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The lived experience of the Western Australian graduate registered nurse who is male

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## **Chapter 1. Why This Journey**

*I am one of the many ageing nurse professionals who are ending their clinical work-life. As I reflect on my journey I marvel on where my nursing career has taken me and moulded the person I am today. I marvel on how the profession has morphed, its advancement and its manoeuvre into the ever-challenging complex health arena. But, and there is always a but, I have trepidations on the current nursing climate and I wonder could I have done more to shape the profession? Have I used my nursing mantra of caring effectively? What have I contributed to the nursing leadership attributes required for the development of a nurse professional who is nurturing yet has a political voice? These are the questions that recur in my subconscious formed by what I perceive to know, have experienced and observed in my professional life. My greatest apprehension now is how the profession is going to sustain a professional nursing workforce that contributes to both today and tomorrows shifting health consumer needs and the ever-increasing complexity in nursing care. With the above in mind, I have embarked on this journey of discovery, commencing with the nursing workforce challenges and issues around retention of nurses, especially the novices who are our future nurse leaders, which eventually formed the basis of this study.*

### **1.1 Background**

The nursing workforce currently faces challenging times and will continue to do so into the foreseeable future. The World Health Organisation (WHO) acknowledges that there is an ever-increasing global nursing shortage due to inadequate human resources, difficulties with workforce retention and increased migration (WHO, 2013). According to Health Workforce Australia (HWA), although most states in Australia are currently experiencing a short-term oversupply of nursing and midwifery graduates, a looming nursing workforce challenge with a shortage of 85,000 nurses is projected by 2025 (2014a). This current oversupply is thought to be due to the increased enrolment of nursing students in recent years; and registered nurses (RNs) older than fifty years continuing to work longer, although most of these older nurses will be retired or nearing retirement by 2030 (Auerbach, Buerhaus, &

Staiger, 2015). It is widely acknowledged that the recruitment and retention of qualified nurses is critical to the delivery of optimal healthcare (HWA, 2014b). Hence key strategies recommended by the Health Workforce Australia to address the predicted shortfall include the retention of new graduate registered nurses (GRNs) (HWA, 2012a), and the potential recruitment of males into nursing (HWA, 2013). Moreover, these GRNs must be supported and have successful transitional experiences, job satisfaction and retention rates improve (Phillips, Kenny, Esterman, & Smith, 2014).

The GRN attrition is an issue given that the loss of these nurses are not sustainable with the rapidly ageing Australian nursing workforce impacting on the continuing nursing shortage (Cowin & Hengstberger-Sims, 2006; Scott, Engelke, & Swanson, 2008). Currently, the three largest general registration groups by age for Australian employed nurses are in the 50-54 (12.6%), 45-49 (11.7%) and 55-59 (12.6%) group (Nursing and Midwifery Board of Australia, 2017, p. 8). An independent Australian national survey on nurses and midwives conducted in 2016 revealed that “32% of those surveyed indicated they have considered leaving the nursing /midwifery profession and 25% reported they were either likely or very likely to leave the profession” (Tham & Gill, 2016, p. 5). Moreover, “the early exit of nurses from the workforce gives rise to a loss of investment from training, a loss in productivity given the future years the nurse would otherwise have provided into the nursing workforce, and the significant cost of staff turnover” (HWA, 2014a, p. 20). Hence, the retention of younger nurses and GRNs in particular is recognised as paramount in addressing future nursing workforce shortages (Drury, Francis, & Chapman, 2009), especially in the current climate where there is lower GRN employment and low early career RN retention (HWA, 2014a, p. 8).

The exact attrition rates have been difficult to quantify due to the lack of systematically collected data. It has been suggested that internationally up to 60% of new GRNs will leave their first year nursing position (Odland, Sneltvedt, & Sörlie, 2014). In Australia, it is estimated that the attrition rate for nurses generally is around 12% (HWA, 2012b, p. 55). A study by McLaughlin et al (2010) noted that more males than females indicated they intend leaving the nursing profession in the future (McLaughlin, Muldoon, & Moutray, 2010); with an average of 39.97% male attrition rate compared to female attrition rate of 32.29% (HWA, 2014a, p. 42);

hence this is a concern when around 90% of GRNs are female (p. 18). Further, it has been postulated that the attrition rates specifically for men who enter nursing is high (Stott, 2007), that poses a professional concern when men in nursing currently make up only 8.7% of the nursing workforce in Western Australia (Nursing and Midwifery Board of Australia, 2017). Although men are seen as a potential nursing workforce for the professional practice environment (HWA, 2012a; Roth & Coleman, 2008), the attrition rate demonstrates that addressing the issues for men in nursing is crucial to sustaining the future workforce.

There remains a strong link in the literature between new graduate nurse attrition and the challenges posed for these new professionals in Australia and internationally (Park & Jones, 2010). The first year in the professional practice environment for GRNs can be a stressful experience (Jewell, 2013); with these nurses experiencing role performance stress and reality/transition shock causing strain on their initial socialisation period (Duchscher, 2008; Jones, Benbow, & Gidman, 2014). Excessive workloads and poor work conditions cause extreme levels of stress and burnout (Holland, Allen, & Cooper, 2012; Kramer, Brewer, & Maguire, 2011). The new GRNs leaving the profession within the first six months post-graduation (AIHW, 2012) reveal that the third month and sixth month to be the most stressful period for these graduates (Chang & Daly, 2012; Duchscher, 2008; Newton & McKenna, 2007).

## **1.2 Current study**

The area of this study focused on the nursing profession, in particular the Australian nursing workforce. The topic of interest was the recruitment and retention of GRNs within Western Australia. I, as the researcher, have a keen interest in both GRNs and nurses who are male (NMs) retention, and in particular the issues of graduates leaving the professional and the lower numbers of men in nursing. Therefore, this study centred on the experiences of the GRNM.

### **1.2.1 Purpose**

The purpose of this research study was to investigate the lived experience of a select number of Western Australian GRNMs. Moreover, how they came to their decision

to enter nursing, their journey to registration and through their first year as RNs. It was anticipated that by developing an understanding of their lived experience, including what fostered their interest in becoming a nurse and how they socialise into the profession, dialogs on schemes that may assist with future recruitment and sustainability of men entering the nursing workforce may occur.

### **1.2.2 Research questions**

To explore the lived experience of these nurses, with a focus on understanding their perceptions and viewpoints, the following research questions were formulated:

- How do the GRNMs choose nursing as their career, in particular what motivated them to decide to enter the nursing profession?
- How do GRNMs perceive their professional practice experiences within their first twelve months employed as a GRNMs, and were their expectations met?
- At the end of their graduate year, how do the GRNMs place themselves in terms of a future career pathway?

As the researcher, I endeavoured to elicit the meaning and the essence of the participant nurses' lived experience as GRNMs in the Western Australian nursing workforce. Thus, I documented a phenomenon of increasing interest connected to the predicted nursing workforce shortages. In so doing, I hoped to describe what initially interested these GRNMs to enter the nursing profession; to gain an understanding of their experience in relation to their values and beliefs of their new role and responsibilities; and their expectations of their fit within the professional practice environment as they transitioned.

### **1.2.3 Researcher perceptions**

My perceptions of men in nursing has been established over a four decade nursing career in acute clinical and community health settings, staff development and nursing executive roles where I worked with, managed and mentored registered nurses who are male (RNMs). These perceptions are that men in nursing:

- Have certain personality traits that foster their desire to enter and remain in the profession.

- Face a similar transition as their female colleagues into the professional practice environment; however, they bear added unique challenges related to their gender.
- Modify their communication style in order to gain acceptance, in other words, ‘fit in’ to the female-dominant professional practice environment.

#### **1.2.4 Conceptual framework**

There was no absolute requirement for a conceptual framework in an interpretative phenomenological study (Smith, Flowers, & Larkin, 2009). However in the interpretative end stage of the analysis “comparing the fit” between the study findings and existing literature in order to make sense of the analysis can be done with caution (Smith et al., 2009, p. 48); to “further develop theories, models and explanations that help us understand human experiences better” (Fade, 2004, p. 647).

In light of my perceptions and prior knowledge extracted from the cursory search undertaken and the theories that had become explicit and connected with this knowledge; a conceptual framework was considered appropriate to support the iterative process of this study (Punch, 2006). Inasmuch as the known literature on why certain men may be attracted to nursing, their gender minority and GRNMs socialisation during professional practice transition acquainted well with John Holland’s (1997) theory of vocational interests where personality traits can indicate career suitability; Judy Duchscher’s (2007) transition stages model that outlines the significant milestones the graduate nurses transition through into practice; and Mark Orbe’s (1998) co-cultural communication model ‘outsider within perspective’ relevant to a minority group communication behaviour within a dominant group. Hence, these aforementioned models and theory were used as a conceptual guide for this study, the details of such are presented in the literature review.

#### **1.2.5 Significance**

The recruitment of men into the nursing profession remained low (HWA, 2012a). By investigating how GRNMs view their transition into the workplace, the workforce managers responsible for graduate programs and university faculties may be able to modify their curriculums to support and encourage more men into nursing.

Understanding why men choose nursing as a career and their experiences of completing a nursing education program, inclusive of their graduate year, was deemed important to strategise ways to increase this workforce and diversity within the nursing profession (Keogh & O'Lynn, 2007; Meadus & Twomey, 2011; Solbraekke, Solvoll, & Heggen, 2013).

Further, to understand the co-cultural communication style between women and men as male communication style has been reported as restricting male participation within the nursing profession (Herakova, 2012). For example, the literature indicated that RNMs tend to alter the way they speak and what they say to a female colleague as opposed to a male colleague for fear of being misunderstood and/or being seen as not caring (Herakova, 2012). Understanding and accepting differing communication styles of both men and women within nursing may enhance socialisation into the professional practice environment and increase satisfaction of the RNMs career choice. Of note, even with their minority status, RNMs who were satisfied with their career choices readily recommended nursing to other men (Twomey & Meadus, 2008). Despite their minority status, this status could be advantageous as it has been reported that being male promoted rather than hindered their career progression within nursing (Simpson, 2014). According to Ryan Mallo “from a professional standpoint, it is easier to stand out among the masses when the majority of your peers are females” (Gardenier, Mallo, & Moss, 2016, p. 302). Hence increasing men’s awareness of the nursing profession benefits including their minority advantage may be a strategy that will increase the number of men in nursing (McMurry, 2011).

Moreover, both male and female GRNs represent the future leaders of the Australian nursing workforce and the consequences of new graduates leaving the profession will only exacerbate the projected nursing shortages. Understanding how these new GRNMs see their world through their experiences as they enter the profession can assist workforce decision makers to enhance the new GRNMs’ socialisation into the workforce.

Improved stability of the graduate cohort, decreased attrition and the associated reduced need to recruit and train new staff will provide cost savings in healthcare and the associated costs of replacing staff. The literature reported that the high attrition

rates of nursing staff had considerable impact both on patient outcomes and health service budgets (Roche, Duffield, Aisbett, Diers, & Stasa, 2012). This included direct and indirect costs such as compromised patient care, reduced staff morale (Ulrich et al., 2010), and problems with sustainability of the nursing workforce (Huntington, Gilmour, Neville, Kellett, & Turner, 2012).

### **1.3 Summary**

This chapter provided the introduction as to why I embarked on this research journey and covered the development of the concepts and premise for the study. It outlined the background of the phenomena, namely the lived experience of GRNMs. The purpose of this study was to investigate the lived experiences of GRNMs during their journey from the decision to enter nursing through their completion of their first year as a GRN. The rationale for the study was to provide an insight into their actual lived experiences, as they become competent registered nurses (RNs). My perception being that men in nursing have a particular personality trait that underpins their decision to enter this female-dominant profession; even when they are aware of the unique barriers they will face in addition to those challenges that all undergraduates and graduates tackle as they enter their nursing career. The research questions and conceptual framework that guided this study were highlighted to add an informative bearing on the study in light of the phenomena of interest.

This thesis proceeded as follows. Chapter two examines the known literature inclusive of cursory and continual searches undertaken. After which an overview of the conceptual framework in relation to the experiences of GRNMs is provided. This chapter ends, as do the subsequent chapters with my reflexivity account. In chapter three, the research approach and research method for the qualitative study is outlined. Chapter four provides a profile of each participating GRNM. Chapters five, six, and seven the analysis of the data is presented, and the description of each phase of this longitudinal study of the participants' experiences, being paraphrased and supported by quotations of their own words. Chapter eight affords the overall discovery of the IPA that permeated throughout each of the phases under investigation and the underlining essence of why men choose nursing and remain in this profession. Chapter nine presents the discussion on the study's findings in comparison with existent literature and the study's conceptual framework inclusive of the relevant

theories. Chapter ten suggests implications for the nursing profession and offers recommendations for the recruitment of men into nursing and the retention of GRNMs in order to support a sustainable nursing workforce.

The summaries in the following chapters are in italics and titled summations, to alert the reader that these were the researcher's contemplations which are intended to give an insight into why the study progressed the way it did. It also formed part of the reflexivity process within this thesis.