Abstract

An analysis performed by Staiger, Auerback, and Buerhaus (2012) on the RN workforce model suggests that between 2010 and 2015 there will be a decrease in the RN's employment as the economy improves and the baby boomer population retires. This article centers on the road blocks men face in nursing education, clinical experiences, job preferences in a female dominated career, and how nursing schools can address barriers to men in nursing.

Introduction

During the last decade it was predicated that there would be a massive nursing shortage due to the high percentage of baby boomers that would retire. This nursing shortage was somewhat alleviated because of the 2008 recession when many of these baby boomers did not retire and leave the nursing profession.

In 2014, the job prospective for new graduate nurses continues to be grim, and this may imply that it is not necessary to continue to increase the number of new nurses. The American College of Nursing suggests that this strategy does not take into consideration factors such as: the Bureau of Labor Statistics' Employment Projections 2012-2022 that the total number of nursing job openings would be 1.05 million by 2022, (American Association of Colleges of Nursing). In addition, an analysis performed by Staiger, Auerback, and Buerhaus (2012) on the RN workforce model suggests that between 2010 and 2015 there will be an increase in the RN's employment as the economy improves and the baby boomer population retires. It is inevitable that the "demand for health care is expected to increase, as an estimated 32 million additional Americans obtain health insurance coverage" (Staiger, Auerback, and Buerhaus, 2012, p. 1465).

In response to the anticipated nursing shortage, men can fill the void of the potential nursing shortage. Men continue to be a minority in the nursing profession although small increases in their representation have occurred in the last seven years. The Census (2006) report indicated that men only constituted 7% of the United States workforce in nursing. National Council of State Boards of Nursing found that men account for 7% of the RN workforce. A survey conducted by the U.S. Census Bureau in February 2013 found that men now comprise 9.6% of all RNs (Census Bureau's Industry and Occupation Statistics, 2013). Recruiting men would be a viable way to increase the number of registered nurses and to promote a more diverse population of nurses in the workforce.

Until recently, many occupations were traditionally classified according to gender. People held a set of expectations concerning whether or not specific employment positions required masculine or feminine qualities to fulfill them. These perceptions have changed considerably in the recent past, especially as they relate to the role of females in American society. More and more women are now found in formerly male-dominated employment positions, such as trades and professions. However, little change in gender representation has occurred as it relates to female-dominated employment, and no field better exemplifies the situation than that found in the field of nursing (Meadus & Twomey, 2011). According to the Census Bureau's Industry and Occupation Statistics (2013), men represented 9% of registered nurses and at that time men's average salary was $60,700 as opposed to women who earned $51,100 per year.
Family Involvement

McLaughlin, Moutray, & Moore (2010), found that entry into nursing for men is often pre-dated by familial involvement in professional nursing, where moral support, often critical in their decision making, is often found. Unless their role identity is supported by a significant other or group in their social environment, men do not choose nursing as a nursing career choice (Cook-Krieg, 2011). Difficulty in conforming to role expectations among potential male nurses may be alleviated by the support of friends and relatives. Acquaintances and family relations generally have mixed feelings while most fathers are opposed to their sons becoming a registered nurse (Pham, 2011).

History of Nursing

Through the efforts of Florence Nightingale in the mid-nineteenth century, nursing was established as a women’s profession (Hus, Chen & Lou, 2010). Nightingale’s image of the nurse as subordinate, nurturing, domestic, humble, and self-sacrificing, as well as not too educated, became prevalent in society. The American Nursing Association ostracized men from nursing until 1930, when as a “result of a bylaw amendment, provision was made for male nurses to become members of the American Nurses’ Association” (In Review - American Nurses’ Association, p. 6). Looking back in nursing history, Florence Nightingale, and the American Nursing Association ostracized men from the nursing profession.

It wasn’t until 1894 when female nurses started to organize and female nursing schools were created in New York and the American Nursing Association (ANA) was formed. The ANA excluded men until 1930 and in essence had the goal of keeping men out of military nursing. At this point in history military nursing had been a predominantly male job, had turned into an exclusively female position and would continue on to become the most stereotyped female dominant job. It wasn’t until after the Korean War when males were finally accepted back into the field of nursing (Gender Equality in a Female Dominated Work Field, 2010, blog.lib.umn.edu).

Prior to the organization of female nursing schools and as early as the fourth and fifth centuries, men provided nursing care to members of various religious orders (Cook-Krieg, 2011, p. 22-23), and held the predominant role in organized nursing in western society. In 2013, a growing number of men are entering the nursing profession, for reasons, as they see it, of economic opportunity, despite the fact of an ever-changing health care system that continues to redefine the role of the nurse. The American Nurses’ Association (2013), and the National League for Nursing have both spoken in support of males in nursing (National League for Nursing, 2008).

To encourage men to enter the nursing profession and, “if nursing is to survive in the 21st century, Nightingale image must be counterbalanced by an entry and acceptance of a larger number of men into the profession” (Meadus, 2000, p. 11).

Professional Acceptance

However, men are having problems in achieving professional acceptance in their nursing role both by society in general and by their colleagues in particular. Many male and female patients have negative attitudes regarding male nurses and often request that a female be substituted. Discrimination exists among many female nurses toward their male colleagues, regarding them as homosexuals, and therefore, not acceptable as equals with the consequent loss to the men of a sense of camaraderie necessary for a feeling of fulfillment in one’s work (Brown, 2009). Even healthcare administrators have been forced to defend policies that discriminate between male and female nurses.

Although male nurses are a minority in the nursing workforce, it has been reported that “male nurses made up to 23% referrals to the Investigating Panel of the NMC (Nursing & Midwifery Council in 2009/10, with 42% being removed from the register (Prideaux, 2010).

Thus, men are having to seek legal recourse to defend their right to equal employment in the nursing profession. However, while on the one hand men are taking a proactive role in forcing changes, others seek to circumvent the problem by the pursuit of specialties that are acceptably male, such as in anesthesia and psychiatric nursing.

Literature Review

Research has shown that men play an important role in establishing nursing as a more respected career option. With the integration of men into the nursing profession, female nurses benefit by means of pay equity and a greater economic position for women (Cottingham, 2014). Even though there are less men in nursing, literature denotes men earn higher salaries, along with potential career advancement within multiple career pathways that lure men to the nursing positions (Brown 2009). Bagihole and Cross (2006) interviewed 10 British men who were employed in female dominated jobs. The study found that men believed they “should be role models for promoting the profession” (p. 42).

Physical strength places male nurses at an advantage for certain positions or opportunities in the health care settings, such as, psychiatric care, and orthopedics. Men are hired in psychiatric areas because of their physical strength to ensure safety of the personnel and patient, and in orthopedics where there is a need for heavy equipment to be moved and assembled (Cook-Krieg, 2011, Goriup & Pajnikhar, 2014).
Social Concepts

One of the main reasons for the shortage of men is the societal stereotype that portrays nursing as a female profession (Cook-Krieg, 2011). Prior to Nightingale's reform which was instrumental in creating nursing as a predominately female occupation, men had a historical role in nursing. Cook-Krieg, (2011), goes on to say:

When asked about the public's perception of male nurses, the female students indicated that they perceived the public's view of nursing to be accepting of male nurses in general; however they felt that society sometimes considers male nurses as homosexual or feminine. The male students felt that the public's image of nursing was changing and that they were more accepting of men, however, they were viewed as odd or special (p. 27).

Cook-Krieg, (2011) identified the following barriers to nursing education for men: social isolation, refusal to address individual learning needs, and reluctance of other nurses to acknowledge men as a vital part of the nursing profession. Brown, (2009) "They assert that nursing schools do not address the differences in communication styles of men and women, and do not prepare them to work primarily with women " (p. 121). However, when men engage in the profession, Wingfield (2009) "jobs predominantly filled by women often require 'feminine' traits such as nurturing, caring, and empathy, a fact that means men confront perceptions that they are unsuited for the requirements of these jobs" (p. 5). This includes "encounters with patients, doctors, and other staff, men nurses frequently confront others who do not expect to see them doing 'a woman's job" (Wingfield, 2009, p. 11).

Many nursing problems have been attributed to the predominantly female composition of the profession: sexism and oppressed group behavior in nursing have been blamed for its low pay, low status and esteem, and lack of being identified as professionals. Cottingham (2014) noted that these problems could be eliminated by actively recruiting men into nursing. Their presence in large numbers alone could increase the recognition of nursing as a profession, as well as to in improving wage and working conditions by their ability to bargain competitively and in the perception of their having greater coalition strategies as compared to women. In short, men in nursing are less likely to adapt to poor salaries and working conditions without campaigning for more and better (Cottingham, 2014).

In a study of the transition of Licensed Practical Nurses to Registered Nurses, the two male participants perceived themselves as being looked up to and admired by their peers, whereas the female participants did not express similar feelings. Even though men are the minority in the nursing profession, they still viewed themselves as leaders and being highly respected by their peers (Henle, 2007).

Challengers of a Shared Vision

Career paths differ for women and men in the health care environment. There are two phrases that are commonly discussed among nurses working within the health care system, and they are glass ceiling and glass or invisible escalator. Glass ceiling refers to the hidden barriers that keep women from rising to senior management levels. One reason given for the glass ceiling is that women may interrupt their employment to have children or take a leave of absence to care for aging parents. At the same time, the health care system and the general public view men as prototypical leaders, and this is embedded in the phrase glass or invisible escalator model. Men are viewed as assertive, and have a sense of dominance. On the other hand, health care administrators and the general public view female nurses as caring and nurturing.

Conclusion

For nursing to advance in the 21st century, advancement in nursing should be based on one's ability to lead the nursing profession in a positive light without restrictions to gender.

In addition, nursing schools should address the role of women and men as leaders in the nursing sciences to promote awareness among nursing students about the importance of leadership skills. A more diverse work force with a larger male population in nursing might increase salaries and improve working conditions in the nursing professions. Nursing schools need to be cognizant of male discrimination in the workplace, stereotyping in textbooks, clinical experiences, as well as male nursing students’ learning styles. Nursing schools must make a strong effort to recruit male nurses from high school graduation classes if the nursing profession is to achieve a greater balance.

References


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