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STRATEGIES FOR RECRUITING, TRAINING, AND RETAINING MEN IN NURSING



5.63 Contact Hours

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Objectives

After completing this course, students will be able to:

- Identify significant challenges for men in the profession of nursing as identified in the current literature.
- Identify successful strategies for recruiting men into the profession of nursing as identified in the current literature.
- Identify major issues men face in nursing education programs as identified in the current literature.
- Identify the best methods for retaining men in the field of nursing as identified in the current literature.
- Identify future initiatives for men in nursing as identified by the American Assembly of Men in Nursing.

INTRODUCTION

This continuing education module provides an objective review of the literature on past, and current, issues facing men in nursing. It provides nursing leaders with strategies for effectively recruiting, training, and retaining men in the profession. With the goal of increasing both the number and the overall percentage of men in nursing, this training looks at what is already known about how men prefer to be treated in what is coined in the literature as a “gender-neutral” or “male friendly” work environment (O’Lynn, 2004).

The information contained in this training is derived primarily from research on men inside the United States – those related to the United Kingdom, Turkey, Taiwan, Iran, China, and numerous other countries were reviewed but not included in this training. Their issues seem similar and will perhaps be analyzed for additional training later. Although much of the information generalizes to Licensed Practical Nurses (LPN) or Licensed Vocational Nurses (LVN), the majority of the research was conducted on men credentialed and practicing as a Registered Nurse (RN).



THE HISTORY OF MEN IN NURSING

Before delving into the current issues men face in nursing it might be helpful to provide a historical perspective. Nursing literature (including modern textbooks) tend to neglect the presence and accomplishments of men in the profession. This void gives the impression that male nurses are nonexistent or undervalued in the field. They are often portrayed as overly effeminate (Rangel, Kleiner & Kleiner, 2011) or in a negative light with phrases such as anomalies, perverts, and lacking in ambition (Anthony, 2006; Dyck et al., 2009; Evans, 2004; Harding, 2007; Kelly, Shoemaker, & Steele, 1996; Laroche & Livhen, 1986; McLaughlin et al., 2010; Okrainec, 1990). Yet, there is ample documentation to support the fact that throughout history men have been involved and instrumental in caring for patients (Mackintosh, 1997).

MEN IN EARLY NURSING

Initially developing out of religious orders in the 4th and 5th centuries, men provided bedside care for the sick, injured, and dying (Evans, 2004). As monasteries began to dissolve in the 16th century, records of organized, nonmilitary nursing activities disappeared until the 18th century when they reappeared in England where men were trained in academies to care for male patients (Evans, 2004). When the monasteries disengaged from nursing care, women (primarily nuns) began to care for patients (Rangel, Kleiner & Kleiner, 2011). However, men continued in nursing and often doubled as soldiers in times of war (McMurry, 2011).

NIGHTINGALE’S INFLUENCE

Men in nursing all but ceased to exist in the mid-19th century when the iconic Florence Nightingale, the mother and founder of modern-day nursing, firmly established it as a “woman’s occupation” (Anthony, 2006, p. 45). One of the tenets of this movement was that women, as natural care providers, did not need

additional training to work in subservient roles as nurses in the hospitals for male physicians. Men were primarily relegated to the asylums in psychiatric nursing because of their physical strength (Evans, 2004). Loughrey (2007) commented that this perception has endured for centuries, as men are still perceived as incapable of providing the nurturing care required in nursing.

When this Victorian separatist ideology was solidified, men in nursing were incompatible with the established gender roles (McLaughlin et al., 2010). As a result, men were excluded from most hospital-based nursing schools until the late 1960s, citing a lack of residential and restroom facilities. A small number of hospital-based programs were developed specifically for men in larger metropolitan areas such as Chicago and New York City. Even in those programs, men were not allowed to receive clinical training in pediatrics, women's health, obstetrics, or gynecology. This is interpreted by some as an indication that men should not work with these more vulnerable populations, thereby reinforcing the view that men are perpetrators (Bell-Scriber, 2008).

The community-college-based ADN programs began in the late 1950s as leaders in the nursing profession attempted to increase the scholarly base of the training at a time when community colleges were becoming popular throughout the country as extensions of the public school system. Combining the academics of local colleges with the clinical training provided in hospitals provided an effective platform for training new nurses. The early programs attracted students that were not good candidates for the apprentice-based programs that often required the students to live on the hospital grounds. These new nursing students were often older, married, parents, and male. Additionally, the cost for tuition was lower than the 4-year institutions, and community colleges were available in most communities.

THE CURRENT NURSING SHORTAGE

Although not everyone agrees that there is a nursing shortage in the United States based on examples of new graduates being unable to find employment (Nelson, 2009), the American Association of Colleges of Nursing (AACN) published a fact sheet in August 2012 detailing the numerous and complex issues related to the current and predicted nursing shortage. According to their data, there is clearly a nursing shortage in certain geographical areas and in certain specialties. The shortages appear to be most predominant in the South and West regions of the United States.



Most experts agree that there is a critical shortage of qualified and credentialed men and women engaged in the practice of nursing and that the issue is global and not just problematic for the United States (McLaughlin et al., 2010; Stott, 2006). There is no relief in sight for the shortage, which is predicted to be at an all-time high in the year 2020 (Stott, 2006) when 55% of the current nurses will retire (Orlovsky, 2006). McLaughlin et al. (2010) also point out that relying only on women to prevent the critical nursing shortage in the future would be a huge mistake.

IMPACT OF RECRUITING MORE MEN INTO NURSING

Nursing leaders continue to struggle with the question of value in diversifying the profession. O'Lynn and Tranbarger (2007) discuss the long-lasting impact of the false Nightengalian belief that men are not suited for nursing but that "every woman is a nurse." Nursing administrators support the concept that the

profession must reflect a variety of ethnic, racial, cultural, and religious background to provide care to the wide and growing diversity of patients; and although gender diversity is also crucial, it is rarely addressed by nursing leaders (p. 243). This can partially be explained by a concern that as men progress to administration at a disproportionately high rate, the decision-making power will become primarily male and oppressive of women.

Although somewhat dated and currently considered politically incorrect, there is a relatively common belief that if the majority of nurses were men, the field would be more prestigious and seen more as a profession. This likely stems back to the practice of women “coming and going” from the profession throughout their life. They would work initially but then quit when they married and/or when they had children. They might enter the workforce several times over a 30-year period while only the minority were consistently in the field of nursing as the primary wage earner. Men tend to be more consistent as well as more demanding related to working conditions and compensation. As a slightly different viewpoint, Walker (2011) states that nursing does not need men, it needs humans that care for their patients – regardless of their gender.

There is no doubt that men are needed and have an important role to play in the nursing profession. Not only will their presence potentially curb the nursing shortage, but there are estimates that more men in the field would increase the level of prestige, pay, and benefits for all nurses. Increasing the number of men on the faculty of nursing schools would likely have the same effect on academe and provide a more conducive atmosphere for male nursing students (McLaughlin et al., 2010). However, these changes will require a major paradigm shift. One of the fundamental changes resides in the attitude, beliefs, perceptions, behavior, and pedagogical practices of nursing educators.

One phrase that reoccurs in the literature on men in nursing is the “glass elevator” indicating a smooth, quick ride to the top of the career ladder for men as opposed to the “glass ceiling” women often face in male-dominated professions. McMurry (2007) points out that unlike women who work in predominately-male career fields, men have numerous advantages when they work in a predominately-female occupation such as nursing. Research consistently reveals that, because of their underrepresentation, men maintain an advantage over other status groups such as women in positions of authority (Walker, 2011). Men are given fair, if not preferential consideration in hiring and promotion decisions, are accepted by supervisors and colleagues, and are well integrated into the workplace subculture. Rangel, Kleiner, and Kleiner (2011) validated that men are often viewed as “tokens” in the nursing field because they differed from the mainstream of the majority group. As a result, men receive “special” minority status and are able to get promotions at a larger rate than their female counterparts.

MEN IN MODERN NURSING

According to the U.S. Bureau of Labor Statistics (BLS), 12% of registered nurses are now men (Egan, 2021). In response to the perceived current and upcoming nursing shortage, numerous leaders in healthcare have developed a variety of strategies for recruiting, training, and retaining all minorities, including men in the profession. Despite numerous barriers, the literature demonstrates a growing interest by men in this pursuit, describes potential benefits of increasing the male presence in the profession, and provides insights into successful strategies to accomplishing the goals. This training looks at nursing from the American male perspective and describes how to create an environment conducive to increasing the number of men in the profession.

THE BERNARD HODES GROUP'S STUDY

Although slightly dated, the benchmark study of men in nursing that continues to serve as the cornerstone for research on men in nursing was accomplished by the Bernard Hodes Group (2005). This relatively large study was conducted in conjunction with several nursing organizations including the American Assembly for Men in Nursing (AAMN). The mixed method research study was conducted on men who were staff nurses, clinical managers, and educators. The survey was made available to male RN membership of several organizations as well as being promoted on industry websites such as *Nursing Spectrum* and *Nurse Week*. A total of 498 respondents completed the 34-question *Men In Nursing* survey between October 17 and December 15, 2004. Most research accomplished since the report was published references the study, uses it as a launching point, and tends to validate the findings. Due to its level of validity and reliability, this training relies heavily on the Bernard Hodes study.

THE TERM "MALE NURSE"

The men surveyed by Bernard Hodes Group (2005) made numerous comments about the term "male nurse" and concerns that using the term adds to the problem. Respondents felt using "men in nursing" is appropriate. Many felt the terms "nursing" and "nurse" are sexist since they refer to lactation – a female-specific attribute and akin to the term "nursemaid." Many hold the sentiment that the name of the profession itself will have to change before true equality can be achieved. Men report equal disapproval with the term "nurse" for male nurse.

Although the term male nurse is used in this training for simple convenience and ease of reading, no disrespect is meant to men in the profession. Whenever possible, the phrase "men in nursing" or "nurses" is used. America no longer has firemen, the term firefighters is used. Mailmen are now referred to as mail carriers. O'Lynn and Tranbarger (2007) discuss a study where the number of young men interested in nursing increases dramatically when the name is changed from Registered Nurse to the gender-neutral title "Registered Clinician" (p. 245). However, no title has been suggested that meets the approval of the organizations that would need to support a change from the term "nurse." That remains an open item on the agenda of several key leadership groups.



DEMOGRAPHICS OF MEN IN NURSING

The final report from Bernard Hodes Group (2005) provided an overview of male nurses and confirmed the demographics determined by prior and subsequent studies. Because the results mirror and encapsulate the findings of numerous other studies, it is used here to provide an overview of the status of men in the profession of nursing along with their views on the best methods of recruiting, training, and retaining other men in the nursing field. The highlights are expanded upon later in the training and both supported and augmented with additional research studies.

The participants of the Bernard Hodes Group (2005) study were nearly all active RNs, with a small percentage being nursing students. They were primarily Caucasian, with an average age of 44 years. An Associates Degree in Nursing (ADN) or Bachelor of Science in Nursing (BSN) degrees accounted for the majority of their basic nursing education; one quarter of respondents had earned graduate degrees. The largest percentage of participants were from the Western and Southeast regions of the United States and were considered representative of the population.

The men had an average of 14 years' experience in the profession and less than five years' tenure with their current employers. The men entered the nursing profession for much the same reasons as their female counterparts, primarily to help others and for the personal and professional growth opportunities the profession offers. There were numerous comments about being able to make a difference and nursing being a calling, not just a profession.

Perhaps due to their minority status, the male nurses surveyed did not attribute their career choices to the influence of other health care professionals, parents or a lifelong ambition built on an early awareness of career possibilities. Only 20 percent of respondents came to the profession immediately following high school and only 16 percent began to consider a nursing career while 18 years or younger. Many of the RNs plan to return to school for an advanced degree as well as to pursue health care education and other training opportunities.

WHY MEN ENTER NURSING

Boughn (2001) found that women and men both choose nursing as a career in order to help others. Additionally, men were more likely to communicate practical reasons – including salary, job security, career opportunities, and working conditions. The Bernard Hodes Group (2005) revealed that men rated a desire to help people and growth profession with many career paths as the top reasons male RNs gave for choosing a nursing career. Career stability and a variety of geographic career choices were also rated highly as reasons for an RN career choice. Parental influence, funding and a lifelong ambition were among the least important reasons for their career choice.

One fifth of respondents indicated that their career path progressed from high school directly to a nursing program. Of the remaining RNs, over two fifths came to nursing after another career and 17% came to the profession following military service. Others entered nursing from college (numerous majors) and via the health care field itself (e.g., paramedic, CNA, technician).

A stable career with growth in many career paths, the ability to practice in a variety of geographic areas and a career with few layoffs/downsizings were seen as the top unique selling points of being a nurse. Over four fifths of respondents would encourage their male friends to become nurses. The majority of respondents indicated that they have been successful in recruiting male friends into the nursing profession.

BARRIERS TO MEN ENTERING NURSING

Only 15% of RNs surveyed say they are personally involved in initiatives to attract more men into the nursing profession. Male RNs see the fact that nursing is a traditionally female occupation as the top reason that more men are not attracted to the profession. Other key issues are stereotyping as gay, poor pay and lack of role models/awareness. Eighty-two percent of respondents believe that misperceptions about men in nursing exist and need to be overcome. Chief among the misperceptions are that male nurses are gay, that nursing is a female profession and that men, as a group, are not caring. Stereotyping is seen as the top challenge to men who want to pursue a nursing career.



Family influences, the perception that nursing is not high tech and cultural influences are seen as least challenging to men hoping to become RNs. Male nurses share similar workday dislikes with their female counterparts. Chief among these are: workload/pressure, inadequate staffing and paperwork. Four fifths of

respondents indicated that they would become a nurse all over again. Most provided emotional reasons for their choice: their love of what they do and the rewards of helping others. Variety of experience, growth and the stability the profession provides were also mentioned as inducements to “doing it all over again.”

Prior to embarking on a career in nursing, respondents perceived the profession as one traditionally dominated by females and not the most appropriate profession for men to enter. Half of RNs felt that they encountered difficulty in the workplace due to being in a traditionally female profession. Nearly 71% of RNs who encountered difficulties in the workplace felt that their female counterparts saw male nurses as muscle. Nearly half found difficulties by being a gender minority and having communication issues with female RNs. Additional difficulties included being seen as failed doctors, being passed over for promotions and sexual harassment.

Meadus and Twomey (2007) explored the literature and identified the primary reasons men are not entering nursing as:

- Public perception
- Images of nursing
- Value of nursing to society
- Organization and culture of nursing
- Sex stereotypes
- Patient preference

One barrier cited in the literature is the perception that most men who nurse are effeminate or gay. According to Jinks & Bradley (2004), little has changed in societal attitudes toward these stereotypes.

LaRocco (2007) identified a trajectory of four linear stages that encompass the path men travel to become nurses:

- Prior to considering nursing
- Choosing nursing
- Becoming a nurse
- Being a nurse

Each phase has a corresponding theme and various positive and negative aspects that must be encountered and successfully navigated and negotiated. It is unlikely that any two men have the exact same experiences as nurses but many are similar.

GENERAL OBSERVATIONS FROM MEN IN NURSING (EXECUTIVE SUMMARY)

Respondents in Bernard Hodes Group (2005) reported that after they were trained and working as a nurse, they stayed for the stability, career options, geographic mobility and job security. They indicated that these should be the leading benefits and selling points of the profession to prospective men. Most male nurses would encourage their male friends to become RNs primarily for these reasons and many had been able to recruit male friends and family members into the profession. When asked to reflect on the recruitment methodology they would recommend to reach students in elementary through high schools, most believed that presentations hosted by a male nurse (preferably in a high-tech/trauma unit) would dispel much of the profession's persistent stereotyping and showcase the dynamic role that nursing plays in the health care field.

For more mature student audiences, it was felt that more information about the profession's benefits (e.g. compensation, mobility and autonomy) could be added to presentations. Additionally, respondents felt

that active imagery portraying the nurse as hero in a high-tech, teamwork driven environment would work best for recruiting males into the profession. Imagery to be avoided included extremes such as egregiously “macho” symbols and generic, faceless hospital settings with RNs in white uniforms.

The majority of male RNs surveyed felt they had encountered difficulty both as students in nursing programs and as professionals in the workplace. In both arenas, male nurses had found that being a gender minority has given rise to stereotyping and communication issues between the sexes. The men identified the major misperceptions about men in nursing center on the male persona, including being perceived as gay, bad fit within a female profession and an image of not caring.

In response to academic and career difficulties, responding RNs made a number of recommendations to attract men into nursing: more knowledgeable career counselors, school visits showcasing male nurse presentations and media targeted to young males. Responding RNs believed that helping people and the ability to make a meaningful contribution to society are the top rewards of a nursing career and these attributes may well provide key content areas for on-site presentations in schools and media promotions for the profession. The majority of male RNs felt that men are dissuaded from becoming nurses; additionally, few belong to organizations or associations specific to men in nursing. These aspects underscore the need to better articulate the benefits of the profession to male audiences as well as provide more customized content (brochures, flyers, marketing gifts, etc.) for male RN ambassadors to utilize in their recruitment efforts.

Apart from stereotyping and the need for recruitment programs directed specifically at men, RNs share many of the same workday likes and dislikes as their female counterparts. Both genders thrive on providing patient care and making a difference, and both struggle with burdensome workloads, short staffing and extensive paperwork. Nonetheless, four fifths of males surveyed said they would do it all over again. Pride in professionalism is the hallmark of RNs, and male nurses are indistinguishable from their female peers in this regard. While currently a minority, men are as dedicated to improving their own lot within nursing as they are to raising awareness of the vital role all RNs play in the health care field.

Even though men have been providing nursing care to the wounded, ill, injured, and dying members of society since the beginning of recorded history (Evans, 2004), they were not always called nurses and their presence in the female-dominated profession – at least since the 19th Century’s Nightingalian era – has been diminished and the vast majority of their accomplishments in the United States have been overshadowed or erased from nursing history. The reasons for this are numerous, complex, and beyond the scope of this training. More research is needed on this topic and is being accomplished by leading scholars around the nation. When available, it will be presented in future training initiatives.

However, the main points are discussed in the context of how they relate to developing effective strategies for recruiting, training, and retaining men in the field of nursing. The bottom line can be summed up by the words of Meadus and Twomey (2007) when they stated “men defy the traditional image of a nurse – that of angel, sex symbol, doctor’s handmaiden and notably, woman.” These along with other inaccurate perceptions and stereotypes remain the largest limiting factor of men being successful in the role of nurse (Anthony, 2004).

The foundation for creating strategies for the best way to approach recruitment, education, and retention issues is to understand the key issues faced by the “invisible” male nurses (Evans, 2004). It is important to make the caveat here that while some men clearly face discrimination (Rangel, Kleiner & Kleiner, 2011), others never or rarely experience or perceive anything except positive acceptance. The reasons for this disparity of experiences are still largely unknown and more research on the topic is indicated. It is likely that the reasons surround personality components, socialization of the male and

female personnel involved, and certain characteristics indicative of geographical regions of the country. More details on these are provided later in the training.

What men verbalize is a strong belief that each man makes his own way in the field of nursing and encounters unique situations. There is some evidence that men working in larger metropolitan areas encounter a broader acceptance than those working in rural areas. Additionally, men working in advanced practice, administration, and emergency medicine tend to experience more positive feedback than those working in other areas.

FUTURE TRENDS FOR MEN IN NURSING

The U.S. Department of Labor, Occupational Outlook Handbook, 2012-13 published very positive updated information on registered nurses in March 2012 stating that the median salary was approximately \$65,000 per year, that there were 2,737,400 jobs with a 26% increase anticipated before the year 2020. The same report indicated that men represent a disproportionately higher rate in leadership positions than do their female counterparts. However, the numbers remain much lower in certain specialties such as obstetrics, gynecology, and pediatrics (Evans, 2004). This is partially because of patient discomfort and partially because of being guided away by nursing school faculty and employers.

The Bernard Hodes Group (2005) reported that the top specialties among male RNs include: critical care (27%), emergency department (23%) and medical/surgical (20%). Other top areas of expertise include middle management (19%), educator (15%), director and nurse practitioner (10% each). Responses in the “other” category included: home health, long-term care and nurse informatics.

In October 2011, the Robert Wood Johnson Foundation and the Institute of Medicine jointly released The Future of Nursing: Leading Change, Advancing Health. The authors referred to it as a blueprint for strengthening nursing care and preparing nurses to lead in the healthcare reform initiatives primarily by increasing the number of nurses with a bachelors degree to 80% and doubling the number of nurses with a doctoral degree by the year 2020. Additionally, they recommend phasing out the diploma nursing programs and increasing second-degree accelerated programs for degree completion. These emerging programs are now enrolling more men than the traditional nursing programs.

Statistics from The Bernard Hodes Group Men in Nursing Survey (2005)*

Overview

- 85% initially thought it was not an appropriate profession for men.
- 83% would now encourage their male friends and family members to become nurses.
- 82% believe that misperceptions about men in nursing exist and need to be overcome.
- 80% would become a nurse again if given the opportunity.
- 73% felt nurses were inaccurately stereotyped.
- 71% felt that their female counterparts saw male nurses as muscle.
- 57% have been successful in recruiting male friends into the nursing profession.
- 50% felt that they encountered gender-based difficulties.
- 49% had difficulties being a gender minority.

<p>48% have communication issues with female nurses.</p> <p>15% were personally involved in formal initiatives to attract men into nursing.</p>
Reasons Men Chose Nursing as a Career (Scale of 1-5)
<p>4.24 - Desire to help people</p> <p>4.00 - Growth profession with many career paths</p> <p>3.67 - Career stability</p> <p>3.45 - Variety of geographic career choices</p> <p>2.77 - Fulfill a lifelong ambition</p> <p>2.55 - Funding</p> <p>2.12 - Parental influence</p>
Path to Nursing
<p>44% - Second career</p> <p>20% - After high school</p> <p>19% - Other (primarily medical specialties such as paramedic, nursing assistant, etc.)</p> <p>17% - After military service</p>
Top Seven Barriers to Men Entering Nursing
<p>59% - Nursing is a traditionally female profession</p> <p>53% - Other professions seen as more male appropriate</p> <p>38% - Nursing remains a female-dominated occupation</p> <p>29% - Male nurses are stereotyped as gay</p> <p>15% - Poor pay</p> <p>15% - Lack of role models/awareness</p> <p>12% - Cultural influences</p> <p>4% - Family influences</p>
Top Four Myths about Men in Nursing
<p>51% - Male nurses are gay.</p> <p>26% - Nursing is a female profession.</p> <p>15% - Men, as a group, are not caring.</p> <p>7% - Nursing is not high tech.</p>
Top Three Reason to Recommend Nursing to Other Men
<p>77% - Varied specialties</p>

69% - Varied geographical areas
58% - Few layoffs/downsizings
Major Complaints about Nursing
19% - Workload/pressure
17% - Inadequate staffing
14% - Too much paperwork
*498 respondents completed the 34-question survey.

GENDER-RELATED ISSUES IN NURSING

There is little room to argue that gender does make a difference in most aspects of human behavior. Nursing is no exception. It is difficult to differentiate between perceptions and reality. There is only minimal reason to believe that the actual work of nursing is more difficult for men than women. There is no evidence that men drawn to nursing have deficits in caring. Clearly, men experience and demonstrate caring behaviors differently but equal to their female counterparts. The primary issues and barriers men face tend to surround the American stereotypical issues related to gender and nursing. The next few paragraphs provide some amount of detail on both the perceptions and the realities involved in gender as an influence within nursing.

There is a societal perception that masculinity and caring are mutually exclusive. Typically beginning early in nursing school, this attitude creates a conflict for male nurses as they try to balance becoming a professional and caring nurse with maintaining a sense of masculinity. Evans (2004) pointed out that the contemporary hegemonic masculinity paradigm revolves around being white, heterosexual, and middle class. Nurses, on the other hand, are stereotypically portrayed in the media as white, female, single, childless, and under 35 years of age (McLaughlin et al., 2010).



Therefore, the dichotomy between being a male and being a nurse seems untenable. In nursing school, being masculine and being a nurse often appears to be an oxymoron (Tillman, 2006). Bartfay, Bartfay, Clow, and Wu (2010) validated this by using a standardized test, the Attitudes Towards Men in Nursing Scale (ATMINS). The results revealed that nursing was not perceived as a very masculine or macho type of career for males. The same research revealed an observation for recruitment: because of the role strain they faced, the majority of men remained neutral toward their willingness to encourage other men to enter the field of nursing. However, because of the same negative gender stereotypes, the majority of female nurses in the study would not encourage male friends and members of their family to enter the field of nursing.

There is a need to modify deeply ingrained beliefs about what constitutes “caring in nursing” in order to acknowledge the value men bring to the profession. Although there is clearly more than one way to authentically communicate care and concern for patients, this is a central issue in nursing academe and serves as a deep societal reason for excluding men from nursing. According to Loughrey (2007), nursing is

viewed as a caring profession and men are perceived as inept as caregivers. Therefore, if men cannot care, they cannot be nurses. Paterson, Crawford, Venkatesh, Tschikota, and Aronowitz (1995) described the process for both men and women learning to care in nursing school as one of the pivotal issues in the ongoing debate about the efficacy of men in nursing. The researchers concluded that, in reality both men and women care equally but differently.

Roth (2008) found that men tended to be older (average age of 42) when starting their career as nurses, were often changing careers, and were viewed by faculty and female students as being tougher and less sensitive than women. Men also tend to have more education than women when they enter nursing (LaRocco, 2007). This perception of “tough” versus “caring” could be created partially by the way men have been observed behaving in class. Dyck (2009) noted that male nursing students are more likely to confront, provide a counterpoint, or challenge their professors more than their female counterparts.

In their study, Peterson et al. (1995) found that the majority of male nursing students preferred to be independent and self-directed in their learning styles. Peterson et al. also found that when men worked in teams, they changed the dynamics greatly by taking charge and staying focused on tasks rather than by being involved in the emotional aspects of the team members.

It is important to recognize that a tough persona may be used to cover up feelings of personal insecurities. This is supported by the fact that men tended to ask more questions than their female counterparts (Dyck, 2009; Stott, 2006); men often reported feeling a lack of confidence in the classroom setting. They actually suppressed their curiosity and avoided asking questions in front of their female counterparts because they thought it might make them appear less academically able in a female-dominated context.

ATTEMPTS TO MASCULINIZE THE NURSING PROFESSION

The effeminate stereotype about men in nursing and that it is not a profession worthy of a masculine male are pervasive. In the movie *Meet the Parents*, one of the main characters was a male nurse, who although thoughtful and resolute in discussion of his choice of career, was still portrayed as a “bumbler” not worthy of getting the girl. Announcement of what he did for a living was met with snickers and snide comments. In the end, although there was some resolution on this character’s worthiness as a husband, there was never commensurate resolution on the worthiness of his career choice. According to one male nurse quoted in the Bernard Hodes Group (2005) study, “one would think that for an institution that likes to portray itself as ‘progressive’ and ‘non-judgmental,’ Hollywood still does a pretty lousy job in how males in the nursing profession are portrayed in movies and on television.”

The research supports the notion that men who identify with the expectations of typical male masculinity may face greater challenges in the field of nursing. Rozier (1996) found that men who emulated feminine caring styles were more rapidly accepted into the nursing profession by female nurses. Using the Bem Sex Role Inventory, Loughrey (2007) found that in general male nurses tended to identify more strongly with the female gender role than they did with the male gender role. However, Loughrey cautioned that “stereotypes are not always the stuff of psychological reality” (p. 1333).

Baker (2001) documented the same role strain in 184 male community college nursing students. He also used the Bem Sex Role Inventory and reported that men high in feminine and androgynous traits experienced a better adjustment to nursing than



did those with high masculine traits. However, this alone did not impact role strain. The key factor was the man's level of security in his sex-role identity. Those who were secure in their own masculinity had lower overall role strain when working in the quintessential female-dominated profession.

This was also indicated in earlier research by Blankenship (1991) who found that one variable that decreased attrition was a strong sense of one's own gender identity and an understanding of the role of nursing. Kelly et al. (1996) suggested that the issue of sexual or gender identity is not an insurmountable obstacle to overcome as nursing education can successfully accommodate all male students be they heterosexual, homosexual, and psychologically masculine, feminine, or androgynous. Validated by McLaughlin et al. (2010), the literature placed the burden for this on the nursing faculty who set the tone of the academic experience.

TODAY'S NURSING EDUCATION PROGRAMS

Unfortunately, the gender-based bias that began with the Victorian Nightingale movement has remained the dominant philosophy within the nursing culture (O'Lynn, 2004). The move toward making certain careers like teaching and nursing a sacred extension of motherhood duties, and thus deemed inherently women's work, was virtuous at the time and served a purpose in the wake of the Civil War as our country transitioned from an agrarian society. However, that view no longer exists.

Bernard Hodes Group (2005) reported that the majority of male RNs (56%) indicated that they encountered difficulties during their nursing education within a traditionally female profession. The three top reasons respondents gave for encountering difficulty within their nursing programs were the difficulty of being a minority gender (57%), being seen as muscle by female nurses (56%) and the perception that men are "not caring" (51%). Other examples mentioned include being inappropriate for some procedures/specialties (e.g., OB/GYN), credibility due to gender and reluctance of female patients to be attended to by males.

Although it is slowly dissipating, the negative stereotyping of men in nursing continues to permeate the profession. These discriminatory practices based on archaic beliefs begin the moment a man contemplates entering the field of nursing (McLaughlin et al., 2010; Meadus, 2000). Even when a man's family, friends, finances, and previous life experiences indicate that he possesses the necessary traits to successfully become a nurse, he must first pass the often untenable academic hurdles that stand between him and licensure (Anthony, 2006).



The literature suggests that men first face discrimination in the nursing school admissions process. This is complicated by long waiting lists of men and women hoping to gain entrance into nursing schools. Over 5,000 qualified applicants were turned away in 2003 due primarily to a lack of qualified academic instructors. However, it appears that men are denied admission at a proportionately higher rate than women (Meggison, 2008). Meadus (2000) discussed a survey conducted in 1990 of 270 baccalaureate programs that revealed 70% of these programs made absolutely no effort to recruit men into the field of nursing. It is easy to understand why 12% of the colleges reported no men were enrolled in their nursing programs.

Although there are many other possible reasons for this lack of interest in assisting men into the nursing field, the primary reason appears to be simply a lack of motivation on the part of the college and university faculty and administration to welcome men into the profession. If men do not apply, gain admission, enter, and

finish nursing school, they will never become nurses (McLaughlin et al., 2010). Therefore, administrators of nursing schools are the largest of all gatekeepers into the female-dominated profession.

Kelly et al. (1996) explored possible reasons for the underrepresentation of men in nursing schools and found that the men in their study perceived an inherent bias against them within the established educational system for nurses. Carol (2009) pointed out that even though the students in nursing schools had become more diverse, the nursing faculty had remained virtually unchanged. They are still predominantly middle-aged, white, and female. Until this view changes, men and other minorities will continue to feel isolated and struggle to fit into the suggested archetype of a nurse.

Carol (2009) elaborated on her stance that biases exist in the nursing school admission process that impacts all minorities but can be especially problematic for men. One glaring example cited included that potential students earn points toward admission for proven leadership skills including those gained from being a leader in a sorority; however, leadership in a fraternity, the military, or civic involvement such as serving as a volunteer fire fighter are not included in the list. This is but one of many examples how the entire process of program admission needs to be reexamined and updated to acknowledge the presence of men in the profession.

McLaughlin et al. (2010) pointed out that it is time for nursing educators to break down the gender stereotypes and fully incorporate men into the profession. It is important to address this issue in all three programs (diploma, ADN, and BSN) but primarily with the 2-year community college faculty because that is where the majority of men earn their nursing degree. The community college offers many advantages over the other two programs including a lower cost of tuition, accessibility in more communities, and familiarity with the part-time, older, returning, career-changing male student (Orsolini-Hain & Waters, 2009). No studies were found to address the issues of men seeking admission into a RN-to-BSN program.

More recently, researchers like McLaughlin et al. (2010), Le-Hinds (2010), and Kirk (2012) validated that male nursing students continue to face direct and open discrimination. Earlier, Bell-Scriber (2008) highlighted characteristics and negative behaviors of nursing educators toward men and pointed out that it is often not what is said but rather how something is said by female educators that is perceived as demeaning by male nursing students. Kelly et al. (1996) found that male students frequently reported feelings of isolation and loneliness, exacerbated by the knowledge that Americans have an underlying assumption that all nurses should be women and that men in nursing possess questionable morals and motives.

This has been reported to occur in lectures, textbooks, tests, and general conversation among nursing students, members of faculty, and other leaders in administration. One objective, classical example is using the ubiquitous pronoun “she” when referring to a nurse. Clarifications using terms such as “male nurse” further sets them apart as being different from the rarely uttered reference to “female nurses” (McLaughlin et al., 2010). Kelly et al. (1996) suggested solving this by referring to nurses generically using a gender-neutral pronoun such as “they” or “them.” To do anything less is to increase the sense of isolation felt by male nurses.

An unpublished study on men’s perceptions of online nursing (Kirk, 2012) revealed that men prefer that modality over a traditional classroom environment for their RN-to-BSN program. Although they still faced a certain amount of gender-based barriers, they enjoyed the teamwork and opportunities for leadership.

DEVELOPING MALE-FRIENDLY NURSING ENVIRONMENTS

The concepts discussed up to this point set the foundation for understanding the strategies for recruiting, training, and retaining men in the nursing profession. Even though they may very well receive it, there is ample evidence to demonstrate that men are not asking for special or preferential treatment. They want to be treated as equally capable of being an excellent nurse and to compete on equal ground for positions and promotions. Below, each of the three areas are divided down and discussed based on the research. Although there are no fool-proof strategies, these have been found successful and are based on sound research findings. Practicing them will likely provide more men in nursing and will certainly provide a more congenial and positive work environment for men.

STRATEGIES FOR RECRUITING MEN INTO NURSING

Bernard Hodes Group (2005) reported that the key challenges to recruiting and retaining men in nursing were identified as the stereotyping issues and the cultural adaptation required for entry into a traditionally female profession. In the latter case, lack of male role models and appropriate career preparation for males are also seen as impediments. Male nurses surveyed indicated they were influenced by several misconceptions, such as the nursing profession being dominated by females and not appropriate for men. Campaigns and strategies for recruiting men into nursing have attempted to alter the image of nursing by having male nurses in television and web-based commercials (Meadus and Twomey, 2007). The “are you man enough to be a nurse” campaign utilizes posters and other media showing tough-looking men who fit the stereotypical jock image.



The American Assembly for Men in Nursing (AAMN) has initiated a recruitment strategy designed to de-genderify nursing and encourage men to enter the profession. The goal is to increase the percentage from the current 10% to 20% male enrollment in nursing programs throughout the United States and the world by the year 2020. They created the slogan “20 By 20” to help remember the goal. They encourage men to be “man enough” to be a nurse – a strategy that dates back to the Oregon Center for Nursing (OCN) in 2002.

The approach focuses on an advertising campaign to showcase a variety of male nurses that epitomize the male gender – mountain climbers, bike riders, marathon runners, and a baseball coach. They will also use social media to gather more remarkable stories about men in nursing and then distribute the new images through partnerships with leaders in academia, industry, and the corporate domains.

It is important to note that not all leaders in nursing believe the goal of doubling the percentage of men in the nursing profession is realistic. In an editorial published in the *Journal of Theory Construction and Testing*, Walker (2011) referred to the goal as a ridiculous and preposterous proposition akin to the military’s verbiage “Shock and Awe.” His primary premise is that men choose not to enter nursing for a number of reasons, with some having to do with gender stereotypes that cannot be impacted by a media campaign. Nevertheless, the



campaign is supported by the leadership of the Assembly of Men in Nursing and is well underway. History will reveal the campaign's level of efficacy.

BEGIN THE RECRUITMENT PROCESS AS EARLY AS ELEMENTARY SCHOOL

Opinion among respondents was mixed as to whether elementary school was too early to begin career messaging. In general, most RNs felt that keeping to a simple presentation (career day, show and tell, questions and answers, or video format) and using high-tech props or military/scrubs attire would be most effective. Almost all emphasized the need to counter prevalent gender stereotypes in the profession as part of the communication.

METHODS OF RECRUITING MIDDLE SCHOOL STUDENTS

The male nurses in the Bernard Hodes Group (2005) study continued to stress the use of appropriate role models and non-stereotyping imagery to convey the attractiveness of a nursing career. Many felt that field trips might be incorporated into the presentation at this age, perhaps including hands-on events (blood pressure, heart sounds, etc.) or shadow programs. A number of respondents felt that more directed information about career opportunities and salary might be mentioned at this stage through personalized, one-on-one communications.

TAKING THE RECRUITMENT MESSAGE TO HIGH SCHOOL STUDENTS

High School Counselors are noted to not suggest nursing as a viable career option to male students (LaRocco, 2007). Perhaps this is one reason why men tend to enter nursing as a second or even third career. Bernard Hodes Group (2005) noted that at the high-school stage, students would be ready for and more receptive to receive detailed information about such topics as nursing schools, admissions requirements, internships, scholarships and mentoring programs. This would be in addition to the continuing emphasis on career opportunities and the inclusive, anti-stereotyping communications presented both within schools and on-site in health care facilities.

Key talking points that respondents offered for student messaging included:

- Inclusive, non-gender specific message
- Stable employment opportunities
- Multiple areas of practice
- Highly skilled profession
- Autonomy of the profession
- Action/military images
- Diversity among nurses
- Nurse as hero
- No actors (false image)
- Teamwork
- High-tech
- No stereotypes relating to gender (homosexuality, effeminacy or machismo)
- Avoid any images of nurses as glorified maids, orderlies, or subservient to physicians



- Portray men in white uniforms in an unidentified clinical setting

The Bernard Hodes Group (2005) reported that only four percent of respondents belong to organizations or associations that are specific to male nursing. The key organization mentioned by respondents is the American Assembly for Men in Nursing. Table 1 provides a condensed list of ideas for recruiting men into the field of nursing.

Table 1 - Ideas for Recruiting Men into Nursing

1. Have average, men-next-door type nurses be the primary recruiters of men.
2. Avoid the extremes (overly masculine or overly feminine).
3. Address and consciously update the images of men in nursing.
4. Avoid the stereotype that all male nurses are gay.
5. Educate parents, teachers, and guidance counselors on the modern nursing profession.
6. Begin the pre-recruitment when males are still in middle or high school.
7. Focus upon pay, specialty/geographic options, advancement and the security of nursing.
8. Stress that empathy, compassion and caring can be conveyed in a masculine style.
9. Stress high-tech trauma care as an option (not just bedside patient care).
10. Focus on the rewards of helping others and making a difference.
11. Develop brochures, flyers, marketing supplies for men to provide to potential male nurses.
12. Focus on the long history of men in nursing (military and civilian).
13. Present nursing as a career option to groups catering to young males (sports, Boy Scouts, etc.).
14. Stress that men have an important role to play in the diverse profession of nursing.



STRATEGIES FOR TRAINING MEN IN NURSING

As stated earlier, there is no evidence that men lack the skills and abilities to be successful in the field of nursing. Men and organizations for men in nursing can recruit men into nursing but they have to pass the barriers and obstacle course of nursing school. Men have consistently stated that they do not expect or want special treatment. They would prefer to blend into the nursing terrain. A number of studies have placed the responsibility on nursing educators (primarily women) to change the educational culture. In

order to increase the required throughput of nursing students to avert the oncoming nursing shortage, the number of nurse educators must increase; increasing the number of men in nursing education will increase the number of male nursing students (Zajac, 2011).

The *Inventory of Male Friendliness in Nursing Programs*, developed and registered by Dr. Chad O'Lynn (2004), can be an excellent tool for faculty and leaders to use in assessing the climate of their nursing program. If the program is determined to be unfriendly, work can be done to make improvements – including hiring a consultant or offering a course, continuing education, or an in-service. Training on the topic of gender sensitivity can be accomplished using books such as *Men in Nursing: History, Challenges and Opportunities* (2007) by O'Lynn and Tranbarger.

The Awards Task Force of The American Assembly for Men in Nursing (AAMN) reviews submissions from nursing programs across the United States who wish to be recognized for "significant efforts in recruiting and retaining men in nursing, in providing men a supportive educational environment, and in educating faculty, students and the community about the contributions men have and do make to the nursing profession." They have compiled a list (available at <http://aamn.org/>) of nursing programs recognized for their efforts and have received the title "Best School/College for Men in Nursing." Table 2 provides a condensed version of ideas for training men in nursing.

Table 2 – Ideas for Training Men in Nursing

1. Ensure that nursing school applications are gender neutral (accept fraternity or sorority).
2. Increase the number of faculty and other male staff in nursing schools.
3. Ensure male students have male preceptors whenever possible.
4. Allow men to determine their area of study and specialization (OB/GYN, Peds, etc.).
5. Invite in successful male nurses as guest speakers and role models.
6. Utilize mild forms of competition and small working groups.
7. Provide opportunities for leadership and increased responsibility.
8. Ensure that all literature and textbooks refer to nurses in gender-neutral terms.
9. Develop and enforce a zero-tolerance policy for gender discrimination.
10. Provide training online whenever possible as an option for learning.
11. Don't treat men as muscle available for heavy jobs (e.g. lifting obese patients).
12. Offer continuing education to all faculty and staff on gender-related issues.

STRATEGIES FOR RETAINING MEN IN NURSING

The reasons men remain in nursing mirror the reasons they initially enter the field. Several themes exist among the many men in nursing interviewed in the literature who have experienced long-term success in the field. Although most will admit to facing some negativity about their career choice and barriers in their career, they adapted and found that the positive far outweighed the negative.

Even the term “male nurses” alienates men from women, as we do not hear the term “female nurses.” Men often discuss being the “muscle” within nursing, lifting and managing all large, obese, and violent patients – including the criminally insane within the prison and mental health systems. Table 3 provides a condensed list of ideas for retaining men in nursing.

Table 3 – Ideas for Retaining Men in Nursing

1. Treat all nurses equally regardless of gender, race, age, sexual orientation, etc.
2. Ensure fair and reasonable compensation (salaries, benefits, etc.).
3. Pay for advanced education (BSN, MSN, Doctorate) or provide student loan replacement.
4. Support career goals to be promoted or change specializations.
5. Support desires to be an Advanced Practice Nurse.
6. Provide education and support on the issues related to touching patients.
7. Support participation in professional organizations for men in nursing.
8. Assist with developing a strong sense of one’s own gender identity.
9. Assist men in gaining a thorough understanding of their role in nursing.
10. Change the profession name from “nurse” to something less gender-specific.

A SUCCESS STORY: THE U.S. MILITARY’S ACCEPTANCE OF MEN IN NURSING

Despite the fact that men were not allowed to serve as commissioned nursing officers in the military during the first half of the 20th century (1901-1955), today the United States Department of Defense tends to maintain approximately 35% men in the ranks of their nursing corps (Army: 35.5%; Air Force: 30%, and Navy 36%). This is more than three times larger than the civilian workforce (Evans, 2004).



The primary reason for this appears to be not only the strong belief in diversity within the military but also that men and women are viewed as leaders first and nurses second. All of the branches have programs to fund initial and ongoing nursing education and have promoted male nurses to the rank of Colonel (Air Force) or Captain (Navy) while the Army has promoted one male nurse (William T. Bester) to the rank of Brigadier General (O’Lynn and Tranbarger, 2007).

Although the reasons might have more to do with the milieu than the methodology, since the military faces minimal issues recruiting, training, and retaining men in nursing, there are still lessons to learn from their policies and procedures that ensure the embracement of gender diversity. Despite the numerous attempts of female nursing leaders to prevent men from serving as commissioned officers in the nursing corps, the decision was made that their resistance was not founded.

The central arguments against men in military nursing can be summed up in two statements. According to military documents (O'Lynn and Tranbarger, 2007) the females in charge of the military's nursing corps debated the issue strongly for five years and proposed two primary reasons why men should not be military nurses. First and foremost, "nursing the sick is definitely a woman's prerogative and even though the majority of patients in the Army are men, women nurses are more acceptable and adaptable from the professional and personal angles." Secondly, "male officers would not be satisfied, happy or cooperative when serving under the authority of females." Time has proven that both of these inaccurate fears and unfounded prejudices that the military faced and overcame over 50 years ago now need to be confronted by the civilian population.

CONCLUSION

In conclusion, this training curriculum blends numerous studies that have shown that the nursing profession provides an excellent work environment for both men and women. However, there is still room for improvement (Brady & Sherrod, 2003; Dyck, 2009; Kelly et al., 1996; O'Lynn, 2004; Patterson, 2002). It is hard to comprehend sometimes how this can still be an issue in the year 2012 when the United States has made such great strides toward gender equality over the last four decades.

Nursing remains one of the final frontiers for breaking gender barriers. Meadus and Twomey (2007) concluded that unless there is a concentrated effort by all stakeholders (professional associations, nursing unions, schools of nursing) to dispel the myths and stereotypes, the profession will remain underrepresented. Numerous professions that were once gender-segregated have made great strides toward integration in the last 20 years: physicians, dentists, lawyers, flight attendants, teachers, police officers, firefighters, and aviators to name just a few. There is also an outstanding opportunity for the nursing profession in the next decade.

Although the number of men in nursing has increased, the percentage of men in nursing has not increased beyond the 6% mark; and although the number of male faculty members is increasing, there are not enough to adequately socialize men into the profession (O'Lynn, 2004). More men in nursing need to become recruiters and mentors for new men entering the profession. Significant changes are needed to prevent the oncoming nursing shortage and ensure safe and effective healthcare of patients. With men as 50% of the labor force, they need to become a significant pool of nursing applicants to decrease the shortage.

The news is far from all bad. There is evidence that progress toward gender acceptance is being made in the field of nursing. Le-Hinds (2010) identified data showing that a primary reason for men not entering the field of nursing in the 1970s, and earlier, was disapproval from the men's fathers and stated that this did not show up as a variable in research conducted in the last 20 years. Men in several studies indicated nearly a 100% rate of support from their friends and entire family.

As pointed out by the American Assembly for Men in Nursing, there are a large number of nursing programs that are extremely friendly toward men in nursing at both the student and faculty levels. The same is true of numerous employers including hospitals and outpatient healthcare centers. Undoubtedly,

the situation for men in nursing continues to improve. Kelly et al. (1996) suggested that the issue of sexual or gender identity is not an insurmountable obstacle to overcome as nursing can successfully accommodate all males be they heterosexual, homosexual, and psychologically masculine, feminine, or androgynous. The clearest solution for decreasing the gender-based biases and barriers in nursing education begins with a better understanding of the issues through further study. The literature validates that with effort on everyone's part, the necessary changes are possible.

Based on history, it seems likely that brave, caring men will continue to enter into the field of nursing. (The Center for Interdisciplinary Health Workforce Studies offers recent statistics on male RN trends: http://healthworkforcestudies.com/publications-data/data_brief_update_current_trends_of_men_in_nursing.html.) It is my hope that future research will add a new dimension to the discussions between the genders in nursing. This is critical because in the words of O'Lynn in the book he co-authored with Tranbarger (2007), "It is only after gendered challenges are brought to the discussion table that nursing can make strides" (p. 101).

RESOURCES FOR MEN IN NURSING

The number of resources available to men in nursing continues to increase. Three of the most helpful options are listed below.

AMERICAN ASSEMBLY FOR MEN IN NURSING (AAMN)

The AAMN is a national organization with local chapters founded in 1971 with the specific aim of increasing the number of men in the profession and to join with all nurses in strengthening and humanizing health care for Americans. Their web page has a wealth of information and resources. The AAMN also sponsors an annual conference. Available online at <http://aamn.org/>.

MALE NURSE MAGAZINE

The publication is an internet-based magazine that has been on the web since 2002 with the mission to explore such topics as why in this time of job loss have more men not used this opportunity to explore the field of nursing. They also publish articles and assist with surveys and other data-collection endeavors about men in nursing. Available online at <http://www.malenursemagazine.com/>.

BOOKS AND ARTICLES ABOUT MEN IN NURSING

Books such as *Men in Nursing: History, Challenges and Opportunities* by Chad E. O'Lynn and Russell E. Tranbarger (Springer Publishing Company, 2006) provide a detailed background on everything covered in this training module as well as many other topics. Specific articles, such as those included in the reference section, can also be helpful in expanding your knowledge and to gain the details behind the information shared in this training module.

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**CE EXAM****STRATEGIES FOR RECRUITING, TRAINING, AND
RETAINING MEN IN NURSING**

Circle the correct answer below:

1. Three significant challenges for men in the profession of nursing as identified in the current literature include:
 - A. Low pay, patient hostility, and long hours
 - B. Passing the NCLEX, finding employment, and career stagnation
 - C. Gender-related barriers, negative stereotypes, and various misconceptions
 - D. None of the above are correct
2. The issues faced by men in nursing in the United States appear to be unique and largely dissimilar to the issues faced by male nurses in other countries.
 - A. True
 - B. False
3. The majority of research on men in nursing has been conducted on Registered Nurses.
 - A. True
 - B. False
4. Nursing literature and textbooks tend to neglect the accomplishments in men in nursing.
 - A. True
 - B. False
5. There is no documentation or evidence that men have successfully functioned as nurses throughout history.
 - A. True
 - B. False
6. Men in nursing all but disappeared completely due to the work of Florence Nightingale to elevate the career field and incorporate women as a natural extension of their role as caregiver.
 - A. True
 - B. False
7. The community college expansion of the 1950's failed to provide more conducive environments for men to enter nursing.
 - A. True
 - B. False

8. Not everyone in nursing leadership believes there is a nursing shortage.
 - A. True
 - B. False
9. Three successful strategies for recruiting men into the profession of nursing as identified in the current literature include:
 - A. Large sign-on bonuses, travel plans, and healthcare insurance
 - B. Men recruit men, target younger men, and educate school counselors
 - C. Healthcare fairs, marketing trinkets, and recruit military members/veterans
10. Relying solely on female nurses, and not recruiting men, may fail to prevent the critical nursing shortage in the future.
 - A. True
 - B. False
11. According to O'Lynn and Tranbarger (2007), nursing leaders frequently address gender diversity.
 - A. True
 - B. False
12. Men tend to progress to administrative and leadership positions at a disproportionately high rate over women.
 - A. True
 - B. False
13. According to Walker (2011), nursing does not need men as much as it needs humans that care for patients – regardless of gender.
 - A. True
 - B. False
14. According to McMurry (2007), unlike women who work in predominately-male career fields, men have numerous advantages when they work in a predominately-female occupation such as nursing.
 - A. True
 - B. False
15. According to McMurry (2011), men are currently approximately 50% of the American workforce but average less than 10% of all practicing nurses.
 - A. True
 - B. False
16. Despite numerous barriers, the literature demonstrates a growing interest by men in this pursuit, describes potential benefits of increasing the male presence in the profession, and provides insights into successful strategies to accomplishing the goals.
 - A. True
 - B. False

17. Many men in nursing believe that the name of the profession as “nurse” itself will have to change before true equality can be achieved.
 - A. True
 - B. False
18. The nursing shortage in America appears to be more dominant in certain geographical locations and medical specialties.
 - A. True
 - B. False
19. According to Boughn (2001), women and men choose nursing as a career for much different reasons.
 - A. True
 - B. False
20. Approximately 20% of men in nursing entered a nursing program directly after high school.
 - A. True
 - B. False
21. Nearly 50% of men in nursing are personally involved in initiatives to attract more men into the nursing profession.
 - A. True
 - B. False
22. Approximately 50% of men in nursing state that they encountered difficulty in the workplace due to being in a traditionally female profession.
 - A. True
 - B. False
23. According to Meadus and Twomey (2007) and other researchers, a primary reason men list for not entering nursing include:
 - A. Public perception that most men who nurse are effeminate or gay
 - B. Feminine images of nursing
 - C. A lack of value of nursing in society
 - D. The organization and culture of nursing
 - E. All of the above
24. LaRocco (2007) identified a trajectory of five linear stages that encompass the path men travel to become nurses as prior to considering becoming a nurse, choosing nursing, becoming a nurse, being a nurse, and remaining in nursing.
 - A. True
 - B. False

25. The Bernard Hodes Group (2005) found that after men were trained and working as a nurse, they stayed for the stability, career options, geographic mobility and job security.
 - A. True
 - B. False
26. Despite the gender-based barriers they face, four fifths of men in nursing state that they would enter nursing again if they had it do it all over again.
 - A. True
 - B. False
27. According to Evans (2004), the foundation for creating strategies to effectively approach recruitment, education, and retention issues is an understanding of the key issues faced by the “invisible” male nurses.
 - A. True
 - B. False
28. The U.S. Department of Labor, Occupational Outlook Handbook, 2012-13 published in March 2012 predicts 2,737,400 jobs in nursing with a 16% increase anticipated before the year 2020.
 - A. True
 - B. False
29. According to Bartfay, Bartfay, Clow, and Wu (2010), the majority of female nurses would definitely encourage male friends and members of their family to enter the field of nursing.
 - A. True
 - B. False
30. According to the Bernard Hodes Group (2005), 56% of men encountered difficulties during their nursing education program.
 - A. True
 - B. False
31. Meadus (2000) found that in 1990, 70% of 270 baccalaureate-level programs made absolutely no effort to recruit men into the field of nursing.
 - A. True
 - B. False
32. Carol (2009) found one example of discrimination against men in nursing school applications exists when potential students earn points toward admission for proven leadership skills including those gained from being a leader in a sorority; however, leadership in a fraternity, the military, or civic involvement such as serving as a volunteer fire fighter are not included in the list.
 - A. True
 - B. False

33. The Bernard Hodes Group (2005) found that the key challenges to recruiting and retaining men in nursing were to the inaccurate stereotyping issues and the cultural adaptation required for entry into a traditionally female profession
- A. True
- B. False
34. The American Assembly for Men in Nursing (AAMN) initiated a recruitment strategy to increase the percentage from the current 10% to 20% male enrollment in nursing programs throughout the United States by the year 2020 – known as the "20 By 20" campaign.
- A. True
- B. False
35. LaRocco (2007) reported that high school counselors routinely suggest nursing as a viable career option to male students but that young men are not interested.
- A. True
- B. False
36. Zajac (2011) determined that even if the number of men in nursing education (faculty and staff members) increased it would not increase the number of male nursing students.
- A. True
- B. False
37. Both of the inaccurate fears and unfounded prejudices that the United States military faced and overcame over 50 years ago now needs to be faced and overcome by the civilian population.
- A. True
- B. False
38. Meadus and Twomey (2007) concluded that unless a concentrated effort by all stakeholders (professional associations, nursing unions, schools of nursing) to dispel the myths and stereotypes, the profession will remain underrepresented.
- A. True
- B. False
39. Le-Hinds (2010) found one example of an improving climate for men in nursing was that although men did not enter the field of nursing in the 1970s and earlier primarily due to the "disapproval from their fathers" but that this did not show up as a variable in research conducted in the last 20 years.
- A. True
- B. False
40. Kelly et al. (1996) suggested that the issue of sexual or gender identity is an insurmountable obstacle to overcome for nursing to successfully accommodate all males; be they heterosexual, homosexual, and psychologically masculine, feminine, or androgynous.
- A. True
- B. False



EVALUATION

STRATEGIES FOR RECRUITING, TRAINING, AND RETAINING MEN IN NURSING

Your opinion is important to us. Please answer the following questions by circling the response that best represents your experience.		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
COURSE OBJECTIVES & CONTENT						
1.	The activity was valuable in helping me achieve the stated learning objectives.	5	4	3	2	1
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2.	The number of credit hours was appropriate for the content.	5	4	3	2	1
TEACHING/LEARNING METHODS						
4.	The teaching/learning methods, strategies, and slides were effective in helping me learn.	5	4	3	2	1
5.	The material was clearly explained.	5	4	3	2	1
6.	The answers to the post-test questions were appropriately covered in the activity.	5	4	3	2	1
OVERALL ACTIVITY						
7.	The online course/download supported the achievement of the stated learning objectives.	5	4	3	2	1
8.	The material was relevant to my professional development.	5	4	3	2	1
9.	Overall, I am pleased with this activity and would recommend it to others.	Yes	No			
10.	The content was presented free of commercial bias. *	Yes	No			
11.	Did the material presented increase your knowledge and/or understanding of this topic? *	Yes	No	NA		

Continued on Next Page

* If you responded "No" to question 10, please explain why:

* If you answered "Yes" to question 11, what change do you intend to make?

What barrier, if any, may prevent you from implementing what you learned?

Cite one new piece of information you learned from this activity:

Additional comments/suggestions:

With my signature I confirm that I am the person who completed this independent educational activity by reading the material and completing this self evaluation.

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UNDERSTANDING IMPLICIT BIAS

The goal of healthcare is to provide the best possible care to all patients; indeed, many healthcare professionals must recite a pledge similar to the Hippocratic oath upon licensure. However, it is possible for healthcare professionals to have implicit bias that leads to substandard care.

Implicit bias is an unconscious attitude leading to stereotypes that influence thought and action. Not being aware of this bias can lead to unintentional discrimination in patient assessment and diagnosis, treatment, follow-up care, etc. Discrimination, unconscious or otherwise, in these impacted areas of healthcare leads to disparities where disadvantaged patient populations receive unequal care. Patient groups especially at risk of receiving unequal care may include:

- Those with lower income
- Women
- Minorities
- Those who speak English as a second language
- The elderly

An example of healthcare disparities can be seen in breast cancer mortality rates. Black women are 41% more likely to die from breast cancer than white women. Additionally, they are less likely to be diagnosed with stage I breast cancer, but twice as likely to die from early breast cancer.

Eliminating implicit bias can help reducing disparities in healthcare. Strategies for healthcare professionals to remove bias from their practice may include:

- Regulating emotions – being aware of, and control, thoughts and feelings
- Building partnerships – working with patients to achieve a common goal
- Taking perspective – understand the patient perspective during all phases of healthcare

Recognizing implicit bias and working to remove it from practice will help healthcare professionals to give the best care possible to all patients and reduce the disparities between patient populations.

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