This is a nuts-and-bolts guide to a career in nursing—from the earliest consideration of a nursing career through education and clinical practice—designed specifically for men. Written by the author of Men in Nursing: History, Challenges, and Opportunities, it was created at the request of numerous colleagues for a book that addresses the practical needs and concerns of men throughout their nursing journey.

The book presents the numerous career paths available in nursing along with a consideration of their financial benefits, job security, and personal fulfillment. It advocates for nurses who are adept at information management, high-tech skills, and teamwork. The history of nursing is discussed through biographies of nine remarkable male nurses, offering much-needed historical role models. The book also features strategies for handling a rigorous nursing curriculum, compounded by the challenges of anti-male sentiment that are sometimes present in school and in practice. It takes the reader from day one of nursing school through the licensing exam and also responds to the specific needs of second-degree and accelerated-program students. The professional development and leadership concerns of men seeking advancement in nursing are addressed.

Key Features:
• Discusses how to navigate the rigors of nursing school along with strategies for success
• Explains how to cope with gender issues in education and practice
• Illustrates how to create an application that stands out from the pack
• Helps male students boost caring skills and interact with patients in ways that reflect professionalism, empathy, and skill
• Includes advice for landing a first job
A Man’s Guide to a Nursing Career
Chad E. O’Lynn, PhD, RN, RA is an assistant professor of nursing at the University of Portland. He has been a clinical nurse specialist and adult nurse practitioner, serving neuroscience and geriatric populations. He has been a full-time educator and consultant since 2002. Dr. O’Lynn’s research has examined rural health, men’s health, and the dedicated education unit model for clinical education. However, he is most known for his research on men in nursing, particularly male nursing students. He was the lead editor for Men in Nursing: History, Challenges, and Opportunities (2007, Springer Publishing), the first academic book devoted solely to men in nursing. He is a national speaker on men in nursing and has held leadership positions in the American Assembly for Men in Nursing. He is also a registered aromatherapist. Dr. Lynn obtained his PhD from the Oregon Health & Sciences University, Portland, in 2006.
A Man’s Guide to a Nursing Career

Chad E. O’Lynn, PhD, RN, RA
With great deference,
I dedicate this book to Dr. Russell “Gene” Tranbarger. Dr. Tranbarger has devoted his 50-plus or -minus-year career to supporting the recruitment and professional development of men in nursing. His wisdom, gentle motivation, willingness to give, compassion, and his laughter make him an incomparable educator, administrator, and role model. I am forever grateful for his mentorship and partnership on our book, Men in Nursing: History, Challenges, and Opportunities (2007, Springer Publishing). Without a doubt, I will realize success if I attain just a fraction of his accomplishments.
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Contributors

**Stacey Boatright, MA** has dedicated her entire professional career to helping nursing students achieve their educational and professional goals. She has been a staff member at the University of Portland School of Nursing since 2001 and has been the graduate program counselor and grant manager since 2005. In her role, she is responsible for recruiting, admission, orientation, academic advising, and general student assistance for all graduate nursing programs and students. In addition, Boatright manages federal and private grants that support programs and students in the School of Nursing. She received an MA from the University of Portland in 2009.

**Renee G. Heath, PhD** has studied power and decision-making in organizations' collaborating stakeholder groups since 1997. She teaches graduate- and undergraduate-level communication courses for the University of Portland in Communication Studies and the MBA program. Her work on collaboration and dialogue has been published in major communication journals including the *Journal of Applied Communication Research*, *Management Communication Quarterly*, and the *Journal of Business Communication*. Dr. Heath worked as the development director of the Providence Benedictine Nursing Center and has maintained a group fitness certification from the American Council of Exercise since 1996. She consults and trains diverse groups including professionals in the Pamplin Business School (University of Portland) Executive Education program. Dr. Heath was awarded a PhD by the University of Colorado, Boulder, in 2005.
Foreword

In 1998, I volunteered to help with a classroom party in my daughter Katharine's kindergarten class. Her teacher introduced me to the class as Mr. Lecher. She said that I was a nurse who worked at Cincinnati Children's Hospital Medical Center. Both the boys and girls started saying things like, “You can't be a nurse because you're not Katharine's mom.” Four years later, I volunteered in my son Nick's first grade class. This time, the teacher introduced me by saying, “Class, this is Nick's dad, Mr. Lecher. He is a nurse at Children's Hospital.” Again the first grade boys and girls began saying that dads can't be nurses. Then in 2011, my 17-year-old daughter was volunteering as a teacher's assistant with a summer religious education program at our church with children soon-to-be third-graders. I stopped by for a visit one day wearing my hospital identification badge. I also had a second badge with “RN” printed on it in large letters. I was not there very long when one of the boys saw my badge and said, “You can't be a nurse, only ladies can be nurses.”

These three personal anecdotes highlight why A Man's Guide to a Nursing Career is needed. Currently, American children learn messages at a very early age that suggest that men cannot be nurses. These messages must change. Men have much to offer as nurses. In 2010, the Institute of Medicine proclaimed that the nursing workforce must become more diverse in terms of gender, race, and ethnicity if health care quality is to be realized. And although more men are entering nursing, the pace of increase has been glacially slow. This book will be an important tool in recruiting and retaining more men in nursing.

This book serves as a guide for young men, their families, and friends. Parents, other family members, and friends are key sources of support who also have questions. Not that long ago a father and son were referred to me to talk about nursing. The student was on the verge of declining a full scholarship to play football at a regional university. He said that his heart was no longer in football and that he wanted to become a nurse instead like his aunt. He wanted to work with and help people. The father's first question to me was “Will my son be okay if he goes to school and becomes a nurse?” I reassured them both that a nursing education and license will provide career opportunities and benefits for a lifetime. Fortunately, the student is now
working at Cincinnati Children’s Hospital and is about half way through his program to earn his Bachelor of Science in Nursing (BSN) degree. This book could be a wonderful resource for families like his as they ask the question, “Will it be okay?”

I want to congratulate Chad O’Lynn for putting together this book about men in nursing. The first section provides a comprehensive background on the opportunities for men in nursing, male role models, and continued gender challenges. The next section describes how to be successful at getting into and staying in nursing school and discusses the gender differences related to caring and compassion. Finally, the last section gives the reader successful strategies to get an RN license, the first job, working in a gender-imbalanced culture, and career progression and advancement. If you are a young man with this book in hand, read it and pursue your first nursing degree. If you are a parent with gender-related questions about your son becoming a nurse, don’t worry. We need more men in nursing, and the career opportunities are endless. And if you are a new nurse, pay attention to the advice given on how to strengthen your new career.

As a parent and a man in nursing, it is my hope that in the future, it will be natural for boys to tell their parents, teachers, and friends that they want to be a nurse when they grow up. This book, along with organizations such as the American Assembly for Men in Nursing (www.aamn.org) and supportive employers like Cincinnati Children’s Hospital Medical Center, will help nursing’s journey to become more diverse, inclusive, and one day gender-balanced. With more men in nursing, when dad the nurse comes to visit the first grade class, funny looks will be nothing more than a distant memory.

William T. Lecher, RN, MS, MBA, NE-BC
President, American Assembly for Men in Nursing
Senior Clinical Director, Cincinnati Children’s Hospital Medical Center
Preface

In 2001, I attended my first conference of the American Assembly for Men in Nursing (AAMN) in Austin, Texas. The gathering was small; many people were unable to come due to the travel problems following the 9/11 terrorist attacks that had occurred just a few weeks prior to the conference. A few scheduled presenters were unable to attend, so there were long breaks between conference sessions. These breaks were filled with networking and extended discussions of issues. Most of the issues related to the challenges of being a man in nursing. I was amazed by some of the stories of hardship and perseverance these men shared. Although I had been a nurse for 15 years at that point, I thought gender issues in nursing only applied to me and just a few other men. I had no idea that every man probably had a story to tell. Then again, I had never before been in a room with so many other male nurses.

During the conference, one nurse recently out of school commented that information sessions were valuable and would have been helpful as he struggled through some issues while a student. He asked if there was a book about men in nursing. No one in the room knew of any, to which he replied, “Well, someone ought to write a book.” I found this challenge provocative, and two years later, asked a colleague and mentor, Dr. Russell Tranbarger, to partner with me in editing the first academic textbook on men in nursing (Men in Nursing: History, Challenges, and Opportunities, Springer Publishing, 2007).

The book received much praise as it clearly addressed a gap in the literature. However, the book also received some criticism, mostly due to its academic and theoretical tone. In 2009, while attending a men in nursing conference at Monterey Peninsula College in California, a few nursing students approached me after a presentation I had given. They told me that they had read parts of the book and found it valuable, but preferred the practical information they were getting at the conference. They told me that they needed information that they could easily apply to their situations right now. One student said, “Some guys I know couldn’t come today. It would be great if this stuff was written down.” I left thinking that a new type of book was needed for young men in nursing. Coincidentally, shortly afterward, I was approached by Springer about preparing a second edition to our book. I told...
the representative that there was not enough new information and research to warrant a second edition, but I did share with him the comments I had received from the students in Monterey. The plan for this second book was then born. I took some initial ideas and ran them by my students and male colleagues. Their input on what type of book should be written was instrumental in creating the book you now have in your hands.

The audience for this book is twofold. Young men, ages 16 to 25, who are considering a career in nursing or are currently matriculated as nursing students, will find this book helpful and illuminating; their families and friends included. Nurses currently in practice will also gain from the book as it discusses issues specific to male nurses and nursing in a predominantly female profession. In this light, I have kept technical terms and jargon to a minimum. The information presented is well-researched yet concise. Throughout are personal anecdotes and instructions, when appropriate, so that the book is grounded and clear. The content also is laid out to match the path of a new career in nursing, from thinking about becoming a nurse up to the first couple of years in nursing practice. I have divided the book into three sections that roughly correspond to the three major sections of this early career path.

The first section covers that period of time when you are considering a career in nursing, which I call Why Men? Why Nursing? Why Now? Chapter 1 gives an overview of the benefits and opportunities awaiting you in nursing. Some of these benefits are tangible, such as good pay and job security. Others are less tangible, but nonetheless, just as important, such as respect and job satisfaction. I present a case to strive for your bachelor's degree in this chapter and introduce the common advanced roles that can take your career into stimulating and fulfilling directions. Chapter 2 gives an overview of the history of men in nursing. This topic was covered more fully in the previous book, but that chapter lacked clear identification of historical role models. A lack of role models contributes to a sense of isolation. Here, I cover men's history through brief stories of historical and modern role models. Since some may consider historical role models irrelevant to today's modern world, I follow each story with the lessons today's men can learn from these early nursing leaders. This format, history via male role models and the lessons they teach us, makes this chapter quite unique. In Chapter 3, I provide a brief explanation why some have had, and may still have, discomfort with the presence of men in nursing. When many of us became nurses, we naively expected other nurses to recognize our energy and talent, and welcome us into the profession with open arms. This welcome often happened. Sometimes it did not simply because we were men. This negative response may serve as a source of friction and self-doubt—something that is rarely discussed in nursing school. Chapter 3 attempts to provide you with some background and understanding so that you may respond positively to any unwelcome reception.

The next section is titled Making it Happen, and covers the preparation and educational period of becoming a nurse. In Chapter 4, my insightful and experienced colleague, Stacey Boatright, discusses the best strategies of how to get into nursing school. To the surprise of many students, becoming a nurse isn't as easy as just signing up for nursing classes at the local
college or university. In reality, there are a limited number of slots in nursing school, so admission is quite competitive. You will find Stacey's advice invaluable. Chapter 5 covers the barriers you encounter once you are a nursing student. Every student has some challenges, but nursing students have a very different experience than most college students. The demands and rigor of a nursing education makes the life of a nursing student stressful. Some challenges can be so intense that they become a potential barrier to finishing school and becoming a nurse. Examination of these barriers has been an important component of my own research. In Chapter 5, I discuss potential barriers that any nursing student might face, but then direct your attention to barriers that are unique to male nursing students. I also provide tips on how to minimize these barriers so that your nursing student journey can be as productive as possible. In Chapter 6, I discuss the all-important topic of caring and touch. No other issues are as uncomfortable for men as these two, yet they are rarely covered in much depth in nursing school. How nurses have displayed caring and have used touch historically has fed into a feminine stereotype of nursing that challenges men. In this chapter, I argue that there are many different and equal ways to demonstrate care, not just the touchy-feely style we associate with women. I also provide tips on how to touch patients' bodies comfortably and in a manner that communicates respect and professionalism.

The last section is titled The Eagle Has Landed! Working as a Registered Nurse and covers the transition period between nursing school and the first two years of professional practice. This time period is extremely stressful. Often, there is a disconnect between what the former nursing student has envisioned for himself as a nurse and the reality of working as a nurse in a setting where he must now shoulder responsibilities independently. Again, I believe men have a unique journey during this transition, particularly as they try to socialize into the culture of nursing. In Chapter 7, I explain how to get your nursing license, which first requires that you pass the licensure exam (NCLEX-RN®). I provide tips on how to pass this exam on the first attempt, followed by tips on getting that first nursing job. The latter is especially important today, since nursing jobs are not as plentiful for many new graduates as they were in different economic times. For Chapter 8, I invited my colleague Renee Heath to share her expertise on communication. Some may think that communication is not so important to warrant a full chapter on the topic, but I strongly disagree. The reality is that nursing is overwhelmingly female, and male–female challenges with communication are well-known. Also, there is an increased emphasis on the importance of teamwork in health care settings. Teamwork requires excellent communication. Many men have told me that their biggest on-the-job challenge is communicating and working with some of their female coworkers. In this chapter, Renee doesn't dwell excessively on male-versus-female differences. Instead, Renee focuses on how to best work with team members who have different assumptions about communication. Lastly, Chapter 9 sends you off into your career with a discussion of professional development. The need to continue to learn and grow continues throughout your career. Development plans must be started early in your career if you are going to avoid stagnation and burnout. In this
chapter, I discuss how to obtain and work with mentors. I also instruct you to return the favor by becoming a mentor to the nurses that follow you. I also touch on leadership development. To become an effective leader in today's nursing world, you must adopt new perspectives that include an understanding of systems and chaos. You may have heard about these perspectives in your nursing courses, but systems issues and chaos can hit you hard once you begin working as a nurse. I encourage you to start to understand these perspectives so that you can affect change and improvement in your own practice and in the settings in which you work.

And one last note: in a few appropriate places in this book, I have very intentionally used the pronoun he to refer to a generic nurse. A common irritation for men in nursing is the use of she when referring to the generic nurse. Following the practice of my feminist friends who intentionally use she in male-dominated contexts in order to raise the reader's awareness of gender discrimination, the use of he in this book seems appropriate. My intent by doing this is not to exclude or offend my female readers.

Putting this book together has been like a long-term relationship. At times I have embraced the content with passion. At other times, I have had to take some cooling-off periods and put the book aside for a few months. But I have never lost sight of the conversations I have had with men in nursing. So here is this book. It's designed to be rather brief, accessible, and provide easy-to-apply information to your personal situation. The focus of this book is on the early portions of your nursing career, a time filled with risk and doubt. Although you will find many other books to guide your career journey once you have become a nurse, I trust that you will keep this book as a reference, especially as you advise and mentor young men as they start their own journeys as nurses.

Fear not to spread your wings. Use them to soar to new heights and to protect those entrusted in your care. Happy reading!
Acknowledgments

I am deeply grateful to my colleagues Renee Heath and Stacey Boatright, who generously contributed their expertise to this book. I am inspired by the numerous men in nursing school who persevere despite adversity in their journeys. I thank Allan Graubard, Executive Editor, Springer Publishing, for giving me such a generous timeline to complete my work. And most importantly, I owe much to my partner Doug, for his love and understanding of my many late nights at the computer. You really are the best!
I probably don’t have to tell you that nursing is an excellent career choice. Even during the recent recession, employment in health care remained strong. In fact, it has been one of the few industries that has continued to hire new employees, making it rather recession-proof. Of all health care careers, nursing offers the most flexibility and opportunities. In 2008, there were over 3 million nurses in the United States (U.S. Department of Health and Human Services [USDHS], 2010), making them the largest group of professionals in health care (Dohm & Shniper, 2007). And even though more people are becoming nurses, there continues to be a shortage of nurses that will worsen, especially as older nurses retire (American Association of Colleges of Nursing [AACN], 2011a; Auerbach, Buerhaus, & Staiger, 2011; Buerhaus & Auerbach, 2011). In fact, the job growth for registered nurses from 2010 to 2020 is believed to be 26%, higher than the average for all occupations (Bureau of Labor Statistics, U.S. Department of Labor [BLS], 2012a). The ongoing demand for nurses has captured the attention of the media. News reports, public service announcements, and ad campaigns have become common, all in an effort grow the nursing workforce. Perhaps you have seen some of these. They mention the good pay, professional opportunities, and job satisfaction. But there are other benefits of becoming a nurse. And nursing for men has never been better.

**JOB SECURITY**

The nursing shortage practically guarantees job security, something important to consider in these tough economic times. Even though it is harder for some nurses to find their ideal job right after school (see Chapter 7), the vast majority of graduating nursing students find jobs in just a short period of time. As the economy recovers from the recent recession, nurses will be in higher demand. If current projections hold true, there will be a need for an additional 712,000 nurses by 2020, and possibly as many as 3 million more
nurses by 2030 (Auerbach et al., 2011; BLS, 2012a). These numbers don’t include the nurses that will be needed to replace nurses who will retire in the upcoming years. It is unlikely that this need will be met if current levels of nursing students remain stable. All the experts agree; the employment picture for nurses looks bright.

**ATTRACTIVE SALARIES**

With a shortage of nurses, working nurses command better salaries than many other occupations. Also, nursing salaries continued to rise even during the recession. The average salary for a registered nurse in May 2011 was $69,110 per year, or $33.23 per hour (BLS, 2012b). Compare this salary with the average salaries of high-school teachers ($56,260), police officers ($56,260), retail store managers ($40,630), and general construction laborers ($34,170). Keep in mind that salaries vary depending upon the employer, experience, and education of the nurse, and the nursing specialty. Nurses often earn extra money for working nights, weekends, holidays, and overtime. Salaries vary in different locations. For example, nurses earn the highest average salary in California ($90,860) but the lowest in Iowa ($53,300), though new nurses should expect to earn less than advanced practice nurses with many years of experience. Still, nurses typically earn an attractive salary that can support their families.

**JOB SATISFACTION**

Attractive salaries contribute to high levels of satisfaction among nurses, but other factors count too. For example, relationships with coworkers and management, ability to make independent decisions, opportunities for advancement, workload, hours, health benefits, and many other components of the job contribute to a nurse’s level of job satisfaction. Sometimes, these factors are more important than money. For example, nurses who work the night shift can make more money than their day shift colleagues, but night shift work often interferes with family responsibilities and social schedules. In Oregon, nurses who worked in hospitals were more satisfied with their salaries and relationships with their bosses than were nurses who worked in other settings, but nonhospital nurses were more satisfied with the safety of their workplaces, quality of care they could provide patients, personal independence, and their relationships with their patients (Oregon Center for Nursing, 2010). Overall, nonhospital nurses were more satisfied with their jobs than were hospital nurses. These findings were a little different nationally. In total, 79.8% of hospital nurses were satisfied with their jobs and 73.8% of nonhospital nurses were satisfied with their jobs (USDHHS, 2010). Still, these are very high rates of satisfaction. Both in Oregon and nationally, nursing job satisfaction has increased in recent years.

**RESPECT**

I probably don't need to convince you that the nursing profession is honorable and worthy of respect. Otherwise, you wouldn't be reading this book. But your high regard of nursing is shared by others. Each year
since 1977, the Gallup Corporation surveyed the general public about how they rate various professions on honesty and ethical standards. In 1999, they added nurses to the list of professions. The public has rated nursing as the top profession every year since except for 2001, when the Gallup surveyors added firefighters to list following the 9/11 tragedy. Nurses have always been rated higher than doctors, pharmacists, teachers, judges, and the clergy in terms of honesty and ethical behavior. Better yet, the public’s high ratings have remained consistent over the years (Gallup, 2012). There are several implications for these high ratings. First, becoming a nurse commands respect. You may get a little ribbing from friends or family who think nursing is women’s work (see Chapters 2, 3, 5, and 6), but no one can deny that your career choice is a worthy one. Second, as a nurse, your patients will rely on you for information, for service, and for action. You have their trust, for the most part, simply by having the initials “RN” (registered nurse) after your name. Third, since patients have so many needs, you will find many rewards and much satisfaction knowing that your actions are appreciated by so many. And fourth, the public trusts nurses to lead the way for better health care reform by ensuring that caring, comfort, and patient needs are not forgotten in any changes to the system (IOM, 2011).

**OPPORTUNITIES**

With such demand, attractive wages, job satisfaction, and public respect, it’s no wonder why nursing is so attractive. In addition to these benefits, there are numerous opportunities for nurses to advance and/or refresh their careers. Nursing overflows with different roles, specialties, and work settings, so much so that I tell students there is no reason why a nurse should feel like he is in a rut. With additional training or with a return to school, nurses can change their careers to better match their needs. Few professions offer such variety.

**Certified Nursing Assistant, Licensed Practical Nurse / Licensed Vocational Nurse**

Most nursing opportunities are available for RNs. There are, however, two other nursing roles that I must mention. First is the certified nursing assistant (CNA). CNAs work under the supervision of other nurses. They provide many direct nursing services to patients in hospitals, clinics, care facilities, and sometimes in patients’ homes. CNAs primarily provide assistance with personal tasks (such as hygiene, dressing, and exercise) and health monitoring (such as measuring blood pressure). The range of services CNAs may provide differs from state to state and among employers, but CNAs sometimes give medications and treatments (such as wound care). Our health care system relies heavily on CNAs for this important work. Many CNAs find their work rewarding since they can often develop strong connections with their patients. Many nursing students work as CNAs to further develop their nursing skills. Others work as CNAs as an introduction to nursing. CNAs
usually must complete a training course that lasts from several weeks to a few months. These courses are provided by employers, community colleges, or private technical schools. If you have questions whether nursing is the right career for you, I strongly recommend working as a CNA to experience nursing from the inside.

Another role in nursing is the licensed practical nurse or licensed vocational nurse (LPN/LVN). These nurses provide a wider range of services than do CNAs and work generally with much more independence. Typically, LPN/LVNs work under the supervision of the RN or the doctor. LPN/LVNs work in all health care settings and may take supervisory roles in some settings. Depending upon the state, many LPN/LVNs can provide most of the same services as an RN; however, only the RN has full authority (and responsibility) for developing plans of care that are provided to patients. LPN/LVNs carry out plans of care, and assist in revising or updating these plans based on their keen observation skills and meticulous record-keeping (LPNtraining.org, 2012). LPN/LVNs must take courses from local community colleges or technical schools, though most are not required to earn a college degree in order to get their LPN/LVN license.

Pathways to the RN License

Most opportunities in nursing require that you first become an RN. All states require that you complete an approved educational program and pass a licensure exam to become an RN (see Chapter 7). Most nurses earn a college degree. There are four types of educational programs that allow you to get your RN license: diploma, associate’s degree (ADN), bachelor’s degree (BSN), and the more recent alternative graduate pathways (Raines & Tagliaferi, 2008). Diploma programs traditionally were offered by hospitals, but now most are offered jointly by a health care institution and a college. Typically, graduates of these programs do not earn a college degree. The number of these programs has dropped greatly since 1965, when the American Nurses Association recommended that diploma programs move to the college and university system. ADN programs are offered by community and private colleges. Their emphasis in the past had been on teaching students the technical skills of direct nursing care, but many now provide coursework covering leadership, policy, quality improvement, and other professional topics. Interestingly, some refer to these programs as “two-year programs,” even though most students require up to three or more years to complete all the required coursework. The BSN program is offered at four-year colleges and universities, and prepares students to work in all health care settings in the widest variety of RN roles. Students learn all the content offered by ADN programs, plus additional education in the humanities, management, and professional practice. And finally, the alternate graduate pathway program was developed to offer students who have a nonnursing bachelor’s degree an option to become nurses without starting school over again. Graduates of these programs earn a bachelor’s degree in nursing and become nurses
and/or earn a graduate nursing degree as well. These programs vary from school to school, but they often offer the undergraduate nursing content at an accelerated pace. These programs prepare students for a variety of roles, including advanced nursing roles.

The multiple paths of becoming an RN have been a source of controversy for many decades. The reasons for the different paths are complex and intertwined with the history of modern nursing. Generally speaking, different paths emerged as educational philosophies changed, as nursing became a more developed profession, as health care became more advanced and complex, and as a means to sustain an adequate number of nurses in times of labor shortages. Today, the primary benefit of the different paths is flexibility in options of becoming an RN. Based on your personal finances, schedules, and time constraints, you may choose one path over another. Conversely, the primary problem created by different paths is the lack of consistency over the educational preparation of nurses. For many years, there have been intense debates within nursing to establish a minimum RN education requirement. Unlike other health care professions, nursing has been unable to resolve the differences within its ranks. (My belief is that nursing was unable to make bold decisions in fear of upsetting colleagues and employers.) The intensity of the debate lessened in the latter part of the 20th century, as nurses adopted an agree-to-disagree attitude. This attitude, however, hasn’t solved the core problem.

In recent years, most health professions recognized that the bachelor’s degree was the minimum educational requirement for professional practice, with many even requiring graduate degrees. In many clinical settings, nurses have the lowest level of education compared to other health professions. This can make it more difficult for nurses to be treated as equal members of the health care team. More important, less education may also hamper patient care. In several well-publicized studies, RNs with lower levels of education were associated with more negative outcomes for patients, including death, in hospital settings (Aiken, Clarke, Cheung, Sloane, & Siber, 2003; Friese, Lake, Aiken, Silber, & Sochalski, 2008; Kendall-Gallagher, Aiken, Sloane, & Cimiotti, 2011). The findings from Aiken et al.’s 2003 study were confirmed five years later. The researchers found that for every 10% increase in BSN-prepared nurses on staff, hospital risk of death dropped by 4% (Aiken Clarke, Sloane, Lake, & Cheney, 2008).

These studies have been criticized. Good nursing care is provided by all types of nurses in all types of clinical settings. Still, there is a common sense perspective that more education will benefit nurses and their patients. Perhaps the extensive work by the Institute of Medicine (IOM) has convinced nursing to move toward the bachelor's degree as the minimum requirement for RNs better than has these studies. The highly respected IOM has published ground-breaking reports for over 20 years, which have significantly influenced reforms to improve the safety and quality of health care. Their reports described the new responsibilities of nurses and the increased education they will need to meet the challenges of tomorrow. The IOM recommended that at least 80% of all nurses have their BSN degrees by 2020.
Current healthcare reform initiatives call for a nursing workforce that integrates evidence-based clinical knowledge and research with effective communication and leadership skills. These competencies require increased education at all levels. Without a more educated nursing workforce, the nation’s health will be further at risk. (AACN, 2010, para. 2)

Although the Council stopped short of recommending a requirement of a bachelor’s degree, it did acknowledge the need to increase the number of BSN nurses and called for the development of education programs and policies to make it easier for nurses to earn their bachelor’s degrees.

Some employers are taking a bolder stance. The U.S. military now requires all active duty nurses in the nurse corps to have a bachelor’s degree. The U.S. Public Health Service requires commissioned officers to have a bachelor’s degree. The Veteran’s Administration will no longer grant promotions beyond entry level to nurses who do not have a bachelor’s degree. The nation’s magnet hospitals (hospitals recognized for superior nursing quality and patient care) will require that all nurse managers have a bachelor’s or graduate degree by 2013 and have plans in place to achieve 80% of their nurses to have bachelor’s degrees by 2020. Since many of these hospitals have rates currently lower than 80%, some have stopped hiring nurses who do not have a bachelor’s degree (Anna Maria College, 2012).

Even further, New York and New Jersey have introduced proposals to require all new nurses get their BSN degrees within 10 years of graduation if they do not already have one (AACN, 2012a). Other states are considering similar proposals. Such requirements are increasing the number of students enrolled in BSN programs and in ADN-to-BSN completion programs. AACN (2011a) reported that BSN enrollment has increased every year since 2002, and that enrollment in completion programs jumped 13.4% between 2010 and 2011. Still, aggressive action will be needed if the IOM goal of a BSN-prepared workforce is to be realized. Employers, nursing leaders, nursing organizations, and schools of nursing will need to work together to provide assistance, support, and user-friendly programs for nurses to earn their BSN degrees (AACN, 2010; IOM, 2011).

RN Specialty Practice and Advanced Roles

Greater diversity lies in the career directions your RN license can provide. Once you finish school, you will be prepared to work as a novice nurse in many types of settings. Not all settings hire nurses right out of school, but as a new graduate, you have multiple options for employment, especially if you have flexibility in hours, shifts, and location. In a short period of time on the job, you will begin to gain expertise in certain types of nursing. For example, some nurses gain expertise in a certain age group of patients,
such as pediatrics or geriatrics. Some nurses gain expertise in types of diseases, such as heart diseases, cancer, or mental health. Other nurses gain expertise in caring for patients in highly specialized settings, such as the emergency department, the operating room, or the community clinic. Still others become jack-of-all-trades by caring for many types of patients presenting with many types of health problems. My point here is that you can quickly specialize by seeking employment and opportunities in the types of nursing that interests you most. Some specialties, such as critical care, take many years to develop significant expertise; however, even as a new nurse, you can create a plan to gain knowledge and experiences that will help you establish and maintain expertise (see Chapter 9).

To help develop specialized practice, consider joining a nursing specialty organization as soon as you become a nurse. These organizations provide additional learning and development opportunities, as well as networking and leads on potential jobs. Sigma Theta Tau International (STTI), a nursing honor and scholarship society, lists over 50 organizations geared toward clinical specialties (STTI, 2011). These specialties range from neonatal nursing to hospice care nursing, literally everything from birth to death. In addition, other organizations are available to meet the needs of different groups of nurses, such as the National Black Nurses Association and the American Assembly for Men in Nursing. Still other organizations focus on various nursing roles, such as nurse educators or nurse practitioners. Some of these organizations have local chapters, making it easy to become involved. Other organizations provide opportunities on a national, or even global, level. In addition, many of these organizations serve like-minded nurses representing various nursing roles. For example, the American Association of Neuroscience Nurses meets the educational and networking needs for beginning RNs as well as advanced practice nurses.

Many nurses have rewarding careers at the bedside providing expert hands-on care to patients. But other opportunities abound for nurses by moving into advanced nursing roles. Some of these roles, such as nursing management or nursing education, have not always required education beyond a bachelor’s degree. Today, more employers are requiring that these nurses obtain graduate degrees. Other advanced roles require graduate education for legal recognition. Table 1.1 provides a brief description of the more common types of advanced roles and the educational requirements for each, although other advanced roles in research, government, or health policy are available.

Many of you have heard of master’s and PhD (Doctor of Philosophy) degrees. In 2006, AACN clarified another type of degree, the practice doctorate. This degree is common in many professions, yet had always been inconsistent in nursing. Although considered a terminal degree (highest degree) in nursing, the practice doctorate differs from the PhD. The PhD places great emphasis on research and creating new knowledge for the profession. This degree is well suited for preparing nurse researchers and nurse educators. The Doctor of Nursing Practice (DNP) degree has greater emphasis on the application of research in advanced practice. This degree is well suited for preparing advanced clinical nurses, as well as nurse educators (AACN, 2006).
<table>
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<th>ROLE</th>
<th>DESCRIPTION</th>
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<tr>
<td>Nurse Executive</td>
<td>Nurse executives design, facilitate, and manage patient care delivery. They are mainly involved in management and administrative issues, plan and develop procedures and policies, and handle the budgets of health care facilities, such as hospitals, nursing homes, and health clinics. (NursingSchools.com, 2012)</td>
<td>Bachelor’s degree minimum, Master’s degree or higher preferred</td>
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<td>Nurse Educator Practice</td>
<td>Nurse educators are expert nurses who use evidenced-based teaching methods and learner supports to educate, counsel, advise, and prepare future nurses.</td>
<td>Master’s degree minimum, Doctor of Nursing Practice or PhD are preferred</td>
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<td>Clinical Nurse Leader (CNL)</td>
<td>The CNL designs, implements, and evaluates client care by coordinating, delegating, and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals in all types of settings. (AACN, 2007)</td>
<td>Master’s degree or higher</td>
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<td>Nurse Practitioner</td>
<td>The NP role varies from state to state and by specialty, though the NP role generally provides primary care services. NPs may diagnose numerous conditions and prescribe various treatments and therapies. They also focus on health promotion and wellness. (American Academy of Nurse Practitioners, 2010)</td>
<td>Specialized Master’s degree; Doctor of Nursing Practice or PhD are preferred</td>
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<td>Clinical Nurse Specialist (CNS)</td>
<td>CNSs are expert clinicians in a specialized area of nursing practice. They influence care outcomes by providing expert consultation for nursing staffs and by implementing improvements in health care delivery systems. (National Association of Clinical Nurse Specialists, 2012)</td>
<td>Specialized Master’s degree; Doctor of Nursing Practice or PhD are preferred</td>
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<td>Nurse Midwife</td>
<td>Nurse midwives provide a full range of women’s health services, including primary care, gynecologic and family planning services, care during pregnancy, childbirth, and care of the normal newborn. (American College of Nurse Midwives, 2010)</td>
<td>Specialized Master’s degree; Doctor of Nursing Practice or PhD are preferred</td>
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<td>Nurse Anesthetist (CRNA)</td>
<td>CRNAs provide anesthetics to patients in every practice setting, and for every type of surgery or procedure. (American Association of Nurse Anesthetists, 2012)</td>
<td>Specialized Master’s degree; Doctor of Nursing Practice or PhD are preferred</td>
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It is the hope of AACN and other nurse leaders to require all future advanced practice nurses to earn the DNP degree in order to get their advanced nursing licenses. The IOM (2011) issued a bold recommendation that the profession double the number of nurses with doctoral degrees by 2020 in order to meet the demands of a more complicated health care system. Many schools of nursing are changing their master’s degree programs to DNP programs. Current advanced practice nurses are encouraged to return to school to upgrade their education degrees.

MEN WANTED

It’s no surprise to you that women dominate nursing, but it may be surprising just how underrepresented men are in nursing. The most recent data show that 7.1% of working nurses are men, and 6.6% of all nurses overall are men (USDHHS, 2010). Although these rates are up from previous years, few health professions are as gender-lopsided as is nursing. There are many reasons for the imbalance, and several chapters in this book discuss these reasons in detail. But gender imbalance is a problem since it doesn’t provide diversity. The benefits of having a diverse nursing workforce that mirrors the population have been discussed for years. At the most simple level, patients may relate better to nurses who are like them—in age, race, background, and in gender. Recently, nursing and health care leaders have begun to recognize the gender imbalance as problematic. (Historically, discussions of diversity have focused only on racial and ethnic diversity.) For example, AACN (2011b) stated that “the need to attract students from underrepresented groups in nursing, specifically men…is gaining in importance…” (para. 1). They further stated “All national nursing organizations…agree that recruitment of underrepresented groups into nursing is a priority for the nursing profession in the US” (para. 8). Also, the IOM (2011) specifically noted men as underrepresented in the nursing workforce and that all groups should work together to increase workforce diversity. Unfortunately, AACN and other groups have not yet put much work or money into programs designed to bring more men into nursing, unlike resources that have been devoted to attracting other groups into nursing.

Still some efforts are underway to attract more men to nursing. Johnson and Johnson’s “Dare to Care” television ad campaign has featured male nurses for several years now. Several schools are specifically targeting men to enroll or providing supports designed to meet the needs of male students. Some of these schools have been named “Best School or College of Nursing for Men” by the American Assembly for Men in Nursing (2011). It is possible that these efforts are starting to make some progress, though word-of-mouth may be having even a larger effect. According to AACN (2012b), 11.4% of BSN students, 9.9% of master’s degree students, 6.8% of PhD students, and 9.4% of DNP students were male in 2011. This represents an increase from previous years. Clearly, these numbers will not fix the gender imbalance in nursing right away. Men are needed in nursing, and needed in much larger numbers. The door is open for you.
SUMMARY

In recent years, many thousands of people have lost their jobs, or have had to take cuts in pay or hours just to keep their jobs. Many others worry that their jobs may not be around in the future, or they feel that their jobs no longer fulfill or satisfy them. This is not the case with nurses. Nursing is one of the few careers that seems to weather hard economic times. Nursing continued to grow during the recent recession, and growth is expected to increase as the demand for nurses in the near future increases. This demand will provide job security and attractive salaries. Also, nurses continue to make strong and rewarding connections with their patients. These connections have earned nurses the highest levels of respect from the general public.

As health care becomes more advanced and complex, nurses' responsibilities and educational requirements have increased. This has provided challenges that nurses find stimulating and career advancement opportunities that continue to grow. With on-going learning and experience, nurses can obtain high levels of expertise. Many nurses choose to spend their careers as expert bedside nurses. Others pursue careers in administration or education. Others pursue advanced careers as high-level clinicians, researchers, and policy makers. Most of these roles require further education. Nurse leaders and the IOM are pushing for a more educated nursing workforce. Schools, employers, and institutions are working together to help nurses continue their education.

These benefits and opportunities contribute to the high levels of satisfaction nurses have about their jobs and careers. Job satisfaction contributes to a good life. It's no wonder, then, that so many young people are giving nursing a serious look. Yet today, nursing remains one of the most gender-lopsided health professions. Nurse leaders now recognize the imbalance as a problem. Men are strongly encouraged to consider a career in nursing. Clearly, there is no better time than now to be a nurse!

REFERENCES


