Perspectives of Kenyan Male Nursing Students with regard to the Role of nursing Education in Developing Professional Identity: A content analysis study of three selected Kenyan Universities

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Abstract: The purpose of the study was to explore the perspectives of Kenyan male nursing students undertaking Bachelor of Science in Nursing (BSc,N), regarding the role of nursing education in developing a professional identity.
Methods: A qualitative design was applied.Twenty seven (27) forth year degree Kenyan male nursing students who were drawn from three Kenyan Universities namely Masinde Muliro, Maseno (public) and Baraton (private) werechosen randomly. Approval to conduct the study was sought from Research council of each University. Semi-structured interviews were used to collect the data.
Results: Reality–expectation incompatibility" was cited by sixity nine percent (18/27) of study participants". Lack of trust and not bieng defended by those taking care of their professional development as verbalized in the following verbatims; - (10/20) "When we could not do nursing care correctly,clients or patients did not trust us; they even did not speak to us. and by (12/20) "We were insulted by medical students, but our instructors did not defend us. Really, it ruined our self-confidence and identity".
Conclusions: There seems to be a gap between what was presented to students during the theoretical teaching and what was expected of them during practicals (which leads to lack of trust and confussion), hence no professional identity could be developed when their expectations and reality were so different.
Implications of the study: It will be useful to nurse educators and administrators in development of professional identity among the male Kenyan nurses in order to devise strategies to attract male students to the nursing profession and promote their retention even after graduation.

Keywords: Proffesional identity , reality expection incompatibilty

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I. INTRODUCTION

As an undeniable fact, nursing is a health profession with the widest numerical disparity between male and female practitioners (Dyck, Oliffe, Phinney, & Garrett, 2009). Furthermore, the view that a nursing career is more suited to women is likely to act as a barrier to men who are interested in pursuing a career in nursing (Muldoon & Reilly, 2003). Until the nursing profession is perceived as an occupation that is open to both men and women, the nursing shortage will remain a major challenge (McLaughlin, Muldoon, & Moutray, 2010). In this regard, the nursing profession struggles to increase the number of male nursing students and practising nurses. Although it is an acceptable goal, studies on the factors that are associated with retaining male nursing students are still lacking (Smith, 2006).

In spite of developing methods and programs to recruit and retain male students (Brady & Sherrod, 2003), the attrition of men from the nursing profession continues to be a problem (Dyck et al., 2009; Stott, 2007). Therefore, improving our knowledge of the perspectives of nursing students regarding a professional identity will be the first step to devising strategies to decrease nursing students' attrition from nursing.

Professional Identity

"Professional identity" refers to the nurse's conception of what it means to be and act as a nurse (Heung, Wong, Kwong, To, & Wong, 2005). Cook et al. (2003, p. 311) .It is also conceptualised based on personal and interpersonal dimensions from a theoretical perspective that focuses on interaction, growth, and maturity (Ohlen & Segesten, 1998). In other words, it is a process by which each nurse establishes her or his

professional identity as a nurse. Therefore, the professional identity of nurses is integrated with their personal identity (Gregg & Magilvy, 2001). It should be considered that values and contextual factors are inherent in establishing a professional identity (Heung et al., 2005; MacIntosh, 2003). In addition, compassion, competence, confidence, conscience, commitment, courage, and assertiveness are personal attributes of nurses' professional identity, which are connected with the caring legacy of nursing.

In summary, the development of a professional identity can be understood as professional and personal growth in caring, which implies moral maturity (Ohlen & Segesten). It should not be forgotten that self-perceptions can significantly influence the development of a nursing identity (Lewis, 1998). In the present study, professional identity was defined as self-identification with a profession (Gregg & Magilvy; Heung et al.).

Importance of a professional identity

(a) It helps to sustain motivation and retention in the nursing program (Heung et al., 2005). The success of nursing education is crucial to forming a nursing professional identity that will encompass all aspects of nurses' roles (Lewis, 1998; MacIntosh, 2002; Pearcey & Draper, 2008). One of the major factors that keep nurses from becoming empowered is poor self and group esteem and identity (Roberts, 2000). Nurses with low self-esteem have difficulties in advocating for their patients. It also means that nurses with high self-esteem openly defend their patients' rights and well-being in front of healthcare team members (Fagerberg, 2004).

(b) It leads to a greater unity of purpose and empowerment. Although a positive identity is not sufficient for empowerment, it breaks the cycle of oppression and leads to changes in the structures that oppress nurses and their patients (Roberts, 2000). Students' personal and professional growth, or professional identity, plays an important role in the establishment of the student–patient relationship (Suikkala, Leino-Kilpi, & Katajisto, 2009). The attitudes of health professionals toward their own and other professional disciplines, as professional identity, are likely to influence their willingness to collaborate in interprofessional teams (Coster et al., 2008). Nurses who have developed a firm professional identity are more flexible when faced with role changes (Cook et al., 2003). According to the international literature, the importance of female identity in understanding the professional identity of nurses makes it of special interest to consider the situation that prevails for male nurses (Ohlen & Segesten, 1998). However, men and women display different levels of professional identity and they even can experience it differently (Adams, Hean, Sturgis, & Macleod Clark, 2006).

It is worth noting that there are some nursing students who do not have a clear view of nursing initially and a low professional self-esteem is observed among them (Day, Field, Campbell, & Reutter, 2005; de Meis, de Almeida Souza, & da Silva Filho, 2007). In addition, new graduates experience stress as they become healthcare professionals; professional socialisation does not seem to prepare nurses for complex and challenging work environments (MacIntosh, 2003). The strength of professional identity among nursing students is reported to be high on entry to university but it declines significantly over time (Coster et al., 2008). Therefore, it is of deep concern to nursing schools that they recruit and retain students who are capable and contented with their nursing identity (Heung et al., 2005). In this regard, the need to strengthen the professional identity of nurses has attracted attention over the past few years.

The vision of senior nursing students is broadened beyond the hospital into the community (Day et al., 2005), which can be considered as a stabilised perspective of the nursing profession. However, the contribution of men to nursing has been forgotten as nursing has evolved into a stereotyped female role. It is an undeniable fact that the experiences of male nursing students are perceived to be different from those of female nursing students (Anthony, 2004).

Background of Study in Kenya

According to the Kenya culture and context, patients or clients are given care by nurses from both sex. The doctrine has provided male and female students with the same opportunity to enter a nursing career and, at the same time, to meet the Kenya healthcare system's need for both male and female nurses.

In Kenya, there is a council call Nursing Council of Kenya (NCK) which is mandated in setting standards that are related to the education and practice of nurses. It uses the regulatory Human Resources Information System (rHRIS) to track nurses through the process of training, examination and registration to practice nursing.

There was no qualitative research in Kenya to give data on professional identity from male nursing students' perspectives. Therefore, the researchers were motivated to study this area of nursing education from a perspective that differed to those that have been recorded previously. The present study aimed to explore the perspectives of Kenyan male nursing students regarding the role of nursing education in developing a professional identity.

II. RESEARCH METHODOLOGY

Design
A qualitative study with a content analysis approach was used for the data collection and analysis.

Participants
Twenty seven (27) Bachelors of Science in nursing male students were chosen by use of proptional random sampling strategy. The participants belonged to three schools of nursing situated in an both urban and rule areas of Kenya, namely; Masinde Muliro University of Science and Technology 11/27 (41%) , Maseno University 9/27 (33%) and University of Eastern Africa Baraton 7/27 (26%) . These are mixed insitutions, two public and one faith-based institution (private). They were all male and fourth-year (senior) students who were registered at the time of the study. They had a mean age of 23.28 years (SD = 2.3 years). Choosing senior nursing students from these three insitutions helped the authors to capture a vast range of perspectives and experiences (based on their level of study).

Data-gathering and analysis
The interviews which lastedon average between 30 and 45 minutes per respondent, from the the three Schools of Nursing were recorded, transcribed verbatim, and then analysed thematicaly. The main questions in the interview were: "*What is your perspective with regards nursing students' professional identity?*" and "*Would you please share with me your perspectives regarding the role of nursing education in developing a professional identity?*" In addition, probing questions were asked in order to follow the participants' thoughts processand to bring clarification to their responses during the interviews.
Analysis of the resultant data was done based steps by Granheim & Lundman, 2004.

Ethical Considerations
The study was approved by the research council of Masinde Muliro University of science and technology, Egerton University and lastly, University of Eastern Africa Baraton where the study was conducted. The council supervised the study and corroborated toits ethical considerations. All the participants were informed about the study's method and purpose. They were informed that participation in the study was voluntary and that they could refuse to participate or withdraw from the study at any time with no consequenses whatsoever. Moreover, the participants were reassured that their responses would be confidential and that their identity would not be revealed in research reports. Lastly, those who agreed to participate in the study signed a written consent form.

Study Results
A. "Reality–expectation incompatibility" was cited by sixity nine percent (18/27) of study participants.
The participants described the existence of a gap between what was presented to them during the teaching of the theoretical and practical courses in the nursing school and what they were expected to do in healthcare settings in the future. An atmosphere of uncertainty was evident in their thoughts regarding their professional identity as a future nurse. Before entering a nursing career, they never had thought that their nursing education would be so different from the healthcare system's expectations of nurses in practice. In summary, they mentioned that no professional identity could be developed when their expectations and reality were so different.
The first part of the students' narrations was related to the incongruity between the course content and the development of male nurses' professional identity. For example, they were required by the educational system to pass the theoretical and practical course of "community health nursing" without the existence of a community health nurse position in society:
"We passed the community health nursing course, but no one could guess what would be the application of the course in our future career" as mentioned by fifty percent (9/18) of participants and similarly, seventy two percent (13/18) of participantes had a concern on "Which healthcare centre in the country has a community health care nurse?"
In addition, some parts of the course content, such as family planning and family health, were considered to be more suitable for female nursing students as noted by eighty three parcent (15/18)of participants
"we did not feel comfortable when health care workers were talking about family planning and other family health issues to some women in the healthcare centre. The subjects are more suitable for female students as noted by fifty percent (9/20) of the study participants ".
Another issue that was raised was the embedding of Western textbooks into the nursing curriculum, which was responsible for some part of the reality–expectation incompatibility. Ninty four percent (17/18)of study participants emphasised the need to develop nursing students' professional identity through textbooks that are consistent with the Persian culture and context:

What is taught us is compatible with the Western culture. "We read the textbooks, but the application call for adjustment with own country's healthcare settings otherwise many clients/patients may end up not beign attended to" as noted by sixty one percent (11/18) of the study perticipants.

In addition, thirty three (6/18) felt that "It is necessary to compile nursing textbooks which have a compatibility with our own culture and context".

According to the sixty seven (12/18) of study participants noted that becoming a specialist in providing care to patients was one of the main factors that influenced the development of professional identity. In this regard, the participants reported that nursing education had not made them ready to work in general surgery and medical wards. However, they claimed that they had developed their professional identity for working in specialised nursing wards, such as the cardiac care unit (CCU) and intensive care unit (ICU). Eighty nine percent (16/18) of participants felty that they were satisfied and had sufficient capability to use their theoretical knowledge in specialised nursing wards as illustrated below.

> "I have enough self-confidence to work in specialised nursing wards. I can use the theoretical knowledge taught to me in classrooms in these wards"

B. "Being supported by the educational system"

The participants mentioned that the development of a professional identity depends on the amount of support that is given to nursing students by the educational systemas cited by seventy four percent (20/27)) of study participants. This theme consisted of two categories: "feeling trusted" and "being defended".

(i) "Feeling trusted"

Nursing education was expected to provide a learning environment in which the student nurse will feel that they were trusted. "Giving more responsibilities" and "giving the responsibility of doing the whole work" to the students in clinical settings were the most common expressions that were mentioned with regardsto the development of a professional identity by seventy five percent (15/20) of the study participants as illustrated below.

> "You feel confident enough when you are given the responsibility of doing the whole daily nursing duties from the beginning to the end. It was so pleasing that the responsibility of doing the whole work was given to me and my colleagues . I felt that I was counted on and relied to offer health services ".

Fiverty percent (10/20) of study participants expected their nursing education to equip them with the knowledge to provide appropriate nursing care in order to attain their patients' trust. They were proud of themselves when the patients looked at them with trust as illustrated bellow.

> "When we could not do nursing care correctly,clients or patients did not trust us; they even did not speak to us. Now, I have learnt nearly everything and I can introduce myself as a nurse to clients or patients thus attract their trust to me".

(ii) "Being defended"

Seventy four percent (20/27)) of study participants noted that defending nursing students in clinical settings and in front of other healthcare team members influenced the development of their professional identity. According to their narrations, in some situations, a conflict occurred between the nursing students and the medical students, but no reaction was seen from the instructors in relation to defending the nursing students as illustred bellow:-

> "We were insulted by medical students, but our instructors did not defend us. Really, it ruined our self-confidence and identity" were cited by sixty percent (12/20) of study perticipants.

> "A medical resident put a patient's wounded leg on the nursing ward ground. I objected to him. He called his attendant and both of them scolded me. The instructor did not defend me at all, she even gave me a notice that I was not allowed to interfere with physicians' work" were cited by fourty percent (8/20) of study participants

> "Medical students were coming and going to the ward classroom, where we were holding a nursing conference, but our clininal instructors did not even ask them to be quiet or leave the place. We did not know why they did not defend us" were cited by eighty five percent (17/20) of study participants.

C. Nursing image rectification

Fifty six percent (15/27)) of study participants claimed that one of the main barriers to the development of their professional identity was that no clear and acceptable image of the nursing profession was presented to the public. According to their words, one of the duties of nursing education encompassed the rectification of nursing's image. The following narrations portray the students' expectations of the nursing education system.

Seventy three percent (11/15) of participants were dissatisfied with the professional title that is given to them by the nursing education system after graduation. Kenya Bachelor's degree nurses are named " *hawa ma nurses",* which is equivalent to the English name of " *thosenurses*" with a demeanor connotation. The participants were resentful that all healthcare team members, such as hospital attendants, and nurse assistants,

are called *"ma nurses"* by the public. In other words, the title was not suitable because it did not emphasise any kind of distinction between the health care team member as illustrated below.

"I have studied for 4 years to get a Bachelor degree. Another person without. . . any kind of academic education introduces herself/himself as " hawa ma nurses". This is awful that. . . nursing education does not defend my title " as cited by fifty three percent (8/15) of the perticipants.

"Everyone in the clinical setting is called " ma nurses" by both the clients and patients. All health care team members, except physicians, are called "dakitari " which is an equivalent to the English name of a Doctor with honararia conotation, as eighty one percent (14/15) of the perticipants.

From another perspective, eigthy percent (12/80) of participants expected new titles for Master's degree nurses who are working in clinincal settings:All nurses are considered the same despite your level of education.

Based on the students' narrations, sixty six percent (10/15) of participants were of concern that unfamiliarity of the medical discipline and medical students resulted in a slow development of students' professional identity. The image of the nursing profession should be improved in the eyes of medical students through introducing nurses' domain of practice as illustrated below.

"We were holding a nursing round with the instructor in the nursing ward. Medical students were listening to us. They told us it was so odd to them that we were speaking about diseases' diagnosis, pathology, and treatment."

The improvement of nursing knowledge and having scientific communication with physicians were stated by sixty percent (10/15) of participants as ways of amending nursing's image and thus developing students' professional identity. The improvement of self-confidence was the outcome of such a relationship as illustrated below.

"My knowledge should be improved to such a level that I can communicate with physicians scientifically about patients' care plan. It will improve my self-esteem a lot"

Some nursing care, such as changing patients' bed sheets, was considered to be sordid, reducing nursing's social class and ruining nursing's image in the eyes of the public. Eighty seven percent (13/15) of study participants believed that they deserved to practice specialised nursing procedures. They commented that such sordid procedures should be relegated to nurse assistants or hospital attendants as illustrated below.

"People look down on us when we change patients' bed sheets. We should not be forced to do the deeds.I should not be asked to do such things. These should be done by hospital attendants."

The final part of the participants' narrations was related to the public's perspective regarding the feminine nature of the nursing profession. It was remarked that a nursing education function is to make the public familiar with the position of men in the nursing profession and to rectify the public's opinion about nurses as physician-subordinates or as ampoule-injection technicians by seventy three percent (11/15) of participants . Sadness surged through the participants' faces when they described friends' or relatives' reactions to introducing themselves as nursing students as illurstated bellow.

"People look at us as physician-subordinates or ampoule-injection technicians. Our specialities and capabilities should be introduced to the public through the media." As cited by eighty one percent (14/15) of the participants.

"When one of my relatives heard that I was a nursing student, he wondered and asked, was it possible for male students to apply for the nursing profession?" as cited by twenty percent (3/15)) of the participants.

"Everyone hears that I am a nursing student. He/she asks me that "was not there any other profession to apply for?" as cited by thirty three percent (3/15)) of the participants.

III. DISCUSSION

Within the first theme, the gap between what was presented by the nursing education system and what was expected of the nursing students in healthcare settings in the future was significantly highlighted. A conflict between theory and practise is a common problem for nursing students, often leading to confusion (Lewis, 1998). Students enter professional nursing with a desire to acquire knowledge and to develop skills (Jordan et al., 2008). Therefore, role conflict is caused by role discrepancies between nurses' ideal conception of nursing and their actual observed experience (Taylor, Westcott, & Bartlett, 2001).

Ninety four percent (94%) of the participants commented that embedding Western textbooks into Kenya nursing curricula was responsible for some parts of the reality–expectation incompatibility. In spite of the general applicability of Western nursing textbooks to nursing theory and practise, it is an undeniable fact that the textbooks usually do not consider other countries' culture and context (Kenya Nursing Workshop Report: The Status of Nursing in Kenya 2012). In addition, the textbooks do not address the ever-increasing participation of men in the nursing profession. For example, pictures of female nurses are pervasive throughout the textbooks. It should be noted that gender role attitudes have been claimed to have a direct positive effect on burnout and also a direct negative effect on the intent to continue working as a health care team member (Ushiro

& Nakayama, 2010). Men are described as a visible minority. Nurse educators who are unaware of men's historical contributions to the profession unknowingly might perpetuate gender bias (Anthony, 2004).

All of the participants reported that nursing education had not made them ready to work in general surgery and medical wards. However, they claimed that they had developed their professional identity for working in the CCU and ICU. It should be noted that the male nursing students' interest in specialised nursing was one of the reasons for developing a professional identity in such wards. In a study by Rognstad, Aasland, and Granum (2004), the career preferences of the Norwegian nursing students were to practice in high-technology areas, such as anaesthetics, and not to work in gerontology wards. In addition, the majority of Swedish nurses worked in acute care and it was the most popular option for future work (Enberg et al., 2007). According to the second theme, the development of a professional identity depended on the amount of support that was given to the nursing students by the educational system. "Giving more responsibilities" and "giving the responsibility of doing the whole work" were the most common expressions that were mentioned by the students. Male nursing students perceive a need to develop their own way of expressing caring that supports their self-view as men (Anthony, 2004). Generally, students feel that they find their identity as a nurse when the responsibility to act as a nurse is given to them and they gain self-assurance (Fagerberg & Kihlgren, 2001). In particular, junior and senior nursing students exhibit a strong sense of responsibility for care (Day et al., 2005). It has been argued that, for the successful integration and development of a new professional role identity, nurses need to be offered support (Ewens, 2003).

Seventy percent (19/27) of study participants expected nursing education to equip them with the knowledge to carry out the nursing care in order to attain patients' trust. The meaning of being a nurse is to be involved with patients, give them good care, and have a comprehensive view of patients. This is rewarding for students and they feel that their efforts lead to something meaningful, both for themselves and the patients (Fagerberg & Kihlgren, 2001). Improving the knowledge of nursing students regarding the code of ethics has a positive impact on the students' moral behaviour towards patients (Numminen, Arend, & Leino-Kilpi, 2009). Gaining patients' trust is the obvious outcome of nurses' ethical behaviour toward patients.

Defending nursing students in clinical settings and in front of other healthcare team members influenced the development of the students' professional identity. Although educated and effective nurses have been a competitive threat to physicians and the organised power structure within health care throughout history (Anthony, 2004), a lack of self-esteem commonly has been found to be a personality characteristic among nurses (Roberts, 2000). It is suggested that nurses need to be supported in the healthcare team (Apker, Propp, & Ford, 2005).

The third theme showed nursing students' expectations of the educational system to rectify nursing's image. They were dissatisfied with the professional title that is given to them by the nursing education system after graduation. It seems that the issue is specific to a limited number of countries because using the English title "nurse" for Bachelor's degree graduates is not common in some countries' healthcare settings. As the study's participants reported, there was no specified title to call a Master's degree-graduated nurse in Kenya. According to a study that was conducted in Brazil in 2007, graduate nurses, technicians, and nursing assistants usually were viewed by the public as "nurses"; that is, their job positions were not differentiated (de Meis et al., 2007).

The unfamiliarity of the medical discipline and medical students resulted in a slow development of the students' professional identity. Interprofessional learning is a suitable way to make other healthcare team members familiar with the domain of nursing practice. In a study by Morison, Boohan, Moutray, and Jenkins (2004), the highest-ranking categories for nursing students were teamwork, understanding, and respecting other professional roles, with the latter being most important to medical students. In the study of Reeves and Pryce (1998), medical, dental, and nursing students suggested interprofessional learning as efficient, effective, and enjoyable for both students and experienced health professionals. The students also regarded the processes of shared learning as having a positive impact on future interprofessional teamwork (Reeves & Pryce, 1998).

Having scientific communication with physicians was stated as a strategy to rectify nursing's image and result in the development of the students' professional identity. A key element of nurses' communication in a healthcare team is to contribute to the decision-making about patient care. Physicians not only expect nurses to be providers of patient information, but they also emphasise that nurses should strive to become active problem-solvers who work with physicians to improve patient outcomes (Apker et al., 2005). Following physicians' orders without question and doing tasks routinely are not qualities that are associated with professionalism or nurses' autonomy (MacIntosh, 2003).

Tasks, such as changing patients' bed sheets, were considered to be sordid, reducing nursing's social class and ruining nursing's image in the eyes of the public. According to the study that was conducted in Brazil in 2007, the nurse's and the nursing assistant's roles were mixed up. The nurses said frequently that they felt very discouraged with this situation (de Meis et al., 2007). According to the study by Rognstad et al. (2004), some students did not want to be an ordinary nurse, meaning that they did not want to wash and feed patients. The meaning of becoming a nurse seemed to be related to the possibilities of further specialisation or education.

Rectifying the public's perspective regarding the feminine nature of the nursing profession and making the public familiar with the position of men in the nursing profession were mentioned as the duty of the nursing education system. The incomplete presentation of nursing history contributes to the perception that nursing is a female profession in which the role of men is limited (Anthony, 2004; Smith, 2006). Studies into the public image of nurses have demonstrated that nurses are variously perceived by the public in ways that invoke notions of doctors' assistants (Fealy & McNamara, 2007). In the study by Anthony (2004), seventy three percents (87/ 120) of participants   reported the fear of being perceived as unmanly for having chosen nursing. It is vital that students, irrespective of their sex, can feel comfortable and can succeed within the profession (McLaughlin et al., 2010). Therefore, much work is needed to be done in order to improve the position of male nurses in the public eye.

IV. CONCLUSION
In conclussion , there seems to be a gap between what was presented theoreticaly and practicalyleading to role confussion and development of unthrustworthiness. Also the issue of culture defined roles vis a vis the historical nuture of nursing discipline has played a big role in the issue of maligning the development of role identity in nursing.

V. RECOMMENDATIONS
Further studies in different cultures and contexts is suggested in order to substantiate and follow up the present study's findings, as well as to improve our knowledge regarding the different aspects of nursing students' professional identity.

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