Self-Leadership of Male Learner Nurses During a Four-Year Program at a College in the Western Cape, South Africa

Self-leadership is an enabling process during which a male student nurse learns to know himself better. This enriched self-awareness enables him to steer his work life. Male learners in the nursing profession could face gender-based challenges during their training that requires self-leadership. The study described the best experiences of self- leadership by male learner nurses during their four-year training programme at a nursing college in the Western Cape Province. A qualitative, exploratory, descriptive, and contextual design, incorporating the philosophy of the Appreciative Inquiry paradigm, was used. Purposive sampling was applied and 12 individual, semi-structured interviews were conducted. Data analysis indicated that peak experiences occur on multiple levels and include learning from 'error'. Self-leadership could be enhanced by support from lecturers and mentors, fellow students, as well as by support in the wards and simulation laboratory.

There is a demand for more nurses, both locally and globally, to satisfy the increasing demands of health consumers. Bartfay, Bartfay, Clow, and Wu (2010) believe that one way of addressing the demand for more nurses is to recruit more men into the profession. Ivtzan and Conneely (2009) claim that gender is of huge importance as it affects all spheres of life from our behaviors to the choice of an occupation such as nursing. Stott (2004), however, reports a problem of retaining male nurses and provides evidence that the attrition rates of male students are significantly high. It is universally accepted that men are a minority group in a predominantly female profession and that, although more men are entering the profession, a gender imbalance still exists in the nursing profession (Eswi & El Sayed, 2011).

Men in nursing are challenged by barriers such as stereotyping, sexism, and socialization issues (Dyck, Oliffe, Phinney, & Garret, 2009). Historically, from the earliest centuries, men were in the forefront of nursing and were identified as caregivers. Twomey and Meadus (2008) suggest that this role of men in nursing has been either overlooked or forgotten. Male nurses could have been perceived

as being gay or effeminate due to their career choice, and thus their masculinity could have been questioned.

Male nurses also experienced difficulty in being accepted by female nurses due to the gendered nature of the profession (Bartfay et al., 2010). Furthermore, the media and society have influenced the perception that nursing is the domain of females. It is stated that nursing is usually associated with caring, compassion, and empathy and that these traits are therefore associated with femininity (Twomey & Meadus, 2008). Male learner nurses could face gender-based challenges during their training. Bell-Scriber (2008) reviewed American nursing textbooks between the years 2003 and 2005 and found that there was unequal representation of gender in the textbooks and that the textbooks were biased in favor of women. Kelly, Shoemaker, and Steele (1996) report that male students experienced feelings of isolation and loneliness. Further studies such as those of Bell-Scriber (2008) found that these negative feelings were actually increased by the underlying gender-based and biased assumptions in lectures and textbooks that nurses were of the female gender only.

Male learners could experience very few male role models in the classroom and clinical areas. Brady and Sherrod (2003) point out that a lack of role modeling is one of several challenges for male learners that can affect the recruitment and retention of males in nursing. A non-supportive learning environment exerts additional psychological stress on male students (Wang et al., 2011). Twomey and Meadus (2008) report that male nurses are satisfied with their choice of career, despite the barriers faced by men in nursing. Their study revealed that men chose nursing for various reasons, among which were career opportunities, job security, and salary. A very small percentage felt that nursing was a vocation and expressed the desire to be part of a caring profession. The barriers that these men perceived were mainly stereotyping, lack of recruitment strategies, and the poor portrayal of male role models in the media. Males are more motivated by fringe benefits, promotions, and self- direction than females (Kityama & Cohen, 2007).

In an environment of many challenges, male learner students should direct themselves to complete their nursing program. Self-leadership could be broadly defined as influencing oneself to establish the self-direction needed to perform (Manz & Neck, 2011). Self-direction increases intellectual functioning such as learning (Kityama & Cohen, 2007). In this study, the term self-leadership will be used interchangeably with the term self-direction.

Background

The rationale of the study was threefold. First, men in nursing are not a new concept, nor are the is-sues that are associated with this phenomenon. However, it remains an intriguing and research- able topic. Second, qualitative studies on self- leadership during education and training of male learners are unknown. If males are to be retained in the nursing profession, more research needs to be undertaken to understand how male nursing students lead themselves during their four-year training program. Lindeman (2000) believes that education involves more than just passing courses. It involves the development of personal qualities and skills associated with success in the work world.

Third, nurse educators need to recognize that inter alia nursing education programs should accommodate male learners. Bell-Scriber (2008) states that nurse educators need to be supportive of male learners by creating a climate that is conducive to learning—a warm climate in which they feel safe, accepted, and welcome.

Self-leadership is therefore an important element in the personal and professional development of the male nursing learner. Self-directed action is considered as a natural response to new¬ness, problems, or challenges in our surroundings (Gyawali, Jauhari, Shankar, Saha, & Ahmad, 2011). Self-direction is an attribute that male learner nurses need to acquire in order to persevere and finally obtain their qualification as professional nurses.

Historically, it is of interest to note that Mashaba and Brink (1994) reported that there were no recruitment efforts or plans of action to retain men in the nursing profession in South Africa in earlier days. Mashaba and Brink (1994) also reported that Black male nurses were not accepted on three levels: partially by society, partially by nurses, and partially self-inflicted. There were accounts of male nurses being averse to female supervision due to cultural and religious beliefs. Academic performances of males were, however, on par with those of female learner nurses. For the purposes of this study, learner nurse refers to a male student who has been registered in the four- year nursing diploma course in General Nursing Science, Community Nursing Science, Midwifery, and Psychiatry Nursing Science, as regulated by the South African Nursing Council under Regulation R425 for training (South African Nursing Council, 2014).

From an appreciative inquiry (AI) philosophy, it was assumed that the potential for growth is an inherent part of the human condition and in every individual, something works (Cooperrider, Sorensen, Yeager, & Whitney, 2001). It was assumed that within the male student, self-leadership (the something) was

already practiced as it was created in the moment. A person with the ability to manage his/her own emotions and needs can be a resource of self- leadership within nursing (Black & Sharma, 2001).

Through observations and mentoring at a nursing college, the researcher observed that male learner students have challenges during their four- year nursing program to lead themselves, as they complained about feelings of hopelessness and challenges to accept female authority. It was there-fore unclear as to how male nursing students in the nursing program experienced self-leadership during their training. The research question was posed: What are the best experiences of male nursing students of self-leadership during their four-year training program at a nursing college in the Western Cape? It was of relevance to discover how men lead themselves in a female-dominated pro-fession to understand how they directed themselves in dealing with the challenges faced during their training program, both in the classroom and in clinical areas. Addressing these issues may help in the recruitment of more men into the profession (Twomey & Meadus, 2008).

Method

The nursing college is situated in Athlone and functions within an agency agreement between the Provincial Administration of the Western Cape (PAWC) and the Cape Peninsula University of Technology (CPUT) in South Africa. The college registers students with the South African Nursing Council (SANC) and offers the four-year Nursing and Midwifery program, leading to registration as a Professional Nurse with SANC. Students are selected according to CPUT policy, and the minimum admission requirements from 2008 onward were Higher Language English, Mathematics or Mathematics Literacy, Life Sciences and/or Physical Sciences, and Life Orientation.

The majority of the student population consisted of the Black and Colored race groups between the ages of 18 and 24 years. An exploratory, descriptive, contextual, qualitative research design was followed. Since it was unclear how male nursing students lead themselves, a qualitative study was regarded as particularly useful when dealing with a phenomenon about which little is known (Field & Morse, 1985). The main criterion for qualitative research is diversity (King & Horrocks, 2010). The choice of following a qualitative as opposed to a quantitative design was based on the nature of the topic being investigated and the desire to add to the limited amount of knowledge about self-leadership in male learner nurses (Chopra, Coveney, & Jackson, 2007). A search of various databases yielded very few studies on the topic of self-leadership in male learner

nurses. Exploratory research, as described by De Vos, Strydom, Fouche, and Delport (2011) is a method that is used to gain insight into a situation (training program), phenomenon (self- leadership), or individual (male student nurse). For this study, the exploratory design was used to gain insight and increase knowledge regarding the best experiences of self-leadership in the male nursing students during their training. An exploratory study answers the "what" question (Mouton, 2001). The descriptive design portrayed the characteristics of self-leadership of male learner nurses (Polit & Hungler, 2004).

This study was contextual in design, since it was conducted in a natural setting at a college of nursing where the male learners were receiving their education.
The portion of the accessible population to which the researcher had reasonable access was the male students in training (n = 151) in 2013 at a nursing college in the Western Cape. According to Reed (2007), anyone (any male student nurse) who would be willing to take part should be involved in an AI study. These students were the focus of the study and were diverse in terms of race, religion, ethnic, cultural, and social backgrounds (Schneider, Whitehead, Elliot, Lobiondo-Wood, & Haber, 2007). Although English is the medium of instruction at Western Cape College of Nursing, for the majority of the student population English was not their mother tongue. However, it was not necessary to use an interpreter.

Purposive sampling was employed to ensure information-rich cases from which the researchers could collect in-depth information. Lecturers of each of the four-year levels were asked to individually name the three most appropriate informants to partake in the study. The researcher was also guided by the accessibility of the male learner nurses and by the opportunities to conduct unstructured interviews with them (Holloway & Wheeler, 2010). Inclusion criteria for this study were all male students who were registered during 2013, willing to participate in the study, and spoke English. Male learner nurses who complied with the inclusion criteria were interviewed until saturation occurred and the information began to repeat itself (Hennink, Hutter, & Bailey, 2011).
Three individual, semi structured interviews with each of the first- to fourth-year male nursing student year groups (n = 12) were conducted to ensure saturation of data (Hennink et al., 2011). Data saturation means "sampling to redundancy," when no new information is forthcoming or when the information becomes repetitive (Schneider et al., 2007).
Individual semi structured interviews were conducted in addition to using field notes. Semi structured one-to-one interviews were used by the researcher, with the aim of gaining a detailed picture of the participants' experiences of self-leadership (De Vos et al., 2011). This method is most useful when investigating a

topic that is very personal to participants. It allowed for more flexibility for both the researcher and the participant, since the framing of the questions could be adapted to cater for the participant's understanding and for the researcher to gain the relevant information from the participant.

A suitable venue was chosen where the participants were afforded comfort, privacy, and a non- threatening environment without interruption (De Vos et al., 2011). The researcher ensured that the tape recorder equipment used to record the interviews was available and in working condition and of high quality. Two pilot individual interviews were conducted before the main study. The pilot interviews were valuable to determine if the research question was clear and if the nonverbal behavior of participants gave information about any discomfort experienced concerning the content of the research question. The outcome of the pilot interviews revealed that the research method was feasible for the study. A pilot interview generates an understanding of concepts held by the study population (Maxwell, 1992).

Each interview was in-depth and conducted in English. The interviews varied in length and lasted not longer than 45 minutes. The semi structured interview allowed the researcher to gain a detailed picture of the perceptions of self-leadership of each individual male student nurse (De Vos, Strydom, Fouche, & Delport, 2005). The question was open- ended and the participants were able to share more closely in the direction that the interview took and even introduced issues that the researcher had not thought about (De Vos et al., 2011). The research question posed was: "What are your best experiences in leading yourself during your training program?" The researcher made use of prompts and cues to keep the participants focused, as well as reflective notes of responses obtained. The most important skill used by the researcher was the ability to listen to what was being said as well as to observe the participant. Holloway and Wheeler (2010) suggest that any inconsistency between the spoken word and the body language is a form of "within method triangulation." The recording devices that were used consisted of a digital recorder and a cell phone. King and Horrocks (2010) believe that digital equipment delivers excellent recordings. Field notes were used as a method of data collection in conjunction with audio-taping the interviews (data triangulation). Field notes were used to record emotions, preconceptions, expectations, and prejudices (De Vos et al, 2005). Auditability was demonstrated in this study by the use of field notes and good record-keeping regarding dates and times of interviews, as well as other pertinent information about the interviews. Researcher bias was prevented by the use of "bracketing," whereby the researcher suspended her beliefs and opinions regarding the self-leadership of male nursing students. Credibility in this study was thus maintained by the use of reflexivity, to be mindful of how one's own views and attitudes could affect the study (Streubert & Carpenter, 2011).

Data analysis is the search for general statements about the phenomenon and the relationships amongst the categories of data (De Vos et al., 2005). The researcher transcribed the recordings of the interviews (the data). The computer program Nvivo assisted the researcher with the qualitative data analysis after attending training in the program. The interviews were transcribed and no changes/corrections to the grammar were made. Quotes from the participants will therefore be undiluted. The data collected by means of the interviews were analyzed for themes, categories, and subcategories. The eight steps of Tesch (1990), cited in Creswell (2009), were followed in the data analysis process.

The researcher obtained a sense of the whole by reading through transcriptions. One interview was selected to explore the underlying meaning of the data, and thoughts were written down. A list of all the topics was made and similar topics clustered together and arranged into major topics, unique topics, and leftovers.

The list was used to return to the data. The topics were abbreviated as codes and the codes written next to the appropriate segments of the text, and new categories and codes that emerged were jotted down. Descriptive wording for the topics were turned into categories. The total list with categories was reduced by grouping them together into similar topics. A final decision was made on the abbreviations for each category and the codes were alphabetized. The data belonging to each category were assembled in one place and a preliminary analysis was performed. A qualified, independent coder was approached to ensure a high degree of agreement on the coding. Furthermore, an inquiring audit was done by the supervisor of the researcher. The goal of the audit inquiry was to examine both the process and product of the inquiry and to determine the trustworthiness of the findings (Creswell & Miller, 2000).

Transferability refers to whether the findings of the research can be transferred from a specific situation or case to another (De Vos et al., 2011). The researcher provided a dense description from the data about the participants, research contexts, and setting. Dependability was ensured through a logical, well-documented report (De Vos et al., 2011). Only the researchers and independent coder had access to data. Participants' names or any information that could identify them did not appear on the tape or on transcripts. Furthermore, the identity of participants will not be revealed when the study is reported or published. Participants could withdraw at any stage of the research project. Ethical clearance was obtained from the Faculty of Community and Health Sciences at a university in the Western Cape, and participants signed a written informed consent form to partake in the study.

Table 1

Themes, Categories, and Subcategories Derived From the Data Analysis

Results

Participants varied in age, with a mean age of 24 years. All the participants were from rural areas in the Eastern and Western Cape and therefore living in the residence at the campus of the nursing college. None of the students were married, and English was their second language.

Four main themes were derived from the data analysis (Table 1). The first theme revealed that the peak experiences of the male student nurses occurred on multiple levels and included "learning from error." This led to increased motivation and satisfaction, at times even "life-changing." Self-leadership was experienced as a process of "becoming" that culminated in building character (Theme 2). Future aspirations were voiced and included professional, educational, and interpersonal goals (Theme 3). Qualities needed for the attainment of these future aspirations included focusing on aspects of the personal "self" as well as active support (Theme 4).

Theme 1: Peak Experiences Occurred on Multiple Levels and Included Learning From Error

Peak experiences for the participants for this study occurred on multiple levels of academic, personal, professional, and practical nature. This led to increased motivation and satisfaction, at times even "life-changing":

But now as you've started nursing, you can, you know, man, you can change, man.

Participants mostly recalled positive experiences as those times when they experienced being empowered and called upon to act as leaders in the ward or clinic by managing the unit or session, under either direct or indirect supervision:

This year when I was doing EPP [Ethos and Professional Practice], I was running the ward; that makes me feel very good.

This excerpt confirms the assumption that reality is created in the moment. The reality of participants on self-leadership was created when they practiced self-leadership and became empowered. Empowerment of the individual is regarded as the core of self-leadership (Lovelace, Manz, & Alves, 2007).

In AI, the potential for growth is an inherent part of the human condition. Participants, throughout the interviews, revealed that reaching their third year of training was a turning point and that passing the midwifery course on this year level was a definite highlight for them. One participant mentioned:

Actually when I passed my midwifery—my third year, when I passed midwifery and everything was complete—it was a highlight.

Vafeas, Lauva, and Beamont (2011) agree that success is a highlight for student nurses, and, regardless of how big or small the achievement is, it serves as motivation to further succeed in their training.

The midwifery course was sometimes regarded as challenging due to the theoretical component; however, a participant experienced that he adapted to the clinical setting:

It isn't easy for male students to do midwifery, but I adapted in that situation.

Self-leadership is evident when adjustment to changing conditions is apparent (Norris, 2008).

Four categories emerged from this theme as (1) academic-related achievements, (2) interpersonal connections, (3) personally associated category, and (4) practice-linked category.

Academic-Related Achievement

Academic-related achievements referred to passing a course and getting out of the extracurricular program. Participants expressed pride in their academic records, especially in the first year and first class tests:

I would say passing my first year, that was affirming for me because when I first . . . came here, I had the impression that, um, it's not going to be easy.

These experiences resulted in self-pride both on a personal and professional level about their academic achievements and clinical performances. Self-pride occurred as a result of self-observation, which is listed as a practical self-leadership strategy (Lovelace et al., 2007).

The extracurricular program is implemented in the first year of nursing and designed to assist students who were disadvantaged due to social and/or educational inequalities in the past. Although a stigma could be attached to a foundation program, a participant experienced pride in having succeeded in the program:

And getting out of ECP made me very proud, but still it is following me.

For a participant, passing an examination was a peak experience, and his success motivated him and pushed him to a heightened sense of self- belief:

I think the peak is actually, I think, last year was quite difficult for me, doing second year, so I think the assessment of last year really pushed me. We had the removal of sutures, this exam that we did at the end of the year, so initially I was well prepared for it, but somehow I managed to fail and I was thinking to myself that if I fail here now (the second opportunity), then I'm really in big trouble, I'm going to have to repeat, but when I passed that exam, I really, it just pushed me to a whole new level.

Self-motivation is regarded as a practical strategy for self-leadership as a means to achieve a personal goal (Manz & Neck, 2004, cited in Lovelace et al., 2007).

Interpersonal Connections Good interpersonal relationships or connections are essential for a healthy work environment, as they assist in creating a harmonious atmosphere and ultimately result in quality health care (Jooste, 2010). Participants experienced the importance of the nurse-patient relationship when they entered the real world of patient care and started interacting with the various role-players in the clinical areas:

That's where you get to realize that in life you have to do something for the people (patients); that's what I think.

A participant stated that his peak experiences were those developmental times when he was learning and interacting with other health professionals:

When we get to work with doctors and staff, doing such, doing those kinds of things, procedures with them, assisting them and get to learn from them.

European studies on the clinical experiences of student nurses suggest that students develop as a result of the positive social interaction between themselves and others in the clinical areas (Warne et al., 2010).

In times of stress, participants in this study turned to interpersonal relationships for support or comfort:

I think of my family.

Thoughts of his family are what drove this participant to obtain his educational goal. Family and friends were personal resources for professional nurses during difficult times, offering support and sustenance to them (Koen, Van Eeden, Wissing, & Du Plessis, 2011).

Through interpersonal connections, participants furthermore experienced (1) a sense of belonging, (2) blessings, (3) recognition, and (4) their role of advocacy for patients.

A sense of belonging or belongingness of new graduates of nursing refers to feeling welcome, being part of the team, fitting in, and forming social bonds with the staff in the clinical area (Malouf & West, 2011). Participants in this study expressed their sense of belonging:

. . . I've realized now, I belong here now . . . so this is a field in which men are wanted.

Nursing is still a predominantly female pro¬fession despite the increasing number of males entering the profession (Breier, Wildschut, & Mgqolozana, 2009). A participant felt that he was being treated equally by the staff during his training and he had not experienced any gender- based discrimination:

It's not a difference to me; the staff—they treat everybody equally.

Recognition and appreciation instills a sense of belonging (Levett-Jones, Lathlean, Higgins, & McMillan, 2009). Some participants felt a sense of belonging when the staff showed confidence in their abilities as male students:

And in the hospital, when the sister was gone, they came to rely on me.

Participants thus experienced social identity resulting from the formation of positive interpersonal relationships, which led to finding meaning in their work.

A blessing is the infusion of something with spiritual redemption, divine will, or one's hope or approval (Alam, 2014). A participant felt that he was blessed to assist a patient in his care, someone who was dependent on him; he regarded this as a peak experience to perform a service that seemed to come naturally to him:

So that's the best experience for me, because it's something like I was never taught or something that I had never done before, so like it's a blessing for me to look after someone who can't do something for themselves.

This participant had his best experiences while caring for patients at their bedside and listening to them—that was a powerful moment for him. Breier et al. (2009) cite this "calling" as one of the reasons why students remain in the nursing program in spite of the difficulties they sometimes face across the four years of training.

One participant particularly shared and cherished his experience of self-worth and being valued by a patient and relatives for doing a basic procedure such as a full wash:

And when her mother came, she said, *"Mama, look at this guy; this guy is the one who washes me in the morning."*

Another participant revealed his most life- affirming moment when a patient thanked him and told someone that he, the male student nurse, was good:

That one, he's good.

Harding (2005) confirms that when feelings of inclusion and acceptance are experienced by student nurses, their learning experiences are enhanced.

Respect shown from staff served to promote and increase the self-esteem of participants when they were allowed to run the ward during their EPP training:

So, even the staff, they gave me big, big respect.

Recognition and praise can be powerful sources of self-motivation; they build morale and self-esteem in people (Huber, 2010). Participants valued the recognition they received in the form of a simple thank you from their patients or the family of patients:

And he said, "I thank what you do for me." Those small things are, for me, the great experiences.

Being thanked left participants overwhelmed and speechless at times:

Haai, I feel, especially when after helping a patient, saying thank you to me, oh I feel.

The most liked moment I had, it was with the patients, when they say thank you. You see, so when you ... when that person says thank you, that's it.

Breier et al. (2009) state that students are inspired by the gratitude expressed by their patients.

Advocacy involves many aspects such as speaking on behalf of clients and feeling compelled to act on behalf of clients, thereby meeting the needs of clients (Jooste, 2010). One male student said he assisted his patients by looking out for them:

By helping them out when they are in need, actually, also caring for them and then a person that can actually help them to speak on their behalf if they can't.

Speaking up for those who cannot speak for themselves demonstrated empathy and self- confidence, two competencies required for self- leadership in nursing.

Personally Associated

Vafeas et al. (2011) describe self-reflection as a personal acquired skill that allows a person to associate with the past, to think about and critically examine past experiences, in order to plan for a better future.

Participants revealed that they actually learned valuable lessons from the challenges they faced in attaining their educational goals. These challenges acted as motivators to succeed in tasks. A participant, after failing a clinical procedure, could realize the importance of being successful when granted a second chance:

I think the assessment of last year really pushed me; we had this removal of sutures … but somehow I managed to fail, and I was thinking to myself, this is it, if I fail here now and failed the second opportunity now, then I'm really in big trouble. . . .

Another participant recalled how he had paid the penalty for committing fraud during his clinical placement and learned a lesson from it:

And the other thing that I think is a peak for me, actually something that is bad, that I did, it was a peak for me. I learned something from that thing.

Fakude and Bruce (2003) describe self- reflection as the recalling of an event and thinking about it, to such an extent that the experience speaks to the student and, in this way, the student learns from it and will never forget the lesson. "Learning through error" therefore developed into a meaningful experience that assisted the professional and personal growth of the participant.

Sullivan and Garland (2010) believe that mo¬tivation is the key to success, or to accomplishing a goal that it is "the energy to perform." Doing well in their examinations or mastering a skill energized participants to perform even better:

… When I passed that exam, it really, it re¬ally pushed me to a whole new level.

A participant described how he practiced self- motivation when he was tired due to the long hours of work and study and when he felt like giving up at times:

It was difficult for me, especially to wake up for lessons for three to four weeks, going to work, but yeah, I was motivated. I can pick up myself but sometimes I can feel like, yohh, I give up now, I'm tired but there I try to push hard, ma'am, ja I can say that.

Positive self-talk was sometimes also employed by participants to get through a difficult period of their training:

Obviously, like it's how I coped with stress. I don't know if it's a good way or ... but I let it sink in and I accepted the situation. I said to myself, it's OK, it's fine, and I continued doing what I was doing. . . .

I told myself, no, this is not right, and I told myself once because I'm kind of lazy to go to the services . . . but one day I told myself that, no, you want nursing, this qualification goes with practical . . . so I just told myself, no, I have to make it 50/50, for theory and for practical.

... because I told myself I'm going to prove them wrong because they told me that it's not going to be easy but I managed to pull through.

The findings indicated that participants experienced self-motivation in pushing themselves forward, as having an inner strength. Self-motivation occurs when students have a sense of purpose and are focused on attaining their personal goals (Lovelace et al., 2007).

Practice-Linked

The link between theory and practice is often referred to as the bridge between what is learned in the nursing classroom and the actual practice of nursing in the clinical areas (Baxter, 2007). Participants shared their experiences in taking the lead by working independently; saving a life; providing comprehensive care; being of service; assisting patients in making progress; opportunities to learn, apply, and lead in the midwifery environment.

Working Independently

Working independently in the nursing profession is referred to as autonomy whereby the nursing practitioner or student nurse is allowed to make clinical decisions within his/her scope of practice (Jooste, 2010). Participants thoroughly enjoyed the experience of working independently and smiled broadly as they told their stories of exercising their autonomy. During the interview with one participant, it was observed that it proved to be an ego- boosting experience:

In the clinic where I'm working, I managed to be alone and run the clinic (smiling and pushing his chest forward).

Autonomous opportunities included leadership development in taking charge of tasks:

We were given opportunities to lead, to be in charge of things.

Self-leadership essentially is a process involving self-influence to obtain a goal (Jooste, 2010).

Participants' own authority in their leadership role was indicated:

So, now I had to be alone, you know, and run a ward, so there I feel, OK, here I have authority ... then it's how you use it.

Authority in self-leadership is where the leader has the right to make certain decisions without consultation. This depends on the situation; it does not, however, mean that there is an absence of restrictions (Jooste, 2010).

A participant felt self-confident in having the authority to take charge of the ward while undertaking the EPP course in his fourth year of training:

This year, when I was doing EPP, I was running the ward, that makes me feel very good.

Saving a Life

Saving a life usually refers to a swift reaction by a trained person in an emergency situation to prevent the death of a patient (Elmqvist, Fridlund, & Ekebergh, 2010). Saving a life was regarded as one of the most rewarding experiences for some participants in this study. One participant reflected on his experience of being able to respond to an emergency situation and making his own contribution during a successful resuscitation attempt:

Just the ability to save someone's life through resuscitating and I was present and I was actively busy helping them ... so for me, that's a highlight.

Pearcy and Draper (2008), in their study on clinical experiences of novice nurses, found that even one positive experience of self-worth can influence the student's perceptions and feelings about the profession.

Provision of Comprehensive Care Participants shared their experiences in taking the lead in provision of comprehensive care. Henderson (2006) agrees that student nurses need to understand the holistic nature and basic needs of human beings so that they can learn to assist patients and clients on all levels. Participants in this study started their community training in their second year of the program at the clinics. A participant indicated how he took the lead in caring for clients:

I got an experience on how to look after people, to give comprehensive nursing care.

A participant shared his experience in having the knowledge (power) about the delivery of comprehensive nursing care:

Medication on its own won't help a patient; there are a lot of aspects. You take one patient and then you look at the whole different aspects; there is the psychological aspect of it, there is the physical need of the patient. Besides the medication, whatever interventions that you have to do for the patient . . . also focusing on the spiritual side.

Being of Service

Henderson (2006) believes that being of service is the essence of nursing and defines this concept as a "helping relationship of nurse to client" (p. 121). Participants in this study seemed to grasp this concept and revealed during their interviews that they enjoyed doing whatever they could for their patients.

One participant described himself as being submissive and willing to go beyond what was expected of him if, in the end, he could make a difference in someone's life:

I'm a person who is so submissive. I'm a person who is so much willing, I can say, willing to do whatever.

Another participant expressed his understanding of the profession as a service to mankind:

That's where you get to realize in life you have to do something for the people, that's what I think.

A pervasive sentiment throughout the interviews was a passion for the profession. No matter how big or small the deed, the satisfaction gained and the appreciation expressed by the patient made it all worthwhile. A participant stated:

Those small things are for me . . . are a great experience.

Willingness shows a dedication to the profession and not a focus on monetary or other tangible rewards (Breier et al., 2009).

Assisting Patients in Making Progress The assessment of a patient's progress is based on the clinical judgment of the nurse, which includes observing and getting to know the patient as well as monitoring the vital signs of the patient (Tanner, 2006). Participants in this study gained this skill during their clinical placements and also learned from observing the experts in the wards and clinics. Observing how their patients improved or made a recovery constituted a peak experience for participants. They described a sense of peace and satisfaction when their patients made progress. Their sense of self-worth was also elevated because of their perceived contribution to the patient's improved health status. A participant felt that he had influenced the patient's progress and felt good about making a difference in someone's life by the nursing care he had given to the patient:

But as the days progress, you see that somebody who was unconscious becomes conscious because of your impact. You know, that is very lovely. That is one thing that I have realized and I have seen that to make a change to somebody is very wonderful. It's beautiful and at the end of the day, you feel so much peace, you feel so much that you have done something to somebody.

The findings in a study by Comrie (2012) indicate that one of the highest moral principles followed by participants was the feeling of benevolence toward patients, thus reflecting a "desire to do good for the patient." This desire indicates that participants were committed to the progress of patients toward recovery.

Opportunities to Learn, Apply, and Lead A variety of experiences and the opportunity to learn and apply new skills can lead to autonomy accompanied by the freedom to make choices and to be creative in the workplace (Lovelace et al., 2007). A participant told of his continuous professional development that started from his exposure to the clinical area in his first year:

You get exposed to a lot of things. I was ex¬posed to so many things already in my first year and now I am in my third year, I've learned so much.

Another participant expressed his delight in discovering the unknown, and showed an open¬ness to learning:

I've had a best experience because of nurs¬ing ... so it was really interesting to me be¬cause I experienced a lot of things that I never thought of.

Openness, according to Hendricks, Cope, and Harris (2010) is the ability to listen to other peo¬ple's ideas and views and consider the alternatives, thereby allowing creativity to take hold.

Clinical placements provided the opportunity to correlate theory to practice, and the experience proved to be inspiring and exciting to nursing stu¬dents:

I was just working now, for the past four months, I was working, doing practicals at a hospital, seeing a lot of new things that I haven't ever seen before, so it's very inter¬esting.

A participant acted as a leader in using his authority to delegate during a teaching moment while acting as a buddy to junior students:

When first years are coming and second years, then we delegate them, we show them, ja, this is how you should do this and this is how you should do this, teach¬ing them.

Participants demonstrated the ability to not only lead themselves during their training but also by "leading others to lead themselves", also high¬lighted by a study of Lovelace et al. (2007).

Midwifery Experience—"Miracle of Birth" Although participants could express the birth of a baby as a miracle, as leaders they could not allow their emotions to get in the way of decisions or to affect their behavior (Allan, Smith, & Lorentzon, 2008). Participants in this study were mostly posi¬tive about the midwifery experience:

Yes, I did enjoy midwifery.

For me it's always been the best experience and more especially in the midwifery sec¬tion, you know.

That is now my first witness of a baby, actu¬ally, that was a miracle, actually.

Leaders have emotional awareness and dis¬play emotional intelligence, since emotions are re¬garded as fruitful and the creative part of learning (Allan, Smith & Lorentzon, 2008). One participant stated:

I think a positive peak experience for me during my training was my third year when I started with midwifery nursing science. I actually learned a lot. It was something new.

The participant demonstrated that he was "present in the moment" and showed appreciation for newness, a characteristic of self-leadership as also outlined by Sydenmaanlakka (2004). Eswi and El Sayed (2011) concur that male student nurses felt good about their academic achievements in midwifery and

experienced positive feelings about the course, despite the challenges it presented. A participant acknowledged that it was sometimes difficult for males to do this course but that they could adapt to the situation:

It isn't easy for male students to do mid¬wifery, but you have to, really have to adapt.

A leader can adapt and can be a change agent. One of the attributes of an effective leader is the ability to adapt to change and thereby influence the self or followers to accept change and to view change in a positive light (Frankel, 2008).

Discussion

An inductively developed framework of themes and categories was derived from the qualitative data that represents an emic (internal) framework of the experiences of the participants on self- leadership during their training program. Peak experiences in this study referred to those times during the four-year program when participants recalled powerful positive memories in training. Participants were empowered by tak¬ing on more responsibilities and learning to de¬pend on themselves and not on the sister-in- charge of the unit or clinic. Maturity developed as a result of self-leadership in the male students' ca¬pacity to take on more responsibility for their own direction and motivation (Lovelace et al., 2007). At times, participants in this study found great value in challenging experiences that left a mental im¬print, causing an undesirable situation to become meaningful in a positive way.

Students experienced the development of emotional and cognitive maturity when they were in clinical settings and started to learn about the intricacies of nursing in real-life situations. It was also found that success created feelings of posi- tivity in student nurses and that these feelings led to increased confidence in the students regarding their abilities.

Academic-related achievements referred to the educational experiences of the participants in the attainment of knowledge, skills, attitudes, and values. This assisted them in becoming knowl-edgeable, safe, and effective nursing practitioners (Billings & Halstead, 2009). Passing a course or becoming competent in a nursing skill led to a sense of accomplishment. The feeling of accom-plishment could be regarded as being equivalent to the appreciation of an achievement. Kotze (2008) states that showing appreciation for an academic achievement is indicative of the nursing student's contribution toward attaining self- leadership. Participants expressed their successes in taking the lead in practice. Learner nurses be¬come empowered to lead when they feel positive about their potential for success (Vafeas et al., 2011).

In this study, an interpersonal connection re¬ferred to those relationships that developed be¬tween participants and significant others, either on a social or professional level. Participants were able to connect and relate to their peers, patients, multi-disciplinary team, supervisors, tutors, and men¬tors while in the clinical areas. Relationship skills are the most important leadership skills that are needed by nurses (Curtis, De Vries, & Sheerin, 2011). Through interpersonal connections, partic¬ipants furthermore experienced a sense of belong¬ing, viewed it as "a blessing," felt recognized, and could enhance advocacy for patients. The need to belong is universal, as pointed out by Levett- Jones et al. (2009) in their study on staff-student relationships. The findings indicated that partici¬pants felt a strong sense of belonging. This could mean that they found their social identity in the workplace and felt that they were part of the team (Klenke, 2007). Participants experienced that they felt privileged to be able to care for their patients. They therefore could understand the spiritual di¬mension of nursing, whereby the profession is re¬garded as a calling that is linked to servant lead¬ership (O'Brien, 2011). There is a paucity of liter¬ature with regard to the spiritual side of nursing; the most common reference made to the "blessing" of being a nurse can be found during the Nightin¬gale era when nursing was regarded as a vocation or a "calling" (Breier et al., 2009). Klenke (2007) be¬lieves that the development of the spiritual dimen¬sion of the self is of great importance to the devel¬opment of self-leadership.

The findings in this study indicated that participants experienced acknowledgments that boosted their self-esteem during their relation¬ships with staff, patients, and family of patients. Harding (2005) found that male nurses enjoyed be¬ing praised for the nursing care they gave to pa¬tients and were greatly pleased with positive feed¬back received from involved others. Participants in this study demonstrated their willingness to pro¬tect their patients' rights and to act as an advocate on behalf of the patient. Advocacy is an attribute that is required by nurses for effective leadership roles, and a desired competency for clinical prac¬tice (Kotze, 2008).

Participants could reflect on how they were personally associated in practice through learn¬ing by error and through their self-motivation.

The challenging encounters of students in nursing practice become educational experiences for them (Brown, 2009). Self-motivation was also practiced by participants in this study by being self-directed in their learning, pushing themselves forward and onward despite barriers and practicing self-talk. Self-motivation could lead to self-goal setting, which is regarded as a practical strategy of self- leadership (Lovelace et al., 2007).

Peak experiences of participants were linked to the practice of nursing either in the hospital ward or the community clinic, occupational health, geriatric institutions, school nursing, and day hospital placement areas. Participants

there¬fore gained self-leadership best experiences in a variety of procedures and clinical settings. Within the context of this study, autonomy referred to those times when participants were allowed to manage a ward or clinic for the day under the supervision of the sister-in-charge. Levett-Jones et al. (2009) concur that when student nurses are granted the opportunity to work independently with a sense of autonomy and are allowed to demonstrate their leadership abilities, they feel valued and their confidence levels increase as a result of the recognition they receive. These experiences were encountered during provision of comprehensive nursing care. During delivery of care, power gained from knowledge about nursing science and derived from the practice of nursing could also assist in influencing and improving the practice environment (Curtis et al., 2011). Caring for others who depended on them played an important role in participants' perception of being of service. Furthermore, they experienced a sense of deep satisfaction and accomplishment while being of service, and this was sufficient reward for them.

Clinical placements provide experiential learning opportunities for student nurses to learn, apply, and lead because they are exposed to the real world of nursing. The participants showed openness to new professional development oppor¬tunities and self-leadership. The midwifery course was regarded as a peak experience in practice. This was also previously confirmed by Carolan and Kruger (2011), who found in their study that the birth of a baby held a certain fascination for student nurses. Egyptian male students revealed that the most satisfying aspect of the midwifery course was gaining caring skills when patients were in labor or delivering babies (Eswi & El Sayed, 2011). Participants felt good about their achieve¬ments in training through self-leadership initia¬tives and emotional awareness despite some chal¬lenges that sometimes presented.

Conclusion

The peak experiences of the male learner nurses related to self-leadership. This was due to the char-acteristics they demonstrated in response to their learning experiences, during their training pro¬gram. Self-pride regarding their academic achieve¬ments was pervasive throughout the interviews. Participants expressed their feelings of belong- ingness to the profession and revealed their so¬cial and spiritual identities. They also displayed self-leadership traits such as advocacy, altruism, and self-motivation. They valued all their practi¬cal experiences, both good and bad, using them as learning curves in their professional development. Overall, the participants indicated their apprecia-tion for the training program in a predominantly female environment both at the college and in the clinical areas. The findings of the study indicate that self- leadership in male learner nurses does indeed ex¬ist and that peak experiences of self-leadership occur for them on

multiple levels, which led to increased motivation and satisfaction. It was also found that self-leadership is a "process of becom¬ing" that culminates in building character. It is ev¬ident that male learner nurses have professional, educational, and interpersonal aspirations for the future. This implies that there were no indica¬tions of attrition from the program. The findings also imply that male learners have the required attributes to lead themselves through their train¬ing despite the barriers and challenges of being a minority group. The general recommendation for nursing educators are to retain the males in the profession and to create an inclusive and nurtur¬ing environment for these learners. The impor¬tance of retention of males in the profession is one way of addressing the perceived shortage of nurses in South Africa and the rest of the world. A survey could be undertaken to investigate the challenges faced by South African males in the profession.

Nurse educators and trained staff need to be cognizant of the challenges and gender-based is¬sues that male learners face, and implement the necessary changes to accommodate these learn¬ers in the classroom and clinical areas. A learn¬ing environment free from gender bias could assist male learners to experience a sense of be¬longing, which could lead to positive learning ex¬periences. The learning environment in the class should be warm, friendly, and accommodating for the male students, to give them a sense of inclusion. Lecturers, mentors, and management also need to embrace cultural diversity and de¬velop gender sensitivity when dealing with stu¬dents. The nursing faculty and trained staff in the clinical placement areas could give male learners a sense of belonging in a predominantly female environment.

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