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# Perceived sources and types of social support and academic success among male nursing, social work, and occupational therapy students

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Running head: PERCEIVED SOURCES AND TYPES OF SOCIAL SUPPORT

Perceived Sources and Types of Social Support and Academic Success Among Male

Nursing, Social Work, and Occupational Therapy Students

by

Tina Thornton

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### Abstract

Incorporating gender diversity into a collaborative practice environment among healthcare professionals and patients is necessary to provide quality care for the complex healthcare population that we serve. Nursing, social work, and occupational therapy have been known to be predominantly female occupations. There are many benefits of including males in these occupations to produce a more diverse workforce supporting positive patient care outcomes and delivery services. There are, however, education, and social barriers to male students within these health science programs. Evidence has shown that social support is an effective mechanism for managing the effects of stress, promoting positive self-esteem, and enhancing psychological stability and academic success. What is not clear from the current literature is how perceptions of social support are related to academic success among male students in female-dominated healthcare professions. The purpose of this study was to examine the relationship of perceived social support of family, peers, faculty, and role model/mentors, and academic success among male nursing, social work, and occupational therapy students. The results found that there was a significant positive correlation between family support and GPA among the three academic programs. Correlations between peer, faculty, and role model/mentor support were not significant. The importance of family, peer, faculty, and role model/mentor social support were also examined between groups. Differences were noted between the academic programs and importance of family support. In addition, although not statistically significant, the males in all three academic programs identified faculty support as very important. The importance of peer, overall role model/mentor, and same

gender role model/mentor support were not statistically significant. Among demographic differences, non-married male students found peer support as a significant source of support, non-first-generation students identified family as a source of support, and White students identified the importance of peer support. These results indicate that perceived social support can have positive outcomes for male students within these female-dominated healthcare professions.

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## **CHAPTER 1**

### **Introduction**

Access to healthcare, quality of care, and the availability of healthcare coverage continue to be a challenge in the United States despite the availability of public and private healthcare resources. Research suggests that healthcare disparities can potentially be reduced by healthcare providers who have similar cultural, ethnic, and gender backgrounds as the clients in which they serve (Gilliss, Powell, & Carter, 2010). Gender diversity, specifically men in healthcare, enhances the ability to provide care across the lifespan of our nation's current demographics (Rosenberg & O'Rourke, 2011). In addition, incorporating gender diversity into a collaborative practice environment among healthcare professionals and patients is necessary to provide quality care for the complex healthcare population that we serve (Chan, Chi, Ching, & Lam, 2009). Males in nursing, social work, and occupational therapy should be a part of the diverse work force to assist with the positive patient care outcomes and delivery services. Currently, the number of males within nursing, social work, and occupational therapy programs remains low. According to American Association of Colleges of Nursing (AACN, 2010), males represent 6.6% of the United States nursing workforce. In addition, the number of males in social work is less than 10% and only 6% in occupational therapy (Bureau of Labor Statistics, 2016).

### **Problem Statement**

With the ever-changing complex healthcare system, male students within nursing, occupational therapy, and social work can contribute valuable knowledge and life experiences to the profession. Contributions could include knowledge of men's health

and technology as well as building a diverse workforce that mirrors the current healthcare population (Beagan & Chacala, 2012; Parker & Crabtree, 2014; The Robert Wood Johnson Foundation [RWJF], 2010; Trentham, Cockburn, Cameron, & Iwama, 2007). However, barriers related to masculine stereotypes, lack of educational experiences in the clinical and didactic settings, and high attrition rates decrease the likelihood for males entering these professions (Bartlfay & Bartlfay, 2007; Beagan & Chacala, 2012; Meadus & Twomey, 2011; Schaub, 2015; Watson, 2013). These health professions need to overcome the barriers within their programs in order to offer an environment of gender inclusion for male students' success. Nursing, occupational therapy, and social work programs view themselves as caring professions where social justice and respect for all people is essential. These programs embrace the inherent dignity, work, and unique attributes of every person (Beagan, 2007). To value the diversity of the population within the current healthcare environment, it is important to understand social support (or lack thereof) of male students within these programs.

### **Background**

For many male students, factors for choosing a career in nursing, social work, and occupational therapy are job security, career opportunities, salary, and the desire to help others (Meadus & Twomey; Parker & Crabtree, 2014). However, these predominately female occupations bring educational and social barriers to male students within these health science academic programs (Bartlfay & Bartlfay, 2007). These barriers include a lack of clinical and fieldwork opportunities, the lack of male mentors and role models in education, gender perceptions that males are not caring, and the negative perceptions of masculinity of males (Meadus & Twomey, 2011; Schaub, 2015; Watson, 2013). In

addition, there is a higher attrition rate among male students within nursing, social work, and occupational therapy (Mulholland, Anionwu, Atkins, Tappern, & Franks, 2008; Schaub, 2015; Watson, 2013). Evidence has shown that social support is an effective mechanism for managing the effects of stress, promoting positive self-esteem, and enhancing psychological stability (Lou et al., 2010).

**Male nursing students.** Nursing has been deeply rooted as a female-dominated profession. Through the influences of Florence Nightingale, nursing has been thought of primarily as being female oriented (Ozdemir, Akansel, & Tunk, 2008). However, males were involved in nursing during the Crimean War, long before the work of Florence Nightingale. Nursing during war time in the Middle Ages was primarily comprised of males where the emphasis of caregiving was on love, humility, and caring which transformed nursing into a legitimate profession. The assumption was for men to care for their own fellow man (Anthony, 2004).

Men can provide unique viewpoints and skills in areas such as men's health and they have the opportunity among all nurses to strengthen and diversify healthcare for all people (RWJF, 2011). These aspects of care that men can contribute are important to the profession and our complex society at large. More males in nursing can also help alleviate the tremendous nursing shortage in our country today (RWJF, 2011).

**Male social work students.** The United Kingdom and the United States have been studying the gendered aspects of social work as a non-traditional occupation for males for many years. In the US, the number of males from undergraduate (BSW) and graduate social work (MSW) programs decreased from 43% in 1960 to 15% in 2000 (Schilling, Morrish, & Liu, 2008). Similar to nursing research, social work research

found that men in social work are portrayed as not having the inherent feminine characteristics associated with the caring aspects of the profession, and if they do, they are perceived as being gay which has profound stigma and discriminatory biases (Foreman & Quinlan, 2008).

Social work is an essential aspect to our United States healthcare system by playing a leadership role in the psychosocial aspects of healthcare (National Association of Social Workers [NASW], 2017). One of the hallmarks of the social work profession is the continued commitment to the healthcare inequalities in the United States. This is accomplished by addressing the bio-psychosocial and spiritual needs of individuals and families, as well as the systems issues that contribute to the poor health outcomes (NASW, 2017). Social work would benefit from actively supporting gender inclusion of males in the profession. Having more men in the front line of care could provide a positive role model for children in families where the perception of the man in the family has damaged their wellbeing (Parker & Crabtree, 2014). Promoting and encouraging open dialog about gender inclusion related to caregiving and caring masculinities is necessary for promoting gender equality in the social work programs, the profession, and society at large (Gartner, Schwerma & Beier, 2007; Giesler, 2006; Hanlon, 2009; Pease, 2011).

**Male occupational therapy students.** The foundation of occupational therapy (OT) practice, education, research, and advocacy is to promote individual, community, and population health for all consumers (American Occupational Therapy Association [AOTA], 2011b). OT practices are demonstrated by the evaluation and therapeutic use of daily living activities (occupations) with individuals and groups to enhance and enable

participation in roles and routines in home, workplace, school, community, and other settings (AOTA 2014b). The World Federation of Occupational Therapists (2010) recently highlighted the need for the increased awareness of culture and diversity among occupational therapists. However, little has been done to promote culture and diversity within the occupational therapy workforce among racial, ethnic, gender, sexuality or social class groups (Beagan & Chacala, 2012). According to Trentham et al. (2007), OT students and practitioners are aware of the concerns of diversity within the groups they serve. Many clients are demanding services that are relevant and significant to their individual perspectives. The diversification of the OT profession begins with the student population. OT program recruiting efforts that emphasize the benefits and opportunities available to males in OT are important. Also, including male occupational therapist in recruitment solicitation that provide the lived experience in the profession for males (Trentham et al., 2007, Wyrick & Stern, 1987). In addition, offering educational curriculum that provides a mechanism to support and sustain diversity through graduation into the profession is key (Trentham et al., 2007). According to a study conducted by Watson (2013), the male OT student graduation outcomes were lower than female OT students. Promoting an atmosphere that is unwelcoming to male OT students will promote a decrease in work satisfaction and an increase in attrition (Beagan and Fredericks, 2018). The willingness of colleagues and management to support inclusion, teamwork, and provide opportunities for questions and concerns about discrimination, and who were open toward work sharing, provides an atmosphere of inclusion and respect (Beagan & Chacala, 2012). As with nursing and social work, males in occupational therapy can provide a different worldview perspective, lived experience,

and values that may broaden the diversity among the clients and communities in which they serve (Trentham et al. 2007).

### **Justification and Significance**

The Institute of Medicine (2010) report suggests the best way to reduce barriers to healthcare is to transform the health educational system into one that will foster recruitment and advancement of more diverse healthcare workforce. In addition, incorporating gender diversity into a collaborative practice environment among healthcare professionals and patients is necessary to provide quality care for the complex healthcare population that we serve (Chan et al., 2009). Males in nursing, social work, and occupational therapy should be a part of the diverse workforce to assist with the positive patient care outcomes and delivery services. However, these predominately female occupations offer educational and social barriers to male students within these health science programs (Bartlfay & Bartlfay, 2007). Findings from the United States, and internationally from the Organization for Economic Co-Operation and Development (OECD), have determined that there is a gender gap among colleges and universities with respect to male students learning in female-dominated educational settings (Adebayo, 2008; OECD 2008). The enrollment rate for men in nursing is approximately 15% and 85% for females. This is also noted in social work where 15% of males enter social work programs as opposed to 83% of women. The attrition rate of men in nursing (40–50%) far exceeds that of female nursing students (20% AACN, 2018; Stott, 2007). The attrition rates for men in social work in the classroom and at clinical placements on average is about five percent higher compared to women (Furness, 2012; Hussein, Moriarty, & Manthorpe, 2009). Watson (2013) found that the population of students entering

occupational therapy was comprised of 89% women compared to 11% males. In addition, Watson (2013) also found that being a male OT student was correlated with poor graduation outcomes. The challenges of stress, lack of acceptance, low self-esteem, psychological instability, and lower academic success can be alleviated by enhancing social support.

Evidence has shown that social support among college students is an effective mechanism for managing the effects of stress, promoting positive self-esteem, and enhancing psychological stability and academic success (Dawson & Pooley, 2013; Lou et al., 2010; MacGeorge, Samter & Gillikan, 2005; Mattahah, Brooks, Brand, Oumby, & Ayers, 2012; Strom and Savage 2014).

The review of literature has identified several strengths of social support from family, peers, and faculty for male and female students. Also, social support was associated with students' adjustment to college and academic success. However, there is little research examining the gender differences of social support as well as academic success relative to male students, specifically male nursing, social work, and occupational therapy students and their academic success.

### **Social Support**

Social support of family, peers, and faculty has been associated with positive psychological results such as optimism (Dawson & Pooley, 2013), resilience (Dawson & Pooley, 2013; Wilks, 2008), and subjective well-being (Brannan, Biswas-Diener, Mohr, Mortazavi, & Stein, 2013; Gallagher & Vella-Bordrich, 2008). In addition, social support has also been identified to have protective factors both directly and indirectly related to depression (Li, Albert, & Dwelle, 2014), dysfunctional coping (Chao, 2011), and suicide

(Leal, & Santos, 2015) as well as anxiety and stress (Renk & Smith, 2007; Lou et al., 2010; Reeves, Schumaker, Yearwood, Crowell, & Riley, 2013). The effectiveness of social support has a direct relationship to the amount of support, the availability of support, and the social embeddedness and connectedness that a student has to their support system. However, these studies did not examine gender differences. In addition, limited data were found regarding gender and the relationship to family, peers, and faculty support among nursing students and academic success. Also, there is no data for the relationship of family, peer, and faculty support among male social work and occupational therapy students and how this relationship affects academic success.

The defining attributes of the theory of social support include emotional, instrumental, informational, and appraisal support (House, 1981). Emotional support involves providing empathy, encouragement, understanding, caring, love and trust. Instrumental support is clearly different from emotional support in that this support directly involves behaviors that directly help the person in need to decrease a stressor such as with monetary support or task assistance. Instrumental support can help decrease the stressor and improve coping. Informational support involves providing information, advice, or direction to the individual that can facilitate coping and assist in problem-solving (House, 1981). Appraisal support refers to the affirmation of information that is relevant for self-evaluation and the perception of support provided (House, 1981).

### **Perceived Social Support**

Perceived social support is most important during stressful situations than the actual support received (Cohen, Gottlieb & Underwood, 2001; Lakey & Cassady, 1990; Streeter & Franklin, 1992). Perceptions of social support have been shown to have

health-promoting behaviors such as improved sleep patterns and promoting a positive self-concept (Hubbard, Muhlenkamp, & Brown, 1984; Martinelli, 1999). However, both qualitative and quantitative studies have found that male nursing, social work, and occupational therapy students have negative perceptions of social support among their peers and faculty with whom they associate (Abushaikha et al., 2014; Furness, 2012; Meadus & Twomey, 2011; Parker & Crabtree, 2014; Schaub, 2015). Negative social support was perceived as the conflict among their social network and decrease in self-esteem related to classroom participation as well as lack of support and avoidance of the male student's learning style and uncomfortable clinical site experiences (Abushaikha et al., 2014; Furness, 2012; Meadus & Twomey, 2011; Parker & Crabtree, 2014; Schaub, 2015).

### **Gender Differences of Social Support**

Studies have confirmed that males and females differ in their social relationships with others. Women have wider social network and reach out to their network more often than men and males respond to stress differently than women (Belle, 1987; de la Iglesia, et al., 2014; Shaban, Khater, & Akhu-Zaheya, 2012). Some studies found that males report less life stress and enjoyed the challenges associated with academic stress more than women. In addition, male students acknowledge that they are not as committed to their studies as their female counterparts (Chen, Fu, Li, Lou & Yu, 2012; Lou et al., 2010; Narayanan, Menor, & Spector, 1999; Parker & Crabtree, 2014; Renk & Smith, 2007; Tam & Lim, 2009). These results, however, do not examine the males' perceptions of their network support and how this may affect their academic success.

In summary, based on the results of these studies, social support and the perceptions of social support vary among male and female students as well as the types of support used, and sources of support that are available (Belle, 1987; de la Iglesia et al., 2014; Chen, et al., 2012; Tam & Lim, 2009; Parker & Crabtree, 2014; Lou et al., 2010). Also, evidence has shown that parent, friends, peers, and faculty can provide protective mechanisms and support to male and female students during their college adjustments (Aquilino, 1999; Dawson & Pooley, 2013; Loke & Chow, 2005; MacGeorge, Samter, Gillihan, 2005; Meadus & Twomey, 2011; Metheny & McWhirter, 2013; Parker & Crabtree, 2014; Pascarella & Terenzini, 2005; Ratelle, Larose, Guay, & Senécal, 2005; Stott, 2007). Protective mechanisms and support can include emotional and financial support from parents and close friends as well as problem-solving, advice, and positive reinforcement of student efforts from peers and faculty toward their goal of graduation. Peer social support can also provide an avenue for social engagement and networking and decreased loneliness. In addition, student-faculty interaction is linked to positive outcomes of social and academic self-confidence (Leal & Santos, 2016; Meadus & Twomey, 2011; Parker & Crabtree, 2014; Pascarella & Terenzini, 1991; Sax, Bryant, & Harper, 2005; Smart, Feldman & Ethington, 2000; Stott, 2007). However, what was not clear in the previous studies was how perceptions of social support from family, peers, and faculty relate to academic success of male nursing, social work and OT students. Therefore, the gaps noted from previous available qualitative and quantitative studies include the lack of information related to the perceptions of family, peers, faculty, and role model/mentor support from male nursing, social work, occupational therapy students. Secondly, the perceptions of perceived social support and the relationship and

prediction to academic success among male nursing, social work, and occupational therapy students also needed further study.

### **Purpose of study**

The purpose of this study was to examine the relationship of perceived social support of family, peers, faculty, and role model/mentors, and academic success among male nursing, social work, and occupational therapy students.

### **Research Questions**

This study tested the following research questions:

1. Are there any significant demographic differences among male nursing, social work, and occupational therapy students?
2. Is perceived family, peer, role model/mentor, and faculty social support related to academic achievement/success?
3. Are there any differences in the levels of support between male nursing, social work, and occupational therapy students?
4. Are there differences in the importance of social support between family, peers, and faculty among male nursing, social work, and occupational therapy students?

### **Theoretical Framework**

The guiding framework for this study was Tinto's (1998) theory of student departure and Allport's (1954) contact theory. Due to the variety of educational and social barriers, recruitment and retention of men in nursing, social work, and occupational therapy has been a challenge for college administrators (AACN, 2010; Furness, 2012; Giesler, 2006; Trentham, et al, 2007; Watson, 2013). Researchers have tried to identify proposed models to explain college student attrition. Tinto's theory of

student departure suggests that a student must feel academically and socially integrated to persist in college. Social and academic integration are facilitated by family encouragement and support, faculty involvement with students, participation in campus activities, and a network of supportive peers (Tinto, 1998). Tinto's theory was developed from the work of Arnold Van Gennep, a Dutch anthropologist. Van Gennep was concerned with the movement of individuals and societies through time and the mechanisms used to promote social stability in times of change. More specifically, the concern of the movement of individuals from membership in one group to membership in another, especially from youth-to-adult status in society. Drawing from the work of Van Gennep, Tinto's theory describes the social and academic integration among undergraduate students in three stages. These stages include: separation, transition, and incorporation (Tinto, 1988).

The first stage of the college career is separation. During this stage, students physically and socially separate themselves from their past communities and integrate themselves in to the college communities. Students during this stage adopt the norms of the college communities (Tinto, 1993).

The transition stage is the second stage and is characterized by a period of passage between the associations of the past and eager associations with communities of the present. Students during this stage have begun the process of separation from their past but have not yet adopted the norms and patterns of behavior of the new college community (Tinto, 1988). He also states that this period is a very stressful and can pose serious problems for the individual attempting to persist in college. Without assistance, many students withdraw from college. Students withdraw, not necessarily from the

inability to become integrated into the social and academic community, but from the inability to withstand and cope with the stress that the transition commonly occurs (Tinto, 1988).

The final stage of Tinto's theory of student departure is the incorporation stage. During this stage, the student is faced with the task of becoming socially and academically integrated into the college community by establishing contact with faculty and peers. Students who perceived their norms, value, and ideas to be similar with the college are more apt to become academically and socially integrated (Tinto, 1993). Becoming academically integrated involves both formal and informal mechanisms for integration which may include orientation programs where students are connected with faculty, peers, and staff (Tinto, 1988). Other programs may include fraternities, sororities, student dormitory associations, student unions, and extracurricular programs and intramural athletics, which all foster a means of incorporating into the college community.

As Tinto's theory suggests the importance of social support from the college community, Allport's contact theory hypothesizes that prejudice or stereotyping within groups can interfere with a successful group connection and functioning. He believed that if group issues were controlled, this would reduce prejudice and conflict and improve group relations (Pettigrew, 1998).

Allport's (1954) contact theory focuses on the student's view about their peers, college experiences, goals, and their perceptions about the institutional atmosphere for diversity and diverse interactions. According to the contact theory, positive outcomes from intergroup relations must include four conditions for optimal intergroup acceptance

and cooperation: (a) equal status within situations, (b) ability to work cooperatively, (c) commitment to common goals, (d) institutional support for interaction (Allport, 1954).

The first stage of Allport's theory suggests the necessity for both groups to expect and perceive equal status in a situation. Equal status can be defined as members joining a group with their own knowledge, skill, and opinions which are regarded as equally important to all others. All the members of the group expect that their contributions to the group are equal to all others (Gierman-Riblon & Salloway, 2013).

The second stage states that reducing prejudice must include active goal-oriented efforts. Using sports teams as an analogy, all members of a team are necessary to attain a common goal and attaining that common goal improves the group functioning (Gierman-Riblon & Salloway, 2013). As with nursing, social work, and occupational therapy programs, there needs to be an open discussion about the potential prejudice and the active involvement by all involved, such as family, peers, and faculty, in defining the common goal of safe individualized care.

The third stage, the intergroup cooperation, states that intergroup attainment must be an interdependent effort without competition. Each of the members in the group must feel safe to speak within the group and be prepared to take the lead when necessary. To achieve cooperation and minimize competition, group members have practice gaining and displaying confidence in group interactions (Gierman-Riblon & Salloway, 2013).

The fourth stage is where the groups are officially accepted by the administration and institution. When this occurs, there is greater acceptance of their purpose and function within the program (Gierman-Riblon & Salloway, 2013). Male students within female-dominated professions such as nursing, occupational therapy, and social work

need to have social support and have perceptions that their colleagues and institution supports their contribution to their field.

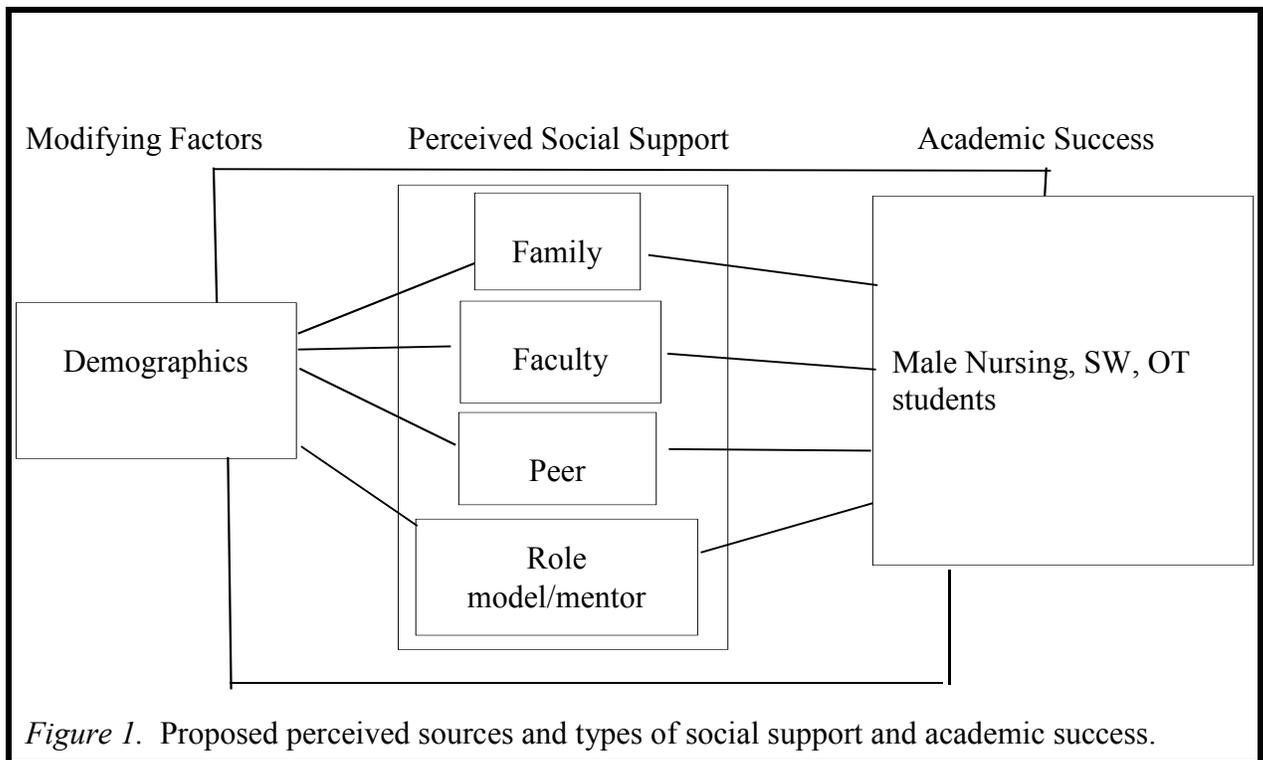
The theory suggests the degree of connectedness, helpfulness, and protection fosters the development of positive social climate. The climate offers a social network of support where social comparison and social exchange can occur equally and be free from bias (House, 1981).

The contact theory was revised when Pettigrew's (1998) study brought attention to the importance of friendship groups and their influence on students' views toward others. Pettigrew believed that diverse friendships (racial or otherwise) had the ability to change attitudes about prejudicial views, resulting in a more substantial and meaningful friendship. He goes on to say that when a society embraces intergroup harmony, equal status thrives. When harmony is established, cooperation, support, and commitment of goals can be established without malice.

Both theories suggest that, among all other factors, if college students establish supportive connections in college that include peers, family, and faculty members, they are more likely to continue within their program and succeed academically. This can be true for male nursing, occupational therapy, and social work students. Darwin (1952) wrote extensively on the benefits of being a part of a cohesive group. Cohesiveness provides protections from adverse consequences. He also stated that a community that was supportive would flourish best and provide the most happiness. Durkheim (1952) also added that the more a group has in common, the more each individual conscience is heard by all others and is reciprocated, the more socially integrated the group becomes.

When harmony is established then cooperation, support, and commitment of goals can be created without resentment (Durkheim, 1952).

Figure 1 shows the proposed relationship of perceived social support and academic success. A male nursing, social work, and occupational therapy student who perceives that he has positive family, faculty, peer, and/or role model/mentor has a greater likelihood of academic success. In addition, relationships among modifying factors such as age, race and financial assistance as well as marital status, level of education, and first-generation college student were also examined among the male students (Mulholland et al., 2008; Schneider & Ward, 2003; Watson, 2013).



### Definitions

For the purpose of this study, the following definitions are applicable:

**Academic success.** Academic achievement and success are affected by social support. As mentioned earlier, the college experience has been identified as a source of stress (Talwar, Kumaraswamy, & Mohd-Fadzil, 2013). Social support and its relationship to academic success is based on the buffering model and main effect model. The actual use of social support and the perception of support functions as a protective factor or buffer that prevents low academic performance and school withdrawal (Cohen & Willis, 1985; Mackinnon, 2012). Students who are socially integrated into college life and have a higher perceived social support from teachers and parents, also have higher academic achievement with higher GPAs (Bordes-Edgar, Arredondo, Kurpius, & Rund, 2011). Conceptually, within these programs, academic success can be defined as the successful completion of program courses that leads to graduation through positive classroom and clinical course experiences given each student the skills, knowledge, self-confidence, and perspective to meaningfully contribute to the profession. This will be operationalized by the students' range GPA (4.00–3.5, 3.49–3.00, 2.99–2.00, < 2.00 Dennis, Phinney, & Chuateco, 2005).

**Appraisal support.** Appraisal support refers to the affirmation of information that is relevant for self-evaluation and the perception of support provided (House, 1981). Conceptually, appraisal support, such as giving feedback about progress in the program and positive reinforcement for efforts toward graduation, may result in enhancing self-esteem resulting in improved coping skills (Kahn & Antonucci, 1980). The operational definition translates to a self-reported questionnaire asking the male students whether they believe that consistent course evaluations and feedback within the classroom and

clinical/fieldwork sites will result in academic success as measured by items from the SSSS (Nolten, 1994).

**Emotional support.** Emotional support involves providing empathy, encouragement, understanding, caring, love, and trust (House, 1981). The proposition is that with this type of support, the male students believe that they are cared for and respected and that they belong to a social network that possesses positive communication skills and a shared commitment to one another. The more emotional support is perceived, the more likely academic success will be achieved (Cobb, 1976). This was operationalized using a self-reported questionnaire asking the male students whether they perceived that their family, peers, faculty, and role model/mentor listened to them, told them they were loved, expressed pride, and provided encouragement to do well as measured by the SSSS (Nolton, 1994).

**Faculty Support.** Faculty support can be defined as the developer and collaborator in the student-faculty interaction that provides a supportive relationship for students' learning (Griffith & Bakanauskas, 1983). Conceptually, faculty can provide appraisal, emotional, and information support as well. This support can include providing support for educational and personal outcomes such as academic skill development, academic and social integration, social self-confidence, and retention as well as providing academic help with course content and skills, all of which assisted students with academic success (Pascarella & Terenzini, 1991; Smart et.al., 2000; Shelton, 2003). Faculty support was operationalized using a self-reported questionnaire for each item of the 22-item peer support subscale, asking the male students how often they received

faculty support and how important faculty support was to them as measured by the revised items from the original SSSS (Nolton, 1994).

**Family support.** Family support can be defined as parental or close friends who provide the emotional, informational, and instrumental support necessary for academic persistence and adjustment (Ratelle et al., 2005). The conceptual definition for this variable is that a male student's perception of family support provides not only material needs, but also buffers the student from the negative impact of life events (Aquilino, 1999; Metheny & McWhirter, 2013). Family support was operationalized by using a self-reported questionnaire, for each item of the 20-item subscale of family support, asking the male students how often they received family support and how important family support was to them, as measured by revised items from the original SSSS (Nolton, 1994).

**Informational support.** Informational support involves providing information, advice, or directives to an individual in order to facilitate coping and assisting with problem solving (House, 1981). Conceptually, informational support from the perspective of the male student, means the availability of advice or reassurance, the availability of direction and information about the programs, and the availability of providing problem-solving techniques for overcoming the rigor and discriminating nature of the nursing, social work, and occupational therapy programs. The more informational support is perceived, the more likely academic success will be achieved (Fleury et al., 2009). This was operationalized using a self-reported questionnaire asking the male students whether they believed the informational support they received from family, peers, faculty, and role model/mentors offered suggestions and guidance about coping with program rigor,

provided direction in their careers, and offered alternative ways to learn new skills as measured by items from the SSSS (Nolten, 1994).

**Instrumental support.** Instrumental support is clearly different from emotional support in that instrumental support involves behaviors that directly help the person in need to decrease the particular stressor they are facing, such as monetary support or task assistance, which in turn helps to improve coping skills (House, 1981). Conceptually, helping male students with instrumental support increases their ability to identify the need for, and embrace other forms of support to respond to stressful situations. The more instrumental support is perceived, the more likely academic success will be achieved (House, 1981). This was operationalized using a self-reported questionnaire asking the male students if monetary support, problem-solving advice, and assistance with organizing assignments provided clear learning expectation as measured by the SSSS (Nolten, 1994).

**Perceived social support.** Perceived social support is one element of an individual's appraisal of, and subsequent coping with, stress (Heller & Swindler, 1986). Conceptually, perceived social support speaks to the degree that the male student is cared for and valued, has others available to them during varying times and stages in life, and is satisfied with the relationship (Gallagher & Vella-Brodrick, 2008). Thus, perceived social support was operationalized by using the Student Social Support Scale (SSSS), which is a self-reported questionnaire asking male nursing, social work, and occupational therapy students about their perceptions of social support from family, peers, faculty, and role model/mentors (Nolten, 1994).

**Peer support.** Peer support has been defined as support from individuals who have similar experiences who can better relate and consequently offer more authentic empathy and validation (Mead & McNeil, 2006). Conceptually, the male student's perception is that peer interactions provide instrumental and informational support that improve male students' academic performance and leadership skills (Pascarella & Terenzini, 2005). Peer support can also provide emotional support by establishing new social ties with fellow students who are experiencing a similar new student environment, increased coping with academic challenges, and autonomy and independence (Mattanah et al., 2010). Peer support was operationalized using a self-reported questionnaire for each item of the 23-item peer support subscale, asking the male students how often they received peer support and how important peer support was to them as measured by the revised items from the original SSSS (Nolton, 1994).

**Role model/mentor support.** Role model support refers to individuals who mimic behaviors and examples of the kind of success one can achieve. They can also provide a framework of behaviors leading toward that success (Lockwood, 2006). Conceptually, role model/mentors are experienced individuals who can provide others with professional support, guidance, information, and advice. These individuals can provide career support through sponsorship and emotional support through friendships and role modeling (Kram, 1985). The role model/mentor for this study was anyone whom the student saw as someone who provided positive behaviors toward goal attainment as well as career support and guidance. Role model/mentor support was operationalized using a self-reported questionnaire for each item of the 7-item support subscale, asking male students how often they received overall role model/mentor support and the

importance of role/model mentor support. In addition, two items on the role model/mentor scale were specific to same gender role model/mentor support. These items also asked male students how often they received same gender role model/mentor support and how important same gender role model/mentor support was to them.

**Social Support.** Social support is defined as “the aid and assistance exchanged through social relationships and interpersonal transactions” (Fleury, Keller, & Perez, 2009, p. 12). This transaction is ‘given willingly to a person that produces a positive response from the recipient’ (Hupecy, 1998b, p. 313). The conceptual definition for this variable can be the protective factor of emotional, instrumental, informational, and appraisal support in male students’ lives that contribute to male students’ positive adjustment to college (Fleury et al., 2009; Gallagher & Vella-Brodrick, 2008; Heiman, 2006).

## CHAPTER 2

### Review of Literature

The transition to university life can be a very difficult change for some students. College stressors can be related to academic work and other factors such as social, personal-emotional, and institutional (Chao, 2012). Male students entering female-dominated occupations such as nursing, social work, and occupational therapy face additional challenges. These challenges include negative stereotypes by faculty, classmates, and patients as some perceive males to be less caring; lack of acceptance at clinical sites and by patients; limited male faculty role models; and study workloads (Meadus & Towmey, 2011). These challenges can exacerbate several stressful circumstances for male students, including increased academic demands, social isolation, and impaired self-esteem (Meadus & Towmey, 2011; Tam & Lim, 2009). These stressful situations can have negative effects on students' health, emotions, academic performance, and personal growth (Tam & Lim, 2009).

### History and Current State of Males of Nursing

The nursing profession has consistently stated the need for diversification within their program, this includes increasing the number of male nurses (RWJF, 2010). For many male nursing students, factors for choosing a career in nursing are job security, career opportunities, salary, and the desire to help others (Meadus & Twomey, 2011). However, there are several educational challenges that male nursing student face. One challenge includes the perception that male nurses are less compassionate and caring compared to their female counterparts and are therefore often ignored and not accepted

by patients in the clinical setting (Meadus & Towmey, 2011; Bartfay, Bartfay, Clow, & Wu, 2010; Stott, 2006).

Historically, male nurses have made significant contributions to professions in areas such as mental health, critical care, emergency care, and military nursing (Meadus, 2000). During the Civil War, John Simon, a military nurse, developed the first experimental field hospital in Germany, where he aided in decreasing the mortality rate among the injured. In addition, Darius Oden Mills was instrumental in developing the first male nursing psychiatric nursing school for America soldiers (Halloran & Wellton, 1994).

Unfortunately, men represent only 11% of the nursing workforce worldwide (RWJF, 2011). One of the contributing factors to the global shortage are the continued negative perceptions and lack of support for males in nursing. The prejudice and discriminatory behaviors of administration and managers as well as the lack of resources for male nursing support impact this shortage (Rajacich, Kane, Williston, & Cameron, 2013). The marginalization of men in nursing has become a systemic issue to the profession and to the education of nurses (Wolfender, 2011). Nursing language has long since used feminine pronouns such as “she” and “her” to describe the nurse. Also, the gender-biased language of the use of the term “male nurse” is another form of marginalization of men in nursing (Rajacich et al., 2013).

Family support also plays a role for males in the nursing profession. Male nursing students feel that the respect and support they received from their family is very important to their success in the program. This was noted in a qualitative study conducted by Meadus and Twomey (2011), which concluded that when male students had support

from their family, the support provided them with positive reinforcement to pursue a career in nursing and support their success in the program. The lack of family support often resulted in social pressure to hide their identity as a male nursing student (Wang et al., 2010).

Role model and mentor support is important to male nursing students. Male nursing students often report loneliness and psychological stress encountered in nursing education due to the lack of male role models in the educational and clinical settings. A qualitative study conducted by Wang et al. (2010) found that Chinese male students' social isolation from peers and faculty, combined with their lack of role models within the nursing program, attributed to their premature exit from nursing school. The prevalent stereotypes and gender bias in nursing education are associated with male attrition rate in nursing programs (McLaughlin, Muldoon, & Moutray, 2010). Also, the gender bias in nursing education programs is seen in men's inability to obtain the full experience of patient care when they are only assigned to male patients, and they are often asked to perform more labor-intensive tasks such as heavy lifting (Anthony, 2006).

Furthermore, faculty support is influential to male nursing students. The gender bias in nursing education impacts male students' ability to perform well on tests due to the way answers are inherently geared toward the way females care for patients, and not necessarily toward the formal manner in which care is taught during formal training (Ellis, Meeker, & Hyde, 2006). In addition, Wang et al. (2010) found that a classroom environment that encouraged small group discussion was not conducive to the learning styles for male students. The males found this type of learning boring and were uncomfortable speaking in front of a large groups of female students and teachers. The

students stated that the nursing faculty did not provide them with a gender-neutral environment that would encourage group sharing. Also, clinical courses in nursing have a strong impact on nursing students' ability to provide safe care for their patients.

Increasing evidence is indicating that male nursing students are facing more-gender-based role strain than their female nursing student counterparts (Tzeng, Chen, Tu, & Tsai, 2009). Role strain can be defined as the inability and inadequacy to fulfill one's role obligation to the standard of the profession (Goode, 1960). Role strain among male students, concerning how their caring behaviors at the clinical site may be perceived by patients, family, and clinical instructors, plays a role in the student's success within the clinical courses and ultimately on their remaining in the nursing program (Tzeng, et al., 2009; Dyke, Oliffe, Phinney, & Garrett, 2009).

### **History and Current State of Male Social Work Students**

Social work programs spend countless hours and resources in the male recruitment to and retention within their programs (Furness, 2012; Schaub, 2015). However, male social work students tend to withdraw or fail at a higher rate than female social work students (Schaub, 2012). The gendered aspects and the standards and culture of males in social work has limited their ability to have the same clinical opportunities as female social works (Crabtree and Parker, 2014).

Historically, males in social work have consistently held managerial positions and earned higher salaries. According to Lupton (2006), males often adapt to the non-traditional nature of the social work profession by taking on positions that are deemed male specific. Males demonstrating a career driven ideology restores the masculine persona and dominate position within the social work profession (Lupton, 2006;

Simpson, 2005). Therefore, the question regarding suitability of males in social work practice and social work programs range from their emotional capacity to working with vulnerable children and the negative perceptions associated with male violence and abuse (Parker & Crabtree, 2014).

Research shows that the progression rates of male social work students are consistently lower than females (Hussein et al., 2009). Progression problems within an academic program for male students predominantly include student suspensions from courses, their failure of a course, and their withdrawal from the course due to poor academic performance. Furness (2012) found that men have a higher failure rate in their clinical placement than women student colleagues. Furthermore, male social work students with dominant masculine personas had difficulty accepting criticism and help when needed. There are several qualitative studies from the UK and Canada that examine the perceptions of social support of male social work students as compared to their experiences in the program (Crabtree & Parker, 2014; Parker & Crabtree, 2014; Schaub, 2015). These studies show that male students felt isolated and excluded from placement agencies due to the perceptions of the jobs being considered more for female students or that males may be a potential threat to the client population. One participant felt that there was “a degree of suspicion about men in social care.” Working with children was considered a hands-off area for male students (Parker & Crabtree, 2014). In addition, gender biases and sexist oppression of men by women has been noted within social work academic programs. In a qualitative study by Crabtree and Parker (2014), one student described a joke about men as “male bashing” that was emailed to him from his practice while in fieldwork placement. The student described the response to the email from a

university tutor stating, “My tutor at university acknowledged it was wrong but said I just had to deal with it” (p. 321). The male students also felt that their reflective assignments were also subjected to the assessor’s acceptance of male student in social work (Crabtree & Parker, 2014). Therefore, feeling isolated in a female-dominated educational environment and experiencing the masculine gendered expectations within the profession of social work, may help understand the progression issues among male social work students (Schaub, 2015).

### **History and Current State of Male Occupational Therapy Students**

As with nursing and social work, the occupational therapy profession has been well documented as being a female-dominated profession. Historically, occupational therapy students have been White, middle class women (Taylor, 2007). As the current healthcare landscape changes, the need for diversification within occupational therapy programs is necessary, yet little research has been done regarding the changes needed within the OT educational arena regarding diversity (Trentham, et al., 2007).

According to the Bureau of Labor Statistics (2016), men comprise only 6% of the current OT workforce. OT programs are heeding the calls from the Institute of Medicine report and other government agendas to diversify the OT profession to meet the needs of our healthcare arena. This can be accomplished by diversifying the occupational therapy student population (Taylor, 2007; Watson, 2013). However, occupational therapy programs have had little success recruiting males into the profession. An additional complication is related to retention; historical data have shown that males who do enter the profession tend to leave within 10 years (Brown, 1998).

Very few studies have been conducted on the perceptions of social support among occupational therapy students. However, we do know that male students who enter occupational therapy programs do so for reasons such as having job security, being able to work with people, feeling accomplished, and the desiring diversity. The reasons males leave the profession are low pay, overall job dissatisfaction, lack of promotion potential, and the lack of understanding of the role and importance of the profession by other healthcare professionals, as well as the public at large (Brown, 1998). One quantitative study conducted by Watson (2013) found that male students in the UK were three and a half times higher to fail in OT programs than females. The study did not investigate the reason for the failure rate among males; however, it has been suggested that the lack of knowledge of the educational differences among males and females and the social support from the institutions contribute to differences that may impact the overall retention of male occupational therapy students (Higher Education Academy, 2011).

### **Interprofessional Education**

In addition to barriers male students feel within their own disciplines, the need for students to also learn together across disciplines is also a potential barrier for male students within nursing, social work, and occupational therapy. For more than 20 years, there has been increased interest in interprofessional education (IPE) in the United States. The Institute of Medicine (IOM, 2012) has urged that healthcare professionals should be educated about how to deliver patient-centered care as a member of an interdisciplinary team. Governments around the world are investigating innovative ways to encourage collaboration between healthcare professionals to incorporate personnel more efficiently,

more effectively, and more economically for the increasingly complex illness problems presented by individuals, families, and communities (Frenk et al., 2011; World Health Organization, 2010). IPE is designed to prepare students for working within interprofessional teams and to promote characteristics of the basic principles of partnership, communication, collaboration, shared decision-making and relationships, and respect (Gilbert, Yan, & Hoffman, 2010). However, research has found that male student's perceptions of IPE differs from their female counterparts (Dyck et al., 2009; Reynolds, 2003). According to Reynolds (2003), male students are less apt to work in groups, share and express emotions, and trust information from students of other disciplines. Male students are also less inclined to accept the social aspect of IPE (Reynolds, 2003), whereas, according to Wilhelmsson, Ponzer, Dahlgren, Timpka, and Fraes (2011), female students take a more positive approach to teamwork and collaboration. Female students portrayed an image of being equal their occupation and work ethic as to their male counterparts. These students acknowledge that teamwork will help bring about change among healthcare organizational roles. However, the incongruity between males' educational preferences and techniques are prominent in nursing, social work, and occupational therapy (Dyck et al., 2008; Watson, 2013; Furness, 2012). Therefore, IP healthcare practices require team collaboration and communication across disciplines, IPE learning activities and research needs to have a better understanding of male-specific learning needs and preferences. Having this knowledge will offer insight to the development of IPE learning opportunities to be more inclusive to men and support their success in IP healthcare teams (McLaughlin et al., 2010; Parker & Crabtree, 2014). The effectiveness of interprofessional education can provide students the opportunity to

learn and evaluate their own profession and the work of other professions (Hallin, Kiessling, Waldner, & Henriksson, 2009). IPE can be very valuable in the formation of student perspective about the benefits and necessity of collaborative care and safe patient-care outcomes.

### **History and Background of Social Support**

Darwin (1952) wrote extensively on the benefits of being a part of a cohesive group. Cohesiveness provides protections from adverse consequences. He also stated that a supportive community would flourish best and provide the most happiness. Durkheim (1952) also added that the more a group has in common, the more each individual conscience is heard by all others and is reciprocated, the more socially integrated the group becomes.

Since the mid-1970's several studies have suggested that alterations in social and environmental situations were important risk factors in the causes of a number of physical and psychological disorders (Heller et al., 1986). Cassel (1974) theorized that social factors could influence the time and course of many disorders and that social support mediated the negative effects of stress.

The purpose of social support is that it is a buffer that protects individuals from life stressors. These buffers have been perceived as helpful in reducing stress and negative emotions and increasing self-esteem and psychological stability (Huang & Lin, 2007). Social support theories believe that certain events or circumstances must occur before receiving social support. These theories include having a social network, social embeddedness, and social climate. Social networks can be described as systems within which there are environments that support a reciprocal sharing of encouragement,

provision, and safekeeping (Gottlieb, 1983). Social embeddedness refers to the connection that individuals have with the important others within their social environment. Being socially connected is core to an individual's psychological sense of community (Sarason, 1974). Within an individual's social network, some degree of connection or social embeddedness must be present for an individual to have the support they need from their environment. Lastly, social climate is characterized as the quality of an individual's environment. Behaviors that are supportive cannot take place without a social network where the connection between individuals takes place in a setting that is helpful and protective (Langford, Bowshe, Maloney, & Lillis 1997).

**Social support construct.** Social support is a multifaceted construct that consist of both structural and functional components. The structural components consist of both formal and informal support of an individual's social network (Canty-Mitchell & Zimet, 2000). These can include the size, frequency of contact, the reciprocal support, and quality of the support provided by the members within the social network. Formal support would include professionals, paraprofessionals, or other services from a structured community organization, where informal support can include family and friends. The functional support component is the perceived level of support received; the emotional support of feeling liked, admired, and loved; appraisal of one's actions or statements; and tangible support (Kahn & Antonucci, 1980).

**Perceived social support.** Perceived social support is an important concept that identifies social support as a mental reflection of being truly connected to others (Barrera, 2005). Perceived social support is often measured in two dimensions, the perceived availability as well as the adequacy of the support (Procidano & Heller, 1983).

Timing and motivation of the person providing support can affect the quality of the support. If the recipient senses the support is being provided purely by the provider's sense of obligation, the satisfaction of support will be less (Hupecy, 1998a). In addition, perceptions of the availability of support is often more important for health and well-being than the actual support received (Cohen et al., 2001).

Oftentimes, individuals identify family and friends as sources of support in comparison to professional and formal support (Civitci, 2015). However, the quality of the relationships and the availability of the persons in the social network contribute to the actual social support received. Oftentimes, a variety of social support members can better provide an array of social support actions (Bordes-Edgar et al., 2011; Leal & Santos, 2016). Therefore, social support may be essential to enable individuals to cope during stressful situations. Social support may also be a valuable resource in helping male college students cope with the many psychological demands of being in a female-dominated health program such as nursing, social work, and occupational therapy.

### **Protective Factors in Students' College Adjustment**

The college years, where many students begin their professional nursing, social work, and OT programs, can be an exciting and rewarding time for students, but they can also be a time of extreme anxiety and stress (Dyson & Renk, 2006). This is the time in a student's life where they gain autonomy and independence from family ties (Arnstein, 1980). The combination of new independence and the additional stressors that college life can bring, such as planning for the future, exams and assignments as well as the financial and emotional independence can be extremely overwhelming for many students (Yalçin, 2011).

Family support can be instrumental in helping a student's transition to college by buffering the negative effects of the transition (Holahan & Moos, 1981). Parents can be a very important part in the adjustment of their sons and daughters as they become a college student. Parents who encourage their child to rely on themselves and make their own decisions promote independent functioning. Having that strong parental bond and guidance strongly increases the student's success in transitioning to college life over the course of the first semester (Dawson & Pooley, 2013). Ratelle et al. (2005) found that parental involvement can still be an important factor in the positive outcomes of a child's life even at the college level. According to MacGeorge et al. (2005), positive emotional support and information support from parents, such as attentive listening and academic advice, decrease a student's level of depression and increases physical health. In addition, Leal and Santos (2016) found that among third-year nursing students, stronger family support resulted in less stress and suicidal tendencies. In addition, a study by Dawson and Pooley (2013) found that students with high levels of perceived family social support had higher levels of resilience.

Family can also provide instrumental support such as economic support which can be defined as the financial support that an individual receives from his or her family. Evidence has found that a lack of economic support can impair a student's ability to adjust to adult roles. Also, family economic support provides not only material needs, but also buffers students from the negative impact of life events (Aquilino, 1999; Metheny & McWhirter, 2013). According to Mehta, Newbold, and O'Rourke (2011), students who lack economic support have the added stress of college and work requirements. They also

are less likely to engage in college activities and are less satisfied with their college experience. This translates to a decrease in academic persistence and academic success.

Peer support is also an important part of social support, college student adjustment, and academic success. Peer support can differ from friend support in that the relationship may not involve an intimate interpersonal relationship that is typically experienced with close friends. Research has found that peer interactions provide instrumental and informational support that improve students' academic performance and leadership skills (Pascarella & Terenzini, 2005).

According to Palmer, Maramba, and Holmes (2011), minority students with peer support stated that peers motivated and encouraged them to persist when they felt unmotivated or uninspired. Students also said that their peers provided a sense of life balance, which helped to enrich their college experience. Peer tutoring involves a learning partnership in the learning process where students helping each other to learn and learn themselves by teaching (Loke & Chow, 2005). This peer support places the commitment and responsibility on the students in the teaching and learning process. Evidence shows that peer tutoring enhances learning skills, improves communication, self-confidence, and social support (Loke & Chow, 2005). Peer tutoring offers the opportunity for students to recognize their inabilities, correct misunderstanding, and encourage inclusion of other's ideas and differences (Loke & Chow, 2005). Male nursing students appreciate peer tutoring support as they work through classwork assignments, clinical situations, and exam preparation (Ellis, et al., 2006).

Peer support can also provide the emotional support need by college students. Peer-led support groups provide an opportunity for new students to establish new social

ties with fellow students who are experiencing a similar new student environment, increased academic challenges along with establishing autonomy and independence (Mattanah, et al., 2010). Oppenheimer (1984) tested the effectiveness of a small group discussion to facilitate college adjustment among freshmen students during their first semester of college. Results indicated that both male and female students who were concerned about social life at college showed an increase in social life satisfaction and a decrease in anxiety after the intervention. The benefits of feeling socially connected to the college environment and knowing that there is peer support available to assist students within classroom and clinical settings can help with student retention and academic success (Aston & Molassiotis, 2003).

Academic faculty support has also been studied as a source of social support for students. Studies have found that faculty can provide appraisal, emotional, and information support. Time spent interacting with faculty can provide educational and personal outcomes, such as academic skill development, academic and social integration, social self-confidence, and retention (Smart et al., 2000; Pascarella & Terenzini, 1991). In addition, nursing, social work, and occupational therapy male educators at the clinical sites offer role modeling opportunities and supportive connections (Meadus & Twomey, 2011; Stott, 2007; Parker & Crabtree, 2014). The development and trust between teacher-student relationship is essential to the therapeutic working relationship (Griffith & Bakanauskas, 1983).

In the classroom, faculty have opportunities to encourage student-student interactions, reward students such as with improved grades for class participation, and foster student self-confidence which can encourage class participation (Fassinger, 1995).

Also, for male students, well-organized classes have been shown to increase reading comprehension. Male students who are supported by faculty and participate in faculty research promotes a more democratic view on gender roles (Sax et al., 2005). In addition, faculty who support and encourage interprofessional collaboration in the classroom and in simulation settings helps reduce prejudice among gender, with and among other healthcare professionals (Gierman-Riblon & Salloway, 2013). According to Gierman-Riblon and Salloway (2013), using Allport's contact theory as a framework, faculty who create learning activities that encourage interprofessional learning can benefit from an understanding of group processes.

Male students in the female-dominated professions of nursing and social work report that communication with male faculty and lecturers is easier than females (Meadus & Twomey, 2011; Parker & Crabtree, 2014; Stott, 2007). According to Hoffman and Oreopoulos (2009), male instructors can increase the average grade performance up to 5% of its standard deviation and reduce drop rate of classes by 1.2% among male nursing students. This was also noted in a recent focus group pilot study where all the male students felt that having another male student or nurse within certain clinical settings was also beneficial (Thornton, 2016). One student, George, stated, "It was helpful to have another guy with me in my OB rotation. That rotation is very awkward for us but having another guy there helped." Another student, Fred, felt that working with another male nurse at the clinical site, made him feel more at ease: "Like the male nurses know what's up...they have done this before" (Thornton, 2016, p. 12). Role models provide an example of the kind of success that a student can achieve and provide an outline of

behaviors that are needed to result in success. When identifying with such a role model, a student can become inspired to achieve similar identities (Lockwood, 2006).

There are several studies that have examined the importance of gender matching in mentoring relationships in higher education and career development (Kram & Isabella, 1985; Lockwood, 2006). Mentors provide career support, such as protection, coaching, creation of challenging assignments, and also psychological support of acceptance, friendship, counseling, and role modeling (Kram & Isabella, 1985). Having a close male mentoring relationship has the potential to provide male students with a less constricting and conventional form of masculinity, especially with emotional disclosure and expression (Spencer, 2007).

In addition to psychological aspects of mentoring, Erkut and Mokros (1984) found that for males, same-sex mentoring was associated with positive academic performance and feelings of success. Male students prefer male role models with high status and a powerful appearance who can help them in their educational and career paths. Evidence of the success of mentorship programs has been noted. Campbell and Campbell (1997) conducted a study on the effects of a faculty/student mentor program on academic performance and retention. History and political science students were paired with a mentor of the same specialty and related field and same gender when requested. Results indicated that participation in a mentor program resulted in a higher-grade point average (GPA) and a lower dropout rate. Also, the amount of time the student met with their mentor was correlated to GPA. However, gender of mentor was not related to academic achievement in this study. Psychological support from faculty that is directed toward promoting a sense of competency and self-worth, and informational support such

as providing academic help with course content and skills, assisted students with academic success (Shelton, 2003). Having a mentor who believes in students and takes the time with them is a key factor influencing academic persistence and performance (Bordes-Edgar et.al., 2011).

### **Gender Differences and Social Support**

Gender differences related to support have been noted. Female university students most often express concerns about stress in college and request and seek more social support than do males. In addition, female students report higher levels of global perceived social support and satisfaction with the support they receive (Tam & Lin, 2009). Females feel more comfortable with sharing feelings readily with friends. Gender roles reflect historical and sociocultural influences related to male support. Men are often reluctant to express their feelings since emotions such as fear, anxiety, and dependence are not norms of masculine control and achievement (Furness, 2012). In addition, male students in nursing and social work often find that they are ignored and isolated in the clinical and didactic settings (Stott, 2007; Parker & Crabtree, 2014; Jamison & Dirette, 2004). Often the negative perceptions of male social work students affected clinical placement due to connections with male violence and the perceptions of males being abusive (Parker & Crabtree, 2014). In the didactic settings, males feel very uncomfortable with small group work and discussions related to feelings and emotions. Both male nursing and male social work students found small group work uncomfortable and superficial. They prefer to take a more rational and traditional lecture over small group discussion (Parker & Crabtree, 2014; Stott, 2007). The negative perceptions of

males within these programs and lack of social support often leads to high attrition rates among male students (Abushaikha et al., 2014; Furness, 2012; Schaub, 2015).

In summary, in the healthcare environment that is challenged with medically complex patients and with patients who are encouraged and required to be an integral part of their own care, it is vital that we keep emphasizing the importance of respect and gender inclusion among nursing, social work, and occupational therapy professions. Embracing males in these female-dominated professions promotes equal status particularly through communication and learning about each other within the profession and among other professions. Providing male students with the social support they need to succeed ensures that they develop positive learning experiences that will then translate into positive academic performance and ultimately positive academic success. However, the literature about understanding social support of male students in nursing, social work, and occupational therapy programs is currently lacking. This knowledge is critically important to designing learning experiences that support male student's success in these professional programs.

### **Chapter 3**

#### **Study Methodology**

##### **Research Design**

This dissertation study examined the perceptions of social support, including support from family, peers, role model/mentors, and faculty, among male nursing, social work, and occupational therapy students using a descriptive quantitative research study. To describe these relationships, a cross-sectional study design was used with inferential statistics and a correlational approach to determine the relationship between the perceptions of support and academic success. The most common descriptive design is a survey (Fraenkel, Wallen, & Hyun, 2012). A cross-sectional design allows the researcher to compare different population groups as one point in time (Fraenkel et al., 2012). Inferential statistics allows the researcher to draw conclusions about relationships found among different variables in a population sample (Plichta & Kelvin, 2013). The purpose of correlational research is to determine the relationship between two or more variables and to examine the direction of the relationship (Munro, 2005). Inferential statistics were used in this study to compare the importance of social support of family, peers, faculty, and role model/mentors among the three program types; examine the differences in the levels of social support among the three program types; and compare demographic information among the three program types. A nonparametric correlational design was used to examine the relationship of perceived social support and GPA.

##### **Strength and Weaknesses of the Research Design**

A purpose of a descriptive study is to depict a situation as it happens naturally. A descriptive study of a phenomenon may be necessary to perform before a prediction or

causality can be examined. Descriptive studies can describe the existence of a phenomena, categorize, and determine the frequency of information. Comparative descriptive studies allow researchers to explore relationships among variables or groups of subjects (Burns & Grove, 2005). The weakness of a comparative descriptive study is that it does not prove cause and effect. Also, due to the specificity of a sample, the results cannot be generalizable to a population (Bruns & Grove, 2005).

There are many advantages of using a cross-sectional survey design. This type of survey design is a fast and easy way for a researcher to collect data, even from a large sample population (Fraenkel et al., 2012). The assessment of the data outcomes is also done with very little difficulty as the sample is a snapshot of the entire sample population. Given the ease of gathering data, this type of survey tends to be very cost effective and efficient.

The disadvantages of a cross-sectional survey design include the inability for the results to determine causal relationships, factors are measured at one point in time and thus cannot measure variability over time, generalizability is limited to the sample population defined; the researcher has little control over the environment and may not be able to rule out other explanations for the results, poor implementation of the survey may affect the design of the study, and using a web-based survey tool could include lower response rates (Franenkel et al., 2012). The ways to minimize the influence of other explanations and poor implementation include having a measurement tool that has been tested for reliability and validity with good results. Also, to help minimize the risk of a low response rate, reminder emails could be sent at regular intervals to help improve the potential for increased student response (Franenkel et al., 2012).

The advantages of using inferential statistics allow the researcher to investigate differences between and among groups as well as answer cause and effect questions (Plichta & Kelvin, 2013). The disadvantage to inferential statistics is that there is always a degree of uncertainty related to generalizability. In addition, inferential statistics does not by itself prove causality. The proof is always the objective of a given theory; therefore, there will be a level of uncertainty in the process and results (Plichta & Kelvin, 2013).

The advantage to correlational research design is that it allows a researcher to examine and describe relationships in a natural occurring environment. This approach does not require any manipulation or interventions on the part of the researcher; the administration of the data collection tool is the only necessary activity for this design (Munro, 2005). The disadvantage to correlations design is that this design does not provide a reason for the relationship (Munro, 2005). In addition, a correlational research design needs to be an adequate sample size for meaningful results to be produced. If an adequate sample size does not exist, then high standard errors can result which would render the outcomes meaningless. Standard errors determine how confident one can be in the results; the larger the sample size, the more confidence you can have in the results (Munro, 2005). The best way to minimize the disadvantage of this study method is to ensure that there is an adequate number of participants to achieve an accurate result.

### **Sampling**

The target population for this study was chosen through a convenience and snowball sampling that included all male students at the entry level of nursing, occupational therapy, and social work programs. Male students from two 4-year degree universities, Saginaw Valley State University (SVSU) and Eastern Michigan State

University (EMU), as well as from local, state, and national student organizations within the United States, were asked to participate in this study. Snowball sampling was conducted using nursing, social work, and occupational therapy student Facebook social media site to recruit male participants. A power analysis was conducted to determine the appropriate sample size for this study. The results indicated a sample size of 200 was needed. The total number of survey responses was 166 however, 39 of the online surveys were incomplete and deleted from the study sample. Therefore, a total of 127 male nursing, social work, and occupational therapy student surveys were examined.

**Inclusion criteria.** Included in the sample were male undergraduate nursing and social work students and male graduate students, which is the entry level of the OT program. In addition, male students needed to be over the age of 18; read, write, and speak English; and complete a paper or online questionnaire.

**Exclusion criteria.** Excluded from the study were male RN-BSN students and male students unable to read, write, or speak English or complete a paper or online survey.

### **Strengths and Weaknesses to Sample Design**

A convenience sample is most often used when it is difficult to administer random or nonrandom sampling. This is a type of non-probability sample that is inexpensive and provides easy access to data. The disadvantages to a convenience sampling is selection bias, lacks generalizability to a population at large, and the sample is representative of the entire population (Burns & Grove, 2005). Snowball sampling, also referred to as network sampling and is a non-probability sampling method that is most often used when samples are difficult to obtain in other ways (Burns & Grove, 2001). Snowball sampling uses

social networking as a primary source to recruit other subjects from another potential primary data source of similar characteristics (Burns & Grove, 2001). The advantages of this sampling method include the ability to recruit unknown populations, cost-effectiveness, reduced time to obtain sampling, and minimal planning is necessary to start the primary data process. The disadvantage is oversampling a particular network of peers which can lead to bias, assurance of the representative sampling and distribution of population, and the lack of random sampling (Aday & Cornelius, 2006)

### **Procedure**

Over the course of six months, male students from nursing, social work, and occupational therapy programs were recruited to participate in this study. The recruitment process included the researcher attending classes, sending emails, and posting Facebook announcements to various male nursing, social work, and OT organizations asking for student participation to a paper survey or through an online survey using Survey Monkey. Prior approval was obtained from the lead course instructors within the nursing, occupational therapy, and social work courses to email the students in each discipline. Prior to beginning the survey, students were asked to read and sign a consent form to participate in the study. Students were then asked in person or via email to complete the online survey. The students took approximately 15 minutes to complete the surveys. The paper consent forms and surveys were put in separate envelopes. Students that completed the survey through Survey Monkey confirmed their consent electronically and then proceeded to complete the online survey.

### **Study Instrument**

The study survey consisted of two sections with the first section intended to gather the following demographic information: age, race, degree declared, first degree or second-degree student, whether the student was a first-generation college student, and level of family income. The second section is the proposed tool for this study, the Student Social Support Scale (SSSS Nolten, 1994). The SSSS consisted of four 15-item subscales (60 items) to assess students perceived emotional, appraisal, informational, and instrumental social support received from teachers, parents, close friends, and peers. Students rated each question based on two dimensions: availability and importance. This tool used a 6-point Likert scale ranging from 1 (*never*) to 6 (*always*). Importance of support is rated as 1 (*not important*) to 3 (*very important*). An example of an item from the parent subscale is “My parent helps me make decisions.” An example from the teacher subscale is: “My teacher explains things when I’m confused” (Nolton, 1994). The subscales were scored by calculating the mean scores of the items for each of the subscales. The total scale was scored by calculating the mean score of all the subscales (Nolton, 1994).

**Reliability and validity.** The SSSS validity and reliability was tested among children and adolescents. The coefficient alpha of the total 60-item scale was .97. In addition, each of the four 15-item subscales for parent, teacher, classmates, and close friends produced coefficient alphas ranging from 0.92 to 0.95. Alphas for both males and females range from 0.90 to 0.97 (Nolten, 1994; Malecki & Elliot, 1999). The subscales for both males and females ranged from 0.90 to 0.97. These results provided strong support for high internal consistency for the total scale and subscales. Test-retest

reliability analysis was conducted, and the total scale ranged from .61 to .74. These results indicate that the 60 items SSSS is reliable (Nolten, 1994; Malecki & Elliot, 1999).

The estimation for construct validity was conducted using principal axis factor analysis (PAF). Using the oblique factor solution method, four factors were extracted with eigenvalues greater than one. These four significant factors accounted for 54% of the scale variance. The factor loading for the SSSS for each of the 15-item subscales ranged from the parent subscale 0.81 to 0.48, teacher subscale 0.47 to 0.80, classmate subscale of 0.63 to 0.95, and close friend from 0.60 to 0.84. Lastly, the results of the factor intercorrelation ranged from 0.39 to 0.84 (Nolten, 1994; Malecki & Elliot, 1999).

The SSSS was also revised and tested for reliability and validity among Argentinian college students in a study conducted by de la Iglesia et al., (2014). This version used the perceived sources of support from parents, teachers, classmates, and best friend or girlfriend/boyfriend. The revised 15-items tool used a 4-point Likert scale ranging from *never* to *always*. The Cronbach's alpha of the revised tool assessing internal consistency varied from .70 to .80. For each subscale, the Cronbach's alpha was .86 for parent, .71 for teacher, .87 for classmates, and .85 for best friend or boyfriend/girlfriend. A confirmatory factor analysis was used for the four factor models. The results indicate a goodness of fit with a GFI = .963; AGFI = .947; NFI = .958; IFI = .974; SRMR = .032; RMSEA = .046.

For this study, the SSSS by Nolten (1994) was modified to measure perceived social support of family, peers, faculty, and overall role model/mentor and same gender role model/mentor support among male nursing, social work, and occupational therapy students. Of the four subscales, family support consisted of 20 items, peer support 23

items, faculty support 22 items, and role model/mentor support consisted of seven items measuring overall role model/mentor support and two items measuring same gender role model/mentor support. The 74-item Student Social Support Scale used in this dissertation used a 6-point Likert scale with 1 as *never* and 6 as *always*. The importance of the social support will also be rated as 1 (*not important*) to 3 (*very important*). An example of an item from the family subscale is “My family expresses their pride in me and my program choice.” An example from the peer subscale is “My peer compliments me on my contribution to the program.” The subscales were scored by calculating the mean scores of the items within each subscale. The total scale was scored by calculating the mean scores of all four subscales. In addition to the role model/mentor subscale, a narrative question was included by asking students whom they identified as their role model/mentor.

I have received verbal and email approval to use the Student Social Support Scale by the author of the tool, Dr. Patrick Nolten. The reliability for this tool was tested using corrected item-total correlations to evaluate homogeneity. Also, the Cronbach’s alpha results ranged from .89 to .97. Within this study, for nursing, the Cronbach’s alpha for family support was .94, peer support was .95, faculty support was .95, and role model/mentor support was .89. Due to the low number of participants for social work and occupational therapy, groups were combined to determine Cronbach’s alpha. The results among social work and occupational therapy were as follows: family support, .95; peer support, .96; faculty support, .94; and role model/mentor, .91.

Measuring academic success can be a challenging endeavor. There are many methods that have been used to define and measure academic success and achievement.

Many studies have defined academic success as course completion, skill acquisition, course satisfaction, and critical thinking. One study measured academic success as it relates to academic achievement, course completion, and students' perception of their learning environment (Dennis et al., 2005). Other studies reviewed student performance based on skills acquisition and critical thinking (Arum & Roksa, 2011; Astin, Vogelgesang, Ikeda, & Yee, 2000; Pascarella, Blaich, Martin, & Hanson, 2011). Another study examined the development of the interest in a topic or discipline and class enjoyment, academic success with higher academic achievement related to study habits, and academic success and persistence to graduate related to mentoring and undergraduate academic success (Harackiewicz, Barron, Tauer, & Elliot, 2002; Jacobi, 1991; Plant, Ericsson, Hill, & Asberg, 2005).). However, course assignment grades and GPA are the most commonly used form of measurement for academic success. Therefore, GPA categories were used for this study as the measurement of academic success.

### **Ethical Considerations**

This study received prior approval from the human subjects review board of all participating universities. Upon introduction to the study, the students were provided a general overview of the study including the procedures involved and the risks and benefits. The participants were also assured confidentiality. Participants were informed that participation is voluntary and that the web-based survey did not include any identifying characteristics of the participants. In reviewing the content of the study, the researcher emphasized that the participants are under no obligation to participate in the study and that they may withdraw at any time with no consequence. The participants had the right to refuse to answer any questions presented on the questionnaire. Any questions

or concerns were directed to the principle investigator or faculty advisor either by phone or email. A consent form included the purpose of the study, procedure involved, risks (physical or psychological), benefits and compensation, confidentiality concerns, and voluntary participation. The consent form was also added to the Survey Monkey questionnaire requesting a yes or no response prior to the study.

### **Data Analysis**

The chi-square test was used to answer Research Question 1: Are there any significant sociodemographic differences among male nursing, social work, and occupational therapy students? The chi-square test compared all the demographic characteristics of age, level of income, financial assistance, marital status, race, level of education, current GPA, second-degree college student, and first-generation college student. A chi-square test is a nonparametric test designed to analyze categories of nominal data and provide an estimate of confidence. The Spearman's rho analysis was the statistical test used to answer Research Question 2: Is perceived family, peer, role model/mentor, and faculty social support positively related to academic achievement/success? Spearman rho analysis is a nonparametric test that is used to test the monotonic relationship of two ordinal intervals or ratio variable. With a monotonic relationship, the variable may change together not necessarily at the same rate (Munro, 2005).

The analysis of variance (ANOVA) was used to examine the differences between means of more than two groups of both the independent and dependent variable for Research Question 3: Are there differences in the importance of social support between family, peers, and faculty among male nursing, social work, and occupational therapy

students? ANOVA was also used for Research Question 4: Are there any differences in the levels of support between male nursing, social work, and occupational therapy students? The advantages to the ANOVA are that this testing includes the interrelationship among outcome measures and provides a more powerful test of the differences among means as well as improving the interpretation of the results by considering the outcome measures simultaneously (Munro, 2005).

The *t*-test was used to measure the differences in the demographic data and the mean score of perceived social support and the importance of perceived social support of family, peer, faculty, role model mentor, and total mean scores. The *t*-test is one of the most common statistical parametric analyses used to test different between two samples (Burns & Grove, 2001).

## **Chapter 4**

### **Results**

#### **Demographic Characteristics**

This study consisted of 127 male nursing, occupational therapy (OT), and social work (SW) students. Most of the students (66) were in nursing (52%) followed by 31 in SW (24%) and 30 in OT (24%). The majority of the male students were 19–25 years old with 46 nursing students (70%), 21 OT (70%), and 16 SW (52%). 20% of all students were ages 26–30, 9% were in the 31–40 age group, and 7% were in the over 40 years old age group.

The household income for many of the male students was less than \$20,000 per year: nursing (39%), OT (27%), and SW (49%). In addition, 23% of the students reported household incomes > \$80,000: nursing (29%), OT (27%), and SW (6%). Of the remaining students, (15%) had household incomes between \$20,000–39,000, (16%) were between \$40,000–59,999, and (10%) were between \$60,000–79,000. Also, 70% of the students received financial assistance.

The study also found that 83% of the male students were Caucasian, 9% African American, and the remaining 8% were Hispanic, Asian, and Other. In addition, many of students (78%) were single or single with a partner, followed by married (20%) and divorced (2%). The analysis for the level of education (LOE) of the male students in the study was modified to only include male nursing and male social work students. Due to the variations among OT programs the LOE question for this study was not able to provide accurate responses to the LOE question among the male OT students; therefore, the LOE results for the male OT students were deleted from the study. The results of the

LOE for the remaining 97 students found that 61 (63%) of the nursing and social work students were seniors, 27 (28%) juniors, 7 (7%) sophomores, 2 (2%) freshman. Also, (50%) students had a GPA 4.00–3.50, and 44% had a GPA of 3.49–3.00. Most of the students (62%) had parents who were college educated while 38% identified as first-time college students.

### **Research Question One**

Are there any significant sociodemographic differences among male nursing, social work, and occupational therapy students?

The chi-square analysis was conducted to identify any differences between nursing, OT, and SW groups related to the demographic variables. Table 1 shows the chi-square analysis of the demographics. The results indicate a significant difference among program types and age ( $x^2 = 16.4$ ,  $df = 6$ ,  $p = .01$ ). The nursing students had a higher percentage of ages 19–25 (70%) and 26–30 (21%) than did OT and SW. However, SW had the highest percentage (19%) of student over the age of 40 than did nursing and OT. There was also significance difference noted for financial assistance ( $x^2 = 6.3$ ,  $df = 2$ ,  $p = .04$ ). The SW students had a higher percentage of financial assistance (87%) than did OT (70%) and nursing (63%). Also, a significance was also noted among race ( $x^2 = 19.1$ ,  $df = 8$ ,  $p = .01$ ). All the OT students were Caucasian students (100%) followed by nursing (83%) and SW (68%). However, SW had the higher percentage of African Americans (26%) than OT (0%) and nursing (6%). Lastly, Table 2 will also show that there was a significant difference for level of education among nursing and social work students ( $x^2 = 10.9$ ,  $df = 3$ ,  $p = .01$ ).

Table 1

*Chi-Square Demographic Comparison Among Program Types*

Characteristics	Nursing (n = 66) (52%)	OT (n = 30) (24%)	SW (n = 31) (24%)	All (n = 127) (100%)	df	$\chi^2$	p
Age (years)					6	16.4	.01*
19-25	46 (70)	21 (70)	16 (52)	83 (65)			
26-30	14 (21)	6 (20)	5 (16)	25 (20)			
31-40	5 (7)	3 (10)	4 (13)	12 (9)			
Over 40	1 (2)	0 (0)	6 (19)	7 (6)			
Level of Income					8	10.7	.22
< 20,000/year	26 (39)	8 (27)	15 (49)	49 (39)			
20,000-39,999/year	10 (15)	4 (13)	5 (16)	19 (15)			
40,000-59,999/year	7 (11)	6 (20)	7 (23)	20 (16)			
60,000-79,999/year	4 (6)	4 (13)	2 (6)	10 (8)			
> 80,000/year	19 (29)	8 (27)	2 (6)	29 (23)			
Financial Assistance					2	6.3	.04*
Yes	41 (63)	21 (70)	27 (87)	80 (70)			
No	25 (37)	9 (30)	4 (13)	38 (30)			
Marital Status					6	8.6	.19
Single	33 (50)	18 (60)	16 (52)	67 (53)			
Single with partner	22 (33)	5 (17)	5 (16)	32 (25)			
Married	10 (15)	7 (23)	8 (26)	25 (20)			
Divorced	1 (2)	0 (0)	2 (6)	3 (2)			
Race					8	19.1	.01*
White	55(83)	30(100)	21(68)	106(83)			
African American	4(6)	0(0)	8(26)	12(9)			
Hispanic	1(2)	0(0)	1(3)	2(2)			
Asian	2(3)	0(0)	0(0)	2(2)			
Other	4(6)	0(0)	1(3)	5(4)			

Note. \* indicates  $p < .05$

Table 1 (Continued)

Characteristics	Nursing ( <i>n</i> = 66) (52%)	OT ( <i>n</i> = 30) (24%)	SW ( <i>n</i> = 31) (24%)	All ( <i>n</i> = 127) (100%)	<i>df</i>	<i>x</i> <sup>2</sup>	<i>p</i>
Current GPA					4	9.2	.05
4.00-3.50	34 (52)	16 (53)	14 (45)	64 (50)			
3.49-3.00	30 (45)	14 (47)	12 (39)	56 (44)			
2.99-2.00	2 (3)	0 (0)	5 (16)	7 (6)			
< 2.00							
Second-degree Student					2	5.6	.06
Yes	15 (23)	14 (47)	9 (29)	38 (30)			
No	51 (77)	16 (53)	22 (71)	89 (70)			
First-generation College Student					2	4.1	.12
Yes	20 (30)	12 (40)	16 (52)	48 (38)			
No	46 (70)	18 (60)	15 (48)	79 (62)			

*Note.* \*indicates  $p < .05$ , † indicates the initial analysis for level of education among the male in all three academic programs.

Table 2

*Chi-Square Demographic Comparison for Level of Education for Nursing and SW*

Characteristics	Nursing (n = 66) (52%)	OT (n =30) (24%)	SW (n = 31) (24%)	All (n = 97) (100%)	df	x <sup>2</sup>	p
Level of Education in Program					3	10.9	.01*
Freshman	0(0)	****	2(6)	2(2)			
Sophomore	4(6)		3(10)	7(7)			
Junior	24(36)		3(10)	27(28)			
Senior	38(56)		23(74)	61(63)			

*Note.* \* indicates  $p < .05$ , \*\*\*\* indicates OT LOE data was omitted

**Research Question Two**

Is perceived family, peer, role model/mentor, and faculty social support related to academic achievement/success?

The Spearman rho analysis was used to determine the relationship between the levels of family, peer, faculty, overall role model/mentor, same gender role model/mentor, and total social support and academic success using grade point average (GPA). The results indicate that there was a positive correlation between family support and GPA, which was statically significant at  $r_s(125) = .149, p = .04$ . However, all other levels of support did not show a significant correlation to GPA (Table 3).

Table 3

*Correlations of Social Support and CGPA*

CGPA	$r_s$	1	2	3	4	5	6	$p$
CGPA	-----							
Mean Family Support	.149	-----						.04*‡
Mean Peer Support	.035	.441	-----					.37
Mean Faculty Support	-.137	.468	.531	-----				.06
Mean Role Model/Mentor Support (Overall)	-.007	.328	.171	.165	-----	.543	.518	.47
Same Gender Role Model Mentor	.039	.363	.122	.195	.543	-----	.551	.33
Mean Total Support	.32	.774	.702	.731	.631		-----	.36

*Note.* CPGA = Current grade point average; \*Indicates  $p < .05$ ;  $r_s$  indicates Spearman's correlation results; ‡ indicates significance related to conceptual model

**Research Question Three**

Are there any differences in the levels of support between male nursing, social work, and occupational therapy students?

Five separate ANOVAs tests were also used to examine any differences of the levels of support between male nursing, occupational therapy, and social work. Again, the mean scores for the perceived social support of family, peer, faculty, overall role model/mentor subscales, same gender role model/mentor, and the total score of social support were used in ANOVA and analyzed. The results showed no significant

differences noted for the levels of perceived social support among the three academic programs. A post hoc comparison was done to confirm the results (Table 4)

Table 4

*Comparisons of Levels of Social Support Among the Program Types*

Level of Support	Nursing M(SD)	OT M(SD)	SW M(SD)	<i>F</i>	<i>df</i>	<i>p</i>	Post Hoc
Family Support	4.89 (.86)	4.62 (.68)	4.64 (1.1)	1.33	2	.26	NA
Peer Support	4.41 (.86)	4.35 (.79)	4.03 (.96)	2.04	2	.13	NA
Faculty Support	4.48 (.84)	4.82 (.81)	4.63 (.86)	1.76	2	.17	NA
Role Model/ Mentor Support (overall)	2.08 (.51)	2.06 (.57)	2.18 (.45)	.57	2	.56	NA
Same Gender Role Model/ Mentor	3.84 (1.5)	3.83 (1.5)	3.90 (1.5)	.02	2	.92	NA
Total Support Score	17.7 (2.4)	17.7 (2.5)	17.6 (2.9)	046	2	.95	NA

*Note.* \*Indicates  $p < .05$ , NA indicates not applicable

#### **Research Question Four**

Are there differences in the importance of social support between family, peers, and faculty among male nursing, social work, and occupational therapy students?

Five separate analysis of variance (ANOVA) tests were also used to examine if there were any differences in the importance among the different types of social support

among the male students within nursing, occupational therapy, and social work. The mean scores for the importance of family, peer, faculty, overall role model/mentor, same gender role model/mentor subscales, and total score of social support were used in ANOVAs and group variables is program type.

The ANOVA results showed that there is a significant difference on the importance of family support ( $F = 4.85, p < .01$ ) among the three academic programs. A post hoc analysis was conducted, and the results showed that the score of the variable among nursing program type is higher than the occupational therapy program type ( $p < .01$ ). This was also noted among social work program type and occupational therapy program type ( $p < .01$ ). There were no statistical differences between peer, faculty, role model/mentor, and total score of importance among the three program types. However, although not statistically significant between the program types, the ANOVA results do show that nursing, social work, and occupational therapy students identify faculty support to be very important to academic success with a mean score for nursing ( $M = 2.48$ ), occupational therapy ( $M = 2.53$ ), and social work ( $M = 2.53$ ), followed by family support, peer support, and same gender role model/mentor support (Table 5).

Table 5

*Comparison of Importance of Social Support Among the Program Types*

Importance of Social Support	Nursing M(SD)	OT M(SD)	SW M(SD)	<i>F</i>	<i>df</i>	<i>p</i>	Post Hoc
Importance of Family Social support	2.31 (.36)	2.07 (.38)	2.33 (.48)	4.82	2	.01*	Nur-OT* Nur-SW OT-SW*
Importance of Faculty Support	2.48 (.38)	2.53 (.37)	2.53 (.40)	.27	2	.76	NA
Importance of Peer Support	2.11 (.43)	2.08 (.40)	1.99 (.47)	.94	2	.39	NA
Importance of Role Model/Mentor Support (Overall)	2.08 (.51)	2.06 (.57)	2.18 (.45)	.57	2	.56	NA‡‡
Importance of Same Gender Role Model/Mentor	1.92 (.71)	1.98 (.72)	1.93 (.72)	.70	2	.93	NA‡‡‡
Importance Total Scale score	8.95 (1.40)	8.72 (1.30)	8.99 (1.40)	.35	2	.70	NA

*Note.* \*Indicates  $p < .05$ , NA indicates not applicable, ‡‡ indicates overall results for Role Model/Mentor, ‡‡‡ indicates results for specific questions related to same gender Role Model/Mentor

### **Narrative Results of Role Model/Mentor**

As part of the role model/mentor subscale, the male students were asked a narrative question as to who they identified as a role model/mentor. The results indicate for nursing, 37% identified family, 29% clinical faculty/faculty, 20% peers, and 10% coworkers. OT students identified fieldwork faculty/faculty most important at 57%,

followed by family at 27%, then peers at 16%. Also, 39% social work students identified family, 39% fieldwork faculty/faculty, and 22% for peers. There responses to the narrative question was not gender specific.

### **Demographics and Social Support**

Lastly, t-tests were conducted to examine the differences among the demographics (i.e., age, financial assistance, marital status, race, level of education, financial assistance, and first-generation college students) and levels and importance of social support for peers, faculty, overall role model/mentor, same gender role model/mentor, family, and the total score of social support. The demographic variables were recoded into two groups. It should be noted that the occupational therapy students were not included in the analysis for level of education due to the questionable accuracy of the student responses.

The results are presented in Table 6, and significant results were: peer support and marital status whereas not married students reported higher peer support ( $M = 4.38$ ,  $SD = .88$ ) than married male students to mean peer support (married  $M = 3.99$ ,  $SD = .81$  vs. not married,  $M = 4.33$ ,  $SD = .88$ ;  $t = 2.00$ ,  $df = 125$ ,  $p = .04$ ). In addition, significance was also noted for family support and first-generation college student whereas non-first-generation college students ( $M = 4.97$ ,  $SD = .67$ ) than first generation college students (first-generation college student  $M = 4.42$ ,  $SD = 1.08$  vs. non-first-generation college student,  $M = 4.97$ ,  $SD = .67$ ;  $t = 3.21$ ,  $df = 69.72$ ,  $p = .00$ ). There were no significant differences noted for mean faculty, role model/mentor, total score of social support. Table 6 shows that there were no significant differences between the levels of support for non-senior and senior nursing and social work students.

Table 6  
*Demographic Comparisons Among Levels of Social Support*

Levels of Support	Mean Score	SD	t	p
Mean Peer Support				.
Age				
< 25	4.40	.79	-1.76	.07
> 25	4.12	1.00		
Marital Status			2.00	.04*‡
Not Married	4.38	.88		
Married	3.99	.81		
Financial Assistance			.24	.80
No	4.33	.92		
Yes	4.29	.86		
First-Generation College Student			1.13	.26
No	4.37	.84		
Yes	4.19	.93		
Race			-1.48	.14
Non-White	4.04	.99		
White	4.36	.85		

*Note:* \* indicates  $p < .05$ , ‡ indicates significance related to conceptual model

Table 6 (Continued)

Levels of Support	Mean Score	SD	t	<i>p</i>
Mean Faculty Support			.27	.78
Age	4.58	.73		
< 25	4.62	1.02		
> 25				
Marital Status			.78	.43
Not Married	4.62	.83		
Married	4.48	.88		
Financial Assistance			.32	.74
No	4.63	1.00		
Yes	4.58	.77		
First-Generation College Student			.96	.33
No	4.65	.82		
Yes	4.50	.87		
Race			-1.33	.18
Non-White	4.37	.87		
White	4.64	.83		
Mean Role Model/Mentor Support (Overall)			-.57	.56
Age				
< 25	2.08	.49		
> 25	2.13	.55		
Marital Status			-.42	.67
Not Married	2.09	.51		
Married	2.14	.54		
Financial Assistance			.24	.80
No	2.08	.50		
Yes	2.11	.52		
First-Generation College Student			-.36	.71
No	2.09	.53		
Yes	2.12	.49		
Race			.97	.33
Non-White	2.20	.70		
White	2.08	.47		

Table 6 (Continued)

Levels of Support	Mean Score	SD	t	<i>p</i>
Same Gender Role Model/Mentor				
Age				
<25	2.08	.71	-.15	.87
>25	2.13	.55		
Marital Status				
Not Married	1.98	.68	1.25	.21
Married	1.78	.81		
Financial Assistance				
No	1.85	.78	.87	.38
Yes	1.97	.68		
First-Generation College Student				
No	1.99	.70	1.06	.29
Yes	1.85	.74		
Race				
Non-White	2.09	.73	1.08	.28
White	1.91	.71		

Table 6 (Continued)

Levels of Support	Mean Score	SD	T	<i>p</i>
<b>Mean Family Support</b>				
Age				
< 25	4.78	.91	-.30	.75
> 25	4.73	.84		
Marital Status				
Not Married	4.79	.92	.55	.58
Married	4.68	.75		
Financial Assistance				
No	4.80	.77	.33	.74
Yes	4.75	.94		
First-Generation College Student			3.57	.00*‡
No	4.97	.67		
Yes	4.42	1.08		
Race				
Non-White	4.54	1.35	-1.24	.21
White	4.81	.76		
Total Score				
Age				
< 25	17.8	2.36	-.41	.67
> 25	17.6	2.92		
Marital Status				
Not Married	17.8	2.55	1.36	.17
Married	17.1	2.56		
Financial Assistance				
No	17.8	2.52	.12	.89
Yes	17.7	2.59		
First-Generation College Student			1.70	.09
No	18.0	2.37		
Yes	17.2	2.80		
Race				
Non-White	17.2	3.29	-.98	.32
White	17.8	2.39		

Note: \* indicated a  $p < .05$ ; ‡ indicates significance related to conceptual model

Table 7

*Level of Education Comparison Among Nursing and Social Work Students and Levels of Support*

Level of Support	Mean Score	SD	t	p
Family Support			.71	.47
Non-Senior	4.88	.89		
Senior	4.76	.76		
Faculty Support			1.86	.06
Non-Senior	4.79	.86		
Senior	4.47	.80		
Peer Support			1.12	.26
Non-Senior	4.52	.78		
Senior	4.32	.86		
Role Model/Mentor Support (overall)			-.67	.46
Non-Senior	2.02	.63		
Senior	2.10	.46		
Same Gender Role Model/Mentor			-1.46	.14
Non-Senior	1.80	.76		
Senior	2.02	.67		
Total Score			.41	.67
Non-Senior	17.9	2.49		
Senior	17.7	2.43		

T-tests were also conducted to examine the differences in the importance scores for social support and the demographics (i.e., age, financial assistance, marital status, race, level of education, and first-generation college students). Again, please note that occupational therapy students were not included in the analysis for level of education (see table 9).

The results were presented in Table 8, and significant results were: importance of peer support and race whereas white male students reported higher importance of peer

support ( $M = 2.10, SD = .42$ ) than non-white male students ( $M = 2.10, SD = .42$  vs. non-White,  $M = 1.96, SD = .51; t = -1.28, df = 125, p = .02$ ).

There were no significant differences noted for mean faculty, family, role model/mentor, same gender role model/mentor, and total score and importance of social support. There were also no significant differences noted among nursing and social work non-senior and senior students and the importance of support of mean family, peer, overall role model/mentor, same gender role model/mentor and total score of support (Table 9).

Table 8

*Demographic Comparisons and The Importance of Social Support*

Importance of Social Support	Mean Score	SD	t	p
<b>Mean Faculty Support</b>				
Age				
< 25	2.48	.35	.87	.38
> 25	2.54	.44		
Marital Status				
Not Married	2.51	.35	.69	.49
Married	2.45	.50		
Financial Assistance				
No	2.55	.38	.87	.38
Yes	2.48	.39		
First-Generation College Student				
No	2.52	.37	.61	.54
Yes	2.47	.40		
Race				
Non-White	2.48	.44	-.22	.82
White	2.50	.37		

Table 8 (Continued)

Importance of Social Support	Mean Score	SD	t	p
<b>Mean Peer Support</b>				
Age			.03	.97
< 25	2.07	.41		
> 25	2.08	.47		
Marital Status			1.13	.95
Not Married	2.09	.42		
Married	1.98	.49		
Financial Assistance			1.82	.07
No	2.18	.38		
Yes	2.03	.44		
First-Generation College Student			.34	.72
No	2.08	.43		
Yes	2.06	.44		
Race			-1.28	.02*‡
Non-White	1.96	.52		
White	2.10	.41		

*Note.* \* Indicates  $p < .05$ ; ‡ indicates significance related to conceptual model

Table 8 (Continued)

Importance of Social Support	Mean Score	SD	t	p
<b>Mean Family Support</b>				
Age			.79	.43
< 25	2.24	.37		
> 25	2.30	.43		
Marital Status			.05	.95
Not Married	2.26	.38		
Married	2.25	.44		
Financial Assistance			.09	.92
No	2.26	.41		
Yes	2.25	.38		
First-Generation College Student			1.56	.12
No	2.30	.38		
Yes	2.19	.41		
Race			1.76	.08
Non-White	2.40	.49		
White	2.23	.36		
<b>Mean Role Model/Mentor (Overall)</b>				
Age			-.57	.56
< 25	2.08	.49		
> 25	2.09	.54		
Marital Status			.05	.95
Not Married	2.06	.50		
Married	2.06	.55		
Financial Assistance			-.48	.64
No	2.03	.51		
Yes	2.08	.52		
First-Generation College Student			.04	.96
No	2.07	.53		
Yes	2.06	.49		
Race			.74	.43
Not White	2.20	.70		
White	2.08	.47		

Table 8 (Continued)

Importance of Social Support	Mean Score	SD	t	<i>p</i>
Same Gender Role Model/Mentor				.
Age				
< 25	1.93	.71		
> 25	1.95	.73		
Marital Status				
Not Married	1.98	.68		
Married	1.78	.81		
Financial Assistance				
No	1.85	.78		
Yes	1.97	.68		
First-Generation College Student				
No	1.99	.70		
Yes	1.85	.74		
Race				
Not White	2.09	.73		
White	1.91	.71		
Total Score				
Age				
< 25	8.85	1.26		
> 25	9.02	1.56		
Marital Status				
Not Married	8.94	1.28		
Married	8.78	1.69		
Financial Assistance				
No	9.03	1.38		
Yes	8.85	1.36		
First-Generation College Student				
No	8.98	1.33		
Yes	8.79	1.42		
Race				
Non-White	9.03	1.85		
White	8.88	1.25		

Table 9

*Comparison for Level of Education and Importance of Social Support among Nursing and Social Work Students*

Importance of Support	Mean Score	SD	T	p
Family Support			1.62	.10
Non-Senior	2.31	.41		
Senior	2.18	.35		
Faculty Support			1.46	.14
Non-Senior	2.57	.36		
Senior	2.45	.38		
Peer Support			1.58	.17
Non-Senior	2.19	.43		
Senior	2.05	.40		
Role Model/Mentor Support (Overall)	2.02	.63	-.72	.46
Non-Senior	2.10	.46		
Senior				
Same Gender Role Model/Mentor			-1.46	.14
Non-senior	1.80	.76		
Senior	2.02	.67		
Total Score			.95	.31
Non-Senior	9.05	1.54		
Senior	8.77	1.23		

## **Chapter 5**

### **Discussion**

The current study examined the perceived sources of social support from family, peers, faculty, and role model/mentors among male nursing, occupational therapy, and social work students. The results showed that the male students and family support are significantly associated with their academic success. In addition, the results also showed that the male students in all three academic programs found faculty support was very importance source of support.

#### **Family Social Support**

The results of this current study supported previous studies correlating family support and academic success specifically among male nursing students. Several studies have found family support to be a positive factor in the success to graduation for college students (Dawson & Pooley, 2013; Leal & Santos, 2016; Li et al., 2014; Strom & Savage 2014). According to McLaughlin et al. (2010), higher family awareness of the positive impact males have in the nursing profession is related to an increased male student completion rate within the nursing program. This was also noted by Abushaikha et al. (2014), when a family recognized nursing as a science and a professional role, the emotional support they provided increased. The increase in emotional support led to student's commitment to their studies and an increase in student retention.

While previous studies in the nursing profession showed the important role of family social support, studies in social work and occupational therapy found that males students did not identify family as a source of support. Parker and Crabtree (2014) found that male social work students perceived that they had more social support from male

faculty and male role models than did their female counterparts. In addition, male occupational therapy students identified “self” and not family support as their motivation for program support and success (Rider & Brahear, 1988).

### **Peer Social Support**

While the results of this study found family support to be related to their academic success among the male students, they did not identify peer support as a factor to academic success. These results were mixed compared to previous studies. Previous research has shown both positive and negative perceptions of peer support and the relationship to academic success. Some studies have found that peer support can have a positive effect on male students’ psychological, emotional, instrumental, informational, appraisal support, and academic success in college (Palmer et al., 2011; Pascarella & Terenzini, 2005; Vungkhanching, Tonsing, & Tonsing, 2017). According to Vnugkhanching et al. (2017), both male and female social work students identified peer support as a positive factor in decreasing depression and providing coping strategies to help reduce academic stress. As students enter college, students will transition from relying on family as their source of support to peer support. In a study conducted by de la Iglesia et al. (2014), both males and females from various college programs found that peers and friends was perceived as more important than family support as an effective way to decrease academic stress. This was also noted in a study by Wilks and Spivey (2010) where they found friend or peer-related social support promoted a decrease in academic stress and resilience among both male and female social work students. However, other studies in nursing and social work found that the male students did not identify peer support as a positive source of support toward academic success. These

male students found that their female peers often would increase the stress level by exhibiting hostility toward the males within these programs (Ellis et al., 2006; Crabtree & Parker, 2014; Furness, 2012; Parker & Crabtree, 2014). Also, the negative peer perception and support of males within nursing and social work made the male students feel isolated and marginalized within their programs (Pease, 2011; Schuab, 2015). In addition, according to Bartfay, Bartfay, Clow, and Wu (2010), female nursing students reported that nursing was more suited for females because women are more caring and compassionate than male nursing students. These study results were also noted among the occupational therapy profession. According to Maxim and Rice (2018), female occupational therapists believed that they are more suited for the profession from an emotional standpoint than their male counterparts.

### **Faculty Social Support**

The results of perceived faculty support in this study also did not show significant relationship to academic success. However, the male students in all three programs did find faculty support very important. These results differ from previous studies. Male students within nursing, social work, and occupational therapy have a negative perception of faculty within the classroom and clinical/fieldwork settings. In one qualitative study conducted by Bell-Scriber (2008), male nursing students felt ignored and isolated during classroom discussions by faculty. One of the male students in the study stated, “You ask a question and they are harsh with you” (p. 146). He continued, “It’s usually not in the words they speak, it is sometimes their body language. You don’t know what you are talking about and your feeling on a specific subject doesn’t matter” (p. 146). In addition, the restrictions of clinical experiences at the clinical site, where male nursing students

were mainly assigned to male patients, limited their ability to experience a wide range of clinical experiences as did their counterparts. The lack of clinical experiences and the lack of support from nursing faculty within the classroom and clinical sites contributed to the academic challenges male nursing students experienced (Christensen & Knight, 2014; McLaughlin et al., 2010; Wolfender, 2011). This was also noted among male social work students. According to Furness (2012) and Schaub (2015), male social work students felt pressured by faculty to uphold their masculine persona, which led to the inability to express their fears about fieldwork placements and course work. Therefore, the perceived lack of faculty support to express their fears decreased their ability to ask for help which led to withdrawal and failure within the social work program (Furness, 2012; Schaub, 2015).

In addition to the challenges related to the perceived lack of faculty support within the classroom and clinical sites among the male students within the three academic programs, previous research has also identified that faculty lacked understanding of male students' learning styles and study habits that would support and encourage academic success within these programs (Dyke et al., 2009; Parker & Crabtree, 2014; Thornton, 2016). Male nursing and social work students learn differently from their female counterparts (Christensen & Knight, 2014; Dyke et al., 2009; Parker & Crabtree, 2014; Wolfender, 2011). According to Parker and Crabtree (2014), male social work students prefer classic classroom methods of teaching, such as lectures, over intimate small group discussions. This was also echoed among male nursing students. According to Christensen and Knight (2014), male nursing students consistently had difficulties completing reflective writing assignments where sharing feelings and emotions was the

central theme to the assignment. Often, the reflective assignments determined the success within the course (Dyke et al., 2009). In addition, male students differ in the way they study compared to female students. According to Severiens and Ten Dam (2012), male students in female-dominated programs were found to lack the professional demeanor of discipline, motivation, and time management skills needed to be successful within these programs. The lack of professional poise was perceived by faculty as being unwilling to participate or emotionless toward the profession (Dyck et al., 2009; Furness, 2012; Meadus & Twomey, 2011). This was noted in a pilot study by Thornton (2015), where one male nursing student stated, "I am a procrastinator, but that doesn't mean that I don't care. I get good grades even though it may look as though I don't care and I'm not studying" (pg. 15). Challenges with discipline, motivation, and time management were also noted among male social work students. Furness (2012) identified male social work students to be unprepared; unprepared for clinical placements and unprepared to submit assignments in a timely manner. This perceived lack of motivation and preparation resulted in faculty bias and poor grades (Furness, 2012).

### **Role Model/Mentor Support**

What was surprising from the results of this study was the lack of significance of overall role model/mentor support and same gender role model/mentor support academic success among the male students in this study. This was also noted in the students' narrative responses. While the study participants identified family and faculty as role model/mentors, same gender role model/mentors were not specified in their narrative results. The results related to same gender role model mentor support was not consistent with previous studies. According to Wilson (2005), male role models were found to be

very effective in motivating male nursing students; specifically, providing a male support group allowed male students to express their concerns and fears. In this study, a male nursing student stated, “A discussion group for males is a really good thing. You are meeting other males in the same situation” (p. 228). This was also verified in another qualitative study by Stott (2007), where a student participant reported, “Having some male nurses give a different aspect to it...see how they think...what it is like to be a male nurse” (p.330) is important. Another study by Rajacich et al. (2013) stressed the importance of male nurses as role models for other young men and highlighted the historical beginning of men in nursing. In addition to male support groups, male students also identified the importance of male role models in the clinical/fieldwork setting. A study by Yang, Yu, Chin, and Lee (2017) found that the male nursing students prefer having male role models in the clinical setting. In particular, the study participants reported, “having a male role model helps decrease the feeling of loneliness and also demonstrates that men can have an excellent and respectable future in nursing” (p. 336). These sentiments were echoed among male social work students. According to Parker and Crabtree (2014), having male social work role models would provide information and experiences from a male’s point of view and having the information explained in a technical manner that would mirror the learning style of the male student. Also, male social work role models provide a positive gender solidarity: “Seeing a male lecturer gives respect and a role model. This is a very important balance, more so than having staff from other ethnic backgrounds” (Crabtree & Parker, 2014, p. 19). To date, there are no studies related to role model/mentors among occupational therapy students.

### **Demographic Data and Social Support**

Lastly, comparison of levels and importance of social support and demographic data for age, level of education, race, marital status, first-generation college student, and financial assistance was examined. The results indicated that non-married male students found peer support significant to academic success compared to married male students. There are limited studies specific to demographic data and social support of married and non-married male college students. One study by Darghouth, Brody, and Algria (2015), found that, overall, married people had less psychological distress than did non-married people.

Study results also indicated the significant difference among first-generation college students and family support. The first-generation college students reported lower family social support than non-first-generation college students. Although not specific to nursing, social work, and occupational therapy or gender, these results were consistent with other studies. According to Jenkins, Belanger, Connally, Boals, and Durón (2010), first-generation psychology students who had less family support reported higher levels of stress and decreased life satisfaction. They also found that the lack of family support among first-generation college students leads to the inability of these students to successfully assimilate into academic life which added to overall stress and lack of academic success. However, in a qualitative study by Blackwell and Pinder (2014) found that if first-generation college students did not have support from family to attend college, these students succeeded in college from their innate passion and motivation to succeed.

When analyzing the importance of social support, there were significant findings between race and the importance of peer support. The results of this study indicate that non-White students reported less peer support than white students. The results from this study were mixed compared to previous studies. In a study conducted by Baker (2013), both African American and Latino males and females found peer support to be helpful to life stress and emotional support. However, they found faculty of color to be a source of support to effectively assimilate to the college environment and academic success. In addition, Ben-Ari and Gil (2004) identified that Palestinian nursing and social work students found family support to be very important. This was consistent with a study conducted by Yang et al. (2017), where they found male students in Taiwan identified family support to be very important to their success in nursing school. The male students in this study also experienced unfavorable biases from faculty and were teased by their peers. However, to the contrary, Lou et al. (2010) found that male nursing students from a 5-year junior college in central Taiwan received more support from faculty and classmates than they did from their families. This was also echoed in a study by Dapremont (2011), where non-White nursing students identified peers and faculty to foster learning, increase confidence, and acceptance within the program.

### **Theoretical Framework**

Reflecting on the overall results of this study, these results do support the conceptual model developed from Tinto's theory of student departure and Allport's contact theory. Figure 2 shows that the male students in this study identified family support as being significant to academic success. The students also found faculty support to be important. According to Tinto's theory (1993), the three stages of separation,

transition, and incorporating are involved in understanding the process of undergraduate students' success in college. Tinto (2006), found that family support related to the success of students entering the separation stage and academic success in college. Understanding the family dynamics in a student's life provides colleges ways to provide effective orientation guidelines and policies to enhance the overall persistence of the student population (Tinto, 2006). As students move into the transition stage, this stage can be very stressful as the student moves from the past and into a space of uncertainty as they try to develop new norms and behaviors of the new college and program environment (Tinto, 1988). Faculty support is imperative during this stage to provide students assistance as they navigate and adjust to the program demands and will assure student persistence (Tinto, 2006). The students in this study also identified the importance of faculty support. Therefore, Tinto (2006) stated that faculty support can be enhanced by providing faculty training that would support student learning and student retention. For the male students within nursing, social work, and occupational therapy, this would include identifying the various teaching modalities that would support the male student. The final stage of Tinto's theory of student departure is the incorporating stage. This is the ongoing interaction with faculty support as the student continues to integrate into the academic realm of their college life and program of study. This would include open faculty office hours and study sessions. This interaction allows for faculty and student engagement that will promote active learning and student retention (Tinto, 2006). This stage also involves social interactions with peers through collegial groups and extracurricular programs, allowing students to build a social network (Tinto, 1988).

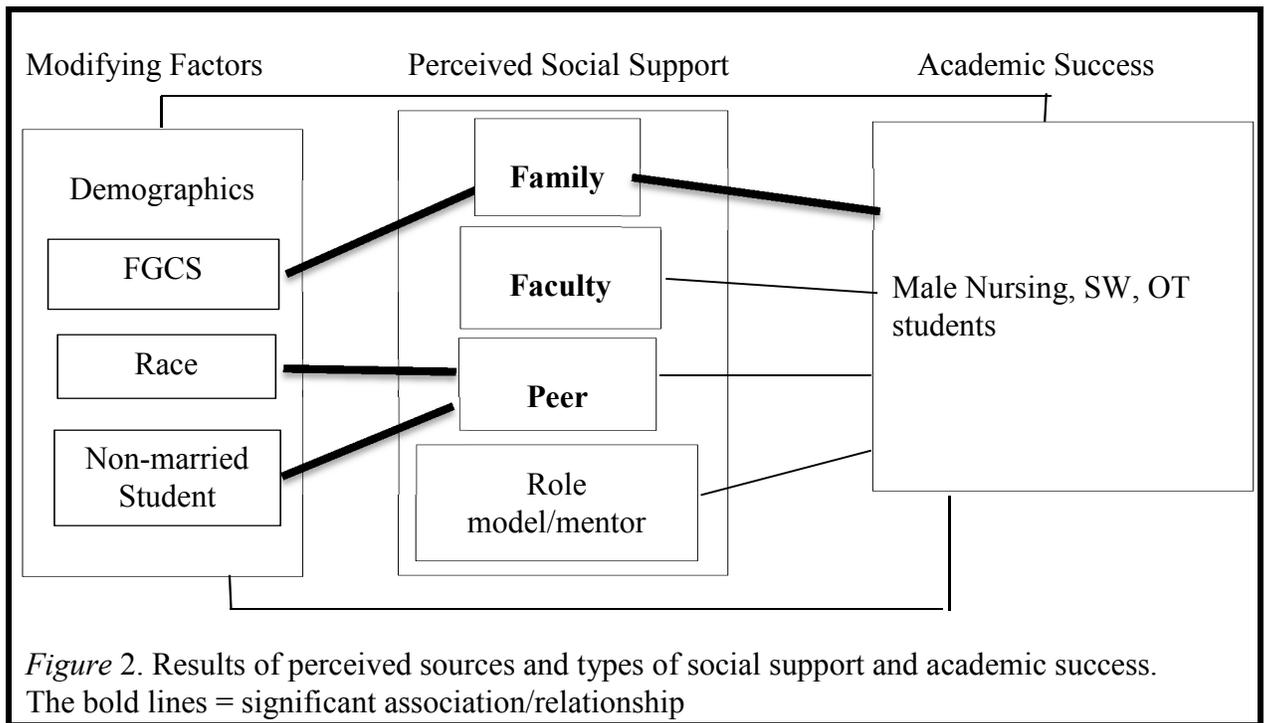
This study also addressed demographic variable and perceived social support. The results showed that demographic variables influenced the source and importance of social support. Figure 2 shows that first-generation college students had lower family support than non-first-generation college students. Also, non-White students had less peer support than did White students and non-married students identified more peer support than married students. Tinto's theory also addresses demographic differences among students and student retention (Tinto, 1993). A study by Palmer et al. (2011), found that faculty support is essential for academic success among non-White students. Therefore, Tinto (1993) identified that successful student retention is accomplished by tailored institutional programs that are specific to various student needs. This can include appropriate learning setting such as family support sessions, and peer support as well as faculty and collaborative learning sessions. In addition, providing special support programs and communities enhances the social and emotional support for a positive college experience.

Allport's contact theory emphasizes the importance of equal group status through intergroup cooperation and establishing common goals that will encourage a positive interprofessional experiences (Allport, 1954). Although peer support was not identified, according to the Spearman rho results, as significantly correlating to academic success, when examining demographic characteristics, peer support was identified as a source and importance of support among non-married White male students in all three programs. Therefore, identifying that demographic factors may influence perceptions of peer support, Allport's theory (1954) stresses the importance of continued peer education to support positive attitudes and behaviors and reduce prejudice among groups. According

to Mehta et al. (2011), first generation college students (FGCS) who participated in lived-learning programs where students lived together, took courses together, and participated in faculty and student activities, reported better adjustment to college and better academic success. The expanded work of Pettigrew (1998) on Allport's theory, identified that cross-group friendships needs to develop for optimal intergroup contact. Through institutional support and other campus programs, the cross-group friendship process allows for self-disclosure and aids in the reduction of prejudicial feelings among groups (Pettigrew, 1998).

Figure 2 shows the original proposed relationship of perceived social support and academic success. A male nursing, social work, and occupational therapy student who perceives that he has positive family, faculty, peer, and/or role model/mentor support has a greater likelihood of academic success. In addition, relationships among modifying factors such as age, race, and financial assistance, as well as marital status, level of education, and status as a first-generation college student, were examined (Mulholland et al., 2008; Schneider & Ward, 2003; Watson, 2012). Statistically significant relationships found in this study support the conceptual model below. The male students in this study identified that family support significantly correlated to their academic success. Also, although faculty support was not identified as a significant correlation to academic success, the male students did identify faculty as an important source of support. In addition, demographic variables such as race, status as a FGCS, and marital status demonstrated a significant change in the level and importance of social support. For example, non-first-generation college students identified family support as their source of support more than FGCS. Also, peer support was identified as a significant source of

support among non-married students and was an important source of support among White students more than married and non-White students. Therefore, these results indicate the need for providing family education regarding the positive impact of males within these professions. In addition, faculty and administration need to be aware that demographic differences may alter the source and importance of support among male students within these programs.



Overall, the results of this study provided some insight to the perceptions of social support among male students within nursing social work and occupational therapy. Most of the male students in nursing and social work indicated that family was a significant influence on academic success, whereas peer, faculty, overall role model/mentor, and same gender role model/mentors were not significant, which was consistent with previous studies. In addition, the students from all three program types identified faculty support as very important source of support. However, previous studies indicate that male

students in the three programs have negative perceptions of faculty and the support they provide. In addition, demographic data for race, marital status, and first-generation college students were found to influence the perceptions of family and peer social support.

## **Chapter 6**

### **Conclusion**

#### **Implication to Practice**

Providing gender equality across healthcare programs is important for today's interprofessional healthcare landscape. The results of this study provide faculty and administration within nursing, social work, and occupational therapy programs some insight about the relationship of social support and academic success among male students within these programs. This study found a relationship between family support and academic success among the male students surveyed. In addition, this study also found that the males in all three programs identified faculty support to be very important. Also, the males in all three programs identified the importance of family support. However, male nursing and social work students identified the importance of family support higher than male occupational therapy students. Therefore, it is important for faculty and administration to recognize the potential positive impact that family support can provide for male students within these programs.

The study also addressed the impact of peer, faculty, overall role model/mentor, and same gender role model/mentor support and their relationship to academic success. The male students surveyed in this study did not indicate a significant correlation between peer, faculty, or overall role model/mentor and same gender social support with academic success. However, they did identify family and faculty to be the main source of social support. In addition, the male students in all three academic programs did not significantly indicate the importance peer, overall role model/mentor, and same gender role model/mentor support. There were also no differences between the three-academic

program and social support. These results lead to a conclusion that is two-fold. First, the results point to a need for the development of an educational intervention for families about the positive impact that males within these female-dominated professions can provide. Possibilities to address this need include open forum sessions where males within these programs provide testimonials of their experiences and impact this has on the profession. In addition, include male students in nursing, social work, and occupational therapy program websites and pamphlets. Second, faculty support was identified by the males in all three programs to be *important* to *very important* to academic success. These results are not only important to the faculty within each program but for the success of interprofessional education and practice across healthcare professional programs. Therefore, these results indicate that training is necessary for faculty to understand the learning styles of male students, as well as providing various teaching modalities that would promote success within and among various healthcare professional programs. Suggested teaching methods can incorporate individual reflective assignments to include the clinical aspects of the profession, simulation activities that would include the technical aspects of the profession and promote interprofessional communication and practice, and more male peer and faculty presence within the clinical site as well as the classroom setting to provide more clarity of the importance and need for these types of support as well. Lastly, peer and same gender role model/mentor support was not significant among the male students, possibly due to the lack of exposure to same gender role model/ mentors within the educational arena. Continued recruitment of male peers and role model/mentors may change these results in the future.

This study also identified that demographic variables may influence the perceptions of social support. For example, non-married students identified peer support as a source of support higher than married students. This was also noted for first-generation college students. Non-first-generation college students identified family support higher than first-generation college students. In addition, demographic variables also influenced the importance of peer social support and race, where White students found the importance of peer support higher than non-white students. Therefore, these results support that demographic variables, in addition to gender, can play a role in social support among the male students within these three academic programs. These results indicate that further education of first-generation college students and families is needed to provide them with additional information and support regarding the overall college experience. Also, educating families and students regarding the available institutional resources that are in place to support and encourage the male student's academic success. Faculty and administration should be encouraged to be aware of demographic differences (for example, first-generation college student and race) among male students within these programs. In addition, faculty should be provided with additional mentorship training that will provide the academic support and assistance for students with various demographic backgrounds to reach their goal of graduation.

### **Recommendations for Further Research**

Although the results of this study are encouraging, continued research on this subject with a larger sample size is recommended. This can be accomplished by reaching out to national nursing, social work, and occupational therapy student organizations and national program organizations as well as expanding to colleges and universities

nationally. To better understand the perceptions of social support and academic success among male occupational therapy students, continued research is needed through both quantitative and qualitative studies among male occupational therapy students considering perceptions of social support and academic success. Further research is needed to examine relationships and differences of the level of education, perceptions, and importance of social support among the males within nursing, social work, and occupational therapy, which could be accomplished by posing the question to students as to the level or semester in the program or the number of credits currently within the program of study. This information would potentially identify any differences in the source or importance of support and level of education. To better understand the effects that social support has on academic success, continued research is warranted to examine the examining perceptions of social support and academic success over time using a longitudinal study approach that includes both quantitative and qualitative methods. This information would potentially provide faculty not only the quantitative information related to social support and academic success but also the narrative data from students regarding the impact that the perceptions of social support have on their academic success. Expanding research studies would include examining differences in perceived social support and academic success among male graduate and undergraduate male nursing and social work students. Additional research can be conducted to examine the differences in the perceptions of social support among male students in associate degree nursing programs and bachelor's degree nursing students. Understanding the perceptions of social support among male nursing and social work students in various degree programs would potentially assist in ensuring the appropriate social support is available

to target male in all programs. Further research is also needed related to the current impact that male students have on collaborative practice within and among these professions. Research is also needed to examine the impact that males within nursing, social work, and occupational therapy have on the quality of patient care. In addition, from the results of this study, further research related to demographic data for marital status and race among male nursing, social work, and occupational therapy students is needed. This information can potentially impact the social support provided to students within the clinical and classroom settings. Finally, continued research is also needed to explore the thoughts and feelings that family, peers, faculty, and role model/mentors have related to males within these female-dominated professions and how this may impact student retention and success.

### **Communication of Research Results**

Interprofessional research is important to establish the foundation for guiding interprofessional practice. Therefore, the plan to disseminate the results of this study will include presentations to faculty and staff at the universities that participated in the study as well as at local, state, and national nursing, social work, occupational therapy, and interprofessional conferences. In addition, a manuscript of this study will be submitted to national peer-reviewed nursing, social work, and occupational therapy journals for possible publication.

### **Limitations of the Study**

Along with the findings, it is important to address any identifiable limitations. The sample size for this study ( $n = 127$ ) did not reach to power analysis results ( $n = 200$ ) which could be considered a limitation. Another limitation was the length of 74-question

study tool and the online response rate. Of the 52 online survey responses, 39 of those who responded did not complete the survey and needed to be eliminated from the study results. Thirdly, the self-reported GPA was determined by a range rather than asking students to self-report their current GPA. This resulted in altering the study analysis from the use of a correlational regression analysis to analyze possible positive relationships to a less robust form of analysis using a non-parametric Spearman rho analysis of relationships. In addition, the use of a self-reported GPA as a proxy for academic success at one point in time may not identify the true results of social support and academic success. Also, the level of education ranges on the survey did not consider the variability of the OT program; therefore, the data for level of education of the OT students was deleted from the analysis. Lastly, the recruitment of male students was limited to three Midwestern universities and social media sites.

### **Summary**

As our healthcare system continues to evolve and change, the need for a diverse population of healthcare providers is essential to ensure positive collaborative patient-centered care. Males within these female-dominated professions can potentially provide the diversity necessary for our healthcare population. Providing social support for male students in nursing, social work, and occupational therapy can promote success within these programs. In addition, breaking down the negative stereotype that society has of males within these female-dominated professions can also serve as a gateway for more males entering the profession and provide more opportunities for male role models and mentors. The results of this study found that family support may influence a male students' academic success. The results also identified that faculty support may be an

important source of support for male students. Also, various demographic characteristics may also play a role in the levels of social support used. Through continued research of the perceptions of social support and academic success among male nursing, social work, and occupational therapy students, faculty, staff, and administration will obtain data on the perceptions of social support that will foster and encourage male students' success within these programs as well as promote positive interprofessional educational interaction across disciplines and successful interprofessional practice.

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APPENDICES

Appendix A:

Student Social Support Survey

**Family Support**  
(parents, grandparents, spouse, close friends, guardian)

	<u>How Often</u>	<u>How Important</u>
	Never Almost Never Sometimes Most often Almost always Always	Not Important Important Very Important
1. My family trusts me	1 2 3 4 5 6	1 2 3
2. My family tell me they love me	1 2 3 4 5 6	1 2 3
3. My family try to understand how I feel	1 2 3 4 5 6	1 2 3
4. My family support my decisions	1 2 3 4 5 6	1 2 3
5. My family listen to me	1 2 3 4 5 6	1 2 3
6. My family treat me like a person who matters	1 2 3 4 5 6	1 2 3
7. My family are interested in what I am doing in my program of study	1 2 3 4 5 6	1 2 3
8. My family encourage me to do well in my program	1 2 3 4 5 6	1 2 3
9. My family listen to my concerns	1 2 3 4 5 6	1 2 3
10. My family express their pride in me and my program choice	1 2 3 4 5 6	1 2 3
11. My family care about how I am doing	1 2 3 4 5 6	1 2 3
12. My family ask me about my program of study and friends	1 2 3 4 5 6	1 2 3
13. My family provide monetary support	1 2 3 4 5 6	1 2 3
14. My family respond to me when I need help	1 2 3 4 5 6	1 2 3
15. My family help me think through problems with my peers	1 2 3 4 5 6	1 2 3
16. My parents make suggestions when I am uncertain	1 2 3 4 5 6	1 2 3
17. My family guide me to find answers to my problems	1 2 3 4 5 6	1 2 3

18. My family praise me for working hard	1 2 3 4 5 6	1 2 3
19. My family praise me when I do a good job	1 2 3 4 5 6	1 2 3
20. My family evaluate with me my progression in the program	1 2 3 4 5 6	1 2 3

**Peer Support  
(Classmates)**

	<u>How Often</u>	<u>How Important</u>
	Never Almost Never Sometimes Most often Almost Always Always	Not Important Important Very Important
1. My peers say they like the way that I am	1 2 3 4 5 6	1 2 3
2. My peers are nice to me	1 2 3 4 5 6	1 2 3
3. My peers respect me	1 2 3 4 5 6	1 2 3
4. My peers pay attention to my point of view	1 2 3 4 5 6	1 2 3
5. My peers include me in program activities	1 2 3 4 5 6	1 2 3
6. My peers support me	1 2 3 4 5 6	1 2 3
7. My peers listen to me	1 2 3 4 5 6	1 2 3
8. My peers include me in group projects	1 2 3 4 5 6	1 2 3
9. My peers help me with course work	1 2 3 4 5 6	1 2 3
10. My peers spend time with me outside of the program	1 2 3 4 5 6	1 2 3
11. My peers understand how I feel	1 2 3 4 5 6	1 2 3
12. My peers compliment me on my contributions to the program	1 2 3 4 5 6	1 2 3
13. My peers provide helpful suggestions	1 2 3 4 5 6	1 2 3
14. My peers provide good advice	1 2 3 4 5 6	1 2 3
15. My peers help me learn new skills	1 2 3 4 5 6	1 2 3
16. My peers help me with course project	1 2 3 4 5 6	1 2 3
17. My peers provide positive reinforcement	1 2 3 4 5 6	1 2 3

18. My peers support my contribution in classroom discussion	1 2 3 4 5 6	1 2 3
19. My peers help me organize my assignments	1 2 3 4 5 6	1 2 3
20. My peers respect my alternate methods of learning	1 2 3 4 5 6	1 2 3
21. My peers support through uncomfortable classroom situations	1 2 3 4 5 6	1 2 3
22. My peers understand my frustrations	1 2 3 4 5 6	1 2 3
23. My peers support me in my program decision	1 2 3 4 5 6	1 2 3

**Faculty Support  
(Teacher and/or Clinical/Field Work Instructor)**

	<u>How Often</u>	<u>How Important</u>
	Never Almost Never Sometimes Most often Almost Always Always	Not Important Important Very Important
1. My faculty is fair to me	1 2 3 4 5 6	1 2 3
2. My faculty listens to my concerns	1 2 3 4 5 6	1 2 3
3. My faculty wants me to excel	1 2 3 4 5 6	1 2 3
4. My faculty understands me	1 2 3 4 5 6	1 2 3
5. My faculty notices if I am struggling	1 2 3 4 5 6	1 2 3
6. My faculty answers my questions	1 2 3 4 5 6	1 2 3
7. My faculty helps me to solve problems	1 2 3 4 5 6 1 2 3 4 5 6	1 2 3 1 2 3
8. My faculty is supportive of my learning styles	1 2 3 4 5 6	1 2 3
9. My faculty explains assignments to me		
10. My faculty consistently makes time for me	1 2 3 4 5 6 1 2 3 4 5 6	1 2 3 1 2 3

11. My faculty supports my contributions to the program profession	1 2 3 4 5 6	1 2 3
12. My faculty includes me in classroom discussions		
13. My faculty consistently provide feedback regarding my course work	1 2 3 4 5 6	1 2 3
14. My faculty notice my efforts	1 2 3 4 5 6	1 2 3
15. My faculty help me through difficult course situations	1 2 3 4 5 6	1 2 3
16. My faculty tells me what he or she expects of me	1 2 3 4 5 6	1 2 3
17. My faculty praises my efforts	1 2 3 4 5 6	1 2 3
18. My faculty provides me with a positive learning environment	1 2 3 4 5 6	1 2 3
19. My faculty understands the challenges I may encounter during my program of study	1 2 3 4 5 6	1 2 3
20. My faculty supports me at the clinical/fieldwork site	1 2 3 4 5 6	1 2 3
21. My faculty at the clinical/fieldwork site help me during difficult situations	1 2 3 4 5 6	1 2 3
22. My faculty at the clinical/fieldwork site help me in challenging situations	1 2 3 4 5 6	1 2 3

**Role Model/Mentor**

**(Anyone you see that provides positive behaviors toward goal attainment as well as career support and guidance)**

	<u>How Often</u>	<u>How Important</u>
Who do you identify as a role model/mentor? (ex. Faculty, peer, family, clinical faculty/fieldwork faculty, employee. Etc.)  _____	Never Almost Never Sometimes Most often Almost Always Always	Not Important Important Very Important
1. Having a role model/mentor is important to me	1 2 3 4 5 6	1 2 3
2. Having a role model/mentor provides emotional support	1 2 3 4 5 6	1 2 3
3. Having a role model/mentor of my gender is important to me	1 2 3 4 5 6	1 2 3
4. Role model/mentor in the classroom is important to me	1 2 3 4 5 6	1 2 3
5. I feel more comfortable talking to a role model/mentor of the same gender	1 2 3 4 5 6	1 2 3
6. Role models/mentors provide me direction in my career	1 2 3 4 5 6	1 2 3
7. Role models/mentors make me feel confident	1 2 3 4 5 6	1 2 3
8. Same gender role models/mentors show me how I can succeed in my profession	1 2 3 4 5 6	1 2 3
9. Same gender role models/mentors in the clinical/fieldwork site is important to me	1 2 3 4 5 6	1 2 3

**Demographic Information**

1. Age
  1. 19-25
  2. 26-30
  3. 30-40
  4. Over 40
  
2. Level of Income (your income and/or parent income)
  1. <\$20,000/year
  2. 20,000-39,999/year
  3. 40,000-59,999/year
  4. 60,000-79,999/year
  5. >80,000/year
  
3. What is your program of study
  1. SW
  2. OT
  3. NURS
  
4. Do you receive institutional financial assistance?
  1. Yes
  2. No
  
5. Marital Status
  1. Single
  2. Single with a partner
  3. Married
  4. Divorced
  5. Divorced with a partner
  6. Widowed
  
6. Race
  1. White
  2. African American
  3. Native America
  4. Hispanic
  5. Asian
  6. Other please note

## 7. Level of education within your program

1. Freshman
2. Sophomore
3. Junior
4. Senior

## 8. Current GPA

1. 4.0-3.5
2. 3.49-3.0
3. 2.99-2.00
4. <2.00

## 9. Are you a first-generation college student?

1. Yes
2. No

## Appendix B:

## IRB Approval EMU

**RESEARCH @ EMU**

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**UHSRC Determination:** EXEMPT

**DATE:** May 18, 2017

**TO:** Tina Thornton  
Eastern Michigan University

**Re:** UHSRC: # 1069228-2  
Category: Exempt category 2  
Approval Date: May 18, 2017

**Title:** Perceived Sources and Types of Social Support and Academic Success among Male Nursing, Social Work, and Occupational Therapy Students

Your amended research project, entitled **Perceived Sources and Types of Social Support and Academic Success among Male Nursing, Social Work, and Occupational Therapy Students**, has been determined to maintain an **Exempt** status in accordance with federal regulation 45 CFR 46.102. UHSRC policy states that you, as the Principal Investigator, are responsible for protecting the rights and welfare of your research subjects and conducting your research as described in your protocol.

**Renewals:** Exempt protocols do not need to be renewed. When the project is completed, please submit the **Human Subjects Study Completion Form** (access through IRBNet on the UHSRC website).

**Modifications:** You may make minor changes (e.g., study staff changes, sample size changes, contact information changes, etc.) without submitting for review. However, if you plan to make changes that alter study design or any study instruments, you must submit a **Human Subjects Approval Request Form** and obtain approval prior to implementation. The form is available through IRBNet on the UHSRC website.

**Problems:** All major deviations from the reviewed protocol, unanticipated problems, adverse events, subject complaints, or other problems that may increase the risk to human subjects **or** change the category of review must be reported to the UHSRC via an **Event Report** form, available through IRBNet on the UHSRC website

**Follow-up:** If your Exempt project is not completed and closed after **three years**, the UHSRC office will contact you regarding the status of the project.

Please use the UHSRC number listed above on any forms submitted that relate to this project, or on any correspondence with the UHSRC office.

Good luck in your research. If we can be of further assistance, please contact us at 734-487-3090 or via e-mail at [human.subjects@emich.edu](mailto:human.subjects@emich.edu). Thank you for your cooperation.

Sincerely,

April M Gravitt, MS  
Research Compliance Analyst  
University Human Subjects Review Committee

## Appendix C:

## IRB APPROVAL SVSU



(989) 964-4000 • From Midland: 695-5325  
7400 Bay Road • University Center, MI 48710 • USA  
www.svsu.edu

DATE: May 15, 2017

TO: Tina Thornton  
FROM: Saginaw Valley State University Institutional Review Board

STUDY TITLE: [1069228-1] Perceived Sources and Types of Social Support and Academic Success among Male Nursing, Social Work, and Occupational Therapy Students

IRB REFERENCE #: 2017MC027  
SUBMISSION TYPE: New Project

ACTION: DETERMINATION OF EXEMPT STATUS  
DECISION DATE: May 15, 2017

Thank you for your submission of New Project materials for this research study. Saginaw Valley State University Institutional Review Board has determined this project is EXEMPT FROM CONTINUING REVIEW according to federal regulations. You need not renew IRB approval unless you make changes to the protocol. If you do need to make any changes to the project, please notify the IRB prior to making the changes so that we can determine whether such changes affect the status of the project with respect to federal regulations.

We will put a copy of this correspondence on file in our office.

If you have any questions, please contact Melissa Woodward at (989) 964-4295 or [mal@svsu.edu](mailto:mal@svsu.edu). Please include your study title and reference number in all correspondence with this office.

cc:

Appendix D:

Consent Form

## RESEARCH @ EMU

### Consent Form

The person in charge of this study is Tina Thornton. Mrs. Thornton is a graduate student at Eastern Michigan University. Her faculty adviser is Dr. Tsu Yin Wu. Throughout this form, this person will be referred to as the “investigator.”

**Purpose:** The purpose of this research study is to examine the perceptive sources and types of social support and academic success among male nursing, social work, and occupational therapy students.

**Funding:** This research is unfunded.

**Study Procedures:** Participation in this study involves completing a questionnaire. The questionnaire should take approximately 15 minutes to complete. I will also be asking you to self-disclose your grade point average (GPA).

**Risks:** Some of the survey questions may be personal in nature and may make you feel uncomfortable. You have the right to refuse to answer any questions that make you uncomfortable or that you do not want to answer.

**Benefits:** You will not directly benefit from participating in this research. Benefits include understanding the ways in which male students can be supported in female-dominated professional programs to ensure academic success.

**Confidentiality:** Your identity will remain confidential at all times. Your questionnaire will be encoded as “OT” for occupational therapy, “SW” for social work, and “NURS” for nursing. Your information will be stored in a locked file cabinet and in a password-protected computer file.

This study will be to fulfill my EDST 899 course dissertation research requirements for graduation. In addition, I may share your information with other researchers within and outside of Eastern Michigan University. If I do share your information, there will be no identifiers available.

The results of this research may be published or used for teaching. Identifiable information will not be used for these purposes.

**Compensation:** There will be no compensation for your participation in this study.

**Contact Information:** If you have any questions about this research, you can contact the Principal Investigator, Tina Thornton, at [tholtz@emich.edu](mailto:tholtz@emich.edu) or by phone 989-798-4101. You can also contact Tina's adviser, Dr. Tsu Yin Wu at [twu@emich.edu](mailto:twu@emich.edu) or by phone at 734.487.2297

## Appendix E:

## Online Consent Form

**RESEARCH @ EMU****Consent Form**

The person in charge of this study is Tina Thornton. Mrs. Thornton is a graduate student at Eastern Michigan University. Her faculty adviser is Dr. Tsu Yin Wu. Throughout this form, this person will be referred to as the “investigator.”

**Purpose:** The purpose of this research study is to examine the perceptive sources and types of social support and academic success among male nursing, social work, and occupational therapy students.

**Funding:** This research is unfunded.

**Study Procedures:** Participation in this study involves completing an online survey through the web-based site, Survey Monkey. It should take approximately 15 minutes to complete the survey. I will also be asking you to self-disclose your grade point average (GPA).

**Risks:** Some of the survey questions may be personal in nature and may make you feel uncomfortable. You the right to refuse to answer any questions that make you uncomfortable or that you do not want to answer.

**Benefits:** You will not directly benefit from participating in this research. Benefits include understanding the ways in which male students can be supported in female-dominated professional programs to ensure academic success.

**Confidentiality:** Your identity will remain confidential. All URL and email address will be set a blocked from the Survey Monkey site. Your questionnaire will be encoded as “OT” for occupational Therapy, “SW” for social work, and “NURS” for nursing. Your information will be stored in a password-protected computer file.

This study will be to fulfill my EDST 899 course dissertation research requirements for graduation. In addition, I may share this information with other researchers within and outside of Eastern Michigan University. If I do share your information, there will be no identifiers available.

The results of this research may be published or used for teaching. Identifiable information will not be used for these purposes.

**Compensation:** There will be no compensation for your participation in this study.

**Contact Information:** If you have any questions about this research, you can contact the Principal Investigator, Tina Thornton, at [tholtz@emich.edu](mailto:tholtz@emich.edu) or by phone 989-798-4101. You can also contact Tina's adviser, Dr. Tsu Yin Wu at [twu@emich.edu](mailto:twu@emich.edu) or by phone at 734.487.2297

For questions about your rights as a research subject, you can contact the Eastern Michigan University Office of Research Compliance at [human.subjects@emich.edu](mailto:human.subjects@emich.edu) or by phone at 734-487-3090.

### **Voluntary participation**

Participation in this research study is completely voluntary. You may refuse to participate at any time without penalty or loss of benefits. You may choose to leave the study at any time with no loss of benefits. If you leave the study, the information you provided will be kept confidential. No identifiers will be available. However, I cannot destroy any information that has already been published.

### **Statement of Consent**

I have read this form. I have had an opportunity to ask questions and am satisfied with the answers I received. I click "continue" below to indicate my consent to participate in this research study.

## Appendix F:

## Study Tool Approval Confirmation

Tina Holtz <[tholtz@emich.edu](mailto:tholtz@emich.edu)>7/1  
9/1  
6

to Patrick

Hello Dr. Nolten,

Thank you for returning my call. Also, thank you for sharing your tool for my dissertation. I will let you know if I have any further questions.

Tint Thornton MSN, RN

Nolten, Patrick <[patrick\\_nolten@ipsd.org](mailto:patrick_nolten@ipsd.org)>7/1  
9/1  
6

to me

You are welcome and best wishes for the successful completion of your dissertation!

PWN

**Patrick W. Nolten, Ph.D.**

Executive Director of Assessment, Research and Evaluation

Indian Prairie Community Unit School District 204

Howard Crouse Education Center

780 Shoreline Drive

Aurora, Illinois 60504

630.375.3034 (direct)

630.375.3033 (Lisa)

630.375.3001 (fax)

630.779.1805 (cell)

**From:** Tina Holtz [mailto:[tholtz@emich.edu](mailto:tholtz@emich.edu)]**Sent:** Tuesday, July 19, 2016 10:13 AM**To:** Nolten, Patrick <[patrick\\_nolten@ipsd.org](mailto:patrick_nolten@ipsd.org)>**Subject:** Re: Contact