

FEATURE ARTICLE

Men in Nursing: The Minority in a Gendered Profession

Andres Curbelo-Novoa RN, BScN, MN^{1,2}, Jamie Crawley, PhD, RN²,
and Edward Cruz, PhD, RN²

Abstract

Background: The nursing profession had recently noted a significant increase of men entering the profession. However, in countries like Canada where men comprise approximately 9% of the regulated nursing population—they were viewed as untapped human health resource due to an estimated 117,600 nurse shortage in Canada by 2030. Addressing barriers such as gender-based stigmatization, role strain, and stereotypes could improve male representation and help mitigate this workforce gap globally. The objectives of this study's literature review was to explore and to critically examine stigmatization, stereotypes, and other gender-based barriers that men face in the educational and professional setting while analyzing what influences their recruitment and retention in the nursing profession. Method: The literature review was based on related databases, such as CINAHL and PubMed, where barriers that exist for men in the nursing profession and in their undergraduate nursing education were explored. The search was restricted to international literature published in the English language with a publication date limited from 1990 to present. Key factors noted in the literature review that affected men in nursing education and the nursing profession were summarized as follows: (i) the historical feminization of nursing and (ii) stigma, role strain and stereotypes. These factors created barriers for men in nursing education and the nursing profession.

Conclusion: A variety of factors encompassing stress, barriers, and role strain affected the recruitment and retention of nursing students and professionals. It was discovered that there was a need to encourage men to enter the nursing profession using proactive and intentional recruitment strategies to de-gender the nursing profession and to remove the systemic barriers examined.

Keywords: Nurses, Male, Men in Nursing, Minority, Gender-based Barriers, Retention, Nursing Recruitment, Stereotypes, Role Strain

Introduction

With nurses constituting the majority of healthcare providers, global attention to the nursing profession has consequently increased. The quality of nursing care, and healthcare workforce diversity directly and indirectly affects patient health outcomes (Gomez & Bernet, 2019; Morrison et al., 2021; Rotenstein et al., 2021). Nursing, a profession traditionally dominated by women, has become increasingly popular in recent years for men. In a 5-year period from 2014 to 2018, the number of men entering the nursing profession in Canada grew by approximately 18% (Canadian Institute of Health Information [CIHI], 2019). Despite the increase in numbers, men continue to face various gender-based barriers, such as discrimination, stereotypes, social exclusion, and role strain (Hodges et al., 2017). This paper provides a brief review of the literature and describes the

factors that affect the recruitment and retention of men in nursing. Recommendations to reduce gender-based barriers are also provided.

Despite a repeated call for an increased effort in recruitment and retention, men continue to be an underutilized and untapped human resource for health (Rajacich et al., 2013). Male-dominated professions such as engineering, medicine, and skilled trades have made advancements to address their gender inequalities, while nursing has not done the same. As of 2021, men make up roughly 9%, or approximately 41,000 out of the 445,000 regulated Canadian nurses (CIHI, 2022). Underrepresentation of men in the nursing profession has been an issue for decades. In 2005, men accounted for only 5.5% of nurses in Canada (CIHI, 2006) and in the United

^{1,2} In Andres Curbelo-Novoa, ²Jamie Crawley and ²Edward Cruz

¹ Corresponding author. Email: curbeloa@uwindsor.ca

² Faculty of Nursing, University of Windsor, 401 Sunset Avenue, Windsor, Ontario, Canada N9B 3P4

States, only 5.8% of nurses were men in 2004 (U. S. Department of Health and Human Services Health Resources and Services Administration [HRSA], 2007). A previous simulation model estimated that by 2022, Canada would have a nursing shortage of up to 60,000 full-time equivalent positions (Tomblin Murphy et al., 2012). Since then, a more recent analysis has projected a shortage of approximately 117,600 nurses in Canada by 2030 (Scheffler & Arnold, 2019). In the third quarter of 2022, Statistics Canada estimated that 40,700 regulated nurse positions were vacant throughout the country (Statistics Canada, 2022). At the same time, men in nursing continue to confront and to challenge gender-based stereotypes and barriers including discrimination, marginalization, and role strain (Hodges et al., 2017; Salamonson et al., 2023). Even with a notable increase of men in the profession within the last five years, men remain an extreme minority in nursing. While existing studies have highlighted the barriers that men face in nursing, there is limited research on actionable strategies to overcome these barriers and how doing so could help address the nursing shortage, especially in countries like Canada. This literature review seeks to fill this gap by exploring not only the factors that contribute to the underrepresentation of men in nursing but also by providing recommendations to enhance recruitment and retention efforts.

Literature Review

To identify relevant literature, an initial multidisciplinary literature search was conducted using PubMed and the Cumulative Index of Nursing and Allied Health Literature (CINAHL) using the keywords *men in nursing* and *male nurse*. The initial search resulted in 5,256 relevant articles. A second multidisciplinary literature search was conducted using the keywords “*men in nursing*” and *barriers OR obstacles OR challenges*. The search was limited to literature reviews and research studies published in the English language with a publication date limited from 1990 to present time. The secondary search resulted in 101 articles. Additional literature related to stigma, role strain, and stereotypes were analyzed and included based on their relevance. A total of 46 articles were reviewed and examined. The researchers then proceeded to look for common patterns or themes across these articles that address the objective of the literature review (University of Vermont, n.d.). No of article was found that discussed in detail how the barriers men faced in nursing education and nursing profession impacted men's well-being. Much of the literature review on men in nursing pertained to two common themes: (i) the historical feminization of nursing that has discouraged men

from entering and advancing within the profession, and (ii) stigma, role strain and stereotypes as persistent barriers that contribute to recruitment and retention of men, particularly in certain nursing specialties.. These factors created barriers for men in nursing education and the nursing profession.

Historical Feminization of Nursing

Florence Nightingale is considered the founder, or mother of modern-day nursing, having made important contributions to the advancement of the nursing profession. She is considered to have radically changed the field into a respected profession during the British army reforms in the 19th century through guidelines and standards for both nursing education and practice (Christensen, 2017; Steele, 2017). Though Nightingale made important contributions to nursing, she would also adversely impact the entry of men in nursing, opposing men's involvement as 'their horny hands were detrimental to caring' (Cudé & Winfrey, 2007). According to Nightingale, men were dismissed because they lacked mothering and nurturing characteristics, characteristics that were 'inherently natural to women alone' (Cudé & Winfrey, 2007; Meadus, 2000). However, prior to the Nightingale reform in the 19th century, evidence supports the history of men in nursing, being recorded as early as 250 BC (Christensen, 2017; Cudé & Winfrey, 2007; O'Lynn, 2004). Since the profession's infancy, men have worked as nurses in areas such as asylums, workhouse infirmaries, private associations, and the military, and they effectively fulfilled the caregiver role (Harding et al., 2008). Despite the evidence that men contributed to the advancement and the historical role of nursing, men continue to be underrepresented.

Occupational gender-stereotypes continue to limit the representation of men in the nursing profession. Historically and presently, the professional and public understanding of nursing is associated with the feminine gender role (Meadus, 2000; Rajacich et al. 2013). This gendered understanding of the nursing profession rejects a contemporary and modern image for nursing, instead exhibiting an archaic and sexist message that ultimately marginalizes men (Jordal & Heggen, 2015). *A male nurse*, a term commonly used to describe a man in the nursing profession had solidified the perception that nursing is inherently 'a woman's profession.' Sasa (2019) poses an important question in his article stating, “why do we say male nurses, but not female doctors?” (p. 1). Language and the use of terms such as *male nurse* create gender-based generalizations, support occupational segregation, and subconscious assumptions about men and nursing, limiting our professional ability to create inclusive environments.

Stigma, Role Strain, and Stereotypes

Nursing has a strong history of addressing disparity through health promotion and prevention, harnessing holistic lens that includes improving the health of individuals, groups, and populations (Rudner, 2021). Men in nursing education and the nursing profession have negative experiences because of being minorities in a primarily female-gendered profession. Men in nursing specifically experience challenges with gender and role strain, which not only reduce men's advancement in nursing, but also contribute to unnecessary impacts on their health (Adeyemi-Adelanwa et al., 2016). Additional challenges which affect men in nursing education, and the profession include role strain, stigma, and employment stereotypes that lead to poor healthcare working conditions.

Stigma. Being male in a female-dominated profession can impact social expectations, roles, values, and behaviours attributed to men and women in society (Phillips, 2005). Masculinity is rooted in the historically patriarchal structure of hegemonic masculinity and attributes men's supposed inability to fulfill a 'caregiver' role. Characteristics used to describe men include 'typical' *masculine* qualities such as aggression, assertiveness, strength, and independence (Evans, 2002; Kronsberg et al., 2017; Meadus, 2000). Men in nursing tend to be noticeable as they are viewed as *different*, particularly given the homogenous group that are typically female nurses. Kanter's tokenism theory (Kanter, 1977) describes individuals with a 'token' status as being different; this is similar to being a minority within a group, and men in nursing having noticeable differences labels them as a 'token'.

Also prevalent in literature are other misguided sexist stereotypes, such as how male nurses are (i) *wannabe* doctors or incompetent, (ii) effeminate or gay, and/or (iii) sexually deviant (Blackley et al., 2019; Evans, 2002; Harding et al., 2008; Juliff et al., 2017; Kronsberg et al., 2017; Sasa, 2019; Twomey & Meadus, 2008). Juliff et al. (2017) elaborated that men in nursing will state a 'profession generalization' such as identifying themselves as 'healthcare workers' to avoid being mocked for their career choice or questioned about their intelligence or sexual orientation. Men reported moving to specialty care areas such as the emergency department, intensive care, or administration because these areas are perceived as more 'masculine' or 'acceptable' (Juliff et al., 2017). These actions are viewed as *hidden discrimination* and are harmful to men in nursing. Overt discrimination which also occurs towards men, includes openly denying men's access to nursing specialties such as gynecology, pediatrics, and obstetric nursing (Collins, 1994). Gender roles and stereotypes ultimately hurt the nursing

profession and its advancement toward diversity, recruitment, and the retention of men, by socially excluding, and increasing their role strain within the profession (Twomey & Meadus, 2016; Deuz, 2023).

Role Strain. Role strain is a prevalent topic in the nursing literature. According to Goode's (1960) theory, role strain occurs when individuals experience excessive difficulty, or are prevented from fulfilling role obligations. Sasa (2019) describes increased role strain as one of the defining attributes of the male nurse. Role strain may increase for numerous reasons including: (i) workload, (ii) interpersonal relationships, (iii) role responsibility, and/or (iv) social exclusion (Gates, 2001; Sasa, 2019).

Men in the nursing profession are expected to engage in physical work that is highly demanding due to their inherently 'dominant' attributes, however, this causes psychological, physical, and mental strain to males in the nursing field (Rajacich et al., 2013; Sasa, 2019). Maslach (1982) explained that individuals experiencing psychological strain may report job dissatisfaction and burnout due to emotional exhaustion, depersonalization, and reduced personal achievement. Furthermore, studies indicate that men in nursing experience role strain due to their gender expectations in the workplace, perceiving that they physically can do more, and sexualizing their intentions regarding intimate care (Kronsberg et al., 2017; Rajacich et al., 2013; Sasa, 2019). Men in nursing also cited that they were assigned more aggressive and/or physically heavy patients as opposed to their counterparts because of highly masculinized stereotyped characteristics (David, 2018; Kronsberg et al., 2017; Sasa, 2019; Torkelson & Seed, 2011; Twomey & Meadus, 2016). A term coined by Evans (2002), *cautious caregivers*, was also identified as impacting men in the nursing profession due to the fear that men's therapeutic touch may be misinterpreted as sexualized. Men in nursing are consequently discouraged from performing certain procedures on patients due to legal repercussions and accusations of sexual misconduct (Evans, 2002; Kronsberg et al., 2017; Rajacich et al., 2013).

In addition to impacting men in nursing, male nursing students have likewise been found to experience role strain. Studies indicate that male nursing students often experience increased role strain due to the same gender expectations like their male counterparts who are already registered nurses. Male nursing students reported increased role strain due to fear of sexual misconduct accusations when caring for female patients, unfair workload due to their 'strength,' as well as, the lack of male nurses, faculty members, or role models, that make male

students a visible minority (Anthony, 2006; Kelly et al., 1996; Mohamed & Mohamed, 2015; Nerges et al., 2022; Powers et al., 2018; Rajacich et al., 2013; Sedgwick & Kellet, 2015). This perception of increased role strain further contributed to their feelings of exclusion and isolation (Hodges et al., 2017; Kelly et al., 1996; MacWilliams et al., 2013). Gender-based role strain may be a source of distress for men in nursing education that lead men to dropout or select learning and nursing opportunities that are consistent with societal gender expectations (Anthony, 2006; Harding et al., 2008; Kronsberg et al., 2017).

Stereotypes. One of the prevailing gender stereotypes affecting men in nursing is the masculinization of behaviours – assuming that providing empathetic, sensitive, and compassionate care are characteristics that are limited to women (Harding et al., 2008; Twomey & Meadus, 2008). Gender and sex stereotypes are prevailing themes within nursing education that have become major deterrents to men and are unrecognized aspects of nursing education that affect male recruitment and retention (Meadus & Twomey, 2011; Twomey & Meadus, 2008, 2016; Salamonson et al., 2023). Male students commonly reported receiving lack of information regarding the nursing profession from their guidance counsellors in secondary education and also fear being perceived as 'less manly' due to their future career choice (Kelly, et al., 1996; Kronsberg et al., 2017; Rajacich et al., 2013). Additional challenges experienced by male nursing students are unequal clinical opportunities and poor instruction on the appropriate use of touch (O'Lynn, 2004). Male students also report discrimination through unfair limitations, or a purposive lack of educational opportunities for clinical rotations in obstetrics or pediatrics (Kelly et al., 1996; Kronsberg et al., 2017; O'Lynn, 2004; Salamonson et al., 2023).

A study by Jordal and Heggen (2015) revealed that out of approximately 4,000 nursing students in Norway, less than ten percent were men. Male students had higher dropout rates than female students due to their perception of marginalization and isolation as a minority, increased role strain, and the 'socialization' process (Jordal & Heggen, 2015). Adams and Coltrane (2005) expressed that part of this socialization process included learning gender rules to prepare the individual for their assigned role in society. Individuals would also need to accept these social gender norms and cultural expectations.

Discussion

This paper discussed the factors that affect the recruitment and retention of men in nursing. Men perceive many barriers

that negatively affect their retention in the field. A barrier to recruitment and retention continues to be the perceived discrimination and bias in specialty areas such as obstetrics, women's or school health, and pediatrics. Men reported negative treatment and comments from both nurses and patients such as being considered as perverted or sexual deviants for having an interest in those specialties (Anthony, 2006; Cudé & Winfrey, 2007; Evans, 2002; Harding et al., 2008; Kronsberg et al., 2017). Male doctors have practiced in obstetrics and gynecology for decades and have not faced the barriers that male nurses face in the same specialties (Cudé & Winfrey, 2007). To validate their masculinity, men in nursing are encouraged to pursue *low-touch areas* like the intensive care unit, emergency department, or administration (Cudé & Winfrey, 2007; Harding et al., 2008, Sasa, 2019). Satisfaction was also noted as a factor affecting retention in nursing. Retention can be impacted by low satisfaction within the profession. Men noted a decrease in job satisfaction due to the lack of support, gender discrimination, marginalization, and burnout (Kronsberg et al., 2017; Rajacich et al., 2013; Sasa, 2019).

Stress was the most common theme experienced by men in nursing. Men in nursing identified increased role stress and strain due to their token status, isolation, or marginalization, an increase in workload, and sexual misconduct allegations (Anthony, 2006; Jordal & Heggen, 2015; Kronsberg et al., 2017; Nerges et al., 2022; Rajacich et al., 2013; Kientz Elting, 2023). A factor that caused stress to men in nursing was being a *cautious caregiver*. Men cited immense fear having their therapeutic touch misinterpreted as sexualized, or fearing wrongful accusations, thereby leaving men feeling vulnerable in both academia and the profession of nursing (Anthony, 2006; Evans, 2002; Harding et al., 2008; Kronsberg et al., 2017; Rajacich et al., 2013; Sasa, 2019; Whiteside & Butcher, 2015). Men in nursing expressed they had established strategies to minimize their risk of wrongful accusations (Evans, 2002; Harding et al., 2008; Whiteside & Butcher, 2015). One such strategy was blatant communication like proper introductions, asking permission, providing explanations, and humor to relax and establish comfort between the male nurse and the patient (Anthony, 2006; Harding et al., 2008).

Recommendations

Effectively quantifying the perceived and tangible barriers for men in nursing is essential to understand the recruitment and retention of men (O'Lynn, 2004). Educators and employers must understand the experiences, challenges, and stressors that men in the nursing profession must endure and how men cope in practice (MacWilliams et al., 2013). Researchers agree

that men can be recruited and retained through aggressive changes in current public perceptions, negating gender-based stereotypes, and reducing discrimination that exists in the nursing field. These changes would help normalize nursing as a profession for men (David, 2018; Kane et al., 2021; Kronsberg et al., 2017; Mohamed & Mohamed, 2015; O'Lynn, 2004; Rajacich et al., 2013). The literature notes various interventions that can be implemented to increase recruitment and retention efforts for men in nursing. To achieve retention, individuals need to increase their awareness about the challenges and stressors that men experience in nursing and how men cope in nursing practice (Benbow et al., 2015; Whiteside & Butcher, 2015). To change public perception about men in nursing, we must first de-gender the nursing profession. Collaborative efforts to increase the recruitment and retention of men in nursing through diversification of sex, and culture would not only help but may also improve nursing culture and the support system that male nurses require (Nerges et al., 2022). Cudé and Winfrey (2007) note that representation for male nurses is lacking since nurses who are hired in education and as preceptors in clinical practice still tend to be white, middle-aged women.

De-gendering the nursing profession may be accomplished through various mediums. One of the recommendations includes the use of media – displaying men in nursing roles in conjunction with women, highlighting men as competent and compassionate in their nursing practice, and actively challenging negative depictions of men in the profession (Kane et al., 2021; Moore & Dienemann, 2014; Yi & Keogh, 2016). These strategies may be done through advertisements, social media campaigns, or television programming (Kane et al., 2021; Nerges et al., 2022). A second recommendation includes policy creation and advocacy. The government may assist in the diversification of nursing by enacting policies and/or guidelines to recruit men and other minorities with intention (Nerges et al., 2022). Kane et al. (2021) recommends agency and/or organizational partnerships to provide education in relation to bias training. Nursing leadership in conjunction with their respective institutions must address stereotypes and discrimination that men face in the workplace. These interventions include: (i) management education to address gender discrimination, (ii) zero-tolerance policy mandate, (iii) the creation of committees enforcing compliance to such policies, and (iv) support groups and mentorships with other male nurses to aid in their workplace transition (Kronsberg et al., 2017; Nerges et al., 2022; Rajacich et al., 2013; Whiteside & Butcher, 2015).

Nurse educators must realize that they possess the power to influence attitudes and beliefs to reduce barriers for men. In

nursing academia, the recruitment and retention of male nursing students can be achieved in numerous ways. One suggestion is to have educators complete a self-guided examination to acknowledge their gender biases (Sedgwick & Kellett, 2015). Educators should offer equal opportunities and proactive teaching methods focused on men in the program (Anthony, 2006; Cudé & Winfrey, 2007). Male-specific education regarding therapeutic and intimate touch may also be incorporated, as this has been previously identified as a stressor to both male students and professional nurses (Harding et al., 2008; Kronsberg et al., 2017; Mohamed & Mohamed, 2015; Whiteside & Butcher, 2015). These important changes can be achieved through innovations to the curriculum including: (i) male representation within faculty including male support systems, (ii) focusing on the importance of men to historical nursing, (iii) expanding images and training that includes men, and incorporating the education of touch – through skills laboratories and simulation (iv) the use of gender-neutral terms when describing the nurse in the classroom setting and in nursing textbooks (v) and equal learning opportunities specifically related to clinical experiences in 'female dominant' areas such as obstetrics and pediatrics (Anthony, 2006; Cudé & Winfrey, 2007; Kronsberg et al., 2017; Mohamed & Mohamed, 2015; O'Lynn, 2004; O'Lynn & Krautscheid, 2014; Whiteside & Butcher, 2015). Lastly, research states recruitment efforts must begin early, specifically targeting men that are of high school or middle school age through secondary school counsellors, day camps and shadow days, targeting men looking at second career choices, or through the promotion of networking opportunities with other men established in the profession (Kane et al., 2021; Moore & Dienemann, 2014; Yi & Keogh, 2016).

Conclusion

The importance of men in the nursing profession directly influences health outcomes and the overall quality of life of male nurses (Nerges et al., 2022). Nurse leaders must take an active role when advocating for strategies that eliminate barriers for men, through collaboration, policy development, and education to diversify the nursing workforce. Diversification of the nursing profession is necessary and will positively advance the field when men are included and welcomed resulting in their population increase. Diversification offers unique perspectives such as distinctive caring and communication styles, as well as, special mentorship and leadership opportunities. The homogeneity of nursing within this gendered profession needs to cease in order to improve the nursing profession and highlight the important roles of men. Stereotypical associations with female gender roles such as the concept of

caring must be reframed as an inherent trait for all instead of turning it into a gender specific trait. Men in nursing who currently comprise the minority in the profession are yearning for an equal opportunity in this gendered profession. Ultimately, nursing leaders must make the de-gendering of the nursing profession a priority with their respective institutions and collaborate to create policies and education curriculums that will diversify and advance the nursing profession.

References

- Adams, M., & Coltrane, S. (2005). Boys and men in families. *Handbook on studies on men and masculinities*, 230-248.
- Adeyemi-Adelanwa, O., Barton-Gooden, A., Dawkins, P., & Lindo, J. L. M. (2016). Attitudes of patients towards being cared for by male nurses in a Jamaican hospital. *Applied Nursing Research*, 29, 140-143. <https://doi.org/10.1016/j.apnr.2015.06.015>
- Anthony, A. S. (2006). Retaining men in nursing—Our role as nurse educators. *Annual Review of Nursing Education*, 4, 209-234.
- Benbow, S., Forchuk, C., Gorlick, C., Berman, H., & Ward-Griffin, C. (2015). Social exclusion and health: The development of nursing knowledge. *Canadian Journal of Nursing Research*, 47(3), 56-72. <https://doi.org/10.1177/084456211504700305>
- Blackley, L., Morda, R., & Gill, P. R. (2019). Stressors and rewards experienced by men in nursing: A qualitative study. *Nursing Forum*, 54(4), 690-697. <https://doi.org/10.1111/nuf.12397>
- Canadian Institute of Health Information. (2006). *Workforce trends of registered nurses in Canada, 2005: Registered nurses database*. Retrieved from: https://secure.cihi.ca/free_products/ndb_workforce_trends_registered_nurses_canada_2005_e.pdf
- Canadian Institute of Health Information. (2019). *Nursing in Canada, 2018: A lens on supply and workforce*. Ottawa: Author. Canadian Institute. Retrieved from https://secure.cihi.ca/free_products/regulated-nurses-2018-report-en-web.pdf
- Canadian Institute for Health Information. (2022). *Nursing in Canada, 2021 – Data tables*. Ottawa: Author. Retrieved from <https://www.cihi.ca/sites/default/files/document/nursing-in-canada-2012-2021-data-tables-en.xlsx>
- Christensen, M. (2017). Men in nursing: The early years. *Journal of Nursing Education and Practice*, 7(5), 94-103. <https://doi.org/10.5430/jnep.v7n5p94>
- Collins, S. D. (1994). *Male nurses' perceptions of gender and their careers* (Order No. 1358290). Available from ProQuest Dissertations & Theses Global. (304189389). Retrieved from <https://search.proquest.com/docview/304189389?accountid=14789>
- Cudé, G., & Winfrey, K. (2007). The hidden barrier: Gender bias: Fact or fiction? *Nursing for Women's Health*, 11(3), 254-265. <https://doi.org/10.1111/j.1751-486X.2007.00165.x>
- David, J. J. T. (2018). A concept analysis on masculinity in nursing. *I-Manager's Journal on Nursing*, 8(1), 57-61. <https://doi.org/10.1111/nuf.12374>
- Deuz, N. (2023). Public perceptions of males working as nurses in Pediatrics. *Pediatric Nursing*, 49(3), 118-124.
- Evans, J. A. (2002). Cautious caregivers: Gender stereotypes and the sexualization of men nurses' touch. *Journal of Advanced Nursing*, 40(4), 441. <http://dx.doi.org.ledproxy2.uwindsor.ca/10.1046/j.1365-2648.2002.02392.x>
- Gates, D. M. (2001). Stress and coping: A model for the workplace. *AAOHN Journal*, 49(8), 390-398. <https://doi.org/10.1177/216507990104900805>
- Gomez, L. E., & Bernet, P. (2019). Diversity improves performance and outcomes. *Journal of the National Medical Association*, 111(4), 383-392. <https://doi.org/10.1016/j.jnma.2019.01.006>
- Goode, W. J. (1960). A theory of role strain. *American Sociological Review*, 25, 483-496. <https://doi.org/10.2307/2092933>
- Harding, T., North, N., & Perkins, R. (2008). Sexualizing men's touch: Male nurses and the use of intimate touch in clinical practice. *Research and Theory for Nursing Practice*, 22(2), 88-102.
- Hodges, E. A., Rowsey, P. J., Gray, T. F., Kneipp, S. M., Giscombe, C. W., Foster, B. B.,... Kowlowitz, V. (2017). Bridging the gender divide: Facilitating the educational path for men in nursing. *Journal of Nursing Education*, 56(5), 295-299. <https://doi.org/10.3928/01484834-20170421-08>
- Jordal, K., & Heggen, K. (2015). Masculinity and nursing care: A narrative analysis of male students' stories about care. *Nurse Education in Practice*, 15(6), 409-414. <https://doi.org/10.1016/j.nepr.2015.05.002>
- Juliff, D., Russell, K., & Bulsara, C. (2017). Male or nurse what comes first? Challenges men face on their journey to nurse registration. *Australian Journal of Advanced Nursing (Online)*, 34(2), 45-52.
- Kane, D., Rajacich, D., & Andary, C. (2021). Exploring the contextual factors surrounding the recruitment and retention of men in a baccalaureate nursing program. *Nursing Forum*, 56(1), 24-29. <https://doi.org.ledproxy2.uwindsor.ca/10.1111/nuf.12504>
- Kanter, R. (1977). *Men and women of the corporation*. Basic Books.
- Kelly, N., Shoemaker, M., & Steele, T. (1996). The experience of being a male student nurse. *Journal of Nursing Education*, 35(4), 170-174.
- Kientz Elting, J. (2023). Experiences and perceptions of Filipino American Men as undergraduate nursing students. *Journal*

- of *Nursing Practice Applications & Reviews of Research*, 13(1), 30–36.
- Kronsberg, S., Bouret, J.R., & Brett, A.L. (2017). Lived experiences of male nurses: Dire consequences for the nursing profession. *Journal of Nursing Education and Practice*, 8(1), 46–53. <https://doi.org/10.5430/jnep.v8n1p46>
- MacWilliams, B., Schmidt, B., & Bleich, M. (2013). Men in nursing. *The American Journal of Nursing*, 113(1), 38–44. <https://doi.org/10.1097/01.NAJ.0000425746.83731.16>
- Maslach, C. (1982). *Understanding burnout: Definitional issues in analyzing a complex phenomenon*. In Paine, S. (Ed.), *Job Stress and burnout*. Sage Publishing.
- Meadus, R. J. (2000). Men in nursing: Barriers to recruitment. *Nursing Forum*, 35, 5–12. doi:10.1111/j.1744-6198.2000.tb00998.x
- Meadus, R. J., & Twomey, J. C. (2011). Men student nurses: The nursing education experience. *Nursing Forum*, 46(4), 269–279. <https://doi.org/10.1111/j.1744-6198.2011.00239.x>
- Mohamed, L., & Mohamed, Y. (2015). Role strain of undergraduate male nurse students during learning experience in nursing education program. *Journal of Nursing Education and Practice*, 5(3), 94–101. <https://doi.org/10.5430/jnep.v5n3p94>
- Moore, G. A., & Dienemann, J. A. (2014). Job satisfaction and career development of men in nursing. *Journal of Nursing Education and Practice*, 4(3), 86–93. <https://doi.org/10.5430/jnep.v4n3p86>
- Morrison, V., Hauch, R., Perez, E., Bates, M., Sepe, P., & Dans, M. (2021). Diversity, equity, and inclusion in nursing. *Nursing Administration Quarterly*, 45 (4), 311–323. <https://doi.org/10.1097/NAQ.0000000000000494>.
- Nerges, J. A., Hofmann, L., Garrett, L., & Morton, P. G. (2022). Male nurses' perceptions of the facilitators and barriers to recruitment, retention, and job satisfaction. *Nurse Leader*, 20(1), 31–36. <https://doi-org.ledproxy2.uwindsor.ca/10.1016/j.mnl.2021.08.011>
- O'Lynn, C.E. (2004). Gender-based barriers for male students in nursing education programs: Prevalence and perceived importance. *Journal of Nursing Education*, 43(5), 229–236.
- O'Lynn, C., & Krautscheid, L. (2014). Evaluating the effects of intimate touch instruction: Facilitating professional and respectful touch by male nursing students. *Journal of Nursing Education*, 53(3), 126–35. <https://doi.org/10.3928/01484834-20140211-08>
- Phillips, S. P. (2005). Defining and measuring gender: A social determinant of health whose time has come. *International Journal for Equity in Health*, 4, 11–14. <https://doi-org.ledproxy2.uwindsor.ca/10.1186/1475-9276-4-11>
- Powers, K., Herron, E. K., Sheeler, C., & Sain, A. (2018). The lived experience of being a male nursing student: Implications for student retention and success. *Journal of Professional Nursing: Official Journal of the American Association of Colleges of Nursing*, 34(6), 475–482. <https://doi.org/10.1016/j.profnurs.2018.04.002>
- Rajacich, D., Kane, D., Williston, C., & Cameron, S. (2013). If they do call you a nurse, it is always a “male nurse”: Experiences of men in the nursing profession. *Nursing Forum*, 48(1), 71–80. <https://doi.org/10.1111/nuf.12008>
- Rotenstein, L. S., Reede, J. Y., & Jena, A. B. (2021). Addressing workforce diversity - A quality-improvement framework. *New England Journal of Medicine*, 385(12), 1083–1086. <https://doi-org.ledproxy2.uwindsor.ca/10.1056/NEJMp2032224>
- Rudner, N. (2021). Nursing is a health equity and social justice movement. *Public Health Nursing*, 38(4), 687–691. <https://doi.org/10.1111/phn.12905>
- Salamonson, Y., Maneze, D., Smith, B. W., Duff, J., Theobald, K. A., Montayre, J., McTier, L., & Donnelly, F. (2023). Are men treated differently in clinical placements during nursing studies? A cross-sectional study. *Journal of Clinical Nursing*, <https://doi.org/10.1111/jocn.16760>
- Sasa, R. I. (2019). Male nurse: A concept analysis. *Nursing Forum*, 54(4), 593–600. <https://doi.org/10.1111/nuf.12374>
- Scheffler, R. M., & Arnold, D. R. (2019). Projecting shortages and surpluses of doctors and nurses in the OECD: what looms ahead. *Health Economics, Policy and Law*, 14(2), 274–290. <https://doi.org/10.1017/S174413311700055X>
- Sedgwick, M. G., & Kellett, P. (2015). Exploring masculinity and marginalization of male undergraduate nursing students' experience of belonging during clinical experiences. *Journal of Nursing Education*, 54(3), 121–129. <http://dx.doi.org.ledproxy2.uwindsor.ca/10.3928/01484834-20150218-15>
- Statistics Canada. (2022, December 19). Job vacancies, third quarter 2022. *The Daily*. <https://www150.statcan.gc.ca/n1/daily-quotidien/221219/dq221219a-eng.htm>
- Steele, N. M. (2017). A time to celebrate: Florence Nightingale. *Urologic Nursing*, 37(2), 57–59. <https://doi.org/10.7257/1053-816X.2017.37.2.57>
- Tomblin Murphy, G., Birch, S., MacKenzie, A., Alder, R., Lethbridge, L., Little, L. (2012). Eliminating the shortage of registered nurses in Canada: An exercise in applied needs-based planning. *Health Policy*, 105(2-3), 192–202. <https://dx.doi.org/10.1016/j.healthpol.2011.11.009>
- Torkelson, D., & Seed, M. (2011). Gender differences in the roles and functions of inpatient psychiatric nurses. *Journal of Psychosocial Nursing & Mental Health Services*, 49(3), 34–41. <http://dx.doi.org.ledproxy2.uwindsor.ca/10.3928/02793695-20110201-02>
- Twomey, J. C., & Meadus, R. J. (2008). Despite the barriers men nurses are satisfied with career choices. *Canadian Journal of Career Development*, 7, 30–34.
- Twomey, J. C., & Meadus, R. (2016). Men nurses in Atlantic Canada: Career choice, barriers, and satisfaction. *The Journal of Men's Studies*, 24(1), 78–88. <https://doi.org/10.1177/1060826515624414>
- U.S. Department of Health and Human Services Health

Resources and Services Administration. (2007). *The registered nurses population: Findings from the 2004 national sample chapter III: The registered nurse population 2004*. Retrieved from <http://bhpr.hrsa.gov/healthworkforce/mnsurvey04/3.htm>

University of Vermont (n.d.). *A Guide to Understanding Literature Review Structure*. <https://www.uvm.edu/sites/default/files/Undergraduate-Writing-Center/LitReviewWeb.pdf>

Whiteside, J., & Butcher, D. (2015). 'Not a job for a man': Factors in the use of touch by male nursing staff. *British Journal of Nursing*, 24(6), 335–341. <https://doi.org/10.12968/bjon.2015.24.6.335>

Yi, M., & Keogh, B. (2016). What motivates men to choose nursing as a profession? A systematic review of qualitative studies. *Contemporary Nurse: A Journal for the Australian Nursing Profession*, 52(1), 95-105. <https://doi.org/10.1080/10376178.2016.1192952>

ABOUT THE AUTHORS



Andres Curbelo-Novoa, RN, BScN, MN is a Primary Health Care Nurse Practitioner student in the Faculty of Nursing at the University of Windsor. He earned his Bachelor of Science in Nursing and his Master of Nursing with a

specialization in Advanced Clinical Practice from the University of Windsor. His research interests include public health, education, emergency medicine and men in nursing.



Jamie Crawley, PhD, RN is an Associate Professor with the Faculty of Nursing, at the University of Windsor, in Windsor, Ontario, Canada. Her research focus includes, health inequities, health disparities, the social

determinants of health, and equity-deserving groups.



Edward Cruz, PhD, RN is an associate professor and Associate Dean, Undergraduate Programs at the Faculty of Nursing, University of Windsor (Ontario, Canada). His program of research focuses on social care, health

human resources, interprofessional collaboration, and nursing education.

“Evidence-based practice stems from rigorous nursing research and serves as the compass for patient-centered care.”

– Schmidt, N.A., & Brown, J.M. (2019)

