and and Kowalski 1990: 34, Godenzi 1999: 388).

Self–presentation is when a man asks himself how he must act so 'a woman or women will get a certain impression of him' (Godenzi 1999: 388). I apply this concept differently and interpret that Alun's male peers wanted Alun to be in a domineering position and not, as Godenzi writes, as a person sympathetic to questions of gender. From Godenzi's perspective being sympathetic towards women allows the male to be left unchallenged. So from this, I suggest hegemonic masculinity is established through a form of self-presentation and the gendered practice of male students (Ryan's model). I can only interpret from my meeting with Alun that he was a sensitive person who was sympathetic towards the needs of the females in his named group, but who could preserve his own self-presentation.

6.3 Summary to chapter six

This chapter established that the male participants can articulate their learning styles within undergraduate nursing. Particular male strategies are drawn from previous work experience and there is recognition that in a constructivist learning environment adaptive processes are required to learn nursing subjects. Male students achieve successful learning through appropriate, but tempered masculine action and speech. I conclude with the idea that the male students can call on their 'maleness' (complicit nature of hegemonic masculinity) when the need arises in order to make it clear how they need to learn. This need to learn is also influenced by the male students' perceptions of their relationships with other female and male peers. The next chapter, relational gender and observation in the classroom, looks at the self perception of the male role in the undergraduate programme and how being a minority alter this projected identity.

Chapter Seven

Relational gender: and observation in the classroom

"I do believe that the sorts of men who are in nursing are quite a distinct group"

"Sometimes, groups of three or four. A group of five, four groups of five and we kind of make it an unwritten policy that we don't chose the three males – we work together, sometimes there would be two in a group, sometimes there would be one in each group. And we don't kind of try to go out of our way to differentiate ourselves, that way from the other female students.

"We're just students we're part of the team"

From La Rocco (2007: 126)
"I never really think about the male aspect.
I've always thought of myself as a nurse".

Diagram 4 Demonstrates the coding process for the theoretical category Relational gender and observation in the classroom.

Theoretical category

Relational gender and observation in the classroom

Axial coding ↑

Feelings and observation

Gender in the classroom   Observation   Feelings of
                                                   Frustration

Focused coding ↑

Frustration.   Gender in the classroom.

                            Maleness

                Observing relationships in the classroom.

Observing working relationships.   Observing.

Initial coding ↑

Finding learning frustration.   How I get on with the girls and the lads?

How are we learning together?   Looking at the differences.

The girls blend in.   Thinking like a man.

7.1 Introduction

In the last chapter I discussed how my male participants could articulate their learning styles. Chapter seven has several functions. The theme of gender continues from chapter six. Gender identity is evident as the male students see themselves as 'blending in' with their female peers. Becoming homogenous is achieved by de-gendering both lecturers and peers within the classroom setting and seeing themselves as student nurses and not male students of undergraduate nursing. The discussion on gender identity includes reference to the student being a member of an 'in' or 'out' group and does this desire to belong to the popular group coincide with the students' gendered identity?

7.2 Relational gender: and observation in the classroom

It is evident that males desire multiple identities, and primarily see themselves as a 'student nurse' before being viewed as the man in their nursing programme. I consider this question, 'How does the dominant position of men in society reflect the present position of male students in undergraduate nursing? I feel a majority of my participants entered the undergraduate programme with different masculinities inherited from schooling (Connell 1989: 295, 2000:155), and social backgrounds (Archer, Pratt, and Phillips 2001: 432, Whitehead 2001a: 72). In relation to learning styles Kolb (1984: 128,129, 130) assigns 'different' learning styles with 'different' occupations; however, he makes no distinctions between feminine or masculine dominated occupations. Connell (1990a: 454) suggests masculinity is socially constructed at several levels. His level 'culture and institutions' has relevance, as the number of women in nursing programmes is considered a cultural and institutionalised norm (Maggs 1980: 24).

The discussion surrounding the male numbers in nursing evoked a meaningful

response from Jack about how men 'blend' in with many women.

Jack: "I do believe that the sort of men who are in nursing are quite a distinct group,
and I think they have thought very carefully about going into the profession. They are
not your average man off the street, whereas you can get women who go in, because
they can't think of anything else to do"

My constructivist approach employing the principles of Charmaz' grounded theory

framework were applied to examine the conditions which led Jack to formulate his

opinions about the men who come to nursing and why he makes such a distinction

between the small group of men and the larger number of women (Charmaz's 2006:

131). For me, the label the 'distinct group' of men in undergraduate nursing is a result

of the changing forces in the employment sector in the UK and society's outlook on

gendered occupations. I also apply the view of Evans and Frank (2003: 277) who

consider men performing nursing work are constantly 'reminded that they are

different from other men'. Based in Canada, data were gathered from interviews

conducted in 1998. The data were analysed and their key discussion centred on issues

related to gendered and sexed relations in the nursing profession. Their work, looking

at the experiences of male nurses does not entirely equate to my investigation. What

does connect is the fact that they see their participants as having a voice to articulate

their experiences. One participant, named George, felt the same way as 'Jack'. He too,

acknowledged that men entering nursing were different and that the choice they made

to enter nursing has to be appreciated and seen as being different

(Evans and Frank 2003).   .

I acknowledge that I have twinned the meanings of different and distinct together.

Connell (1985: 263, 1990b: 158, 1990c: 508, 509) assists in my interpretation of what

Jack sees as the 'distinct group' of men. Changes in the sex roles for men are

determined by exogenous or endogenous factors. Outside influences include the impact of technology and the development of the impersonal market, where individuals have 'to treat each other without regard to their sex' (MacInnes 2001: 312). The lack of job opportunities is challenging and forcing men to rethink their position in society. By this, I consider male students relinquish their hegemonic masculinity normally practised in our society (Connell 1995: 77). The absorption into a female gendered profession allows a new gendered practice for undergraduate nursing, with the provision of calling on the complicit nature of their gender (Ryan's model). The desire of the male student to learn with mainly women remains the internal factor and contributes to the protests against the restrictions of a constraining role in society, which demands 'a shift to a modern male role for men' (Donaldson 1993: 643).

Connell (1995: 86) argues that the 'canvas' that displays masculinity is 'broader than the images of the modern male sex role'; therefore, analysing the concept of role does not allow for the exploration of gender. He suggests that gender relationships have become complex and states 'no one is an innocent bystander in this arena of change'. The male nurse, like his female counterpart, enters undergraduate nursing with gendered patterns and it is what underpins these patterns that affect male nurses' learning styles and gendered relationships. Jack exhibits quite negative and domineering opinions with regards to the motivation of certain women. I consider Jack's former intended career in medicine contributes to the frustration expressed when learning with female nurses.

Jack: Oh – it's a real bug- bear. Having studied medicine, I can, I know – well it was a while ago, but, there is this medical knowledge and this nursing knowledge and I think they should overlap far more than they do..... But, nurses, so many nurses still seem to have this attitude that "beyond that point I don't go, that's not my

responsibility to know that, that's the doctor, or call the doctor, or" – (Jack pauses here) and I don't think we should do that. I think, why should, we stop at that point in the physiological knowledge when you can just go a couple of steps further, um, but I've encountered that several times. Whether its because that nurse, and there's no reason for that nurse/individual to be capable of acquiring that knowledge, perhaps its as far as 'she' was able to go, or have ever had the need to go, but I do get frustrated sometimes, that nurses will kind of shoot themselves in the foot, really. By saying "I'm only a nurse. The doctor will do it".

This male student sees himself as possessing the ability to acquire knowledge and expresses frustration and concern that some female nurses fail to see the importance of taking their knowledge forward. Connell (1995: 3, 4) drawing on an article in the Australian paper, *The Glebe* focuses on the phrase 'Why women ask the way?' Connell reports that the author of the article Amanda Park includes the viewpoint of the psychologist Mary Beth Longmore. Mary Beth Longmore implied that the sexes ask questions to achieve very different goals. Jack's narrative conveys a sense of truthful frustration about learning with his female colleagues and I feel his thinking is underpinned by the patriarchal power associated with the acquisition of knowledge by the medical profession (Lupton 1997: 97 and Turner 1987: 132).

I pose the question does Jack think differently because of his previous attachment to the medical profession or from a masculine perspective realises that possessing knowledge is demonstration of power? For me, Jack demonstrates attributes associated with the element 'power relations' from Ryan's interpretation of the three-fold model of gender (Connell 1995). Jack confided that no one in his cohort knew he had been a medical student. I deduced from his body language during his individual interview, that his male peers would be suspicious of his background and knowledge. Nevertheless, his ability to remember rich factual information, which he considers is superior, labels the knowledge held by female nurses as inferior and would dominate

the knowledge of other male nursing students (Scenarios – inferior and superior knowledge, Ryan's model).

Carrigan, Connell and Lee (1985: 590) argue that patriarchal power and how it works influences the categorization of men and women. For men, patriarchal power influences the divide between hegemonic masculinity and the numerous subordinated masculinities. Simply put, the thoughts of Carrigan *et al.* (1985: 591, 592) influence me to think that if Jack's previous knowledge were known, then the masculinities are 'differentiated only by power relations'. Jack is making an assumption about his fellow male students. Judd, Park, Yzerbyt, Gordijn and Muller (2005: 677) explore the structure and content of attributed inter-group beliefs suggesting that perceivers such as 'Jack' demonstrate 'in-group-attributed endo-beliefs (p 679). I see this as Jack believing that his fellow male students would be threatened by his knowledge, thereby enforcing dominance in the male student group as a whole (Connell 1995: 78).

I interpret that Jack is demonstrating a higher platform of knowledge than his female colleagues and this shows gender difference and maintains gender inequality (Deutsch 2007: 117). Hegemonic masculinity (Connell 1995: 77) is considered by Brandes (2007: 179) to describe a generic cultural dominant pattern of masculinity, which is not practised by the majority of men. This type of masculinity acts as a safe haven or an unavoidable point of reference for all men (Brandes 2007: 179). I interpret this to mean that if Jack calls on his previously acquired superior knowledge, then he fulfils the concept of the male role and enters the realm of social power and control (Connell 2000: 30, Brandes 2007: 179). Simultaneously, the interpretation of subordination is

applicable (Ryan's model) as Jack regards himself as possessing superior knowledge undermining the knowledge of his peers.

Whatever the nature of the masculinity brought to undergraduate nursing and the consequence of its power, the focus for these students is to achieve a 'homogenous status' through the identified role of being 'the student nurse' and not just 'the male student nurse'. At Site One Nathan and Oliver belonged to a group of three males within an adult cohort of twenty. I asked how their cohort was arranged into seminar groups.

Nathan: Sometimes groups of three or four. A group of five, four groups of five and we kind of make it an unwritten policy that we don't chose the three males – we work together, sometimes there would be two in a group, sometimes there would be one in each group. And we don't kind of try to go out of our way to differentiate ourselves, that way from the other female students.

Oliver: We're just students.

Nathan: We're part of the team.

Oliver and Nathan recognise the unique proportional scarcity of their three-man group (Kanter 1977b: 968). Both students express the need to be accepted as student nurses. Both reveal that they play out an existing identity as 'the student' and indicate that this identity be easily absorbed into the female group of students. At this point I wanted to offer an alternative phrase of 'Hey we're masculine but we want to learn as a student nurse', but realise it is the students' 'expressed reality' of their situation which requires analysis (Munday 2006: 95). In reality, they are asking to reverse the 'notion of gender identity', which according to Connell (1995: 194) underpins the thinking of the socialised sex role in society. It is the psychological aspect of the perceived socialised sex role that is applicable to male students of undergraduate nursing. Erik

Erikson gave currency to the notion of identity as a core element of personality or sexual character in *Childhood and Society* cited in Connell (1987: 194). Popularising identity as a core element coincided with the emergence of role theory in psychology. Social identity is when an individual's self concept is underpinned 'by the value attached to the knowledge of his membership of a social group' (Tajfel 1978: 63). Being members of the cohort, Oliver and Nathan attach great significance to their desired identity and see this as enhancing their membership. A further definition describes individuals as going through a process to arrive at a recognized role within a group. Della Porta and Diani (1999: 85) define identity:

> not as an autonomous object, nor to a property of
> social actors, but rather the process by which social
> actors recognize themselves, and are recognized
> by other actors as part of broader groupings.

I see Oliver and Nathan as the social actors and through their awareness and exposure to two years of undergraduate nursing see themselves as student nurses. Being a united male group is essential for fostering male working relationships, but should not prevent them taking collective action being viewed as part of the whole group of undergraduates. Collective action is one term used by Della Porta and Diani (1999: 85) to describe the actions of social actors involved in conflict. Oliver and Nathan do not discuss or make predictions that their 'male' student nurse status meets conflict, but automatically assume a prime identity. In a sense, their 'identity production' becomes a fundamental element of their collective stance (pg 85, 86).

Identity theory involves psychologically analysing different levels in a person's personality, but dismisses any notion of conflict between these levels. Connell (1987: 194) suggests what people say initially becomes the more or less straightforward

expression of the core, and I feel Oliver and Nathan articulated ideas that were important to them. Connell (1987: 194) does not identify one particular model, but suggests if a model takes on an 'homogenous' or 'consensual' perspective on the issue of identity then there is little room left for creativity and resistance.

Oliver and Nathan are demonstrating creativity by not remaining within their 'in-group' of men. I interpret, that if they met resistance, they would make every effort to join the out group - the majority of female students. Sumner (1906: 12) is the originator of the terms 'in-group' and 'out group' and uses them to refer to individuals who either belong or do not belong to a group. Tajfel (1978: 2, 256) guides my explanation about Oliver and Nathan's narratives, as his work centres on the differentiation between social groups and discusses forms of identification in majority and minority groups.

Moscovici and Paicheler (1978: 256) suggest belonging to the 'in' or 'out' group is dependent on a criterion of membership, for example 'hierarchy', 'power', or sex and is reliant on a number of conditions. One criterion assumes increased importance over the others and at the same time absorbs the other criteria, 'this is the membership in a majority or minority group' (Moscovici and Paicheler 1978: 256). These authors class the criteria as 'a normative hierarchy, which fuses the concepts of status and legitimacy, of numbers and deviation from the norm' (p256).

I consider the following explanation:

> If a person is a member of the majority group it automatically
> places that person inside the group; to be a member of a
> minority places him [sic] outside, either towards the top when it is
> an elite group, or towards the bottom if his [sic] group happens to
> be oppressed.
> (Moscovici and Paicheler 1978: 256)

The concepts concerning the majority and minority status are applicable as gender together with the numbers of male students feature in my thesis. The issues surrounding elitism on learning is captured in the components of 'Exclusion' and 'Scenarios' in Ryan's model. What has relevance is the notion that criteria for membership exists for the 'in' or 'out' group and criteria are connected to a state of being in a 'normative hierarchy' (Moscovici and Paicheler 1978: 256). Especially relevant is the idea propagated by Charmaz (1987: 283) that a hierarchy of identities exists for chronically ill people. She states:

> Their illnesses pose identity problems that are often
> left entirely to them and their significant others
> (pg 283)

Consequently the research question was: How do the participants handle these identity problems? Charmaz (1987: 285) conducted eighty-five in-depth-interviews with people aged twenty to ninety-one. She took a symbolic interactionist perspective, having been influenced by Blumer's work (1969) from *Symbolic Interactionism, Perspective and Method.* In order to comprehend the influences on Charmaz I note that George Herbert Mead founded symbolic interactionism, which became a strong influence for Strauss and consequently Charmaz. Charmaz (2006: 127) suggests interpretive theory is compatible with George Herbert Mead's (1932) symbolic interactionism. I concur that action is a starting point to comprehend and imagine another person's role and response during an interaction. I took a slightly different

perspective and interpret 'interaction', as the articulated responses to my questions in

the group interviews, alongside analysing the appropriateness of my focus group

method.

In Charmaz's study twelve people were interviewed in a hospital, the rest in their

homes. Initially the sample was obtained through referrals from a number of official

medical and nursing sources. The Snowballing technique, which takes advantage of

social networks, was then utilized to interview people with minimal contact with

healthcare practitioners (Burns and Grove 1997: 307). Further interviews took place

with practitioners and relatives 'to understand their assessments of the effects of

illness on the ill person's self concept and motivation' (pg 285). Grounded theory

Glaser (1978) provided Charmaz (1987: 286) with the analytical strategy.

Charmaz found that identity goals changed when people were newly diagnosed. As a

consequence of their progressive illness people chose different types of preferred

identities in order to cope with the daily objectives of life. Charmaz (1987: 285)

proposes four 'identity levels' experienced by her participants and as a result of this

concludes that preferred identities make up identity levels in the identity hierarchy.

Charmaz (1987: 286-287) suggests the identity levels of 'supernormal', 'restored self',

'a contingent personal' and a 'salvage self', reflect the kind of selves they wish to

shape or select. In my thesis, the hierarchical level of being a 'student nurse'

dominates the 'male student nurse' level. I consider through Sampath (2001: 331) that

the:

> gender identities held by men can be 'submissive,
> complementary, or dominant to each other,

depending on factors such as age and status

In my opinion, my male participants realised they could be 'gendered in the classroom' by significant others, but their collective, evident identities definitely complemented each other's assumed individual identity. In fact the need to blend in with the female cohort places further significance on achieving the male students' prime identity. The discussion on identity positions relates to male student nurses (Wetherell and Edley 1999: 352). These authors, drawing on Connell (1987) and colleagues Carrigan *et al.* (1985) focus on how men 'position themselves in relation to the conventional notions of the masculine' and using discursive strategies establish how men from different occupational backgrounds negotiate belonging to gendered groups (pg 335).

Sixty-one men taking various Open University foundation courses, ages ranging from 20 to 64, volunteered to take part in discussion groups. All material was transcribed. The interviewer selected the topics for discussion, which included sexuality and relationships, images of men in popular culture and feminism and social change (pg 339). In 'a number of interviews' photographs of men taken from *Arena* magazine formed the basis of the group's discussion. The method of distributing pictorial images links with my study as I chose to use vignettes in my two-person and focus group interviews (main study). I challenge why Wetherall and Edley (1999: 339) chose to distribute pictorial images to just a number of groups and not all groups. I was consistent and used images for all my groups.

Wetherell and Edley (1999: 339) compiled broad patterns, named as 'practical ideologies' (Wetherall, Stiven and Potter 1987) from the discourse of the whole sample. The term 'imaginary' acted as the umbrella for the positions named 'Heroic', 'Ordinary', and 'Rebellious'. These 'positions' were routes adopted by participants to describe 'themselves in relation to the social position of being a man'. The heroic position, which supports the conventional position of men, is aligned with Connell's (1995) notion of complicity (Hearn 2004: 58). The rebellious position is seen as retaliation against Connell's hegemonic masculinity with men taking on activities not normally associated with their gender.

I consider the 'ordinary position' allows the male student to separate the 'self' from the conventional idea of the masculine (Wetherell and Edley 1999: 343). I think my participants dispensed with the stereotypical label of the 'male student' to demonstrate the 'ordinariness of self' (Wetherell and Edley 1999: 343). This ordinariness of self is aligned with the student nurse status and further use of the neutral attachment of gender to peers and lecturers supplements this status (Dominance reduced – Ryan's model). Using discourse as a site for analysis enables looking at how the participants' 'talk' is constructed in order to derive meaning from their conversation and simultaneously identifies the different ways of discussing a subject (Gubrium and Holstein 2003: 221, Silverman 2005: 46).

I list the different discourses from the students' narratives and am aware not to treat the discourses as a 'simple reductive list' (Silverman 2005: 47). From my data I can see how the male students express themselves in a non-gendered manner. To me, this

conveys neutrality, thereby enhancing their desired homogenous status. Wetherell and

Edley (1999: 335) ask: 'How do men take on the social identity of being a man as they

talk? I suggest this question can be rewritten to one of 'is my preferred identity

achievable and demonstrated through the contextual nature of my speech' (Wetherell

and Edley 1999: 335).

Oliver and Nathan make their lecturers and peers genderless, for example; Oliver said

"And then students are just as bad, because they all think". Nathan said: "To see if

the lecturers know what they are talking about". This application of gender neutrality

featured and is demonstrated when Harry states: "Instead of asking short permanent

questions, there are a number of people in our cohort who enjoy the sound of their

own voice and as soon as they start – you can hear groans". Austin also refers to

members of his cohort as "some people". A familiar pattern continued with Idris

saying "We think that some of the lecturers" and Oz, when referring to fellow

students states "I've had people from – perhaps not necessarily first years but certainly

people from - but maybe people who are perhaps six or 12 months behind us in the

course". In contrast, Alun begins in a neutral fashion: "And I can't believe so many

people sit there and read magazines"…but then states in a more quiet voice "some of

the girls read magazines – when the lectures are going on".

Keeping the person genderless is perhaps a way of maintaining confidentiality,

moreover, statistically females outnumber male students, and greater reference is

made to the female gender. Initially, Alun says he is quite amazed at the lack of

attention paid to the focus of the lecture, but then 'gendered' the reading activity.

Deutsch (2007: 106) suggests:

> Gender must be continually socially reconstructed
> in light of the normative conceptions of men and
> women

In response to Deutsch, I interpret that Alun made this observation in light of his preconceived ideas of female behaviour. Overall, Alun, and my other participants de-gendered their lecturers and peers. Deutsch (2007: 106) takes a significant stand on the subject of 'undoing gender'. She examines the importance of social interaction and the efforts to dispense with a gender system. Through her review she establishes that 'doing gender' has become 'a theory of gender persistence' contributing to gender inequality. As my participants 'de-gendered' others, they actually dismantled the threat of inequality through the neutrality of their language. Therefore, as 'gender can be constructed, it can be deconstructed' and supports the idea of gender irrelevance (Deutsch 2007: 108, 116). The male participants used neutral terms enabling social interactions to become less gendered in the nursing undergraduate environment.

LaRocco (2007: 120) examines the process that men follow to become nurses. A dearth of literature allowing 'participants to express themselves in their own voices' underpins the rationale for conducting this study in Massachusetts. Twenty qualified male nurses volunteered. In my study the male participants were students. Individual, semi-structured in-depth interviews took place. I compare the subtle differences between LaRocco's study and mine. Data were analysed using grounded theory (Strauss and Corbin 1998). Strauss and Corbin (1990, 1998) move away from the original objectivist grounded theory through the utilization of technical procedures to establish verification of theory. The change in the approach of Strauss and Corbin

from 1990 to 1998 does not go unnoticed by Charmaz. Charmaz (2003: 274) is highly

critical of their 1990 work and maintains their 'guidelines are didactic and prescriptive

rather than emergent and interactive'. Whereas, Charmaz (2006: 8) praises the 1998

work for providing powerful guidance on the GT method. Even so, my choice – the

constructivist approach differs from the original method as it examines the

subjectivity of participants' statements.

A significant difference emerges: La Rocco fails to name a theoretical framework, but

clearly states Grounded Theory guides her study. LaRocco (2007: 123) divides the

basic social process to become a qualified nurse into a trajectory of four stages. The

third stage, 'Becoming a nurse' refers to an undergraduate programme, and is relevant

to my study. LaRocco reports male nurses had very little to say about entering the

nursing school, but in relation to my 'thread of gender', none of the men identified a

lack of male nursing instructors as a hindrance to not completing their undergraduate

programme. In application to my study, I interpret my participants consider gender is

immaterial whether the person is a lecturer or a peer.

The fourth stage 'Being a nurse' reflects that the participants are now qualified; this

stage is underpinned by three themes. Attached to one of the themes 'Nursing as a

genderless profession' are the following aspects: Lack of differentiation in role,

labelling the male nurse, working with women, and discrimination. These themes and

the participants' statements reflect how my 'male student nurses' already see

themselves when they learn with their female peers and interact in clinical practice. I

identify one statement from her article: "I never really think about the male aspect.

I've always thought of myself as a nurse". To me, this talk deconstructs the

individualised opinion about gender and promotes the ideal of homogeneity: "We're

just students". I consider, Oliver takes a subjective stance on the meaning attached to

his statement and I link the issue of subjectivity to Wetherall and Edley (1999).

Wetherall and Edley (1999: 337) link the central role of discourse to subjectivity. The

issue of subjectivity as the researcher enables me to be aware of the meaning of my

participants' conversation. From a collective overview on the work of Gergen (1994:

191, 192, 193), Harre and Gillet (1994: 180), Shotter (1984: 154, 158), Wetherall and

Edley (1999: 338) state subjectivity and identity are understood:

> as the personal enactment of communal methods
> of self-accounting, *vocabularies of motive*, culturally
> recognized emotional performances and available
> stories for making sense

A vocabulary of motive is apparent in how Oliver and Nathan see themselves within

their cohort. In response to my question, "Do you class the people in the group, like

the seventeen others, as people? Or do you see them as female students?

Oliver replied: "Other people".

Nathan stated: I'll qualify that; I see them as fellow students; I don't see any
difference"

Further into their interview, Oliver and Nathan discussed the merits of learning within

small groups and I asked the following question: "Do you think the personal approach

was influenced just purely by the size of the group or the gender makeup of the

group?" Oliver and Nathan indicated that the sub-group of men within their year

group increased from two to five due to members of the Mental Health branch joining

them.

Oliver stated: "Double our numbers, because it doesn't matter - because they are just students. I don't see myself as any different from the female nurse".

I think Moscovici and Paicheler (1978: 257, 258) capture how majority and minority groups 'resolve their problems of identification'. They discuss strategies taken when groups are threatened or are in 'a position of failure', and have to make comparisons with another group. I am critical about my line of questioning and ponder did the nature of my question make Oliver and Nathan defend their positioning within their year group? I examine a hypothesis posed by Moscovici and Paicheler (1978: 258).

> The minority will seek to compare itself with the majority,
> which represents a group conforming to norms; it will
> show a strong out-group identification, and consequently
> a bias towards out-group favouritism

These male students do not begin to compare themselves with their female peers but automatically identify themselves as members of the out-group. Oliver and Nathan do not allow their prime identity to meet any resistance and in doing so prevent threatening action towards the desired homogenous status. I posit that this presumed action is a result of men's confidence generally felt by them within society. Brandes (2007: 178) compares hegemonic masculinities between men from East and West Germany. Interviews commenced with an initial question of 'what it meant for them to be a man?' Certain participants expressed surprise at the nature of the question, had never given this subject any thought before, and considered it was a subject that women would discuss. The data were analysed using Grounded Theory (Glaser and Strauss 1967). Brandes' (2007: 185) study indicates that the men interviewed

> represent a male self-image of self-evident certainty
> that does not view masculinity as a problem over
> which men themselves have to reflect

Through my own gaze, I feel Oliver's phrase 'we're just students' endorses this self-evident certainty and as a male can play down his own masculinity and prevent it acting as an obstruction when learning with women. Earlier in this chapter, I suggested male students bring different masculinities into undergraduate nursing. The male participants do not differentiate themselves from their female peers, but Connell (2000: 13) takes a different perspective towards homogeneity in men. He suggests that masculinities are not fixed and cannot inter-connect, as they are not 'homogenous, simple states of being'. In this discussion, I adopt a different angle from Connell and see the ideal that the members of the minority wish to be homogenous with the majority group. I deduce from my participants' interviews and narratives that they demonstrate masculinities, which Dalley-Trim (2007: 200) classes as being fluid rather than fixed. I will be bold and take the explanation by Dalley-Trim one step further. Oz demonstrated active adaptability in response to the numbers of females and males when he described the gender division from his previous employment.

Oz: "It was predominantly male, but there were several occasions when there were – I was working in control centre settings, which I say was a good 50:50, if not 70:30 female, well predominantly then. But its certainly coming into this field, the learning experience in the university, being on the wards, male female, I haven't felt fazed at all at perhaps by the fact being something of a minority – um – about these situations then".

What stands out for me is the pertinent reference to not being 'fazed at all' when learning with a large group of women. I do not consider the characteristic of belonging to the Mental Health branch of undergraduate nursing as opposed to the Adult branch to have influenced the way Oz perceives learning with women. From one of my analytical memos I build on the idea that a man's homogenous status is

achieved through previous exposure to an eclectic mix of people in the workforce. In the following Oz echoes one of the findings by Simpson (2004).

"I've always felt more comfortable in the company of women to be honest. Groups of women. I've got a lot of female friends. It's err. I've quite enjoyed the fact that we were a minority amongst the class – I've got to be honest – It wasn't a negative thing at all".

I interpret this comfort 'when working with women' to effect the male student's learning style, and furthermore promote the achievement of homogeneity. Connell (1995: 41) discusses the modernization of patriarchy and calls on Ehrenreich (1983) to highlight the 'feminist scepticism' surrounding 'the new sensitive man' and the man that demonstrates a 'kinder, gentler masculinity'. I consider the latter description to equate with the male student in nursing. LaRocco (2007: 126), under a theme of nursing as a 'genderless profession', discusses that her male participants did not indicate that they disliked working with women. I ask: does this fully equate with the same feeling as being comfortable with women? Simpson (2004), another British study grounded in Connell's ideas, provides me with a suitable answer.

Her study explores the motivations and aspirations of men in non-traditional occupations and the implications of their career choices for their experiences within the organization and for gender identity (pg 353). Forty in-depth interviews took place in London and the South East of England. The participants were recruited from four occupational groups, primary school teaching, flight attendants, librarians, and nursing. Simpson (2004: 354) constructs her discussion after analysing her data using a framework by Ritchie and Spencer (1996), which overlaps with the grounded theory approach of Corbin and Strauss (1990). The results are discussed and underpinned

with literature associated with gender in organizations and further supported by a post-structuralist interpretation of gender processes (Simpson 2004: 350). This post-structuralist perspective links to Connell (2000:19).

He suggests the issues of complexity; ambiguity and fluidity are central components in the post-structuralist theory of gender. For me, the fluidity of masculinity results in a kinder, gentler being and this being is the 'male' student in an undergraduate programme. The comments by Oz connect to the critical discussion under the broad question of how are men's experiences at work affected by their token status? (Simpson 2004: 356).

Work by Kanter (1977b) prompts Simpson (2004: 356) to ask her participants to reflect on their minority status. Four themes emerged. The fourth, the 'zone of comfort effect' relates to my thesis. Simpson (2004: 358) summarizes that her participants enjoyed a positive relationship with women and saw them as providing a source of comfort. I feel this 'comfort zone effect' is extremely applicable and supports the feelings expressed by Oz from site three. In order to maintain my constructivist perspective, I explore and interpret further why this comfort zone enables learning with women through the establishment of an identity (Charmaz 2006: 146). Earlier (pg. 175) I make reference to the restrictions of a constraining role in society. In the nursing undergraduate programme, making a gender differentiation substantiates the restriction attached to the label of the 'male nurse' and the portrayal of that identity. MacInnes (2001: 312) suggests that the 'constant revolutionizing and innovation of modernity' within the workplace encourages men and women to treat

each other as 'formal equals'. This modernity is not out to change men's 'personal identities', but promotes an impersonal stance towards the sex of the individual. This re-enforces the kind of treatment Oliver is actually expecting and requesting within his undergraduate programme. Oliver and Nathan are not concerned that they have to sustain a 'public ideology of what masculinity comprises' as in their view 'the material progress of modernity' can only benefit their preferred identity (Charmaz 1987: 285, MacInnes 2001: 313).

For me this preferred identity connects with issues raised by Whitehead (2001a: 67) when he discusses the invisible gendered subject in relation to men in education management. He compares and contrasts the gendered subjectivities of women and men (pg 67). The discourse on subjectivity fits with my constructivist grounded theory approach as I am looking at the underlying assumptions of the meanings that I have attached to Oliver and Nathan's narratives (Mills *et al.* 2006: 9). A poststructuralist perspective allows Whitehead (2001a: 71) to suggest that 'neither man or woman' is reduced to a grounded ontology'. Yet, it is the 'core' belief of my male participants that allows them to foster 'the notion of ontological security' (Giddens 1991: 36) and search for a preferred self- identity. Furthermore Whitehead (2001a: 74) suggests:

> men are required to engage reflexively with their
> own ontological security as it has come to be
> achieved in a masculine paradigm.

This author encapsulates the actions and thinking of Oliver and Nathan. I am critical though, of his second statement as he fails to suggest which masculine framework can guarantee such security. Using and interpreting the language from Connell's (1995) framework increases my awareness of how Oliver and Nathan can achieve their

desired homogenous status and the words by Middleton (1992: 11), 'gender is

invisible to me because that is where *I* am privileged' certainly demonstrates how men

can think they possess the power to be in an advantaged position of "just students"

with female colleagues. The 'I' in Middleton's quote is represented as a bold black

capital and for me captures the lead men like to take in society. Hegemony, a

component of Connell's framework (1995) refers to:

> the cultural dynamic by which a group claims
> and sustains a leading position in social life
> (Connell 1995: 77)

The leading position of men in society can overlap into undergraduate nursing, but the

dominance of their perceived position is reduced as they demonstrate a mutual

appreciation of their peers (Ryan's model). Hearn (2004: 51) states: 'men are

structurally and interpersonally dominant in most spheres of life', therefore Oliver and

Nathan 'as men' can consider that a homogenous status is achievable.

7.3 Summary to chapter seven

This chapter has looked at the dominance of men in society and how the power

exerted by this dominance ultimately affects learning within a large group of women.

Earlier, I volunteered that men leave behind traits of hegemonic masculinity when

entering into an undergraduate- nursing programme. First of all, the possession of

patriarchal knowledge continues to re-enforce men's dominance over both men and

women. Achievement of a homogenous status – the 'preferred identity' was discussed

by highlighting how the use of neutral language when referring to lecturers and peers

dispersed feelings of differentiation between the male students and female colleagues.

Taking all this forward, I feel that the 'male self image of self evident certainty'

actually enables the dominance of masculinity to appear covertly through exertion of

expectations, such as the preferred identity, within undergraduate nursing (Brandes

2007: 185).

The following chapter 'Becoming a learner in the face of gendered concerns' seeks to

explore: the attitudes/discrimination demonstrated by men and women towards men;

and discusses how learning and a learning style evolves despite the disability of

dyslexia.

Chapter Eight

Becoming a learner: In the face of gendered concerns.

"I find placement a minefield compared to- completely different, definitely, in university it feels a bit more controlled, and it feels like everything is sort of quite, quite legally aware of if you like – you know, you wouldn't necessarily experience discrimination that was blatant in university. People are professionals and it is evident here. Whereas on placement I found it to be different, I'm sure others have had as well"

"I haven't been told – female catheterization that you can't do it. I was told on a ward you are not going anywhere near there unless you are the last person around. Not that there hasn't been a male nurse qualified that haven't done it, cos I was a student I can't have a go and that".

Diagram 5 Demonstrates the coding process for the theoretical category 'Becoming a learner in the face of gendered concerns'.

Theoretical category
Becoming a learner in the face of gendered concerns.

Axial coding ↑

Attitudes/discrimination towards   Achieving a learning style
men by men and women.   through dyslexia.

Focused coding ↑

Age.   About the attitude of others.   Applying the theory to practice.

Clinical practice. Destiny.   Learning impaired due to disability.

Male disability.   Personal feelings.   Stereotyping.

Initial coding ↑

Applying the theory.   How someone treats me?

  Having dyslexia as a man.

                   I'm not in the right place here.

Labelling the male.

           Learning in the clinical area.   Thinking about my age.

  Thinking like a man.   What I think?

8.1 Introduction

Chapter seven discussed how the male students saw themselves in relation to their female peers. The thread of gender continues and is explored under the sub-titles of attitudinal discrimination and experiencing dyslexia. The comparative method of analysis (Charmaz 2006: 23) shapes this section. As with previous chapters there is constant comparison of data between the pilot and main studies.

This chapter addresses two issues: First, I analyse the talk from a number of participants who encountered attitudinal discrimination in their clinical placements, and as a consequence re-adjusted their way to learn. My participants revealed how being men impacted on their opportunities in clinical practice. The latter half of this chapter is devoted to three out of five students from the 24 students who felt free to discuss their dyslexia. The five students are not representative of the entire group, but their accounts contain relevant issues impacting on developed and emerging learning styles. This choice of core category, 'Becoming a learner in the face of gendered concerns' evolved as my participants highlighted problems that required the male student to offer subtle solutions to unexplained attitudes towards their learning and 'presence' in clinical areas. In chapter eight the concepts underpinning 'Exclusion and being excluded' are relevant to the discourse surrounding attitudes and dyslexia. Ryan's interpretation of marginalization is: Excluded and being excluded, feelings of inferiority when learning and visualising procedures in clinical practice. Groups of men can exercise dominance over other males and as a consequence of their domineering stance place others in a position of exclusion. If the male student is unable to learn constructively, then his opportunities become reduced when faced with problems. Along with Connell (1995: 80, 81) I suggest the degree of exclusion is

dependent on the strength of the 'authorization of the dominant group'. In the following speech, my participants discuss their experiences of how female and male colleagues treat them in clinical practice and how patients react to them as male undergraduate students of nursing.

8.2 Attitudinal discrimination demonstrated by men and women towards male students.

Kevin: If I could ask you one thing?

Jane: Go on.

Kevin: How do you find the attitude of some of the lecturers towards us as blokes?

Kevin's question causes the focus group members to exchange comments.

Austin: It depends who teaches?

Ethan: I haven't had a problem.

Vince: I haven't had a problem as such, like say on placement, not so much in lectures but on placement – yeah.

Austin: I find placement a minefield compared to (Here two or three people speak at once) – completely different, definitely, in university it feels a bit more controlled, and it feels like everything is sort of quite, quite legally aware of if you like – you know, you wouldn't necessarily experience discrimination that was blatant in university (At this point someone says no), people are professionals and its evident here (Harry starts to talk in the background). Whereas on placement I found it to be different, I sure others have had as well.

Vince: I found it difficult when I went onto my surgical placement - was on a gynae ward and I was the only male there apart from the doctor – (Other participants laugh in the background). The one doctor-and I thought I was going to find it really difficult, but the staff and the patients were marvellous - thought the one place I would come up against barriers would have been in this area, but it wasn't, it was fine. (At least two to three men start to talk here)

Ethan: I was on maternity – the labour ward and I didn't see one birth, because every woman that came in-didn't want another man there. Ethan is saying that the patient only wanted the father of the baby to be present in the birthing suite.

Ollie: There was someone else from our cohort on maternity and they weren't - none of the women would let him in; whereas I think it was your attitude, they would let me in – I saw three [caesarean] sections and two natural births in two weeks.

Vince: I think it depends on what sort of guy. I was up in Place [Vince is referring to his clinical practice placement, name removed] and unfortunately for me down there, the majority of the people 'down there' ['Down there' refers to the Place] were some sort of ethnic minority – Somali, Pakistani and you weren't allowed in full stop. I did get to see two sections but they were, you know, the EU [EU means the European union placement – where students can visit patients in the community] was a bit of a miss for me- at the end of the day.

Ethan: It would have been nice to have been given the option that if you want to venture into midwifery you don't have to do this –this placement – but if want to go elsewhere, you know its fine-

I interpret that Ethan would have liked to have been offered an alternative placement in the clinical area; however, can only assume this due to a lack of his learning opportunities.

Ethan: It was a wasted week – a week of tea and coffee – because nobody wanted me there.

Vince: Hey we didn't even do blood pressures on a lot of the women. We didn't do any observations at all because they were from these ethnic minorities who didn't want any other men in there. (The participants start talking in the background)

I interpret from the above speech that the patients would only allow their husbands to be near them.

Vince: I just sat by the desk and just answered the phone on a lot of occasions and just passed it on.

8.3 The adjustment of the male student to clinical situations.

In the following speech, the male participants discuss how the male nurse has to

consider how their male gender impacts on the female patient and their ability to

complete nursing care procedures.

Vince: (Line 869) I haven't been told – female catheterization that you can't do it. I was told on a ward you are not going anywhere near there unless you are the last person around. Not there hasn't been male nurse qualified that haven't done it, cause I was a student I can't have a go and that.

Austin: Are you aware – there has recently been a case that was published in The Nursing Standard about a male nurse who sued his employer. (In the background someone else is speaking).

Harry: For breach of contract, wasn't it?

Austin: Can't remember.

Harry: That chap was saying.

Austin: Human rights wasn't it –it was to do with a patient refusing – he left the profession completely.

Harry, Austin and Vince all speak here, then the group laugh together.

Austin: It really interested me because – a lot of people – it was basically – the whole thing about it was his employers and his colleagues said you can't go in and provide care to a woman behind curtains without a female present escorting you and that's what he was saying – oh – oh- this equality – some sort of equality – it's not fair you know – that a female nurse can look after a female or male patient.

Vince: To be honest I've always done from day one - I always ask – "do you mind" - particularly with the elderly – "do you mind if I?" -you know what it's like – it's not a problem – the younger one It's the same again. On the gynae ward – same again – "do you mind if I check PV loss and things like that – "would you want me to bring another qualified in?" – Oh no, no. Fine some said no. If you would rather me bring a qualified in seeing what's gone on with them. I think it depends who you work for - your 're still going to get that um– like you say you are still going to get that interruption to your learning in some way, whereas in certain circumstances cos- people are not going to allow you to get involved. I think for someone in management or that level or if you are qualified and you can't do it because you are male.

Vince's last sentence refers to groups of men and the common denominator is the male gender. He infers that being a man prevents contact with certain groups of patients.

Harry: They expect the Consultant to be – and he is male. And they're going to have to put up with that.

At least three people start talking here.

Issues arise from my participants speech. Kevin and others focus on attitudes towards

male student nurses and Austin discusses the distinct treatment of male students on the

the ward. My participants' speech then centres on the opportunities available to them

in clinical practice. Evans (2004: 321) takes a feminist historical perspective on the

position of male nurses in three countries, Canada, Britain and the United States of

America. She examines gender relations and discusses that maintaining nursing as a

woman's profession pushes men into an exclusion zone, which 'conversely advances

the careers of male nurses' (page 321). Feminism acted as the catalyst for the

'oppositional politics' that emerged allowing an increased awareness of the meaning

attached to masculinity (Connell 1995: 6, 120). I consider that my participants' speech

is of 'educational value' as it has become 'data on males as males' (Delamont 2002:

36). Important too, is the fact that I have given a voice so these participants can

represent their group to discuss how they are being excluded in clinical practice

(Atkinson *et al.* 2003: 80). This exclusion is a result of the historical overt

discrimination, now covertly and overtly practised today. Evans (2004: 324)

summarises the collective historical perspective:

> this situation attests to the strength of prevailing
> definitions of masculinity and their impact
> on men as nurses

The influence of the American military acted as a barrier to mens' views on the

nursing profession by preventing men 'gaining commissioned officer status' (Ryder

1953: 719). This non-achievement of status fails to contribute to the strength of the

male image in society (Evans 2004: 325). I deem that such a loss of privileges

affected how they saw themselves within their own circle of masculinity. The

external gatekeepers, the military, contributed to the efforts in preventing qualified

male nurses being admitted to the professional register. Through their own patriarchal

stance they worked to support the male's disassociation with a 'lowly' profession,

which in numerical terms is still evident in 2005 and 2009 (Cardiff University 2005a,

2009).

Kevin asks a pertinent question: "How do you find the attitude of some of the lecturers towards us as blokes?" I ask: why should learning and the style of learning be affected by the attitude of lecturers, peers and clinical staff. Fooladi (2008: 231) investigates gender influence on nursing education and practice in Pakistan. An epistemological framework is not cited . The issue of male domination exerted on nursing per se links Pakistan to the United Kingdom (UK) (Salvage 1985: 8). Historically, and to date, male dominance has thwarted progress for both Pakistan nurse leaders and students with regard to addressing the issues of gender sensitivity. In comparison to the UK a cultural dichotomy exists. In Pakistan educational institutions, children are segregated and do not learn together until they reach university. This action has implications for the issue of 'gender sensitivity', defined as:

> as an operational term to describe an acute
> awareness of gender in organizing, teaching,
> evaluating and practicing nursing.
> (Fooladi 2008: 232)

The Pakistani male nursing students perceive nursing roles allocated to areas such as high-risk or urgent practice areas as being 'masculine', and the 'feminine' is applied to areas requiring 'care and compassion' (Fooladi 2003: 37). Fooladi (2008: 232) suggests these views have value and shape lecturers' understanding of students' thoughts on nursing education and practice. Both methods used connect to my study. Five focus groups using twenty undergraduate and four graduates were performed. Five lecturers were involved in interviews. A thematic analysis was conducted and major categories evolved: classroom and clinical teaching. In the classroom male students 'felt misplaced and disapproved of due to the exclusion demonstrated by the teaching style of the female faculty'. Such treatment by female teachers is also compounded by the ideas stemming from Connell (1995). If I apply the concept of hegemonic masculinity, the Pakistani students based in Pakistan are disadvantaged as

culturally they do not equate to the descriptor of a man: who is white, heterosexist and middle class (Evans 2002: 442).

Connell (1993: 610, 611) when describing patterns of hegemony and masculinity suggests gay men and men of colour can become marginalized or subordinated even within their own groups. In this example the students' learning is not affected by the issue of colour, but the imposed cultural diversity governing the female faculty by the university environment. Hegemonic masculinity assumes a role reversal in terms of gender, and is replaced by the domination of this cultural diversity, thereby restricting the students' learning opportunities (Connell 1993: 610). Ryan's interpretation on hegemony and HM completely reverses the application of Connell to the findings by Fooladi (2008).

In my study, quite the opposite took place and male students openly contributed to lectures; primarily to fill the gaps created by silence from their female peers. In complete contrast to the Pakistani male students, I interpret that none of my participants felt uncomfortable when taught by a female faculty member and personally distanced as male students by their teaching. In fact Harry, Kevin, and Vince are complimentary with regards to the teaching style of a female faculty member.

Harry: Humour works doesn't? We've had quite a few come in, that girl [sic]doing the SUBJECT [Name and subject matter removed] part in the first and second year.

Kevin: Name – sorry. [He mentions the lecturer's name].

Harry: I wasn't going to say – but not sure, but she would tell us about the SUBJECTS, but she use to bring in personal stories, which would have nothing to do with, but made you laugh and engage you.

Vince: We went from really, from the one lecture to being really serious and boring and everyone nodding off and not really anyone really taking any interest to- and I felt sorry for that person to when she came in and you actually enjoyed the NAMED lecture, (Vince laughs here), which is terrible, but it does depend on the lecturer at the end of the day.

Harry: And the same person you are on about when he was in a small group he looked as if completely relaxed, was more comfortable, five or six?

Vince: He was much more comfortable.

Harry: You could ask him questions. He looked as if he was enjoying it, whereas when he was in the lecture theatre he would look over your head, literally. You would put your hand up to try and get his attention and his eyes would be up THERE (There is laughter in reponse to this comment) "Oh hey mate I'm asking a question here"?

The above speech highlights how humour can be a part of a teaching style that

stimulates student participation. Gorsky and Caspi (2005: 138) suggest that the

lecturer's humour acted as a form of interpersonal dialogue between lecturer and

student and facilitated the students to become engaged. I consider, Harry's

observation that the 'male' lecturer looked more at ease in a small group reflects my

participants' ability to respond to questions without feeling threatened by a larger

crowd if they supplied the wrong answer. Kevin makes reference to the vignette,

appendix 20.1 and says:

It looks like a tutorial to me, with a small group session. In a small group I think it is easier to – people are freer to talk I think? (In the background someone says definitely) like people there will be interaction like this – there's a few of us. If there had been like lots of us – perhaps a lot of us wouldn't of talked

Kevin's point is further enforced, when later in the conversation Austin says:

About learning in the smaller groups. Sometimes a particular lecturer will point to an individual and ask them a question, sometimes you are petrified and your 're thinking "Oh God he's pointing out now" and you are petrified he is going to point to you and you don't know the answer. So, I avert my eyes away, but if its in a small group and you've got somebody who gives answers that the group can answer as a whole, I feel comfortable with that – I can say then as opposed to being forced to answer something and I'm probably going to get it wrong.

It is known that the 'interpersonal dialogue' created within small classes contributes to

the development of a highly interactive environment, and especially with the lecturer

(Gorsky *et al.* 2006: 71). The dialogue of learning filters into clinical practice, and I

consider the theme of 'feeling misplaced and disapproval' (Fooladi 2008) applies to

my participants in clinical areas and is evident in the observation made by Austin:

"You wouldn't necessarily experience discrimination that was blatant in university, people are professionals and it's evident here. Whereas on placement I found it to be different, I sure others have had as well".

Austin indicates that the professionalism of people reduces acts of discrimination

within the university setting; however, the legalities of exercising discrimination are

not always considered in clinical practice. La Rocco (2007: 128) reports that qualified

male participants did not experience any discrimination during their undergraduate

programme. She suggests nursing schools on behalf of lecturers should monitor and

prevent discriminatory practices. Such practice towards male nurses enforces feelings

of inferiority when developing a learning style. Male students fall prey to the reversal

of patriarchy and are vulnerable if they call on the complicit nature of hegemonic

masculinity to achieve an equality status (Connell 1993: 603). The 'standpoint of

equality' is classed as the 'starting point for social analysis of masculinity'; and

involves looking at powerful gatekeepers in gender relations so patriarchy can be

dissolved (Connell 1993: 603). Austin discusses the issue of equality and refers to the

case a nurse brought against their employer (O'Dowd 2005). This example captures

both explicit matriarchal and distant patriarchal power stifling learning opportunities.

A male nurse, Mr Moyhing (O'Dowd 2005: 11) issues a legal challenge to demand

equal rights in training. Mr Moyhing (Parish 2006: 14) attempted to perform an

electrocardiogram on a female patient that involved touching breast tissue. Mr

Moyhing's ward colleagues insisted he performed the procedure with a female

chaperone. Hospital policies implied men were discouraged from providing intimate

care to prevent being accused of misconduct. He lost the original tribunal case, but

won on appeal (p 15). The chair of the Equal Opportunities Commission Jenny

Watson says this type of discrimination against men is down to misgivings about their

predicted behaviour and is not directed at patient safety. The male participants

indicated that they acknowledged their patients' wishes and in doing so observed the

code of professional conduct (Nursing and Midwifery Council 2008: 03). Do men

have to resort to gaining knowledge from books as opposed to being able to learn

from a practical visual perspective? Whilst chaperoning a male student protects both

the interests of the patient and student, in particular areas of clinical practice the

gender of the student nurse indirectly complicates and restricts learning opportunities.

Such a fact is evident in the study by Milligan (2001:7) who looks into male nurses'

experiences and reflections on the 'concept of care'. Semi-structured interviews with

eight participants took place. He uses ontological hermeneutics to establish the true

nature of what care means in 'male nurse work within the hospital setting'. His

chosen framework stems from the school of philosophy and involves fore-

understanding, co-constitution and interpretation – components of what is classed as

the hermeneutic circle (Koch 1995: 831). I am not analysing the experiences but co-

constructing the meaning of statements and actions in specific situations (Charmaz

2006: 130, 146). My analytical approach and the approach utilised by Milligan (2001)

overlap: in co-constitution understanding evolves through interpretation, but I begin to

interpret, as I already possess partial 'prior understanding' of the participants'

situation from the ontological perspective of being a nurse (Allen and Jensen 1990:

244, 245). An important issue arises from this study. Milligan (2001: 13) uses a

quote from a participant:

> if you go into some female patients they say, "I want
> a nurse". "Well I am a nurse". "No, I want a proper nurse".
> "Well, what's a proper nurse"? And then they say,
> "I want a female nurse".

The above statement connects to the discussion surrounding Oliver's observation that

we are 'just students'. The meaning within the above quote correlates with the notion

of being viewed as the 'student nurse' who is able and wishes to give nursing care to

female patients. It is not my aim to discuss the barriers to learning; however, Evans

(2002) illustrates how men consider, they are perceived in clinical practice.

Evans (2002: 442) explored the experience of male nurses and the gendered and sexed

relations that structure different experiences for women and men in the same

profession. The sample of eight qualified male nurses based in Nova Scotia, Canada

called on experience, whereas my participants were students with two and a half years

of undergraduate experience. The age range of the Canadian participants, late 20s to

mid 50s compares with the age ranges of the participants in my study. Semi-

structured interviews provided data and thematic analysis produced themes which

centred on the 'affirmation of caring, the problematic nature of men nurses' touch,

assessing when it is safe to touch, and strategizing oneself from accusations. Whilst

these themes outline important considerations for male nurses they do support my

participants' exchange of ideas on not being allowed to care for particular groups of

female patients. Unfortunately during the focus group with Harry, Vince, Ollie, Ethan,

Kevin, and Austin I failed to explore their alternative learning styles to gain valuable

knowledge in caring for such patients.

In order to understand the position of men in nursing Evans (2002: 442) extrapolates

concepts from hegemonic masculinity and feminist theories to support her research. I

consider Evans' interpretation of hegemonic masculinity by Connell (1987) positively

captures the true position of my male students within their undergraduate programme.

She interprets that Connell defines

> masculinity as a social construction about what
> it is like to be a man in a certain place and time.
> (Evans 2002: 442)

Evans supplements this definition and says how you act as a man is 'demonstrated

through practices that capture the performative nature of gender' (p 442). I cannot

generalize, but consider my male participants' spoke sensitively about their reception

from female patients and was evident in the speech from Ollie and Vince.

Ollie: There was someone else from our cohort on maternity and they weren't - none
of the women would let him in; whereas I think it was your attitude, they would let me
in – I saw three [caesarean] sections and two natural births in two weeks.

Vince: I think it depends on what sort of guy [Vince recognizes that attitude and
approach are key players to affect learning]. In relation to the elderly and gynae
patients, he uses the phrase "do you mind if I?"

Miers (2001: 72) uses Bowden's (1997) work to analyse 'gender sensitive care'. This

type of caring examines the ethics of nursing activities. The phrase "do you mind if I"

is a form of sensitised speech. I suggest, Vince considers the 'interpersonal context of

his relationship' with the patient (Miers 2001: 72), and in doing so, introduces 'gender

sensitive care'. I would suggest through Hancock and Tyler (2007: 512) this is a

compelling way of attempting to minimize the gender of the male nurse to effect

learning and therefore style of learning through individual performativity.

Performance within undergraduate nursing is highly dependent on the development of a visual learning style and is mentioned by Rees who states:

Well seeing things practically reinforces the theory, the science lectures – actually seeing a patient with those conditions - you can relate the anatomy and physiology to what you are actually seeing. Not just being in the lecture. Just goes in one ear and out the other.

The issue of male gender and the restrictions on learning opportunities are mentioned during the focus group involving Jim, Simon, Rees and Ryan.

Ryan: Do you feel comfortable, accepting, accepting as a male nurse with female, with the sort of questions you said (Whilst Ryan speaks Jim um's in agreement)?

The above speech is how it was said; however, I interpret that Ryan refers back to Rees' former statement and is asking his peers do they feel comfortable with female patients?

Jim: Also don't you sort of feel a little bit, this may be my own ego, but don't you feel a bit special because you are a male in a mainly female dominated environment?

Simon: I, I, think it's a hindrance sometimes, some clinical skills for example, catheterisation...

Jim: Yeah

Simon: It's not so much the nursing status, it's because you're a man.

Jim: I read this article recently and it was about a guy who successfully won a sex discrimination case, he was always when he ever had to perform anything, such as performing catheterisation on a female he was always chaperoned, and yet take it the other way the female were never chaperoned with a male patient. And he actually took that case and won it as well. And I think that...there is definite division with equality I think, between males and females and usually it's the other way to what you normally find in business and organisations.

Someone in the background says: Yeah.

Jim: Even though probably – probably you would look at how do males get on in the nursing profession and they probably get on a lot quicker in terms of promotion these days than females and that... Jim is referring to qualified female nurses.

Simon: But what?

Jim: I don't know.

Simon: It shouldn't be that way.

Jim: Perhaps, well, it maybe perhaps, because the male feels he has something to prove in the female dominated profession and therefore strives a lot, a little bit harder than the female, or maybe it is to do with...

Simon never gave Jim the opportunity to say why a male in the nursing profession has

to try a little bit harder.

The visibility of the male nurse contributes, along with 'prevailing ideologies' to

'generate disproportionate performance pressure' (Spangler *et al.* 1978: 161, Levant,

Bryant Smalley, Aupont, Tanner House, Richmond, Noronha 2007: 84). Levant *et al.*

(2007: 83) report on an evaluation of the revised version of the Male Role Norms

Inventory (MRNI-R). These authors particularly highlight their comprehension of the

psychology of men and their work on gender is underpinned by the theoretical

framework Gender Role Strain Paradigm (Pleck 1981, 1995). This paradigm looks at

the expectations of men's actions and behaviour in society. The essence being:

assembling traditional masculine ideologies through a social constructionist approach

(Levant *et al.* 2007: 84). I am examining through this approach, the actions and

meanings of speech by male students. Simon did not consider the idea that 'men

should be successful and continually achieve' (David and Brannon 1976: 19) as his

thoughts purely centred on learning in the clinical arena.

Simon: I think it affects some of the clinical skills learning in placement.

Jim: It does.

Simon: Because I mean, I've done one catheterization and I won't, you know, I've had the opportunity to do three or four, but the ladies have always said "no, I want a female nurse". The only time I got to do it was in resus (Simon refers to the emergency room in an Accident and Emergency Department), when it was an emergency situation.

Jim: But that's ok.

Simon: When the patient was unconscious.

Jim: That's the patient's prerogative, but when the profession actually decides that you're not to do the catheterisation on your own, then I think questions could be asked. Because if any patient turned round and said um. "No I don't want that done to me", I mean, you have to respect that point of view and certainly with certain religious groups and certainly with some um cultures...

Simon: It's not so much that, I've got complete respect for that, but it's, you know, I've got the same amount of skills as say a third year female student, and I can't, and then you go to gynaecologists who are males and um and display all (Here Simon is referring to female patients who are examined by male gynaecologists and I interpret appear to accept that a man is examining their genitalias) and how does that work? But as you say it can be a hindrance to learning?

Simon's observation that gynaecologists are males correlates with Harry's comment

"They expect the Consultant to be-and he is-male". Harry then makes an assumption

that the female patient accepts the sex of the consultant, but the remainder of his

sentence "And they're going to put up with that" is open to interpretation. I consider,

the latter half of Harry's statement contains resentment. I perceive he feels that female

patients see the male Consultant as the norm in the ward environment. The patients;

however, have the right to refuse intimate care by a male nurse due to the availability

of vast numbers of female nurses. This is echoed in the exchange between Jim and

Ryan.

Jim: Yes – it's definitely.

Simon: Back to the question.

Ryan: There is cases when on ward X, I was working and I was there to wash this patient, there were two nurses who say, they say 'Oh Ryan' you have to stay out because she's a female.

The above speech refers to the restrictions experienced by the participants in clinical

practice. It also highlights the unequal opportunities that can result from being a man

and the reduction in the acquisition of psychomotor skills normally gained through the

visual route. In a letter to the *Nursing Standard*, Brannigan (2003: 30) sums up how

male nurses fail to acquire vital psychomotor skills:

> Recently I heard about a male nurse's failure to catheterise
> a woman. He knew the theory behind the procedure, but because
> he had not practised it, he couldn't manage it

Brannigan's view is supplemented by Ethan's and Vince's comments when discussing

subjects with their other colleagues:

Ethan: I quite like it when one of the lecturers does the lecture and they incorporate some video footage and you kind of link up with what you've discussed and you can visually see, cause I learn alot visually.

Vince: It's more like visual hands on and that's what I prefer to do.

Buried in Brannigan's observation and in both the participants' speech is the issue that

confidence and knowledge is not gained through the demonstration of psychomotor

skills whilst out in clinical practice. In the above examples patients' wishes take

precedence and are stronger than the gendered power historically assigned to men.

This clinical situation highlights the question about 'power in new times' (Connell

1995: xx). Moller (2007: 265) assists me in my thinking in his critque of Connell's

hegemonic masculinity and simultaneously in application of Ryan's model. In

undergraduate nursing, my participants could be perceived as having less access to

power, as they have less access to knowlege due to the hugely influential factor of

female patients' wishes guiding nursing practice. The preference for the female nurse

and the provision of intimate care is discussed in Chur-Hansen (2002) and Inoue,

Chapman, and Wynaden (2006).

Chur-Hansen (2002: 194) found that patient preference takes precedence over any nurse's learning opportunities. She compares the results from studies conducted in 1984 and 2000. Australian patients visiting their General Practitioners were asked to complete a questionnaire, indicating their preferences for a female or male nurse in an imagined hospital setting. The 1984 study found that 51% of patients had never met a male nurse in the clinical area and I interpret this influenced whether male patients preferred male nurses to deliver intimate care. In 2000 patients continue to prefer a same sexed nurse to administer intimate care. In 2000 gender proves to be more influential and patients disagree more with the idea that assigning a male nurse to a female patient is undesirable professional practice (Chur-Hansen 2002: 197). The male student nurse has to resort to a different mode of learning regarding a procedure and as a consequence possesses less knowledge surrounding psychomotor skills than his female counterparts. The issue of how you learn practical skills is twinned with the administration of intimate care.

Inoue *et al.* (2006: 560) describe 12 Australia male nurses' experiences of providing intimate care. The authors did not state what epistemology was used to support their study. Their second objective identifies the strategies used by male nurses in the delivery of intimate care for women clients; and can be paralleled with the question 'what strategies are utilised by male students of nursing to supplement the deficit in learning opportunities when meeting female patients'? I failed to explore the strategies my participants adopted to supplement the deficits in their knowledge. Ethan's theatre placement demonstrates non-acquisition of knowledge, but actions taken by himself to rectify his situation. In interview, post focus group, Ethan talked

about two career choicies, the ambulance service and the nursing profession. He

favoured the ambulance service due to the numbers of men:

I suppose so – I suppose as well when I use to work in the emergency unit there – again there was quite a few males as well and I was kind of drawn to the aspect of being a paramedic or ambulance technician and I thought kind of apply to both and I thought whoever takes me first. Ethan laughs here and says – nursing.

Ethan acknowledges the 'comfort zone' of working with other men and not being one

of a few men in a working environment. He then laughs and indicates that the female

dominated profession accepted him in, but offers further explanations for working

with both men and women. I responded to him.

Jane: So you can't go back?

Ethan: Um, I could in the future?

Jane: And there's no reason why not?

Ethan: But maybe it's a personal thing, um, I don't particularly, I wouldn't say that I would be comfortable in a totally male dominated working environment um, because I suppose sometimes, I could be, I suppose comfortable maybe with some females - maybe I'm use to the hospital environment - or in general that has given me that impression. Maybe I have become acclimatized to it in a way that it's become kind of the norm. Then if I am in a totally male environment I do feel sometimes a bit uncomfortable with all say – oh – what's the word? I can't say intimidated that's not accurate. But- if I wanted to give an example?

Jane: Please do?

Ethan: And this is quite interesting actually – I was used as a guinea pig when I was unaware of it – I did a placement – theatres for a week and I was actually put in the trauma and orthopaedic theatre and which is quite male dominated um I actually went down there on the day I introduced myself –and - obviously tried to settle into the environment - um – the men were very – um - ignorant I would say. They were very- PAUSE- what's the word sexist towards the women that had been there – the nurses- very kind of - sexually – very - what's the word?

Jane: Innuendoes?

Ethan: Yeah – that's fine – um. I didn't particularly like that myself but then of course I'm in their environment so I go with the flow and not saying I would listen to it – doesn't mean to say I would be like that; but it got to the point that I was so uncomfortable, nobody was interacting with me they only wanted to interact with the girls, which was always linked up to something sexual which was uncomfortable with.

After two days nobody would speak to me, nobody would go through anything with me, I was literally stood there from morning until time to go home, and for my breaks - so when I actually went to one of the co-educator mentor people - um- and I kind of just explained to them - they said – they actually told me that they had always put women nurses in there and women students had always had – had always come out saying they had had a fantastic time and because its quite – because of the male kind of mixed group in there and she was actually quite intrigued to know "if I put a male in there - what their reaction would be" – she said the reason why I am saying that- because when I actually put your name up on the board for being in that theatre - they didn't like it – they were like – "Oh no we don't want a bloke in here", so she said I was quite intrigued – I thought- I going to leave it there and see what happens. So, obviously its been a problem for you because you haven't, you've had nothing educational wise or support for you, so obviously its affected your learning? But – that's why I left there. I had a feeling you would come to me – but I left it up to you. And I changed theatres. I worked in theatres - there was - obviously women - um – I had a whale of a time. I was comfortable. They swapped me with a girl. The girl went down there – she loved it.

Jane: That is extremely interesting - um – that is almost like – err – positive sex discrimination for the woman? (In the background Ethan says Yeah) And negative sex discrimination – coz you're a man – am I making sense?

Ethan: Yeah.

Jane: How weird?

Ethan – (In the background Jane indicates she is lost for words) I was quite upset, because I thought, again, this is carrying on from what we discussed – my mentor - the one where I felt she didn't bother with me - to go into this – the next one, which was straight after and kind of feeling well – I kind of - I can't understand this – its happening, its really happening again? But of course I had to take it on myself to take action, because I thought I've just been through it, I'm not going to go through it again – um- I did find it bizarre, PAUSE, coz its not something you expect on a placement. You expect to learn by fitting in with the team and being part of it as opposed to being pushed to the side, because you get more - more positives by being pulled into their environment and going out with this big picture – I enjoyed myself – I learnt this and I've learnt that - you get a good impression as opposed to coming out and think I've got to go there again.

Jane: So, in a sense other peoples' attitudes affected you asking questions (At the same time Jane says 'asking questions *Ethan* speaks as well.

Ethan: I obviously – because I was a man - if I was a woman - you know (Ethan is laughing here) - they would have been in their element.

Jane: Was there – um – any innuendoes made when patients were on the tables?

Ethan: Not patients, no? But staff – staff – yes. But the staff were enjoying it – that's what kind of - (Ethan laughs here) that's not something they 're used to, but um, even though the females were quite enjoying it, (Your voice goes quite low here – so

unsure of the next three words) they painted WORD and things and what have you and quite rude comments, but they liked it, the men liked it, but to me it was kind of encouraging the men to do it to be honest. I didn't find it professionally kind of stimulating environment to be in – you know – um again – it was something I've just learned from -

Ethan obviously learns through visualising procedures and I consider his learning style is supplemented through collaborative interaction and questioning. Philbin *et al.* (1995: 489) adapted educational dialectic questions from Belenky *et al.* (1986: 16, 237). The questions gave bimodal answers with one choice masculine and the other feminine (Philbin *et al.* 1995: 489). However, in the theatre environment, I interpret, Ethan wanted to learn co-operatively with a 'hands on' approach, which reflects how 'females learn best in a practical setting' (Philbin *et al.* 1995: 491). In the above speech Ethan indicates his ability to learn was eventually influenced by not joining in with the behaviour and conversation of others. At first, he resigns himself to listening to the sexual innuendoes and says:

"Of course I'm in their environment so I go with the flow and not saying I would listen to it – doesn't mean to say I would be like that".

Initially, there is acceptance of the environment, but he immediately distances himself from the behaviour and speech of the 'other men' in the theatre suite. I interpret that his other phrase 'because of the male kind of mixed group in there' suggests that a form of hegemony (Connell 1995) is practiced and results in exclusion of individuals who fail to conform to the dominant group's preferred behaviour. I understand the constitution of the mixed group of men included doctors and male theatre technical staff. With reference to 'exclusion and being excluded' (Ryan's model), I ask: Is learning curtailed due to the masculinities played out by men in the clinical working environment?

I offer an explanation: the men in the orthopaedic and trauma theatre demonstrate and

hold a particular institutional power (Connell 1995: 77). A power heavily endorsed

with patriarchy, is practiced to keep females and men in a sexualised and subordinated

position. At this site Ethan's gender worked against him and he became a

marginalized individual (Carrigan *et al*. 1985: 590). In Ryan's model, the

interpretations of marginalization and subordination apply to Ethan's experience.

Ethan was excluded as he did not subscribe to the 'in-group' which discussed women

in a particular way and his behaviour contributed to him being classed as the outsider.

Ethan says:

"After two days nobody would speak to me, nobody would go through anything with
me, I was literally stood there from morning until time to go home".

Ethan's experience is the reverse of the findings from Hall and Sandler (1982).

Seifried (2000: 25) reinvestigates the chilly classroom climate. The focus of his

review is to establish whether factors, other than the gender of the male instructor

influence relationships in the classroom. The 'male gender' in this theatre suite did in

fact act as a cause to disrupt the relationship between Ethan and the other men. I also

apply the issues of masculinity and patriarchy to Ethan's experience. Craig (1992: 3)

highlights that the culture underpinning American men actively promotes the

correctness of 'traditional characteristics of masculinity'. This, Craig writes, results in

men finding:

> the domination and exploitation of women and other men
> to be not only expected, but actually demanded (p 3).

The men in the theatre suite were able to demonstrate domination by only 'interacting

with the girls' and exploited the overall position by not talking to Ethan. Cockburn

(1983) reviews the collective practices of British printing workers. She discusses the

traditional practice of excluding women from the printing trade and thereby sustaining a 'marked masculine culture of the workplace'. She suggests that the collective take on hegemonic masculinity marginalizes men 'who are unwilling to join the rituals', (p 205). Ethan stated he was uncomfortable with inferences made towards females and actively sought to be relocated to another theatre suite.

Extracts from Dalley-Trim (2007) fit neatly into Ethan's clinical experience. The male staff restricted Ethan's access to the 'linguistic space of the theatre suite', and his learning opportunities. In her Australian study the girls in a co-educational secondary classroom were classed as existing on the periphery of the classroom, as a consequence of the other men's treatment Ethan became the boy on the periphery until his exit (Dalley Trim 2007: 211). Being subjected to 'controlled power' affects the learning experience. Hearn (2004: 51) refers to the problem of power and in particular men's power. Ethan experienced the full force of a 'taken for granted' accumulation of power, which was condoned by female colleagues. If masculinity is viewed more as a 'personal thing' (Wetherall and Edley 1999: 345), in this scenario, Ethan chose to define his own masculinity by not aligning with the hegemonic conceptions of this practiced power. A feminist post-structuralist perspective aids Whitehead (2001b: 351, 352) to comment on how men perceive their own gendered identity. For a brief period Ethan became invisible to others sharing the same gender. Ethan was obviously surprised at his treatment and this experience can be summarized through Whitehead (2001b: 352). He states:

> men should appreciate how being a man might
> affect and influence their expectations and experiences,
> in a multitude of settings.

In nursing, men's expectations are governed by the restrictions experienced through the division of labour in the clinical setting. Comments from the focus group at site two provided negative and positive comments on how being a man influenced the division of labour.

Ethan: Sometimes it's to our advantage being male – (Somebody in the focus group says "it is") like the washes in the morning if they don't want to be washed by a man – well fine - then there's less for you to do. But not in a nasty way, because it's their choice.

Vince: It's the opposite as well, the heavy ones are down there, you're a man – you're stronger – get down there. (People are agreeing with Vince – you can hear Austin's voice above the rest). Vince continues C'mon – hang on a minute it shouldn't make a difference.

Harry: The others work in pairs - a couple of times after, after four people I am knackered. If you see them swanning about or eating chocolates like girls do (This causes the group to laugh out loud). What a generalisation – eh – not as good as - (More laughter). In the 'Out-of'-town' placement that's all they do is eat chocolates at the nurses' station. You get through a box of chocolates a day – more than other nurses do.

Ollie: It is an advantage being a male (Harry says "being a male at the same time") because – sort of – if there's a four bedded male unit, then you could say – oh – oh – is it ok for me to take those four male, (Ollie refers to patients here)- you've got – you've got your workload then and so you know you haven't got to worry about the other bays – you've just to worry about your four men, making sure they get the care and I think you can learn an awful lot more from those four men and their illnesses.

Harry: If I went going back a second time I would do it a lot slower. I was under the impression that you got to do things at a certain speed to get things done. You saw all the other people finishing, then you went – they were working in pairs – muggins here? (Other people start to talk here. There is a lot of laughter and the participants start to say PAUSE, PAUSE). The participants referred to `having the tape recorder paused for the moment, but in jest).

The participants' speech addresses several issues. Including a man to assist in the moving and handling of patients purely for his strength is discriminatory and furthermore the principles of handling only recommend the use of designed aids to

move patients (Health and Safety Executive 2007: 2, Milligan 2001: 13). Their speech highlights that segregation has its advantages and disadvantages. Ollie focuses on the 'hands on' component of nursing and caring for a small group of male patients allows greater opportunity for the visualized form of learning to take place. Harry sees the disadvantage of being on his own with the male patients. He claims the division of labour is unfair. Working in pairs completes the work faster and results in gaining time to eat 'chocolate'. The division of labour seriously influences how a student nurse learns in the clinical area. Connell (1987: 99) suggests the sexual division of labour is:

> an allocation of particular types of work to
> particular types of people

This is true, but patient wishes direct to a greater extent the particular type of work male students are allowed to do. On occasions, the division of labour for the 'male' student nurse is thwarted due to the gender regime that has existed over the past hundred years in the healthcare system (Connell 2000: 177). He suggests the delegation of specific jobs to men is primarily to separate them 'from women's work such as nursing' (p 177). The participant's comments reflect that gender continues to direct the separation of care internally within the profession. What a male student is permitted to do in clinical practice falls into the category of 'production relations' from Ryan's perspective on the three fold model of gender (Connell 1995). It is obvious the reversal of patriarchy dominates resulting in the exclusion of men from certain nursing specialities. The category 'production relations' brings with it 'mixed' dividends for my male participants. Yes, my male participants experienced 'unequal shares in the products of social labour', but their 'specification of maleness' directed their actions in clinical practice (Connell 1995: 74, Milligan 2001: 13, Ryan's model).

There is no quick fix to solve the unequal share of labour, but Milligan (2001:7)

suggests nurse education prepares male students to become sensitised to the impact of

gender on their clinical practice. Likewise, but related to the delivery of intimate care,

Inoue *et al.* (2006: 565) argue that support mechanisms need to be in place to assist

male nurses to deal with issues if they arise in the clinical area.

Given this gendered concern of attitudinal discrimination, higher education needs to

have an infrastructure that addresses marginalized learning opportunities within

clinical practice. I perceive a visual learning style is supplemented by the gendered

power of male speech assigned to men, and Ethan, in his own masculine way, took

control of his learning by 'speaking up' and rearranging his placement experience

(Complicity, Ryan's model).

The first section of this chapter dealt with critically discussing how opportunities for

learning are marginalized, the following text aims to illustrate how learning and a

style of learning evolves through the gendered concern of having dyslexia.

8.4 Achieving a learning style through dyslexia

Riddell (1998: 203) reviews disabled students' experience of higher education where

'males' outnumber females 2:1 in the area of dyslexia. Five of my participants openly

declared they had dyslexia. During interviews three students discussed in-depth how

their dyslexia affected their former lives and occupations. Interestingly, the dyslexia

of two participants was only confirmed on entry to HE. Critchley (1975: 361)

defined dyslexia as:

> a disorder manifested by difficulty in learning to read

> despite conventional instruction, adequate intelligence,
> and socio-cultural opportunity

This early interpretation is restrictive, as it does not convey sufficient information about the condition. Richardson and Wydell (2003: 476) point out that recognition of dyslexia increased in the 1990's and the slow acceptance of the term dyslexia is perhaps due to the disability being often 'subsumed' within the label 'learning disabilities'. Dale and Aiken's (2007) report uses information from DES (2004) to provide the following definition of dyslexia:

> A specific difficulty, typically characterized by an unusual
> balance of skills. Dyslexia affects information processing
> (receiving, holding, retrieving and structuring information)
> and the speed of processing information. It therefore has an
> impact on skills such as reading, writing, using symbols
> and carrying out calculations
> (Dale and Aiken 2007: 7)

The above explanation provides a deeper understanding of this disability and clearly demonstrates what skills are required to be classed as proficient for learning during the undergraduate programme (Nursing and Midwifery Council 2006: 4). My aim is to analyse through Ryan's model, and with reference to Connell (1995), how dyslexia affected the participants in relation to their gendered role in society and what learning styles are successful to counteract the effects of their dyslexia. Connell (1989: 291) presents retrospective data on schooling from the life histories of two groups of men. He highlights how schooling has direct effects on the construction of masculinity through the

> indirect effects of streaming and failure, authority pattern,
> academic curriculum and definitions of knowledge.
> (p 291)

This failure is due to achievements in school being matched against a supposed academic hierarchy of knowledge, the result being schools impose differentiation on

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boys by competitive grading and streaming (Connell 1989: 295). Using Connell (1989), the three 'male' participants experienced failure in covert and overt ways during previous occupations. Ivan, Ethan and Alun describe how dyslexia had shaped their former working lives, and how learning styles developed following diagnosis. Connell (1989: 295) says 'masculinity is organised around social power' which is classed as being able to access HE and being in command of communication with others. He states that the elements of this social power are directed at 'boys who are academic successes'. My participants offer answers and outline the individual's loss of power in their former workplaces, power as a man to achieve and submit successful assignments and the realisation that power over their learning returned following diagnosis (Ryan's perspective on power relations). In interview Ivan clearly identifies his loss of power when learning with dyslexia.

Jane: What has affected your learning since the start of your nursing undergraduate programme?

Ivan: I think what has affected me most is my dyslexia – being diagnosed with dyslexia. I never really understood, sometimes when I was looking at my work - say an essay, I would say oh yeah, oh yeah I can see like, but I couldn't see it. Once I was diagnosed and they explained the problem that I had, I could see where I was going wrong. I think that affected it but then it also, like I said in the discussion earlier on, it also made me aware how I could learn and how I could cope later on. And the strategies that I could use.

Jane: So your dyslexia-was it discovered in your first assignment, your second assignment?

Ivan: Ah – third, um I suppose it was discovered in all my assignments, but it was half way through the year, but err what affected me most, was when I had feedback from one of my, I passed all my subjects except for one, but this one – the comments that was written was very, very negative, I felt. Cause what I always understood you always start with the positive, get the negative stuff out the way, in the middle and then end with the positives so the person doesn't lose heart. The writing was all negative, and I felt insulted, and I felt my work was just, thrown to one side and I must admit I became very upset with it. But after talking to the lecturer and discussing it, its improved my work because I now understand where I am going. And then later

when I was diagnosed with dyslexia, and I explained this to my lecturer, I can't name the lecturer can I?

Jane: You can, but all names will be-

Ivan: That's ok, I won't name them, but it's the second year, its improved my learning because the person, um, has supported me and that's encouraged me to learn more; and also I think because they have been positive towards me, my learning has been positive and now my marks are in the seventies, where they were between 40 and 50. I did have the odd 60, by a stroke of luck. (Ivan – responds to the comment of the 60 by having a chuckle). But because I've learnt- how to write an essay. I left school with no qualifications whatsoever, cause I've never, um. My learning experience at school was very, very poor. I went to a school, which, where if you didn't start off bright, then you were put to one side and were forgotten about.

Ivan's recollection of his school days mirrors Connell (1989, 2000). Being put to one side and forgotten about echoes the experience of Mal Walton (Connell 1989: 293) in high school and illustrates that not being able to read deeply disadvantages the individual and reduces the social power attributed to the accumulation of knowledge (Connell 2000: 143). The interview with Alun reveals the main reason why he experienced a loss of power with regards to the attainment of knowledge. He too, reflects back on his school days:

Jane: However, if you could possibly tell me what has affected your learning since the start of your undergraduate programme?

Alun: Well the thing is - what has affected me most than anything is - um – after my first bit of work was handed in - I found out I was dyslexic - so that was a 'dampner' on my learning.

Jane: In what way was it a 'dampner' on your learning?

Alun: - I didn't think I was going to be able to finish the course - because I knew there was something wrong from school - *because of my age and like- I was always put to the back of the class – during my learning through school and I left school with absolutely nothing. No GCSE's, O levels, or nothing. And just plodded along steadily through employment and I made a decision at forty to come and do nursing.* When I spoke to the School of Nursing I had to do the Access course here – I did a year in college. And nothing was picked up then, and when I started here on the course it was picked up then. I had to go to the Dyslexic unit to see what the problems were?

Apart from being classed as not "very bright at school", both Alun and Ivan are located in the group of school leavers whose dyslexia went unnoticed and as a result affected their self esteem as learners (Dale and Taylor 2001: 997), preventing efforts to obtain knowledge needed to fulfil the criteria for male power and status. Both over 42, these two slipped through the net (Dale and Taylor 2001: 1001), and then as Alun says he "just plodded steadily through employment". Alun and Ivan fit into the upper age range of participants located in White (2006). One participant in her study (p 160), Shaun, was diagnosed in the first year of his undergraduate programme and this correlates with the time of diagnosis for Alun and Ivan. Ethan is a younger man, 34 years old, but from the way he described the studies he undertook to enter nursing, he too, was diagnosed in the first year of his programme. Ivan clearly illustrates how dyslexia can be masked through strategies employed by the individual to cope within their working environment.

Jane: May I ask what type of school you went to, Secondary, Comprehensive?

Ivan: Comprehensive, yeah, err I think that carried on through my life with my learning, I taught myself, even with my bricklaying, um, for one side of it and also I avoided, *I avoided if I had to print someone's name down or write something. My strategy was avoidance and when I came to the university I couldn't do that anymore.*

Jane: Can you enlarge on what you mean by avoidance?

Ivan: Um, If say for instance, err, err, I - a list of materials, I couldn't go in and write a list, because most of the time I couldn't spell what I wanted.

Jane: I see.

Ivan: So it would have been easier for me to have handed the list over and go, but I had to stay there and explain everything that I wanted. If I hadn't of done that, and put that on the list, I would have saved myself time, but I used a different, I masked the way I was able to write a list out, as such, do you see what I mean?

Jane: I see what you mean. Did you get the words around the wrong way - or?

Ivan: I had words, numbers as well such as 6 and 9, b and d, that's a common fault with dyslexics, that was a major problem with mine and also commas, full stops even. Um, err, and I think also, my err my vocabulary was very-poor, just basic words that I relied on, I couldn't go any deeper – do you understand those other words.

Jane: I understand.

Ivan: I think that, that stop me learning, because I stopped myself from learning.

Jane: So, you say you left school, um, without no qualifications?

Ivan: No qualifications.

Jane: So you must have gained qualifications to become a bricklayer?

Ivan: I did yes, my hand skills, there was always, I was always best in the class with my hand skills, but my written work I was always the bottom. I just got/ scrape through that side of it. But I learnt, my mother bought me a typewriter and I used that to write my work up because my handwriting, err, skills was very poor. I would start off ok, but my concentration would get worse and even I couldn't understand what I was writing about. So I learnt to use the typewriter. And that improved my work – it wasn't, the grammar side of it was very poor, but you didn't need it. You didn't need to be that academic in my chosen subject. It was mostly hands, hands on and you could get away with like, copying from books. There was no like referencing like the university, you know the Harvard system, or whatever, or, um and it didn't matter about full stops, it was just what you did, and how you were going to do it, you just put it to pen and paper. I could get over it that way first. Um, my reading skills wasn't much great and my writing skills were very poor. As I progressed then, I started to err, challenge, my learning, I wanted to learn, but I think I was frightened of learning, maybe I don't know?

J: Is that why you were a bricklayer?

Ivan: Yeah, I was always seen as one of the best builders around and I was never out of work, but I wanted to go further because I self managed my own team and I had contracts in excess of probably 2 to 3 million per year. And I was managing the budget as well for that, I wasn't just running the team, kitted out. The material side of it as well. But how I did that now, I don't know. I didn't have the skills really it was just that - I could talk about the skills, but not write those skills down. The skills that I used.

Jane: But its interesting that you said you didn't think that you had the skills, but you've actually transferred those skills, or have you transferred those skills to nursing?

Ivan: Yes, I think I have, the skills I've learnt through building is communication, that was my best part, because, because I couldn't write, I communicate verbally. I think I've learnt to understand people and coz you would have a different customer every time. You treat a customer differently every time, because they want to be

treated differently. You get some people who want it. When you communicate with Mr Whatever, you get some who will say don't call me Mr call me Bill. And you break those thresholds down, not thresholds you break those barriers down – where you learn to communicate at different levels. Because some of the people I would have been working with, um, err, would be (Ivan really pauses here). Because of the job that I did, I was working with MP's, working for, famous people, athletes and that clientele, coz and you had to – an athlete would be a different level to an MP and you had to articulate, I think I'm saying it right, I may not be right, to that degree, and I think that changed my communication, my communication skills and improved them to a great deal.

Ivan talks about how his communication skills became a major strength to counteract the deficits in his writing, but more importantly as a business man he was able to interact in a competent way. Being in command of one's communication is viewed by Connell (1989: 295) as possessing social power.

Dale and Taylor (2001: 997) discuss the importance of how adult learners make sense of their dyslexia and Griffiths (2007) looks at the practical abilities of adults with and without dyslexia. Dale and Taylor's (2001: 997) project aimed to 'demonstrate that the non-recognition of dyslexia has been disabling for a group of adult learners who participated in focus group research after attending a cycle of evening classes provided for adult dyslexic students'. Three separate focus groups with seven participants took place. This method connects to my thesis. The authors looked at the level of participation and interaction within the groups. Interaction will be discussed when introducing Griffiths (2007). The grounded theory analytical approach (Strauss and Corbin 1990) along with the interactionist perspective on knowledge (Silverman 2000) underpins their thinking. Dale and Taylor (2001: 998) analyse the participants' talk and suggest that certain 'truths emerged' and could be applied to all their focus group participants. My participants' talk reveals how recognition through diagnosis explained their inherent problems with their academic work. Alun, Ethan and Ivan,

could experience the 'exhilaration of learning' for the first time (Maher and Tetreault 1994: 8).

'Being accepted as a learner' (Dale and Taylor 2001: 999) allows Ivan to find a suitable learning style for his undergraduate programme. Illingworth (2005: 41, 44) explores the effects of being dyslexic on the work of nurses and healthcare assistants and emphasizes that fellow clinicians must understand that dyslexic people may use different thinking and learning styles. This is evident when Ivan talks in his interview:

Jane: Do you learn that by observing, and by the actual doing? Could you talk about it in the classroom?

Ivan: I think so, yeah, I think, if you, its like relating back to brick laying, if I ask someone to build something that, I can build it because, because with dyslexia you picture, rather, if I've got to spell something I've got to picture the whole word. I can't err write up or whatever, I can't do that, but I've got to spell it loads of times, then I form a picture of that word. It's the same with nursing if I visualise it I can learn it. It's like watching an injection my pictures in my mind follow the sequence. That's dyslexics' that's the common trait with dyslexics. They're picture thinkers rather than thinking about what's been read in a book as such. Yeah, I think, its like, working in the nursing home I can see all the stuff that's relevant for me and I can take back – do you see what I mean?

Jane: Yes, yes I do see.

Ivan: Yes strange, but that's – err, if I listen to information on the radio, and also write an essay and I can do two things, its weird, but some people can't cope with two things at once, but I normally can like.

Ivan has adopted a specific style of visualising words in his mind. As his dyslexia is recognised entitling him to support from the dyslexic unit, he reverses the disempowerment felt by 'hidden dyslexics' who choose not to disclose their disability (Illingworth 2005: 41). By becoming empowered with strategies to acquire information through new learning styles Ivan moves up the hierarchy of knowledge

and reverses his once felt 'inferior position' (Connell 1995: 4, 'Scenarios' Ryan's model). A position also reversed for Alun:

Jane: So, all those previous jobs that you had -how did you learn then?

Alun: It was just learning by watching people more than anything and being taught manual – it was more manual work than was paper work.

Jane: So, pause- you've just mentioned you are a one-fingered typist – did you ever pick up any styles of learning to say well that's the best way I can type for me?

Alun: Um, yeah I've got to two / three fingers – no (*Alun* laughs here), but its just sitting at the computer desk and - I just get frustrated with um trying to read things – of you know like err a typing course on the computer - I just get frustrated with um, so that's all – Its mostly just doing it with the way I feel comfortable doing it   - rather than learning from that?

Jane: So, you're in your third year now – in nursing?

Alun: Yep.

Jane Would you –since your-dyslexia has been diagnosed, has your learning style changed since the beginning of your nursing programme?

Alun: Yeah – what I do now is um - through the dyslexic unit I've been given a Laptop, which has got special programmes on it. So any, any paper work that I have - I scan it and it puts it onto err different coloured paper backgrounds or the screen has different colour, so instead of having a white background with black writing it will have a blue background with yellow writing – something like that - that gives me – I can read it then – but also I have a system that reads all the work, um that's copied onto it - it reads it back to me – so I understand it better by somebody telling me something 'an reading it rather than me - somebody talking to me so I can tell what's going on – I can pick up the information rather than someone telling me what's on a board or even from a piece of paper.

Jane: So if something is played back to you - it goes in?

Alun: Better.

Jane: You understand it better?

Alun: Like if someone is talking to me. Like on lectures – if we are in a lecture – I can - I can't do both. I can't take notes from the board or from the overhead projector and listen to the lecture, I either - I don't take notes – I listen to the lecture – and then most of them know I'm dyslexic – so they give me extra pieces of paper and follow up what they have said later on.

Jane: So, when you have got these bits of paper later on - do you still have to – do you put colours over them?

Alun: I don't have to put colours over them I just scan them and then my computer reads it back to me and then what I try and do then is I only take out the information that I need from it – it could be like ten chapters – only two might be relevant to what I am doing though I highlight them with different coloured highlighters and write down notes.

The sub categories of dyslexia are: 1) developmental phonological difficulties, 2) phonological/visual motor co-ordination difficulties and 3) visual motor co-ordination difficulties (Rack 1997: 72). From the third category, I detect Alun suffers with the difficulty associated with reading comprehension. His learning style changes to one of listening aided by computer software. In Alun's example purposeful learning takes place through the process of intrapersonal dialogue where he re-engages with the 'verbal' lectures played back to him via his computer. Gorsky and Caspi (2005: 139) are clear that 'resources are not a prerequisite for intrapersonal dialogue' to occur as students can enter into a dialogue without such resources, but it is an aid which mediates learning for him. Ethan also experiences the third sub-category of dyslexia and discusses his inabilities to read large pieces of text located in the following speech. What leaps out of his account is: the constant referral to academia and seeing others not being classed as academically sound. From his speech I make the huge assumption that his ability to study differs from a number of his peers and the actions of supposedly brighter students release feelings of inferiority in the classroom. I pose the question: "Do male students experience feelings of exclusion when they interact with male and female students in the learning environment?"

Ethan: Um – there was some students, um, a male in particular, who actually, who was sat by a group for half the year and decided to move into a different group purely because the other group had higher academic qualifications, they had previous degrees. And that was one of the reasons why some people were changing groups because they wanted to be with the people who were more academically sound. They could get better support off, and knew what they were doing, even if it was nothing to do with nursing. (Ethan laughs at what he has just said)

Jane: So, so from your perspective - um, you've mentioned the word academic quite a lot here AND you've just said the person who's moved to another group whose

academic qualifications are considered up there (Jane moves her hand into the air) PAUSE. And you actually said you felt that you were not academic and you struggled with the academia, has your learning style changed to achieve that academia?

Ethan: Um – yes.

Jane: And can you enlarge on that?

Both Jane and Ethan laugh here.

Ethan: I thought you were going to say that, um, PAUSE. Well, obviously being dyslexic, having problems sometimes with grammar and punctuation, um, I've got support with that from student support services; which is crucial I think to my increasing my every mark, um. Obviously I do a lot of reading, I do find it difficult to do a lot of reading, because it makes me very tired, its part of the dyslexia. I've got little things in place, which try and helps me stop seeing patterns in the reading that I am doing. I wouldn't say it actually work, but I do use them.

Jane: Has the way you approached an assignment or poster presentation changed since the first year until now?

Ethan: I suppose I kind of - um- now that I understand what an assignment is and stuff that's supposed to be in an assignment - um – yeah I'm in that position now. I, obviously relate to the guidelines.

I consider Ethan was referred to a 'particular male' who wanted to be in the elite group, he became the individual viewed as possessing inferior knowledge (Ryan's model). This subordinated practice fulfils the projected image of 'men's places and practices in gender relations in the pursuit of knowledge' (Connell 1993: 601). The support mechanisms dealing with their diagnosis of dyslexia have opened up opportunities to acquire that 'revered' knowledge. Griffiths (2007: 277) discusses 'pragmatics as being the ability to derive meaning from social interaction'. As the researcher I reflect on the nature of my social engagement with these three participants. Both Ivan and Ethan took part in a focus group. Ivan was quite vocal in comparison to Ethan, whose input was considerably less than his peers. What is noticeable, these students who had declared their dyslexia to me consented to be interviewed. I interpret they wanted to voice their situation and by doing so discussed powerful issues.

I consider this:

> pragmatic competence requires an individual to
> process language at a speed by using working
> memory efficiently, in order to understand the
> intended, rather than literal, meaning between
> speaker and hearer.
>
> (Griffiths 2007: 277)

In response, I examine the structure of my questioning during the three interviews. I expected the participants to comprehend and answer more than one question from me, whilst deciphering 'the intended meaning' of my questions. I question my role: "Did I exercise enough sensitivity towards their disability during their interviews and when I returned their individual transcripts by post?" Via, e-mail I prepared my participants by informing them of the format of the transcript. For the future I will adopt a different strategy towards questioning within interviews for all participants.

8.5 Summary to achieving a learning style through dyslexia.

The 'three' participants belonged to the 'group' outnumbering females in the area of dyslexia (Riddell 1998: 203). This finding provides extreme insight into how their undiagnosed dyslexia masked individual abilities to acquire knowledge and fostered constant adaptation through coping strategies during former occupations. Using Ryan's model, Alun, Ethan and Ivan, experienced feelings of exclusion and inferiority with regards to learning, until entry to HE. Confirmation of diagnosis acted as a licence to comprehend 'what was wrong', allowed the release of resources to support their learning and styles of learning, and consequently regain lost power through knowledge. Taking this forward the participants voiced how preferred styles of learning have emerged due to their acceptance and recognition of this gendered concern. I consider, speaking about their disability empowers them as men and strengthens their learning situation. 'Voice' features in the core category, chapter nine

and is complimented by reference to text from previous chapters and truly illustrates a

minority group can be heard.

Chapter Nine

Voice: Never hidden, Released by masculinity.

9.1 Voice: Never Hidden, Released by Masculinity.

The previous chapters discuss learning and styles of learning from four different angles. 5.2 'Coming together: Interact to learn' is the first category devised from focus groups, two person interviews and individual interviews. These methods provided a forum for male students to be able to speak about the realities of their learning and styles of learning.

Through the subjectivity of my ontological stance I integrated my voice with my participants' speech as I engaged and shared their experiences. My voice alongside my participants' voices ranged from stimulating further enquiry to taking an analytical form and occurred mainly due to the rapport with my participants (Charmaz and Mitchell 1996: 285). Charmaz and Mitchell (1996: 297) conclude that the nature of being able to express one's self is dependent on 'where the tale begins', 'how are the subjects involved in the story telling', and what are the researchers studying'? The 'tale' and 'involvement' began for the participants when they took part in the groups. What I required was the articulation of how they learnt and their preferred learning styles. In relation to entrenched manhood and war, Kapinski (2008: 527) provides a wonderful metaphor:

> Symbolically, the healing wound also marks his transition
> from being rendered literally voiceless because of a war
> trauma to regaining his voice through the therapeutic rite
> of restoring him to humanity

I do not consider that the participants have remained voiceless during their undergraduate programmes; however, the act of 'coming together' to talk is symbolic in itself. This act signals that creating learning groups fosters a comfortable environment to discuss how the students learn and their learning styles. Originally, I

would have labelled their ability to articulate as hidden as the students are outnumbered by their female peers, but their masculine role and status within society allows a hidden voice to be heard. The participants voiced what they wanted to say and I compare this to the information contained within a 'press release'. A press release has great impact. The influence of the individual voice within the two-person and focus groups caused a plethora of opinions and remarks to come forward. The strength of their voice regarding collective and individual opinions grew due to the masculinity demonstrated by my participants. My voice came through their transcripts, as I interpreted the emphasis on words, the pauses and tone of voice to express agreement or frustration. I later capitalized on my own analysis through fieldnotes, which also captured the power of their male speech during interactions.

This ability to 'voice' is complimented by their masculinity and in 6.2 'Learning: Finding that voice', the male student nurse asked people to keep quiet in order 'to listen to the lecture'. The participant and others make it clear through the use of their comments that their style is to listen to information. Through their speech, the students voice that it is not an option to be excluded from learning opportunities ('Scenarios', Ryan's model). The participants voice a mixture of opinions regarding previous styles of learning and how adaptation became necessary to develop a style pertinent for nursing subjects. Releasing their masculinity through the medium of voice seeks to direct their thinking and support the interpersonal dominance which as men they can enjoy (Hearn 2004: 51, 'Maleness', Ryan's model). This interpersonal dominance is enriched by eight of the eleven participants in the main study having experienced careers associated with an entrenched masculine culture and hence is connected to the issue of identity. Previous masculine identities derived from the workplace failed to

distract the male student nurse from involving themselves within the demands of the undergraduate programme. The complicit nature of masculinity (Connell 1995: 79) is nestled within my participants' actions and speech, as they can draw on their 'maleness' to demonstrate a complexity of interactions (Connell 1987: 93, Ryan's model). Through the complicit nature of masculinity, these male students are able to determine what they want to hear and see within the classroom due to masculinity being affiliated with public speaking (Deutsch 2007: 117, Roussel and Down 2007: 191). Their prominent 'speaking' role is futher enforced as female and male colleagues assign a male to head small learning groups. 'Neal' became the lead name of one seminar group and this propels the man into the limelight and ultimately his voice is heard through his role as spokesperson. Being seen as the chief orater does little to allow the male nurse to blend in with his female peers. This blending in is connected to the issue of identity and my participants openly discussed their perceived relationship with their peers.

In 7.1 'Relational gender: Observation in the classroom' one participant voiced strong opinions about the nature of the medical and nursing profession and the perceived acquistion of knowledge. This accumulation of information supports the argument that possessing the right knowledge creates power within a group and subordinates others being considered to possess inferior knowledge ('Scenarios', Ryan's model). When talking about listening to the content of lectures, on most occasions the lecturer and students were not identified as female or male. Two participants adamently professed their true identity within undergraduate nursing. 'Being just a student' and not a 'male student of nursing' became the prominent identity within the hierarchy of identity levels (Charmaz 1987: 285). This attempt to neutralize gender featured in

numerous excerpts from participants' speech. Earlier in the related chapter, I

suggested the notion of degendering others led to the dismantling of the threat of

inequality between a female and a male student, which in Ryan's model allows for the

neutral appreciation of others. The men in my sample voiced how they regarded their

relationships with men and women in their previous careers. Being especially

'comfortable with women' connects up to the topic of achieving 'homogeneity' with

the females in the cohort. I suggest, the men who perservere to become student nurses

are adaptable in terms of their relationship with female members of their cohort.

Releasing the masculine privilege (Middleton 1992: 11) allows them to see

themselves as degendered within their programme. However, the power of their

'maleness' is reversed due to the strength of issues beyond the students' control

(Ryan's model).

Moving from the classroom to the clinical setting, in 8.2 "Becoming a learner: In the

face of gendered concerns" discriminatory atttitudes towards the administration of

intimate care was highlighted as a concern. My participants' speech is definitely 'data

on males as males' (Delamont 2002: 36) as only 'male nurses speech' can resonate

the inequalities experienced in gaining psychomotor skills from clinical practice'. The

students reported that they met attitudinal discrimination from female qualified nurses.

O'Dowd (2005: 11) and Parish (2006: 14) report that qualified female nurses

automatically make assumptions that male nurses behaviour will change if they are

allowed to administer 'intimate care' towards female patients. The reversal of

patriarchy, alongside the prime concern of patients' wishes (Chur-Hansen 2002: 194)

remains a major contender in preventing the 'release of masculinity' to change the

male students' situation. This however, has not stopped these participants from

bringing their issues to be analysed and signalled through my reportage. One participant voiced his concerns regarding feelings of exclusion in a theatre placement. The influence on the release of masculinity is highly dependent on what it is like to be a man in a certain place and time (Evans 2002: 442) and this fact determined the actions of this one participant.

The remaining gendered concern, 8.3, centred around being a man with dyslexia. I noted that the three participants who consented to interview possessed firm views on how their dyslexia had moulded their approach to their working day and learning opportunities. Their dyslexia also acted as an indirect barrier to the acquistion of knowledge and restricted their ability to write comprehensive texts. Through Ryan's model and supplemented by Connell (1989: 295), I suggest the power of their oral and written communication changed following diagnosis in HE. They assumed command of the resources that assisted their learning, resulting in taking control of individual learning styles and elevating their status as learners. The concept of voice is revealed in my reportage on my data. Primarily, this voice is strengthened with historical and patriarchal influence, but I suggest the male student of nursing only demonstrates one side of his masculinity due to the nature of nursing patients and working with a majority of female nursing staff.

Chapter Ten

A concluding overview on the stages of this thesis.

10.1 Introduction.

Chapter nine discussed my interpretation that the voice of the male student never remained hidden in undergraduate nursing. This concluding overview provides a picture of how the individual steps in this thesis contribute to a body of knowledge and is structured using pertinent key points by Cresswell (2003: xix) and Silverman (2005: 328, 329, 330). The purpose of my research study, see 10.2, is then revisited when I conclude in the final points about the focus of my research.

10.2 Objectives.

To explore the available evidence in order to identify the learning styles of male nursing students in higher education nursing programmes.

To identify current practice in Welsh nursing curricula, which enhances or impedes the development of learning styles in male students of nursing.

To inform educators of the need to incorporate strategies into curriculum design so male students can utilise individualised styles of learning

This chapter then makes recommendations for clinical practice, education and for further research.

10.3 The literature review:

This thesis includes a literature review. Chapters two and three acted like satellite stations to improve existing knowledge and in a distant way connect to the new areas that have evolved following analysis and reportage on the data. My experience informs potential users of the benefits of conducting a preliminary review prior to using grounded theory methodology. The literature underpinning the development of nurse education, the history of men in nursing, learning and styles of learning did not include proper discussions surrounding epistemologies. I took action by

supplementing the review with reference to feminist thinking and Connell's (1995)

masculinities framework in order to solve the problem of what I considered was a lack

of theoretical frameworks in the chosen literature. 'What is not there is equally as

powerful as what is there' and signals that not all issues in the learning and nursing

literature are benchmarked against theoretical frameworks. Sampling three distinct

ideas does not always lead to bringing together a complete picture of how male

students of nursing articulate how they learn and their preferred learning styles in the

college pre-registration nursing environment. However, literary deficits exist with

regards to male students speaking up about their learning styles and masculinity

within undergraduate nursing. The positioning of the particular 'sampled literature', in

no way created what Glaser (1992) classes as the tension between emergence and

forcing of ideas. I did not assume 'preconceived ideas', and confidently proclaim that

grounded theory arises from my data, 'rather than being derived from a conceptual

framework' of literature (McGhee *et al*. 2007: 335). To illustrate that new ideas have

emerged, the background theories underpinning my analysis are different from the

literature located in the review. Silverman (2005: 329) suggests 'show how your

theories have helped you think through your data'. First of all I revisit the original

research question to illustrate how the literature review shaped the question. Then, I

discuss the significance of the research design and the gender theories used post

analysis of my data. I revisit my model, based on the interpretation of the language

from Connell's (1995) framework

The research question: How do male students of nursing articulate how they learn in

the college pre-registration environment connects to the literary sources reviewed.

This question has a relationship with the data and their male voice is evident in each

chapter. I have answered my research question using the components of Ryan's model, and deduce that the male students find their own gendered practice for undergraduate nursing, which results in their 'maleness' determining the articulation of their learning needs. My research design enabled me to locate the interpretation of the language from Connell's framework into my thesis.

10.4 The Research design.

The focus group methodology and individual interviews provided rich data. The vignettes met with a mixed reception, one group discarded the illustrations altogether as they talked freely and other participants' conversation included thoughts stimulated by looking at the illustrations. Combining methods of focus groups and interviews is not new. Conducting interviews immediately post focus group and two weeks thereafter was successful. What this thesis adds is the knowledge the students found the experience stimulating, as they were able to reflect back on the conversation from the individual focus group and contribute further by expressing individual opinions. CADAZ, my analytical software package proved useful in organising and then recalling concepts and memos from large amounts of data.

10.5 Summary on Connell's framework and Ryan's model

I considered the four concepts belonging to Connell's masculinities framework to have negative connotations that were directed at both men and women. The construction of the specific male role in society was a response to the Women's liberation movement in the 1970's, which I interpret, was a product of the third wave feminism from 1968 (Connell 1995: xii, Delamont 2003: 2). I assume Connell wanted men to examine their own configurations of masculine practices. I am not suggesting

Connell's epistemology was devised to counteract the perceived negatives of feminine criticism (1995: 120) and supports through Ryan's model that the participants came with and met different masculinities within their own undergraduate programme. These separate masculinities initiated negative and positive experiences towards learning especially in the clinical area.

For me, male articulation of learning (complicity) becomes the most dynamic and influential component from my model. My male participants can call on and demonstrate complicity purely because they are able to do so as men. This finding allows me to answer the question: How does the language of Connell's framework contribute to the body of knowledge that examines the male gender in undergraduate nursing? The prominence of 'men- their gendered practice in undergraduate nursing' and 'maleness surfacing through the articulation of learning needs and demonstration of their learning' comes to the fore when males really have to voice their form of learning style to achieve within the classroom and clinical area.

Using the language from Connell has allowed me to examine how masculinity is practiced in undergraduate nursing. The product of my analysis presented in four named theoretical categories is supplemented with reference to Connell's framework, and other theories. Connell's social constructivist approach for gender is also contrasted against selected epistemologies used by authors in their reports. This reportage was enabled using the constructivist grounded theory approach by Charmaz (2006). How has the use of this analytical framework helped me analyse my data?

10.6 Charmaz

I applied all the steps of her framework. Whilst I coded each line, meaningful ideas stemmed from looking at larger chunks of data. Coding my data did not always follow the steps in her framework and an example is evident in the theoretical category chapter five "Coming together: Interact to learn". For this chapter, the richness of the concept 'coming together' proved more powerful than the application of the steps of her framework. The fieldnotes written against the interactions seen in each two-person interview and focus group received the framework's analytical attention, so areas of data lent themselves to this analytical approach. My use of Charmaz's approach does allow me to make a contribution to a body of knowledge through my acknowledgement that this analytical framework does have strengths and weaknesses on application to individual data. The approach has exposed me to the theoretical underpinnings of concepts that have emerged from my own interpretation of the data. The aim of delivering the findings from this study will allow the power of voice from a minority group to be heard regarding learning and learning styles.

Selected theories and comparable epistemologies will be cited to demonstrate how 'theoretical categories' can be eclectically analysed and supported with literature, and this finding allows future researchers to see the probable properties within their analyses.

10.7 Theories: Underpinning four theoretical categories.

Chapter five, "Coming together: Interact and learn". Mindful of the criticisms thrown at the reportage of focus group methods (Wilkinson 1998a: 112), I chose to analyse in-depth the concepts surrounding interaction. Interaction is the central focus of this

theoretical category and Madriz (2003: 371) allowed me to analyse the types of

vertical and horizontal interaction that took place within the two person and focus

groups. Wilkinson (1998a) chose a feminist approach, which in alignment with the

new men's studies prioritizes gender as the standpoint for analysis. Her discussion on

power and the researcher became purposeful in my analysis of existing power between

me, and the participants, and within groups. Wilkinson (1998b), in particular drew

my attention to how the participants engaged in 'collective sense making' and this was

especially relevant as the male students rarely came together to discuss their learning

and style of learning.

Fused with 'coming together' is the issue of contrasting the symbolic differences

between feminine and masculine places (Connell 1995: 70) and this occurred in the

discussion when talking about working relationships with female colleagues. The

male participants' actions and speech were analysed using Mead's (1934: 181)

perspective on symbolic interactionism and Atkinson and Houseley's (2003: 37, 38)

exploratory work on interactionism. The latter authors alerted me to the existence of

numerous forms of interactionism. Talking about how to learn is classed as a 'socially

constructed experience' (Madriz 2003: 373). The experience of being a small number

of male nursing students is discussed with the theory that examines the implications

for the law of small numbers (Quattrone and Jones 1980: 141). Overall, my male

participants negotiated the 'in' or 'out' group with ease, which I considered was due

to their acceptance of their low numbers.

In chapter six: "Learning: Finding that voice" the core discussion centred on specific

learning styles and the strategies they adopted to maintain their style of learning.

Taking feminine or masculine approaches to learning are hotly discussed by Philbin *et al.* (1995: 492). Ascribing meaning to the 'how and why' male nursing students learn is a focus of the constructivist approach (Charmaz 2006: 130). 'How you learn' is closely linked to the issue of gender, identity, and how the choice of occupation affects individuals' learning styles (Bloomer and Hodkinson 1997, 2000, Gough and Peace 2000, Frehill 2004).

Role strain' (Simpson 2005: 371) has little impact on male nursing students. They adapt by calling on the complicit nature of their masculinity through the power of their speech and therefore articulate their learning needs (Connell 1995: 79, Ryan's model). I used ideas by Gough and Peace (2000: 387) to discuss the hierarchical nature and quality of men's speech. The theoretical perspectives, Connell (1995) and Reed (1999) contribute to my reflection that the practice related to masculine speech allowed complicity to surface to secure learning through a style of learning, which in this section is classed as 'listening'. The participants' styles of learning are enforced by the 'male speech' that describes the forms of teaching delivery and resources. Such a characteristic feature of 'dominant speech' strengthens the idea that the male gender commands vocal authority in public (Roussel and Downs 2007: 191, Deutsch 2007: 117).

I consider this vocal authority is associated with the idea that dominance can be practiced through the possession of knowledge. The theories in chapter seven "Relational gender and observation in the classroom" highlight that superiority can be practiced towards both males and females if individuals possess hierarchical knowledge (Connell 2000: 30, Brandes 2007: 179). This is described in Ryan's model

as scenarios demonstrating that individuals seek out others who are considered to possess superior knowledge

Having knowledge is also linked to the practice of exercising power and control. Two students exercised this power through their declaration that they saw themselves as student nurses and not as male students. This finding provides an insight into how male students differentiate themselves from their maleness and their own small 'in' group of men. Power and control are then practiced because they openly sign up to become members of the female dominated 'out' group (Tajfel 1978: 63). I supplemented this finding with the concepts supporting minority and majority groups (Moscovici and Paicheler 1978: 256) and from my male students' speech claim the 'student nurse identity' belongs to female student nurses. Charmaz (1987: 285) truly discusses the notion of identity and Connell (1995: 79) explains through complicity that these students are able to choose their 'preferred identity'. However, explanations reveal that 'maleness' (Ryan's model) cannot be exercised and is replaced with the concept of 'exclusion' and being excluded' in chapter eight "Becoming a learner in the face of gendered concerns".

O'Dowd (2005: 11) and Parish (2006: 14) give an insight into the restrictions on the visual form of learning and therefore the non-acquisition of skills for the delivery of intimate care. Male students cannot always capitalise on their visual learning due to the nature of nursing practice. Evans (2002) led me to the conclusion that the 'performative nature' of the male student is subject to scrutiny, whilst Chur-Hansen (2002: 197) and Inoue *et al.* (2006: 560) highlighted the pitfalls connected to the provision of intimate care. I found that male students are excluded from particular

procedures, which impacts on their learning opportunities. This resulted in men not being able to exercise their 'maleness' and experience lost opportunities to gain knowledge and the power associated with possessing that knowledge (Connell 1995: 5, Ryan's model).

Being diagnosed with dyslexia also impacts on the acquisition of knowledge. Three male students, who had worked in masculine cultures, over the age of thirty-four, discussed how their disability impacted on gaining knowledge (Dale and Taylor 2001: 1001). The change of culture around dyslexia (DES 2004) and the support services in HE make it easier for students to receive help. Throughout the last section, Ryan's model, with reference to Connell's work (1995), was used: to critique how male students experienced feelings of exclusion within the learning environment and how inferior knowledge became superior knowledge for dyslexic participants.

10.8 Limitations of the study.

The methodology for this study was considered appropriate and involved twenty-four participants. Data from twenty-one participants were analysed. The number of participants was greater in the pilot compared to the main. In qualitative studies the researcher does not generalise on findings from the number of participants, it is the theoretical debate that adds credence to the findings. On a retrospective basis, I felt the value of the data from the main study increased even further when the pilot data was compared, examined, and then reported in conjunction with the main study data. Therefore, theoretical generalisations evolved from concepts analysed from twenty-one participants. Although I have analysed the data together, I will sign post 'limitation' events with reference to the pilot and main studies.

What became a limitation was negotiating the 'right time' to access the students and in total the two pilot studies took place over six months. In the pilot students were either completing assignments or revising prior to examinations. I was dependent on the events taking place in their timetable. At Site A, pilot, I actually placed priority on having a focus group helper with me, rather than listening to the availability of the students, so timing of the study requires the utmost attention. In the pilot I conducted two focus groups, whereas only one focus group in the main study. However, I classed the data from all groups as invaluable. The availability of the students was of prime importance; this factor continued into the main study and resulted in having a group helper on only one occasion. Whilst disappointing, I extended my remit to engage, listen, record, and write overt fieldnotes against students' conversations. In contrast to assignments and examinations, students at one site, main study, only had three weeks left of their entire undergraduate programme, which I interpreted affected the response to take up an invitation to my study. How I contacted the students proved influential and in future research will negotiate realistic deadlines to deliver student information packs to research sites.

10.9 Final summary about the focus of this research

Chapter one introduces the content and structure of the thesis. It sets the scene with regards to the intended use of literature. However, due to the analysis applied to the data, and the application and extensive use of literature associated with masculinity, limited reference is made to the learning styles literature beyond chapter three. The above is a reflective statement and acknowledges the minimal inclusion of such literature to underpin the properties of the theoretical categories in chapters 5 – 8.

In undergraduate nursing men are scattered across learning groups due to their minority numbers. One of the most exciting findings, chapter five, is the fact that male students rarely group together in the classroom, to discuss their learning and styles of learning and do not voice their concerns about learning purely as a group of men. It could be argued, would an all male discussion group contribute to their knowledge of their individual learning style? This and the data from my study imply that education could assess the impact on how men are grouped within the college environment. To supplement the analysis on the impact of male groups, educational stakeholders could suggest male students reflect together on completed competencies from their clinical portfolios. This would contribute to the process males follow in the articulation of learning in the classroom and the clinical area.

This study has addressed, chapter six, the articulation of learning. Students, who survive to reach the third year possess a vocabulary and are able to discuss how they learn by reflecting on over two years of undergraduate learning. This finding demonstrates to lecturers that male students have the ability to communicate about learning and as a consequence become very visible amongst a large group of female students. Strategies are already incorporated into the curricula so students can capitalise on how they learn, for example students can record a lecture with permission and the element of interpersonal dialogue takes place between recorded notes and the student. The students identified that seminar groups and hence small groups as opposed to lectures enabled their questioning style of learning, this endorses the move by Schools of Nursing and Midwifery to continue delivery of subjects using small student groups.

This study's results, chapter seven, provide evidence to substantiate that male students of undergraduate nursing see themselves as homogenous in relation to their female peers. Striving to achieve this homogenous status has to be incorporated into the planning of any programme of activities and will demonstrate that education is sensitised to the needs of male students.

This study has provided an insight, chapter eight, into how male learning is affected by attitudinal discrimination and the disability dyslexia. Issues surrounding gender and patients are covered in the Welsh curriculum. Attention in the Schools of Nursing and Midwifery should be paid to the construction of gendered subjects, which informs the professional policy makers, the Royal College of Nursing and the Nursing and Midwifery Council of how the male student will apply this information and achieve their competencies in clinical practice. Positive and negative gendered clinical experiences should become a topic on the curriculum so learning can evolve in response to discussions and gaining information on the subject.

Although lecturers are educated to possibly detect dyslexia in students' work greater attention is required to monitor male students over the age of approximately 34 years old as these students are missing out on an early diagnosis. This has implications for the ability to be classed as 'fit for study' as from September 2007 for example drug calculations will become part of a student's final assessment. Completing clinical competencies also contributes to the final assessment of the undergraduate programme and 'attitudinal discrimination' to the role of the male nurse on the provision of 'intimate care' can hinder completion of clinical competencies. Whilst the wishes of patients are paramount hospital policies regarding the chaperoning of patients needs to

be addressed, as a female doctor can examine a male patient, but a male nurse is either chaperoned or prevented from administering care.

10. 10 Recommendations.

Clinical practice

- For clinical nursing staff to be informed of hospital policies, which affect learning and direct gendered care to patients in order to prevent resistance towards learning outcomes.

- Hospital trusts and Schools of Nursing and Midwifery to continue to find alternative learning strategies to compliment the students learning style in the administration of nursing care.

- For clinical mentors to be proactive in the introduction of the male undergraduate student so opportunities are available when considering the culture of the ward environment.

- Clinical managers to review existing policies regarding the chaperoning of patients so that both patients' wishes are respected and learning styles evolve as a result of opportunities being afforded to the male student through a fair hospital policy.

- For clinical staff to receive teaching sessions on how dyslexia affects the individual student's ability to exercise academic skills both in the classroom and in the clinical area.

Education.

- To recommend, that the 'access to nursing' course monitors students for dyslexia.

- Collaboration to take place between education and hospital trusts to continue to promote audio and visual styles of learning to prevent a deficiency in learning opportunities in the clinical area.

- For education to actively include and or support the use of single-sexed groups, in order to provide a space for men to discuss learning styles with other men.

- To encourage male students to access communication sessions to maximise consent to be involved in nursing care.

- To actively encourage male students of undergraduate nursing to 'speak up' about lost learning opportunities.

Research

- Audit through nominal focus groups the perceived benefits of having a designated male group to discuss learning styles.

- Through action research initiate a study buddy all male group and compare and contrast against an all female study buddy group.

- Audit the number and age group of male students from student support services who were diagnosed with dyslexia, on entry, and within their first year of their undergraduate programme.

- Conduct individual interviews with dyslexic male students to monitor how their knowledge is increased through the use of the support services.

- Take the following issue: How can you become a qualified male practitioner if problems arise in access of care to a committee dealing with equality and diversity issues.

10. 11 Dissemination of the findings

This section demonstrates the stages of how the findings from this thesis could inform clinicians, educationalists, policy makers such as the Welsh Assembly Government and the Nursing and Midwifery Council and researchers.

Clinicians

To gain access to NHS managers to inform them that while male students of undergraduate nursing respect the wishes of female patients, their learning opportunities are restricted due to their gender. While the preferences of female patients are paramount, hospital policies should be in place to demonstrate that male students do not have presumed behaviours and must have a chaperone when administering patient care to females. Also, to disseminate, via local nurse managers, other identified gendered concerns of male student nurses.

Education

My work positions itself firmly in nursing education; however, calls on the wider issues associated with males, as I incorporate literature from the world of masculinity into my thesis. To date, I have presented the findings from my thesis to third year undergraduate students, and am aware that my findings inform both female and male undergraduate nursing students. It is my intention to present my research to lecturers from the School of Nursing and Midwifery at Cardiff University at an identified 'research away day'.

In 2010, I will engage on the post-doctoral (PD) programme for nursing within the School of Nursing and Midwifery studies, in order to inform PD students of my experiences of the research process and how Charmaz' approach to grounded theory can be utilised within a research study.

Policy makers

The numbers of male nurses in undergraduate nursing has increased, but overall remains low compared to the numbers of female recruits. While recruitment was not a focus, there is a need to inform the policy makers for nursing of the experiences of male undergraduate student nurses, as they are a minority group. The information from my thesis enables the Welsh Assembly Government (WAG) and the Nursing and Midwifery Council to have an overview of the numbers of male recruits in the profession, and how policies at a local level affect their ability to practice nursing.

Research

A poster detailing an abstract of my research was presented at the Royal College of Nursing International Conference 23rd to the 26th of March 2009 in Cardiff City Hall, see appendix 25. This abstract was refashioned following amendments and corrections.

It is my intention to prepare articles and submit to identifiable journals. I will report on the central concepts, methodology, methods and findings of my study to nursing journals and journals focussing on gender issues.

I have submitted an abstract to the Gender, Work and Organization, 6th international interdisciplinary conference, University of Keele. My abstract has been submitted to the stream of 'gendered power'. My research is unique in that the submitted abstract gives the reader an insight into Ryan's model. Ryan's model has used the language from Connell's (1995) masculinities framework and indicates through the medium of voice the gendered power of the undergraduate nursing student.

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Appendices

Appendix 1

Stage 1

Masculinities by Connell (1995) served to explain the gendered role of man in society before an extensive search of the treatment of masculinity as a whole. The masculinities framework served as the underpinning epistemology for this thesis. Preliminary words were drawn from the natural language of the topic to inform intial searches from the named data bases. The reasons cited by Hart (2001: 3) allowed identification of reviews and research studies pertinent to the subject and established quite an identifiable gap that the subject learning styles and student 'male' nurses remained a detached genre. *Constructing Grounded Theory* (Chamaz 2006) guided the general approach for the analysis followed by a search in the literature to detect how grounded theory was incoporated into research studies by other authors.

Stage 1: In this stage preliminary key words were identified.

1. Connell
2. Connell and masculinity
3. Charmaz and grounded theory
4. Constructivist grounded theory
5. Feminism and nursing
6. Focus groups
7. Gender
8. Gender and nursing
9. Gender and student nurses
10. Grounded theory
11. Hegemonic masculinity
12. History and nurse education
13. History and men in nursing
14. Interview
15. Learning styles
16. Male nurses
17. Male student nurses
18. Masculinity and student nurses
19. Minority groups
20. Patriarchy
21. Power and masculinity
22. Tokenism
23. Voice

Appendix 2

Stage 2

ASSIA (Applied Social Sciences Index and Abstracts).

CINAHL (Cumulative Index for Nursing and Allied Health Literature.

British Nursing Index.

ERIC (education journals and documents).

Medline.

PsycINFO (psychological abstracts).

Sociological Abstracts.

Web of knowledge Service

ASSIA was searched between 1987 to 2008.
I conducted the search and found for:
Connell – single and multi-authorship – 101 results.
Connell and Masculinity 514 results.
Charmaz and grounded theory 208 results.
Constructivist grounded theory 25 results.
Feminism and nursing 408 results.
Focus group 6835 results
Grounded theory 3192 results.
Hegemonic masculinity 613 results.
Interviews 5 results.
Patriarchy 2674 results.
Power and masculinity 122 results.
CINAHL was searched between 1981 to 2008 for the following key words:

History and nurse education 31 results.
History and men in nursing 23 results.
Learning styles 826 results.
Male student nurses 7 results.
Student nurses 2179 results.
Learning styles and student nurses 59 results.

For the search term 'History and nurse education' and 'History and men in nursing' the following books became influential in the compilation of this section: Abel-Smith, B. (1960), Bendall, E. R. D. (1969), Brown, R. G. S. (1973), Davies, C. (1980),

Dolan, B. (1983), Hoy, R. A., Moustafa, A. H. And Skeath, A. (1986), Maggs, C. J. (1983), and Mellish, J. M. (1984).

The BNI – British Nursing Index was searched between 1994 and 2008

for the following key words:

Focus groups 21 results.
History and nurse education 20 results.
Learning styles 55 results.
Men and nursing 152 results.
Male student nurses 14 results.
Masculinity and nursing 1 result.

ERIC was searched between 1981 and present day for the following key words:

Learning styles – 3815 results.
Masculinity – 1093320 results.
Patriarchy – 154 results.
Student nurses – 147 results.
Masculinity and student nurses – 0

Medline was searched between 1950 to 2008 for the following key words:

Nurse Education 616 results.
Male student nurses 61 results
Patriarchy and medicine 93 results
Power and masculinity 54 results

Psyc INFO via Ovid was searched between 2002 to 2008. I conducted the search

and found for:

Voice 790 published works.
Minority groups 2025 published works
Nurse education 823 published works
Minority groups and nurse education 1 journal article
Tokenism 51 journal articles

Sociological Abstracts was searched from 1952 date to 2008 for the following key

words:

Connell and masculinity 498 published works
Gender and nursing 1 Journal article
Gender and student nurses 2 Journal articles
Masculinity and student nurses 1 Journal article
Minority groups 4234 published works
Tokenism 217 published works

Web of Knowledge Service: The time frame for search terms was conducted on an individual basis:
Gender 398 published works
Gender andstudent nurses 3 Journal articles
Male student nurses 23 Journal articles
Gender/Men/Man/Masculinity 1835 published works, of which 477 were analysed relating to social issues.

Appendix 3

Assia searched between 1987 to 2008.

#	Search term	Results
1	Connell	101 –Single and multi-authorship
2	Connell and masculinity	514- Journals
3	Charmaz and grounded theory	1 – Book 207- Peer-reviewed Journals-
4	Constructivist grounded theory	25 – Total publications 4 – Dissertations. 12 – Peer reviewed journals. 1 – Report
5	Feminism and nursing	408 – Total publications. 14 – Books. 14 – Conferences. 366 – Journals.
6	Focus group	6835-All publication types. 3892 from 5192 – Peer reviewed journals 515 – Conferences
7	Grounded theory	3192 from 4099 Peer reviewed Journals. 21 – Books. 256 – Conferences.
8	Hegemonic masculinity	613 in total 1 – Book 26 = Conferences 424 –Peer reviewed journals (Total journals 538) 101 – Scholars
9	Interviews	5
10	Patriarchy	86 Books 195 Conferences 2393 Peer reviewed journals
11	Power and masculinity	122 – all publication types 108 peer reviewed journals from 121.

Appendix 3

CINAHL 1981 to 2008.

#	Search term	Result
1	History and nurse education	31
2	History and men in nursing	23
3	Learning styles	826
4	Male student nurses	7
5	Student nurses	2179
6	3 and 5	59

Appendix 3

BNI – British Nursing Index 1994 to 2008

#	Search term	Result
1	Focus groups	21 – Journal articles
2	History and nurse education	20 – Journal articles
3	Learning styles	55 – Journal articles
4	Men and nursing	152 – Journal articles
5	Male student nurses	4 – Journal articles
6	Masculinity and nursing	1 – Journal article

Appendix 3

ERIC (Educational Resources and Information Centre) 1981 to 2008

#	Search term	Result
1	Learning styles	3815 593 Books Conferences 701 1580 – Journals 640 – Peer reviewed Journals
2	Masculinity	1093 Alkl Published works 33 Books 182 Conferences 407 Peer reviewed journals from 688 Journals
3	Patriarchy	All publication types 154 11 – Books 40 – Conference. 40 – Peer reviewed journals. 82 – Journals.
4	Student nurses	All publication types 147 790 – Books. 15 – Conference. 48 – Peer-reviewed journals. 82 – Journals.
5	2 and 4	0

Appendix 3

Medline via Ovid 1950 to 2008

#	Search term	Result
1	Nurse education	1547 Journal articles ↓
2	Male student nurses	61
3	Patriarchy	93
4	Power and masculinity	54

Appendix 3

Psyc INFO via Ovid 2002 to 2008

#	Search term	Result
1	Voice	790 Published works
2	Minority groups	2025 Published works
3	Nurse education	823 Published works
4	2 and 3	1 Journal article
5	Tokenism	51

Appendix 3

Sociological abstracts 1952 to 2008

#	Search term	Result
1	Connell and masculinity	498 Published works 389 Peer reviewed journals from 475. 6 Conferences 2 Books
2	Gender and nursing	1 Journal article (Portuguese)
3	Gender and student nurses	2 Journal articles
4	Masculinity and student nurses	1 Journal article
5	Minority groups	146 Books 409 Conferences 3679 Peer reviewed journals from 5258.
6	Tokenism	217 published works 6 Books 26 Conferences 129 Peer reviewed journals from 170 journals.

Appendix 3

Web of Knowledge Service: The time frame for search terms was conducted on an individual basis

#	Search term	Result
1	Gender	398 published works (2000-2005) Of which: Social sciences 330 Science and technology 283 Arts and Humanities 85
2	Gender and student nurses	3 Journal articles
3	Male student nurses	23 (1983 – 2004)
4	Gender/Men/man/masculinity	1,835 published works, 477 related to social issues.

Appendix 4.

Stage 2: Words that best describe specific search terms.

Feminism - feminine, females, feminist.

Gender – females, males, men, women.

Learning styles – cognitive learning, learning strategies, style of learning.

Male student nurses – males and nursing, men in nursing.

Masculinity – man, manful, manly, males, masculine.

Men in nursing – males and nursing.

Nursing – nurses, student nurses and nursing.

Patriarchy – male, male-line, male gate keepers.

Student – learner, undergraduate.

Tokenism – minority, small, token.

Voice – articulating, speaking.

Appendix 5, Stage 2: Grey literature.

Search	Results	Relevance	Databases
Conferences for Charmaz and grounded theory	5	5	ASSIA
Conferences on feminism	14	0	ASSIA
Conferences on the use of the method focus group	515	8	ASSIA
Conferences on Hegemonic masculinity	26	2	ASSIA
Conferences on patriarchy	195	1	ASSIA
Conference on history and men in nursing	1	1	CINAHL

The titles of conference reports were examined to assess their applicability for this thesis. In the filtering process conference reports were scrutinised in order to assess how authors best described the subject.

Internet sites
http://enc.ed.gov

http://www.rcn.org.uk

http://www.nmc-uk.org

http://www.soc.surrey.ac.uk

Professional publications and reports:

The following reoports were examined for confirmation of the numbers of males within the nursing profession.

Buchan, J. and Seccombe, I. (2003) *RCN Labour Market Review, More nurses, working differently, A review of the UK nursing labour market in 2002*, September, London, Royal College of Nursing and Queen Margaret University College, Edinburgh, http://www.scotland.gov.uk/Publications2004/04/19299/36380 [Accessed in 2005, checked 04.11.2008]

NHS Education for Scotland (2002-2003) Nursing and Midwifery Annual Statistical Supplement.

NMC (2002) *The Nursing and Midwifery Council, Statistical analysis of the register,* 1 April 2001 to 31 March 2002, November, London, NMC.

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NMC (2006/7) *The Nursing and Midwifery Council, Statistical analysis of the register,* 1 April 2006 to 31 March 2007, London, NMC.

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Appendix 6

Key journals

Assessment and Evaluation in Higher Education
British Educational Research Journal
British Journal of Educational Studies Key words
British Journal of Educational Technology
British Journal of Sociology of Education
British Medical Journal
Disability and Society
Dyslexia
European Journal of Psychology
Feminism and Psychology Feminist Feminist Theory
Forum Qualitative Social Research
Gender and Education
Higher Education
Higher Education Quarterly
International Journal of Nursing
International Journal of Nursing Studies
International Journal of Artificial Intelligence in Education
International Journal of Qualitative Studies in Education
International Journal of Qualitative Methods
International Nursing Review
International Studies in Sociology of Education
Internet - articles drawn from the internet
Journal of Advanced Nursing
Journal of Agricultural Education
Journal of Applied Communication Research Identity
Journal of Clinical Nursing
Journal of Gerontology
Journal of Gender Studies
Journal of Further and Higher Education
Journal of Nursing Management
Journal of Personality and Social Psychology
Journal of Sociology
Men and Masculinities
Men in nursing
Nurse Education in Practice
Nurse Education Today
Nursing Forum
Nursing and Health Care Perspectives
Nursing and MidwiferyCouncil documents
Nursing Outlook
Nursing Standard
Oxford Review of Education
Psychological Bulletin
Qualitative Health Research
Qualitative Inquiry
Qualitative Research

Qualiti
Qualitative Studies in Education
Reading and Writing: An Interdisciplinary Journal
RN (Research Nurse)
Research Papers in Education
Royal College of Nursing
Social Problems
Sex Roles
Social Science Med
Sociology
Sociology of Health and Illness
Social Research Update
Sociologogical Research
Studies in Higher Education
Symbolic Interaction
Teaching in Higher Education
The American Journal of Sociology
The Journal of Men's Studies
The Sociological Quarterly
Theory and
Theoretical Criminology
Work Employment and Society
Women's Studies International Forum

Appendix 7.

List of subject areas and number of articles.

Articulation/dialogue/voice: 6 articles of which one overlapped with masculinity and another with ethnographic writing.

Focus group method: 14 articles, of which one was associated with identity.

Gender/identity/masculinity and men: 48 articles.

Grounded theory/men, and other research enquiries: 14 articles.

History of nursing: 3 articles.

Higher Education: 10 articles.

Interviewing: 4 articles.

Learning styles: 37 articles

Men in nursing and student nurses: 14 articles.

Methodological issues and subjects: 13 articles.

Minority/tokenism: 13 articles.

Appendix 8.

A second set of key words.

Coming together: Interact to learn

Coming together.
Gender and the classroom
Gender and identity
Interactions
Identity
In and out group
Social identity theory
Symbolic interaction.

Learning styles: Finding that voice.

Gendered professions
Identity
Language
Male speech
Public speaking
Role strain
Symbolic interactionism

Relational gender and observation in the classroom

Homogeneity/homogenous status
Identity
In and out group
Knowledge and power
Power relations
Relationships

Becoming a learner in the classroom

Discrimination
Dyslexia
Equality/nursing practice
Gender and clinical practice
Gender role strain
Marginalization

Appendix 9

Purpose: (The purpose statement)

To explore the available evidence in order to identify the learning styles of male students in a higher educational nursing programme.

To identify current practice in Welsh nursing curricula that enhances or impedes the development of learning styles in male students of nursing.

To inform educators of the need to incorporate strategies into curriculum design for male students to utilise individualised styles of learning.

Proposed objectives.

To identify what is learnt by students when interacting with peers in the classroom.

To identify the person the student considers they learn from most, when they attend lectures, seminars, and workshops.

To identify what influences student's learning during class contact time.

To identify what makes learning a positive or negative experience during college time.

To identify if being in a minority group leads to feelings of isolation within the process of learning.

To explore would students restructure their previous educational learning experiences, if given the opportunity?

Appendix 10

Letter from the Cardiff School of Social Sciences Research Ethics Committee

6th April 2006

Our ref: SREC\75

Jane Ryan
Professional Doctorates Programme
SOCSI

Dear Jane

Your project entitled *"Uncovering the hidden voice: the articulation of learning by male students in undergraduate nursing programmes"* has been approved by the Cardiff School of Social Sciences Research Ethics Committee (SREC) at its meeting on 5th April 2006 and you can now commence the project.

If you make any substantial changes with ethical implications to the project as it progresses you need to inform the SREC about the nature of these changes. Such changes could be: 1) changes in the type of participants recruited (e.g. inclusion of a group of potentially vulnerable participants), 2) changes to questionnaires, interview guides etc. (e.g. including new questions on sensitive issues), 3) changes to the way data are handled (e.g. sharing of non-anonymised data with other researchers).

All ongoing projects will be monitored every 12 months and it is a condition of continued approval that you complete the monitoring form.

Please inform the SREC when the project has ended.

Please use the SREC's project reference number above in any future correspondence.

Yours sincerely

Professor Søren Holm
Chair of the School of Social Sciences Research Ethics Committee

cc.   E Sterry
        Supervisor: S Delamont

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Appendix 11

Covering letter (English)

Jane Ryan
Room 4.1 Ty Dewi Sant,
School of Nursing and Midwifery Studies,
Heath Campus, Cardiff University,
CF14, 4XN
E-mail address:
ryanjl@cardiff.ac.uk
Telephone number 029 20 74 3763
Fax number 029 20 74 3737.

Dear Participant

At present I am a student on the Professional Doctorate programme, studying education, and based in the Social Sciences department in Cardiff University. As part of the Educational doctorate I have to conduct and submit a research project and I intend exploring into how male student nurses in Wales articulate how they learn in response to the pre-registration learning environment.

I would be most grateful for your co-operation in taking part in a focus group interview and later in individual interviews. The purpose of the focus group interview will allow participants to come together to discuss how they learn whilst in college time. Individual interviews would elicit a more in-depth discussion.

I assure you of absolute anonymity and confidentiality throughout the entire main study. However, you can withdraw at any time from this main study.

Should you require any further information regarding this study please contact me on 029 20 74 3763, or leave a message on 029 20 74 3446

Yours Faithfully

Appendix 12: Covering letter in Welsh.

Jane Ryan
Ystafell 4.1 Tŷ Dewi Sant
Yr Ysgol Nyrsio ac Astudiaethau Gwaith Bydwraig
Campws yr Heath, Prifysgol Caerdydd,
CF14, 4
Cyfeiriad e-bost:
ryanjl@cardiff.ac.uk
Rhif ffôn 029 20 74 3763
Rhif ffacs 029 20 74 2941.

08.01.2007

Annwyl Fyfyriwr,

Ar hyn o bryd rwyf yn fyfyriwr ar y cwrs Doethuriaeth Broffesiynol, yn astudio addysg, yn seiliedig yn yr adran Gwyddorau Cymdeithasol ym Mhrifysgol Caerdydd. Fel rhan o fy noethuriaeth mewn Addysg mae'n rhaid i mi ddarparu a chyflwyno thesis ymchwil ac rwyf yn bwriadu ymchwilio i'r modd y mae myfyrwyr gwrywaidd yn lleisio eu hanghenion dysgu mewn ymateb i'r amgylchedd dysgu cyn-gofrestru.

Buaswn yn hynod o ddiolchgar am eich cydweithrediad mewn cyfweliad grŵp ffocws ac yn ddiweddarach mewn cyfweliadau unigol. Pwrpas y cyfweliad grŵp ffocws fydd rhoi cyfle i'r rhai sy'n cymryd rhan i ddod at ei gilydd a thrafod eu dull o ddysgu yn ystod amser coleg.

Os gwelwch yn dda cymrwch yr amser i ddarllen y daflen wybodaeth i fyfyrwyr ac os ydych yn barod i gymryd rhan dychwelyd y ffurflen gydsynio i Jane Ryan.

Gallaf eich sicrhau o anhysbysrwydd a chyfrinachedd llwyr trwy gydol yr astudiaeth beilot.

Os ydych yn dymuno mwy o wybodaeth am yr astudiaeth yna os gwelwch yn dda cysylltwch â fi ar 029 20 74 3763, neu adael neges ar 029 20 74 3446.

Yr eiddoch yn gywir

Appendix 13 : Informed Consent Form (English)

Title of Project: Uncovering the hidden voice: the articulation of learning by male students in undergraduate nursing programmes.

The student should complete the whole of this sheet himself.

1. I have read and understood the relevant information sheet and understand that both the focus group and individual interviews will be tape recorded.

   (Please initial on the line)..

2. I have had the opportunity to discuss this study and ask questions.

   (Please initial on the line)..

3. I have received enough information about the study.

   (Please initial on the line)..

4. I understand that I am free to withdraw from the study, at any time, without having to give a reason, and that details of my participation up to the time of withdrawal will be stored anonymously on file and maybe used in the final analysis of data.

   (Please initial on the line).......................................

5. I have had sufficient time to come to my decision.

   (Please initial on the line)..

6. I agree to participate in the study.

   (Please initial on the line)......................................

PARTICIPANT

Signed............................Date..........................

Name (BLOCK LETTERS)..

CONSENT OBTAINED BY:

Signed............................Date............................

Name (BLOCK LETTERS)..

I have explained the study to the above person and he has indicated his willingness to take part. Please sign and return in the envelope provided. Or e-mail ryanjl@cardiff indicating your consent. Or return in person. **Thankyou.**

Appendix 14 : Ffurflen Gydsyniad Gwybodus.

Teitl y project

Darganfod y llais cudd – lleisio dysgu gan fyfyrwyr gwrywaidd ar raglenni nyrsio israddedig.
Dylai'r myfyriwr gwblhau'r cyfan o'r daflen hon ei hun.

1. Rydw i wedi darllen a deall y wybodaeth berthnasol ac wedi deall y bydd y grŵp ffocws a'r cyfweliadau unigol yn cael eu recordio ar dâp.

{Os gwelwch yn dda arwyddwch ar y llinell}. ....

2. Rydw i wedi cael cyfle i drafod yr astudiaeth hon a gofyn cwestiynau.

{Arwyddwch ar y llinell} ....

3. Rydw i wedi derbyn digon o wybodaeth am yr astudiaeth.

{Arwyddwch ar y llinell} ....

4. Rydw i wedi deall fy mod yn rhydd i dynnu'n ôl o'r astudiaeth unrhyw bryd, heb orfod rhoi rheswm, ac y bydd manylion o fy rhan hyd at amser y tynnu'n ôl yn cael ei gadw'n ddienw ar ffeil, ac y gellir ei ddefnyddio yn y dadansoddiad terfynol o'r data.

{Arwyddwch ar y llinell} ....

5. Rydw i wedi cael amser digonol i benderfynu.

{Arwyddwch ar y llinell} ....

6. Rydw i'n cytuno i gymryd rhan yn yr astudiaeth

{Arwyddwch ar y llinell} ....

Y PERSON SYDD YN CYMRYD RHAN

Arwyddwyd...................................... Dyddiad

Enw {Llythrennau Bras} ....

CAFWYD CYDSYNIAD TRWY LAW:

Arwyddwyd...................................... Dyddiad

Enw {Llythrennau Bras} ....

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Rwyf wedi egluro'r astudiaeth i'r person a enwir uchod ac y mae wedi nodi ei barodrwydd i gymryd rhan. Os gwelwch yn dda arwyddwch a dychwelyd yn yr amlen a ddarparwyd. Neu e-bostio ryanjl@cardiff.ac.uk yn nodi eich cydsyniad, Neu ddychwelyd y ffurflen yn bersonol. **Diolch yn fawr.**

Appendix 15: Student Information sheet (English)

Uncovering the hidden voice: the articulation of learning by male students in undergraduate nursing programmes.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is taking place and what it will involve. Please take the time to read the following information. Please ask me (Jane Ryan) if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. **Thank you for reading this information sheet.**

What is the background and purpose of the study?
I am interested in knowing how male students approach the learning process and this information will assist education in identifying if a minority group of students are able to learn within a female dominated environment.

Why have I been chosen?
You have been approached because you are a male student currently taking part in a diploma or degree pre-registration nursing.

Do I have to take part?
It is up to you to decide whether or not to take part. If you decide to take part you will be given this information sheet to keep and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. If you do not take part you will not be disadvantaged in anyway. **Please note whether you take part or do not take part I can assure your studies will not be affected.**

What will happen to me if I take part?
I (Jane Ryan) will be conducting a focus group within a building attached to your university. A colleague will accompany me. This colleague will sit in the room and not take part in the group discussion. If you agree to take part, you would be a member of a group, and numbers may vary from four to eight students. Following the focus group, but not directly after the focus group, students will be asked to take part in individual interviews. I will seek permission from you to tape both the focus group discussion and the individual interviews.

What are the possible benefits for taking part?
The information I receive from this research will enable me to gain a better understanding of the learning styles of minority groups within pre-registration nursing programmes.

Payment for taking part
A free lunch will be provided. Jane Ryan will pay travelling costs of up to £5 per student on a day scheduled for the focus group(s) or the interview(s).

Will my taking part in this study be kept confidential?
The information that you give will be strictly confidential and will be kept securely according to the rules of the Data Protection Act. It will be used for research purposes only and will not be passed to anyone. The results of my study will be published in nursing or educational journals but no individual will be identified in any of the reports. At the end of the study I will give all participants a summary of the findings.

Who is organising and funding the research?
Jane Ryan, a student of the School of Social Sciences, Cardiff University undertaking the thesis for the Professional Doctorate (Education), is entirely responsible for the organisation and funding of this study.

Who should I contact if I need more information or help?

Jane Ryan, Lecturer,
Room 4.1 Ty Dewi Sant,
School of Nursing and Midwifery Studies, Heath Campus, Cardiff University,
CF14, 4XN.
E-mail address: ryanjl@cardiff.ac.uk
Telephone number 029 20 74 3763.
Fax number 029 20 74 3737.

Appendix 16: Taflen Wybodaeth i Fyfyrwyr

Darganfod y llais cudd : lleisio dysgu gan fyfyrwyr gwrywaidd ar raglenni nyrsio israddedig.

Gwahoddir i chi i gymryd rhan mewn astudiaeth ymchwil. Cyn penderfynu mae hi'n bwysig i chi ddeall pam bod yr ymchwil yn cymryd lle a beth fydd yn ei olygu. Os gwelwch yn dda cymrwch yr amser i ddarllen y wybodaeth ganlynol. Gallwch ofyn i fi {Jane Ryan} os oes unrhyw beth nad yw'n eglur neu os dymunwch gael mwy o wybodaeth, Cymrwch amser i benderfynu os ydych yn dymuno cymryd rhan ai peidio. **Diolch i chi am ddarllen y daflen wybodaeth hon.**

Beth ydy cefndir a phwrpas yr astudiaeth?
Mae gen i ddiddordeb mewn gwybod sut y mae myfyrwyr gwrywaidd yn ymgyrraedd at y broses o ddysgu a bydd y wybodaeth yma o gymorth i addysg er mwyn adnabod os ydy grŵp lleiafrifol o fyfyrwyr yn gallu dysgu o fewn awyrgylch dysgu lle mae merched yn fwyafrif llethol.

Pam rydw i wedi cael fy newis?
Fe'ch dewiswyd chi oherwydd eich bod yn fyfyriwr gwrywaidd sydd ar hyn o bryd yn gwneud diploma neu radd nyrsio cyn-gofrestru.

Oes rhaid i mi gymryd rhan?
Mae hi i fyny i chi benderfynu cymryd rhan ai peidio. Os ydych chi'n penderfynu cymryd rhan yna byddwch yn cael y daflen wybodaeth hon i'w chadw a gofynnir i chi arwyddo ffurflen gydsynio. Os ydych chi'n penderfynu cymryd rhan byddwch yn dal yn rhydd i dynnu'n ôl unrhyw bryd a heb roi unrhyw reswm. Os nad ydych yn cymryd rhan ni fydd unrhyw anfantais i chi o gwbl. **Sylwer os gwelwch yn dda, cymryd rhan neu beidio, gallaf eich sicrhau na fydd eich astudiaethau'n cael eu heffeithio.**

Beth fydd yn digwydd i fi os ydw i'n cymryd rhan?
Byddaf i {Jane Ryan} yn arwain grwp ffocws o fewn yr adeilad sydd ynghlwm wrth eich prifysgol. Bydd cydweithiwr gyda fi. Bydd y cydweithiwr yn eistedd yn yr ystafell ac ni fydd yn cymryd rhan yn y drafodaeth grwp. Os ydych chi'n cytuno i gymryd rhan byddwch yn aelod o grwp a gall y nifer amrywio rhwng pedwar ac wyth o fyfyrwyr. Yn dilyn y grwp ffocws, ond nid yn uniongyrchol ar ôl y grwp ffocws, bydd cais i'r myfyrwyr i gymryd rhan mewn cyfweliad unigol. Byddaf yn ceisio cael caniatad gennych er mwyn tapio'r grwp ffocws a'r cyfweliadau unigol.

Beth ydy'r manteision posibl o gymryd rhan?
Bydd y wybodaeth rwyf i'n ei dderbyn o'r ymchwil yn fy ngalluogi i gael gwell dealltwriaeth o arddull dysgu grwpiau lleiafrifol o fewn rhaglenni nyrsio cyn-gofrestru.

Tâl am gymryd rhan.
Bydd cinio am ddim. Bydd Jane Ryan yn talu costau teithio hyd at £5 i bob myfyriwr ar ddiwrnod sydd wedi ei amserlennu ar gyfer grwp{iau} ffocws neu gyfweliad{au}

Fydd fy rhan yn yr astudiaeth yn cael ei gadw'n gyfrinachol?
Bydd y wybodaeth rydych chi'n ei roi yn hollol gyfrinachol ac yn cael ei gadw'n
ddiogel yn ôl rheolau'r Ddeddf Gwarchod Data. Defnyddir ar gyfer dibenion ymchwil
yn unig ac ni fydd yn cael ei drosglwyddo i unrhyw un. Bydd canlyniadau fy
astudiaeth yn cael eu cyhoeddi mewn cylchgronau nyrsio neu addysgol ond ni fydd
unrhyw unigolyn yn cael ei adnabod yn unrhyw un o'r adroddiadau. Ar ddiwedd yr
astudiaeth byddaf yn cyflwyno crynodeb o'r casgliadau i bawb sydd wedi cymryd
rhan.

Pwy sy'n trefnu ac yn ariannu'r ymchwil?
Mae Jane Ryan, myfyriwr yn Ysgol y Gwyddorau Cymdeithasol ym Mhrifysgol
Caerdydd yn ymgymryd â'r thesis ar gyfer Doethuriaeth Broffesiynol {Addysg}, a hi
sydd yn gwbl gyfrifol am drefnu a chyllido'r astudiaeth hon.

Â phwy y dylwn gysylltu os ydw i angen mwy o wybodaeth neu gymorth?

Jane Ryan, Darlithydd,
Ystafell 4.1 Tŷ Dewi Sant,
Ysgol Nyrsio ac Astudiaethau Gwaith Bydwraig, Campws yr Heath, Prifysgol
Caerdydd.
CF14 4XN
Cyfeiriad e-bost: ryanjl@cardiff.ac.uk
Rhif ffôn 029 20 74 3763
Rhif ffacs 029 20 74 3737

Appendix 17: Interview schedule.

INTERVIEW SCHEDULE FOR THE STUDY: "Uncovering the hidden voice: the articulation of learning by male students in undergraduate nursing programmes".

Introduction of interviewer: I am going to ask you a series of questions.

Structured interview.

Turn tape on.

Factual Details. I hope you do not mind me asking:

1. How old are you?

(On the tape I need to, in writing, identify the respondent)

The effect of age on learning styles: Two avenues of inquiry -

2. If 18 years – has their approach to learning changed from their approach in their sixth form college to their first year in a the pre-registration nursing programme?

2. If a 'mature' student, over 21 years for undergraduate programmes: Can they remember how they tackled a subject when they were in school?

3. Is their school approach different to their approach now in their **example 30's?**

4. Has your learning style changed at all since beginning the nursing programme?

   Probe – Why? What has influenced the change?

Nursing programme details:

5. How far are you into your nursing undergraduate programme? **Query the location of this question.**

6. What are your thoughts about being a man learning within a mainly female/girl dominated profession? **Query the next question** - What are your views about the number of men in your cohort?

7. What are your views on seeking out male students in other cohorts to

exchange/gain ideas about subject matter?

Approaches:

8. How do you tackle learning a subject on your own?

   Probe – what do you mean by that?

9. How do you tackle learning when you are in a small group of chaps/men?

10. Do you learn better if a seminar group is made up of girls and fellow male students?
    Probe

    If the male student learns differently when the group of learners involves female students, what is it that the female student can say that helps you?

11. What are your views on just seeking out other male peers to help you with your learning?

12. Have you had to adapt/alter your learning style because of being in a female/girl dominated pre- registration nursing environment?

Teaching: and the accommodation of the student's learning style:

13. How enjoyable is learning within the classroom for you?

14. What are your views on being able to choose a method and venue to complete learning a subject during college time?

End with: Have you anything else you would like to tell me?

Thank the participant

Uncovering the hidden voice: the articulation of learning by male students in undergraduate nursing programmes.

Introduction of interviewer: I am going to ask you a series of questions.

Semi structured interview. You have the right to withdraw at any time.

Turn tape on.

Factual Details. I hope you do not mind me asking:

1. How old are you? Or Do you mind telling me a little bit about yourself?

(On the tape I need to, in writing, identify the respondent)

Straight forward open approach

1. What has affected your learning since the start of your nursing undergraduate programme? This question and approach was taken in the first pilot interview on the 19th of July 2006.

The effect of age on learning styles: Two avenues of inquiry -

2. If 18 years – has their approach to learning changed from their approach in their sixth form college to their first year in a the pre-registration nursing programme?

3. If a 'mature' student, over 21 years for undergraduate programmes: Can they remember how they tackled a subject when they were in school?

   Change of question: 4.What educational programme did you take to prepare for pre-registration nursing?

   Previous education/educational qualifications was discussed in the first pilot, but ¾ through the interview.

5.   Is their school approach different to their approach now in their **example 30's?**

6.   Has your learning style changed at all since beginning the nursing programme? (This worked in terms of connecting the learning style to a previous career – So probe).

Probe – Why? What has influenced the change? (This question worked in the previous pilot study)

Nursing programme details:

7. How far are you into your nursing undergraduate programme? **Query the location of this question.**

8. What are your thoughts about being a man learning within a mainly female/girl dominated profession? **Query the next question** - What are your views about the number of men in your cohort? (This second question was not asked in the first pilot; however, JR made reference to the small number of males in undergraduate nursing programmes).

9. What are your views on seeking out male students in other cohorts to

exchange/gain ideas about subject matter?

Approaches:

10. How do you tackle learning a subject on your own?

Probe – what do you mean by that?

11. How do you tackle learning when you are in a small group of chaps/men?

12. Do you learn better if a seminar group is made up of girls and fellow male

students?

Probe

If the male student learns differently when the group of learners involves female students, what is it that the female student can say that helps you?

The question JR asked in the first pilot was "Do you think the ladies tackle learning in a different way?" – this worked.

13. What are your views on just seeking out other male peers to help you with

your learning?

14. Have you had to adapt/alter your learning style because of being in a female/girl dominated pre- registration nursing environment?

Clinical Practice: this section is a result of the first pilot.

15. Is there any opportunity to bring learning from the classroom into placement? .

16. Can you explain what type of learning style you have developed whilst out on placement? (This was asked in the first pilot).

Teaching: and the accommodation of the student's learning style:

17. How enjoyable is learning within the classroom for you?

18. What are your views on being able to choose a method and venue to complete learning a subject during college time?

End with: Have you anything else you would like to tell me?

Thank the respondent

Appendix 19: Utilization of vignettes within the first pilot (Version no. 3)

Question 1: *Who influences your learning in the classroom?*

Vignette	Response	No Response
No. 1 vignette worked, the power-point and the small group.	✔	
No. 2 Black guy – evoked no response.		✘
No. 3 Blond girl – no response.		✘
No. 4 Man in the middle picture – evoked some responses	✔	

Question 2: *How do you learn?*

Vignette	Response	No Response
No. 5 Head phones – stimulated some discussion.	✔	
No.6 Cartoon of figure reading a book – satisfactory amount of discussion.	✔	
No. 7 Computer and the internet – lots of discussion	✔	
No. 8 Mind mapping – mixed response.	✔	✘
No. 9 Four chaps on the settee – mixed response/after thought discussion – if I have to make a decision- then I do not use this one.		✘

Question 3: *What positive or negative experiences have affected your learning in the classroom?*

Vignette	Response	No Response
No.10 Cartoons - invited comments especially the cartoon with the light bulb and the thumbs down.	✔	

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Question 4: *How would you like to learn in the future?*

Vignette	Response	No Response
No. 11. Negative and positive comments. If I have to decide not to use this vignette, then do not use it.		✖
No. 12 Internet – positive comments, therefore use for the 2nd pilot.	✔	
N.13 Four chaps on the settee – mixed response/after thought discussion – if I have to make a decision- then I do not use this one. Classed as the Christmas photograph – do not use.		✖

Appendix 20.1

Who influences you in the classroom?

Appendix 20.2

Who influences you in the classroom?

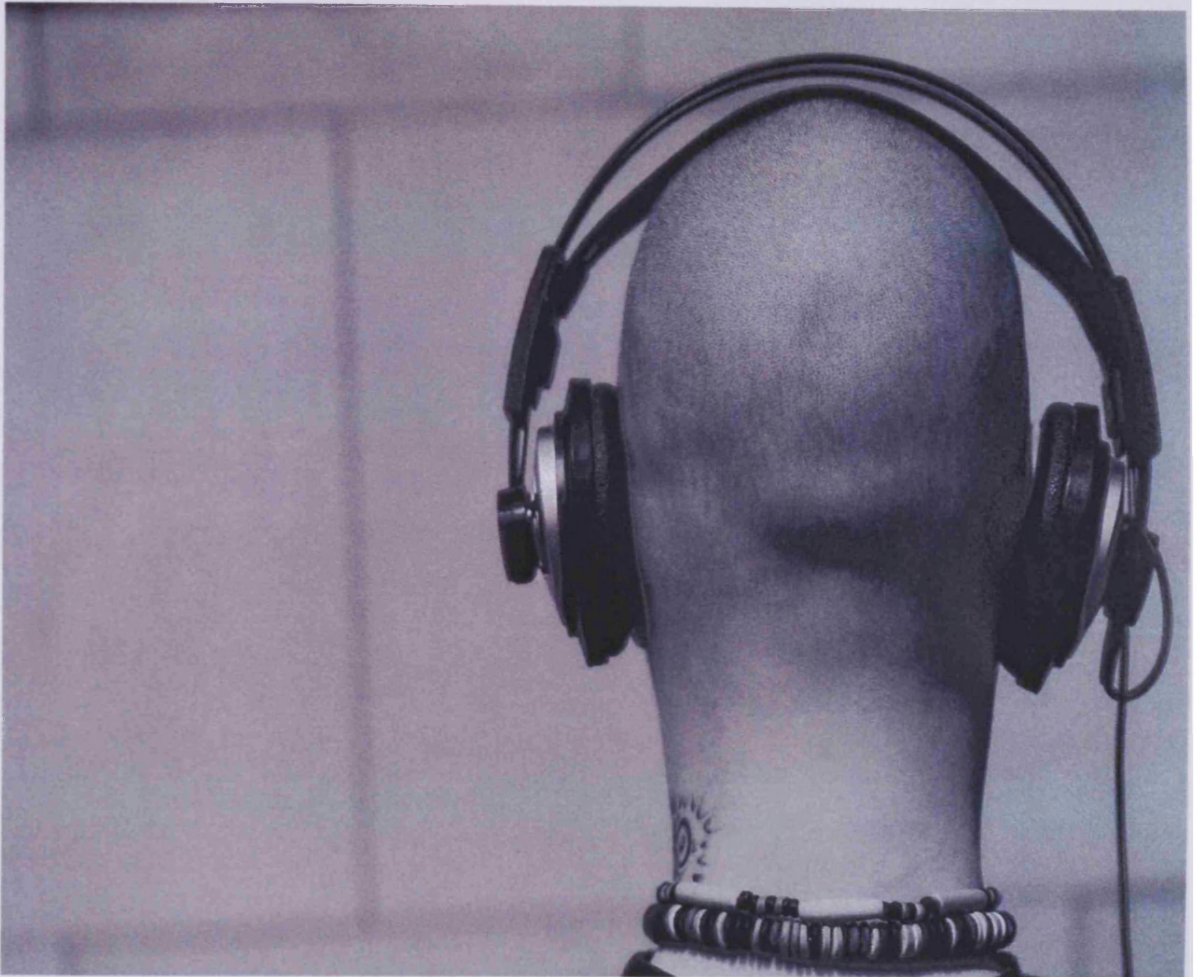**Appendix 20.3**

How do you learn?
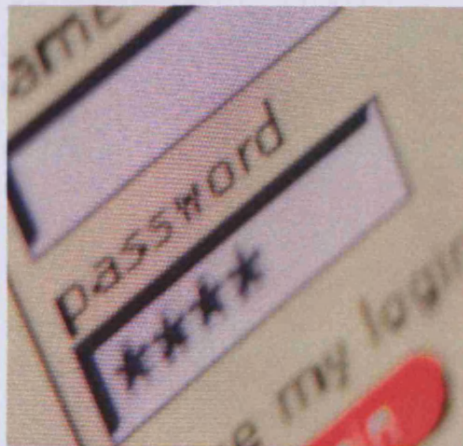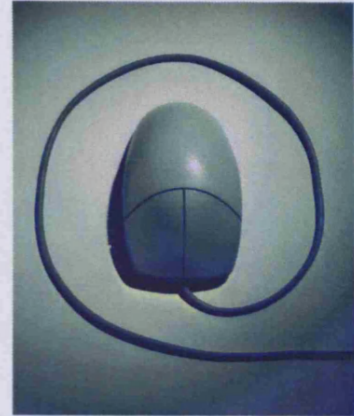
Appendix 20.4

How do you learn?

Appendix 20.5

How do you learn?

Appendix 20.6

How do you learn?

A mind map diagram with "Mind Mapping" at the center, branching into five main topics:

Uses of mindmaps
- Note taking
  - Lecture
  - Reading materials
  - Planning
  - Problem solving
- Study Skills
- Group Brainstorming

Description
- Graphic
- Shows associations
- Integrate both hemispheres

Advantages
- Easy to use
- Non-linear
- Easily adjusted to individual preferences
- Can include pictures

How to make a mind map
- Select Topic
- Brainstorm ideas
- Categorize ideas
- Set up style
- Place ideas on map

Appendix 20.7

What positive or negative learning experiences have affected your learning in the classroom?
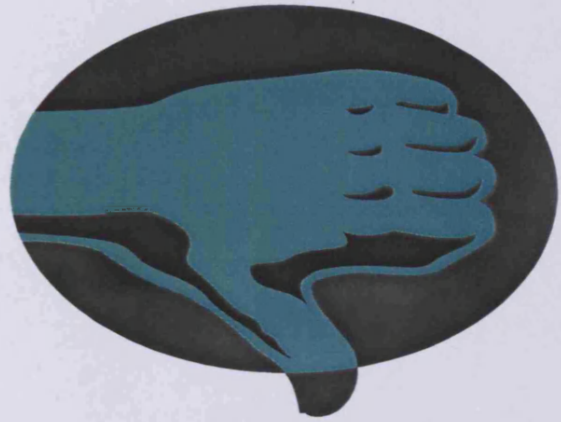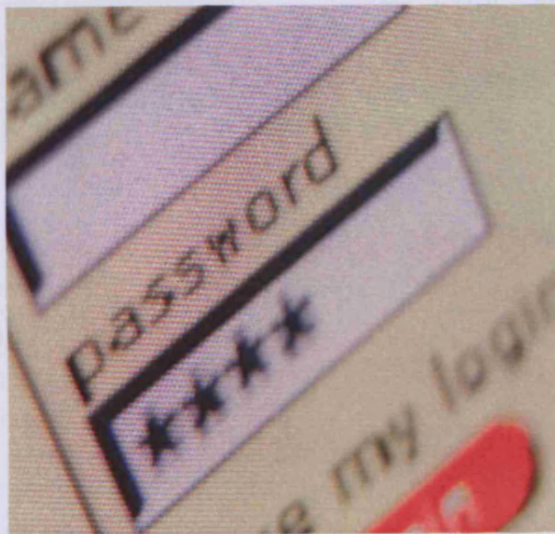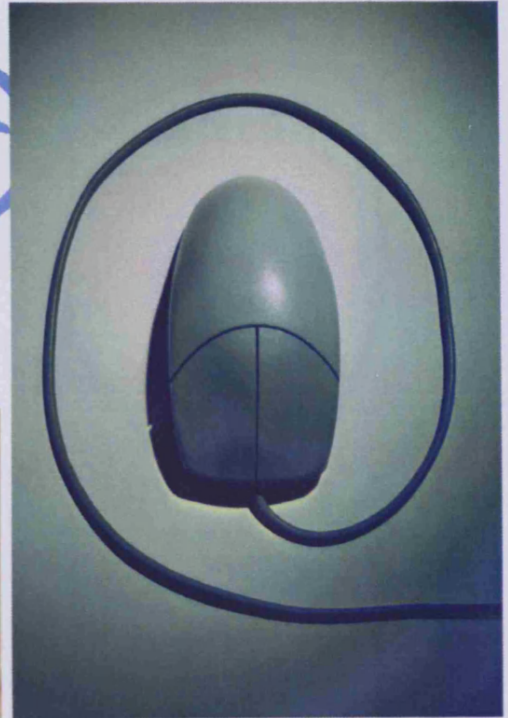
Appendix 20.8

How would you like to learn in the future?
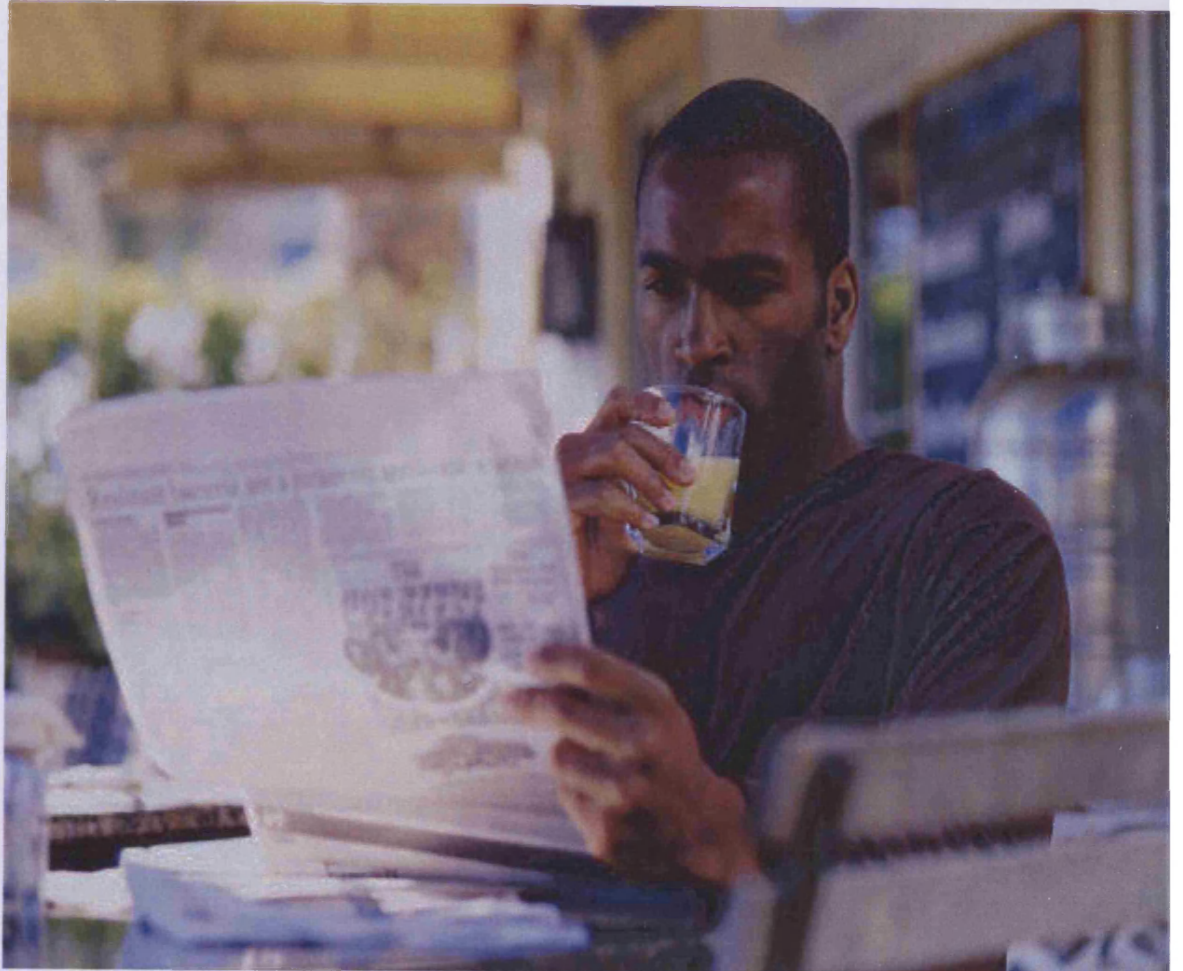
Appendix 20.9

How would you like to learn in the future?

Appendix 21: Differences between the three interviews in the pilot study.

Differences	Russell Site A First Pilot	Jack Site A Second Pilot	Ivan Site A Second Pilot
Characteristics	Second year student studying for the Diploma in **Adult** Nursing.	Third year student on the degree programme – **Adult** branch.	Third year student on the degree programme – **Mental Health** branch.
Interaction with interviewer	Maintained eye contact and answered all questions. **Did not take part in a focus group –** isolated interview.	Jack thought a lot before answering questions. Able to laugh with the interviewer. **Was able to refer back to the focus group.**	Constant eye contact. Vocally agreed with interviewer. **Was able to refer back to the focus group.**
Thoughts on styles of learning	Has adapted learning styles from military life in the civilian environment of nursing.	Leaves 'things' to the last minute. Not organised. Takes a laid back approach. Had to be asked about clinical practice. Preferred female mentors.	Was never a great reader. Once diagnosed with dyslexia his 'essay writing' improved. And learning became a positive thing.
Re-occurring themes	Discussed that he like to be in 'control' when learning with other colleagues.	Was able to refer back to the focus group. Preferred female mentors.	Referred to his dyslexia. A great believer in communication. Heavy references to clinical practice. Learning through and with the client.
Environment	Quiet environment.	Noisy environment. Interview room adjacent to building work	Noisy environment. Interview room adjacent to building work

Appendix 22: Similarities between the three interviews.

Similarities	Russell Site A First Pilot	Jack Site A Second Pilot	Ivan Site A Second Pilot
Characteristics	42 years of age – his age range mirrored that of the age range from thefocus group at Site A. Life experiences. Previous career.	41 years of age. Life experiences. Previous career.	40 + in years.
Interaction with interviewer	Eye contact. Answered questions and agrees with interviewer. Following an explanation of terminologies, both he and the interviewer laughed together.	More eye contact during interview than the focus group.	Constant eye contact.
Thoughts on styles of learning	Styles of learning – engaged in a lot of note taking "I write a lot". Disliked powerpoint. He did refer to his peers as the younger ones. I try to organise the group during seminars. Women do a lot of chatting.		
Re-occurring themes	Learning on placement. I am in my 40's – coming to the end of one career.	Learning on placement. In my 40's – a new career.	Learning on placement.
Environment			

Appendix 23: Questions by Stevens (1996)

1. How closely did the group adhere to the issues presented for discussion?
2. Why, how and when were related issues brought up?
3. What statements seemed to evoke conflict?
4. What were the contradictions in the discussion?
5. What common experiences were expressed?
6. Were alliances formed among group members?
7. Was a particular member or viewpoint silenced?
8. Was a particular view dominant?
9. How did the group resolve disagreements?
10. What topics produced consensus?
11. Whose interests were being represented in the group?
12. How were emotions being handled?

Appendix 24: The Differences between the Focus groups at Site A and B.

Differences	First Pilot Site B	Second Pilot Site A
Characteristics.	• Approximate age range 22-40 years. • Mixed group – students had had previous careers or had entered university straight from their sixth form. • Geographical site – Site B.	• Approximate age range 35 – 50 years. • All students had had previous careers. • Geographical site – Site A.
Interactions.	• Group composition – One dominant member, one talkative member, and two passive members. • Participants actively followed the focus group moderator's instructions and used the vignettes against the four questions.	• Group composition – Two quite vocal members, one quiet member, and one rambler. • The participants were directed to use the questions and vignettes – their conversation became free flowing. The focus group moderator had to remind them that the vignettes were there to aid their discussion.
Thoughts on styles of learning.	• Disliked power point presentations. • Did not allude to 'getting together'.	• "This is the first time we've probably sat together as four males to talk about this. We've never done it before"
Environment.	• Quiet classroom location.	• Relocated to a building surrounded by building work.

Appendix 26: Poster presented at the RCN International Conference, Cardiff, March 2009

VOICE NEVER HIDDEN:
The articulation of learning styles by male students of undergraduate nursing

Jane Ryan Lecturer, School of Nursing and Midwifery Studies

CARDIFF UNIVERSITY
PRIFYSGOL CAERDYDD

VOICE NEVER HIDDEN

VOICE NEVER HIDDEN

VOICE NEVER HIDDEN

VOICE NEVER HIDDEN

Aim:
How do male students of nursing in Wales, articulate their preferred learning styles in the college pre-registration nursing environment?

Epistemological framework:
An interpretive perspective is taken to apply the components of: hegemonic masculinity, complicity, marginalization and subordination from Connell's (1995) masculinities framework. The chosen epistemology is based on the principle 'social constructivism' and links to this study's design. The main ethos of 'constructivism' from this gendered epistemology connects to the analytical approach.

Methodology and methods:
Thirteen participants took part in the two pilot studies and eleven in the main study. The research data consisted of tape recorded speech from focus groups and individual interviews. The analysis of fieldnotes contributed to triangulation. An interpretive perspective was taken to apply the components of: hegemonic masculinity, complicity, marginalization and subordination from Connell's (1995) masculinities framework. The aim was to develop a grounded theory based on how male students articulated their preferred learning styles. Their implicit actions and speech were analysed using the constructivist grounded theory approach (Charmaz 2006).

Results:
Four theoretical categories were developed; Coming Together: Interact to learn, Learning styles: Finding that voice, Relational gender and observation in the classroom, and Becoming a learner in the face of gendered concerns. The core category, Voice: never hidden, released by masculinity captured the essence of the four categories. The act of coming together allowed a vocal space to discuss learning styles and how they see themselves in relation to the numerically dominant group. The male students retained their socially perceived masculinity by being able to voice their preferred learning styles through the dominance of their speech. Relationships within the classroom were de-gendered and a small number of participants assumed a neutral identity, 'the student nurse'. Marginalized opportunities resulted through discriminatory attitudes and the disability of dyslexia.

Conclusion:
The findings of this study suggested hegemonic masculinity was rarely practised through the medium of voice, but male students could openly call on the complicit nature of masculinity to voice their learning styles. The preferred learning style to acquire skills was through the visual route; however, even the complicit nature of masculinity could not triumph in clinical practice to achieve learning with regards intimate care. Overall the male student of nursing possesses a 'masculinity' which is conducive with the nature of nursing and a sound ability to voice their preferred learning styles.