



# **Finding a Healthy Balance: A Study of Gender Equity in New Jersey's Healthcare Workforce**

*A Report of the New Jersey State Employment and Training Commission  
Council on Gender Parity in Labor and Education*

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September 2004

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# **Finding a Healthy Balance: A Study of Gender Equity in New Jersey's Healthcare Workforce**

**Prepared For**

**New Jersey State Employment and Training Commission  
Council on Gender Parity in Labor and Education**

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## Forward

The New Jersey Council on Gender Parity in Labor and Education (the Council) is concerned with improving gender parity in New Jersey's workplaces. The Council has explored gender equity in major industries in New Jersey including the building trades, engineering, and healthcare. Through the Center for Women and Work at Rutgers, The State University of New Jersey, the Council has conducted original research examining the reasons behind women's underrepresentation in traditionally male-dominated fields. This current initiative on men in the nursing profession is the Council's first research focusing on men's underrepresentation in a core occupation in New Jersey. This report, a follow-up to the Council's report - *Healthcare Workforce Outlook - The Nursing Shortage in New Jersey and the United States: Suggestions for Future Research and Policy* (2003), suggests ways to increase the recruitment and retention of men and other underrepresented groups in the nursing profession. Currently, men along with minority women remain an untapped source of nurses. Expanding the pool of registered nurses is vital to help battle the current staffing shortage in the healthcare industry; it is also vital to ensuring a more representative healthcare system and a more gender equitable work environment in New Jersey.

This report is intended to identify barriers to the recruitment of men in nursing, to suggest strategies to increase the recruitment of men and retention of all nurses, and, finally, to point to other avenues of research that will help direct future healthcare and labor policies with regard to the nursing shortage. This report and its policy suggestions are developed as an extension of the New Jersey State Employment and Training Commission's *A Unified State Plan for New Jersey's Workforce Readiness System*. The *Unified State Plan*, first introduced in 1992, addresses the complexities of creating a unified, high-quality workforce investment system. The Council strongly believes that the current report will aid New Jersey in meeting one of the core principles of the *Unified State Plan*: there must be full utilization of all potential workers. Moreover, the intent of the Council is to ensure that all workers, both men and women, have the opportunity and means to fully realize their potential.

The Council would like to thank members of the Healthcare Advisory Council who helped to guide this research. The Advisory Council, convened in the Fall of 2003, provided feedback, contacts, and suggestions throughout this research project. The Advisory Council brought together industry experts from many organizations including hospitals, nursing organizations, universities, and unions to discuss the key issues affecting New Jersey's healthcare system in order to best devise strategies to help alleviate the current healthcare staffing shortage. Thanks to all the members for their support: Cornell University Press, Health Professionals and Allied Employees Union (HPAE), JNESO-IUOE-AFL-CIO, Lincoln Educational Services, Mercer County Workforce Investment Board, New Jersey AFL-CIO, New Jersey Collaborating Center for Nursing (Rutgers, The State University of New Jersey), New Jersey Hospital Association, Nontraditional Career Resource Center (Rutgers University), St. Barnabas Health Care System, and the University of Medicine and Dentistry of New Jersey (UMDNJ).

Dianne Mills McKay, Chair  
Council on Gender Parity in Labor and Education

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## **EXECUTIVE SUMMARY**

This report outlines the forces that encourage and discourage the retention and recruitment of registered nurses in New Jersey. This report focuses on men because they remain an untapped source of registered nurses and are severely underrepresented in the nursing profession. Based on these findings, this report also suggests policy strategies designed to increase the registered nursing workforce in New Jersey in light of the growing nursing shortage. These policy strategies are intended to increase the recruitment of men, along with other nontraditional groups, into the profession and the retention of all registered nurses.

These findings and proposed policy strategies are based on original research by the Center for Women and Work at Rutgers University, including interviews with current and former registered nurses working in New Jersey and original statistical analysis using the 2000 National Sample Survey of Registered Nurses (NSSRN) from the Bureau of Health Professions, U.S. Health Resources and Services Administration.

### **KEY FINDINGS OF THE REPORT**

- Men are only 3.3 percent of registered nurses (RNs) in New Jersey which is below the national average of 5.8 percent.
- As job opportunities have opened up to women in recent decades, women have become less likely to pursue nursing as a career. While the numbers of men in nursing has grown, men's representation remains low in nursing along with many other female-dominated occupations.
- The cultural perception of nursing as a "dirty" job and the pervasive image of nurses as women who are simply "doctors' helpers" discourage men, along with many women, from choosing nursing as a career.
- Gender socialization and stereotypes discourage men from entering the profession. Men who do enter can face discriminatory treatment from educators, patients, coworkers, and administrators.
- The nursing shortage, through increased patient loads, has lowered the job satisfaction of many registered nurses and has influenced the decision of many nurses to leave the profession.
- Men are more likely than women to have had a prior job in healthcare before becoming a registered nurse. This type of transition allows people in lower-paying jobs such as licensed practical nurse (LPN) or lab technician to increase their income, jobs skills, and workplace responsibilities.
- Registered nurses who had a prior job in healthcare have higher retention rates (6-7 percent higher) than those registered nurses who did not.
- Despite the low numbers of men in nursing, men are overrepresented in certain specialties: operating room (OR), trauma care, and nurse anesthetist – specialties that are more autonomous and/or require less "traditional" nursing duties (e.g., bathing or feeding patients).

## **PROPOSED POLICY STRATEGIES**

### **Development of Career Ladders**

- Since many of the men in this study came from healthcare backgrounds, efforts should be made to recruit from related occupations such as laboratory technicians and nursing assistants. Nationally, less than 38 percent of female registered nurses, but over 52 percent of male registered nurses, came from a prior healthcare background.
- The development of internal career ladders would also increase retention of men and women in these related professions, many of which are also experiencing severe shortages, due to the possible incentives of career advancement and increased income.
- Based on preliminary findings, recruiting from those leaving the military in nursing and related occupations could be a possible avenue for increasing the number of men in nursing because men are well-represented in healthcare occupations in the armed forces.

### **Changing the Cultural Image of Nursing**

- Nursing should be promoted as a career path. The public, particularly young people, should be informed about the wide range of specialties, types of positions, work settings, and advancement opportunities available to registered nurses. In addition, registered nurses' vital and unique contributions to the healthcare system should be emphasized.
- Nursing needs to be promoted as a career for both women and men. This calls for changing the public perception of nurses as women who are "doctors' helpers" and showing young people, particularly young men, that men are capable of being effective care providers.

### **Expanding Research on Registered Nurses**

- While this report outlines many key findings, in order to design the most effective policies to ensure a long-term supply of nurses, more research is needed. Specifically, research looking at the experiences and concerns of minority women and research examining the transition of healthcare workers from the military to the civilian labor market are needed.
- As the recruitment of men into nursing expands, further research will be needed in order to assess the gender equity within the profession to ensure that male and female nurses are comparable in terms of pay, opportunities for career advancement, and are equally represented among specialties and supervisory positions.

## INTRODUCTION

The only thing else I can add about the shortage is that something has to be done. I mean it is getting to the point very frequently of being dangerous. *Dangerous to both the nurse and to the patient.* Dangerous to the patient in terms of them not getting the proper care only due to the time constraints. The fact that there just aren't enough minutes in an hour and hours in a day to give the proper care and also to the nurse because of the stress level involved. It can be injurious to our health physically. Physically due to possibly trying to lift a patient without getting help and injuring your back and mentally. I know myself that I have a problem; recently I noticed my blood pressure goes up when I am under a lot of stress at work which never used happen.

**- Female, 57, cardiac care nurse, registered nurse for over 17 years**

I think the short-staffing - it is like a vicious cycle. People get upset because they can't provide even safe care. Forget quality care. They can't provide quality care and they finally reach a point where they say "I'm not doing this anymore."

**- Female, 44, long-term care nurse, registered nurse for over 20 years**

The above statements are from registered nurses interviewed as part of this study investigating nursing recruitment and retention in light of the continuing shortage of registered nurses facing New Jersey and the nation. Many predict that New Jersey's shortage could be even more severe than the national shortage. By 2010, New Jersey is estimated to have a 25 percent shortage of full-time equivalent registered nurses; this is twice the shortage that is predicted nationally (HRSA 2002, pg. 16).

One significant consequence of the shortage is that many healthcare facilities are operating short-staffed leading to higher patient loads and increased job stress for nurses. Registered nurses (RNs) report that both their physical safety and their emotional well-being are in jeopardy. Many are also concerned with their professional status because working under short-staffing conditions could compromise their licenses if they make an error. But more importantly, as the above quotes reflect, nurses are deeply concerned with how the shortage has affected their patients and their ability to provide **safe and quality** care. Nurses in this study entered the profession to help people - something many feel they cannot do effectively when they work under short-staffing conditions.

The goal of this report is to suggest policy directions for increasing the recruitment and retention of registered nurses in New Jersey, particularly the recruitment of male nurses. These recruitment and retention strategies are informed by the experiences of male and female registered nurses working in New Jersey. For this study, we interviewed male and female nurses working in a variety of healthcare settings including hospitals, educational institutions, and long-term care centers. As such, this report identifies barriers to the recruitment and retention of registered nurses, particularly men, and suggests strategies to attract more men and women into nursing and to retain nurses once they enter the profession. This report also outlines some of the possible tensions associated with the proposed strategies for policymakers and healthcare experts to consider.

This research was conducted for the New Jersey Council on Gender Parity in Labor and Education (the Council) by the Center for Women and Work at Rutgers University. This report is a follow-up to the

Council's report, *Healthcare Workforce Outlook - The Nursing Shortage in New Jersey and the United States: Suggestions for Future Research and Policy* (Snyder 2003), which outlined the extent and causes of the nursing shortage. The initial report suggested several policy strategies to help minimize the registered nurse shortage including: (1) expanding the pool of potential nurses by increasing the recruitment of men and minority women and (2) solidifying internal career ladders to encourage upward mobility within the nursing profession as a way to increase retention rates across all nursing occupations including nursing assistants (NAs) and licensed practical nurses (LPNs).

This current report will further explore these two policy strategies by suggesting interventions aimed at increasing the number of men in the nursing profession. Nurses have traditionally been either young Caucasian women or women looking to start careers later in life. As outlined in the initial report, a significant reason for the nursing shortage is the aging of the current nurse workforce. The nursing workforce has aged more rapidly than most other occupations (Snyder 2003). In 2000, the average age of a RN in New Jersey was 45.6 years (NSSRN 2000). Quite simply, in the coming years, the majority of the nursing workforce will retire. This mass retirement will take place at a time when there will be an increased need for registered nurses because of the retirement of the baby boomer generation causing an unprecedented number of retirees and older Americans needing healthcare. Not only are young women less likely to choose nursing as a career when compared to earlier generations, post-generation baby boomer cohorts are significantly smaller making it difficult to fill future healthcare needs. As such, the recruitment of nurses is going to have to go beyond the traditional pool of younger, Caucasian women in order to generate the number of nurses required to meet future healthcare workforce needs.

This report is based on original research conducted by the Center for Women and Work at Rutgers University. The research included interviews with 35 registered nurses from the New Jersey area along with original statistical analysis of the 2000 National Sample Survey of Registered Nurses (NSSRN) from the Bureau of Health Professions, U.S. Health Resources and Services Administration. Findings from the qualitative research are supported by findings from the 2000 NSSRN.<sup>1</sup> (See Appendix B - Methodology and Interview Schedule.)

## **BARRIERS TO THE RECRUITMENT AND RETENTION OF NURSES**

Since the aim of this report is to suggest strategies to increase the pool of registered nurses by increasing the recruitment of men, a nontraditional population in the nursing profession, and the retention of all nurses, this section explores barriers to the recruitment of men into this traditionally female occupation. Moreover, this section will clearly show that many of these barriers have direct implications for the recruitment and retention of female nurses as well.

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<sup>1</sup> Appendix A provides an overview of the sample as well as the basic demographics of nurses in New Jersey and nationally. The sample is somewhat older than New Jersey and national averages with many more interviewees being in their fifties than New Jersey and national averages. Respondents are also more likely to have advanced degrees. Finally, the sample is not as racially and ethnically diverse as the New Jersey or the U.S. registered nursing workforce.

Although most nurses are women, there is no biological reason to assume that women are the only gender suited to the nursing profession. Rather, women are nurses because nursing has been ***socially constructed*** and ***institutionalized*** as a feminine occupation. In fact, historically nursing was a male-dominated occupation in many cultures. For example, the first nursing school was established in India around 250 B.C. and only men were considered "pure" enough to be nurses ("Men in Nursing", 2004). It was not until the Crimean War that nursing became defined as a feminine occupation in the United States.

Nursing, which until the late nineteenth century was a strictly male occupation, was opened up, albeit reluctantly, to females largely as a result of Florence Nightingale and her work during the Crimean War. Men let Florence do her thing, thus turning over to women hospital dirty work to make it women's work. Regarded at that time to be a radical departure from the accepted norm, nursing as a feminine role has acquired an historical weight. The role of the nurse has been accepted as being especially congruent with the traditional role of the female in western culture (Etkowitz 1971: 432).

Today, nursing is considered to be a nurturing and caring profession - attributes associated more with women than men. As Table 1 shows, men are severely underrepresented in the nursing profession at all levels.

<b>Table 1</b>		
<b>Gender Composition of Nursing Occupations U.S. and New Jersey 2000</b>		
	<b>New Jersey Percentage Female</b>	<b>U.S. Percentage Female</b>
<b>RNs</b>	96.7% <sup>a</sup>	94.2% <sup>a</sup>
<b>LPNs</b>	96.2 <sup>b</sup>	94.9 <sup>c</sup>
<b>Nursing Assistants (includes orderlies and attendants)</b>	no data available	90.0 <sup>c</sup>
<sup>a</sup> Data from the NSSRN 2000.		
<sup>b</sup> Data from the New Jersey Collaboration Center for Nursing (2003b). Data for 2002.		
<sup>c</sup> Data from the Health Resources and Services Administration, Bureau of Health Professions, U.S. Department of Health and Human Services (2000), pages 42, 93-4. Data for 1998.		

The U.S. workplace has a long and enduring history of occupational gender segregation. Although women make up almost half of the labor force, women and men are not equally represented across occupations. Indeed, men and women have historically performed different types of work and occupational gender segregation remains a prominent feature of the U.S. job market. While occupational gender segregation has declined dramatically since the 1970s, progress has slowed since the 1980s (Wootton 1997; Reskin 1993). In 1995, 53.5 percent of the U.S. labor force would have to change jobs in order for men and women to be equally represented across all forms of work (Wootton 1997). Despite trends toward lessened gender segregation, "most workers remain in sex segregated jobs" (Reskin 1993: 241). For example, most workers in the building trades are male and most nurses are women.

Since occupational gender segregation is such a pervasive feature of the workplace, social scientists have theorized what factors cause gender segregation in the workplace. Social scientists find numerous reasons for the tenacity of occupational gender segregation including employers' preferences, discrimination in hiring and promotion, persistence of norms regarding the appropriate gender for a particular job, relative demand and supply of workers, economic pressures, perceived customer preferences, workers' preferences and actions, women's family obligations, and gender socialization.<sup>2</sup> While undoubtedly many forces have led to the feminization of the registered nurse workforce, this report focuses on how male and female nurses make work choices and the forces that influence those choices as a way to devise strategies designed to increase the representation of men in nursing and the retention of all nurses.<sup>3</sup> In listening to both male and female nurses, several reasons emerge as barriers to the recruitment and retention of men in the nursing profession: (1) cultural images of nursing and gender socialization, (2) availability of other opportunities, (3) discriminatory treatment in the workplace, and (4) the negative impact of the nursing shortage on the job satisfaction of all registered nurses and their decisions to stay or leave the profession.

### **(1) CULTURAL IMAGES OF NURSING AND GENDER SOCIALIZATION**

Many of the nurses interviewed, both male and female, believe that the public image of nursing has dissuaded people, particularly younger people, from choosing the profession. Although many nurses feel that people revere nurses, the respondents in this study firmly believe that those outside of healthcare see nursing as a "dirty" profession.

**Interviewer** - Why do you think men have not been attracted to nursing?

**Nurse** - It is not held in high esteem. It is "dirty work". . .

**- Female, 52, renal medical-surgical floor nurse, registered nurse for over 25 years**

In addition to not being a glamorous profession, many nurses feel that people do not understand the work of nurses. A registered nurse for over 17 years discusses what she considers to be the negative image that people have of nurses. She believes that people view nurses as simply "doctors' helpers:"

I think the negative image - I think people perceive nurses as doctors' helpers because they will say things like, "Oh dear, don't worry - I will ask the doctor" or "I'll speak to my doctor about that." Specifically, if a person has an order to change, say a dressing change, and they say - "A doctor didn't tell me - I will have to talk to my doctor before you touch it." So sometimes they perceive nurses as just, I don't know, people just dressed in uniforms who are doing mundane tasks.

**- Female, 57, cardiac care nurse, registered nurse for over 17 years**

Another veteran nurse feels that people are simply unaware of how nurses make a vital and unique contribution to the healthcare process:

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<sup>2</sup> For overview, see Reskin 1993.

<sup>3</sup> Since this is an interview-based project, this report focuses on how individuals make career-related choices. This is not to imply that individual choices entirely explain the gender segregation of the workforce. People do not have unlimited choices but rather are influenced and constrained by structural (e.g., systems of discrimination), cultural (e.g., gender roles) and organizational (e.g., hiring practices) factors. This report is focusing on how people make choices in order to understand how to increase men's participation in nursing and is not meant to imply that women have largely remained in relatively lower-paid female-dominated occupations because they have chosen to.

**Interviewer** - Do you think your daughters' friends are aware of all the options [available to nurses] or what it means to be a nurse?

**Nurse** - No I don't think so.

**Interviewer** - What do they normally think?

**Nurse** - They're doctors' helpers. You hear a lot of, "You are so smart why didn't you become a doctor?" Not realizing that they are two completely different things.

**- Female, 44, psychiatric nurse, registered nurse for over 20 years**

Because many of the nurses interviewed for this study firmly believe that people, especially students, have little idea of what nurses do and this prevents them from entering the profession, surveys and focus groups were done with undergraduate students to begin to understand how people in the process of making career decisions view the nursing profession.<sup>4</sup> The opinions of these undergraduates clearly show that nurses' suspicions are correct. When asked to describe the duties of a nurse only one student said that they worked "with doctors." Instead, most characterized nurses as "doctors' helpers" or as performing tasks such as "caring labor" that doctors are perceived not to perform:

Assist doctors in surgery. Provide medical advice & care to patients.

**- Female, 45, interdisciplinary studies major and part-time event coordinator, sophomore**

Everything the same as doctor except [doctors] have the final word.

**- Female, 22, women's studies major, senior**

Everything that the doctor doesn't, plus caring labor.

**- Female, 22, interdisciplinary studies major, senior**

Assist doctors in the more routine parts of the job, like paperwork, testing, and assist during surgery and check on the patients during recovery. But I am not quite sure of the specifics.

**- Female, 21, history major, senior**

To take care of patients. To support doctors.

**- Female, late 20s, psychology major, junior**

Everything - from taking care of a patient to assisting doctors.

**- Male, 28, interdisciplinary studies major, senior**

Moreover, many of the nurses interviewed feel that those within healthcare, particularly administrators and doctors, do not fully appreciate or realize their integral efforts:

**Interviewer** - What do you dislike about your job?

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<sup>4</sup> In addition, many efforts across the nation and within New Jersey seek to improve the image of nursing to students including children, teens, and young adults as a way to increase the long-term recruitment of nurses. Building on these ideas, a focus group and surveys with undergraduates were performed to begin to understand how people who have access to higher education and who are in the process of making career decisions view nursing as a career option. Male and female students (n=20, male students = 6, female students = 14) were given surveys to understand their perceptions of the healthcare field. Nine of the students were adult continuing education students (ranging in age from 19 to 44 with an average age of 29) at a private university and eleven were students in a senior-level seminar at a large public university (ranging in age from 21 to 47 with an average age of 28). Most of the students were not currently in a healthcare occupation and were not pursuing a career in healthcare. Their opinions are not presented here as representative of the average public opinion of nursing, but rather point to some of the images that those outside of healthcare have of the nursing profession.

**Nurse** - Dislikes are the physician abuse. The increased patient workloads. Sometimes the working environment. The salary. The lack of being recognized as an integral part of the healthcare delivery system or the healthcare delivery team. We are still looked upon as handmaidens to the physicians and that we really don't know anything but to get a cup of coffee.

**Interviewer** - What did you mean by physician abuse?

**Nurse** - Physicians historically continue to demoralize and devalue the importance of a nurse. And they scream and yell and carry on as such.

**- Male, 44, nurse administrator, registered nurse for over 19 years**

While the above perceptions from those within and outside healthcare can discourage both men and women from entering and staying in the nursing profession, it is important to point out that there is a strong gendered component to the image of a registered nurse. Nurses are not just helpers but **female** helpers - women who can get coffee, assist doctors, and care for the sick. The ideal nurse is a woman because nurses are expected to be caring, emotional, empathetic, along with **subservient** and **non-independent**. These are social characteristics associated with women, not men. While nurses heartily disagree with this characterization, they emphatically believe that this is how most people view a registered nurse.

The strength of cultural norms and stereotypes and their impact on individuals' career decisions cannot be overemphasized, particularly the influence of gender norms. One male nurse in his early fifties firmly believes that as a society we need to get past "the idea that men can't be as sensitive, as empathic, and as caring when it comes to taking care of other people." And despite the fact that he is a self-professed advocate of men in nursing and that he has worked in the nursing profession for over 30 years, his seven-year-old daughter recently questioned the appropriateness of his career choice:

I do remember one time my seven-year-old saying that I couldn't be a nurse because I was a man. So somewhere she saw it and got it in her head that men can't be nurses even though her daddy was a nurse. I was going against type. I didn't push it - I just said, "Well, Daddy is a nurse. He can be a nurse."

**- Male, 50, psychiatric nurse, former NA and LPN, registered for over 12 years**

Despite the exposure his daughter has had to men in nursing, it is still hard for her to understand how her father could be a nurse. While this is just one anecdotal account, it underscores how pervasive and durable stereotypes regarding the appropriateness of a gender for a particular occupation can be.

This perception of women being better suited to nursing is not limited to those **outside** of the nursing profession. Although most nurses in this study believe that men can be capable and good nurses, there can still be the perception among nurses themselves that nursing requires emotional skills that are more naturally suited to women:

**Interviewer:** Do you think male nurses interact with other patients and nurses in the same way as female nurses?

**Nurse:** That is hard to say. It depends on the person. The male nurses that I know are good with the patients - compassionate. As far as the bedside goes - psychiatry we don't do too much bedside nursing - so I really can't . . . . But the ones I know do a pretty good job. For some reason, I still think females are better nurses (laughter).

**Interviewer:** Why?

**Nurse:** I don't know. They don't put the extra effort in I think. I can't (pause) - we're more compassionate, we are more emotional than men are, you know.

**Female, 60, psychiatric nurse, registered nurse for 26 years**

Another female nurse agrees that while male nurses are capable, they lack the natural nurturing skill of women:

I mean some male nurses don't go that extra step. You know like the little things like making sure the pillows are comfortable or tucking somebody in. But other than that - they know the job they just don't have that extra nurturing touch.

**Female, 49, recovery room nurse, registered nurse for over 29 years**

Male nurses also see themselves as good nurses because they bring different skills and talents to the profession. The nurse administrator quoted above believes that men make good nurses in part because they are **less emotional** and **more objective** than their female counterparts:

I think we provide an additional voice for the profession itself. We maintain our focus and if we have - if something has to be said - we make it said. We hold our emotions a little bit more than our female counterparts.

**- Male, 44, nurse administrator, registered nurse for over 19 years**

A 29 year old male nurse believes that although male and female nurses perform clinical tasks in the same manner, men do bring special skills to the job including greater physical strength, camaraderie, and a stronger interest in unions. However, he does feel that he may lack some of the innate caring skills that women possess. While he does feel that he gets along well with children, he believes that becoming a father one day will help him to develop nurturing skills that are more instinctual to women:

I have a problem being a guy and not having kids. And girls - the mother instinct is kind of born into them, but guys just don't know how to talk to little three-year-olds and four-year-olds.

**- Male, 29, emergency transport nurse, registered nurse for over 5 years**

All of the men in this study, while clearly aware of the feminized image of nurses, went ahead with their desire to become a nurse. They are also all aware of stereotypes that male nurses are homosexual, but most men in this study do not say that these images are a major concern for them. However, the men in this study do employ several strategies in an effort to reconcile their conflicting statuses of being a man in a feminized, caring occupation. Many of the male nurses interviewed for this study work in areas and positions that require less intimate bedside care (e.g., feeding patients). More of the men, unlike the women interviewed, are in specialties such as research that have limited direct patient care. Others are in departments including trauma care units and a cardiac testing lab that may have direct patient contact, but they do not involve a great deal of continued and intimate bedside care such as bathing or dressing patients. Areas such as trauma care or a cardiac care lab can have many patients rotate in and out during a shift. Women in the sample are often in more "nurturing" positions such as being a floor nurse in a medical-surgical unit that requires close contact with patients or what one male nurse termed "traditional" nursing duties.

One male nurse, 53 years old, engages in another strategy that distances himself from the bedside care giving or the "traditional" nursing role. Although he works as an advanced trained nurse, a nurse anesthetist, he does not classify himself as a nurse:

No offense intended to any nurses, ***because I was a nurse***, I felt somewhat emasculated as a nurse. I still feel its identification is of a female. I always felt slightly emasculated. I never felt comfortable with it. I never felt comfortable being called a nurse. I never liked the job requirements so to speak. The cleaning of patients - the a.m. care. Mentally I couldn't handle that. The making of the beds. The bedside nursing care. All that is involved with the bedside nursing and the a.m. care. That whole aspect of nursing I just never was - I knew I couldn't handle it mentally while doing it. I was just very uptight about it. Couldn't wait to complete that chore or my requirement and get into anesthesia.

***- Male, 53, nurse anesthetist, registered nurse for over 23 years***

While almost all the men in this study have been able to successfully reconcile their decision to be a male nurse, cultural images and gender socialization are powerful mechanisms that shape an individual's career choices, particularly the choices of young people. Often these messages are reinforced by influential people who help young people form career aspirations such as parents and guidance counselors.<sup>5</sup> One male nurse administrator felt it was his "calling" to become a nurse. However, he had to overcome the initial discouragement of his traditional father:

My father being from the old school - an old Italian man born in Italy, came over to this country when he was 19 years old - did not support me initially becoming a nurse. He didn't understand it and then he felt it was a female-dominated profession and that that wouldn't be the right thing for a male to be doing.

***- Male, 44, nurse administrator, registered nurse for over 19 years***

## **(2) AVAILABILITY OF OTHER CAREER OPPORTUNITIES**

Many nurses in this study feel that the availability of other opportunities deters ***both men and women*** from choosing nursing as a career. As noted earlier in this report, most people still remain in gendered occupations. However, opportunities in many male-dominated industries have opened up to women over the past several decades. As a result, younger women are less likely to choose nursing as a career (Staiger, Auerbach and Buerhaus 2000). In fact, other female-dominated fields such as elementary school teaching have also experienced a decline in interest among young women (pg. 234-5). While nursing remains as popular a career choice for women wanting to switch or start careers later in life, women graduating from high school in "late 1980s and 1990s were 30 to 40 percent less likely to become RNs than those who graduated in the 1960s and 1970s" (pg. 231). Further, more academically-skilled women are the most likely to take advantage of other opportunities. Young women today who have "A" averages in high school are less likely to be interested in nursing than in the past. Women have become more attracted to formerly male-dominated occupations over the last several decades. For example, high school women's interest in medicine and law has increased to the point that today young men and women are roughly equally as likely to list these as possible career choices (pg. 235). Understanding the

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<sup>5</sup> Although no respondent mentioned this, some researchers find that guidance counselors dissuade young people, both men and women, from entering nursing or encourage high-achieving students to become doctors instead (Boughn 2001; Gabriel 2001; Goodin 2003). However, one male nurse interviewed vividly remembers how his guidance counselor encouraged him to become a nurse and how that experience was very influential to his decision.

job opportunities open to both men and women is important because the number of nurses required to fulfill healthcare requirements is expanding. Alleviating the nursing shortage will require that more than just current vacancies be filled. Future healthcare needs will require that the number of nurses be increased as well. Therefore, the recruitment of women will have to expand as well.

The experiences of older female RNs show not only how career opportunities have expanded for women, but also how nursing has become institutionalized as a female-only profession. For earlier generations of women, nursing was one of the few "acceptable" job options for women who needed or wanted to work outside the home, particularly for those women who were able to seek higher education. Although most of the nurses in this study are highly committed to their care giving role, many older nurses clearly remember how their own job options were severely limited. One nurse in her late fifties recalls there not being many other alternatives for women:

. . . .back when I was in school, a female would grow up to be nurse, teacher or secretary and a male would grow up to be a truck driver, an accountant or, you know, a professional man. There wasn't even that option.

**- Female, 57, cardiac care nurse, registered nurse for over 17 years**

A 66 year old cardiac care nurse had always been drawn to biology in school and had wanted to become a biological researcher. Unfortunately, her family could not afford to send her to college. According to her, since "It was the fifties" instead of pursuing her education, she married at 17 and started to have children. When she needed to work outside the home, she became a LPN and eventually a RN. She reports that nursing was the closest she could get to her desire to become a researcher. Although she enjoys her job and working with patients, she sees young people as having more options - many of which are less physically demanding than nursing:

There are a lot more choices for bright women to go into - other fields. It's not just nursing and teaching anymore. And nursing is very, very difficult.

**- Female, 66, cardiac care nurse, former NA and LPN, registered nurse for over 25 years**

One recovery room nurse in her late forties vividly remembered going into to her high school guidance office and being asked if she wanted to be a secretary, a teacher, or a nurse. While she enjoys helping people and wants to do missionary work after retirement, she switched to a part-time schedule four years ago because she could no longer handle what she sees as the deteriorating working conditions in healthcare particularly how nurses are treated by administrators and doctors:

I just think the way we are treated by hospitals, by doctors, by directors - you start to feel like you're a bunch of voiceless slaves. Nobody cares that you have a thought for anything that would benefit the patient. They just care about making money and they just want a warm body. They mandate people to do overtime like three shifts a week. They don't care if you're tired; they don't care that you're so exhausted that you'll make a mistake. They just want a body there and somebody to blame if something goes wrong. That's how I feel.

**- Female, 49, recovery room nurse, registered nurse for over 29 years**

In fact, not only does she not encourage younger people to enter the profession, she reports that if she were in high school today she would have become a veterinarian instead.

When asked how this shortage differs from past shortages, one nurse who has been in the profession for over 25 years feels that the presence of other opportunities for women is a key difference:

**Interviewer** - Do you think this shortage is similar or different than past shortages?

**Nurse** - I think it is deeper and I think it's harder to get people in. I think classically nursing has drawn women. It has drawn a few men, but classically it has drawn women and now the market for jobs has opened up so wide for women that there are so many other choices to go into. People are going to pick cleaner and easier jobs for higher pay. So I think this shortage is here to stay. . .

**- Female, 52, renal medical-surgical floor nurse, registered nurse for 25 years**

Although women have been increasingly attracted to "male" professions, men have not become increasingly interested in "female" professions. Although men's representation in many female-dominated professions such as social work and nursing is greater than decades ago, it still remains low. In fact, according to the National Education Association, the percentage of male teachers, particularly in elementary schools, is shrinking. In 1981, men were 18 percent of public elementary school teachers - an all-time high, but today they are only nine percent - an all-time low (NEA 2004). In addition, a recent study of career aspirations among adolescents finds that "There is a clear pattern of gender-stereotyped expectations regarding occupations that have traditionally been dominated by one sex." (Csikszentmihalyi and Schneider 2000: pg. 47). Men are more likely to aspire to be police officers, athletes, and engineers (pg. 47). Although women are making inroads into male-dominated occupations, they are still more likely to expect to be teachers, secretaries, social workers, and nurses (pg. 47). Some nurses, both male and female, report that in the past, nursing did not pay a family wage which may have dissuaded men. And many simply feel that men had and still have more and "better" options available to them:

**Nurse** - Number one, they have other options beside from being a nurse. And number two, when you look at nursing history, it has been a female profession, predominately female. So I guess that is one of the reasons. Why go into nursing when they could do other things, number one? And number two, sometimes people are worried about what other people are going to think about them because they are a nurse. I mean a male nurse. One example, my brother wanted to become a nurse and I discouraged him.

**Interview** - Why did you discourage him?

**Nurse** - Because I feel he could do other things.

**Interview** - Like become a doctor?

**Nurse** - Yes. Or become a pharmacist.

**-Female, 28, nurse practitioner, registered nurse for over 4 years**

Most of the students surveyed as part of this study said they did not want to be nurses because they either fear needles or do not want to work around blood. This common feeling among the students in this study further underscores the claim of nurses interviewed that people outside of healthcare only have a very narrow view of what nurses do. In addition, many of the students clearly indicated that if they were interested in healthcare, they would become doctors instead:

No. I always felt that if anything in the medical professions, I would want to be a doctor.

**- Female, 22, interdisciplinary studies major, senior**

No. Nurse used to be typically a female occupation . . . if interested in a medical career, would probably try to become a doctor.

**- Male, 44, undeclared major, unemployed computer programmer, sophomore**

Asked the kind of job opportunities that are available to nurses, one male student's answer clearly demonstrates the status difference between doctors and nurses in our society:

The opportunities of endless hours at the hospitals - sometimes double or triple shifts. And maybe even enhancing their careers into becoming doctors.

**- Male, 28, interdisciplinary studies major, senior**

In terms of barriers to recruitment, women and men have many more opportunities available to them than previous generations. In addition, as many of the students' quotes reflect, they do not see nursing as a professional career path. Rather, nursing is a job where you assist doctors.

### **(3) DISCRIMINATORY TREATMENT IN THE WORKPLACE**

While gender socialization and the availability of more gender-appropriate opportunities may dissuade men from choosing nursing as an occupation, those who enter the profession face gender discrimination in the workplace from patients and their families, colleagues, nurse educators, and administrators which can impact the retention of male nurses. For those men who do enter a nursing education program, gender discrimination can begin almost immediately from both peers and teachers. Researchers have found that schools do not use images of men in recruiting materials and men are mostly discussed in nursing textbooks as patients (*Male Nurse Magazine* 2003). While men comprise approximately thirteen percent of nursing students, they have a higher dropout rate than female students - eight percent for male nursing students and four percent for female nursing students (*Male Nurse Magazine* 2003). Men who become nurses may face resistance in the workplace from other nurses, administrators, and patients (Farella 2000; Hilton 2001; *Male Nurse Magazine* 2003). While some have noted that gender discrimination against men in nursing is weakening (Hilton 2001), it is still an issue that affects the retention rates of male nurses. Male nurses leave the nursing profession at a rate double that of their female counterparts (*Male Nurse Magazine* 2003). Further, according to data from the 2000 NSSRN survey, male nurses have higher rates of job dissatisfaction. As shown in Table 2, when nurses were asked how satisfied they were with their job compared to one year ago, men were less likely to report being moderately or extremely satisfied:

<b>Table 2</b>				
<b>Compared to One Year Ago - Job Satisfaction Rates</b>				
<b>U.S. and New Jersey</b>				
<b>2000</b>				
<b>Level of Job Satisfaction</b>	<b>New Jersey</b>		<b>U.S.</b>	
	<b>Male</b>	<b>Female</b>	<b>Male</b>	<b>Female</b>
<b>Extremely/ Moderately Satisfied</b>	56.0	66.1	63.8	70.4
<b>Neither</b>	0.0	12.1	13.3	10.3
<b>Moderately/ Extremely Dissatisfied</b>	44.0	21.8	22.8	19.3
<b>Total</b>	100.0%	100.0%	100.0%	100.0%
	n = 727		n=29,267	
Data from NSSRN 2000. Only currently employed nurses are included. (Totals may not add to 100% due to rounding.)				

Despite the evidence of discrimination against men in the nursing profession, the men interviewed for this study do not mention workplace discrimination as distressing either during their education or while on the job. However, most men and women in this study can easily point to examples of discrimination toward male nurses from patients, particularly older female patients not wanting a male nurse despite being willing to have a male doctor.<sup>6</sup>

Although discrimination was not particularly troublesome for the male nurses in this study, several recount very poignant and memorable instances of discrimination and homophobia. For example, one male nurse, 55 years old, has been a nurse for over 24 years. He recalls early in his career a patient asking him directly if he was homosexual. His female supervisor immediately intervened and scolded the patient for asking such a question. Another male nurse, 60 years old, recently became a registered nurse after the company he worked for as a computer programmer downsized his position. Years ago, he put himself through college and graduate school by working as a hospital orderly. He was always drawn to nursing and decided to make a career switch after he was laid off from his computer job. Although he is thrilled with his new job, he does recall a recent incident where a patient's brother angrily accused him of being homosexual. Someone else from the patient's family did eventually apologize. Although this incident was upsetting, this nurse firmly believes that such incidents are isolated.

While stories of discrimination are frequent from both the male and female nurses interviewed, another form of differential treatment is also common - male nurses are often mistaken for doctors.

. . . I did see difference in attitude from patients. However, the attitude or the difference I saw as a positive one. By that I mean a lot of patients misidentified me as a doctor. I was wearing white and had a stethoscope and I was a male. And so a lot of patients would refer to me as "Doctor." And if they wanted a nurse, if I was standing side-by-side with one of my nursing classmates who was a female they would look at her and say nurse and make their request. They wouldn't look at me. Men were looked at or referred to as doctor by most patients. That difference was a positive one. I certainly did not feel or experience any difference or a lessening of respect being a male. If anything, it was more respect.

<sup>6</sup> However, it is important to remember that this study focuses on men who are currently employed in the profession and many have been in the profession for many years. While it could be argued that they have had more opportunity to be exposed to instances of discrimination, those who left the field may have had more discriminatory treatment.

**- Male, 53, nurse anesthetist, registered nurse for over 23 years**

To quote one male nurse, he has "never been mistaken for a nurse." Most men in this study are quick to correct patients and their families when this misidentification occurs. However, it points to the idea that patients *expect* nurses to be women. While these incidents of "positive" discrimination may not drive a male nurse from the profession, they demonstrate how male and female nurses are treated differently on the job.

**(4) IMPACT OF THE NURSING SHORTAGE ON THE JOB SATISFACTION OF REGISTERED NURSES**

The nursing shortage has damaging consequences for our healthcare system. The staffing shortage has been linked to increased medical errors (Harvard School of Public Health 2002), patient mortality and failure-to-rescue rates (Aiken, Clarke, Sloane, Sochalski and Silber 2002), and healthcare costs. Not only does the nursing shortage have dire consequences for the quality of the nation's healthcare system, the nursing shortage negatively impacts the job satisfaction of those registered nurses who remain in the profession. Concerns over the quality of nursing care and short-staffing also influence their career-related decisions. According to the 2000 NSSRN survey, most licensed RNs (83.1 percent) are employed *in nursing* either full or part-time. However, many healthcare insiders, including many interviewed as part of this study, feel that nurse retention is becoming an increasingly important concern. Many fear that short-staffing among nurses and ancillary staff (such as nursing assistants) could cause more RNs to leave the profession and thereby intensify the shortage. Researchers have linked RNs' intentions to leave a current position to increased patient loads (Aiken, Clarke, Sloane, Sochalski and Silber 2002). According to these researchers, "Higher emotional exhaustion and greater job dissatisfaction in nurses were strongly and significantly associated with patient-to-nurse ratios" (pg. 1990). In addition, a survey by an AFL-CIO union, the Health Professionals and Allied Employees Union (HPAE), finds that 55 percent of hospital nurses and 63 percent of long-term care nurses surveyed in New Jersey report routinely care for more patients than they believe is safe (HPAE 2004: pg. 2). Also disturbing is that 53 percent of the nurses surveyed have considered leaving the profession including 65 percent of critical care nurses and 64 percent of emergency room nurses (pg. 9).

As the quotes at the beginning of this report show, many of the nurses in this study are deeply concerned with the shortage's impact on their ability to provide safe and quality care.<sup>7</sup> A national survey conducted in 2000 and 2001 by the American Nurses Association (ANA) finds that nurses are reporting increased patient loads along with what nurses perceive to be "a dramatic decrease in the quality of patient care" (ANA 2001, pg. 5). Seventy-five percent of nurses in this ANA study "feel the quality of

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<sup>7</sup> It is important to note that this project's aim was to interview RNs who work in a variety of settings. Those in hospital and long-term care settings were more likely to report that the nursing shortage has increased their patient loads and caused them increased job-related stress. However, not all nurses in this study report being impacted by the shortage or only minimally impacted including a school nurse and a researcher. And several also mentioned *positive* impacts of this and past shortages in terms of the easy availability of jobs and access to certain specialties such as the intensive care unit (ICU) that are normally very competitive.

nursing care has declined in their work setting in the last two years" (pg. 6). A major reason cited for this decline is "inadequate staffing." An alarming 42 percent would not feel comfortable having someone close to them being cared for at the place they work (pg. 11).

Similarly, many of the nurses in this study report that the shortage has lessened their ability to give the type of quality care they want to practice. Most of the nurses in this study reported they entered the nursing profession to help people, something that the RN shortage has made difficult to do:

It's [the nursing shortage] given me less time to really know my patients. It's given me tremendous pressures to - it kind of makes you - you get the job done but there always should be time for more. If you want to do the job properly you have to have less patients and be able to spend the time you want with them.

**- Female, 66, cardiac care nurse, former NA and LPN, registered nurse for over 25 years**

The shortage has also compromised the ability of nurses to provide safe care by making them more prone to mistakes:

I feel very often it's just that you just can't accomplish the goals you want to accomplish. You feel like you shortchange the patients. You start out and you just don't have the time to give them the care you want to give - the care they need. In other words, the medications are scheduled for a certain time - so you have a half-hour before the scheduled time and a half-hour after to give them. But sometimes you feel you're on a race like to beat the clock to make sure you meet those deadlines. And in order to do that, I think there is the possibility of making more med[ical] errors because you are under stress and you can work. A limited amount of stress is advantageous to anyone's job, but once you're over that point. . . **you can make errors.** It is just not helpful at all. And I see that happening more and more.

**- Female, 57, cardiac care nurse, registered nurse for over 17 years**

Although most in this study are actively working as nurses, several report that the staffing shortage has led them to look for career alternatives. One former hospital staff nurse, 53 years old, left her job at a hospital where she had worked for over 20 years to become a per diem agency nurse. She left her job in part because of injuries she sustained from her duties as a floor nurse. The physical demands of being a nurse had become too much to do on a daily basis. However, she also had become increasingly disenchanted with what she considers to be the increasing business-like environment of healthcare. Her disillusionment with nursing has become so extreme that she has not worked as a per diem nurse for months because she is so unhappy with the working environment. One of her biggest concerns is how the administration treats nurses in light of the current shortage:

They really didn't appreciate the work that we did. We worked short-staff so much and it was like the more they could get out of you rather than hire more people. It seemed instead of giving you praise if anything they would have negative criticism rather than positive input and what not. It just seemed like they always tried to discourage you a great bit of the time. And like I said working short - if they could get you to work two jobs without getting extra staff they would do it.

**- Female, 53, part-time agency nurse, registered nurse for over 24 years**

One former emergency room nurse, 49 years old, left the nursing profession completely a few years ago to become a full-time journalist in part because of what he saw as the increasingly dangerous working conditions of his former employer due to the shortage. He had become a part-time freelance

writer on health issues a few years prior to his decision to leave nursing. He found that he really enjoyed writing professionally and decided to make writing his new career:<sup>8</sup>

What had driven me to start looking for alternatives was how dangerous and overcrowded and half-assed emergency care had become at the place where I was working. Just in terms of crowding and bed shortages. . . . It was a matter of luck getting through a shift without something terrible happening . . . . If there weren't enough nurses, the expectation was that RNs would pick up the slack by working faster, working dangerous, working overtime, you know whatever it is. Whatever the institution does, nurses because well they're nurses will make it right. And specifically, I disliked the expectation that I could possibly give safe care to more than six or eight patients in an emergency room at the same time especially given that one of them might be having an acute MI [myocardial infarction] or some other life threatening thing.

**- Male, 49, journalist, former registered nurse for over 18 years**

Another nurse reports switching from a long-term care unit working with Alzheimer's patients to psychiatry because her old department was not adequately staffed: "I actually switched my specialty because of short-staffing because I got tired of working like a dog. I switched my specialty because of that." She had worked in her old department for over 18 years. When she changed specialties, she had even thought of leaving nursing altogether, "In fact, if I had not been able to switch from the long-term care setting into psych. I would have left nursing at that point."

Nurses who have no intention of leaving the profession still feel the impact of the shortage. Several report having to routinely stay past their long hospital shifts in order to finish up last minute patient needs and paperwork because they cannot finish everything during their shift due to high patient loads and a lack of trained ancillary staff. A national survey by the American Nurses Association (ANA 2001) finds that many nurses skip breaks to care for patients and many feel exhausted and discouraged at the end of the day. And the shortage has impacted the family lives of many respondents including coming home exhausted, routinely staying late leading to less family time, and being in a bad mood when they come home after work. The interview data clearly show that the shortage is having a negative impact on nurses' ability to provide quality care but also their job satisfaction and their decisions to stay in the profession.

## **STRATEGIES TO INCREASE THE RECRUITMENT AND RETENTION OF NURSES**

The above discussion outlines reasons that have discouraged men, as well as many women, from entering and remaining in the nursing profession including the cultural images of nursing, the availability of other opportunities, and the differential treatment of men within the profession. In addition, the shortage itself is affecting the job satisfaction and retention of registered nurses. Based on the interviews with registered nurses in New Jersey and data from the 2000 NSSRN, several policy directions could be

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<sup>8</sup> This former nurse really enjoyed being a nurse so he plans on keeping his license active in order to possibly return to nursing in the future.

taken to increase the recruitment and retention of all nurses, particularly the recruitment of male nurses.<sup>9</sup> This report outlines two prime strategies for increasing the long-term recruitment and retention of nurses and expanding the pool of nurses by increasing the representation of men: (1) recruiting from within the healthcare field (including the strengthening of internal career ladders) and (2) changing the cultural perceptions of nurses' work.

### **(1) RECRUITING FROM WITHIN THE HEALTHCARE FIELD**

Most of the men interviewed, while aware of the gendered image of nursing, do not feel that these gendered stereotypes negatively influenced their decision to enter nursing. Why were the men in this sample drawn to nursing? A significant finding from this research is that male nurses are more likely to have had a prior job in healthcare. Of those interviewed, men (over 64 percent), unlike most of the female interviewees (16 percent), were in healthcare occupations *before* entering a nursing education program including several LPNs and nursing assistants, a researcher and an army medic.<sup>10</sup> They knew that nursing goes far beyond being a doctors' helper. While nursing has long been an acceptable job choice for women, men have to deal with the image of nursing as a subservient, caring, feminized profession. Healthcare insiders know what nurses actually do and are perhaps more able to reconcile being a man in a female-dominated profession because they know that nursing is an important, highly-skilled, and demanding profession.

Healthcare insiders are also aware of the opportunities available to registered nurses (See Box #1). Many of the men in this study became nurses after working in related healthcare occupations (e.g., lab technician) that are lower paid and require less training. Entering nursing was a way to improve their job status and income. One male nurse, 38 years old, has been a RN for over four years. He has a long history of working in healthcare as both a nursing assistant and a rescue squad worker:

**Interviewer** - Why did you become a nurse?

**Nurse** - I started off with a rescue squad and I really liked helping people so someone suggested going into paramedics, but that kind of dead-ends. And in nursing there are a lot more possibilities.

**Interviewer** - What kind?

**Nurse** - Just advancement. Different areas where you can work - you know. . . The money is better.

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<sup>9</sup> There are other policies that many nurses felt would be important to lessen the impact of the shortage and to ensure a long-term supply of nurses including pay increases, adequate nurse-patient ratios that are flexible to allow for the changing acuity of patients, regulations limiting "floating" to other departments, and control over flexible schedules.

<sup>10</sup> Not all of the men interviewed for this study had a prior career or job in healthcare. However, unlike most of the female interviewees and especially older female RNs, most point to a particular event or person who encouraged them to go into nursing. Several women in this study cite limited opportunities for women (as discussed above) or that nursing was something that they had always wanted to do. Men either had prior job exposure or a particular incident or person who encouraged them into this non-traditional job choice. A 38 year-old male nurse became a nurse because an aunt said she would pay for his college education if he did. Another male nurse in his early fifties decided to leave a lucrative banking career about ten years ago. He decided on nursing in part because of the interactions he had with nurses because a close relative was sick at the time. He saw the importance and satisfaction of their work and decided to make a career change. A former RN who is now a journalist became a nurse because a male acquaintance was a nurse. While he was in his twenties, he worked as a musician and met another musician in a rock band who was a nurse and decided that nursing would be a good and stable career choice.

**Interviewer** - Who encouraged you to become a nurse?

**Nurse** - Actually, myself. I looked at the possibilities of doing paramedics and it kind of dead-ended. You can only go so far. Nursing - you know - the job possibilities are endless from a hospital to a school nurse to industry.

**- Male, 38, cardiac care nurse, registered nurse for over 4 years**

Another male nurse, 29 years old, made the transition from being an emergency medical technician (EMT) to a registered nurse because he knew that there would be greater opportunities for him as a RN. He enjoys the fast-pace of working in trauma situations. However, as an EMT he felt his job options were more limited. Becoming an ER nurse and then a nurse specializing in emergency transports gave him the chance to combine his interest in trauma care with the opportunity for advancement.

**Box #1 - Career Advancement Opportunities for Registered Nurses**

- *Registered nurses can be licensed through Associate's (2-year), Diploma (3-year) and Bachelor's of Science in Nursing (BSN) (4-year) programs. Nurses with less than a BSN degree can go back to school to finish their Bachelor's Degree. Having a BSN opens up many more opportunities including graduate-level education and many administrative positions.*
- *Nurses can also go on for a Master's Degree in Nursing. Nurses can also earn a Ph.D. in Nursing. Advanced degrees can open up more opportunities in research, university-level teaching, and consulting. Nurses with advanced training can also become nurse practitioners, clinical nurse specialists, nurse anesthetists, and nurse midwives (For degree/training requirements for these specialties, see [www.allnursingschools.com](http://www.allnursingschools.com)).*
- *Nurses can also specialize in many areas including psychiatry, gerontology, emergency care, pediatrics, surgery, obstetrics/gynecology, oncology, clinical research, forensics, occupational health, public health, and orthopedics. (For more information, see [www.discovernursing.com](http://www.discovernursing.com)).*
- *Nurses can work in a variety of settings including schools, universities, hospitals, private doctor's offices, government settings, corporations, and research centers.*

One former male nursing assistant and LPN became a registered nurse after fifteen years in healthcare to increase his pay and responsibilities, but also because he wanted to expand his knowledge and his ability to care for his patients:

I became a registered nurse seeking to have the ability to create and impact policy so that the patient that I would be taking care of would have better care because I would be more knowledgeable and I would be able to supervise a certain level of staff in a way that would provide the best treatment for the patient. I was not satisfied with the type of treatment that patients were getting from the staff that I was working with. And I was told if I had more power through education that I would be able to influence people more and I would be able to have more input into policies and procedures.

**- Male, 50, psychiatric nurse, former NA and LPN, registered for over twelve years**

This finding of male nurses having more prior job experience in healthcare than female nurses supports other research on men in female-dominated occupations that finds men tend to enter these fields after working in a related occupation (Williams 1992: pg. 262). Data from the 2000 NRSSN also support this finding. Table 3 demonstrates that male nurses in New Jersey are more likely to be in a healthcare related profession prior to entering a nursing education program than female nurses. The numbers nationally are even more supportive of this finding.

<b>Table 3</b> <b>Percentage of RNs Employed in a Healthcare Occupation Immediately Prior to Entering a Nursing Education Program</b> <b>U.S. and New Jersey</b> <b>2000</b>						
<b>Prior Healthcare Occupation?</b>	<b>New Jersey</b>			<b>U.S.*</b>		
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
<b>Yes</b>	41.9	34.2	34.5	52.3	37.7	38.6
<b>No</b>	58.1	65.8	65.5	47.7	62.3	61.4
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	n = 945			n = 35,414		

Data from NSSRN 2000 Survey. \*Statistically significant difference. (Totals may not add to 100% due to rounding.)

Table 4 shows that RNs who held prior jobs in healthcare came from a variety of healthcare occupations most notably LPN, nursing aide, and allied health occupations (for men).

<b>Table 4</b> <b>Healthcare Occupations of Those in Prior Healthcare Occupations before Entering a Nursing Education Program</b> <b>U.S. and New Jersey</b> <b>2000</b>				
<b>Prior Healthcare Occupation</b>	<b>New Jersey</b>		<b>U.S.</b>	
	<b>Men</b>	<b>Women</b>	<b>Men</b>	<b>Women</b>
<b>Nursing Aide</b>	30.8	47.4	43.6	52.0
<b>LPN/LVN</b>	23.1	28.3	15.0	27.4
<b>Allied Health</b>	30.8	9.9	33.1	9.8
<b>Managerial</b>	7.7	3.6	2.4	4.4
<b>Other</b>	7.7	10.9	5.9	6.4
<b>Total</b>	100.0%	100.0%	100.0%	100.0%
	n = 317		n = 13,470	

Data from NSSRN 2000 Survey.  
Note: Only people who were employed in healthcare prior to entering a nursing education program are included here.

As such, men could be recruited from those in related healthcare occupations such as paramedics or lab technicians who are looking for increased pay and responsibility (See Box #2). Another strategy would be to actively recruit people leaving military service. Men are underrepresented among the general nursing workforce, but they are well represented among nurses in the armed forces and related positions including army medic. Men are 35.5 percent of Army nurses, 30 percent of Air Force nurses, and 36 percent of Navy nurses (Boivin 2002). One male nurse, 55 years old, interviewed as part of this study became a LPN after leaving the military as a field medic in the Navy during Vietnam. Due to his experience, he reports that he was able to immediately take the LPN exam. After that certification, he became a RN. He really likes helping people, but did find the transition from the autonomy he had as a medic to being a LPN/RN difficult. However, his experience points to how actively recruiting people leaving the armed services could be a way to increase the number of men in nursing.

**Box #2 - Internal Career Ladders and Advancement**

*Respondents who had prior experience in healthcare report becoming RNs to expand their responsibility, independence, and job skills. But they also became RNs to increase their income. The below data show that this career transition can greatly increase a worker's income.*

**Mean Hourly Wages for Related Healthcare Occupations  
U.S. and New Jersey**

	<b>U.S.</b>	<b>New Jersey</b>
<i>Registered Nurse</i>	<i>\$24.63</i>	<i>\$27.06</i>
<i>Licensed Practical Nurse</i>	<i>15.97</i>	<i>19.68</i>
<i>Medical and Clinical Laboratory Technicians</i>	<i>14.88</i>	<i>17.80</i>
<i>Emergency Medical Technicians and Paramedics</i>	<i>12.95</i>	<i>14.72</i>
<i>Psychiatric Aides</i>	<i>11.48</i>	<i>12.89</i>
<i>Nursing Aides, Orderlies and Attendants</i>	<i>10.12</i>	<i>11.25</i>
<i>Home Health Aides</i>	<i>9.22</i>	<i>9.67</i>

*Data from the U.S. Department of Labor - Bureau of Labor Statistics. From "National Occupational Employment and Wage Estimates," May 2003. Available online at [www.bls.gov](http://www.bls.gov).*

Strengthening and institutionalizing clear career ladders within the nursing profession itself also would be important to help home health aides, nursing assistants, and LPNs make the transition to become a RN. This strategy would draw on people already interested and involved in the nursing profession. A female 66 year-old nurse who is retiring next year entered the nursing profession as a nursing assistant to determine if she liked the job before entering a nursing education program. She loved her job and decided to become a LPN. While she liked the job, she was not making the money she needed and did not have the level of responsibility that she wanted:

And after working there awhile I said I could do the same thing as an RN but I am not getting paid and I don't have the responsibilities that I would like - so I decided to go get my RN.

**- Female, 66, cardiac care nurse, former NA and LPN, registered nurse for over 25 years**

Advancing up the ladder made nursing a more desirable long-term career choice for her. This nurse does not want to go into management or teaching, she wants to stay at the bedside which she has done for over 30 years as a NA, a LPN and finally as a RN. Becoming a RN gave her a higher income but also more responsibility - something she desired.

Strengthening career ladders within the healthcare industry and recruiting from within would encourage people who are wanting higher incomes and more responsibility to stay in healthcare and increase retention of people at lower-level nursing positions such as LPN because of the possibility of advancement. This is particularly important because lower-paid nursing occupations including LPNs and NAs have extremely high turnovers rates and are also experiencing severe staffing shortages. Some researchers estimate turnover rates for LPNs and NAs could be as high as 54 percent to 140 percent (Snyder 2003). Therefore, internal career ladders would serve the dual purpose of expanding the pool of

registered nurses as well as increasing the retention of NAs and LPNs. Strengthening internal career ladders within the nursing profession is important because it would be a way to increase the career opportunities and incomes of men and women in the lesser-paid, related occupations of NA and LPN. The intent of the Council on Gender Parity in Labor and Education is to improve the working conditions of all persons in New Jersey; this strategy would undoubtedly be very beneficial to lower-income women who are overrepresented in these positions. In addition, this could be a strategy to increase the racial and ethnic diversity of the profession as well (See Box #3).

**Box #3 - Career Ladders and Racial and Ethnic Diversity**

*Strengthening internal career ladders within the nursing profession could also be a way to increase the racial and ethnic diversity of the RN workforce. For example, blacks are overrepresented at the lower-paid, lower-skill nursing assistant, home health aide, and LPN levels. Blacks were 12.2 percent of the population in 2000, but in 1999 they were 35 percent of all nursing assistants, 25 percent of home health aides, and 18 percent of LPNs. However, in 2000 they were only 5.3 percent of RNs nationally and they were only six percent of RNs in New Jersey. In addition, blacks are much more likely than Caucasians to work in healthcare right before entering a nursing education program. Over 52 percent of black RNs were in a prior healthcare profession versus only 37.9 of Caucasians. Over 37 percent of black RNs were nursing assistants and 45.5 percent were LPNs.*

*In addition, Hispanics were approximately 10 percent of home health aides and nursing assistants in 1999. In 2000, they were 11.4 percent of the population so they are underrepresented in these types of jobs. However, in 2000 they were only 2.4 percent of RNs nationally and only 1.6 percent of nurses in New Jersey. Again, internal career ladders could encourage more Hispanic men and women to enter higher-paying RN positions. (Data from the 2000 NSSRN and Snyder 2003).*

Additionally, strengthening internal ladders could also help to **increase retention rates among RNs**. Data from the 2000 NSSRN survey in Table 5 shows that RNs who had previously worked in healthcare have higher retention rates than RNs who did not:

<b>Table 5</b>				
<b>Retention Rates for RNs Who Worked in Healthcare Prior to Entering a RN Nursing Education Program</b>				
<b>U.S. and New Jersey</b>				
<b>2000</b>				
<b>Worked in Prior Healthcare Occupation?</b>	<b>Currently employed as an RN?</b>			
	<b>New Jersey</b>		<b>U.S.*</b>	
	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>
<b>Yes</b>	81.6%	18.4%	87.4%	12.6%
<b>No</b>	74.6	25.4	80.4	19.6
	n = 949		n = 35,414	

Data from NSSRN 2000 Survey. \*Statistically significant difference. (Totals may not add to 100% due to rounding.)

**(2) CHANGING THE IMAGE OF NURSING**

In order to recruit those outside of the healthcare industry, many interviewed for this study feel that the image of nursing has to be improved and expanded to include the "real" work of nurses. When asked how they would alleviate the nursing shortage, many spoke of improving the image of nursing by educating the public especially young people. Changing the cultural images of nursing would cover two related aspects that would help to attract more young people to the profession: (1) nurses are not just

women working as "doctors' handmaidens," and (2) nursing is a highly skilled career path with many job and advancement opportunities (See Box #1).

A common theme throughout the interviews is that nursing is considered by most to be a female-only profession. One male nurse, a 29 year old emergency transport nurse, feels that part of this stems from the fact that young men simply have no idea what nurses do:

**Interviewer** - What would you do to recruit more men?

**Nurse** - One of the big things is they have to de-feminize it. There is a lot of talk in nursing journals about maybe changing the name and you know. A lot of guys don't realize what you do as a nurse. A lot of people grew up with the school nurse or nurse in the doctor's office. And they don't realize how technical and complicated of a job it is. And what you actually function as. I think if more people were educated on what the role of the nurse is . . .

**- Male, 29, emergency transport nurse, registered nurse for over 5 years**

As noted above most men in this study had prior exposure to healthcare so they knew that nursing is a skilled occupation with opportunities for advancement. Men, particularly those with limited experience in healthcare, may shy away from nursing because it is a feminized profession or may not consider it at all:

Just wasn't ever on my mind. I guess I was brought up thinking that being a nurse was a job for females. That is how the job is portrayed.

**- Male, 24, interdisciplinary studies major, senior**

Moreover, those men who do consider nursing as a possible occupation may not consider themselves to be **suiting to the profession**. In both experimental and non-experimental research, Correll (2004) finds that men and women differentially assess their career-relevant skills at a particular task based on the perceived competency of their gender at the task. For example, despite their ability, men assess their level of math ability higher than women in part because men are perceived to be better at math. Correll also finds that these higher self-assessments lead individuals to have higher aspirations for careers involving that skill such as men having higher career aspirations for a job involving math such as engineering. For nursing, this could mean that men, even if they are interested in the profession, could assess their own suitability for nursing as lower because nursing is a nurturing profession and requires "skills" associated with women and not men. This way of looking at how career aspirations emerge is important because it recognizes that "the culture in which individuals are embedded constrains or limits what these individuals deem possible or appropriate, thereby shaping the preferences and aspirations that individuals develop for activities leading to various careers, often starting early in the life course" (pg. 95). Therefore, cultural images of nursing need to change in order to show not only that men can be and are nurses, but also that they can be **good** at it. This calls for challenging stereotypes that men are not nurturing, supportive, caring, and emotional.

Changing the cultural image of masculinity is obviously hard to do. But nurses feel that recruiting men would be improved if the media promoted a more nuanced portrayal of nursing including getting away from the idea that nurses are simply "doctors' helpers:"

They [the media] could better project the image of a nurse. Give a better understanding of the type of work we do. . . It's not the days of Florence Nightingale - it's a lot different.

**- Male nurse, 38, cardiac care nurse, registered nurse for over 4 years**

Another way to change the cultural perception of nursing is to directly educate young people through mentoring programs, visits to healthcare facilities, and outreach programs. Most in this study believe that young people need to be educated on what nurses do and the benefits of the job. In particular, several nurses, including many male nurses, feel that the technical side of nursing needs to be stressed including the monitors and the technical equipment along with the fast-paced work environment in order to attract more men to the profession. One female nurse feels that the independence of nursing needs to be stressed in order to attract men:

**Interviewer** - What would you do to recruit more men into nursing if you think there should be more?

**Nurse** - . . . It's something someone is really going to have to want. You know I think maybe to get more men into nursing, you have to make it, which I hate to say it, look more powerful, make it look more powerful. I don't know if they want - they might do it more in the intensive care units - that kind of stuff. Maybe more men would do it if they thought it was more technical or if they could be more independent with certain types of things.

**- Female, 37, school nurse, registered nurse for over 15 years**

In addition, many nurses in this study feel that in order to recruit more nurses, men in particular, young people need to be aware that it is a career path with advancement opportunities along with the fact that it is a well-paid profession (See Box #4).<sup>11</sup>

**Interviewer** - What needs to happen to alleviate the nursing shortage?

**Nurse** - A lot of the young people I know like my friends - their children - things like that. Not many of them were into nursing either. They were more into business. Somehow we have to sell nursing as a type of a career and you know get them more interested in not only the helping people thing as far as a stepping stone to something else.

**Interviewer** - Like teaching?

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<sup>11</sup> One interesting finding from this report is that there is not a clear pattern among the respondents concerning whether or not increasing the pay of nurses would attract more people, particularly men, to the profession. While undoubtedly increased pay and retention bonuses would help to some degree with recruitment and retention, there does not seem to be a strong pattern in how men and women view the pay of registered nurses. In the past, several nurses hypothesize that nursing for a long time did not pay enough to support a family which may have discouraged men from entering the profession. So while many say the pay (and benefits) could be better, that is not the primary reason they believe the shortage exists. In addition to or instead of pay issues, many feel the negative treatment of nurses by administration and doctors, the cultural notion of nursing as dirty work and of nurses as "doctors' helpers" along with the availability of other opportunities are as important or even more important factors leading to the current nursing shortage.

Whether or not people feel underpaid as a nurse seems to rely on two factors. One, men seem to be more dissatisfied with the pay if their prior job was a higher-paying position. A former nursing assistant and secretary feels the salary is really good and a former computer programmer with a Ph.D. feels it is a deterrent to men entering the field. The former NA, however, experienced a sizeable pay increase after completing his ASN whereas the Ph.D. computer programmer experienced a sizeable pay decrease when he entered nursing. Two, many female nurses who have been in the profession a long time feel that while the starting salaries today are really high, there is not a pay off for seniority. When they compare themselves to friends of a similar age outside of healthcare, they feel they are making less than had they worked in business or technology. They feel their seniority in the field has not been rewarded.

**Nurse** - Yeah, there are other aspects of nursing. If you're not the type of person that wants to be a bedside nurse, then we have other things. We have to tell them more about the benefits of being a bedside nurse. A lot of times we are out educating ourselves and we're not getting these nurses at the bedside. To me, that's where nursing really is - is being with the patient. But then of course there are other people that want to do it in their own practice - the practitioners and all that stuff.

**- Female, 60, psychiatric nurse, registered nurse for over 24 years**

Csikszentmihalyi and Schneider (2000) in their comprehensive study of how adolescents prepare for the adult world find that young people today often have little contact with the world of adult work and little idea of what jobs entail - **even jobs that students are interested in pursuing as adults**. By measuring what students knew about their expected positions and the acquisition of the skills relevant to those jobs, they find that while many students have clear occupational goals, "most have very little preparation, either in terms of knowledge or experience, for their intended adult careers" (pg. 51). So while the lack of knowledge about future career options is not unique to nursing, the lack of exposure to nursing is particularly troubling because many of the messages students do receive may be negative (e.g., poor working conditions portrayed on television dramas or guidance counselors encouraging high-achieving students to go medical school instead) and draw heavily on gender stereotypes.

**Box #4 - Registered Nurses' Salaries**

**Mean Salaries for Full-time RNs by Type of Position  
2000**

Administrator and Assistant Administrator	\$60,340
Consultant	56,756
Supervisor and Assistant Supervisor	47,732
Head Nurse	52,573
Staff Duty Nurse	42,133
Nurse Practitioner or Midwife	60,534
Certified Nurse Anesthetist	93,787
Research	50,243
Private duty nurse	41,194

(Data from the 2000 NSSRN - BHP 2003, page 64).

- In 2003, the average hourly rate for a registered nurse was \$24.63 and the annual mean full-time salary was \$51,230 (BLS 2003). Salaries differ by specialty, experience, education-level and region. For example, the mean hourly rate in 2003 for a registered nurse in New Jersey was \$27.06 and the annual mean full-time salary was \$56,290 (BLS 2003).
- In fact, England, Budig and Folbre (2002) find that when looking at young adults (under 35), men and women in caring jobs (e.g., teaching and child care) pay a **wage penalty** (5-6 percent) when compared to other occupations after controlling for individual (including education and gender), occupational, and industry characteristics. However, registered nurses actually receive a **wage premium** - even after controlling for any possible premiums for working or irregular shift work.

Csikszentmihalyi and Schneider's (2000) study also challenges the claim that parents are not influential as teens make the transition into adulthood. Instead, their "findings challenge this claim and provide concrete evidence that families matter in an adolescent's career development" (pg. 228). Therefore, activities geared toward encouraging young people to go into nursing should not forget parents and families and their influence on the career decisions of young people. In fact, a 2002 survey

found that 62 percent of men who entered nursing in the U.S. were encouraged by a female relative (BellaOnline 2004).

In addition, exposing young people to the nursing profession may be particularly important for men because nursing is still a radical career choice that challenges gender stereotypes. The men in this study were able to get past gender norms and stereotypes because most had gained "insider" knowledge from their prior job in healthcare. However, many of the nurses' suggestions that stress educating young men on the technical and lucrative side of nursing tend to reaffirm male and female stereotypes - men are more technical and more concerned with money and women are emotional and naturally more nurturing. Media images and education efforts will need to find a balance between promoting nursing as a viable career path to men and not promoting gender stereotypes.

As the last quote from the 60 year old registered nurse suggests, this strategy of presenting nursing as a lucrative career path with many opportunities in addition to bedside care presents another challenge as well. A balance needs to be struck between the opportunities available with the day-to-day realities of the job in order to ensure the retention of newly recruited registered nurses. In terms of recruiting efforts (e.g., television campaigns or recruitment efforts by nursing schools), nursing should be presented as an occupation with vast opportunities in terms of income and advancement that does not dismiss the bedside caring and direct patient care of many nursing positions and specialties. Several nurses feel that newer nurses are attracted to the increased salaries, but they are not prepared for the realities of the job. They feel younger people, both men and women, are entering the field because of the job opportunities but are quickly turned off to the "messy" side of nursing:

A very different attitude [of newer nurses]. They feel that they shouldn't have to work too hard you know. I guess they've heard it was a good field to go to make money. But they don't realize it is a physical job also. They think that the nursing assistants will be doing all the physical work and that's not always so.

**- Female, 66, cardiac care nurse, former NA and LPN, registered nurse for over 25 years**

According to this nurse, part of what many nurses do is direct patient care (e.g., washing patients and changing bedpans) which is not always glamorous and that prospective applicants need to be prepared for that aspect of it. The former male nurse who now works in journalism when asked what he would do to recruit more people into the profession replied that people need to know what nurses really do. While some men in this study distance themselves from bedside care, he believes the less glamorous side of the profession needs to be presented as part of the challenge of this exciting career choice:

When I see people talking about nursing . . . none of it deals with the reality of nursing. It is a proud profession and you help people and you make a good professional wage and all of this crap, but it doesn't prepare people for the stunning reality of someone leaning over a chair and barfing up a gallon of blood . . . This isn't the bad part of nursing - it is the interesting part of it . . . Somehow be shown in a setting where they can kind of come to grips with it and come to see it **as part of a challenge, not as part of why you don't want to do it.**

**- Male, 49, journalist, former registered nurse for 18 years**

Educating the public in terms of benefits and opportunities available to RNs and stressing the technical aspects of the job would undoubtedly make nursing an attractive occupation to both men and women. There, however, needs to be an awareness that stressing certain aspects of the job should not lead to a false impression or stigma surrounding the less "glamorous" nurturing aspects of the job.

### **MEN ENTERING A "FEMALE" OCCUPATION - INDIRECT CONSEQUENCES**

The above strategies are not meant to offer a comprehensive plan but rather they are intended to point toward promising avenues for healthcare insiders and policymakers to consider as they devise ways to curb the growing shortage. Moreover, the above suggestions point out possible challenges concerns associated with strengthening internal career ladders and promoting an updated image of nursing. Since nursing historically has been an important source of skilled, well-paying job opportunities for women, increasing the number of men is not without concern. Therefore, this report also examines the possible unintended consequences for women in the nursing profession associated in terms of wages and opportunities for promotion.

Many of those interviewed for this study, including the female nurses, feel that if more men were in the profession it would be viewed as a higher status occupation and would result in higher wages. The men in this study, in most cases, are aware how male status can influence the perception of a profession:

**Interviewer** - Do you feel more men should be recruited into nursing in general?

**Nurse** - I do. I think, and again not to sound sexist, but I think in the medical field although it is being tremendously influxed by females most, I am not saying that that is a bad thing - I am just stating a fact. I think men could still somewhat command more respect as opposed to a woman. And if that is true, then with more male nurses, hopefully, if they do command more respect then perhaps nurses in general could get more respect because there are more men in it.

**- Male, 53, nurse anesthetist, registered nurse for over 23 years**

A male home-care nurse in his early fifties clearly remembers doctors responding to him differently when he worked in a hospital setting - treating him more like a peer and respecting his opinion more than his female counterparts. In addition, an ethnographic and interview-based study of doctor-nurse interactions clearly shows that male nurses are more often treated as colleagues by male doctors (Floge and Merrill 1986).

This link between gender composition and occupational status is also recognized by the female nurses as well. One psychiatric nurse, 51 years old, has been a nurse for 30 years. She feels that men are often given a higher level of respect from patients and administrators because of their male status. Some female nurses consider the status differential of men to be beneficial to the nursing profession:

**Interviewer** - Do you think more men should be recruited into nursing?

**Nurse** - I think if they were, the profession would start making more money.

**- Female, 49, recovery room nurse, registered nurse for over 29 years**

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**Nurse** - If we get more males in the practice, it will benefit us. . . historically when you look and wherever there are more men in a practice you usually have better salaries and benefits . . . You usually see it when it's a dominantly female profession - [they] aren't paid or as respected as much as when you start putting men in it.

**- Female, 42, recovery room nurse, registered nurse for over 17 years**

Supporting the claims and concerns of the above nurses, research on female- and male-dominated jobs consistently shows that male-dominated occupations pay higher wages despite skill level, responsibility, and working conditions.

While some of the female nurses feel the presence of men could "help" the profession, there is some concern among many female nurses that men who enter the profession quickly ascend the nursing hierarchy:

I have found most male nurses do not like to work the floor like the female nurses. It is much harder - it is physically harder - you are dealing with more patients. And most often male nurses use the floor as a stepping stone to go into administration. That's what I have observed with male nurses. I have worked with a lot of good male nurses.

**- Female, 53, agency nurse, registered nurse for over 24 years**

Even if a female nurse does not see this occurring in her department or hospital, she is often aware of this perceived trend:

**Interviewer** - How do you think hospital administrators treat male nurses?

**Nurse** - I don't think they treat them any differently - I am speaking from my experience. I don't think they treat them any differently from the female nurses. We all do the same thing. I have heard from other people in some places that the male nurses are more likely to get promoted. It hasn't been the case where I have worked.

**- Female, 28, nurse practitioner, registered nurse for over four years**

A 44 year old female nurse is the mother of three. Her high school aged daughter has decided to become a nurse. This psychiatric nurse said she was slightly "embarrassed" by her daughter's career choice because she never encouraged her children to become nurses because she believes that hospital administrators do not respect nurses' work. While she did not encourage her daughter, she has encouraged her daughter's male friends because of what she sees as the greater advancement opportunities for men in the field:

**Nurse** - This I have done - I have encouraged all kinds of my daughter's friends - the guys - to go into nursing because I think it is a wonderful field for men. First of all, when you take a look - when you consider how many men are in nursing - they are well overrepresented in administrative jobs. They just zoom right up there. You know you will see two RNs in a place who are male and one of them is the director of nursing. It's definitely a man's world out there as far as I am concerned and I think because there are so few men in there I think that their options are very incredible. Chances for advancement and everything are really good for men.

**- Female, 44, long-term care nurse, registered nurse for over 20 years**

When women enter traditionally male-dominated fields such as corporate management, women (along with racial and ethnic minorities) often gain a token status and this status can be detrimental to their career advancement. Kanter (1977) in looking at the token status of women in management

positions in a corporation finds that a token status hinders women's career advancement. As tokens, they are more visible because they stand out from their mostly male colleagues. This heightened visibility causes their actions (and most notably their mistakes) to be highlighted. Also, the dominate group (men) tend to exaggerate women's differences and they are often excluded from informal networks that can promote career advancement and success. Kanter concludes that women hit a "glass ceiling" in terms of career advancement not due to their gender but rather their token status. While the effects of tokenism were first presented as gender neutral (i.e., token status being detrimental and not the gender of the person), later social scientists have found that the token status of men in female-dominated professions ***often facilitates their career advancement***. Instead of encountering a "glass ceiling," men ride a "glass escalator" (Williams 1992) to the top.<sup>12</sup> For example, Fløge and Merrill (1986) in their ethnographic and interview-based study find that male nurses were considered to be different from the female nurses and more like doctors which was beneficial to them in their careers. In addition, men were considered to possess stereotypical male characteristics such as being more competent, less emotional, and better workers.<sup>13</sup> Further, in her study of men in several female-dominated occupations including nursing, teaching, and social work, Williams (1992) finds that men report preference in hiring and being tracked into higher-prestige specialties and administration. She even finds that men can be pressured into taking higher-level positions and can be criticized for not being ambitious enough.<sup>14</sup>

An interesting finding from this research is that there is little evidence from the 2000 NSSRN survey to validate the concern of many female nurses that male nurses are overrepresented in higher level administrative positions.<sup>15</sup> However, men in this study do go into certain specialties, as mentioned above, that have limited bedside care or that could be considered more "masculine" because they are

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<sup>12</sup> This glass escalator may have limits. Williams (1982) finds that men may be prevented from reaching the upper echelons of a female-dominated profession such as being a dean of a nursing school (pg. 257). This type of position may be considered to be reserved for a woman - particularly because most other deanships at a university would be headed by men.

<sup>13</sup> Since this research consisted of interviews with nurses concerning their experiences, it was not possible to determine how and if token status has impacted the male nurses in this study. However, the token status of male nurses is evident in terms of visibility. Many of the female nurses interviewed clearly recall male nurses they have worked with that they consider to be excellent. While these men could very well have been exceptional nurses, this finding begs the question of whether these interactions were more notable or memorable than those with much more common female counterparts.

<sup>14</sup> There is clear evidence from men in other female-dominated professions that men are clearly overrepresented in administrative positions. For example in 1999-2000, 75 percent of public school teachers were women, but only 44 percent of public school principals were women (NCES 2002).

<sup>15</sup> Data from the American Nurses Association for 1966 and 1972 does suggest that men were overrepresented in supervisory and administrative roles in the 1960s and 1970s (Fottler 1976: pg. 100). In 1966, men were only 1.1 percent of employed registered nurses, but 24.4 percent were employed as administrators or supervisors compared to only 13.2 percent of female nurses. However, according to the 2000 NSSRN, men are not overrepresented in supervisory roles. Just under 6 percent of female nurses were administrators and assistant administrators, and only 4.6 percent of men were in these positions. Less than 4 percent of male and female RNs were supervisors (3.5 percent for women, 3.6 percent for men). When looking at head of nursing and assistant head of nursing positions, 4.8 percent of women and 4.6 percent of men were in this position. It is positive that men today are not disproportionately going into administrative positions, thereby creating a gender hierarchy within the profession. However, more research still needs to be done. Large occupational categories can appear gender balanced but there still could be inequity in terms of pay, authority, promotion rates (such as men being promoted earlier in their careers) and so forth between men and women in management and administrative positions.

fast-paced such as trauma care and operating room (OR) or specialties that may have greater autonomy such as nurse anesthesiology or research. Table 6 with data from the 2000 NSSRN support this finding:

<b>Table 6 Gender Composition of Several Nursing Specialties U.S. 2000</b>		
<b>Specialty</b>	<b>Female</b>	<b>Male</b>
<b>Emergency Care</b>	8.1%	16.1%
<b>Operating Room</b>	9.0	20.3
<b>Labor and Delivery</b>	9.7	0.8
<b>Intensive Care Unit</b>	17.8	21.1
<b>Nurse Anesthetist*</b>	0.8	8.5
Data from 2000 NSSRN. Data refer to primary work unit for those who work at least half-time in direct patient care. n=14,607 *Data for nurse anesthetist refers to RN's title for their primary position. n=29,152		

As suggested above, specializing in these more "masculine" specialties may be a way for men to reconcile their masculine and care giving roles. However, these specialties also may be considered more "prestigious" within the nursing profession:<sup>16</sup>

**Nurse** - I think because it is associated as a traditionally female job. And the men that do come into nursing for the most part I have seen have gone into specialty areas - have gone to the emergency room, have gone to the ICU [intensive care unit], have gone to school for anesthesiology.

**Interviewer** - Why do you think they [men] are more drawn to these specialty areas?

**Nurse** - I think part of it is prestige and I think part of it is their personality does not suit them for the kind of the more mundane tasks of just like bedside nursing - you know just taking care of this person's bed pan, bathing, helping people out of bed.

**Interviewer** - So within the medical profession and within hospitals, ICU, ER and anesthesia are considered a little more prestigious?

**Nurse** - I don't know that they are but I think there is you know you say - "Oh I work in the emergency room." There is a certain - because it's additional training, it's a higher acuity of patient care. I think there is a certain amount of prestige attached to a specialty area.

**- Female, 66, cardiac care nurse, former NA and LPN, registered nurse for over 25 years**

As mentioned above, social scientists find that men in female-dominated professions are aided in their career aspirations because of their gender status. This can lead to resentment and ambivalence among women in the profession. Williams (1992) found that while women in these occupations may want men to enter the profession, there can be a certain amount of ambivalence and resentment toward men entering and quickly ascending the career ladder. In this study, women did not voice overt resentment against male nurses, but there was an underlying concern over their intentions in several cases. Throughout this research, female nurses perceive men's ambitions to be different than women who enter

<sup>16</sup> There is some preliminary evidence to suggest that these more prestigious specialties may be higher-paying specialties as well. For example, nurse anesthetists are among the highest paid nurses (See Box #4). Further analysis is needed to uncover the scope and extent of male and female pay differentials in the nursing profession.

the field. According to female nurses, men are more concerned with pay (which prevented men from entering nursing in the past), they have less desire to do bedside care, and most men want to go into administration. One younger female nurse, 28 years old, felt hesitant to say that there should be more men in nursing because it has been traditionally a job for women.

In formulating any policy strategy to mitigate gender underrepresentation in a profession (e.g., males in nursing), it is important both to explore the potential for "unintended consequences" that may impact adversely either gender and to promote policy measures to prevent such occurrences including men being more likely to be in supervisory positions and higher-paying specialties such as anesthesia and women being more likely to be in more "nurturing" positions such being a staff nurse on a medical-surgical floor. The goal of the New Jersey Council on Gender Parity in Labor and Education, in the current study, is to recommend policy that would promote career opportunities for men and women in the nursing profession to improve the **gender balance and equity** in the nursing field and to reduce the nursing shortage in the State. Any correlated gender segregation along hierarchical lines within the nursing profession would be contrary to this goal.

### **CONCLUSION**

The New Jersey Council on Gender Parity in Labor and Education recognizes the underrepresentation of men in the nursing profession as a shortfall in the full utilization of its potential workforce. This report explores the issues surrounding the extremely low numbers of men in the nursing profession. As an extension of the New Jersey State Employment and Training Commission's (SETC) *A Unified State Plan for New Jersey's Workforce Readiness System*, this report was developed. The *Unified State Plan*, first introduced in 1992 and revised in 1996, is an effort to address the complexities of creating a unified high-quality workforce investment system. The Council offers policy recommendations that will aid the State of New Jersey in meeting one of the core principles of the *Unified State Plan*: there must be full utilization of all potential workers.

This report is a first step in looking at the barriers and challenges in the recruitment and retention of men in the nursing profession. So far, little research on men in nursing exists. The limited research is often dated, anecdotal, or subsumed under discussions of men in female-dominated occupations in general. In particular, more research and information on how people transition from healthcare jobs (including nursing) in the military to the civilian work world is needed. This transition could be a fruitful way to increase the potential pool of nurses along with increasing the representation of men. Also, more research needs to be done on healthcare workers who have been able to go up the career ladder and those who were not able to make the transition in order to gain a more nuanced understanding of the factors (e.g., availability of financial assistance, child care concerns, need for

flexible hours) that help and hinder people as they attempt to combine work and education as they pursue higher-paying positions in healthcare.

These policy suggestions are meant to improve the image of nursing and strengthen recruitment of all nurses. The outlined strategies are designed to recruit more men into the profession but also to attract greater numbers of women into the profession as well in order to fill future healthcare needs. Nursing has been a good source of skilled, well-paying jobs for women. However, minority women have been severely underrepresented among registered nurses, but in many cases constitute a large portion of the lower-paid nursing assistant, home health aide, and LPN workforces. While the outlined strategies will undoubtedly attract all types of women and men to the profession, special attention should be paid to increasing the racial and ethnic diversity of the nursing profession to ensure a more representative healthcare system and as a way to alleviate the nursing shortage (See Box #4 and Appendix A - Table A.5). More research on the reasons behind the low representation of minority women and men needs to be conducted to understand the unique needs and concerns of these groups.

**APPENDIX A - OVERVIEW OF MALE AND FEMALE NURSES  
IN UNITED STATES, NEW JERSEY AND THE INTERVIEW SAMPLE<sup>17</sup>**

<b>Table A.1</b>								
<b>Average Age and Age Groupings for RNs U.S. and New Jersey 2000</b>								
<b>Average Age</b>	<b>United States</b>			<b>New Jersey</b>			<b>Sample</b>	
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>
	42.1	45.3	45.1	42.4	46.2	46.1	46.7	50.1
<b>Age Grouped (% of sex within group)</b>							<b>Total Sample</b>	
<b>29 or younger</b>	11.3	8.6	8.6	10.0	7.8	7.9	9.3	
<b>30 - 39</b>	28.2	22.6	22.9	23.3	21.8	21.9	15.6	
<b>40 - 49</b>	39.4	35.4	35.6	50.0	33.9	34.4	18.8	
<b>50 - 59</b>	17.9	22.1	21.8	10.0	21.6	21.2	43.8	
<b>60 and over</b>	3.3	11.5	11.0	6.6	14.8	14.6	12.5	
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
	n = 35,482			n = 941			n = 33	
Data from the 2000 NSSRN. (Totals may not add to 100% due to rounding.)								

<b>Table A.2</b>							
<b>Highest Nursing Degree U.S. and New Jersey 2000</b>							
<b>Degree Program</b>	<b>United States</b>			<b>New Jersey*</b>			<b>Sample</b>
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Total</b>
<b>Associate's</b>	45.0	34.1	34.7	38.7	29.0	29.3	34.2
<b>Diploma</b>	10.6	22.2	21.6	29.0	28.2	28.3	15.6
<b>Bachelor's</b>	34.4	33.3	33.4	16.1	33.4	32.8	31.3
<b>Master's/PhD</b>	10.1	10.4	10.4	16.1	9.4	9.6	18.8
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	n = 35,414			n = 948			n = 33
Data from the 2000 NSSRN. (Totals may not add to 100% due to rounding.) *Note - Due to the low numbers of men in the New Jersey sample, the percentages may overemphasize the number of male nurses who have advanced degrees.							

<b>Table A.3</b>						
<b>Employment Status of RNs U.S. and New Jersey 2000</b>						
<b>Employment Status</b>	<b>United States</b>			<b>New Jersey</b>		
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>
<b>Employed in nursing full-time</b>	80.7	58.4	59.7	77.4	52.5	53.3
<b>Employed in nursing part-time</b>	8.9	24.3	23.4	6.5	24.2	23.6
<b>Not employed in nursing</b>	10.4	17.3	16.9	16.1	23.3	23.1
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	n = 35,482			n=949		
Data from the 2000 NSSRN. (Totals may not add to 100% due to rounding.)						

<sup>17</sup> All statistical data aside from information on the sample is from the NSSRN 2000 Survey. Total sample size is 35,579 nationally and 949 for New Jersey. For all tables, missing cases were dropped before figuring percentages. Totals in some cases do not add up to 100 percent due to rounding.

<b>Table A.4</b>							
<b>Work Setting of Employed RNs U.S. and New Jersey 2000</b>							
<b>Work Setting</b>	<b>United States</b>			<b>New Jersey</b>			<b>Sample</b>
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Total</b>
<b>Hospital</b>	73.0	57.9	58.8	73.1	54.1	54.8	80.0
<b>Nursing Home/Extended Care</b>	4.8	7.3	7.2	3.8	7.0	6.9	3.3
<b>Nursing Education Program</b>	1.1	2.3	2.2	3.8	1.6	1.7	6.7
<b>Public or Community Health Setting</b>	9.1	13.2	12.9	7.7	11.9	11.8	0.0
<b>School Setting</b>	1.2	4.0	3.8	3.8	10.8	10.5	3.3
<b>Ambulatory Care Setting (includes doctor's offices)</b>	4.7	10.2	9.9	3.8	8.9	8.7	0.0
<b>Other</b>	6.0	5.2	5.2	3.8	5.7	5.6	6.6
<b>Total</b>	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
	n = 29,357			n = 723			n = 31
Data from the 2000 NSSRN. (Totals may not add to 100% due to rounding.)							

<b>Table A.5</b>								
<b>Race and Ethnicity by Gender U.S. and New Jersey 2000</b>								
<b>Race/Ethnic Category</b>	<b>United States</b>			<b>New Jersey</b>			<b>Sample</b>	
	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>	<b>Total</b>	<b>Men</b>	<b>Women</b>
<b>Caucasian</b>	82.0	86.2	86.0	66.7	84.2	83.6	85.0	95.0
<b>NonCaucasian</b>	18.0	13.8	14.0	33.3	15.8	16.4	15.0	5.0
- <b>Hispanic (all races)</b>	4.3	2.2	2.4	3.3	1.5	1.6	0.0	0.0
- <b>Black/African American</b>	4.2	5.4	5.3	13.3	5.7	6.0	7.5	5.0
- <b>Asian and Pacific Islander</b>	5.7	4.0	4.1	16.6	7.0	7.3	7.5	0.0
- <b>Native American</b>	>1%	1.3	>1%	>1%	>1%	>1%	0.0	0.0
	n = 35,234			n = 939			n = 33	
Note - Caucasian does not include those who identify as Caucasian and Hispanic. Data from the 2000 NSSRN. (Totals may not add to 100% due to rounding.)								

## APPENDIX B - METHODOLOGY AND INTERVIEW QUESTIONS

Thirty-five currently licensed RNs in the New Jersey area were interviewed as part of this study - 16 men and 19 women.<sup>18</sup> Two prime strategies were used to recruit interview subjects. First, letters were sent to randomly selected nurses in New Jersey from an official state licensing name and address list. Second, nurses were also contacted through an email membership list from a local union.<sup>19</sup> Interviews were semi-structured and included questions regarding the educational and work background of the respondent, the reasons they entered nursing, how the nursing shortage has impacted their work and family lives, and their future plans. Male nurses were asked about their interactions with patients and coworkers and were asked if they have ever been the victim of gender discrimination as a nurse. Female nurses were asked about their experiences and interactions with male RN coworkers. All respondents were asked the same series of questions. However, since respondents come from a variety of work backgrounds and employment settings, question order and/or additional questions were asked in order to understand each interviewee's unique experiences.

In order to make more general conclusions, we also performed original statistical analysis using the 2000 National Sample Survey of Registered Nurses (NSSRN) from the Bureau of Health Professions, U.S. Health Resources and Services Administration. The conclusions drawn from the qualitative interviews in this report are supported by evidence from the 2000 NSSRN survey.<sup>20</sup> The dataset is based on a survey of over 35,000 nurses nationally. RNs who have at least one active current license were randomly selected including the over-sampling of minorities. The NSSRN survey is conducted every four years. The response rate for the 2000 survey was 71.7 percent. Because this study is looking at male nurses, 97 cases were dropped because the gender of the respondent was not specified. In most cases, statistical information includes data from a sub-sample of nurses working in the New Jersey area. The New Jersey sub-sample consists of 949 nurses. The New Jersey sub-sample includes RNs either employed in New Jersey or living in New Jersey if not currently employed as a nurse. In some cases, the statistics only include the national sample because of low numbers of men in the nursing profession in New Jersey.

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<sup>18</sup> The 16 male nurses include one former paramedic who opted to become a cardiac technician instead of a registered nurse, and one male nursing student. Throughout this report, these two interviews are not included in the statistics and tables.

<sup>19</sup> Response rates for the random letters were low (approximately two percent). Follow-up phone calls to increase the response rate were problematic because the list did not provide phone numbers. The email membership list from the union was used to ensure that enough hospital nurses were interviewed because hospitals are the largest employers of registered nurses and have experienced the brunt of the shortage through reduced staffing. The response rate for this sample strategy was impossible to determine because not everyone on the list was a registered nurse and in several cases the email was forwarded onto male nurses that were interviewed. While there are some differences between the interviewed sample and nurses in New Jersey more generally (See Footnote #1), the intent of the interviews were not to make general statistical conclusions regarding New Jersey nurses, but rather to understand the experiences and perceptions of nurses. Furthermore, all conclusions are supported by other research or our own original statistical analysis of the 2000 NSSRN.

<sup>20</sup> Tests of significance were performed for Tables 3 and 5. Differences were significant at the national level, but not at the New Jersey level most likely due to the small sample size.

## INTERVIEW QUESTIONS

### Demographics

Gender:

Age:

Race:

Marital Status:

Years in nursing:

Years at present employer:

Work Setting:

Department:

Education:        ASN Diploma        BSN        Master's        PHD

Major Work Responsibilities:

### Recruitment/Job Satisfaction

Why did you become a nurse?

Who encouraged/discouraged you in becoming a nurse?

What do you like about your job? What do you dislike?

What would you change about your job if you could?

### Impact of the Nursing Shortage

Is your employer experiencing a staffing shortage of nurses?

What departments or areas are currently understaffed?

In your opinion, how long has this been going on?

How has it affected what you do? (Patient load, overtime, more administrative duties)

How has it affected how your department runs?

Is your department or employer doing anything to alleviate the shortage?

Has it impacted your family life?

In your opinion, what are the major causes of the shortage?

Do you think the reasons for this have changed since you have been employed at your current workplace?

What do you think needs to be done to alleviate the shortage?

How does this shortage differ, in your opinion, from the previous shortage?

**Gender and the Nursing Profession**

***Female Nurses***

Are there any male RNs in your department/employer?

Do you interact with male RNs?

Do you think male nurses are accepted by patients, other nurses, and/or hospital administrators? Why or why not?

Why do you think men haven't been drawn to the profession?

What do you see as the benefits of having male RNs? Any drawbacks?

Do you encourage younger men and women to go into nursing? Why/Why not? Your own children?

What would you do to recruit more male RNs?

***Male Nurses***

Are there any other male RNs in your department/employer?

Do you think male nurses are accepted by patients, other nurses, and/or hospital administrators? Why or why not?

Have you had any personal experience with gender discrimination as a nurse or as a nursing student?

Why do you think men haven't been drawn to the profession?

What do you see as the benefits of having male RNs? Any drawbacks?

Do you encourage younger men and women to go into nursing? Why/Why not? Your own children?

What would you do to recruit more male RNs?

**Future Plans**

What future plans do you have?

Do you have any plans to go back to school? For what? Why? Why not?

What are your retirement plans?

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