

Q: How Will We Achieve 20% by 2020? A: Men in Nursing

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The low percentage of men in nursing is not a problem outside of the United States or in the U.S. military, which, at 35%, has substantially more men in nursing than the civilian population.¹ In other countries—such as Jordan, New Zealand, the Philippines, and the United Kingdom—the percentage of men in nursing ranges from a high of 38% (in Jordan) to about 9% (in New Zealand).^{2,3} In fact, because of the unprecedented surplus of male nurses in Jordan, that country restricted men's admissions into nursing schools to 30%.²



Men have always been nurses—often through the military or religious orders.^{4,5} Interestingly, the first school of nursing for men dates back to 250 B.C. in India.⁶ However, when Florence Nightingale emerged as the leader of modern nursing, men began to be marginalized.^{4,5,7} Many schools of nursing refused to admit men,⁷ and in some countries, it even was illegal for men to be nurses.⁴ As a result, nursing became increasingly a women's sphere during the nineteenth century,⁸ and in many respects, it remains so today.

WHAT DO WE KNOW ABOUT MEN IN NURSING?

There is a wealth of demographic data (*Table 1*) along with numerous studies exploring why men choose the profession.^{3,9} The male perspective of caring and empathy,^{9,10} gender stereotypes,^{3,11} biases and stigmas,³ how male nurses are portrayed in the media,¹² gender and professional identity,¹³ and the nursing school experience have all been thoroughly studied.^{2,14}

In nursing school, men experience faculty biases and stereotyping; typically, there is not a course in men's health, and stigmas remain against men during pediatric and labor and delivery clinical rotations.^{15,16} In 2012 (the most recent National League for Nursing data available), the enrollment of men in pre-licensure BSN programs was 15%.¹⁷ As male

enrollment increases, research suggests that there are changes needed in academic settings to improve the experience of male students.

RECOMMENDATIONS FOR ACADEMIC SETTINGS

One change that could have immediate impact is early recruitment, connecting with high school guidance counselors,¹⁸ and distributing children's books about men in nursing.¹⁹ The issue of men in nursing needs to be elevated to an important topic for discussion.¹⁵ In 2003, Resurrection University began holding a "Men in Nursing Open House." We believe that the long and successful history of this event has contributed to higher numbers of men being admitted (19% of the August 2015

Table 1. Demographics RNs Men

<i>Gender^a</i>		9.6%
<i>Total number employed^a</i>		255,925
<i>Median earnings^a</i>		\$61,900
<i>Age^a</i>	16–34 years	27%
	35–54 years	55%
	55 and over	18%
<i>Ethnicity^a</i>	White	72%
	White alone, not Hispanic	66%
	Black alone	10%
	Asian alone	13%
	American Indian or Alaska Native alone	<1%
	Native Hawaiian or other Pacific Islander alone	<1%
	Some other, or 2 or more races	3%
	Hispanic (of any race)	8%
<i>Educational attainment^a</i>	Less than BS	41%
	BS	48%
	Master's	7%
	Professional/doctoral	3%
<i>Nursing program enrollment^b</i>	ADN	16%
	Diploma	16%
	BSN	13%
	BSN for RN	11%
<i>Job title</i>	Staff RN ^c	7%
	Manager ^c	7%
	VP/CNO/CNE ^d	22%
	Faculty ^e	5.50%
	APRN ^c	12%
	Other	46.5%
<i>Work setting^a</i>	Hospitals, 70%	179,875
	Nursing care facilities, 6%	16,010
	Other, 24%	60,040

^aU.S. Census.²⁰^bNational League for Nursing.¹⁷^cBudden et al.²¹^dAmerican Organization of Nurse Executives.²²^eAmerican Association of Colleges of Nursing.²³

ADN, associate's degree in nursing; APRN, advanced practice registered nurse; CNE, chief nursing executive; CNO, chief nursing officer; VP, vice president.

class) into our pre-licensure BSN program. On campus, it is essential that male students be aware of and/or have access to male RN role models and clinical faculty.^{3,9,24} If male faculty are not an option, there must be an effort made to highlight male role models in nursing^{3,18} as well as the history of men in nursing.⁹ It is also important to assign multiple male students to clinical groups,^{3,9} assign male staff RNs to precept male students,⁹ and decrease faculty bias.⁹ These tactics allow male students the opportunity to openly discuss real or perceived gender bias. Additionally, the opportunity for male students to

interact with other men promotes the development of supportive peer groups and friendships—both which have led to success in the academic and work setting.

Biases exist in textbooks and other education materials, and nursing curricula typically do not have a men's health course.³ Nursing education often does not prepare men for “body work,” the use of their own body as a therapeutic tool.¹¹ O'Lynn and Krautscheid²⁵ recommend the creation of a simulation focused on “intimate touch” to prepare students for body work such as physical assessments and physical

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