

# Bridging the Gender Divide: Facilitating the Educational Path for Men in Nursing

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## ABSTRACT

**Background:** Although the number of men entering the nursing profession over the past century has increased incrementally, the proportion of men remains low in contrast to the U.S. population. On matriculation into nursing school, men face stereotypes about the nursing profession and the characteristics of the men who enter it. Men may also face a number of gender-based barriers, including lack of history about men in nursing, lack of role models, role strain, gender discrimination, and isolation. **Method:** This article describes each of these barriers and provides strategies to improve male students' learning experience. **Results:** The efforts of one nursing school to address many of these barriers are also described. **Conclusion:** Through acknowledging gender barriers and taking intentional steps to address them with prenursing and nursing students, schools of nursing may create a more inclusive environment and enhance the profession's diversity. [*J Nurs Educ.* 2017;56(5):295-299.]

Received: July 10, 2016

Accepted: November 11, 2016

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The authors have disclosed no potential conflicts of interest, financial or otherwise.

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doi:10.3928/01484834-20170421-08

In a 2004 survey of 498 male nurses, 80% of participants stated that if given the choice they would choose nursing as their profession again and listed a desire to help people and the ability to make meaningful contributions to society as their top reasons for choosing the profession (Hart, 2005). Yet, prior to applying to nursing school, men may confront stereotypes about the nursing profession and the characteristics of men who enter it (Coleman, 2008; Hart, 2005; Meadus, 2000). Gender stereotypes about nursing are informed by images of nurses as feminine, White, and deferential (Kouta & Kaite, 2011; MacWilliams, Schmidt, & Bleich, 2013; Meadus & Twomey, 2011; Roth & Coleman, 2008) and of men who choose nursing as a profession as emasculated, homosexual, or sexually deviant (Dyck, Oliffe, Phinney, & Garrett, 2009; O'Lynn, 2007a; Roth & Coleman, 2008). Such stereotypes are part of a long history of pervasive gender socialization, which can influence the views of family members, friends, strangers, and even high school guidance counselors (Meadus & Twomey, 2011).

Despite these stereotypes, there remain incremental increases in the number of men entering the nursing profession over the past century. Among RNs, men represented 2.7% of the workforce in 1970, compared with 9.6% in 2011 (Landivar, 2013). According to the 2013 American Association of Colleges of Nursing Annual Report (2013), 6.6% of nurses were men, but 11.1% of Bachelor of Science in Nursing (BSN) students were men. Yet, the proportion of men in the profession does not reflect the diverse population it serves (Institute of Medicine [IOM], 2010).

Once men start their journey in nursing school, they may continue to face barriers associated with stereotypes (Dyck et al., 2009; IOM, 2010; Kouta & Kaite, 2011; MacWilliams et al., 2013; Meadus & Twomey, 2011; O'Lynn, 2007a; Roth & Coleman, 2008). In addition, O'Lynn (2007a) highlighted five gender-based barriers in nursing education, which interpenetrate one another and consistently appear in recent literature on this topic. These barriers are lack of history about men in nursing (Kouta & Kaite, 2011; Roth & Coleman, 2008); lack of male role models (Kouta & Kaite, 2011; Stott, 2004, 2007); role strain (Dyck et al., 2009; IOM, 2010; MacWilliams et al., 2013; Meadus & Twomey, 2011; Roth & Coleman, 2008; Stott, 2004, 2007); gender discrimination (IOM, 2010; Kouta & Kaite, 2011; Meadus & Twomey, 2011; Sayman, 2014); and isolation (MacWilliams et al., 2013; Meadus & Twomey, 2011; Stott, 2007). Although these barriers may be interrelated, each will be briefly defined and discussed to consider ways that nursing education programs

might address these barriers to enhance the experience for men. As an example, the efforts of the University of North Carolina (UNC) at Chapel Hill School of Nursing to address these barriers through Careers Beyond the Bedside (CaBB), a project funded through the Health Resources and Services Administration to increase the recruitment, enrollment, and graduation of underrepresented students will be described.

### **Lack of History About Men in Nursing**

Men have a long history of participating in work considered to be nursing since ancient times and across cultures (O'Lynn, 2007b). Several male nurses have made significant contributions to health care in the past millennium, including St. Ephrem, St. Basil, St. John of God, St. Camillus de Lellis, and James Derham, who worked as a nurse while enslaved, bought his own freedom, and became the first Black physician in the United States in the late 18th century. However, for most current nurses, their names and contributions are lost to history (O'Lynn, 2007b). This lack of acknowledgement has been cited in literature reviews of gender barriers in nursing (Kouta & Kaite, 2011; Roth & Coleman, 2008) as a challenge for men attempting to situate themselves within the modern profession of nursing. In surveys of male nurses about gender-based barriers in nursing education in 2004 and 2007, O'Lynn found the lack of history of men in nursing as a highly prevalent barrier. In O'Lynn's 2004 study, although the lack of history was an important barrier for members of the American Association of Men in Nursing (AAMN) ( $n = 64$ ), it was not for the total sample ( $N = 111$ ). Men cited the lack of history as an important barrier in preliminary ( $n = 57$ ) and subsequent testing ( $n = 145$ ) of the Survey of Facilitators for Men (Clark-Ott, 2015). However, in a mixed-methods study of 29 nontraditional male nursing students (i.e., those age 25 years and older), although a lack of history of men in nursing was acknowledged, it was not seen as particularly troubling (Smith, 2006). Thus, although a lack of history of men in nursing appears consistently as a barrier in nursing education, its overall importance has yet to be determined.

### **Lack of Male Role Models**

As previously noted, according to the 2013 American Association of Colleges of Nursing Annual Report, 6.6% of nurses were men; the number of male faculty was even lower at 5.4%. Several studies have noted the concern and frustration among male students about the lack of male role models in the faculty and in clinical practice settings (Clark-Ott, 2015; Kouta & Kaite, 2011; O'Lynn, 2004, 2007a; Stott, 2004, 2007). In separate surveys of male nurses who had graduated from nursing programs, the lack of male role models was reported as both highly prevalent and important (O'Lynn, 2007a, 2004). The importance of male role models was also noted in a qualitative study with eight BSN students (Stott, 2007). However, Smith (2006), reported that nontraditional male nursing students were not bothered by the lack of role models. Nonetheless, from male role models, students can learn about how to work within historically female-dominated work areas, develop confidence and increase their satisfaction in their role as a nurse, seek professional advancement, and enhance their leadership skills (Shaffer, 2013).

### **Role Strain**

Role strain for men in nursing often involves the conflict of maintaining one's individuality while navigating tensions between societal expectations consistent with the ideals of masculinity and a profession that uses a set of expected behaviors and appearances to inform societal norm for nurses (Brady & Sherrod, 2003). Due to stereotypes about the profession, male students have been found in both qualitative studies and reviews of literature to have their masculinity questioned or challenged by peers, family, and those for whom they provide care (Dyck et al., 2009; MacWilliams et al., 2013; Meadus & Twomey, 2011; O'Lynn, 2007a; Stott, 2004, 2007). Alternatively, their masculinity may be overemphasized, with male students occasionally feeling they were token voices (i.e., speaking for all) for men in the classroom or clinical setting (Dyck et al., 2009; Stott, 2004). In their phenomenological study of 27 male nursing students, Meadus and Twomey (2011) found certain areas of nursing, such as women's health or pediatrics, may be limited as well because male "caring behaviors are associated with fear, inappropriateness, and sexuality" (p. 274).

### **Gender Discrimination**

Before male students make decisions about entering nursing school, they may face biases from guidance counselors who suggest that nursing is not an appropriate profession for men (Meadus & Twomey, 2011). Male students can also experience gender discrimination in other ways throughout their nursing education. Discriminatory practices based on gender expectations are often tacitly enacted within clinical experiences that students have in nursing school. Such practices may include limited opportunities for male students in maternity clinical settings (involving differential treatment by both nursing faculty and female patients) or being asked to move heavy patients or work with aggressive patients (Kouta & Kaite, 2011; Meadus & Twomey, 2011; Sayman, 2014). These experiences may be particularly salient in shaping male students' feelings of discrimination within the context of nursing education.

### **Isolation**

With their typically low representation within a cohort of nursing students, men have described feelings of isolation and loneliness (Bell-Scriber, 2008; MacWilliams et al., 2013; Meadus & Twomey, 2011; O'Lynn, 2007a; Stott, 2004, 2007). These feelings are often intertwined with the lack of role models, role strain, and gender discrimination described above. In her qualitative interviews with four undergraduate male nursing students, Bell-Scriber (2008) found the men noted their small number in their class and also reported social isolation through a lack of support from friends and family. In her qualitative study involving eight undergraduate men, Stott (2007) reported that the feelings of isolation were so pronounced for many men that they questioned their decision to become nurses.

### **Recommendations for Retention of Men**

Although the aforementioned barriers present significant challenges to men on their journey toward nursing as a career, suggested practices related to attracting and retaining diverse nursing students, including men, have been explored (Gilchrist

& Rector, 2007; Gorski, 2013; Grant, 2012; LaRocco, 2007). Gilchrist and Rector (2007) suggested the need for a formal commitment to help students, including tutoring, stipends, early identification of problems, support groups, peer mentors, and caring faculty members. Gorski (2013) added several others to these suggestions, including direct efforts to address diversity issues, policy reviews, requesting student input, safe outlets for feedback, and professional development opportunities. For men specifically, LaRocco (2007) suggested active efforts to dispel stereotypes, a male faculty mentor, and the opportunity for informal or formal gatherings. Grant (2012) added the need for nursing to provide mentorship, role models, an inclusive image, and visibility for men in nursing. The remainder of this article provides an example of efforts undertaken at the UNC Chapel Hill School of Nursing to create a welcoming and inclusive environment for men.

### **UNC Chapel Hill's and CaBB's Efforts to Address Challenges**

As with the national average, the proportion of male faculty members who are nurses is currently low (4.4%) in the school of nursing at UNC Chapel Hill. The proportion of male undergraduate students in incoming cohorts for the previous 6 years ranged from 11.3% to 16.1%. Within this context of a minority of male faculty and students, the CaBB program, in addition to preexisting efforts within the school of nursing, exemplifies an approach to create an inclusive and supportive environment for male students.

Preserving and supporting the identity of men in a predominantly female profession taught mostly by female faculty has been a consistent mission of the school of nursing's Office of Inclusive Excellence (OIE). To this end, the director of the OIE has appointed a male cultural coach, who provides male students with the opportunity to meet regularly with someone like themselves who has been successful in nursing and nursing school.

Building on the efforts of the OIE to create an inclusive environment, the CaBB project began in 2012 with funding from the Health Resources and Services Administration to meet the goals of increased recruitment, enrollment, graduation, and matriculation into graduate nursing programs among underrepresented students, including men. CaBB was composed of (a) preentry preparation, (b) academic retention activities, and (c) the provision of student support in the form of scholarships or stipends to eligible participants. A more comprehensive description of the CaBB program can be found elsewhere (Rowsey, Kneipp, & Woods-Giscombe, 2013). During the grant's 3 years, increased enrollment thresholds were surpassed with 60 eligible students admitted into the program and a graduation rate of over 96%. Some graduates enrolled in graduate programs immediately, with a larger number planning to apply in 3 to 5 years after they have acquired clinical experience.

In addition to numerous other workshops for CaBB participants and others interested in nursing education, the CaBB sponsored a workshop entitled "Bridging the Gender Divide" in the winter of 2013 and spring of 2014. Both took place during weekday evenings and were held at the school of nursing for both prenursing and nursing students. Faculty mentors of the

CaBB program served as sources of support for the students, frequently shared advice about career advancement and academic success, provided ongoing opportunities to learn about the mentors' research, and arranged time to meet with students to further develop a trusting professional relationship with them.

These workshops served as opportunities for students to learn more about the gender diversity in nursing by engaging in a dialogue with a panel of guest speakers, as well as having their mentors present to help answer questions related to the topic. In the first year, two key questions were the focus: (a) How can we facilitate gender diversity in nursing? and (b) How do we support building strong collegial relationships between men and women in the nursing discipline? In particular, this session focused on different challenges and contexts over time, from deciding to go into nursing, entering and persisting through nursing school, beginning professional practice, and advancement. During the sessions, both faculty and students discussed male-female dynamics regarding power and authority, communication styles, and how different approaches for handling conflict and disagreement are often based on gendered practices, norms, and expectations. Panelists for this session included (a) the lead author (E.A.H.), a White male whose path included being a second-degree accelerated BSN student, a pediatric intensive care unit nurse, a family nurse practitioner, and a doctorally prepared nurse scholar; (b) an African American man who started as a licensed practical nurse before eventually pursuing his doctorate degree, continues to work at the bedside, was the first Black president of the North Carolina Nurses Association, and inducted as a Fellow in the American Academy of Nursing; and (c) a Chinese man, both a doctorate nursing student and world-class fellowship recipient, who was studying pediatric pain. These three panelists responded to and facilitated audience discussion to the following questions:

- What have been significant challenges in your career around gender-based issues?
- How did you handle them?
- What would you do differently?
- What was most helpful to you in handling them in terms of collegial or institutional support?
- What advice might you give to those entering nursing?

This session also included discussion of how the school of nursing might create a more inclusive environment for men. Twenty-four students, five of whom (20.8%) were men, attended the session. Of these, only two were current nursing students, with 21 prenursing majors and one undeclared major. On a 5-point Likert scale ranging from 1 = *strongly disagree* to 5 = *strongly agree*, over 95% of attendees agreed or strongly agreed that the session was of high quality and clarified the role that nurses play in health care.

In the second year, the same questions were addressed in addition to two others:

- What are the challenges and triumphs men face in nursing?
- What are strategies for success and key organizations for men in nursing?

The lead author (E.A.H.) and a White male, whose nursing path started with an Associate's Degree in Nursing, led this session. The second panelist had earned a Master's of Science in



Nursing and was serving as the director of nursing education for a North Carolina Area Health Education Center. He was also a member of the North Carolina Future of Nursing Action Coalition's Coordinating Council, served on the board of directors for the North Carolina Organization of Nurse Leaders, and was a member of several nursing organizations, including the American Association for Men in Nursing (<http://aamn.org/>). This session began with a number of images to underscore how little is known about the contributions of men to nursing and the power of stereotypes. The lead author (E.A.H.) started with Florence Nightingale, whom everyone recognized. However, when images of important men from nursing's history were shown, no one knew who they were. The final image was of actor Ben Stiller as the male nurse character, Greg Focker, from the movie *Meet the Parents* (De Niro & Roach, 2000), whom everyone readily recognized. This exercise led to a rich facilitated discussion of gender constructions, stereotypes, and organizations that are working to dispel stereotypes, change public perceptions of nursing in general, and be more inclusive, such as AAMN and The Truth About Nursing (<http://www.truthaboutnursing.org/>). The AAMN's (2015) stated purpose is "to provide a framework for nurses, as a group, to meet, to discuss and influence factors, which affect men as nurses" (para. 3). The Truth About Nursing's focus is "to promote more accurate, balanced and frequent media portrayals of nurses and increase the media's use of nurses as expert sources" (The Truth About Nursing, 2015, para. 1). Twenty-five students, 12 of whom were men (48%), attended the second session. Twenty of these men were BSN or accelerated BSN students, one was a nursing graduate student, and four were prenursing majors. In addition, 40% of attendees in the second year had not attended CaBB programs in the first year. On the same 5-point Likert scale, 96% of attendees agreed or strongly agreed that the session was of high quality and that the presenters who displayed expertise on career opportunities were informative, thought provoking, and engaging.

Across both years of the workshop, topics included a need for more history about men in nursing, access to male role models in a variety of positions within the profession, ways to partner in addressing gender discrimination in education and the workplace, actions to address stereotypes, and opportunities for camaraderie and support.

## Discussion

Finding and staying the path of nursing presents unique challenges for men. Recognizing, understanding, and committing to addressing these challenges demands multifactorial solutions to be successful at achieving greater diversity in nursing, as recommended in *The Future of Nursing: Leading Change, Advancing Health* (IOM, 2010). No single solution exists. Yet, integrated efforts can be made to address as many issues as possible. This brief has highlighted specific challenges, shared recommended practices (Gilchrist & Rector, 2007; Gorski, 2013; Grant, 2012; LaRocco, 2007), and provided examples of efforts undertaken at the UNC Chapel Hill school of nursing through its OIE and the CaBB project.

In particular, the differences in the role models students were exposed to through the CaBB sessions both challenged their assumptions and offered them the opportunity to see themselves

in roles they define for themselves as *nurses* rather than as *gendered nurses*. Although the number of students participating in these sessions was relatively small, this may be attributed to the voluntary nature of participation. The number of men participating increased in the second year. This article provides some examples of how nurse educators can be intentional in their efforts to explore whether and how gender divides exist in their own academic institution. Although the CaBB project was externally funded, a lack of external funding should not preclude schools of nursing from acting on many of the suggestions for attracting and retaining male nursing students. Although external funding can support scholarships, stipends, and other forms of support, many of the recommendations require only a commitment on the part of schools to reflect on their educational environment and create opportunities for more inclusion. Through such open and purposeful efforts, schools will advance nursing's goal to be more diverse and thus better positioned to meet the health care needs of the population it serves.

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