



The Internet Journal of Allied Health Sciences and Practice

<http://ijahsp.nova.edu>

A Peer Reviewed Publication of the College of Allied Health & Nursing at Nova Southeastern University

Dedicated to allied health professional practice and education

<http://ijahsp.nova.edu> Vol. 9 No. 2 ISSN 1540-580X

Men in Nursing

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CITATION: Wolfenden, J. Men in Nursing. *The Internet Journal of Allied Health Sciences and Practice*. April 2011. Volume 9 Number 2.

ABSTRACT

The purpose of the paper is to examine the view of men in nursing. It is a discussion on whether a systemic trend to marginalize men in nursing exists and the impact this systemic trend has on the nursing profession as a whole. The trend to marginalize men in nursing is examined through the use of a general literature search. The literature search performed looks for examples and statistics on the number of men in nursing and the view of men in nursing, held within the profession and by the population at large. The smaller trends within nursing, from the use of gender biased-language to sex-based discrimination within the education of nurses are all explored, especially within the context of the marginalization of men in nursing. The impact these smaller trends have on the wider trend to marginalize men, and the impact they have on the profession, are also explored. The systemic trend to marginalize men in nursing means men will never be truly accepted in nursing, which in turn, will exacerbate the current nursing shortage the profession is experiencing.

INTRODUCTION

"Unlike most other professions, nursing has made no global effort to change the sexual imbalance of its workforce."¹ It is commonly believed nursing obtained professional status when Florence Nightingale created professional schools of nursing at the turn of 20th century.² This professionalization by Florence Nightingale, while elevating the status of nursing to a respectable profession for women, has as an unintended consequence, begun the marginalization of men in the profession. This has resulted in a minimizing of men's role and history in nursing, despite the documented history of men in nursing as far back as 250 B.C.E.^{3,4} This marginalization has become a systemic issue becoming endemic to the profession and education of nurses. The larger systemic trend is demonstrated by the prevalence of smaller trends, such as the barriers to enter into the profession for men, which included the pressure placed on men in the Victorian era to accept the socially responsible family medical model; in the creation of separate registers for men in nursing, making it harder for men to access clients and for clients to access men in nursing; and in the legal banning of men in nursing, which prevented men from working in specific areas of nursing, if they were allowed to register.

The channelling of men into specific disciplines is a part of the larger systemic trend to marginalize men in nursing. While the channelling of men into specific disciplines of nursing is often attributed to men wanting to work in specific areas of nursing, men are channelled into specific areas of practice through societal expectation. This channelling into specific disciplines marginalizes men in nursing, moving men into areas requiring more technical skills instead of using the theory, in the relative non-acceptance of men in nursing by women in nursing and in the denial of the ability to practice in specific areas of nursing for men. The trend towards the increased feminization of the education of nurses must be explored, including the use of the feminine to describe nurses and nursing and in the higher attrition of men from nursing education programs. This covert effort to channel men into specific areas of practice influences the education of men in nursing programs. When discussing the marginalizing of men in nursing, the outcome of the larger systemic trend, which could have catastrophic effects on the profession as a whole should be explored.

THE TRENDS

The trend to deny men entry to practice in nursing has moved from an overt denial of men into nursing to a more covert form to deny men entry into the profession. Overt barriers to enter into practice are seen in the creation of separate registries for men in nursing and in the outright ban on men registering in the profession. Covert barriers are seen or in the denial of positions in nursing for which men are deemed unsuitable and in the decline of men in matriculating classes.

Meadus and Twomey stated that nursing was seen as one of the respectable professions for women at the turn of the century.⁵ While men were accepted into the profession of nursing, the medical model encouraged the ideal "Victorian" family ideal, with men (doctors) as the heads of households, women as the "handmaidens" (nursing) and the patients as the children.⁵ This model helped place pressure on men to avoid entering the nursing profession and to enter the more socially acceptable medical profession. While this model is no longer practiced in the health care profession, nursing remains a female dominated profession.¹

With the introduction of the idea that nursing was the ideal occupation for women, or that every woman was a nurse, as established by Florence Nightingale, many nursing registries created separate registries for men and women.^{2,6} These separate registries segregated men, channelling them into areas of practice considered suitable for men, such as mental health. While these separate registries no longer exist, their creation did establish the practice to channel men into areas of practice considered suitable for them. It created the expectation that men were to be found in those areas which prized "brawn" over "brain" and was used as the justification to legally impede men from practicing in areas considered unsuitable for men, such as maternal/child health or OB/GYN.² As shown by Villeneuve, the vast majority of nurses were middle-class white women.¹ This has changed little over the last 14 years. This contrasts with the vast strides taken by women in male dominated professions and in society, over the same period.

Men in nursing, up until the 1960's were legally barred from entry to practice in most areas of nursing outside of a few, very narrow, practice settings. Both the United States Army and the Canadian Forces (CF) did not accept men in nursing until the late 1960s.² Quebec law denied men the ability to register as nurses until the late 1970's, as it was considered inappropriate for men to be under the supervision of women.³ One can contrast this with the traditionally male-dominated work force, which, by the 1970's, had started to accept and integrate women into their areas of practice, in terms of legal protection.⁷ This also contrasts with the roles women in society in general were playing, with many women seeking employment outside of the home. Men in nursing were also legally barred from some of the clinical rotations for which they were expected to have the knowledge to certify.² While men are no longer legally barred from practicing in some areas of practice, such as OB/GYN, there are still some institutions which do not, as a matter of policy, allow men to attend as students, again placing men at a disadvantage when it comes time to write exams for certification.⁸ The barriers to entry to practice have moved from the more overt channelling of men into suitable areas of practice and the creation of separate registries for men in nursing to a more subtle dynamic. This is often reflected in popular culture, with the portrayal of male nurses as homosexual, if they are portrayed at all.⁹ It is this assumption that men cannot care, along with the perception that men in nursing are homosexual, which further puts pressure on men to not choose nursing as a profession.⁹ This is also reflected in the language used in nursing that often portrays men as the patient and women as the nurse.

LANGUAGE AND NURSING

Language in nursing is used as a subtle form of discrimination against men in nursing. The use of the feminine pronoun to describe the nurse leads students and faculty to assume nurses must be female; the norm for nursing is found in the feminine.⁹ It is the use of gender biased language which creates pressures on both men and women in terms of the gender of the nurse. It has long been recognized gender biased language must be changed in order to attract the minority gender to a profession.¹⁰ The use of the term "male nurse" is another form of covert marginalization towards men in nursing. It assumes that all nurses must be female and that the use of gender before the profession often places greater emphasis on male nurses being outside the normal.¹¹ The use of gender before the profession has not been utilized in male dominated professions for many years, as it is recognized to be a subtle way to marginalize the non-traditional sex in the profession.¹¹

Nursing education has moved from a traditionally apprenticed based approach, where student nurses were expected to work on the floor and learn as they go, to a more scholarly approach.⁵ While men might seem to have the advantage when taking these apprentice style training programs, with direct entry (no wait times) and shorter training times, these shorter training times placed men at a disadvantage as they did not receive the same amount of training as their female counterparts. The shorter training time channeled men into areas of practice considered suitable. While men are no longer subject to shorter training periods when in nursing school, the bias towards men in nursing persists, with the language used in the education of nurses showing a pronounced gender bias to the female.

The use of language is a subtle form of discrimination towards men in nursing. Many textbooks used in traditionally male dominated professions have recognized that they need to change, moving towards a gradual recognition that gender neutral textbooks and language are necessary in order to attract women into the traditionally male dominated profession. While most schools have moved to gender neutral textbooks, it has been found that nursing schools have yet to move to gender neutral textbooks.^{12,13} This use of gender bias in language translates into a higher rate of attrition for men in nursing education programs. The higher rates of attrition of men in nursing also speak to a gender bias found in nursing. The inability of nursing to draw men into the profession also shows the relative lack of desire to attract men into the profession of nursing.

Men in nursing education programs have higher rates of attrition than women in traditionally male dominated professional education programs.¹ In general, drop-out rates for most university professional programs are 46%.¹⁴ This contrasts with the drop-out rates for men in nursing education programs, which, at times, can approach 100%.^{1,15} Some of the barriers encountered by men in nursing education programs include the relative dearth of men in higher education positions and as role models for men in nursing.¹⁶ It is this lack of role models which contributes to an increased rate of attrition of men in nursing education programs.¹² As stated by Villeneuve, "...the paucity of role models in educational and clinical settings will affect ... of male students for years to come."¹ Combine this with the fact that in 1992, 2% of men in nursing were leaving the profession to the fact this has increased to 7% of men in nursing leaving the profession shows a dissatisfaction of men in nursing.⁴

Covert forms of gender bias continue to be present in nursing. It is seen in the relative lack of men in nursing who both enroll and remain in nursing programs. When compared to traditionally male dominated profession such as medicine which shows an almost 50/50 split in gender, the number of men in nursing remains a minority at 5.0%.^{17,18} While women make up 49.9% of all enrollees and 49% of all graduates from medical school, men still only make up 5% of all nurses and demonstrate an attrition rate as high as 100% from nursing education programs.^{17,18,1} The fact it has taken 30 years to double the number of men in nursing, from 2.7% to 5% is another sign of the relative slow acceptance of men into the profession of nursing.¹⁸ This compares to male-dominated medical programs, which show an increase from a low of 17% to a high of 50% in the same time frame.¹⁷

EDUCATION AND GENDER BIAS

Men in nursing education programs continue to face subtle bias and pressure. The biases reveal themselves in the form of comments from nursing educators who feel men do not belong in nursing due to their perceived ambition.¹⁶ Men in nursing education programs face bias from patients and society when patients who had agreed to have a female student care for them retract their permission when they find out their student will be male.¹² While this removal of permission would be addressed by the instructor if the student were female, often, when the student is male, the patient is excused from the care of the student with very little support offered to the male student to find a suitable replacement assignment.¹³ Gender bias is seen in the inability of men in nursing education programs to obtain the requisite depth of nursing experience when they are assigned to mostly male patients and when these same male students are expected to do the heavy lifting on a floor, at the expense of their own assignments.¹⁹ This means men in nursing education programs do not obtain the same experiences as their female counterparts, yet men are expected to pass the same exams and tests as their female counterparts, with a limited knowledge base.

Further evidence is seen in the feminization of nursing education in the example given by Ellis et al., where male nursing students were interviewed.²⁰ Most telling is one of the comments given by the a male in the program who stated that on some tests where he would get the answer wrong, his girlfriend, with no formal nursing training, would get the answer correct. This supports the argument that the education and training for nurses is inherently geared towards the way females care and are socialized than towards any type of formal training which can be achieved in a nursing education program. The final evidence of the gender bias in nursing is the fact that caring is often shown to be a uniquely feminine aspect and that men cannot care.¹³ This message is often taken to heart by faculty, who often do not see how men can care in a different way from their female counterparts.¹³

It is often thought men in nursing chose specific areas of practice because these areas hold a certain appeal to men, i.e., they are more technical, they have more inherent adrenaline to them, or for any number of similar reasons. While some men might choose to engage in some areas of practice for their inherent appeal to men in nursing, it could also be said that men enter into these areas of practice because they are expected to enter these areas of practice. Villeneuve argues this perception of men representing a higher proportion of those in positions of authority is false.¹ There are many documented instances where men are denied entry into practice in certain areas as they are felt to be unsuited to practice.^{1,8,21} As shown by Lindsay and Burt, men in nursing are actively denied promotions and entry into specific areas of practice, as it is felt men would not be able to care for patients in the same manner as their female counterparts.^{8,21}

Many individuals affiliated with nursing have stated that men in nursing represent a higher proportion of nurses in positions of leadership and higher education than women.¹ At first glance, it would seem that men, as a proportion of nurses, do represent a higher portion of nursing leadership and scholarship. However, as shown by multiple authors, men do not make up a disproportionate number of higher positions of authority or scholarship.^{1,3,8,19} In some instances, nursing researchers have called for steps to be taken to ensure men are established and encouraged to take on positions of authority.⁶ This encouragement and mentorship of men in positions of leadership and scholarship will help start the reversal of the gender bias found in nursing.

THE IMPACT OF GENDER BIAS ON NURSING

The overt and covert marginalizing of men in nursing has, and continues to have, a severe impact on the profession as a whole. Where nursing was once one of only three respectable professions for women, gender equality for women and gender-neutrality have opened professions once considered closed.⁵ This widening of the pool of professions available has decreased the number of women who choose nursing as a profession. Some of these previously closed professions have started to admit and accept women in equal numbers as men. The marginalizing of men in nursing has limited the pool of candidates from which the profession can draw. This self-imposed limitation, combined with a decrease in the overall impact candidates can have on the profession, will mean the current situations faced by nursing will persist and in some cases, worsen. The ability to draw from a limited pool of candidates means there will continue to be chronic health human resourcing problems, continuing the cycle of over-work, and burn-out. The continued cycle of over-work and burn-out will result in a continued exodus of nurses, both men and women, from the profession. With the exodus of professionals from nursing, men will leave the profession at twice the rate of female nurses.²² This increased exodus of men from nursing will result in a reduction of men in nursing, further exacerbating the marginalizing of men in nursing.

The decrease in the number of qualified candidates entering into the profession means the number of individuals suited to higher academic pursuits will be limited. The result is fewer individuals pursuing higher education and means those individuals choosing to pursue higher education will not turn out the calibre of theory and practice considered useful to the profession. The continued shortage of role models for men in nursing will also mean men will choose not to pursue higher education in nursing. The lack of role models means fewer men will see nursing as an attractive profession to enter, again limiting the number of candidates who will consider nursing as an attractive and viable profession.

RECOMMENDATIONS

The gender biased language of nursing is the first trend that must be addressed. As with traditionally male dominated professions, the recognition of the gender biased language used in textbooks, classrooms, and in nursing practice must be recognized. Efforts should be made to render language gender-neutral, casting nurses in neither the masculine nor feminine. Where the use of a gender specific pro-noun must be used, efforts should be made to alternate between genders. The removal of gender bias from the language of nursing will result in an increased availability of gender neutral textbooks available to nursing education programs. The increased availability of gender neutral textbooks and gender neutral language will decrease the feminization of the education of nurses.

The increased feminization of the education of nurses is another trend which must be addressed. The use of gender specific textbooks should be discontinued and more emphasis should be placed on the caring styles of both genders. The different caring styles of both genders should be recognized by instructors in nursing programs and materials should be prepared with the different learning styles and caring styles taken into account. Efforts should be made to educate patients that the care received by patients is not affected by the gender of the nurse. The contribution of men to nursing, both pre- and post-Nightingale eras should be recognized and acknowledged.

Efforts should be made to actively recruit men into the profession of nursing. This recruitment should happen at the high-school level, with efforts made to reach out to high school counselors and teachers. Efforts should emphasize nursing as a gender neutral profession incorporates caring, technical and medical skills. This active recruitment drive should take the form of education to change the standard stereotype of men in nursing as effeminate or gay. Efforts should be made to curb any societal advertising or marketing portraying nurses as exclusively female or as sexy female. Efforts should be made at the floor level in order to increase acceptance of men in nursing by female nurses, as it is recognized that many female nurses do not feel comfortable or accepting of their male counterparts.²³

Efforts should be made to recruit men into those areas of nursing considered traditionally female. Those areas where men are underrepresented should be targeted to enrol men into mentoring programs, to show men in nursing the wide variety of areas of practice that are open to them. An effort should be made to encourage women to enter into those domains of nursing considered traditionally male in order to provide a better balance of gender ratios. The tracking of the number of men entering and leaving

the profession should be a concern to the nursing profession. Efforts should be made in academia to study the systemic trends to marginalize men in nursing. The effectiveness of these efforts should be evaluated by nursing academia, leadership and professional associations, to ensure the trend to marginalize men in nursing is reversed.

CONCLUSION

Men have been present in the profession of nursing throughout recorded history. The introduction of professional nursing theory and the theorizing of nursing as natural work for women, by Florence Nightingale, while increasing the professional status of nursing at the time, have resulted in a larger systemic trend to marginalize men in nursing. This larger trend has become a systemic trend, seen in several smaller trends in nursing. These smaller trends include barriers to enter into practice, in the removal of men from the history of the nursing profession, in the barring of men from specific areas of practice of nursing and in the general acceptance of men in nursing by society in general. The education of nurses is another area where men are marginalized in nursing, as the education of nurses is increasingly feminized. This feminization is apparent in the use of non-gender neutral text which casts nursing in the feminine pronoun, in the increased attrition rate of men in nursing education programs with little to no effort made to explore this phenomenon, and in the relative lack of male role models in positions of higher academia. All of these factors have an impact on men in nursing and the perception of men in nursing by society as a wider whole. The trend to marginalize men is seen in the channeling of men into specific areas of practice, which denies men the opportunity to utilize the theoretical portion of nursing knowledge, instead focusing men on the technical aspects of nursing, degrading the theory portion of men in nursing. Should nursing continue this systemic trend to marginalize men, the consequences for nursing will be severe, with a decrease in the number of suitable candidates entering into the profession, resulting in a gradual erosion of the professional and academic capacity of nursing. This erosion of the profession will allow for the continued and worsening labour shortages as nursing continues to draw from only half of the population as a whole.

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