

ORIGINAL RESEARCH

Exploring the career pathways of four males nurses to the deanship position in higher education: A narrative inquiry

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ABSTRACT

Background and purpose: The career path to deanship for male nurses is still mostly unexplored. Male deans leading nursing schools is a new trend in the U.S.

Methods: A narrative inquiry using semi-structured interviews with four male deans of schools of nursing in the Southwestern U.S. was the methodology used for this study.

Results: The following themes emerged from the data: 1) service to others; 2) traditional career trajectories; 3) it is all about people; and 4) evolving leadership styles. **Importance:** The participants' narratives provided first-hand accounts of how these men transitioned from the bedside to the boardroom in higher education. Their experiences could shed light on gender-related issues in nursing education and its leadership. Thus, this study can serve as a career compass for male nurses aspiring to academic leadership positions, inspire more men to join the profession, and aid educational institutions develop strategies for a more gender-balanced workforce.

Conclusions: This study proved that men are assets to the nursing profession in both practice and academia. Recruiting more men is part of a solution to the dean and faculty shortage. Preparing the next generation of nursing deans needs a concerted effort to enhance the diversity of the deans and the faculty to reflect the student population today.

Key Words: Career pathways, Gender-balanced nursing, Male nurses, Male nurse deans, Narrative inquiry

1. INTRODUCTION

The shortage of qualified candidates to assume deanship positions has worsened over the past years. The American Association of Colleges of Nursing (AACN) reported that in 2006 there were only 2.1% of nursing academic leaders who were 45 years old or younger (AACN, 2012).^[1] As many of these deans retired or about to retire, the pool of younger faculty to replace them has not caught up with the current and future needs. This is concern amplified as the average

ages of doctorally-prepared nurse faculty holding the ranks of professor, associate professor, and assistant professor who could replace them are 62.2, 57.6, and 51.1 years respectively (AACN, 2017).^[2] According to Patton (2013),^[3] an assistant dean position for a graduate program remained vacant for almost four years. A survey conducted by AACN in 2016 reported a total of 1,567 faculty vacancies, with most vacancies (92.8%) requiring a doctoral degree.^[2] The paucity of academic leaders with terminal degree in nursing education

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across the country adds to the challenges in locating nurse deans to lead nursing schools today.

Attracting more men to join the nursing profession could expand and add diversity to the pool of candidates from which the profession can draw faculty and academic leaders. "The growing shortages of nurses... cannot be met with the traditional White female applicants. The history of nursing indicates that men can be recruited to nursing and most will serve with distinction when permitted to do so" (Tranbarger, 2007, p. 60).^[4] The AACN (2012)^[11] estimates that men represent less than 10% of all nurses, 5% of faculty members and 4.5% of nursing deans across the country. McMurray (2011)^[5] posits the need for more studies concerning men's issues of gender segregation or discrimination in the nursing profession. It is imperative that there will be a fresher look at recruitment strategies and leadership development because of these challenges. Faculty shortages are limiting student capacity at many nursing schools so that more than 64,000 qualified applicants were turned away from nursing programs (AACN, 2017).^[2] Furthermore, attracting more men in nursing leadership is an essential component of a nursing profession that values diversity, inclusivity, and equity.

1.1 Problem statement

Unfilled dean positions in nursing schools across the country due to resignations, retirements, expansions, and scarcity of nurses with doctoral degrees pose a severe threat to the nursing education workforce. Although the participation of men in nursing has increased over the past decade, they have remained a minority group in nursing. Exploring these four men's career pathways can offer a unique lens on men's individual needs, concerns, goals, and contributions to academic leadership in nursing.

1.2 Research purposes and questions

More studies are necessary to investigate the issues surrounding the experiences of men in the nursing profession and how they develop their leadership careers and professional identities. Qualitative studies such as narrative can be indispensable in this regard precisely because they deal with individual lived experiences. The primary research question that guided this narrative inquiry was: What are the career pathways of male nurses toward the deanship positions in higher education?

Additionally, the following questions were posed: How and why do men choose to pursue deanship positions in the colleges of nursing? How do they position themselves as leaders in the contexts of their professional lives?

1.3 Literature review

A great deal of literature on gender equity for women leaders exists because most studies on gender segregation have focused primarily on women's experiences in male-dominated occupations. However, few have explored the flipside of occupational gender segregation wherein men acquire a minority status in female-dominated occupations such as nursing. Because this is an emerging trend, there has been limited literature focusing on the career paths of male deans of nursing in higher education.

Men have always been a traditional minority in this female-dominated field. Up to this day, the feminine image of nursing continues. The AACN (2012)^[11] estimates that men represent less than 10% of all nurses while in higher education, men make up 5% of faculty members and 4.5% of nursing deans across the country. This emerging trend has convinced some members of the profession that this is the beginning of more men favored for top academic leadership positions. Wingfield (2009)^[6] asserts that White male nurses are moving up easier and faster than their female counterparts because of the glass escalator effect that allows men in nursing ascend to the top easier because of fewer barriers and lower requirements. Nonetheless, McMurry (2011)^[5] argues that the opposite is the reality for men who often have a factual, concrete ceiling to overcome as men often reported having experienced discrimination from both men and women in the nursing profession.

On leadership styles, Broome (2013)^[7] found that 77% of deans of nursing, predominantly women, reported using transformative leadership behaviors. This type of leadership seems to be the approach preferred by women, who happen to be the majority group in the nursing profession. Men seem to have to deal with gender stereotypes when entering the profession. Despite the recent push for more gender diversity, issues of working in a female-dominated occupation are not addressed enough or addressed effectively by schools and hospitals so that the rates of men leaving nursing is significantly higher than women (Sayman, 2014).^[8]

On 2017, AACN members voted to promote diversity, inclusion, and equity in nursing education.^[2] It is critical that the nursing workforce be diverse and inclusive, so it is reflective of the population it is serving. Same-sex role models through male deans and faculty members could be helpful to many male nursing students today.

2. METHODOLOGY

2.1 Narrative inquiry

Narrative inquiry focuses on exploring the experiences of one or few participants rather than a large group to focus on

the microanalytic picture of the individual stories (Creswell, 2012).^[9] Researchers use this method to understand human actions and interactions in both personal and social contexts because it is the best way to uncover, represent, and understand human experience. How does someone become the first male dean of nursing? Did these men have unique experiences in life that swayed them to their chosen career paths? What lessons have they learned in their leadership journey that others could learn? How did they define themselves as male leaders in a female dominated field of work? There remains a gap in existing knowledge about how and why men choose to pursue leadership careers in nursing education. Men have important stories to share that many in nursing leadership and education could learn from. Recruitment for participants for this study started as soon as the Institutional Review Board (IRB) approval was granted.

2.2 Participants

Four male deans from three different Southwestern states in the U.S. participated in the study. After an extended online search for male deans of nursing, by going through each nursing school listed in the Board of Registered Nursing (BRN) website of various states, seven male nurse deans were identified. Out of the potential seven participants, four agreed to participate. The criteria for the selection of all participants were the following: (a) male nurses, (b) current deans or directors of nursing, and (c) employed by a nursing school in the Southwestern U.S. Participants in this study received a copy of the informed consent in advance via email to allow for clarification if needed and was signed before the in-depth interview.

2.3 Interviews

Interviews were audiotaped using two voice recorders. An interview guide, composed of open-ended questions, was used to provide a point of reference and avoid drifting from the central focus of the inquiry. Three in-depth face-to-face and one video conference interviews at the location and time favored by the participants occurred. Careful transcription of the recorded interviews followed. Participants received copies of their interview transcripts with the initial coding to review for accuracy and correct representation of their experiences. By reviewing the transcripts, they had the opportunity to rectify errors and misunderstandings. There were no substantive changes made to the transcripts except for few grammatical adjustments.

3. ANALYSIS AND RESULTS

Collecting and analyzing transcripts was a cyclical process that went in multiple directions countless of times. The coding process was a repetitive and meticulous process that was

carefully practiced to identify relevant words, phrases, or sentences that addressed the research question. Furthermore, field notes and other documents were analyzed. By highlighting words and phrases with assigned colors, themes were developed by clustering similar codes together. Notes and memos scribbled on the transcripts helped recall ideas and patterns formed while reading. By clustering similar codes, themes formed and patterns recognized. Through elimination of overlapping, redundant, and vague themes, general themes emerged.

3.1 Theme 1: Serving others

All four deans expressed altruism as their reason for becoming a nurse. Furthermore, they were first-generation college graduates in their respective family tree with none of their parents in the healthcare industry at all. Dean Roberts (R), a pseudonym, attributed his strong desire to help others as the motivation to become a nurse:

Well, I always really knew that I cared about other people and I like the intimacy of being close and working and helping other people. It seemed like it was a natural fit but when I graduated high school, there was a big wait list so I did not go directly into nursing.

He obtained a degree in French before obtaining a degree in nursing. The AIDS epidemics in the 1980s and the apparent lack of proper care for these marginalized population impelled him to get involved in healthcare. When asked what drives men like him to aspire to become nurse deans, he was quick to say that it is not monetary. "I think it's a very unique personality who goes into nursing academics. It is not money. I think there's a lot more of the altruistic piece that comes with it" (R).

Dean Smith (S), a pseudonym, first had a degree in Fine Arts before nursing. It was during his father's hospitalization due to cancer that he witnessed the work that nurses do for patients like his dad. He recalled:

During that time period, that when I got interested in nursing itself. I was really bent on being a scientist, or a biochemist, or something like that. During that time period, I saw people interacting with my father and I thought, "Oh I could be a doctor; that would be cool. But what I really fell in love with was the human side of it. I was really interested in why patients act certain ways, what was the behavior going on, those type of elements. That's why I chose nursing, because nursing is more the humanist side of medicine. I wanted to engage in that.

Dean Frank (F), a pseudonym, described his childhood as a Black Latino child as being very difficult. His grandmother, a domestic worker, primarily raised him and instilled in him the value of hard work and education. He initially enrolled in pre-med to become a physician before deciding to become a nurse. (F) said, “There was this part of me, discovering for myself the difference between medicine and nursing; it became very clear to me.” As a boy, he suffered from severe burns on his body that left him with apparent scars on his arms. For him, his nurses were central to his recovery. He loved the humanistic side of nursing so much that he aspired to be a nurse himself.

Dean George (G), a pseudonym, explained that it was his speech impediment, called stuttering, that steered him towards nursing. He was a firefighter, but his stuttering affected his effectiveness in communicating particularly during emergency situations. Nursing enabled him to continue helping others. (G) recalled what his father told him as a child:

I recall him stating as a child, he says “you’re to be a person who uses his brain a lot because you like to see how things work and you want to create things better.” It’s interesting because I, yeah, as early as I can remember that’s how things were. I would always tear things apart, to see how things worked and putting it back together to make it better.

3.2 Theme 2: Career trajectories

The career trajectory of these deans included working initially in what is considered high specialty areas: the emergency room department, critical care unit, and perinatal unit. With little or no delay, they pursued graduate studies and became deans before the age of 50. They viewed bedside nursing as a stepping-stone for advanced practice and fu-

ture leadership roles. “Two years later, a full-time position opened up and I applied to that. . . in this industry, it goes pretty quick. I was an adjunct in 2010, an instructor on staff here in 2012. . . the complex care course leader in 2013, became an assistant dean in 2014, and became the full dean in about three months later” (G). “I knew that to be able to do research, I needed to go on and get a master’s and a PhD,” said (R). He obtained his MS in nursing education in 2007 and his PhD in 2010. Six years after he graduated from nursing school, he became an associate dean. Three years later, he got appointed as dean of nursing.

As a nursing student, (F) recalled never having an instructor who was a person of color and being the only male during his graduate studies. Furthermore, he became the first male RN selected for a highly prestigious health policy fellowship program. (F) obtained his master’s degree when he was 25 years old, and his doctoral degree in nursing at age 30. By the age of 45, he became one of the youngest deans in a research university in the U.S.

For their accomplishments, these four men recognized colleagues and managers, mostly women, as their mentors who encouraged and supported them along the way. “What I realized is that I almost inherited all those moms because I was young. They were maternal. . . it’s like they were really nice to me and helped me. They treated me differently than those women in a good way” (R). “My manager, she modified my schedule to help me with that, and the other nurses were very supportive of that kind of thing” (S). “My mentors were the rock stars of nursing that I could call for advise anytime” (F).

Figure 1 illustrates the composite career trajectory of the participants in this study. At the time of the interviews, all participants were deans from three months to four years into their deanship role.

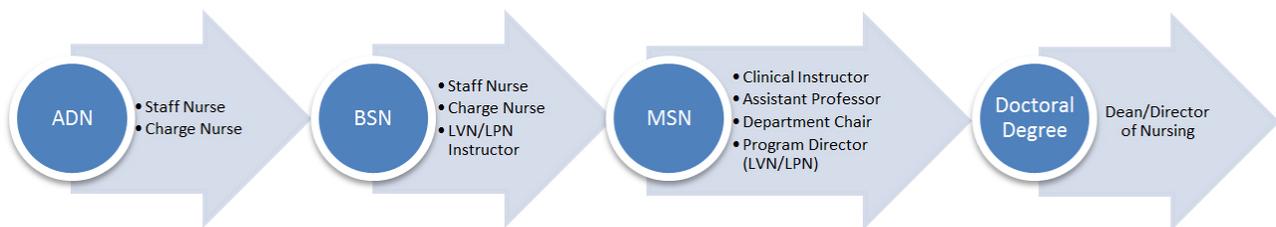


Figure 1. Representation of the career trajectory of participants

3.3 Theme 3: It’s all about people and opportunities

All participants expressed placing great importance on building and nurturing relationships. For (S), the human element is first. Good leaders, he observed, value their people not just as workers but as human beings. He described himself

as a leader who prefers to include rather than exclude others in decision making. Communication style must be flexible depending on the audience to foster discourse and understanding. “Qualities, ehmm.. well, the strongest qualities that you need are the human aspects. You have to understand,

be willing to understand the people that you are dealing with because it's all about the connections" (S).

When asked about his first year as dean, (R) said: "I spent my first year really working on people because I knew this stuff [pointing to papers on his desk], it can wait." (R) is the type of dean who invests in people. Likewise, (F) explained his "builder" brand of leadership and communication style this way:

It's who I am. It's where I came from. Because you cannot lead if people won't follow and the way which you convince people to follow is you have to convince them to buy into your mission in where you want to go. If you cannot do that, you're not going to be successful dean.

Although change is hard on anyone, the men in this study had shown that rather than opposing it, they drive change to their advantage. (S) recalled how, as a staff nurse, he was always willing to get involved in any project. (F) liked to bring in innovative ideas to solve problems. Consider (G) and (S), when the dean position came up, and no one internally was interested: "No one applied, so I applied" (G). Once the opportunity to lead presented itself, it was for them an opportunity to advance their careers.

3.4 Emerging leadership styles

As academic leaders, participants mostly used adjectives that favored participation, buy-in, collaboration, and empowerment. (F) described himself as a "builder" who preferred collaboration and teamwork aside from being mission-driven. (R) claimed that his leadership style blends the so-called masculine and the feminine qualities. "I don't care that being caring, being an active listener with my faculty, being engaged and involved... perceived as more feminine qualities and I couple those with the masculinity of making tough decisions" (R). Similarly, (G) described himself a "builder" who favors collaboration and negotiation to achieve a consensus. (S) used the word "connector" for his leadership approach to which buy-in from key stakeholders was critical. He liked to inspire others to look beyond their self-interest.

4. DISCUSSION

4.1 Road to deanship

The participants in this study followed the professorial ascension pathway that Morris (1981)^[10] described as the conventional pathway and what Bright and Richards (2001)^[11] described as the accidental tourist dean: from full professor, to department chair, to associate or assistant dean, and eventually to dean. Following this pathway, the four deans in this study progressed from being bedside nurses or clinician from

a high-risk nursing specialty, to clinical nurse leaders, to expert faculty, to chair or specialty leader, to associate/assistant dean, and then ultimately to becoming a dean in nursing. Nurse deans' career paths are typically marked by at least two significant transitions: from being a bedside nurse to faculty and from being faculty to nurse dean. "I took that same path. I was a nurse practitioner. I went through the academic ranks. I had a full-funded program of research in HIV prevention, which I am known for. I became the director... did a health policy fellowship... assistant dean. Three years after that, I became a dean here" (F). Although commonalities exist between career trajectories of nursing and non-nursing deans, a nursing dean's career pathway is unique because he/she must first work as a practicing nurse before a career in academia. This progression is logical and practical because unlike non-nursing academic leaders, the dean of nursing must be a registered nurse with an active state license. Furthermore, nothing prepares a dean better than having served in the role of a faculty member, chairperson, and associate/assistant dean because these positions allow the first-hand experience in classroom management, student interaction, and the administrative duties related to running a college.^[12]

Often, the deanship position is considered a final career position for most female deans (Wolverton, Gmelch, Montez, and Nies, 2001).^[13] These deans considered their current dean position as a springboard to other higher academic positions in the future such as vice president, provost, and chancellor. Although female nurse deans are often older than 54 years of age,^[13] the deans in this study were in their 30s and 40s. Due to lack of research, it is hard to predict if, like their female counterparts, their average tenure as deans will be five years or less.

4.2 Once a nurse always a nurse

Blass (2011)^[14] suggests that nurses often experience professional identity issues when they transition to academia. Rather than discarding their core identities as male nurses, they maintained strong connections to their nursing past and personal values. (F) demonstrated this connection when he said: "I am helping to train a health care workforce that is going to go out there and serve the people who are most in need. We are not only graduating healthcare professionals here but we're also graduating what I call missionaries in many, many ways." Describing how his training as an ER nurse helped him for his new role: "I believe my experience as ER nurse prepped me for this because you don't know what's going to happen during your shift; you just never know, and that's a half-hour-by-hour thought process there" (G). Participants actively tried to expand their practice' breadth and depth

by advancing their education to be well-rounded clinicians, educators, researchers, and administrators. “I know what it is to teach. . . to research. I know what clinical practice is because I’ve done it” (F). Society believes ‘the nurse nurses’, thus, the nurse dean, who maintains an active RN license, is always expected by others and himself to remain a nurse (Blass, 2011).^[14] Instead of leaving their past behind to assume another role, these deans used their nursing background to shape their identities as leaders significantly.

4.3 Different strokes for different folks

There is no “one size fits all” approach to leadership. Perceiving themselves as change agents, builders, connectors, and visionaries, they understood the importance of seeking the appropriate approach to get the job done. “Nurses are blessed in that we have a human perspective that no other profession has. We have to go into leadership in order to bring that back to society” (S). Exhibiting both transformative and transactional behaviors, the transformational style of leadership was more often preferred. (R) explained this clearly, “I think that to be successful, you have to tap into both the masculine and the feminine. In our society, men generally are not comfortable tapping into what society dictates as the feminine attributes.”

In congruence with Broome’s (2013)^[7] findings that 77% of deans of nursing, predominantly women, reported using a transformative approach more often than a transactional type of leadership, these men used terms such as collaborative, inclusive, consultative, empowered, mission-driven, and consensus when describing their leadership style. Likewise, words such as data-driven and outcome-oriented were also often used. The atmosphere in today’s academic environment mandates implementation of organizational change while maintaining normalcy. Thus, deans must be able to implement change by being transformational and be transactional at the same time by accordingly rewarding high performing top-notch faculty and staff (Broome, 2013).^[7]

4.4 Trained to be a nurse, groomed to be a leader

There was a shared common reason for these men to be drawn to nursing—the reward of serving others. The narratives shared provided credence that nursing is a genderless word. Their altruistic system of values intersects with why women are supposedly naturally suitable to be nurses. “The nursing pathway provides a caring individual, who has the root to serve the public, a means to provide service not only to the public, to the patient, but also to themselves and their own families” (G). The patients who initially doubted men’s nursing abilities were won over by their dedication and com-

petence as nurses. “That’s how you prove to people that men can also be in this role. It is the action that you do. That to me speaks louder than anything else. It’s that example stuff that you can change people one person at a time. . . that human experience” (F).

Williams (2013)^[15] posits that White men as the minority group in the workplace tend to receive more advantages than their women colleagues. “I think they nurtured me more. They were more patient, more intrigued” (R). While looking at the list of the top ten nurse deans in the country, (F) commented: “I look at this list and I saw three of them that were my mentors.” These statements substantiated Williams’ (2013)^[15] findings that women willingly mentor and encourage men to in nursing. Additionally, while women have struggled with career decisions that could affect their domestic responsibilities, men tend to be less affected. A patriarchal society, like healthcare and education, presume men to be better leaders that help propel them to dean positions (Williams, 2013; Wingfield, 2009).^[6,15] Studies by Arndt (2014)^[16] found that prestigious nursing positions are increasingly associated with a few men as illustrated by the disproportionate number of them occupying elite specialty and high administrative positions.

4.5 Implications to research

This study can be further developed in several directions. It can be expanded by exploring the phenomenon of extraordinarily high percentage of male nurses in the military than in the civilian health care settings. All services of the military are attracting and retaining more male nurses, ranging from about 30% in the Air Force and 36% in the Navy (Boivin, 2002).^[17] It would be worth exploring what the armed forces are doing to appeal to and retain men in nursing. Another future research consideration would be to interview the participants five years later to assess how much of their career plans materialized.

4.6 Implications to practice

As more successful male nurses become visible, acceptance of their presence in nursing could be enhanced. It is easier for men to imagine their career opportunities when they see successful male leaders in nursing. Thus, nursing programs need to support a gender-neutral learning environment and diverse faculty that reflect the make-up of the nursing student population today.

4.7 Limitations

Due to the considerable geographic distance between the place of employment and residency of the researcher and

the locations of the participants and, subsequently, the time constraints and limited resources for travel, the recruitment process concluded after the four individuals agreed to participate in the study. From overseas, face-to-face interviews were conducted at three different states in the mainland U.S. within a ten-day break from work in July 2015. Limiting the search within the Southwestern region had limited the pool of candidates to seven male deans in which only four agreed to participate. A more significant sample would have been ideal to get a better representation of the population studied. However, the narrative inquiry method requires smaller samples for more in-depth exploration of the phenomenon

studied.

5. CONCLUSION

Following the traditional professorial path to deanship, the participants proved to be willing and capable academic leaders. The deans in this study demonstrated that men are assets to the nursing profession in both practice and academia contrary to the traditional view of nursing as a vastly female occupation.

CONFLICTS OF INTEREST DISCLOSURE

The author declares that there is no conflict of interest.

REFERENCES

- [1] American Association of Colleges of Nursing. Fact sheets: Nursing shortage. 2012. Available from: <http://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage>
- [2] American Association of Colleges of Nursing. Nursing faculty shortage. 2017. Available from: <http://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Faculty-Shortage>
- [3] Patton C. Nursing schools reinventing recruitment: Attracting faculty amidst the nation's nursing shortage. UB University Business. 2013. Available from: <http://www.universitybusiness.com/article/nursing-schools-reinventing-recruitment>
- [4] Tranbarger RE. American schools of nursing for men. In C. E. O'Lynn & R. E. Tranbarger (Eds.). *Men in nursing: History, challenges, and opportunities* (pp. 43-63). New York, NY: Springer Publishing Company; 2007.
- [5] McMurray T. The image of male nurses and nursing leadership mobility. *Nursing Forum*. 2011; 46(1): 22-28.
- [6] Wingfield AH. Racializing the glass escalator: Reconsidering men's experiences with women's work. *Gender and Society*. 2009; 23(1): 5-26.
- [7] Broome M. Self-reported leadership styles of deans of baccalaureate and higher degree nursing programs in the United States. *Journal of Professional Nursing*. 2013; 29(6): 323-329. PMID:24267926 <https://doi.org/10.1016/j.prof Nurs.2013.09.001>
- [8] Sayman D. Fighting the trauma demons: What men in nursing want you to know. *Nursing Forum*. 2014.
- [9] Creswell JW. *Educational research: Planning, conducting, and evaluating quantitative and qualitative research*. Boston, MA: Pearson. 2012.
- [10] Morris VC. *Deaning: Middle management in academe*. Chicago, IL: University of Illinois Press; 1981.
- [11] Bright D, Richards M. *The academic deanship: Individual careers and institutional roles*. San Francisco, CA: Josey-Bass; 2001.
- [12] Green A, Ridenour N. Shaping a career trajectory in academic administration: Leadership development for the deanship. *Journal of Nursing Education*. 2004; 43(11): 489-495.
- [13] Wolverton M, Gmelch W, Montez J, et al. *The changing nature of the academic deanship*. San Francisco, CA: Jossey-Bass; 2011.
- [14] Blass T. *A nurse at heart: The journeys and experiences of nursing school deans* (Doctoral dissertation). 2011.
- [15] Williams CL. The glass escalator, revisited: Gender inequality in neoliberal times, SWS feminist lecturer. *Gender and Society*. 2013; 27(5): 609-629. <https://doi.org/10.1177/0891243213490232>
- [16] Arndt M. The first men in leadership positions in the American Association of Nurse Anesthetists. *Nursing Forum*. 2015.
- [17] Boivin J. Men make their mark in military nursing. *Nursing Spectrum*. 2002. Available from: <http://community.nursingspectrum.com/MagazineArticles/article.cfm?AID=7960>