A stairway to Confidence in Nursing: Thai Male Nursing Students’ Caring Experience of First Nursing Practice

A qualitative literature study
Seminar version

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Learning to care and first encounter to care patients for male nursing students introduce a unique set of dilemmas to the predominantly female nursing educational process. The purpose of this study was to describe the experience male nursing students learning to care and first encounter care patients in their first nursing practice. A purposive sampling of seven male nursing students were interviewed by internet interview and analyzed by Qualitative content analysis. The results show that the Thai male nursing student stairway to confidence in nursing they start with feelings of stressfulness, developing sensitiveness, developing co-operation and developing strategies to care and encounter with patient. The results also seem to include gender specific questions on how to handle dilemmas in the predominantly female nursing education. These may reflect facilitators and barriers of developing a caring mind among male nursing students. Implication for nursing education and practice are presented and discussed. In the clinical practice, the method of teaching was important to encourage, but also to gain additional knowledge and support peer groups as a suitable learning environment.

**Key words:** male nursing student, learning to care, first encounter, first nursing practice, qualitative content analysis
บทคัดย่อ
การเรียนรู้ที่จะดูแล และการพบกับผู้ป่วยในครั้งแรก ส าหรับนักศึกษาพยาบาลชาย ในการศึกษาพยาบาลที่มี ผู้หญิงศึกษาเป็นส่วนใหญ่ วัตถุประสงค์ของการศึกษาในครั้งนี้เพื่อศึกษาวิธีการเรียนรู้ที่จะดูแล และการพบหน้ากับผู้ป่วย ของนักศึกษาพยาบาลชาย ในการขึ้นฝึกปฏิบัติงานครั้งแรก การเลือกกลุ่มตัวอย่างแบบเจาะจง นักศึกษาพยาบาลชาย จำนวน 7 คน โดยการสัมภาษณ์ผ่านทางอินเตอร์เน็ต และวิเคราะห์ข้อมูลโดยการวิเคราะห์เนื้อหา ผลการศึกษาพบว่า นักศึกษาชายมีบันไดสู่ความมั่นใจในการให้การพยาบาล เริ่มจากความรู้สึกเครียด, การพัฒนาความไว, การพัฒนาความร่วมมือ, การพัฒนาการดูแลผู้ป่วย และการมีส่วนร่วมในการให้การพยาบาล ผลการศึกษานี้สะท้อนให้เห็นวิธีการดูแลผู้ป่วยและการพบกับผู้ป่วยของนักศึกษาพยาบาลชาย ซึ่งเห็นว่ามีความท้าทายกับ ผู้อ่าน อยู่ในความสะดวก และอุปสรรคของการพัฒนาการรับผิดชอบของการศึกษาพยาบาลและการเรียนการสอนในภาคปฏิบัติ คือการเรียนรู้และการสนับสนุนให้ผู้เรียนและกลุ่มผู้เรียนได้เกิดการเรียนรู้ที่เหมาะสมตามสภาพแวดล้อมที่เอื้อต่อ การเรียนรู้

คำสำคัญ: นักศึกษาพยาบาลชาย, การเรียนรู้ที่จะดูแล, การพบหน้า, การฝึกปฏิบัติการพยาบาลครั้งแรก, การวิเคราะห์เนื้อหา
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1. Introduction

Male nursing students’ learning to care introduces a unique set of dilemmas to the predominantly female nursing educational process that few studies earlier have addressed, and no attention has been paid to this in an eastern, Thai context. Gaining knowledge about the male nursing student’s first time caring experience and their first encounters with patients in nursing practice within their nursing program training is the Basic concept of principle nursing (BCPN).

However, caring is a part of nursing activity provides and develops the understanding of the nurse for nursing care. The modern definition of caring in nursing education indicates relationship between teacher and student and these interrelate to support the student’s in learning to care in nursing (Paterson & Crawford, 1994). Learning to care in an interactional context mostly addresses the role of instruction of female experience (Reitsma-Street, 1991). The researcher can enable the nursing student to learn to care in the first time and first encounter with a patient in nursing practice. The live experience of seven male nursing students as they learned to care patient in the first time and first encounters with patients in nursing practice is highlighted.

Base on the literature review, in Thailand. The knowledge in caring experience among male nursing students’ was not much. Mostly, they conducted in female nursing students’. However, the man to be entering to nursing education increasingly, the challenges of nursing faculty to teach and support learning style to confidence in nursing professional in the future.

2. Background

This studied aim to describe Thai male nursing students’ first time caring experience of patients in nursing practice. This chapter represents some information and literatures review. It consists of nursing education, nursing school in Thailand-organization and government, gender perspective in nursing practice, men in nursing education, theoretical frame work, pervious research, and rationale.
2.1 Nursing Education

During the last decades, nursing education has focused on more practical issues, but nursing pedagogic has been the conventional preparation. Brown (1948) found that there are differences between nursing education and practice and stated two recommendation; develop professional nursing by moving education from hospital-based programs into institutions of higher learning, and recognize that nurses can be categorized into professional and practical groups. After World War II a critical nursing shortage existed in developed countries and developing countries (Anders & Kunaviktikul, 1999; Norman et al, 2005; Dariel, 2009; Rich & Nugent, 2010; Achilles, 2010). Technical nursing education has been provided, recently nursing education in parallel with higher education has engaged with nursing professionals and health care (Rich & Nugent, 2010; O’Brien, Keogh & Neenan, 2009) The result is that new education programs have been prepared in the form of a Bachelor of science in nursing (BSN), a Master of science (MSN) in nursing and Philosophy of science (PhD) in colleges and universities for practice at the higher education level (Rich & Nugent, 2010).

The Institute of Medicine (IOM) has outlined recommendations for changes in the education of all health professionals such as physicians, physical therapists, pharmacists, occupational therapists, psychologists, nurses, and other health professionals. The IOM recommended the following core competencies (Greiner & Knebel, 2003):

1. Provide patient-centered care.
2. Work in interdisciplinary teams.
3. Employ evidence-based practice.
4. Apply quality improvement methods.
5. Make use of informatics.

Nurses’ educators have been concerned about how faculty can integrate (the above) five competencies into a curriculum, Cronenwett et al., (2007) address the challenge of preparing future nurses with the knowledge, skills and attitudes necessary to continuously improve the quality and safety of health care systems in which they work.

Nursing faculty is being challenged to integrate and incorporate competencies into the curriculum at both the basic and graduate levels. Nursing education in Thailand, Especially, Praboromrajchanok Institute for Health Workforce Development (PIHWD) has been commissioned to produce health personnel to the demand of the Ministry of Public Health
since 1974 – present. The curriculum framework has comprised of concept of nursing and nursing education educator learner family and community. However, the relationships in terms of teaching and nursing practice have had holistic care as a core value under the environment changes over time. The relationship between educator and learner is teaching base on authentic learning in the community that focusing to student center. Also, the co-relationship between educator and personnel, family and community, learner and personnel, and family and community are the holistic care that is focusing to promote health, preventing and rehabilitation for develop health self care in the future(BCNU, 2008).

2.2 Nursing school in Thailand – organization and government

Nursing education has been established since the Florence Nightingale era in 1820. Nursing education in Asia is facing rapid changes during economic crises and the changing socioeconomic situation in Asian countries. The nursing education that was developed in the late 1800s has developed. The first nursing school in Thailand was established in 1896 and, in 1950 (Kunaviktikul, 2006), The Ministry of Public Health instituted a Nursing Division which has provided nurses to support public hospitals in the Nursing Council is a non-governmental agency responsible for the accreditation of all undergraduate nursing programs. There are 62 nursing schools in Thailand. These include the 13 university-based programs that are within the Ministry of University Affairs and 35 schools under the Ministry of Public Health. There are also other nursing programs located in agencies such as the Department of Police, the Department of the Army, the Air force, and the Navy. In addition, there are a number of other nursing programs located in private universities. In the year of 1980, a technical nursing program started to address the nursing deficiency problem in the country. These technical programs are two year programs. The nurses can enroll for two years to become professional nurses (Anders & Kunaviktikul, 1999).

PIHWD has been commissioned to produce health personnel to the demand of the Ministry of Public Health. The admission process includes that students are recruited from the local areas assigned to each college and supported to return to their hometown after they graduate in order to provide opportunities for local students as well as alleviate the problem of shortage for health personnel in rural and remote areas (PIHWD, 2008).
Other 35 schools there are 29 nursing colleges located in different geographical areas throughout the country. They are responsible for develop curriculum and managing technical and professional nursing education programs, independently or through the affiliation with other academic institutions (PIHWD, 2008). Upon passing the test the students are given a Bachelors degree in Nursing Science (BNS) from their affiliated university (Anders & Kunaviktikul, 1999).

2.3 Gender perspective in nursing practice

Gender in general is addressed in sex differences, characteristics difference, and inequality. Additionally, Connell (2009 p. 11) stated that gender is “structure of social relations that centres on the reproductive arena, and the set of practices that bring reproductive distinctions between bodies into social processes.” However, gender and nursing is still interesting areas.

For example, McLaughlim et al., (2010) has stated that the female dominance in the nursing field, commonplace stereotypes and gender discriminations and gender bias still exist. They also suggest that these patterns are inherent in nursing education and it seems to be making male nursing student uncomfortable when they enter nursing programs. Even though statistics indicate that men in nursing make up a small group minority of 10 % (Washington University, 2009) the trend is that this proportion will be rising in the future. Many scholars have addressed gender in nursing and especially gender issues in nursing practice (Miers, 2000). It seems that these topics are important since gender-sensitive care in health care is men’s and women’s work.

The global perspective men in nursing is a minority group, but men choose nursing as a career for the same reasons as women do, such as a desire to help people; a profession with many career paths; a stable career; many geographic choices for practice and solid salary and benefits (Bernarde Hodes Group, 2005). In the media they are often presented as “male nurses” and women as nurses (Meadus, 2000). A large survey conducted by Bernarde Hodes Group (2005) shows that 500 men in nursing presented the following experiences; stereotyping, being a male in female-dominated profession, question about whether other professions would be more appropriate, lack of role models and mentors and lack of career guidelines toward nursing in High School. So, sexual stereotyping and gender trouble are still principal issues for men in nursing and nursing education. These two issues include further
subissues for men, including problems with inter-gender communication, the touching in clinical setting, question about masculinity, lack of mentors in clinical setting, and inadequate knowledge of the history of men in nursing (Cowen & Moorhead, 2011).

2.4 Men in nursing education

It has been described that men have worked in nursing since 275 BC in India where the Training School (Donahue, 1996) is, and where male nurses still serve as surgeon’s assistants and provide twenty-four hours care to patients in hospitals. Today this training takes place within a Bachelor’s program. Men became well-known in nursing in the Middle Ages, when religious orders were established for men and women, such as the Sisters of Charity for women and Alexin Brother for men, which take care of people who are sick but also give nursing education. In the 11th – 13th century when the Crusades of Christian armies tried to take Palestine from the Muslims, men provided nursing care of military staff that became sick or wounded during pilgrimages to the Holy Lands of the Middle East (Anthony, 2006; Mackintosh, 1997). In Thailand, after the Prince Mahidol of Songkhla had returned from Harvard, in the year of 1914 the school of nursing for men was established in order to provide care for men. The Prince thus started the development of nursing education as a knowledge-based program (Sethajun et al., 1986).

As shown above, men have been part of nursing since before the time of Nightingale’s era (Streubert & O’Toole, 1991). Nevertheless, nursing has been traditionally perceived as “woman’s work”, which tends to inhibit men from entering the nursing profession (Meadus, 2000). As a minority gender in the nursing professional, males have traditionally been expected to adapt to the way of knowing and learning which are regarded “stereotypically female” (Paterson & Crawford, 1994). It has affected male nursing students to learn to care that the social view perceived as women work. Nevertheless, male nurses have been able to learn from laboratory work or real situations in the hospital ward. But the environment in the nursing profession has made male nursing students nursing encounter to unique conflicts in the nursing education process, which can interfere with their learning abilities and ultimately their success (Trumminia, 1981). Gilligan (1982) has stated that women and men learn to care differently. Especially, considering the learning style male. Remen (1986) determined that male and female patients differed in their perception of what constitutes caring actions by
nurses. Caring has been concluded by many researchers to be the core value of nurse educator-student relationships (Paterson & Crawford, 1994). Keogh & O’Lynn, (2007) found that the negative experiences of the nursing profession had a negative impact for men’s willingness to work as nurses. Therefore, learning to care for the male nursing student introduces a unique set of dilemma to the predominantly female nursing educational processes. Few studies earlier have addressed this and no attention has been paid to this in an eastern, Thai context.

2.5 Theoretical perspective

Many researchers have during the last decades done research on the understanding of caring as a crucial and integral part of nursing and nursing education. Especially Watson (1988) has tried to define the concept of caring in science; it is a process or phenomenon that exists in the human and artistic mind, which is human by nature. This theory has as its central aspects human caring, the humanistic philosophies and value systems, and furthermore, it believes that everything in the world is connected and related in one unity. In addition, it uses the concept of soul as “spirit or higher sense of self” and it is most closely related to the psychological concept of self-actualization (Watson, 1988). The essence of Watson’s theory of human care is that humans should not be treated as objects and people should not separate themselves from other nature and the universe (Watson, 1997). The main elements of Watson’s theory of human care are the following: the carative factors, the transpersonal caring relationship, and the caring occasion/caring moment (Watson, 2001).

Watson (1997) declares the relationship between human-to-human transactions to require ten carative factors. Her carative factors attempt to “honor the human dimensions of nursing’s work and inner life world and subjective experiences of the people we serve” (Watson, 1997, p. 50). All of these ten carative factors are in their turn comprised of ten carative subfactors and Watson’s (2001) translation of the carative factors into the clinical caritus process.

Caring in nursing education has not been well developed or researched until recently. Teachers'/educators’ competence and ability to teach are important for students in other parts of the education of nursing students, and it is no less so for caring. However, in order for such a transmission of knowledge to succeed, also the educators need to develop their understanding of caring, the theoretical framing of it and its role in nursing education. This
should be done on the basis of research, in a structured way and not only be founded on the experience or personal way of understanding the role of caring in nursing by the educators (Peterson & Crawford, 1994).

2.6 Previous research

Earlier research was conducted on male nurses and male student nurses in USA, UK, Australia, Canada, Singapore and Taiwan (Kelly, et al., 1996); Evan, (2002); Singh et al., (2005); Ellis, et al., (2006); Keogh & O’Lynn, (2007); Lou et al., (2007); Grady, Stewardson, & Hall, (2008); Brown, (2009). The methods used both quantitative and qualitative. Nevertheless, most of the qualitative studies were devoted to phenomenology. Grady, Stewardson, & Hall, (2008) found that male nursing student are able to provide caring as well as female nursing student and found a way to treat male nursing students.

In Asian the results of a questionnaire by Hsing Yin Yu et al., (2007) showed that the sources of stress, and the resultant intention to quit on the part of male nurses, are due in significant part to the widespread stereotyping of the profession of nursing as a “woman’s occupation”. The studies have addressed that learning to care for the male nursing student introduces a unique set of dilemmas to the predominantly female nursing educational process that few studies earlier have addressed and no attention has been paid to this in a eastern, Thai context. Gaining knowledge about the male nursing student’s first time caring experience and their first encounter with patients in nursing practice within their nursing program training is further to be explored.

2.7 Rationale

The study on Thai male nursing students’ caring experience of first nursing practice is an important issue in nursing education and nursing research. However, most researchers in Thailand have focused on general learning styles and most student nurses have been female. In addition, they were studied from a normative, female perspective. Previous studies in Thailand did not describe Thai male nursing students’ caring experience of their first nursing practice. To compensate for the lack of knowledge about this, research questions on how Thai male nursing students learn to care in a predominantly female nursing education have to be
formulated, which research findings could carry great significance for the whole educational field. The findings may reflect facilitators and barriers of developing a caring mind among male nursing students. Implications for nursing education, based on the recent findings, are presented and discussed here. In the clinical practice the existence of conscious methods of supervision and teaching were important to deal with, and to improve. Such methods should also function as an encouragement for all involved. It was also found to be important to gain additional knowledge about these matters and to support peer groups as a suitable learning environment.

3. Aim

The aim of this study is to describe Thai male nursing students’ first time caring experience of patients in nursing practice.

4. Method

A qualitative on-line interview research design was selected as a method in this study (Im & Chee, 2006). Material from the Internet has been a valuable source for nursing research (Im et al 2007), and for developing guidelines and research procedures for this new world of opportunities. However, in the field of nursing research the use of these new possibilities has rarely been discussed (Im & Chee, 2002). Nevertheless, some methodological concerns and guidelines in the area of nursing research are available to apply. One of the concerns is about the ethical dimension of Internet research.

In the first and original work of Im and Chee (2002) directions to protect human subjects in Internet research are proposed. They list five issues that researchers need to consider when investigations are made on the Internet. Later on Im and Chee (2005) discussed methodological issues for recruitment on the Internet and how to handle groups of ethnic minorities in Internet research. Additionally, Im and Chee (2006) and Im et.al (2007) presented methodological guidelines for using an online forum and Internet communities as a qualitative method for gathering data.
In this study an On-line interview research design as described by Davis et al. (2004) was selected. According to Davis et al. an interview via Internet will be a potentially good methodology in the near future. They promote the use of the internet technologies, also to collect data and for this they considered Skype to be a suitable research tool. Also, Skype may be used to interview distance learning students. Davis et al. argue that face-to-face studies have been more costly and time demanding than Skype interviews. In addition, Fitzpatrick & Montgomery (2004) point out that it is economical and allows the researcher to obtain information from geographically dispersed and perhaps remote Internet users. Also, Green (2006) stated that Internet voice and video communication have over the past developed and have received more regular users. Moreover, the improving technology to communications infrastructure, increasing bandwidth and method capacity, and more obtainable audiovisual technology have set the stage for widespread adoption of web calling by computer users.

4.1 Sample

The purposive sampling resulted in a sample of male nursing students, who are studying as second-year nursing students of Boromarajonani College of nursing in the north of Thailand. The sample was chosen by a homeroom teacher who knows her students. The inclusion criteria for study participation are that they are second-year male nursing students, who finish the first time of clinical nursing practicum on the Basic Concepts and Principle in Nursing. They should also: have good computer skills, have knowledge to use Skype, be native Thai speakers and be willing to participate in the study.

The researcher informed the homeroom teacher regarding the study description and about the participant recruitment through the inclusion criteria (see table 1.).
Table 1. Name and biography of participants

<table>
<thead>
<tr>
<th>No.</th>
<th>Name and biography</th>
<th>Age</th>
<th>Length (minutes)</th>
<th>No. of pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mana, who is one male in seven females in a group and a female instructor supervised, practiced at male Surgery ward.</td>
<td>19</td>
<td>23.19</td>
<td>5</td>
</tr>
<tr>
<td>2.</td>
<td>Tape, who is one male in seven females in a group and a female instructor supervised, practiced at Neurological Surgery ward.</td>
<td>19</td>
<td>21.53</td>
<td>5</td>
</tr>
<tr>
<td>3.</td>
<td>Piti, who is one male in seven females in a group and a male instructor supervised, practiced at male Surgery ward.</td>
<td>19</td>
<td>25.05</td>
<td>12</td>
</tr>
<tr>
<td>4.</td>
<td>Tawarn, who is one male in seven females in a group and a female instructor supervised, practiced at Trauma Surgery ward.</td>
<td>19</td>
<td>18.29</td>
<td>6</td>
</tr>
<tr>
<td>5.</td>
<td>Boncho, who is one male in seven females in a group and a female instructor supervised, practiced at Trauma Surgery ward.</td>
<td>19</td>
<td>24.12</td>
<td>6</td>
</tr>
<tr>
<td>6.</td>
<td>Bunjong, who is one male in seven females in a group and a female instructor supervised, practiced at male Surgery ward.</td>
<td>19</td>
<td>18.27</td>
<td>6</td>
</tr>
<tr>
<td>7.</td>
<td>Wiwat, who is one male in seven females in a group and a female instructor supervised, practiced at Neurological Surgery ward.</td>
<td>19</td>
<td>24.03</td>
<td>7</td>
</tr>
</tbody>
</table>

Note: All names are fictitious.

4.2 Data Collection

Data was collected using a semi-structured interview using the Qualitative On-line interview research design. The interview guides for collecting data are based on the research aims and theory of Watson (2001). To probe the information, the in-depth, semi-structured interview was judged to be suitable for the questions and for data collection in this study. In order to construct the semi-structured interview, the author of the thesis studied related works and literature on the tradition of learning to care and first encounter among male student nurses and to determine the content of the questions, such as: can you give me some example that you appreciate when you gave first nursing care in the ward?. The students were provided
with headphones, a private computer room, and a technician support and registered an account Skype name. After the study was completed, the user name was deleted. Every student was interviewed via Skype video call. All conversations between the author and all participants were recorded and transcribed after participants had allowed it. Each participant was interviewed once, around 18-26 minutes. After gathering the information from literature reviews that were based on the purpose of the study and research questions, the interview questions were constructed. The interviews are believed to be adequate for the study on caring experience of the first nursing practice among male nursing.

This study via online interview in Skype program using Voice over Internet Protocol (VoIP) argued that supports the usefulness of Skype as a research tool (Booth, 2008). Also, the informed Consent form for online interviews was furthered by my colleague to the participants and then the consent form was scanned and sent back. The online interview lasted between 18-26 minutes.

The interview was performed using a Skype chatting program in the form of a video conference. The interview was the primary data collection technique. However, online interviews were conducted as private video-calls in Skype program using VoIP. The participants who met the inclusion criteria to participation in the study were interviewed using the developed guidelines. The interview guide contained open-ended and in-depth interview questions, such as, “Tell me about your first caring experience for your patients.”, “What experience did you have when you provided nursing care in first nursing practices?” and “How did you feel when you gave nursing care to patient?”. The video calls were recorded by the program recorder. Data was gathered from participants until saturation was reached or until similar accounts seemed to recur.

4.3 Data analysis

A qualitative content analysis (Graneheim and Lundman, 2004) was used to analyze the research data of this study. Recorded data were transcribed verbatim. All voice and video recordings were transcribed and analyzed by qualitative content analysis based on Graneheim and Lundman (2004) and performed in the following steps. First, the interview was transcribed, and secondly, whole texts were read several times and thirdly, similarities and differences in the transcripts where identified by coding the transcripts. The coding was
discussed with the advisors. Fourthly, the author, peer students and advisors discussed their impressions of the texts. Fifthly, meaning units related to the study aim were identified in the texts. Sixthly, condensing and labeling the meaning units into codes on the basis of the content were performed as shown in table 2.

Table 2. Examples of meaning units, condensed meaning units and codes.

<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensed meaning units</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>At that time I felt sympathy, wanted him to feel well, make them get well and wanted them to be able to communicate with me but they couldn’t…..I tried to observe his facial expressions from face, eye contact and tried to understand what the patient felt.</td>
<td>The sympathy and understanding from facial expressions and eye contact.</td>
<td>Sensitivity</td>
</tr>
<tr>
<td>I informed the patient first and I asked him Do you want me to do a blood test? If you want please hold my hand or if you don’t want don’t hold my hand...I think of a patient who was fully conscious and had eye contact and followed with her eyes, but could not show with reflexes what she wanted.</td>
<td>The way to communication with patient who is unconscious but she had eyes contract and followed with object.</td>
<td>Communication</td>
</tr>
</tbody>
</table>

Seventhly, the meaning units was coded and letter categorized (between the whole and the parts) to identify common structures and patterns in the text. Later in the process, those categories were judged to be related to each other were transformed into subcategories related to the categories. In the eighth step, the categories and subcategories were carefully read a main category was identified in discussions with the advisor. Finally, a theme was identified and discussed with the advisor as shown in table 3.
Table 3. Examples of analyzing process on caring experience of the first nursing practice among male nursing student

<table>
<thead>
<tr>
<th>Meaning Units</th>
<th>condensation</th>
<th>code</th>
<th>Sub-category</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>At that time I felt sympathy, wanted him to feel well, make them get well and wanted them to be able to communicate with me but they couldn’t….I tried to observe his facial expressions from face, eye contact and tried to understand what the patient felt.</td>
<td>The sympathy and understanding from facial expressions and eye contact.</td>
<td>Sensitivity</td>
<td></td>
<td>Developing sensitiveness</td>
</tr>
<tr>
<td>I informed the patient first and I asked him Do you want me to test blood exam? If you want please hold my hand or if you don’t want don’t hold my hand...I think of a patient who was fully conscious and had eye contact and followed with her eyes, but could not show with reflexes what he wanted.</td>
<td>The way to communication with patient who is unconscious but she had eyes contract and followed with object.</td>
<td>Communication</td>
<td></td>
<td>Sensitive feeling and developing strategies sensitiveness</td>
</tr>
<tr>
<td>…At that time, a patient fully conscious, had open eyes, followed objects eyes with eye movements, and had eyes contact but she couldn’t communicate. The patient couldn’t move but she could move fingers and toes. I think in my mind that If we did like this a patient might want to show how she wants me to provide nursing care or not.</td>
<td>The patient who is fully conscious but she could not communicate with students’. She could move fingers and toes.</td>
<td>Sensitiveness</td>
<td></td>
<td></td>
</tr>
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</table>

4.4 Ethical considerations

A human research protection of this study was approved by Boromarajonani College of Nursing Uttaradit, Thailand and Mälardalen University. Necessary research information was given briefly by the homeroom teacher, to the voluntary participants willing to particular of the study. After that, the researcher was informing about the study purpose, methods of data collection, benefits and risks due to participation in the study. Prior to the interview, the
researcher was providing an informed consent to each participant regarding protection of identification, confidentiality of information, and the right to withdraw and pseudonyms for the study as well as about the right to stop conversation with the researcher without penalty at any time. The interviews did not affect any nursing programs or credits and permitted participants to ask about any topic in this study. The researcher kept the data confidentially. The data were analyzed as whole information; no individual data was interpreted. After completion of the study, all audio-recorded files were destroyed.

5. Result

Male nursing students stated about their understanding of learning to care in caring experience of the first nursing practice. The students did not observe routine work or caring behaviors in hospital. From the analysis of data, a main theme is caring experience and first encounter, three categories and seven sub-categories of the data from caring experience were forms of developing sensitiveness in male nursing students, but also the strategies of learning to care in male nursing students and stress factors occurred in clinical settings. The results are concluded below and they are interpreted and presented accordingly. The three categories and seven sub-categories were presented in figure 1.

![Figure 1. Categories and sub-categories](image_url)
5.1 Developing sensitiveness

The male nursing student can achieve nursing care with their understanding by enhancing their ability to read and interpret patients' behavior. Patients communicate using body language in very subtle ways. Male nursing students who develop sensitiveness to this communication are more likely to understanding the patient’s need. In addition a sensitive male nursing student will also learn to adjust his or her behavior to create the most effective nursing care.

5.1.1 Sensitive feeling and developing strategies for sensitiveness

The participants addressed that the patients in hospital usually where elderly and had multiple sickness panoramas with cognitive disparatives such as stroke, brain atrophy, and different types of paralyzes. According to the participants this was a surprise for them when they entered their nursing practice and it was related to some difficulty for them. For example they could not or found it hard to communicate with the patients. Mana expressed that:

> At that time I felt sympathy, wanted him to feel well, make them get well and I wanted them to be able to communicate with me, but they couldn’t….I tried to observe his facial expressions from face, eye contact and tried to understand what the patient felt.

As stated above, some of the students felt sympathy for the patients and the whole situation concerning the patient. They verbalized how they by observing learned to handle their understanding of the complexity of the patients’ situation. Patients’ face and eyes are mentioned as a key target to rapidly sense how their behavior is understood by the patients. This suggests that some male nursing students learned to care by developing strategies of sensitiveness and had a way to approach patients who could not communicate with them. Mana and Piti said that:

> I informed the patient first and I asked him. Do you want me to do a blood test? If you want please hold my hand or if you don’t want don’t holds my hand...I think of a patient who was fully conscious and had eye contact and followed with her eyes, but could not show with reflexes what she wanted.

As Mana explains he is very aware of his minority gender status as a student and by this awareness also comes strategies in enabling his appearance and practice in the clinical situation. Most of the students were very explicit about this minority gender awareness during
the interviews. Piti touched on the general experience of developing this sensitiveness to communication:

...At that time, a patient fully conscious, had open eyes, followed objects with eye movements, and have eye contact but they couldn’t communicate. The patient couldn’t move but they could move fingers and toes. I think in my mind that if we did like this a patient might want to show how to provide nursing care or not.

As shown in the quotations, the male students seem to develop strategies of sensitiveness to their patients and tried to understand them in relation to the gender “barriers” that their appearances introduce in the caring situation. By their education they know that although the patient had a problem to communicate they know what happens around them. They tried to integrate knowledge and sensitivity to approach the patients in order to provide nursing care. So, male students had tried to use those strategies to develop effective nursing care.

5.1.2 Understanding by body language

Participants advanced a way to communicate with patients who could not speak or who suffered from a brain trauma. Non-verbal communication functions as a way to communicate with patients. The common sense in the world such as twinkle, eyes move and follow subjects and body language were understood by sense. In that case the patient was fully conscious but they could not speak. Mana expressed that:

A patient was fully conscious but he/she could twinkle her eyes, have eye contact and make her eyes follow moves and objects. The patient couldn’t move but they could move fingers and toes.

As stated above some of students could assess patients’ need but by experience they found out what ways that they were able to communicate even under circumstances that where very limited in relation to patients’ abilities to express them themselves. This was a recurrent theme during the interviews with the participants and they acknowledged the importance to develop these skills to be able to function as a nurse. Thus a patient could not get nursing care from a nurse if that nurse did not match their needs. Tape expressed that:
One of my cases had Parkinson's disease but she couldn’t speak. When I asked “did you have lunch already?” she usually nodded her head which meant that she had had lunch already. I learned things like that.

As showed in the citation, the male students understand patient by sense as well as verbal communication. The question was an ordinary question but the male nursing student had tried to use body language to understand his patient. However, body language was helping male nursing students understanding their patients and what they want.

### 5.2 Strategies to encounter with patients

There are many strategies to encounter with patients occur, way to encounter with patients for the first time, relationship between nursing students and patients and taking care as a relative of our family. It also expressed from participants to encounter their patients as well as got information to set nursing care. Finally, when male nursing student encounter with patients, there are some strategies on how to do with patient in the first time nursing practice.

#### 5.2.1 The method to encounter with patients for the first time

The participants remarked that to encounter with patients for the very first time was “hard”, it was described as to engage and “talk with a stranger”. For the male nursing students this comes as a double burden because at the same time that they feel the strain in the encounter process with the patients they also feel like strangers in the ward. Because they are in the minority in nursing work, they do not know how to do to reach the data from patient. One participant used sphygmomanometer as a tool to encounter with a patient. Bonchu expressed that:

> I usually used sphygmomanometer as a tool when I met patients, because I didn’t know how to do it in a better way. On the other hand, I’ve checked and measured vital signs as well. It made me feel confident when I met patients.

The advantages are not only that he used sphygmomanometer as a tool but also the student can check and measure vital signs. However, sometimes students who have less experience
have difficulties to evaluate nursing care. The student experienced how to evaluate nursing care after they had provided it. Tape explained like this:

...I have checked patients’ intravenous line, blood leakage and then after that I asked patients to evaluate how they experienced the nursing care, after I had provided it. It’s seems like a round ward.

As showed in the quote, the students seem to be trying to look for a way to behave when they encounter a patient for the first time. The assessment with sphygmomanometer as a tool is a one useful way to do that. In the order of the nursing process the last process is evaluation. The participants feel that it is hard to encounter with patients. So, round ward is a way to do and evaluate nursing care. They tried to find a way to encounter with patients that was found a good way to benefit for male nursing student.

5.2.2 Relationship between nursing students and patients

In the nursing profession it is important to communicate between nurses and patients. Also, the relationship is important for both. And learning specific religious/cultural information is necessary to understand the patient. The technique Wiwat and Tape used when they met patients was like this:

Normally, we’ve asked patients about their history of their illnesses and we might speak about general topics. I mean like small-talk to patients so that they felt trust first...I have spoken about general things such as -did you sleep well in the night? Or do you feel good today? And so on.

...In one of my cases, a woman had Parkinson's disease, I am quite close to her and I know her name, Sometimes I call her name and ask her: "Miss Pranee (pseudo name), did you have breakfast already?" and then she nodded her head and smiled at me.

Wiwat and Tape used their own strategies to communicate with patients for making them trust them and relax. After that, the patient was willing to give information or willing to answer the question. In the Thai context, each part of Thailand has specific religious and cultural characteristics. Therefore, the students tried to learn from patients and caregivers. Piti knows and speaks a local language which was useful for trust from the patient like this:
Mostly, I have met patients who speak a local language and I can speak it as well. I could ask and communicate well with the patients. For example, my friend she could not speak a local language. Then when a patient needed some help she couldn’t understand what they wanted.

As showed in the excerpts, cultural affected the relationship between nursing students and patients. If student-patient relationship was good, it was easier to reach the data from patients when the student meets the patient in the first time. The understanding of cultural, religion, and local language influenced the relationship between nurses and patients as the participant said. Thus, a good relationship was necessary for the nursing professional to reach the data from patients. The encounter with strangers as a nurse was not a problem to assessment and evaluation of their patients.

5.2.3 Taking care as a relative of our family

Family is a one of institution which is important of a society. When a member in family is ill usually the other members of family are worried about the prognosis of health, if the place in hospital is suitable for their member, and about staff in the ward. The student tried to think like that but sometime it is hard to encounter a patient who had felt that the student nurse is a stranger. Tawarn expresses one way to encounter and take care of a family member:

Sometimes I’ve had a problem. A patient didn’t give much information. This case was a man, and he was 20 years old. He liked to watch football games and then I tried to speak about football first. After that I usually accompanied him on a walk around the hospital area.

The trust from patients made it easy to get the information. Also, they were feeling like he stayed at home and used to hospital as a house. However, service-mildness is a key of care to close up with patient and caregiver. Wiwat and Bunjong expressed that:

When a caregiver showered the patient in bed I helped them to do that, which made me and the caregiver closer...

..I felt that the patient is a relative of my family. I shall do my best so that I don’t make any mistakes...

Take care of patients as a relative of the own family is a one strategy to encounter with patients. When a patient feels at home he is to give information. Thus, the student may have a
lot of information from patient. Also, the patient did not think that the student is a stranger. Finally, the student may reach the information to assess the problem.

5.3 Stress factors

There are many other factors that influence response a physical and mental. Some stress was very useful for creative thinking but some stress was low self to do. In addition a stress influence to male nursing student was being under-valued and had conflicts in their mind. It also effected to confidence to provide nursing care. In the clinical field need the professional to provide nursing care. So, the confidence was very important that from educator to make male nursing students confidence in nursing practice.

5.3.1 Sense of being under-valued

The literature concerning the purpose of caring in nursing education is the good relationships between educator and student. Especially, the clinical field needs more caring to learn together that is necessary in the learning process. The conflict of the first impression might affect the future attitude of the student. Piti expressed that:

> My friend once had a case, when she was inserting a urinary catheter on her patient. I saw a bowl that contains urine, which started falling. ... When it started falling, he caught it, without sterile gloves. After that my teacher blamed me: "what were you doing, you should not do like that!" ...I felt really bad about that and wondered why I was blamed like that. I just caught the bowl, and she had already inserted the catheter already, so she didn't need to be sterile any more. Then I went straight to the toilet to be alone, and I started crying because of that what had happened. I felt so bad then, that I didn't want to study anymore; I just wanted to go home. I thought nursing is not suitable for me...

Uncaring between their teachers and students were effect the felling to the nursing profession. Some procedure in nursing filed needs time to practice skills. Caring is not only used with patients but is also important to students to gain knowledge and apply to real situations. Piti expressed that:
...Once I was doing a test for a blood test exam. What I had learned at the nursing laboratory is not a real situation and therefore I didn’t know how to do it in reality. Another friend told me that they had to file what they were doing around 4 times, but I didn’t do it so many times. A second time I failed because the vein is so small and a third time because the vein was so much bigger than the first time. My teacher allowed me to try but I didn’t manage it anyway. My teacher said that you have had so many opportunities to do this, so why don't you learn it? ; You should really have learned by now, how to do it better

As showed in the quotation, learning by doing is the good way to practice in nursing field. The procedures in nursing practice need skills to do it well. However, an educator who has more experience can guide and support their student to learn in real situation for future practice. Although, student nurses are beginner they nurses in the future. They are needed to practice more in that field. Nurses’ instructors are who is a key person to guide and support them to be good nurses.

5.3.2 Conflict between student and educator

Learning in the real situation is useful for student to apply and gain knowledge from practice to skills. In clinical practice the nursing instructors, are keys persons to confirm and supervise their students to gain knowledge and apply that knowledge to practice. Sometime, there is a conflict or hesitation to provide nursing care. They need facilitators to support their knowledge and confirm them. A good relationship between teacher and student helps the learner to understanding in a real situation. About a conflict in the clinical field Piti expressed that:

Once I provided intravenous care. I was failing to adjust the plug for the intravenous line. And then my teacher asked me what happens if we flash more than 3 cc. What will happen? ... but I was not sure since my book said that you give only 1.5 cc or 2.5 cc. flash after the medication has been done. After that I thought it might be ok to give 5 cc, and did so, and then I asked him in the will happen now. He told me if you flash 5 cc. the amount may be too high and volume over load. Why didn't you think about this first? First time I thought I should flash first for test and see if the vein is in
line or not, and then again a second time, when medicines have been given and flash again to keep the line. I thought this will be ok but he blames me, which made me feel so bad and think so low of myself...

As stated above, the conflict between educator and learner affected their feeling and self-esteem. Confident is important for the student in order to provide nursing care and create a good feeling to the nursing profession and style as a male in nursing field. Sometime, nursing educators didn’t know the learning style of their students and they were scorned. Bunjong expressed this:

I didn’t know how or what my teacher thinks, but I tried to find out.....??.
I’m not sure she understands what I going to do. I wanted to do some preparations to have it done already. Then she thought about me that I was not doing anything and again scorned at me, and said that why didn’t you prepare before you go to meet the patients. And then I explain to her what I’m going to do and she understood me.

As shown in the passage, the male nursing student had a style to learn in the clinical filed. They know and need mentors to support them to be confident when they provide nursing care with patient. However, the relationship between educator and learner is important for learning in the clinical field. The educator is a role model to learn, but if the experience in that field is negative or has a conflict together it will be a negative experience in clinical field.

5.4 Result synthesis

The present findings reflect the caring experience of the first nursing practice among male nursing students and how male nursing student learn to care and first encounter with patients. The male nursing students learn to care their patients in way that indicate gender differences. But even if the use of this way to learning to care patients is very important, the nurses also experienced difficulties to apply this to other nursing field. Obstacles such as cultural context and frustration are due to difficulties, especially for male students: lack of support and instructor from female educators on how to deal with problems, such as touching, relationship to patients, and feedback on the ways the male students themselves develop. The result also
shows the caring experience of the first nursing practice among male nursing student’s results in an improvement of their skills and caring mind.

6. Discussion

In this part method will be discussed. The discussion includes studies and theory from the background description. Suggestions are given for further education, ethics discussions and conclusions are also presented under this part.

6.1 Method discussion

The right choice of methodology was necessary in order to achieve the goals that answer the research question addressed. According to Polit and beck (2008) qualitative studies are the one method to understand and describe one’s experiences. The aim of study is to describe male nursing students’ first time caring experience and their first encounter with patient in nursing practice within their nursing program training.

Davis et al. (2004) argue that synchronous online interviews have both strengths and weaknesses. They are economical, convenient and more acceptable to people who are unable and perhaps remote internet users or do not want to attend a face to face interview. However, synchronous online interviews cannot see non-verbal communication, is slow, and sometimes there is a lack of signal of internet. Sometimes it took time to solve the problem that affected some feelings of the participants and to support technology has a high price. This method helped to explain the problems the author pointed out and over all the aim of the study is the center in the whole process, and it was by relevant facts drawn from earlier available research.

This analysis method attempted to give creditability in describing the learning to care and first encounter with patients. However, online synchronous interviews do not readily lend themselves to describe experience, which brings in the need to make in-depth interviews (Davis et al., 2004). However, the researcher used Skype program for the interview which resembles a as face to face interview, since you can see both verbal communication and non-verbal communication. All voice and video segments can also be recorded. The online interviews may be a useful alternative. In the future online interview may become a wider field in the research of Internet communication.
This study has already considered Graneham and Lundman (2004) analysis method as suitable as a method to this work. This was performed in the following way: transcribed and read several times, meaning units related to the study aim were identified in the texts, condensing and labeling the meaning units into code on the basis of the content was performed, compared the meaning units and coded them into and tried to identify categories. This lead to a deeper understanding of meaning units and codes to identify and adjusts to subcategories related to categories, and identified the themes which was not difficult as the researcher considered the aim of the study all the time. The process of categorizing the similarities and differences of the key findings was also straightforward. The qualitative contents analyses by Graneham and Lundman have had a step to follow step by step. All of method could refer back and check for credibility, dependability, and transferability that trustworthiness was very import for qualitative traditional. In this paper have done in the abstract of knowledge to transferable in the same context and describes caring experience of male nursing students’ and first time encounter with patients. This study has described caring experience of the first nursing practice among male nursing students. In presenting the findings, methodological limitations must be acknowledged. Although the sampling was used in an attempt to provide data that cover multiple realities of the experience in question, the simple size was restricted and based on the fact that student’s were willing to join the project as volunteers. Transferability (Sandelowski, 1986) is also limited by gathering all participants from one location.

6.2 Result discussion

This study has provided important insights to describe Thai male nursing students’ first time caring experience and their first encounter with patients in nursing practice within their nursing program training. The results from the analysis found new knowledge and also support existing Watson’s theories. This study aimed to describe male nursing students’ first time caring experience and their first encounter with patients in nursing practice within their nursing program training. The result showed that male nursing students had learned to care within their practices with their patients. They encounter with the problems and patients that come from cultural difference, affects the profession and reflects gender difference.
This study focused on learning to care and first encounter in first nursing practice. Thus far, there is not much research which specifically investigated how male nursing student learning to care and first encounter with patient in Thai context. The findings of this study represent male nursing students who are learning to care and first encounter general way based on their experiences. The findings of this research study support Sheston’s (1991), Peterson & Crewford (1994) and Paterson et al. (1996) supposition that caring in nursing education need for caring to be translated and transmitted in the practices of nursing education, and that learning to care and first encounter with patients in the clinical field is a developmental process. It is gaining knowledge that students’ understanding theoretically in order to integrate this into actual nursing practice and it supports the students’ personal and professional development all the time.

**Figure 2. The Thai male nursing student stairway to confidence in Nursing**

This figure illustrates the caring experience of male nursing students. The figure elaborates on the connection between self esteem in nursing practice and their caring experience related to the main findings in the results. As illustrated over time the students develop different strategies that lead to their first independence in practical training in nursing. As shown, they start with feelings of stress and they then were developing their sensitiveness to understanding patients who could not communicate with verbal communication. The students were developing sensitiveness from face, eye contract, and non verbal communication. By developing co-operation with different “navigator” they could co-operate with relatives who
could trust their nursing care. Also, first time encounters with patients were hard to do the first time. The participant tried to develop strategies to meet patients such as use a sphygmomanometer as a tool to encounter. Also and maybe very gender specifically, they need to develop sensitiveness, such as sensitive feeling, eyes contract, and hold hands. And strategies, such as use sphygmomanometer as a tool to meet patients, take care as a relative in our family, good relationship with patients and relatives before them in more independent way can maneuver in the clinical settings. This suggests that male nursing students took steps of learning to care within their caring experiences. Not only educator have been underestimates them but they also have to develop new pedagogic to teach and support their learning style. However, nursing education still needs both men and women to work in other areas that need either to manage or to take care of patients.

6.2.1 Sensitive feeling and developing strategies for sensitiveness

Male nursing students in the nursing practice were in the minority in that field. However, problems emerge when they provided nursing care to their patients from difficult way to approach. Mostly, patients in that ward had problems related to brain injuries. Thus, the students learned from real situations to by their sensitivity, and they adapted these feeling into patients’ feelings also. In addition male nursing student developed both of their sensitive feeling and developing strategies for sensitiveness. It was important to provide the most effective nursing care.

Grady et al. (2008) studied faculty notions regarding caring in male nursing students and found that male nursing student have male ways of caring that includes the use of humor and a respectful, businesslike approach to the patient and to teach patients to empowerment and to support their knowledge for decision making regarding their care. However, Miers (2002) found that gender sensitive care guarantees personal reflection of own experiences and adaptation to individual care both of men and women. Consistency, the result showed that male nursing student develop sensitiveness themselves to understand their patients by sensitive feelings and body language.

6.2.2 Strategies to encounter with patients

The first nursing practice was the starting point for learning to encounter with patients their suffering. After analysis we found that male nursing students try to do the best way. The result were found male nursing students gain knowledge from theoretical in to practice by
adaptation sphygmomanometer as a tool to encounter with their patients and patients and taking care as a relative of our family. The findings showed similar to Ekebergh’s (2011), who studied a learning model for nursing student during clinical studies to develop knowledge about the interweaving between theoretical and practical knowledge in the student’s learning process. She also described how this interweaving can be realized with help of a caring science reflective supervision model, during clinical study. The student perspective was that conversation with patients can create insecurity and fear when they do not get support in mastering this encounter with the patient. Instead they withdraw from the close proximity to the patient and observe the caring event from a distance.

According to the result of the present study the strategies participants developed from their experiences are: to use sphygmomanometer as a tool to encounter with patient, to used rapport to make the patients trust them, and take care of the patient as a relative of the own family. These are ways to increase the proximity with patient and provide nursing care effectively.

6.2.3 Relationship between student and educator

The learning of the beginner clinical experience consisted of practicing psychomotor skills in the laboratory but in addition they need the educator to confirm their knowledge. But the view on caring between educator and student had developed conflicts. Paterson & Crawford (1994) suggests that the core value of nursing educator-student relationships is caring. Gillespie (2001) stated that student-teacher connections in clinical nursing education comprised of personal and professional components.

Analyses of these relationships between student and educator have found some conflicts and bad relationship. The factors were among others, a feeling of being under-valued and conflict between student and educator. Consistent with Peterson and Crawford (1994) studies on the exploration of the concept of caring in nursing education the present study suggests that teacher-student should have good relationship with each other for learning together. This is congruent with Benner’s (1984) theory of the transitional stages from novice to expert. The important thing in clinical placement is effective communication. Not only nurses and patients but also educational field educators and students need to use effective communication and integrate this knowledge to nursing practice.
6.3 Suggestions for further research

In the process of this work the author found out that there is not much knowledge about male nursing students. Further research should be conducted in this particular area. This is based on the knowledge about male nursing students’ experiences of intimacy in their perspective and the perspective of patient among male nursing students in clinical practice. Many researchers still emphasizes female nurses but not much interest is shown male nurses or male student nurses in Thailand. However, in the Thailand context it is understood to be very important to gain and encourage knowledge to develop equality in nursing professional.

6.4 Ethics discussion

In this thesis attention was given accordingly to ethical considerations and problems connected to ethical issues were not found in this study. Im and Chee (2002) have developed directions to protect human subjects in Internet research. They are main issues that research need to be considering and investigator triangulation. Also, the studies have had investigators who expert in same phenomenon for decision the sensitive question. Additionally Im and Chee (2006) and Im et al. (2007) presented methodological guidelines for using an online forum and communities as areas of research as a qualitative method. However, the study following steps was used to guide the conduct of the study. Participants were recruited under strict the inclusion criteria to keep the data confidentiality, prevent coercion, and power authority. The names of all participants were used pseudo name. Also, the study were addressed the security of the stored data on the digital recorder. After completion of the study, all audio-recorded files were destroyed.

6.5 Conclusion

The results in this thesis show that Thai male nursing students’ caring experience of first nursing practice. The Thai male nursing students’ stairway to confidence in nursing that may have produced other insights and interpretation. However, the research question of study of what Thai male nursing students learn to care in a predominantly female nursing education have to be formulated, which research findings could carry great significance for the whole educational field. In addition, the study had been transferring to the same curriculum.
Acknowledgements

This study is a part of a research project for a master thesis. The success of this thesis can be attribute to the Thai male nursing students who willing to be participants. The author would like to thank the professors and advisors of Associate Professor Henrik Eriksson, Associate Professor Maria Müllersdorf, Dr. Jureerat Kijsomporn, Dr. Panarut Wisawatapnimit and other visiting scholars for their critical comments on earlier drafts, they have in many difference ways given me confidence to write the thesis, The project was conducted via online interviews, and I would like to thank my colleagues, who supported me both physically and mentally, and also the participants who were willing to take part in the study, and finally my friends, who encouraged and supported me.
References


Appendix 1

Informed Consent Form

This informed consent form is for male nursing student at Bomomarajonani College of Nursing Uttaradit, Thailand and who we are inviting to participate in research “Caring Experience of the First Nursing Practice Among Male Nursing Students”.

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INVITATION

You are invited to participate in this research study to describe male nursing students first time caring experience and their first encounter with patients in nursing practice within their nursing program training. You are invited to take part because you and you can share your own thoughts about the first time caring experience and their first encounter with patients in nursing practice. Whether or not you join this study is your choice; you do not have to join if you do not want to.

A. WHAT IS THE PURPOSE OF THIS STUDY?

The purpose of the research is to describe male nursing students first time caring experience and their first encounter with patients in nursing practice within their nursing program training.
B. WHAT WILL MY PARTICIPATION INVOLVE?

If you decide to join in this research, you will be asked to meet with a nurse researcher. You will be notified of basic information about the purpose of research and research methods. Also, you will be interviewed on the Internet in the field the following: (a) personal information (such as age, ward you more practical experience) (b) information about the experiences of patients in the ward (such feelings to provide nursing care for the first time, feeling the patient when the patient needs help) and (c) Information about encounters with patients in the ward for the first time.

C. ARE THERE ANY BENEFITS TO NURSING EDUCATION?

Participation in research will benefit for the development of clinical teaching in the future.

D. ARE THERE ANY RISKS TO ME?

Negative effect on the participants in this study is a little. The disadvantage is you have to take a 30-45 minute interview to answer.

E. HOW WILL MY PRIVACY BE PROTECTED AND WHO WILL USE MY HEALTH INFORMATION?

The information about you from participating in this study will be kept confidential cannot refer to you. The researchers are applying the code. Instead of a record number - surname in the file information and documents from your participants. Your files and documents from participating in research that uses only code numbers of files and documents you from participating in research to identify family name will be kept separate to separate after collecting the data. When we finished the research, files and documents with the name - surname will be destroyed immediately. Your information will be removed and stored in a computer must have a code to gain access. The documents and information will see only research team members. In addition, data files and documents from participating in the research will be destroyed when the research data analysis and summary of the research is complete. The results of this study will be used for publication and presentation, which does not specify your name.

F. IS MY PERMISSION VOLUNTARY AND MAY I CHANGE MY MIND?

Your permission is voluntary. You do not have to sign this form and you may refuse to do so. If you refuse to sign this form, however, you cannot take part in this research study.

You may stop and withdraw from the study at any time. You also may choose to skip any questions that you do not feel comfortable answering.

Being in this study is voluntary; it is your choice. If you decide not to participate in this study or if you stop while the study is underway, The interviews not affect to nursing programs or credit and permit participant to ask all of topic in this study.
G. HOW LONG WILL MY PERMISSION TO USE MY HEALTH INFORMATION LAST?

By signing this form you are giving permission for your health information to be used by and shared with the people described in this form. There is no end date for its use for this study, unless you stop your permission in writing to stop using your health information. You can ask the researchers to stop using your information by writing to the person whose name is listed below:

**Principal Investigator:** Henrik Eriksson and Maria Müllersdorf  
School of Health, Care and Social Welfare  
Mälardalen University  
Box 325  
631 05 Eskilstuna  
*Phone:* 016 15 37 47  
E-mail: henrik.eriksson@mdh.se, maria.mullersdorf@mdh.se

**Researcher:** Mr. Saneh Khunkaew  
Nurse instructor at Bomomarajonani College of Nursing Uttaradit, Thailand and Master student at Mälardalen University.  
*Telephone Number:* +467 39793709 (Sweden)  
E–Mail: skw10001@student.mdh.se

*Address:* Khunkaew Saneh  
Abygatan 3 B  
63220 Eskilstuna Sweden

If you stop being in the study, then no new information about you will be used after the date that you stop. However, any information that was shared before you stopped your permission will continue to be used. If you stop your permission, then you can no longer actively take part in this study.

H. WHO SHOULD I CONTACT IF I HAVE QUESTIONS?

Please take the time you need to think about whether or not you want to be in this study. If you have any questions about this study at any time, contact the **Principal Investigator:** Henrik Eriksson and Maria Müllersdorf, by e-mail; henrik.eriksson@mdh.se and maria.mullersdorf@mdh.se. You may also call or E-mail to a researcher, Saneh Khunkaew, at any time during the study.  
*Telephone Number:* +467 39793709 (Sweden)  
E–Mail: skw10001@student.mdh.se
AGREEMENT TO PARTICIPATE IN THIS STUDY
AND
PERMISSION TO USE AND/OR DISCLOSE MY HEALTH INFORMATION

I have read this consent and authorization form. It describes the research study procedures, risks, and benefits, what health information will be used, and how my health information will be used. I have had a chance to ask questions about the research study, including the use of my health information, and I have received answers to my questions. I agree to join in this research study, and permit the researcher to use my health information as described above.

Name of Participant (please print): ______________________________________

_________________________________    ____________
Signature of Participant             Date

YOU WILL RECEIVE A COPY OF THIS FORM AFTER SIGNING IT.

Signature of person obtaining consent and authorization:

_________________________________    ____________
Signature                          Date
แบบฟอร์มตอบรับเข้าร่วมการวิจัยและอนุญาตให้ใช้ข้อมูลเพื่อการวิจัยเรื่อง
ประสบการณ์การดูแลใน การขึ้นฝึกปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย

ที่ปรึกษา: Henrik Eriksson and Maria Müllersdorf

School of Health, Care and Social Welfare
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โทรศัพท์: 016 15 37 47 E-mail: henrik.eriksson@mdh.se,
maria.mullersdorf@mdh.se

ผู้วิจัย: Mr. Saneh Khunkaew Nurse instructor at Bomomarajonani College of Nursing Uttaradit, Thailand and Master student at Mälardalen University.

โทรศัพท์: +467 39793709 (Sweden)
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ขอเชิญเข้าร่วมการวิจัย

ท่านเป็นหนึ่งในผู้ที่ได้รับเชิญให้เข้าร่วมการวิจัยเรื่อง "ประสบการณ์การดูแลในการขึ้นฝึกปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย" เพื่อศึกษาประสบการณ์การดูแลในการขึ้นฝึกปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย และการเผชิญหน้ากับผู้ป่วยในครั้งแรกของการฝึกปฏิบัติการ ผู้เข้าร่วมในการวิจัยครั้งนี้จะเป็นนักศึกษาพยาบาลชายของวิทยาลัยพยาบาลบรมราชชนนี อุตรดิตถ์ ชั้นปีที่ 2 ที่ผ่านการฝึกปฏิบัติงานบนหอผู้ป่วยแล้ว ทั้งนี้การตัดสินใจเข้าร่วมหรือไม่เข้าร่วมในการวิจัยนี้ ซึ่งเป็นความสมัครใจของท่าน

วัตถุประสงค์ของการวิจัย

วัตถุประสงค์ของการวิจัยในครั้งนี้เพื่อศึกษาประสบการณ์การดูแลในการขึ้นฝึกปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย และการเผชิญหน้ากับผู้ป่วยในครั้งแรกของการฝึกปฏิบัติการ เพื่อนำมาพัฒนาระบบการจัดการเรียนการสอนในคลินิกให้มีประสิทธิภาพมากยิ่งขึ้น

ท่านจะต้องทำอะไรบ้างเมื่อเข้าร่วมในการวิจัย
หากท่านตัดสินใจเข้าร่วมในการวิจัยเรื่องนี้ ท่านจะได้รับแจ้งข้อมูลพื้นฐานเกี่ยวกับวัตถุประสงค์ของการวิจัยและวิธีการวิจัย ตลอดจนท่านจะถูกสัมภาษณ์ทางอินเทอร์เน็ตในข้อมูลดังต่อไปนี้: (ก) ข้อมูลส่วนบุคคล (เช่น อายุ, หน้าที่ท่านนั่งชั่วคราว, ประวัติการมีประสบการณ์การทำงาน) (ข) ข้อมูลเกี่ยวกับประสบการณ์การดูแลผู้ป่วยบนผู้ป่วย (เช่น ความรู้สึกต่อการให้การพยาบาลในครั้งแรก, ความรู้สึกต่อผู้ป่วยของท่านที่มีความจำเป็นต้องการความช่วยเหลือ) (ข) ข้อมูลเกี่ยวกับการศึกษาที่ท่านมี (ถ) ผู้ป่วยที่ท่านเคยดูแล

ท่านจะได้รับประโยชน์จากการร่วมการวิจัย

การเข้าร่วมวิจัยของท่านจะช่วยให้เกิดประโยชน์สำหรับการพัฒนาระบบการเรียนการสอนในคลินิกในอนาคต

เกณฑ์และวิธีการเข้าร่วมการวิจัย

ผลเสียของท่านจากการเข้าร่วมวิจัย

การจัดการข้อมูลในการวิจัยและผู้ขุนชื่อของท่าน

ข้อมูลที่ท่านรายงานในกระบวนการวิจัยจะถูกเก็บรักษาเป็นความลับโดยไม่สามารถตกหลุมฝังเข้าได้ โดยผู้วิจัยจะใช้รหัส หมายเลขในการวิจัยหรือเอกสารความสามารถในการเข้าร่วมการวิจัยของท่าน เพื่อค้นหาข้อมูลและเอกสารของท่านจากการเข้าร่วมวิจัยที่ใช้เพื่อพิสูจน์ข้อมูลและเอกสารของท่านจากการเข้าร่วมวิจัยที่มีการระบุข้อมูลที่ถูกกันไว้ดีที่สุด ทั้งนี้การเก็บข้อมูลนี้จะมีการรักษาในกฎหมายที่จะถูกต้องในการเข้าใช้ในทางที่ผู้ที่จะได้รับข้อมูลจากท่านที่จะถูกใช้ในกระบวนการวิจัยที่จะต้องมีการรักษาด้านสิทธิ์ของท่านในการเข้าใช้ข้อมูลของท่านที่จะถูกใช้ในกระบวนการวิจัยของท่านที่จะถูกทำลายเมื่อผู้วิจัยมีการสรุปผลการวิจัยนั้น การจัดเก็บข้อมูลที่มีการระบุชื่อ สถิติของท่าน

การอนุญาตให้ใช้ข้อมูลเพื่อการวิจัยและการอนุญาตเพื่อการเข้าร่วมการวิจัย

การอนุญาตให้ผู้วิจัยใช้ข้อมูลของท่านเพื่อการวิจัยหรือไม่ ข้อมูลภูมิศาสตร์ของท่าน หากท่านประสงค์จะให้ข้อมูลของท่านนั้นเป็นข้อมูลที่สามารถสร้างข้อมูลเพื่อการวิจัยนี้ หากท่านปฏิเสธที่จะให้ข้อมูลของท่านในแบบฟอร์มนี้ ข้อมูลที่ท่านจะไม่ได้รับการรับรอง

การลงลายมือชื่อของท่านในการลงลายมือชื่อนี้เป็นการแสดงว่าท่านอนุญาตให้ทีมวิจัยสามารถใช้ข้อมูลของท่านในการวิจัย ทีมวิจัยสามารถใช้ข้อมูลของท่านในการวิจัยได้โดยตลอดแล้วท่านไม่ได้เขียนจดหมายติดต่อ เพื่อแจ้งความจงใจให้มีการติดต่อกับท่านในการวิจัย

การลงลายมือชื่อของท่านในการลงลายมือชื่อนี้เป็นการแสดงว่าท่านอนุญาตให้มีการใช้ข้อมูลของท่านในการวิจัย ทีมวิจัยสามารถใช้ข้อมูลของท่านในการวิจัยได้โดยตลอดแล้วท่านไม่ได้เขียนจดหมายติดต่อ เพื่อแจ้งความจงใจให้มีการติดต่อกับท่านในการวิจัย

นาย. เสรีน. ชุนvention พานาธิราวุฒิวิทยารักษ์ วิทยาลัยพยาบาลบรมราชชนนี อุตราดิศ และนักศึกษาปริญญาโทในวิทยาลัยพยาบาลศาสตร์ มหาวิทยาลัยศรีนครินท์
โทรศัพท์หมายเลข: +467 39793709 (ในประเทศสวีเดน)
อีเมลล์: skw10001@student.mdh.se
ที่อยู่ Khunkaew Saneh
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63220 Eskilstuna Sweden

กรณีท่านตัดสินใจยุติการเข้าร่วมการวิจัย ผู้วิจัยสามารถใช้ข้อมูลที่ได้จากท่านก่อนที่ท่านจะยุติการเข้าร่วมวิจัย แต่หลังจากท่านได้ยุติการเข้าร่วมการวิจัย ผู้วิจัยจะไม่สามารถเก็บรวบรวมข้อมูลใดๆจากท่านเพื่อใช้ในการวิจัยได้อีก นอกจากนี้ในกรณีที่ท่านได้แจ้งความประสงค์ให้มีการใช้ข้อมูลของท่านเพื่อการวิจัย จดหมายดังกล่าวเป็นสิ่งที่แสดงว่าท่านได้ยุติการเข้าร่วมการวิจัยนี้

ผู้ที่ท่านสามารถติดต่อได้เมื่อท่านมีข้อสงสัย
กรุณาใช้เวลาตามความต้องการของท่านในการตัดสินใจว่าท่านต้องการที่จะเข้าร่วมการวิจัยนี้หรือไม่ หากท่านมีคำถามหรือข้อสงสัยเกี่ยวกับการวิจัยนี้ ท่านสามารถติดต่อผู้ทำาการวิจัย ผู้รักษา ผู้ดูแล หรือผู้ทำาการวิจัย สำหรับข้อมูลอื่น ๆ ที่เกี่ยวข้องกับการวิจัยนี้

กรุณาตอบรับในการเข้าร่วมการวิจัยและการอนุญาตให้ใช้และหรือเปิดเผยข้อมูลทางด้านสุขภาพเพื่อการวิจัย

ข้าพเจ้ายินดีที่จะเข้าร่วมในการวิจัยนี้ เข้าพเจ้ายินดีที่จะให้ข้อมูลที่จำเป็นเพื่อให้ท่านสามารถคิดและตัดสินใจว่าจะเข้าร่วมในการวิจัยนี้หรือไม่ หากท่านมีคำถามหรือข้อสงสัยเกี่ยวกับการวิจัยนี้ ท่านสามารถติดต่อผู้ทำาการวิจัย ผู้รักษา ผู้ดูแล หรือผู้ทำาการวิจัย ได้โดยไม่ต้องมีการเดินทางเพื่อติดต่อที่ท่านได้ระบุไว้

ชื่อ-สกุลและลายมือชื่อผู้เข้าร่วมวิจัย
ชื่อ-สกุลและลายมือชื่อผู้วิจัย
วัน/เดือน/ปี

หมายเหตุ: ท่านจะได้รับสำเนาเอกสารฉบับนี้หลังจากท่านและผู้วิจัยได้ลงลายมือชื่อในเอกสารนี้แล้ว
หนังสือแสดงความยินยอมเข้าร่วมการวิจัย

เรียน  นายเสน่ห์  ขุนแก้ว  นักศึกษาปริญญาโท สาขาวิทยาศาสตร์การดูแล มหาวิทยาลัย Märlardalen ประเทศสวีเดน  ท่านนี้ได้ถูกขอให้เข้าร่วมการวิจัยเรื่อง “ประสบการณ์การดูแลในกรณีที่มีการปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย”

ท่านเป็นหนึ่งในผู้ที่ได้รับเชิญให้เข้าร่วมวิจัยสังกัด “ประสบการณ์การดูแลในกรณีที่มีการปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย” เพื่อศึกษาประสิทธิภาพการดูแลในการช่วยปฏิบัติการพยาบาลครั้งแรกของนักศึกษาพยาบาลชาย และการประชันวัฒนธรรมกับผู้ป่วยในคราวแรกของการดูแลผู้ป่วย ทั้งนี้การตัดสินใจเข้าร่วมหรือไม่เข้าร่วมในการวิจัยนี้ ถือเป็นความสมัครใจของท่าน ท่านจะถูกสัมภาษณ์ทางอินเทอร์เน็ตผ่านโปรแกรม Skype และจะถูกบันทึกด้วยโปรแกรม Cyber Link YouCam ทั้งภาพและเสียงโดยใช้วิธีการที่เหมาะสม ท่านจะรับข้อมูลทางอีเมล์ที่อยู่ Khunkaew Saneh room No. 811 Abygatan 3 B 63220 Eskilstuna Sweden ที่อยู่ที่ติดต่อ Dr. Henrik Eriksson and Dr. Maria Müllersdorf โทรศัพท์: 016 15 37 47 E-mail: henrik.eriksson@mdh.se, maria.mullersdorf@mdh.se

ข้อมูลของท่านจากการเข้าร่วมในการวิจัยนี้จะถูกเก็บรักษาเป็นความลับโดยไม่สามารถหมดพื้นที่ห้องได้ โดยผู้วิจัยจะใช้รหัสแม่เหล็กเพื่อการเก็บข้อมูลและเอกสารจากการเข้าร่วมวิจัยของท่าน เก็บข้อมูลและเอกสารของท่านจากการเข้าร่วมวิจัยที่จะใช้เพื่อประโยชน์ที่เหมาะสมเท่านั้น หลังจากการเก็บรวมข้อมูล เมื่อการวิจัยจากท่านเสร็จสิ้น เมื่อข้อมูลและเอกสารการถูกทำลายทันที ท่านอาจได้รับข้อมูลเกี่ยวกับการทางเข้าร่วมวิจัยของท่าน ซึ่งมีข้อมูลที่จำเป็นในการทำวิจัยนี้ท่านนั้น ผลการวิจัยนี้จะถูกนำไปใช้เพื่อการพัฒนาแพทย์และการเสนอผลการวิจัยโดยจะไม่มีการระบุชื่อ-สกุลของท่าน

การวิจัยครั้งนี้ท่านอาจไม่ได้รับประโยชน์โดยตรง แต่ข้อมูลของท่านจะเป็นประโยชน์ในการปรับปรุง การพัฒนาระดับการเรียนการสอนในอนาคต หากท่านตัดสินใจเข้าร่วมการวิจัย ท่านสามารถสอบถามผู้วิจัยได้ตลอดเวลาและสามารถที่จะยกเลิกการเข้าร่วมการวิจัยได้อย่างไร่ไม่เกิดผลกระทบใดๆต่อท่าน

หากท่านมีข้อสงสัยเกี่ยวกับการวิจัยครั้งนี้ ท่านสามารถสอบถามผู้วิจัยได้โดยโทรศัพท์หมายเลข: +467 39793709 (ในประเทศสวีเดน) อีเมล: skw10001@student.mdh.se ที่อยู่ Khunkaew Saneh room No. 811 Abygatan 3 B 63220 Eskilstuna Sweden นอกจากนี้ท่านอาจติดต่อที่ปรึกษาของผู้วิจัย Dr. Henrik Eriksson และ Dr. Maria Müllersdorf โทรศัพท์: 016 15 37 47 E-mail: henrik.eriksson@mdh.se, maria.mullersdorf@mdh.se

เมื่อท่านได้อ่านและพิจารณาข้อความดังกล่าวข้างต้นและท่านยินยอมเข้าร่วมการวิจัยครั้งนี้ท่านจะได้รับสำเนาเอกสารฉบับนี้และขอความกรุณาท่านช่วยลงลายมือชื่อไว้กับข้อความดังกล่าวลง

(________________________________________) (____________________________)
ชื่อ-สกุลและลายมือชื่อผู้เข้าร่วมวิจัย ชื่อ-สกุลและลายมือชื่อผู้วิจัย
วันเดือน/ปี ________________________ วันเดือน/ปี ________________________
Appendix 2

Semi-structured, open-ended interview questions

Warming up questions

1. Can you tell me a little about yourself?
2. How come that you became in nursing student?
3. What do you think about the nursing program/education so far?

The first time caring experience in nursing practice

1. Can you tell me about your first clinical experience?
2. Can you tell me about caring experience for your patient?
3. What experience did you have when you provide nursing care in first nursing practice?

Follow up question

1. How do you feel when you gave nursing care to patient?
2. How do you feel when patient did not accept you to provide nursing care?
3. How do you feel when patient need to help?
4. How do you think about nursing process as a tool for solving the problem?
5. How do you care your patient when they are cannot do any daily life?

The first encounter with patient in nursing practice

1. How was it to meet patient in the first time? Why?
2. How do you do when you met patient in the first time?
3. What did you represent yourself when you provide nursing care? Why?
4. How do you think patient, other nurses and student respect you as “a nursing student”?

Follow up question

1. How did you feel when you meet patient in the first time?
2. How did you think when you provide nursing care?
3. Can you give me one example about the first encounter with patient in nursing practice?