



Men in Nursing

Understanding the challenges men face working in this predominantly female profession.

OVERVIEW: This literature review examines the ability of the nursing profession to recruit and retain men in nursing schools and in the nursing workforce. The authors consider such educational barriers as role stress, discrimination, and stereotyping, and explore questions of male touch and the capacity of men to care. In identifying challenges faced by men entering or working in a profession in which women predominate, the authors hope to promote actions on the part of nurse leaders, educators, and researchers that may address issues of sex bias and promote greater sexual diversity within nursing.

Keywords: gender bias, gender diversity, male nurses, male nursing students, men in nursing, nurses, nursing, nursing education, nursing workplace, sexual diversity, sexual diversity in nursing

In recent years, the nursing profession has grown at a rate not seen since the 1970s. Between 2002 and 2009, the number of full-time RNs between the ages of 23 and 26 rose by 62%.¹ Although many nurse leaders tout the idea that the makeup of the nursing workforce should mirror the populations we serve, little progress has been made in this regard.² Whereas women have made some strides moving into historically male-dominated professions such as medicine—with the 2010 Bureau of Labor Statistics showing that women account for 32% of physicians and surgeons³ and represented more than 47% of first-year medical students in 2010–2011⁴—men still represent fewer than 10% of the RNs licensed since 2000⁵ and fewer than 12% of the students enrolled in baccalaureate nursing programs.⁶ If the nursing workforce is going to reflect the characteristics of the general population, academia must recruit and retain students of both sexes, as well as those from various cultural, ethnic, and socioeconomic backgrounds. After decades of efforts, minimal progress has been made in breaking through the issues that confound men in a predominantly female profession. As expressed by the 2010 Institute of Medicine

(IOM) report, *The Future of Nursing: Leading Change, Advancing Health*,⁷

Academic nurse leaders . . . should work together to . . . partner with education accrediting bodies, private and public funders, and employers to ensure funding, monitor progress, and increase the diversity of students to create a workforce prepared to meet the demands of diverse populations across the lifespan. . . . These efforts should take into consideration strategies to increase the diversity of the nursing workforce in terms of race/ethnicity, gender, and geographic distribution.

This article synthesizes recent and seminal research that examines the experiences of men in nursing. In identifying factors that influence men entering the field of nursing and that define their current status, as well as potential problems they face within nursing schools and the nursing workforce, we hope to advance evidence-based change on the part of nurses, nurse educators, and researchers that will promote greater sexual diversity within the profession.



METHODOLOGY

To identify pertinent literature, we conducted a keyword search of the Education Resources Information Center (ERIC) and the Cumulative Index to Nursing and Allied Health Literature (CINAHL) electronic databases for the years 1996–2011, using the phrases *men in nursing*, *men and nursing*, and *gender diversity and nursing*. We confined our search to the 15-year period between 1996 and 2011 because we expected this period to reflect social changes related to sex roles that had occurred since the Villeneuve literature review that spanned 1980 through 1994.⁸ The searches, which were limited to English-language, peer-reviewed research studies and literature reviews, initially yielded 1,075 articles. Both searches were then narrowed to exclude articles that did not incorporate sex as a major variable in nursing practice or education, bringing the total number of articles down to 160. After eliminating duplicate articles and those that did not focus specifically on male nursing students and men in the nursing workforce, 49 articles remained. To these, we added three older, seminal studies that had been cited in some of the articles initially identified and four doctoral dissertations

that provided relevant insight into the ways in which men experience nursing education and working as a nurse.

The 56 articles we reviewed address such issues as the qualities of nursing that attract men to the field or hinder their entry; attrition, role strain, and isolation among male nursing students; perceptions of male advantages and disadvantages in nursing academia; institutional influences on sexual diversity in nursing; sexual stereotyping in nursing; sexual differences in expressions of caring; and suspicion surrounding intimate touch by male nurses.

NURSING AND MEN: THE ATTRACTION, THE BARRIERS

The majority of studies analyzed for this review emphasized the role of a potential candidate's sex in the decision to choose nursing as a career and the experiences of male students in nursing academia. The experiences of men working within the nursing profession have not been studied as comprehensively as those of male students, so little has been published that captures the perspectives and wisdom of men who have had long careers in the field.

Four studies addressed aspects of nursing that influence men who are in the process of deciding whether or not to enter the field.⁸⁻¹¹ In studying the stages through which men are socialized into nursing, LaRocco found that in the first stage, *prior to considering nursing*, which typically occurs in high school, counselors failed to recommend nursing as a career option to the male students.¹¹ Of the 20 male RNs interviewed for the study, only three began studying nursing immediately following high school; the others who started postsecondary school immediately after high school initially pursued a variety of fields, such as biology, pharmacy, and accounting. In LaRocco's second stage, *choosing nursing*, two themes emerged: "opportunities in nursing" and "family/social influences." Before choosing nursing as a career, many of the men said they were encouraged by family and friends to consider such careers as physician, physical therapist, or physician assistant, though none reported that it was difficult to find information about nursing programs or that their inquiries into such programs were rebuffed. Several cited as influential role models close relatives who were nurses, and five of the 20 had mothers who were nurses.

THE EXPERIENCE OF MEN AS NURSING STUDENTS

Attrition is recognized as being far greater among male than female nursing students.^{9,12-14} Male student participants in Bell-Scriber's constructive, qualitative case study of nursing students and educators at a four-year Midwestern public university described a diminishing population of male students as they progressed through the nursing program.¹² Two studies conducted in the United Kingdom supported the notion that men, particularly younger men, were less likely than women to graduate from nursing programs in which they enrolled.^{13,14} Ellis and colleagues found that many male students considered dropping out but chose to persevere because of the considerable investment they had made in their academic program.⁹ Although the higher rate of male than female attrition in nursing school is a complex issue requiring further study, research suggests that it may result in part from male role strain and isolation in a female-dominated environment.

Role strain, defined by Goode as the "felt difficulty in fulfilling role obligations," has been explored as a potential obstacle for men entering nursing.¹⁵ In a descriptive study of 20 female and 20 male baccalaureate nursing students on maternal/newborn units,

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In a qualitative study of 13 men from baccalaureate nursing programs at three southern U.S. universities, Ellis and colleagues found that opportunities in the field and job security were positive recruitment factors.⁹ Similarly, Ierardi and colleagues, who interviewed seven male students in an associate's degree nursing program—all of whom had left careers in another field to enter the nursing profession—found that opportunity for advancement, as well as the desire to achieve a long-term goal, attracted the study participants to nursing.¹⁰

A comprehensive literature review by Villeneuve identifies the feminine imagery associated with the term "nurse" as a potential barrier for men considering a career in nursing.⁸ Although the review is more than 18 years old, the etymology of the term "nurse" and the images it evokes remain an obstacle to entering the field for some men.

Callister and colleagues found that male nursing students had higher levels of role strain than female students, as measured on the Sherrod Role Strain Scale, designed to identify "conflict between gender behavior and behavior expected of a nursing student when caring for childbearing women and their infants."¹⁶

In a study of 184 male nursing students from 15 Ontario community colleges, role strain, as measured by the Total Role Strain Scale, was greatest in the first and third years of a diploma program, possibly because of the students' justifying their career choice to others in year one and preparing to graduate and transition into the profession in year three.¹⁷ Role strain scores were lowest among the men who were identified as "androgynous"—meaning they had high scores on both masculinity and femininity scales of the Bem Sex-Role Inventory (BSRI), used to measure the degree to which people identify with traditional male

and female sex characteristics. (On the BSRI, the “masculinity scale” includes such indicators as leadership abilities, assertiveness, ambition, and fearlessness, whereas the “femininity scale” includes such indicators as tenderheartedness, sensitivity, humbleness, and emotion.¹⁸) Those who were identified as either “undifferentiated” (meaning they scored low on both masculinity and femininity BSRI scales) or “feminine” (meaning they scored high on the femininity BSRI scale only) had significantly higher role strain scores.¹⁷

with male role models.^{19, 22} Some feel that they have little support outside of their immediate families.¹² This may be particularly true for men in clinical rotations with few other men, such as postpartum or obstetric rotations, which may elicit in these male students feelings of anxiety, dread, and fear of rejection.²³

Male advantage or detriment? While some male nursing students report that their minority status puts them at an advantage, others see it as clearly

Male nursing students frequently experience loneliness and isolation, which they associate with being men in a predominantly female environment.

Among male nursing students, role strain takes a variety of forms. For example, participants in a qualitative study of male students from baccalaureate and associate’s degree nursing programs indicated that giving up a job and the role of family provider to return to school and being perceived as “unmanly” were barriers to entering the field of nursing.¹⁹ In their interviews with male nursing students and predominantly female nursing instructors, Dyck and colleagues found evidence of role strain stemming from a gay, emasculated stereotype that the students perceived the public projected onto male nursing students, doing “a disservice both to students who are gay (assuming them to be both feminine and emasculated) and those who are not (ascribing to them a sexual orientation that they do not self-identify with).”²⁰ In addition to the role strain this stereotype placed on current students, female instructors believed it had a negative impact on recruitment.²⁰

As Evans’s research suggests, even masculine stereotypes—such as the “he-man,” capable of taking on more of the heavy physical labor of nursing, and the “enforcer,” able to control aggression in psychiatric patients—can serve to create role strain for men in nursing.²¹ Although such stereotypical roles affirm masculinity, they may generate extra work for the man and compromise relationships in the workplace. And though it may be important to recognize the worth of the physical strength men can bring to the nursing profession, such stereotypes may limit a man’s ability to manage care in a way that’s consistent with his own values. Role strain may be one reason some men in nursing gravitate toward technical, nonclinical, or high acuity areas.^{8, 22}

Isolation. Male nursing students frequently experience loneliness and isolation, which they associate with being men in a predominantly female environment, and they express a desire to interact more often

detrimental. Ellis and colleagues found that, in clinical settings, male nursing students thought they were treated better by physicians than their female counterparts and were perceived as stable employees who would easily “move up the ladder” in nursing.^{9, 24} In the LaRocco study, one man explained that “being

Potential Barriers to Sexual Diversity in Nursing²⁵⁻²⁷

- Nurses referred to as “she”
- Little or no course content on men’s contribution to nursing
- Sex-related bias in obstetric rotations
- Men’s fear of suspect touch when providing care for female patients
- Men feeling unwelcome in the clinical setting
- Lack of career-oriented support by significant people in the male students’ lives
- Anti-male remarks by nursing faculty
- Nursing programs’ failure to prepare men to work primarily with women
- Lack of mentorship
- No active male recruitment
- Lack of male faculty and practicing male nurses
- No course content on communication differences between the sexes
- Exclusive use of lectures in the classroom (lectures representing a teaching method that the Dunn and Griggs Learning Styles Theory holds is better suited to women, who tend to be auditory learners, than men, who tend to be kinesthetic and tactual learners)

male in a predominately female profession sets you up to be recognized.”¹¹ Fister, too, found that male students perceived they were more likely to be recognized and encouraged to participate in or lead classroom discussions,²⁴ but those interviewed by Dyck and colleagues at two large Canadian nursing schools felt that when instructors tried to elicit the male point of view, such efforts set them apart as “token males.”²⁰

INSTITUTIONAL INFLUENCES ON SEXUAL DIVERSITY

In studying institutional influences on sexual diversity, O’Lynn found that the classic barriers have changed little over time (see *Potential Barriers to Sexual Diversity in Nursing*²⁵⁻²⁷),^{26,27} According to Dyck and colleagues, many male nursing students felt that their curriculum emphasized emotions and that failure to meet instructor expectations for self-reflection and emotional expression (as in journal writing) could lead to ostracism or failure.²⁰ These male students viewed reflective activities as interfering with learning and counter to their preferences for task achievement over verbal expression.

Nursing education has been particularly prone to discrimination and stereotyping. Bartfay and colleagues found negative perceptions of male nursing students by female students in both nursing and nonnursing university departments.³⁰ Male nursing students in Australia reported feelings of being discriminated against more often than did female nursing students, though both male and female nursing students were more likely to report experiencing sexism and sex discrimination than were nonnursing students.³¹ Kelly and colleagues reported that male nursing students perceived that clinical instructors had different expectations of them than they had of their female peers—that they should be assertive, act as leaders, and take on lifting tasks—and female peers seemed to share these expectations.¹⁹

A lack of male representation in nursing textbooks exacerbates male alienation in the field.¹² Instructors perceived male students as being more likely than female students to joke, question, challenge, and take risks in the classroom.²⁰ Male students felt they were under closer scrutiny and tended to be stereotyped in clinical settings.³²

Unfortunately, nursing faculty may fail to notice the different ways male and female students express caring or to recognize that male students could be marginalized by being expected to adhere to feminine expressions of caring.

Not all studies revealed major difficulties for male students in educational settings. Okrainec reported that 70% of 117 male nursing students surveyed had positive perceptions of their nursing school experiences,²⁸ and having a positive educational experience emerged as a major theme in a qualitative study by Ierardi and colleagues of seven male students enrolled in an associate’s degree nursing program.¹⁰ In both studies, participants commented on their satisfaction with nursing instructors.^{10,28} Participants in the Okrainec study also noted positive relationships with peers,²⁸ and those in the Ierardi study mentioned the hands-on opportunities their instruction provided in the clinical setting.¹⁰

SEXUAL STEREOTYPING IN NURSING

The emergence of Nightingale “reform nurses” in the 1860s, coupled with the Victorian class structure and a division of labor based on class, marked the marginalization of men who were in the caregiving role.²⁹ The assumption that it was natural for nursing to be provided by women had the effect of excluding men from the profession.²⁹

In 1994, Okrainec concluded that occupational stereotypes were diminishing and that the increasing number of men in nursing was a result of that.²⁸ In 2006, Ellis and colleagues reported that male nursing students perceived female peers as supportive, whereas faculty were seen as helpful only at one of three schools in the study.⁹ Bell-Scriber’s observation of prejudicial and unsupportive behaviors and “microinequities” (in the way of looks or inflections) among nurse faculty toward male students suggests faculty as a potential source of discrimination.¹² Her observation of a “cooler climate for male students” contrasted with that of Serex, who failed to find significant differences in the perception of classroom climate among male and female students who were in nontraditional majors for their sex.³³

SEXUAL DIFFERENCES IN EXPRESSIONS OF CARING

Caring is one of the most basic nursing values, yet the ability of men to care is questioned in nursing literature. Caring is a difficult concept because it has been defined both as an attribute (compassion) and as a set of behaviors (taking care of another).

In the seminal works of Morse and colleagues, the concept of caring is presented as the “essence of nursing,” yet without a clear operational definition.^{34,35} Many men cite caring as one of the most important reasons for deciding to pursue the career of nursing,¹⁰ but find that sex norms may limit the expression of caring by men.²⁴

observed that the stereotype of men as sexual aggressors made men keenly aware of the fact that their caring touch could be misinterpreted as sexual.³⁷ Harding identified the following concerns expressed by male nurses specifically related to touch:³⁸

- the feminization of touch
- the sexualization of men’s touch

Male nursing students who had completed their obstetrics rotation reported fearing that their touch would be perceived as sexual rather than professional and said they tended to seek help from female colleagues when performing intimate assessments.

In Stott’s qualitative research, male students expressed concern about their ability to demonstrate caring.²² A 2010 study of nursing and nonnursing undergraduate students in Ontario, Canada, found a general perception that women are more caring than men.³⁰ Paterson and colleagues found, however, that students at higher levels in nursing programs were accepting of differences in expressions of male and female caring and “recognized the value of an amalgamation of female and male characteristics of caring in the profession.”³² Unfortunately, nursing faculty may fail to notice the different ways male and female students express caring or to recognize the possibility that male students could be marginalized by being expected to adhere to feminine expressions of caring.³⁶ As the senior nursing students participating in the phenomenological study by Paterson and colleagues noted, male caring may be “less touchy feely and more of a friendship than female caring,” but “this form of caring is not always recognized within the profession as ‘true blue’ and as valuable as female caring.”³²

SUSPICION SURROUNDING INTIMATE TOUCH

Patient care delivered by male nurses or nursing students raises issues related to sexuality and touch. Paterson and Morin found that male nursing students who had completed their obstetrics rotation reported fearing that their touch would be perceived as sexual rather than professional; these students said they tended to seek help from female colleagues when performing intimate assessments.²³ Similarly, fear of being seen as seductive challenged male students to find appropriate ways of touching their patients.³² O’Lynn noted male students feared allegations of sexual impropriety when caring for female patients.²⁷ Evans

- men’s vulnerability to accusations of sexual misconduct
- the failure of nursing education to provide male students with strategies for dealing with intimate touch and protecting themselves from false accusations

Chur-Hansen validated that patients prefer nurses of their own sex to perform intimate clinical tasks, while observing that, between 1984 and 2000, patients increasingly tended to reject the stereotypes of nursing as a female profession.³⁹

A CALL FOR DIVERSITY

Lack of a diverse nursing workforce negatively affects the health of our nation.⁴⁰ Both the Sullivan Commission and the IOM have called for a health care workforce that reflects the diversity of our nation’s population.^{7,40} Although roughly half of that population is male, in 2008, only about 7% of the RN workforce was male, indicating problems with both the recruitment and retention of men in the nursing profession.⁵

The research related to sexual diversity in nursing reveals a culture that fosters role strain and isolation, preserves sexual stereotypes, and questions male touch as well as the capacity of men to care. The men who have entered the field despite these challenges have often responded by working in high-tech, low-touch specialty areas and administration, though they may have initially been drawn to more clinical settings.

The American Assembly for Men in Nursing in concert with the IOM has set a goal of 20% male enrollment in U.S. nursing programs by the year 2020.^{2,7} Attaining this goal calls for a national consensus, with partnerships and coalitions of nurse

leaders, educators, and researchers making a concerted effort to achieve sexual diversity in nursing, an accomplishment that will benefit the nursing profession as well as its diverse patient population. ▼

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