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# Men in Nursing Education

Mapping Educational Practices and Student Experiences in Iceland, Denmark, and Norway



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 Roskilde University

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RESOURCE CENTRE FOR MEN

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## Foreword

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Despite having made large gains in gender equality, the Nordic countries still struggle with a conspicuously gender divided labour market. While women are increasingly entering traditionally male-dominated, high prestige professions such as law and medicine, men are not entering professions, vocations and jobs with a female majority to the same extent.

Challenging gender-traditional educational choices so that people's competencies can be used in the best possible way is important if we are to create a sustainable, diverse, and more gender equal working life.

Men are underrepresented in care professions in all the Nordic countries, and this is especially true in nursing. Men make up only two percent of nurses in Iceland, four percent in Denmark, and ten percent in Norway. Low enrolment and high dropout among male nursing students suggest that educational institutions can do more to recruit and retain men.

The recommendations focus on measures that the educational institutions in the Nordic countries can implement, but also includes recommendations for nursing unions and public authorities.

In this project a team from Reform, together with esteemed colleagues in Denmark and Iceland, have worked together to advance gender equality in the Nordic work life by looking at measures to increase the number of men in caring professions.

We want to give our thanks to all statistical units and staff at nursing education that have been helpful with retrieving relevant numbers, and for representatives from nursing unions and researchers we have been in contact with for being generous with their time, knowledge and contacts.

We thank the Nordic Council of Ministers for their kind support. We hope that our mapping, findings and recommendations will lead to an increased political and societal effort for real changes to be made in one of the key sectors of the gender divided labour market.

Not only is this necessary to maintain the Nordics as the world's no1 region when it comes to gender equality. Increased recruitment of men as health workers in general and nurses, is in fact of great importance to secure a safe functioning of the Nordic welfare states themselves.

*Reform – Resource Centre for Men  
Oslo, July 2019*

### 1. Why more men in nursing?

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*When I first began working at the nursing home, I didn't consider becoming a nurse, I just worked for the sake of working. But then I heard from both residents, co-workers and other people I knew, that "you should become a nurse." I heard it so often, that one day, at last, the penny dropped "You are going to become a nurse!"*

Male student explains his decision to become a nurse.

Why did we conduct this project on recruiting more men to nursing education in the Nordic countries? Well, there are several reasons– each relating to central challenges reported in public debate and/or research:

- 1) General concerns for recruitment to secure future workforce in a time of general labour shortage and sparse recruitment
- 2) The broader policy goals to create diversity, and combat inequalities and discrimination (UN sustainable development goal 5 and 10) demands a closer look towards the institutional practices – not least in education
- 3) A traditionally narrow recruitment seems to reproduce a very limited mobility – especially of male to female occupations
- 4) A broader and more diverse recruitment of nurses will better be able to cater for more diverse needs among patients

We will initially look a little bit closer at these four points of departure:

Firstly, it must be noted that the Nordic countries will have an immense shortage of health professionals in the years to come, and this is especially true for nurses. The Norwegian union for nurses argues that Norway will lack up to 30 000 nurses in the next 20 years, referring to their prognosis as a “notified crisis” (Hofstad, 2016). The same is true for Denmark. Making the nursing profession, and education, attractive for more than 50 percent of the population therefore seems like a good way to start. Even though the need for nurses is bigger than ever, and even though a nurse is almost guaranteed a job after finishing the degree, the number of men in nursing education has been mostly stable, at between 3-13 percent for a long time now. So why won't men study nursing?

Secondly, all Nordic countries have legislation to promote equality and diversity, through anti-discrimination laws and laws prohibiting racism. Still, the Nordic countries have a huge gender gap in education, especially concerning men choosing traditional, so called male

professions and vocations. We see a certain mobility in the female population, with more women choosing an education and profession formerly known to be male dominated, following the rapidly rising number of young women attending higher education at universities and colleges over the last decades. With women advancing into professions formerly considered as masculine, and dominated by men, you would perhaps expect something similar to happen with men entering professions traditionally understood as female. However, they don't! Despite the fact that men (as fathers) especially in the Nordic countries have taken up a more caring and relational tasks in their families. Though we have seen a slight movement in the enrolment and recruitment of men into education and jobs which qualify for traditional 'women's work' – e.g. in pre-school and kindergarten (See Baagøe Nielsen, 2011), the movement has been slow and, in some jobs, insignificant. This seems especially to be the case in higher education. A lack of mobility among young men will of course lead to a sustained segregation of the labour market, and thus also to the reconstruction of institutional barriers, and a reproduction of cultural stereotypes and social inequalities.

Thirdly, we see a need for a diversity in the recruitment of nurses – and worry that men – and young men particularly - still experience strong structural and cultural boundaries and obstacles – despite the fact that certain broader social and cultural trends show more positive and optimistic sign – towards more caring masculinities. We know quite a lot about how these boundaries work as individual obstacles for men in 'women's work' in general, but less about how they are experienced by individual men in educational setting. One common barrier is the self-perpetuating and –affirming 'logic' of numbers. When men (or any gender) is in great minority, it becomes even more difficult to recruit. Therefore, securing diversity in recruitment would allow and encourage more men to enter. We should listen to the experiences and insights of the men who have taken these first steps.

Fourthly, a broader and more diverse recruitment would open for a wider range of identities and qualifications within nursing. Nursing always involves personal and relational contact with patients of all kinds. Men in grief, women in pain, children with disabilities, elders with sexual difficulties, LGBTQI-persons giving birth or with cancer, and everything in between. Though we have come to realize that identities are not destiny, identity and familiarity are still valued and considered important in many relational, emotional and intimate contacts between humans. Patients are often in a vulnerable position, some are facing lifechanging illnesses and injuries, some in need of help and support with life altering and severe challenges, will often value a safe and understanding support, where they feel recognized and accepted as individuals. In other words, when patients are recognized as diverse, it opens a room for recognition of a more individualized care – and a more diverse staffing. Nurses should, like other 'relational' professionals, represent and reflect the diversity we find in the general population. This way, patients will receive care from nurses they can relate to, and nurses will more readily be able to understand and relate to their patients' individual needs.

These assessments and questions were the basis for the study we have conducted, as well as the report you're reading. Through this study we have sought out the (relatively few) men in



nursing education in Norway, Denmark and Iceland, as well as teachers, experts and other professionals, to interview them. We wanted to map, to analyse and de-construct the gender divide in nursing education. While doing so, we have also made some suggestions as to how these education institutions, teachers and students could help increase the number of male applicants to nursing education, preventing men from dropping out of the programme before graduation, as well as making it attractive for men to work as a nurse after they finish their education.

## 2. Situation in the Nordics

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What is the general situation of men studying to become nurses attending the bachelor programmes in Iceland, Denmark and Norway? What is the percentage of male and female students? Are there any special policies and recruitment that are used to improve the gender balance? And what about drop-out, is it a bigger problem for men compared to women? In this chapter of the report, we will outline the general situation of men in the bachelor programmes.

### **2.1 Men and Nursing in Iceland**

Three percent of the registered nursing students at the University of Akureyri, and University of Iceland, are men if the tally is taken in October (prior to the results of competitive exams). From year 2014 until 2017, five students have dropped out of the Nursing programme at University of Akureyri, all women. The dropout rates for the University of Iceland do not show a disproportionate dropout rates for men either. Nationwide, men make up for about three percent of the nursing population. In contrast, men in Italy make up about 25 percent of labour force in the nursing profession. In Scandinavia the number is about 10 percent, as is the same in The United States. The question is why a country, that consistently ranks on the top of the World's Economic Forum's Gender Gap report, lags so far behind on the same list when it comes to male participation in the traditional female profession of nursing.

In the last twenty years, the University of Iceland and the Icelandic nursing Association have participated in several campaigns to increase male enrolment without any durable success. There have been reports written and studies published – but without any lasting results. The ratio of about three percent seems consistent. Thus, the question remains; what can be done to increase this uneven ratio? The last effort made by the Icelandic nursing Association is to offer reimbursement of the university registration fees to the male nursing students, for each year passed in the programme. This is done by both the University of Iceland and the University of Akureyri and will commence in spring 2019. The amount is considered nominal (75.000 ISK, approx. 600 Euro), but the initiative raised some controversy within the nursing profession, and to some extent, the rest of the Icelandic society.

### **2.2 Men and Nursing in Denmark**

Between 2005 and 2018 the average percent of male nursing students enrolled in Denmark have been around 5,8 percent in average. The percentage has been rising slightly from around five percent (in 2006) to close to seven percent (in 2016) – but dropping slightly again the last two year back to around six percent. In this period, the total number of nursing students enrolled rose from 2901 to 3837 per year (and the number of male nursing students rose from 156 (2005) to 236 (2017)). However, the dropout rate for men have been significantly higher during all of these years – the average of male nursing student's dropout rates has been 40,4 percent, compared to the female nursing students, where drop-out is around 22,8 percent. This

means that the number of graduating male students are still just around five percent of the total graduates.

Danish legislation (Sex Discrimination Act) prohibits any explicit favouritism or positive discrimination against men and women (Ministeriet for Ligestilling og Kirke, 2013).

According to law, institutions or general governmental efforts cannot introduce measures like quotas to reserve seats for men or encourage more men to consider nursing as a possible profession. When female applicants have a better qualifying grade average than male ones, the nursing programmes are not allowed to give priority to men – to recruit.

The law allows for general encouragement (such as statements encouraging ‘all genders to apply’).

As is the case for most gender equality work in Denmark the central agents will have to rely on encouragement of different kinds and think of small-scale accommodations to students gendered interests and understandings.

### **2.2.2 Danish Nurses' Organisation campaign**

An example of this is the launching of a relative ambitious campaigns and recommendations by the Danish Nurses' Organisation & SLS (National confederation of Nursing students), "Man can be nurse" (“Mand kan blive sygeplejersker”) (DSR, 2016). In the headline, there is a wordplay on the connotations between the Danish word ‘mand’ – meaning ‘man’, but often used traditionally to mean ‘human’ – but today also means something similar to ‘everybody’ – i.e., ‘everybody can be a nurse’. The Danish Nurses' Organisation programs have set up the following recommendations to retain male nursing students (Nov. 2015):

Recommendations regarding the study environment:

1. Gather all men in one to two classes (nobody should be the only man in class)
2. Organise study groups with members of both genders (spread male students in study groups)
3. Think and create a lively social life at campus and in the programme
4. Make specific activities targeting men (football and fitness is mentioned + network where male students can meet – also with prior students, who can act as role-models and mentors)

Recommendations regarding the teaching:

5. Consider the representation of genders in teaching materials/textbooks
6. Make better coherence between theory and practice (focus on the impact on gender/intimacy/sexuality in practice-situations with patients)
7. Make more individual exercises – less group work (no direct argument around gender)
8. Show more ‘positive male role-models’ and info about future carriers from alumni and (more) male teachers.

Retrieved from: <https://docplayer.dk/15429480-Anbefalinger-fra-dsr-og-sls-hold-fast-i-mandlige-sygeplejestuderende-til-gavn-for-patienter-arbejdspladser-og-samfundet.html>

Similar campaigns and local initiatives have continuously been made over the last decades, mainly focusing on changing the gendered cultural perceptions and possibilities of recruitment. These campaigns have had limited and/or very local effect (Baagøe Nielsen, 2011).

### **2.3 Men and Nursing in Norway**

In Norway, men currently make up 10 percent of the employed nurses and 13 percent of nursing students (Skjøstad, m.fl. 2019 and DBH, 2018). These percentages have been stable over many years with a marginal increase. In 2005, 12 percent of the nursing students were men.

In 2018, 14 percent of the nursing student body were men (DBH, 2018). However, statistics from previous years show that the drop-out rates among male students are considerably higher than that of women. In 2018, 10 percent of the students graduating as nurses in the bachelor programmes were men. The drop out for men are in some instances drastic. A study from Oslo Metropolitan University shows that nearly half of the male students dropped out, compared to 19 percent for women. The researchers point to the need for more detailed knowledge of the struggles of different groups of students (Nedregard and Abrahamsen, 2018).

Some nursing programmes have tried other special measures to recruit or retain male students. Such measures include annual luncheons or special newcomer's meetings for male nursing students, and male student clubs or study groups. In addition, The Norwegian Nurses Organisation's Students, has since 2015 run the campaign "Men can be nurses" (#mannkanblisykepleier) in which male nurses and nursing students share their stories on social media. To the best of our knowledge, none of these measures have been evaluated and it is unclear whether they have had a positive impact.

Other recent events that might impact the number of male nursing students is changes to admission requirements and an ongoing effort by the Norwegian Nurses' Organisation to recruit more men to nursing. Starting from 2019, there will be a higher grade and admission point requirement for gaining admission to the nursing programme. Another development in the field is the decision by the Norwegian Nurses' Organisation to work towards a goal of 20 percent male students by 2019. To achieve this goal, the union started a project in 2017 which includes research and new communications strategies.

The government has recognised the gender imbalance in nursing and has identified it as part of a larger pattern in the Norwegian labour market. It is stated that gender segregation is seen as one of the key obstacles to implementing the UN Sustainable Development Goals (Norwegian Ministry of Finance, 2016). The Gender Equality Commission appointed by the Norwegian government (NOU 2012:15) made several recommendations for challenging

gender segregation in higher education. The commission's recommendations included use of affirmative action such as scholarships and extra admission points for all underrepresented genders, as well as the establishment of a national programme for free-choice education and measures to increase gender equality in textbooks. Despite the commission's recommendations, there has been little political will to use positive action measures to increase the number of men in professions and vocations with a well established female majority such as care work.

In 2017, however, the gender equality legislation was amended, with a new law allowing the use of preferential treatment to include men. In 2018, during this project, two nursing schools were granted permission to offer two extra admission points for male students, one of which is a part of this study - Lovisenberg Diaconal University College in Oslo. We will discuss the results as part of the findings.

### ***2.3.1 About extra admission points for the underrepresented gender in Norway***

Extra admission points connected to gender is authorized by regulation in Norway and has for the last 20 years been practiced at a number of educational institutions where women are under-represented. Female applicants are given extra credits on several programmes in higher education, including engineering education (excluding chemistry), computer science and maritime college education. In veterinary studies and studies to become paraveterinary workers, men have also been granted extra admission points.

The Gender Equality Committee reviewed (NOU 2012:15) the experiences with gender points. They consider gender points as a suitable tool that should be used systematically, also in programmes where men are under-represented, under certain clear conditions. Gender points can be well suited when:

- There are high-grade requirements to enter.
- There are many applicants, and many applicants are directly below the requirement to enter. The higher the proportion of the underrepresented gender among the applicant population and the closer it is between their score, the better the gender points will work.
- There is a particularly skewed gender distribution. According to the committee's assessment, it should initially be required that a gender constitutes at least 80 per cent of the student population.
- Educational institutions that use gender points emphasize that gender points should be used in combination with other recruitment measures.

From the autumn of 2018 and 2019, the Norwegian ministry of education and research has informed the project that seven study programmes awarded the right to offer extra credits to men.

<b>Institution</b>	<b>Programme</b>	<b>Points</b>	<b>Time limit</b>
NMBU	Professional studies in veterinary medicine	2	2018 - 2022
NMBU	Professional studies in animal care	2	2018 - 2022
University of Agder	Bachelor programme in Nursing	2	2018 - 2022
Lovisenberg, LDH	Bachelor programme in Nursing	2	2018 - 2022
OsloMet University	Child welfare pedagogy	2	2019 - 2022
University of Bergen	Professional Studies in Psychology	1	2019 - 2022
University of Oslo	Professional Studies in Psychology	1	2019 - 2022

### 3. Literature review

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Nursing education covers very broad and diverse subjects and qualifies for diverse positions and professional lives within social and health care; from emergency care, psychiatry, substance abuse treatment, development of new health technology, geriatrics and pediatric work. Therefore, when few men qualify for nursing, it is not a single path that is not pursued but a whole range of different occupations that never begins. What does research and research say about why there is such a limited proportion of men who are pursuing education to become nurses? And, what about the men that have gone against the flow, what happens to them?

In this chapter we focus specifically on men in nursing education, and not men as nurses in general. This is a condensed summary of what has been written and studied about men in nursing in the Nordic countries and should by no means be thought of as an extensive review on the subject matter. But it should provide a summary of major themes that have surfaced in research on men in nursing over the past 20 years or so in the Nordic countries with a special emphasis on the three participating countries in this project, Iceland, Denmark, and Norway. The situation with men in nursing in Sweden and Finland seem to follow the same themes and face the same challenges as in Iceland, Denmark and Norway (e.g. Alarik and Olofsson, 2019; Nipuli and Salmon, 2015).

#### **3.1 Gender essentialism**

In the literature review part of the studies examined, there are similar themes found about men in nursing. There is much discussion on the gender essentialist attitudes of society; the belief that some character traits are inherently male or female, and that the qualifications required to become an effective nurse, has been perceived as female by nature. As the credo of Florence Nightingale goes 'Every woman is a nurse'. Some of the researchers on this topic in the Nordic countries indicate that women forging a way into traditional male roles are seen as moving up in the world while the same clearly does not hold true for men going into traditional female roles such as nursing (see e.g., Kristinsson 2003 and 2005; Jordal and Heggen, 2005; Karlsen, 2012). Such men are stigmatized as abnormal, a clear deterrent for men in choosing such a path. This is in a society where roles associated with traditional feminine qualities are still, up to a certain extent, thought to be inferior or second-class compared to roles associated with more masculine qualities, making such career paths inferior as well. This seems to apply to different specializations within nursing, where more traditional caring aspects of the profession appear to be devalued by nurses of both genders, and men are indirectly and directly steered away from the areas of nursing where intimate physical care is a more intrinsic part of the job (e.g. Kristinsson, 2003; Gullikstad, 2011; Orupabo, 2016).

#### **3.2 Male nursing students**

A theme commonly seen in qualitative studies on male students in nursing is that the men interviewed had all been introduced to nursing related work before going into the nursing programme or through care work with family members (e.g. Orupabo, 2016; Soerlie et al, 1997; Kristinsson, 2005).

Some prejudices male nursing students commonly faced by society since making the decision to go into nursing were that it was a simple and monotonous trade, that male nurses were perceived as not masculine or as being “gay”, that little skill or education were needed for nursing, and that they didn’t “have what it takes” to go into nursing (i.e., the women attributed caring component). Male nurses from ethnic minorities seemed to be especially commonly seen this way. And this also seemed to be especially true for male nurses who worked in areas with a more focus on caring activities such as in nursing homes and home health care. The male nursing students describe facing essentialist ideas and found they were directed towards more technical fields or fields where caring is less central, such as anaesthesia, acute care or less somatic roles like psychiatric nursing or management positions in health care. (e.g., Orupabo, 2016; Soerlie et al., 1997). They also face the idea that they went into nursing just because they could not “make it” in medical school. After they start training and working as nurses, they also find themselves the fixers of broken things regardless of their lack of talent and interest in malfunctioning machineries (e.g., Kristinsson, 2003).

Often men choose this difficult path of nursing due to a mix of idealism (i.e. helping others, doing good in the world) and practicality (access to plenty of work, internationality, diversity of job options). Male role models in nursing mattered a great deal for male nursing students as they decided to enrol and continue in their programmes. Gender relations and gender equality seminars and related discussion in undergraduate nurse’s education seem to be included in such programmes only to a limited degree (e.g. Albinsson and Arnesson, 2017; Kristinsson, 2005; Hilmarsdottir, 2017; Jordal and Heggen, 2011).

### **3.3 Microaggressions**

Participants in the studies where male nursing students were interviewed did describe some uncomfortable experiences as a part of being a male in a group and profession with a large majority of females. A common experience of such minority position will be to feel ignored, e.g. in terms of common gendered language, with homogenizing greetings such as “good morning girls!” by faculty and fellow students alike.

Another common but contrasting experience of minorisation by the expectations of female majorities and values, communication styles, symbols etc. is the experience of being singled out (becoming a ‘token’) and perceived as the focus of unpleasant attention. Often this entails classic [heterosexual] sexualisation of men by a majority and/or dominating groups of women at the workplace. Such increased attention is described as almost worse than being ignored. These findings are reported as especially common and widespread in smaller communities with very limited traditions of male recruitment (0-5%) – such as in Iceland and medium size Danish programmes. These are classic examples of ‘token experiences’.

Another example of such gender bias is visible in the study material and learning environment - noticed by especially by male students. They referred to the fact that all their teachers were women (lack of male role models). They noted that their workplaces often did not account for



male presence, in terms of work clothing accounting for male anatomy and dressing rooms for men. Though this is seldom deliberate, and the educators and faculty may even be unaware of the gender bias, the experience of this may feel denigrating, and it may even appear to the individuals affected as discrimination and a common experience of microaggressions (Pierce 1970) i.e. it gave some of them a feeling of alienation and, at times, of not belonging.

The participants described prejudices from different sources, just like male nurses have described domestically and abroad; they face the idea from within their profession that they get higher salary or special treatment due to their gender, that they should work faster than their female counterparts do, and sometimes it becomes socially awkward to be the only man in the group. This may be especially true for male nurses belonging to ethnic minorities (e.g, Andenæs, 2011; Gullikstad, 2011; Hilmarsdottir, 2017). Prejudice from patients seems to be commonly faced by male nurses in all the Nordic countries, mainly young male patients (sometimes assuming they must be “gay” doing this job) and elderly women and families of elderly women, as they must not be as good caregivers as their female counterparts.

### **3.4 Differences between Nordic countries**

There are many likely and complex reasons why male enrolment in nursing in one country is low compared to other countries. One reoccurring theme, which may highlight the particular local accentuation of tokenism and microaggressions, relating to the traditions and structures also of the national or regional educational systems: In Iceland it is commonly reported presumptions that men who enter nursing are not only (thought to be) gay, but also not manly enough or not good enough for medical school. Such intense local prejudices may explain in part why male participation in nursing is two to six times lower in Iceland and some part of Denmark compared to the average of programmes in the Nordic countries. Norway has done extensive work on trying to determine why men in nursing are so few, and the same can be said about Sweden. Both countries are also more racially diverse than Iceland and the Faroe Islands and studies do indicate that men in nursing from ethnic minorities seem to face even greater prejudice than other men pursuing a career in nursing. Overall, the Nordic countries have about 10-15 percent men in nursing, except for Denmark (including the Faroe Islands) and Iceland who both range about two to five percent. Why this difference exist has yet to be determined more in detail, but the numbers do indicate that being a very small minority (below 5 %) creates a number of real barriers, for the few token ‘infiltrators’ (Williams 1995), which makes it even less likely that other men will be inclined to pursue education leading to a career in nursing.

### **3.5 Summary**

The results and suggestions from these papers show that societal factors and prejudices and presumptions mostly related to gender essentialism play a large part in limiting the possibilities and recruitment of men in nursing in the Nordic countries. Numerous suggestions were made on how to increase male enrolment in different settings and programmes within nursing education in the Nordic countries, but we need to collect and compare more data of the different contexts, initiatives, and possibilities as they are viewed in the different settings to suggest and properly inform costly and time-consuming policy initiatives. This is exactly

why this current project was launched, so we have a better idea about how to apply our resources in our effort to increase male enrolment in nursing in the Nordic countries.

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## 4. Project design and selection of institutions with nursing education

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In chapter 2. *Situation in the Nordics* we have presented an overview of men in nursing education in Iceland, Denmark, and Norway, and in chapter 3. *Literary review* we have given an overview of some of the challenges men face entering nursing education as described in Nordic research. This sets the stage for this project's primary objective: To map out what nursing education programmes at an institutional level can do to recruit men and retain male students and develop knowledge on aspects at an institutional level that have consequences for male students' recruitment and retainment in an intersectional perspective.

In this chapter we will describe how we have organised, designed, and executed this study about men in nursing education.

### **4.1 Organization**

The partners in this project have been Reform - Resource Centre for Men (Norway), University of Akureyri - Faculty of Health Sciences (Iceland), Jafnrettisstofa - Directorate of Equality (Iceland), and Velpro – Center for research on Welfare, profession and everyday life, Department of People and Technology, Roskilde University.

The project has been led by senior advisors Hedda Hakvåg and Ole Bredesen Nordfjell from Reform, and the project group consisted of the following:

- Gísli Kort Kristófersson, Associate Professor and Eydís Kristín Sveinbjarnardóttir, Dean and Associate Professor, School of Health Sciences, University of Akureyri, and Tryggvi Hallgrímsson, special advisor at the Directorate of Equality in Iceland.
- Steen Baagøe Nielsen, Associate Professor, and Carsten Juul Jensen, PhD-fellow at Velpro – Center for research on Welfare, profession and everyday life, Department of People and Technology, Roskilde University in Denmark.
- Are Saastad, executive director, Danel Hammer, advisor, and Mali Storbækken, advisor, at Reform.

### **4.2 Selection of nursing education programmes**

We have selected two bachelor programmes in each country for mapping of institutional practices (webpage, textbooks) and interviews with male students and faculty members. We approached educational institutions in Denmark and Iceland with both high and low attendance of men, in order to unearth the reasons as to why these differences exist. In the case of Norway, we did not manage to recruit an institution with extra low attendance of male students. But other aspects of differences of interest exist in the selection in Norway, Denmark and Iceland; location (rural-central) and size (number of students attending).

#### **4.2.1 University of Iceland and University of Akureyri**

Iceland has two institutions who offer a bachelor-level education in nursing, University of Akureyri located in Iceland's largest city outside the capital area, and the University of

Iceland, in Reykjavik, both of which are included in the survey. This means that the selection in the Icelandic survey is complete. Of the students enrolled in nursing in both schools, around three percent are men and the percentage is very compatible in both schools and has been that way for years. The number of nursing students varies somewhat due to fluctuations in the participation of the competitive exams (numerous clausus) conducted each year. But for Spring 2019 (after competitive exams) a combined 175 slots were available for both Universities, 55 slots at the University of Akureyri and 120 for the University of Iceland.

As mentioned, men are not significantly overrepresented in the dropout at the nursing educations in Iceland.

#### **4.2.2 University College – Copenhagen, Metropolitan programme and VIA University College, campus Randers**

In Denmark, there are six University Colleges (Bach. programmes) offering nursing programmes in 23 locations (+ three e-learning programmes). The two programmes selected for this project from Denmark are based in 1) the University College – Copenhagen, Metropolitan programme and 2) VIA University College, campus Randers.

Randers campus are among the campuses with the lowest percent of enrolled male nursing student in Denmark. Randers is a medium sized town and municipality in Jutland (around 100.000 people). This rather typical medium sized campus enrolls around 90 nursing students per year. On average, the programme has in recent years enrolled three to five new male nursing students per year, which amounts to an average of around 3,5 percent. The enrolment, however, is divided into two classes with start-up in February and September respectively, so a normal class will not contain more than one to three men – as it is the case for most of the nursing programmes in Denmark.

University College Copenhagen recruits from all the Greater Copenhagen area (around 1,5 million people) and has the highest number and among the highest percent of men in Denmark. The University College Copenhagen, Metropolitan Campus has an enrolment of about 950 students per year – and an enrolment of around 80-90 male student – around 8-9 percent in average.

The University College Copenhagen, Metropolitan programme represents a pattern more common in larger cities, with a higher percentage of men attending – but also with a demand for higher grade-levels to be accepted as students. The higher percentage of male students at the Metropolitan programme is only superseded by the distant learning programmes. These nursing programmes in Hillerød, Viborg and Slagelse (medium sized towns) have an average male ratio just above 10 percent (10,9-12,7 percent) - but these ratios are based on significantly smaller enrolment numbers, and the drop-out rates are normally expected to be (even) higher in distant and blended-learning programmes.

### 4.2.3 Lovisenberg Diaconal University College and The Artic University of Norway, Campus Narvik

In Norway about 53 bachelor programmes in nursing are offered by 13 different institutions, at about 30 different locations. In Norway, the two institutions selected are The Artic University of Norway, Campus Narvik, and Lovisenberg Diaconal University College situated in the capital of Norway. Narvik is a small town in the north of Norway, with an enrolment of about 45 new nursing students annually. The grade point average for admission is quite low. The programme has not made any targeted measures to increase the number of male students, nevertheless, the percentage of male enrolment has, in the last couple of years, been around 17 and 18 percent. This is higher than that of many other nursing degree programmes. But there is a considerable drop out, especially amongst male students. To be noted, there are measures in Northern Norway being implemented to make students stay in the north when they graduate: a quota of 80 percent of the admissions to a field of some studies is reserved for applicant from Northern Norway. This measure is applicable to the nursing programme in Narvik. Lovisenberg has an enrolment of 250 nursing students per year, and the percentage of male students has been about the same as the national average. From fall 2018, men who apply to nursing studies at Lovisenberg, gets additional admission points, a measure to increase the proportion of men in nursing studies. The grade point average for admission is high. We will discuss the additional admission points in the results, in chapter 9.

### 4.3 Interview and mapping scheme

So, what material from the nursing institutions has been subjected to mapping and analysis? Different institutional aspects of the programmes were discussed amongst the researchers at the onset of the project; historical data on gender distribution of students, recruitment and information strategies, and syllabi, course content, textbooks etc. Mapping and analysis have followed the scheme below. Capacity of the research team and what aspects would be most interesting to compare, have been some of the considerations.

Institutional mapping	Iceland		Denmark		Norway		
	Akureyri	Reykjavik (U)	Copenhagen	Randers	Lovisenberg	Narvik	
Gender statistics 2011-2018	x	x	x	x	x	x	
Textbook / introduction to nursing	x	x	x	x	x	x	
Webpage	x	x	x	x	x	x	

Interviews	Iceland		Denmark		Norway		Total
	Akureyri	Reykjavik (UI)	Copenhagen	Randers	Lovisenberg	Narvik	
Male students	4	3	4	2	4	4	21
Teachers and management	4	4	4	3	4	4	23
Total	8	7	8	5	8	8	44

Expert group	Iceland	Denmark	Norway
	x	No	x

#### **4.4 About the interviews**

An important focus in the interviews with faculty, leadership and students was to gather information about students' experiences and informal practices in the nursing education programmes. For more details about the questions asked, see interview guides in the appendix. Both male and female members of faculty were interviewed. Half of the interviewed men were first-year students and half were third-year students. Also, male students in their 30s were interviewed. The interviews lasted from 45 minutes to two hours, depending on how much the interviewees had to say. Due to the proximity of the Icelandic researchers to the subject the execution of the interviews, in Iceland, were outsourced to The University of Akureyri Research Centre. This was done to secure an unbiased approach to the subject matter and avoid undue influence on the interviewees.

### 5. Statistics on men in nursing education

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What is the gender distribution of female and male students in nursing education, at national and institutional levels? What is the gender distribution of members of faculty at the selected nursing education programmes? Is there an age difference between women studying to become nurses? In this chapter we will look in detail at gender statistics of students and staff in the nursing education programmes in Iceland, Denmark, and Norway.

To get a good picture of the situation we wanted to acquire the gendered statistics of students at all stages in the study of becoming nurses, enrolment, second year of study and at graduation. Another useful statistic is that of students that for different reasons opt out or are delayed in their study. Both at a national and institutional level this would be instrumental in seeing what is going on, but unfortunately, we have not been able to find these statistics. As we were unable to find these numbers, we instead paralleled the year of enrolment with the year of graduation, three years later. Since most bachelor programmes are designated three years, and a large proportion of the students follow with that norm, this will give an overall impression of the numeric situation of the students in nursing education.

But we must be aware that not all programmes follow this scheme, for instance not part time programmes. And some students will change institution during the course of the study, and some will for different reasons use longer time than three years to graduate. Albeit some of these effects will even out. Nevertheless, reading enrolment together with graduation statistics can be a good idea underpinning that it takes time to educate a nurse. Since it takes three years to educate a nurse the results that counts takes time. Keeping in mind that the changes in study policies and recruitment and attainment efforts comes later.

## 5.1 National level

### 5.1.1 Nurses education in Iceland (Bachelor programmes)

Gender ratio enrolled in October

	WOMEN	MEN	% MEN
2011	496	9	1,8
2012	553	14	2,5
2013	486	14	2,8
2014	661	19	2,8
2015	639	20	3,0
2016	608	24	3,8
2017	656	22	3,2
2018	677	29	4,1
<b>Average</b>	597	18.9	2,6

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	104	3	2,8
2012	91	1	1,1
2013	123	2	1,6
2014	138	2	1,4
2015	118	3	2,5
2016	113	3	2,6
2017	120	3	2,4
2018	112	1	0,9
<b>Average</b>	115	2,3	1,9

### 5.1.2 Nurses education in Denmark (Bachelor programmes)

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	3098	196	6,0
2012	3260	205	5,9
2013	3156	227	6,7
2014	3285	238	5,8
2015	3353	207	6,8
2016	3408	222	6,1
2017	3483	239	6,4
2018	3609	228	5,9
<b>Average</b>	3332	220	6,2

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	2161	94	4,2
2012	1952	66	3,3
2013	2283	103	4,3
2014	2474	112	4,3
2015	2445	119	4,6
2016	2538	136	5,1
2017	2509	137	5,2
2018	2560	141	5,2
<b>Average</b>	2365	114	4,5



### 5.1.3 Nurses education in Norway (Bachelor programmes)

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	4484	649	9
2012	4509	627	12
2013	4707	665	12
2014	4571	703	13
2015	4750	715	13
2016	4676	746	13
2017	4605	751	14
2018	4444	763	14
<b>Average</b>	4593	702	12,5

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	3002	292	8
2012	3201	305	8
2013	3215	328	9
2014	3247	383	10
2015	3281	358	9
2016	3391	392	10
2017	3557	452	11
2018	3602	440	10
<b>Average</b>	3312	369	9,4

## 5.2 Institutional level

### 5.2.1 Nurses education at the University of Akureyri (Bachelor programme)

Gender ratio enrolled in October

	WOMEN	MEN	% MEN
2011	234	5	2,1
2012	292	11	3,6
2013	245	11	4,3
2014	281	16	5,4
2015	305	13	4,1
2016	270	10	3,6
2017	301	10	3,2
2018	318	12	3,6
<b>Average</b>	281	11	3,7

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	43	0	0
2012	39	0	0
2013	45	1	2,2
2014	48	0	0
2015	46	3	6,1
2016	50	2	3,9
2017	42	3	6,7
2018	46	1	2,1
<b>Average</b>	45	1.25	2,7

### 5.2.2 Nurses education at University of Iceland (Bachelor programme)

Gender ratio enrolled in Oct.

	WOMEN	MEN	% MEN
2011	257	4	1,5
2012	261	3	1,1
2013	241	3	1,2
2014	380	3	0,8
2015	334	7	2,1
2016	338	14	4,0
2017	355	12	3,3
2018	359	17	4,5
<b>Average</b>	316	7,9	2,3

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	71	3	4,1
2012	52	1	1,9
2013	88	1	1,1
2014	90	2	2,2
2015	72	0	0
2016	63	1	1,6
2017	78	0	0,0
2018	66	0	0,0
<b>Average</b>	73	1,0	1,4

### 5.2.3 Nurses education at University College Copenhagen, Campus Metropolitan (Bachelor programme)

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	802	61	7,1
2012	812	71	8,0
2013	806	76	8,6
2014	763	83	9,8
2015	804	82	9,3
2016	799	87	9,8
2017	846	80	8,6
2018	824	64	7,2
<b>Average</b>	807	76	8,6
<b>2018 on national level</b>	3609	228	5,9

Gender ratio graduated (not available)

### 5.2.4 Nurses education at VIA, University College, Campus Randers (Bachelor programme)

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	90	4	4,3
2012	89	2	2,2
2013	86	5	5,5
2014	87	4	4,4
2015	86	5	5,5
2016	88	3	3,3
2017	87	4	4,4
2018	87	4	4,4
<b>Average</b>	87,5	3,875	4,3
<b>2018 on national level</b>	3609	228	5,9

Gender ratio graduated (not available)

### 5.2.5 Nurses education at The arctic university of Norway, campus Narvik

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	38	12	24,0
2012	38	5	11,6
2013	47	10	17,5
2014	42	6	12,5
2015	44	10	18,5
2016	53	12	18,4
2017	49	10	16,9
2018	53	11	17,0
<b>Average</b>	45,5	9,5	17,1
<b>2018 on national level</b>	4444	763	14

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	30	3	9,0
2012	24	7	22,6
2013	33	4	10,8
2014	26	8	23,5
2015	38	3	7,3
2016	33	2	5,7
2017	22	2	8,3
2018	28	4	12,5
<b>Average</b>	29,3	4,1	12,7
<b>2018 on national level</b>	3602	440	10

## **5.2.6 Nurses education at Lovisenberg Diaconal University College (Bachelor programme)**

**Gender ratio enrolled**

	WOMEN	MEN	% MEN
<b>2011</b>	184	16	8
<b>2012</b>	183	28	13
<b>2013</b>	200	24	10
<b>2014</b>	188	27	12
<b>2015</b>	224	23	10
<b>2016</b>	217	34	15
<b>2017</b>	232	25	9
<b>2018</b>	204	36	15
<b>Average</b>	204,0	26,6	11,5
<b>2018 on national level</b>	4444	763	14

**Gender ratio graduated**

	WOMEN	MEN	% MEN
<b>2011</b>	124	19	13
<b>2012</b>	150	13	7
<b>2013</b>	151	13	7
<b>2014</b>	139	16	10
<b>2015</b>	138	21	13
<b>2016</b>	135	12	8
<b>2017</b>	157	22	12
<b>2018</b>	183	16	8
<b>Average</b>	147,1	16,5	9,8
<b>2018 on national level</b>	3602	440	10

### 5.2.7 Nurses education at University of Agder (Bachelor programme)

Gender ratio enrolled

	WOMEN	MEN	% MEN
2011	232	29	11
2012	294	24	7
2013	282	30	9
2014	263	34	11
2015	261	38	12
2016	263	45	14
2017	264	46	14
2018	237	65	21
<b>Average</b>	262,0	38,9	12,4
<b>2018 on national level</b>	4444	763	14

Gender ratio graduated

	WOMEN	MEN	% MEN
2011	180	17	8
2012	197	17	7
2013	184	12	6
2014	176	17	8
2015	227	20	8
2016	228	24	9
2017	214	23	9
2018	230	21	8
<b>Average</b>	204,5	18,9	7,9
<b>2018 on national level</b>	3602	440	10

### 5.2.8 Age average of registered students in the bachelor programmes\*

	Average age, years			Median age, years		
	Women	Men	All students	Women	Men	All students
Narvik (N=138)	24,3	26,1	24,6	22	25	22
UNAK	26	32	26			
University of Iceland	32	34	32			
Denmark in total (N=11321)				24	26	24

\* Currently enrolled

## 5.2.9 Gender ratio of management and staff at the selected institutions

	Management			All employees		
	Women	Men	Men %	Women	Men	Men %
Narvik	2	0	0 %	15	3	16 %
Lovisenberg	4	3	42 %	62	16	20 %
UNAK	0	1	100 %	14	2	12,5 %
University of Iceland	1	0	0 %	27	4	12,9 %
Metropolitan	6	0	0 %	99	12	12 %
Randers	2	0	0 %	14	2	12,5 %

### 5.2.9.1 Additional information about the gender ratio, from institutions

#### Narvik

Three out the 13 teachers at the faculty of nursing in Narvik are men. Students of all genders will experience men as teachers in their study. But none of them are nurses and teach core subjects like introduction to nursing.

*What subject do the men teach?*

Man No. 1 teaches: Pharmacology, disease/pathology and medication calculation. He is a physician and has a Ph.D in philosophy.

Man No. 1 teaches: Legislation, social science, anthropology and theory of science. He is a social anthropologist.

Man No. 1 teaches: Anatomy, physiology and biochemistry. He is a biologist.

*How many of the men employed are educated as nurses?*

None of the three men.

Management ads that a male nurse is employed in a half-time position. He mostly gives students guidance during their practice periods, but he also gives some lectures for the students.

## **Lovisenberg**

Five of the teachers /scientific employees at the bachelor programme at Lovisenberg Diaconal University College are men. This is information collected from the webpage presentation of staff

*Their background (From the webpage we cannot see what subject they teach):*

Man No. 1 is a geriatric nurse and health informaticist

Man No. 2 is a medical doctor and ophthalmologist

Man No. 3 is a medical doctor

Man No. 4 is a sociologist

Man No. 5 qualifications unknown

*How many of the men employed are educated as nurses?*

At least two of the employed men in at the education are educated nurses, the headmaster and one of the teachers.

## **Akureyri**

*What subject do the men teach?*

There are two men employed in faculty positions at the University of Akureyri. One is an associate professor in psychiatric nursing as well as being the head of faculty for nursing. The other is in a temporary adjunct faculty position in physiology.

*How many of the men employed are educated as nurses?*

One of them is an educated nurse with advanced practice training and certification in psychiatric nursing. The other one is not a nurse.

## **University of Iceland**

*What subject do the men teach? (If not applicable, what main tasks do they have?)*

There are four men employed in faculty positions at the University of Iceland.

Two of them are non-nursing faculty, one is a professor of sociology and the other of physiology. Two are advanced practice nurses. One of which is an associate professor of psychiatric nursing and the other is adjunct faculty in acute and emergency care nursing.

*How many of the men employed are educated as nurses?*

Two of the four are.

## **Randers**

*What subject do the men teach?*

There are two male teachers of a teaching staff of 16. The two men have a nursing background and teach in health technology, gerontology, nursing process, organization and law (Information from the principal of the nursing education in Randers)

### **University College Copenhagen, Metropolitan**

In Copenhagen, the teaching staff are affiliated to the student's study years thus they are divided into three different teams (Information from HR of Metropolitan)

First year of study: Eight male teachers (three faculty members have other scientific backgrounds than nursing (e.g. biology) and five have a nursing background) of 38 teachers.

Second year of study: Two male teachers (one with and without nursing background) of 34 teachers.

Third year of study: Two male teachers (one with one without a nursing background) of 27 teachers.



## 6. Introduction to nursing - textbook analysis

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The curriculum that nursing students are subjected to can have an important impact in shaping the values and attitudes towards gender equality in nursing. However, the portrayal of men and women in textbooks can sometimes be imbalanced. Analysing text and pictures is therefore a useful method to uncover both obvious and more subtle gender disparities. This part of the project has thus been concentrated on assessing the curricular material from each of the six participating institutions. Our goal was to map and systematize the way gender is made relevant in the curriculum, as well unearthing potentially indirect gender references and biases in the material.

The content analysis was used on reading materials for first-year students in nursing at all six institutions, following this template:

- Is gender explicitly mentioned, if yes, then how?
  - How many gendered pronouns when referring to nurses?
  - How many gendered pronouns when referring to patients?
- How is the gender distribution in pictures/drawings/photos?
- Are there other implicit mentions/referrals to gender?

### **6.1 Textbook analysis in Norway**

In Norway we analysed a textbook used by both schools, *Grunnleggende sykepleie* [The Basics of Nursing] (2016), 3<sup>rd</sup> edition, edited by Kristoffersen, Nortvedt, Skaug, and Grimsbø. The book consists of three volumes: Vol.1: Nursing – Profession and Function/Purpose; Vol.2: Basic needs; and Vol.3: Patient Phenomena, Society, and Coping, which totals at 1,270 pages. The textbook was first published in 2004 and is expected to be read by all first-year students in nursing education.

#### Gendering the Nurse

In general, gendered pronouns were not applied to the professional figure of the nurse. When the word “nurse” was used in the textbook, it usually appeared without any references to the gender of the person her/himself. However, when gendered pronouns were applied, the nurse was predominantly female.

- In a total of 89 instances of gendering<sup>1</sup>, the nurse was referred to as ‘she’ 71 times.
- In 16 instances, both female and male gender pronouns were used.
- Only in two instances was a nurse given a male pronoun.

We also found a clear gender bias in the case scenarios supplied throughout the book. Of the case scenarios given, 66 involve or refer to one or more nurses. In 26 such scenarios, none of the nurses involved were assigned a gender. In 40 of the scenarios, one or more nurses were

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<sup>1</sup> Excluding the case scenarios

referred to by female pronouns or given a women's name. Only four of the scenarios involve both male and female nurses. None of the scenarios involve a male nurse alone.

### Pictures and illustrations

The book was sparsely illustrated and contained few photos. To the extent that nurses appeared in the pictures at all, the nurses were by and large women. This includes the cover photo of all three volumes, which shows a young, white woman in scrubs, walking, bending, and finally leaping – presumably towards her goal of becoming a nurse. Of 25 pictures of nurses, 18 portrayed a female nurse (alone or with other female nurses). Four photos show both one male and female nurse, working together.

Only two photos depicted a male nurse alone. One of these was an ad for digital learning tools, placed before the list of contents. The other photo only showed a pair of hands demonstrating the procedure for proper handwashing.

Most nurses depicted in the book were Caucasian, and the photos mainly were of middle-aged women. One nurse wore a hijab. There was a general lack of diversity in patient pictures as well, as most patients were lightly skinned or blond. The male patient seemed like the universal norm, and the heterosexual marriage was also the only examples given in terms of handling relatives to patients. None of the case scenarios used examples with patients in a same-sex relationship.

Kristoffersen, N. J. (2016). Grunnleggende sykepleie: B. 1: Sykepleie - fag og funksjon (3. utg.). Oslo: Gyldendal akademisk.

Kristoffersen, N. J. (2016). Grunnleggende sykepleie: B. 2: Grunnleggende behov (3. utg.). Oslo: Gyldendal akademisk.

Kristoffersen, N. J. (2016). Grunnleggende sykepleie: B. 3: Pasientfenomener, samfunn og mestring (3. utg.). Oslo: Gyldendal akademisk.

## **6.2 Textbook analysis in Denmark**

At the nursing education in Randers, nursing students are presented with the textbook *Foundations of Nursing* (Lynggaard & Hundborg 2013). Teachers at UCC/Metropolitan use three volumes of *A Textbook of Nursing* (Danbjørg & Tvistholm, 2018; Frederiksen & Glinsvad, 2018; Jastrup & Rasmussen, 2018).

In *A Textbook of Nursing*, the editors explicitly argue that they will label nurses with the pronoun “she”, thus a woman, and the patient as a “he”, thus indicating a man. This is not explicitly stated in the *Foundation of Nursing* textbook, however the distribution of gender-assignments are consistently the same. The 2. Editor of this book (male) reflects on this distribution (calling nurses “she” and “patients”, “he”) as follows:

*“It would seem awkward or be hard to read if we had written ‘he/she’, and I also think it would be wrong to write ‘him’ about nurses and ‘her’ about the patient”.*

Obviously, the authors don't even find it worth an argument, which pronouns to write. Instead, they seem to follow a mainly aesthetic argument referring to convention and common sense. In one chapter the authors either employs the neutral pronoun "one" (Danish: man) or both the male and female pronouns "she or he". Describing a case of stigma of patients with chronic diseases, the authors write:

*"As a nurse, one must be aware of how to speak about the patient ..." (And later in the same section) "The nurse must show empathy, and she or he must guide and teach the patient in health-promotion."*

In another case about philosophy of patients' different stages of diseases, of which the authors write about nurses' obligations to meet the patient's needs:

*"It is essential that nurses are able to make a clinical decision when she meets the patient – both in home and hospital care – whenever he needs nursing"*

Common sense has it that patients are referred to as 'he' and nurses with the female pronouns. Though the editor reasons that, it is for the pure sake of readability, the consistent use of nurse as a 'she', and – as a consequence – a woman, suggests what is also directly outspoken here, that it would be 'wrong' to imply that the nurse is a man. Likewise, the fact that the author refers to the patient as a man – seemingly out of a pure value or aesthetic consideration, reproduces a certain, very traditional, relationship between the nurse as woman and the patient as man. This relationship reaffirms traditional gender relations of the caring, i.e., the nurturing woman giving service to the man, who is the recipient of care and services. Further this clear distribution acknowledges the common understanding of the private/public divide and its relations to the gender distribution at work (most men are employed in the private sector, while in the public sector a clear majority are women). Men are, according to these 'rules' of gender segregation, the producers and provider of the private economy and as such also the rightful receiver, as 'he' is understood to be the primary tax-payers. Whereas women are the rightful providers of care and at the receiving end in terms of the 'real' economy and the profits of the 'hard' labour of men (Knudsen, 1996).

However, these gender issues are noticed by a student in the first semester, when the interviewer ask the interviewee what he as a male nursing student imagines could change the low number of men being admitted to nursing education.

*"The only thing I have noticed is in our books that the nurse is always described as she. I have thought that if you want men in, it may not be smart to always say that the nurse is a woman".*

There might be discrepancies between what editors or publishers find ‘wrong’ and what a male nursing student find awkward, when he reads about his future basic work of a nurse without representation of his own sex.

The second editor (male nurse) of the *Foundations of Nursing* textbook addresses the critique arguing that he chooses to use male nurses - or students - in pictures and as authors.



This is the illustration on the front-page of *Foundations of Nursing* presenting a picture of a male nurse. The *Foundations of Nursing* textbook contains 61 chapters about philosophy of nursing, basic nursing care, and organization of nursing. Nine of the 61 authors of these chapters are male - all with a background in nursing (One of which is the main editor, Steen Hundborg).

Danbjørg D. B. & Tvistholm, N. (eds.) (2018). *Patient. En grundbog i sygepleje*. [A Textbook of Nursing, Vol. Patient] København: Munksgaard.

Frederiksen, K. & Glinsvad, B. (Eds.) (2018). *Fag. Grundbog i Sygepleje*. [A Textbook of Nursing, Vol. Vocation] København: Munksgaard.

Jastrup, S. & Rasmussen, D. H. (Eds.) (2018). *Klinik. Grundbog i Sygepleje*. [A Textbook of Nursing, Vol. Clinic] København: Munksgaard.

Lynggaard, B. & Hundborg, S. (Eds.) (2013). *Sygeplejens Fundament*. København: Munksgaard.

### **6.3 Textbook analysis in Iceland**

First, it must be noted that Icelandic is a gendered language with three grammatical genders, i.e. feminine, masculine and neuter gender. That means that all nouns are gendered, and other grammar adapts to the gender of the noun (e.g. rautt hús (red house, neuter), rauður 34ill (red car, masculine) rauð peysa (red sweater, feminine)). This also means that when referring to these things one uses gendered pronouns (i.e. one refers to a house as it, a car as he/him and a sweater as she/her).

As the word for “nurse” in Icelandic is “hjúkrunarfræðingur” (literally nursing-expert), which is a masculine word, all references to the noun “hjúkrunarfræðingur” will be masculine according to Icelandic grammar. The word for “patient”, which in Icelandic is “sjúklingur”, is also masculine so the same applies, all pronouns referring to patients will be in the masculine. This makes all comparison to non-gendered languages difficult. However, it is important to note that although the words themselves are grammatically masculine, they are in fact gender neutral. “Hjúkrunarfræðingur” can be a person of all genders. Since language is a social construct, fluid as such, there is nothing that prohibits referring to nurses in the abstract instead of the noun itself. Which would then allow for referring to them as “he or she”.

As the Icelandic nursing education uses both scientific articles, public policy documents and some book chapters as curriculum during the first year, we have chosen to present a selection of the material. The following reading materials were examined: (reading materials for first-year students in nursing at the University of Akureyri):

Averill, J.B. and Clements, P.T. (2007). Patterns of knowing as a foundation for action-sensitive pedagogy. *Qualitative Health Research*, 17(3), 386-399.

Directorate of Health (Embætti landlæknis) Menningarheimar mætast. Retrieved from [www.landlaeknir.is](http://www.landlaeknir.is)

Félag íslenskra hjúkrunarfræðinga. (2011). *Stefna félags íslenskra hjúkrunarfræðinga í hjúkrunar og heilbrigðismálum 2011- 2020*. Reykjavík: Félag íslenskra hjúkrunarfræðinga.

Potter, P.A. and Perry, A.G. (2017). *Fundamentals of nursing* (9<sup>th</sup> ed). St. Louis: Elsevier  
Pages: 1-5, 5-6, 41-51, 65-78, 101-116, 195-208, 316-335

*Article: Patterns of knowing as a foundation for action-sensitive pedagogy (Averill, J.B. and Clements, P.T, 2007)*

The article mainly focuses on education of nurses and rarely mentions individual nurses. There is one instance where a women graduate student is quoted in a discussion about the importance of keeping a journal. Other than that, neither nurses nor patients are gendered at all in the article. In sum, gender is not discussed as a topic and ethnicity and age is mentioned once in reference to increased enrollment into nursing of non-Hispanic white students.

#### *Menningarheimar mætast*

Directorate of Health (Embætti landlæknis) Menningarheimar mætast. Retrieved from <http://www.landlaeknir.is/>

Analyses of the pamphlet from the Directorate of Health for healthcare workers emphasizing different approaches to patients based on their heritage, culture and religion.

The pamphlet does not discuss nurses as such, but rather healthcare workers as a group. The word “heilbrigðisstarsmaður” (used three times) in singular form is a masculine noun in Icelandic so all references to individual healthcare workers use a masculine pronoun. In the plural form the pamphlet varies between “heilbrigðisstarfsmenn” (masculine plural, used twice) and “heilbrigðisstarfsfólk” (neuter plural, used nine times). All references to healthcare workers are therefore either masculine or gender neuter. However, there seems to be an effort to use the neuter plural form rather than the masculine plural form.

The pamphlet does not discuss gender, ethnicity or other individual traits but rather focuses on general cultural and religious traditions.

#### *Stefna félags íslenskra hjúkrunarfræðinga í hjúkrunar og heilbrigðismálum 2011- 2020*

Félag íslenskra hjúkrunarfræðinga. (2011) (The Icelandic Nurses’ Association’s policy for nursing and health for 2011-2020).

#### **Text**

The Policy contains 91 references to nurses (hjúkrunarfræðingar), always in the plural form and since the word itself is masculine, so are pronouns referring to nurses (13 times).

The same applies to patients (sjúklingar). The Policy refers to patients 15 times and always in plural form. The pronoun used to reference patients (“þeirra,” (e. their) used twice) is in the genitive (possessive) case in both instances which happens to be the same for the feminine form as it is for the masculine form. However, since the word “sjúklingur” itself is masculine it is safe to assume that the pronouns are masculine in both instances.

There are eight photographs in which nurses are featured. Out of 15 nurses shown in the photos 13 are women and 2 are men.

#### *Fundamentals of Nursing*

Potter, P.A. and Perry, A.G. (2017). *Fundamentals of nursing* (9<sup>th</sup> ed). St. Louis: Elsevier  
Pages: 1-5, 5-6, 41-51, 65-78, 101-116, 195-208, 316-335,

First published in 1985 the book consists of VII Units or 50 chapters. The reading material for the course is limited to chapters 1, 4, 5, 6, 9, 15 and 24 or 83 pages in all. Only the required reading material was examined.

#### Gendering the Nurse

In general, gendered pronouns are not applied to the professional figure of the nurse. When the word “nurse” is used in the textbook it usually appears without any reference to the gender of the nurse. Still, there are 26 instances where gender is applied and in 3/26 the nurse is women, in 1/26 the nurse is male and in 23/26 the nurse is referred to as “he or she”.

#### Case-scenarios and assignments

When looking at case scenarios and assignments, generally gendered pronouns are not applied, but when they are, the nurse is predominantly female. Out of 14 instances the nurse was female in 11, male in one and “he or she” was used twice. It should be noted that Chapter

5: *Evidence Based Practice* - is permeated with case scenarios involving a nurse named Rick who is researching all kinds of things and is a member of the *evidence-based council committee* of his unit. Rick's age or ethnicity are never mentioned. His name (20 times) and male pronouns referring to him (10 times) are used quite often in the chapter. Since Rick is introduced as a nurse in the beginning of the chapter, the use of his name and male pronouns associated with him are considered as one count of gendering a nurse in the context of this research. The opposite is true for Chapter 15: *Critical Thinking in Nursing Practice* – which is permeated with case scenarios involving a nurse named Tonya and a patient named Mr. Lawson. Her name (28 times) and female pronouns referring to Tonya (29 times) are therefore used quite often in the chapter. Since Tonya is introduced as a nurse in the beginning of the chapter, the use of her name and female pronouns associated with her are considered as one count of gendering a nurse in the context of this research.

### About gendering the Patient

#### **Text**

In general, gendered pronouns are not applied to patients either, and out of the 67 instances where gender is assigned, “he or she” is used 51 times, female pronouns are used 5 times and male pronouns are used 11 times.

#### Case scenarios and assignments

In case scenarios and assignments, the distribution is more equal where out of the 21 instances where gender is assigned, the patient is female in eight, male in seven and both in six. However, as mentioned above, Chapter 15: *Critical Thinking in Nursing Practice* – is permeated with case scenarios involving a patient named Mr. Lawson. His name (25 times) and pronouns referring to him (34 times) are therefore used quite often in the chapter. Since Mr. Lawson is introduced as a patient at the beginning of the chapter, the use of his name and male pronouns associated with him are considered as one count of gendering a patient in the context of this research. Mr. Lawson is 68 years old, and his ethnicity is never mentioned.

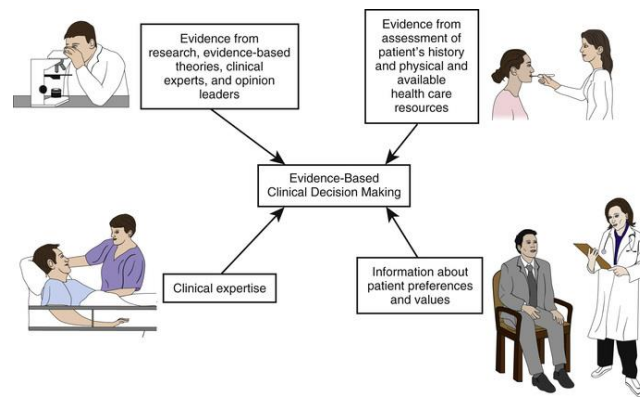
#### Pictures and illustrations

There are only three pictures and illustrations that show or depict nurses and patients in the chapters included in the curriculum. Four nurses are shown, and they are all women and out of three patients there appear to be two men and one woman.

In a photo we find in chapter 4, five persons are depicted, two of which are in focus, both women. One is Caucasian, presumably a doctor, while the other is perceived as of Asian descent, representing a clinical nurse specialist. In the background (out of focus) are what appear to be one male and one female nurse and one man whose role is undefinable.

We also find a figure representing “Evidence-Based Clinical Decision Making”, all but one depicting a nurse and a patient. The three nurses all appear to be female. Two of the patients appear to be male and one is female. The fourth picture depicts a male researcher looking

through a microscope. The ethnicity of the nurses and patients is indeterminable based on the drawings but the variations in colour suggest different ethnicities.



**FIGURE:** Model for evidence-based clinical decision making (p, 53)



## 7. Content analysis from webpages and recruitment material

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As mentioned in chapter 4. *Project design* we have selected the webpages of the six nursing education institutions (two in each country), for closer inspection. In the following we will give short summaries of the result from the content analysis of the webpages in each partner country.

Webpages of nursing education are important channels of information and recruitment to potential students of nursing. Students will be browsing webpages of different institutions considering the content of education, reviewing teachers' profiles, and contemplating where to study. What messages does this material give potential students, keeping especially in mind potential students who are male, and people of colour? Is it perceived that people with these identities are just as well an integral part of nursing, or is the message that they are mismatched identities?

From a sociological perspective, nursing is considered a gendered practice. Likewise, nursing education, and the recruitment as such, has an extensive gendered history (see Kimmel, 2000, Connell, 2009). There is, as mentioned earlier, a large overrepresentation of women practicing nurses in the Nordic countries. Cultural standards and representations of nurses, e.g. how a nurse should look and behave, as well as gendered and ethnical stereotypes of nursing, are all contributing factors in producing and reproducing the notion of nursing education as being a predominately gendered education choice. Challenging gender-traditional educational choices therefore means taking into consideration the cultural representations of nurses of which the education institutions are communicating to their potential students. To assess and interpret how the idea of a "nurse" was constructed in each case, a content analysis was conducted in line with the following template:

- What types of images are being displayed? What kind of plot/story is being told?
  - How is gender made relevant?
  - How ethnically diverse are the people in the pictures?
  - How is nursing described? Is the description gendered, or does it resist the stereotypical gender norms traditionally prescribed to nursing?
- Mapping and counting of gender and diversity ratio of students, teachers, and nurses on the webpage.

## 7.1 Analysing communication materials from Norwegian nursing education programmes



The picture on the left is retrieved from Lovisenberg Diakonale Høgskole and forms the landing page at their webpage. It depicts a class in nursing education and consists of two “active” persons giving CPR and resuscitation attempt on a doll, one woman and one man. The woman is presumably in her 20s. She is also the one that attracts the viewers immediate attention, as she is wearing a different colour on her uniform than the other students in the picture. The male student is also young and is working in the background. The students are getting instructions from a male, middle aged teacher. In less active roles we find fellow students, all women, standing close by, following the aid. All depicted persons are Caucasian.

The written information on the landing page for the bachelor programme in nursing does not mention gender in any capacity. There are no references to either men or women. The language used is also gender neutral. In total we find four pictures, all from study situations with white and bright interiors, and bleached prints of a lot of light. All of the pictures depict young women with long tied up hair, dark and blond. Two of the pictures include one Caucasian man, with dark hair. In total we count two men and five women, in total seven persons in the four pictures (28 percent men). No depictions of non-white students (or teachers) are to be found.

The picture on the right is retrieved from the nursing education site at the webpage of University of Tromsø (Universitet i Tromsø). It shows an injured person (most likely a woman) in winter surroundings, receiving first aid in the outdoors. It could seem like she has been a victim of an accident at a hiking trip or a remote cabin. In the centre of picture, sitting over the injured, is a (most likely) male nurse. Two other persons are also depicted, a young woman in an active role holding the injured’s head, and one person with his/her back to the camera. They all look young, wearing winter sports jackets. The weathered beam can indicate that is by a cabin, shed or some kind of cave. All in all it suggests that the persons in the picture are active in outdoors winter activities/sports. This one picture with snow, action and

outdoors sets an overall impression of the picture. This association is echoed and enhanced by text; explaining that wilderness medicine is taught in the third year. The heading and a link state that this is an arctic university. The colour scheme of the webpage is mainly black and red, with grey and blue details. This picks up the black, red and snow colours of the picture. The text also states that the study programme is for both men and women: «*Sykepleierstudiet ved campus Narvik egner seg for menn og kvinner som ønsker å utdanne seg til selvstendige, ansvarsbevisste og pasientorienterte arbeidstakere*» (*The nursing programme at campus Narvik is suitable for men and women who want to educate themselves to be independent, responsible and patient-oriented employees*).

When mapping gender and diversity ratio of students, teachers and nurses on the webpage, we found four male students and 15 female students (21 percent men). The distribution of people of colour was quite poor, with only one non-white person (woman with Asian appearance). In this regard, it is also worth mentioning that it was difficult to identify students' backgrounds only by analyzing pictures, and we therefore do not have information as to whether any of the students had other kinds of minority affiliation (e.g. Sami or religious minorities).

In line with the summaries listed above, a general assessment of the Lovisenberg Diakonale Høgskole's landing page concludes that this institution does not explicitly contradict existing notions of nursing as a study primarily for women, but does however include men, to some capacity, in commercial pictures. As for the University of Tromsø, we find that the picture and the associated text commenting on nursing, as well as nursing in relation to the outdoors, clearly breaks with common association of nursing, and with existing notions of nursing as a study primarily by, and for, women.

Regarding ethnical diversity, we find that the construction of nurses predominately consists of a Caucasian man or woman, as there are no references to religious or ethnical diversity in both the written and the visual information on both webpages. Also, all pictures including teachers depict (middle aged) men tutoring women. On the one hand, this can be seen to mirror the preconceptions of men's position of knowledge in science and women's position as in need of learning. On the other hand, this could also serve as a powerful tool in making male nurses/teachers someone to look up to for men in nursing education.

## 7.2 Analysing communication materials from Icelandic nursing education programmes

University of Iceland:

### Nursing

The Faculty is a progressive faculty within the School of Health Sciences at the University of Iceland.

Programme offerings at the Faculty of Nursing include a 4 year BS programme in Nursing, various specialisations on the graduate level, as well as doctoral programmes.

In addition to programmes in Nursing the Faculty offers graduate and doctoral programmes in Midwifery.



Picture 1. [https://english.hi.is/school\\_of\\_health\\_sciences/faculty\\_of\\_nursing/about\\_faculty](https://english.hi.is/school_of_health_sciences/faculty_of_nursing/about_faculty)



### Undergraduate studies

The BSc. in Nursing is a 4-year academic and clinical study programme consisting of 240 ECTS.

In the curriculum, the emphasis is placed on providing students with an understanding of the complexity of humanity, how health and sickness can affect people's circumstances and conditions, and the contributions nursing can make with regards to patients' well-being. In the first two years, students learn the fundamentals of natural and social sciences as well as the humanities.

Taught in Icelandic.

Picture 2. [https://english.hi.is/school\\_of\\_health\\_sciences/faculty\\_of\\_nursing/about\\_faculty](https://english.hi.is/school_of_health_sciences/faculty_of_nursing/about_faculty)

### Graduate studies

The Faculty of Nursing offers a wide range of graduate programmes that open up new possibilities for nurses and midwives, whether the intention is to act as a clinical specialist, scientist, teacher, administrator, or leader.

Taught in Icelandic.

[Click here for further information on graduate programmes in Nursing or Midwifery](#)



Picture 3. [https://english.hi.is/school\\_of\\_health\\_sciences/faculty\\_of\\_nursing/about\\_faculty](https://english.hi.is/school_of_health_sciences/faculty_of_nursing/about_faculty)

Your path: Faculty of Nursing - Faculty of Nursing - Faculty of Nursing - Staff

## Faculty of Nursing - Staff



The faculty operates in thirty tenured teachers as well as a number of Sessional Teacher.

Picture 4. <https://english.hi.is/node/53965/>

## University of Akureyri



Picture 5. <http://english.unak.is/health-sciences/faculty-of-nursing>





Picture 6. <http://english.unak.is/health-sciences/faculty-of-nursing>

**Organisation of studies**

Education at the University of Akureyri is available both as on-campus studies and as online studies. Students enrolled at the University live all over the country; in Akureyri as well as in other places. The courses and modules are taught simultaneously for on-campus and distance learning students, creating an integrated on-campus and virtual learning environment. Study materials are available on a dedicated website for the respective course/module, which can consist of recordings of lectures, talking slides, direct interactive communication and more. All students are required to attend at least one on-campus study session at the University per semester for practical training and group discussions. The on-campus study sessions lasts for five to ten days.


**Access to instructors and fellow students**

Communication between instructors and distance learning students mainly takes place via each course or module's designated website and communication platform. In addition, instructors either offer special telephone hours, or appointments can be made by request by both on-campus and distance learning students. Students use various means of communication during their studies, for example, chat rooms and Facebook groups.

**Admission requirement**

A secondary school matriculation examination (stúentspróf) is the general admission requirement.

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Picture 7. <http://english.unak.is/health-sciences/faculty-of-nursing>

The seven pictures above are retrieved from the web pages of the two nursing programmes in Iceland. Pictures one to four are from the web page of the University of Iceland and pictures five to seven are from the web page of the University of Akureyri.

First of all, looking at all seven pictures it is clear there is really no visual ethnic diversity in the pictures. This of course can be attributed to the fact that a vast majority of Icelanders and immigrants to Iceland are white. But it is still important to note as it exemplifies the countries homogeneity well.

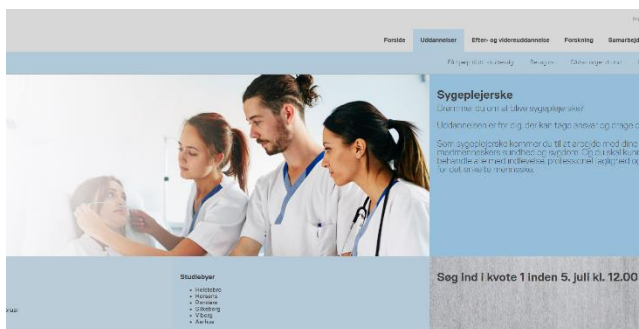
Picture one from the University of Iceland is from the front page of the web page of the faculty of nursing. It shows four young persons in their regular clothes, one of them is male. They are standing outside the School of Nursing. The text on the front page is gender neutral. The next picture from the University of Iceland is noteworthy as it has two students presumably engaged in role playing as a nurse and patient. The one playing the nurse is male and the one playing the patient is women. They are both white. The male student nurse maintains eye contact with the viewer of the picture and thus has an even stronger impact on the viewer. The male nurse examining the patient plays the more active role and are more in charge. Picture number 3 shows three persons in scrubs, one of which appears to be male. The female on the left-hand side appears to be engaged in some sort of activity while the other two, a man and women, observe. Thus, one man and one women are in the passive role and one women is in the active role in the picture. The fourth and final picture from the University of Iceland portrays seven students sitting around a sofa table studying, one of which is a male, but he is rather decentralized in the picture and you cannot see his face clearly. This is the picture on the website that is the most female centred of the four. It is also situated on the web page that introduces the faculty of nursing. Of the 16 nursing students displayed on the website, four are men, and at least 25 percent are white or 100 percent and none represent a visible minority of any kind. There are no clearly identifiable images of instructors in these pictures. None of the images obviously display students outside the most common age range of undergraduate nursing students. This is noteworthy given the fact that quite a few nursing students do fall outside the average age span of undergraduate students in Iceland.

In the three pictures from the University of Akureyri there are 13 people total, three faculty (one man and two women), two male students, and eight female students. In all, 33 percent of faculty and 20 percent of students are men, albeit in the pictures of students, one of the pictures of students the man is much decentralized and can hardly be discerned. In this picture, picture five, there are two women centred in the pictured, one of which is laughing. This picture is not clinical in nature and the setting is a classroom that could be set in any class. In picture six there are two female nursing instructors actively instructing a male student who is clearly active and engaged in the picture in some sort of a clinical task with a patient mannequin. Of the four female nursing students displayed in the picture, three of them appear to be actively engaged as well. The seventh and final picture from the University of Akureyri is of the head of the faculty of nursing who is a man. This is a professional headshot without any clinical activity assumed except a management role.

Nothing in the texts in either website appears to have language especially focused on either gender or traditional gender roles.

Summing up, the texts on the webpages of both institutions are gender neutral, and the pictures from both institutions show men in active roles as nurses and in case of University of Akureyri in management. But the numerical overrepresentation of women as students and as instructors at University of Akureyri gives a confirmation of gender stereotypical norms of nursing. The overall impression is that none of the webpages of the institutions contradict the stereotypical gender norms traditionally prescribed to nursing, or if they do, it is to a very limited extent.

### 7.3 Analysing communication materials from Danish nursing education programmes



June, 25. 2019  
<https://www.via.dk/uddannelser/sundhed-og-omsorg/sygeplejerske>



June, 25. 2019  
<https://www.phmetropol.dk/uddannelser/sygeplejerske>

The picture on the left is retrieved from the Danish nursing education in Randers. The photo depicts two women and a man, presumably nurses. The patient is also a woman. The female nurse is the one with the active role, while a man and a woman is standing close by, observing the examination. The rest of the front page is held in blue and grey tones. There are also two other pictures on Randers nursing education website, both with female nurses. In total we find photos of six persons, five women and one man (17 percent men). All depicted persons seem to be of Caucasian origin.

The text to the right in Randers website has no referrals to gender, and we cannot find any other mentions of gender explicitly in the Randers website. None the less, it is worth noting that the word “sygeplejerske” (Danish word for nurse) itself has connotations to a female person, although it is a professional title that is formally used for both men and women. However, male nurses sometimes use the phrase “mandlig sygeplejerske” (male nurse), to underline the difference between a male nurse and a nurse in Denmark.

The picture on the right is a screenshot from the Danish Metropolitan website. The site has a short film, showing one female and one male nurse, as well as a male patient. There are also two photos of female nurses when we follow the link "Clinic" and "Job and Career". All of



the depicted persons are Caucasian. A count of the ratio in depiction of male/female nurses shows that we find three women and one man, a total of four persons (25 percent men).

Further investigation of supporting pages of the websites shows just photos of female students in courses of clinical placement, following links of "Clinic" and "Job and Career".

However, recruitment processes are out of the hands of principals or other staff members in local nursing programmes of Randers or Copenhagen. Communication departments are part of the organization of both VIA University College, Randers and Metropolitan University College, whereas nursing programmes may encourage photos of male student on home pages. However, the principals of both nursing programmes underline that communication departments got the final word, while they are responsible for reaching public and the press through photos and texts.

The above listed summaries show that the two education institutions studied in Denmark do not explicitly mention any notions about gender in their commercial material. However, the "gender neutral" stance is contradicted by the "realistic" portrayal of mainly women on the websites (though in itself – as there is in fact often an overrepresentation of men in photo-materials) adds to the understanding that this is (female) gendered ground. Further this understanding is underlined by the fact that the Danish word for nurse has strong connotations towards nursing being a female profession. Like the Norwegian institution Lovisenberg Diakonale Høgskole, we find that the Danish institutions do not contradict the cultural and collective notions of nursing as a feminine profession, even though some men are included in some of the pictures.

## 8. Experiences of male students

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What has motivated the 21 men we have interviewed from Iceland, Denmark and Norway to become nurses? In this chapter we explore the students experience of support and discrimination connected to their choice and ideas on how to both recruit and retain *men* in nursing education. Central themes in the interview concerned gender and masculinity, differential treatment, and future expectations (for interview guide see appendix).

### **8.1 Motivation**

In the study, most of the interviewed students in all three countries had been exposed to the nursing profession to some degree before starting the nursing programme, and this sometime formed as a motivation when considering becoming a nurse. In Norway, with one exception, all the nursing students had some exposure to the nursing profession before entering the programme. The men either had close family members who were nurses or had themselves worked in care or been hospitalized as patients.

This is in line with prior research that suggests previous exposure is important for recruiting men into nursing. The same finding was seen in the Danish study, where the student's interest often was triggered by personal experience of family or relatives going through periods of severe illness and rehabilitation.

In Iceland, the student's introduction to nursing was usually through family members practicing nursing, though some had no such relatives. Student experience varied significantly, from no practise in professional caring prior to their nursing studies to quite a lot of experience. This experience in a personal caregiving role motivated some students.

Others were motivated by the jobs' professional diversity, as well as the opportunity to work as a worldwide professional health care worker. There were some students who had experience from the fire department and others as emergency medical technicians and saw nursing as a "safety net" to remain in a helping profession even after they could no longer work in their previous roles. The Norwegian students' motivation for choosing nursing also varied. Among the explanations given were job security and wanting an active job with human interactions (as opposed to office work). Several of the men also referred to their past encounters with the profession: having received positive feedback while working in a nursing home or having received good care as a patient or close relative of a patient. Two of the men in Norway did not meet the admission requirements for medicine or psychology and after consideration started up in nursing.

The Danish student's descriptions of their choices and journey towards the nursing programme often came from a shared general interest in human relations and contact with patients: "I always wanted to work with people. I saw it as my future to have people 'in my hands' ". They found the possibility to work both with 'practice' (clinical placement) and 'theory' (school) attractive. Some students expressed stress around the theoretical part and

underlined an interest in what they understood as ‘the craftsmanship’ of the profession: “If I sit too much in a classroom my head gets completely tired and I get dizzy.” They often drew experience from care-related work taken up in the (sabbatical) years after high-school, or through work and previous training as auxiliary nurse and/or they had been unemployed for some time. They were often inspired or encouraged by (most often female) friends or relatives who pushed them to pursue this education – and/or family where nursing and care work had been chosen as a typical career. Some of the more mature students who had been defamiliarized with the school-system and students who had not performed too well in high school underlined that they have had difficulties with the ‘heavy reading’ necessary. They explained that they had chosen the nursing programme because of its practical, vocational content – and that the tight bio-medical curriculum was a challenge which required too much learning by heart. Several of the students explained that they had prepared themselves particularly well for this career choice, by investigating the possibilities and conditions quite thoroughly, and referred to their final choice as “taking the leap”. Together this seemed to bring on a sentiment of engagement and personal identification with the profession– and they worked up a narrative of ‘passion’ for their (future) job and profession.

In addition to previous experience in personal caregiving and job security, importance of proximity to the educational programme was also emphasised, both in Denmark and in Norway. In Denmark, the programmes in the major cities are the most popular and will often demand the highest grades for entry. Especially, the students from the smaller regional programme (Randers) underlined the importance of proximity to the regional educational programmes as a major factor for their choice. Some of these students would not consider moving or traveling further to reach another programme if it were not in their area. One student, who takes the train around 25 km each way, states:

*I always told myself it should be in Randers really. [...] I’ve done the auxiliary nurse education down in Randers South. So much of my everyday life over at least the past two years has been in Randers. And then I thought that I might as well just stick to it, because I really like it. Plus, I’ve gotten used to the transport and the timetables...*

The local programmes in the minor cities are known to have a high degree of regional recruitment (i.e. moderate train/driving distance), and some of the students also prefer the limited numbers enrolled in the programmes: A student states:

*In Aalborg and Aarhus and other places (a bit further away), they teach in auditoriums. You sit among 100 other people listening to a teacher. And I thought that I’d really prefer something a little smaller. More like a classroom. I feel better like that.*

While this point seems to apply especially to the smaller regional programmes, importance (for some of the students) of proximity is also expressed by some of those attending the Copenhagen program. But here it seems more taken for granted (more than taken as a matter of choice) because all nursing education programmes seemed to be accessible within a short

distance. The same pattern goes for the students in Norway: Once the men had decided upon nursing, the choice of school depended upon geography. For the rural men, a location close to home and family was the key factor in choosing a school, while the urban men selected their school based on its reputation and grade average.

## **8.2 Support and discouragement**

Students from all three countries had experiences concerning both support and discouragement when they made the choice to study nursing, linked to the fact that nursing is a traditional feminine occupation and henceforth becoming a gender minority in the programme.

Every student interviewed in Iceland believed they had support from their family to pursue their nursing degree, but most of the participants had also heard comments about their choice of study; it was considered overly feminine and they have been asked in surprise why they did not choose medicine, both from family members and even in clinical settings during their clinical rotation. They all believe they have too thick of a skin for those comments to affect them but did worry that these kinds of comments could affect younger men in nursing programmes.

The Norwegian interviewees appeared to view their choice of education as unproblematic, despite this making them a gender minority. Only one of the students recounted that he had been hesitant to make the choice: it had taken him two years to admit that he wanted to become a nurse. His hesitance seemed to be rooted in both gender and class expectations, tied to a middle-class family background and participating in a highly gendered sports culture. When going public with his choice, however, he received full support from family and friends. The other students too experienced mainly positive reactions to their educational choice. Only one student had met resistance from close family or friends. However, a good few of the men had received some questioning comments from friends and acquaintances, such as remarks about low wages or jokes about faeces. One of the men, who quit a bachelor's programme in Social Sciences, spoke of former classmates showing condescension towards his new career choice: "Nursing is not perceived as high-status within academia."

In Denmark, some of the students decided to become nurses as 'mature students'. Nursing will seldom be the first choice of education, perhaps not even the second: one student (37 years) had had a previous career in retail business for about 10 years – but then decided to "try again" as he "couldn't see himself going on with this for 10-20-30 years on". He chose – as a first choice – to study to become a social pedagogue as he wanted to expand his work with "human contact" but found the study there to abstract and very extensive in form. So, after a year (at 36) he switched to nursing – which, he now says, he had unconsciously preferred all along. He had refrained – and now reflects - because

*[...] you have these stereotype ideas about it being a female occupation etc. [...] and it just might be too hard core [...] and too standardised, whereas pedagogy was more*

*loose, laissez faire [...] and some of my friends are pedagogues and had influenced me [my view] to find it super exiting.*

Whereas he did not know any nurses or nursing students to influence him in the same way. He now found the programme and curriculum here to “suit him better”. Though some friends had been asking questions and were surprised, he generally found them to support his new choice. Not to be disappointed (again) he had researched the programmes thoroughly and was now sure and could feel that he is “passionate” about it and he “gets inspired to think it is great”.

All the Danish students expressed that they would often meet strong support and encouragement from their colleagues and peers: That their choice was “cool” or “brave”.

### **8.3 Experiences with discrimination**

Men are grossly underrepresented in the nursing profession. The challenges and discrimination of the male nursing student is well described, and is not distinctive just for men in nursing, but applicable to all caring and nursing professions, as well as teaching and service professions where human relations are central to the work (see e.g. Baagøe Nielsen, 2011). This means that men often find themselves in a position of a minority when they decide to become a nursing student.

When asked directly, several of the interviewees could not pinpoint anything directly discriminating, but further down the line of the interview several stories of discriminatory experiences emerged. Sometimes this was quite straight forward, such as one of the younger students reflecting:

*Well, I'm not a shy person... but I sometimes get a flap on the buttocks, but that is nothing I really worry about!*

In the Danish study, we found some general dynamics and tendencies for the men in this position. Some of the students were openly discriminated against; they were teased, scolded and bullied. In terms of bullying, this was done by raising questions about their motives (e.g. homosexuality is used as a motive for this “strange” or “incomprehensible” choice). But discrimination and the feeling of exclusion can often work in more subtle ways. A (female) teacher from Randers told us about

*... these three male students, who had been very active, but were angry that they couldn't get any male uniforms for their lessons in the simulation lab. (...) there were only female shirts, which were, you know, cut to fit the female body. They couldn't understand why they would have to wear female uniforms. And I find their critique quite understandable! (...)*

*Interviewer: Is that an issue you have discussed and acted upon?*

*Well, before you came today, I thought about it and – and still I really don't know.... But they clearly protested – also about the fact that they would have to change clothes with the girls. They wouldn't do it! And I can understand, but on the other side, you can think: well, we are writing 2018 – come on!*

When the men face the labour market, they are often used as 'tokens', a visible minority, celebrated on arrival, and then used on 'special occasions' as particularly attractive manpower. They often experienced direct favouritism from teachers, which could cause 'internal' disputes and challenges with their female counterparts. At the same time, they are confronted with their otherness, which leads to their exclusion, or pushes them to seek out peripheral or special positions when they enter the labour market. Some men also found ways to segregate themselves from their female counterparts by emphasizing certain traditionally 'manly tasks' and underlining their classical and hegemonic traits as a man. As put by one student:

*In my class for example I would not question the masculinity of the boys. They are big lads who have been training. They are not frail or flimsy. I don't know how to explain it. They could just as well have been in the army [...] most of them.*

All the interviewees in Norway described a largely welcoming environment for male nursing students. However, their accounts also showed that they stood out in the terrain: their gender was often commented upon and they were aware of being a minority. Several of the male students mentioned occasionally feeling lonely and isolated, "apart from the social interactions/collective." While most got along well with their female colleagues, the majority would have liked more male students, teachers, and co-workers. At least one of the students felt that efforts to "accommodate" him as a male student had the opposite effect: that of alienation. Several others mentioned that the attention paid to their gender, including positively framed remarks like "it's so good you're here; we need more men," also could have negative impacts. Fears of preferential treatment and 'being in demand' because of one's gender rather than one's competencies, were common concerns, similar to what we found in the Danish study.

Norwegian was the second language of only one of the interviewees in Norway. This student described some difficulties in writing term papers, and journal writing required in the clinical placements. On the other hand, he also enjoyed the clinical placement because of the practice and practical work. The political situation of his home country was often used as a conversation starter. This was not seen as problematic from his point of view, but rather as a good way to get to know people.

The Norwegian students initially shared few negative experiences, but as the interviews progressed it turned out that many of them had received stereotyping comments from teachers, classmates, or placement staff. Examples of stereotyping include female classmates implying male students get preferential treatment or teachers suggesting "men prefer sitting behind a screen." The men shared several stories of being met with gendered expectations: it

is assumed that the male student will solve technical issues during a lecture or that they are better at heavy lifting, regardless of their actual physical state or history of injuries. One student says:

*It is completely understandable that she chooses me who is 100 kilos and not a girl of 50-60 kilos. At the same time, it is us who are big and strong who get the most injuries, because it is us who are called for anything extra heavy.*

The myth of the big and strong man appears to be particularly pervasive, with both teachers and male students reinforcing this assumption when asked about positive aspects of getting more men into nursing. One of the students had frequently been mistaken for a doctor while in clinical placement and remarked: “It is embarrassing to enter as a student together with a nurse who is your supervisor and then the patient assumes that you rank above her because you’re a man. I find that uncomfortable.”

Some of the men also shared stories of differential treatment that amount to discrimination. These included being assigned to a difficult patient who was known “to like men” and being asked to leave a surgery room because the matter “was intimate.” In the latter case, it was female nurses and not the patient herself that decided it was inappropriate for a man to be present. The men were asked if they or fellow students had experienced sexual harassment in connection with their studies. Half of them confirmed that they had heard of instances in clinical placement or in class, and two had experienced unwanted touching or advances from patients during their placements.

All the students interviewed in Iceland expressed great satisfaction with their studies and believed it to be a positive factor being a male student in nursing studies. None of the participants believed they had been affected by discrimination when asked directly. Nevertheless, many examples are noted through the interviews, both in the classroom and clinical settings, of discrimination, just like we see in the Norwegian study. The Icelandic students mentioned both positive and negative aspects of their experience though. One positive aspect is that they were more noticed and got extra focus from the teachers at times. On the other side, this could also be negative; being used as a constant example for teachers, because you stand out being the minority gender. Gendered language was often used, both by teachers and fellow students. In some cases, fellow students on Facebook groups used “girls” as a dominant speech. This bothered the interviewees and made them weary. They felt left out when fellow students or teachers, especially guest lecturers referred to the group of students as “girls” but felt unwanted attention as well when this was corrected, or special focus was placed on them. They preferred to be a part of the group, not excluded, but not garnered any special attention either. They also experienced being a part of a discussion where women were thought to be biologically more fit to work in caring roles than men. In some cases, locker rooms for male nurses were missing and one student interviewed had to share a locker room with blue-collar workers, in a small room down in the basement. Every gown was old; they smelled mouldy and most were too small to fit him well. All students interviewed expressed

the importance of increasing the ratio of male nurses (both teachers and clinical staff) in the profession.

#### **8.4 Clinical placement**

Central to the nursing education is students practical training during clinical placement. In all three countries an important part of the education is the supervised meeting with patients and medical professionals. Students complete several periods of clinical practice studies, taking place in different specialist and municipal health service.

In the Norwegian study, two of the students were interviewed before they had completed any clinical placement. The other six students described their placement experiences as generally positive. The clinical placement was generally well-received, but quality of supervision varied. There were few negative encounters, but one student admitted that he had preferred the clinical placement where there were male employees: “[It makes it] easier for me to be social. The women often have a small group that they always sit with, eat with. It is difficult for a man to gain entry”.

First-year clinical placement in Norway is based in nursing homes. Three of the informants interviewed spoke kindly of this placement, highlighting the challenges involved: first experience with death, intimate care, and many complex, medical cases requiring high professional competency. One student, however, believed that this placement had been a reason some of his classmates quit after the first year; the encounter with bodily fluids and dementia was too much for some students who desired more office-based careers. On the other hand, one man described the early exposure to “odours and fluids everywhere” as a useful challenge. The favourite placement amongst of all the third-year students were in a hospital. Reasons given were the high volume of tasks and intensive learning.

Negative experiences connected to their clinical placement seemed more related to a lack of supervision, shortage of nurses, or similarity to previous placements, than a dislike for a certain field. Bu quite a few students disliked their psychiatric placement or their management placement. These placements were both perceived as more repetitive than the nursing home placement from the first year. Three students also described their psychiatry placement as “slow,” with little progress made for them and the patients. One student pointed out that the final-term placement could be demotivating, because at this stage most students have decided upon their preferred field.

Some of the students in the Icelandic study faced some challenges early in their clinical studies. There were a few patients who had difficulties receiving care from male nursing students at first, but usually grew accustomed to the idea. All the interviewed students had had positive experiences from their clinical placements; they believed they had good training opportunities as well as quality supervision. Sometimes they felt unwelcome but could relate this to their clinical preceptors’ workload and not necessarily related to their gender.



A Danish student from Metropolitan reflected: “It is clearly during clinical training, that you feel most lonely as a man – missing the company of other men”. According to the students, gendered culture appeared at both the nursing studies programmes and the clinical sites. Sometimes students interviewed could not relate to common interest with fellow students which are usually predominantly female, but they still often work in groups and their experience is overall reported as quite positive.

*I'm really tired of these taboos and stereotypes about men in nursing – which still exist. And you still hear that all men studying nursing is homosexual. That is the most common stereotype. I've heard that as well, even my big brother sometimes jokes with it, and though he says it for fun, I'm always thinking that he thinks there is some truth to it. Why is it, this narrative? Especially in the Nordic Countries? (...) when in Italy.. is it 36 percent of all educated that are men (...) but still such a taboo in Denmark. Sometimes I also hear it during clinical placements. I was in a nursing home for seniors where I took care of an older citizen, and she was like: 'But you are a man!' And she was really going on and on about it and she thought it was very strange. So, I asked her, if she thought it was a negative thing, and though she did say 'no', she just looked at me, while she just kept on and on. And I thought it was interesting to hear her, because I think it's the biggest issue among the elderly – and its only because it is part of this old story. I think a lot of young men – and the younger generation in general, they have accepted that men actually can work as nurses.*

## **8.5 Recruitment and retainment of male students**

Interviewees were asked to give their opinion on concrete measures in recruiting more men to nursing education, as well as gender specific measures to prevent the few men enrolled from dropping out. When the Icelandic students were asked about ideas concerning recruiting more men into nursing, the interviewees believed it to be meaningful to reach out to younger generations and introduce nursing as a profession for men. Several students mentioned that a campaign in high schools aiming for more men in nursing could be a positive measure, “planting the seed early”. Asked about affirmative action, most of them did not like the idea, and specially mention that subsidized university registration fees for men as an example, because if one is interested in becoming a nurse, the registration fee will not stop you. They even believed affirmative action, that you would get rewarded just because you are a man, was a bit uncomfortable. Some of them, on the other hand, believed it would be a chance worth taking, seeing what would happen. The students interviewed did not believe more male teachers would help, and that the teacher’s gender should not be an issue if the teacher was qualified. Still, they mentioned the importance of good male role models and believed it to be positive if more male students attended the programme. None of the interviewed agreed that gender divided groups in the programme itself would be helpful. All believed it should happen “naturally”. All students interviewed would like to see more men train to be nurses because men were just as well fit to be nurses as women and sometimes having another perspective in professions could be beneficial. They also believed one should aim for less gender bias to improve workplace culture; patients should be able to ask for male nurses if they prefer and it and thought this could have a positive effect on wages.

Not all the men in the Norwegian study agreed with the premise that more men are needed in nursing. Nor did everyone feel that more male students would make a difference in their own experience of the programme. Thus, not all of them supported special measures for recruiting or retaining men. They did, however, have thoughts on what could be done to recruit more men to nursing, if that be the goal. Two strategies emerge clearly from the male students' stories: Firstly, wages need to be increased. Secondly, nursing has an image problem that must be worked on, so that it is "conveyed that it is more than cleaning up faeces." Students stressed the importance of highlighting the difficulty and complexity of nursing, in communications about the profession. Male nurses need to partake in and be visible in communications, many of the professional healthcare titles in Norway that are gendered (*helsesøster, jordmor*) should be changed and the diversity of career options should be showcased. In the case of "Health sister" (*helsesøster*) this title has just been changed to "Health nurse" (*Helsesykepleier*). One of the students suggested that patient experiences also could be used to attract men to the profession, through highlighting the impact and importance you have as a nurse.

Male students emphasise the need for a stronger focus and media attention on the difference nurses make in society and male nurses in particular. At the same time several of the interviewees problematized such visibility, such as the student below who do not want any attention on his masculinity, and that such a focus is also a sign that something is wrong.

*There are very few male midwives and school nurses out there, and if I choose to become a health nurse, I will become very visible. A journalist from VG+ [Leading Norwegian newspaper] will come and make feature me: "The male health nurse who etc." with questions and answers as to why I chose it? It's not something I want.*

Visibility is also a part of interviewees reflections on male peers in the study situation. While there were interviewees who did not care if they had more male classmates or not, none said that more male students would be negative. On the flipside, several of those who wanted more male classmates, appeared to feel the need quite strongly. One man stated: "[More men] would have meant I had been less visible and felt less alienated." For this student, the hypervisibility he experienced as a male student had a negative psychological and emotional impact. The interviewees in Norway differed in their opinions on what measures would work for retaining male students. One contentious issue was whether to group male students together or not. While some were in favour, others were against it. One student said that he experienced the institution's practice of grouping men together as fine, but not necessary: "You kind of get the feeling that they are trying to create an artificial community among us, when we have little in common apart from being men." Grouping the men together is not necessary a good idea, another interviewee expressed: "It doesn't matter that we are scattered. With a bunch guys you often get lad culture." Many of the Danish students, especially from the regional programme, often downplayed the role of gender – and expressed that 'age' means just as much or even more, and that you will find those fellow-students who are similar to yourself regardless of gender.

The Norwegian students were also divided on whether special events for male students, like a welcome-event or a get-together during the term, was a useful concept. Some said it would not matter to them, and one was worried about the reactions from female students. At the institution which had tried out all-male events like this, the male students who had attended were positive towards the idea. One explained: “For me, it helped lower the threshold for contacting the other boys in other study groups.” All students indicated that they were by and large satisfied with the programme, and at least as motivated as when they started, if not more.

However, two men had at some point considered quitting the programme. One because of workload/exam stress and the other during an unsatisfactory clinical placement in the last year of the programme. The fact that one bad placement could make students consider quitting even near the completion of their degree, suggests the need for closer follow-up of students during clinical placement. The former student also stated he experienced doubts during the second year of the programme, after several of his male classmates quit and the rest were sent to different clinical placements.

In the Danish group, a lot of emphasis was put on engaging in segregated activities apart from the nursing programme. Especially the Copenhagen/Metropolitan students expressed a very active participation in the social organisations, organising parties, managing the common café, engaging in student council and political activities as a means of seeking and finding male companionship. In this way they seemed to deal with their objective minority position in a very concrete way, through segregated activities and an organisation which was then dominated by men. The most extensive way of avoiding female companionship was by joining the well-established fraternity MASK (Mandlige sygeplejestuderendes Klub), a ‘secretive but not secret’ men-only meeting place for nursing students at Copenhagen and Metropolitan. The fraternity is supposed to be at least 40 years old. There is more than 200 members, and it organises not only present students, but also generations of already graduated male nurses. One student from Metropolitan calls it ‘a safe space for men’ and reflects on the need for MASK even during clinical placement: “You can feel somewhat more alone during ‘clinic’, because there are much less men. Where I am now, there are no men at all. So I long to go back to school, and that is also the reason why I come here [at school] ‘during clinic’ to hang out with the guys from the student societies.... I think that I unconsciously do the more you engage in your studies”. The fraternity has been very active also at the time of recruitment of new students to “assure that there are places to go, to talk, and to share” the perils of being a man in the context of (mostly) women. A mature male student (40 years) reflects as follows to questions of fraternities and ‘men only’ social activities:

*No [it's not important to me]. I am here to become a nurse. That type of social behaviour... I guess I'm too old for that.*

*Interviewer.: ... but don't you need that separate space?*

*Well, I get invited, Even actively pushed, and sometimes I've said yes, and once or twice I've showed up (..), but I'm starting a family now – and it gets in the way. I have communicated well with those boys in the class, but I share nothing socially with them.*

*But I feel safe and comfortable with the study group we have created [comprising of two women and three men] (...) We have some social gatherings at cafés or in somebody's home, where we dine and talk about much more than our studies. We got together [by coincidence] and found out that we worked well together. We feel comfortable with each other and that is almost most important.*

The fraternity has sometimes caused frustration or at least some joking and rivalry among female students. It has thus supposedly triggered female students to set up their own fraternity/sisterhood: MISK. These segregated activities might serve as a measure to both recruit and retain more men in the nursing programme.

About half the Norwegian students thought that having more male teachers in the programme would be beneficial. However, many of the men were quite happy with the gender balance among the faculty in their programme. One student pointed out that it is important to also look at the subjects that faculty are teaching, as male faculty were more likely to teach Sciences than clinical work. As for recruiting more men to nursing studies in the first place, all the interviewees agreed that nursing should be actively promoted as a career option for men.

Highlighting the existence of male nurses and including pictures of male nurses in advertisements, were mentioned as examples. However, one student emphasized that simply showing male nurses is insufficient and that to appeal to men, you should display what the actual work entails. The student explains:

*I see myself, three years ago, googling where to study and what it [nursing] entails, that it would be positive if you could find something where a man talks about what challenges you face in the work, what he does, what nursing is all about. Because when you don't know anything about nursing, all you can picture is a middle-aged woman in a nursing home curling hair and helping people to the toilet. [...] You should emphasise the actual work, how advanced and complex it is. [...] It is so much about being caring and nurturing. And this does not always appeal to men. But if you highlight how advanced and complex it is, when being a nurse – that would be a much greater motivation.*

Most of the men agreed that introducing extra admission points for men could help increase the number of male students in the nursing programme. Still, not all the men supported this measure, as they were concerned that this might result in lower academic performance. The men were generally positive to increased recruitment efforts towards high school students.

However, one man who entered the programme when he was near 30, did not think such efforts would have made any impact on him when he was younger. The interviewed men

reported that they were not familiar with research on men in nursing and did not recall being taught about gender in the programme. When it came to ongoing recruitment campaigns and measures, most of the men were familiar with “Mannkanblisykepleier” (a Norwegian campaign aimed to increase male nurses) and some had seen another campaigns by The Norwegian nurses Organisation. The majority, however, had not noticed efforts made by The Norwegian nurses Organisation to further diverse recruitment.

### **8.6 Plans and expectations**

The informants had somewhat diverse expectations to their future career in nursing. All but one of the students in Norway wanted to work in fields in which there are a relatively high share of male nurses: psychiatry, anaesthetics, surgery, emergency, or intensive care. The men presented their choices as a personal preference for a certain field and not related to questions of gender or work environment. Interestingly, one of the men described how his preference for psychiatry subjected him to more stereotyping comments, such as “that’s where all the men go” and how physically strong men are needed in psychiatric wards. In Iceland, when students were asked about their future specialization in nursing most of them mention emergency services, acute care or psychiatric nursing. Most students had, however, not made up their mind on the matter.

## 9. Experiences and accounts of faculty and members of the administration

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In this chapter we turn the focus to the 23 members of faculty at the nursing education programmes under review. How do management and teachers explain the relative low numbers of men attending their institutions? How do the members of faculty in Iceland, Denmark and Norway account for institutional practices in recruitment and attainment of male students? Gender patterns in learning situations, knowledge and experiences of gender specific measures were among questions addressed in the interviews (For more information see the interview guide in the appendix).

### **9.1 Faculty attitudes towards gender balance in nursing**

All interviewees in Norway, Iceland and Denmark agreed it was desirable to have more male nurses enrolled. The reasons for wanting to increase the number of male nurses were somewhat diverse. Some of the Norwegian faculty members argued that male nurses were important because they could offer a perspective on nursing that was not typical for female nurses, like being more “up-front” with both patients and colleagues:

*It [having more male nurses] can give some new insight into how we give care, another type of care, even though we have the same background in a way. We work a little differently. And as a nurse, I see that there is a huge difference between departments with and without male nurses, most in communication, more straight-forward communication.*

Gender diversity was also perceived as being favourable for the workplace in general, and several of the interviewees referred to their own positive experiences of working with male nurses. One of the interviewees from an Icelandic nursing education institution emphasized that a more diverse gender balance in nursing would be beneficial for both the workplace culture, and for the patients:

*Of course, we need to reflect society as it is, and I believe it is good for the profession to be as diverse as possible. It will make us stronger; men, with different cultural background, people with learning disabilities, and different sexuality and just everything, different religion. We just want as much diversity as possible to be able to treat patients as best as possible.*

Some interviewees also cited more stereotypical assumptions about the benefits men would bring to the workplace, such as physical strength and less “jabbering”. Other significant elements highlighted in the interviews was that the teachers have had several experiences with male patients who preferred receiving care from male nurses. One of the Norwegian faculty

members especially noted that issues concerning sexuality was somewhat easier to address when male patients received care from male nurses:

*One is treated and socialized differently from childhood, and we therefore have differing experiences in life. Patients as well. And nurses must reflect the population, in a way. I know for example that boys greatly appreciate male school nurses and they can address sexuality issues. There is a lot [of issues concerning sexuality] that can be easier to talk about with a man.*

Some of the Icelandic participants also worried about potential gender bias among co-workers, but to varying degrees. In most cases gender bias was reported as a yearly discussion topic at staff meetings and an issue the faculty in both universities discussed on a regular basis. When asked about gender bias most believed gendered stereotypes were to blame. Examples of such stereotypes was that male students' sexual preference was made relevant in the conversation, and thought to break with the norm of heterosexuality, and tagged as "gay". Or that men who studied nursing had failed to meet the formal entry requirements to study medicine (based on grades), or that patients would refuse their care in clinical practice. Some also believed it could be challenging for male nurses in a workplace dominated by women, because of gendered differences in workplace culture.

One of the Norwegian faculty members also had some reflections on challenges concerning cultural differences, especially regarding some of the "male foreign students":

*Informant: There are some gender role backgrounds that can sometimes be a little challenging. That you (as a foreign man) have to work closely with women and be instructed and receive orders. Sometimes it results in some challenges, and it doesn't work the way it should.*

*Interviewer: Do you think there is an attitude problem with these students?*

*Informant: It can be both ways. Sometimes we also have received feedback that some [doctors or nurses] in clinical practice are being nasty with people with minority backgrounds. So, there's probably some people who have attitudes that are not entirely acceptable.*

Faculty members at both Norwegian schools also mentioned episodes with majority students expressing concerns about collaborating with ethnic minority students, due to (perceived) language difficulties. Questions about other nationalities were not perceived as applicable in Iceland, due to the homogeneity of the Icelandic population. Ethnicity was not a theme in the Danish interviews.

## **9.2 The relevance of gender in the classroom**

Relatively few of the faculty informants from all three countries discussed gender specifically in the courses they taught. The degree to which they did discuss gender, was usually confined

to reflections on how to approach women and male patients. In Iceland some of the informants referred to gender as a relevant subject and said that they sometimes delved deeper into a gender angle during teaching sessions. When one of the Norwegian faculty members was asked about how she talked about gender in the classroom, she said that *“I can't remember having spoken about gender in the year and a half I've been here”*.

At the same time, we found that the Icelandic informants did in fact recognize certain gendered differences in how the students were treated by faculty and other students, such as male students receiving more attention than their female counterparts, teachers remembering their names more often than female students, and men being *“patted on the back for good performance”* more often than women. Male students were also perceived to be downgraded for bad performances, to a larger extent than female students. Female students also sometimes complained to faculty about male students getting more diverse opportunities in clinical practice settings. One of the Icelandic teachers also mentioned some complaints from male students regarding the teachers addressing the student group solely by a female noun.

A subsequent number of the participants also argued that the representation of nursing in classrooms, digital tools and textbooks were somewhat gendered. This occasionally led to reflections on how to “even out” the student’s representations about nursing, like in this case for a Norwegian teacher:

*I probably don't have much focus on it [gendered representations of nursing], but I think about it sometimes.[...] But in relation to examples of patients, if you are going to tell them (students) about a patient with anxiety and depression, and one who has a substance abuse, I do not just choose women and that I do not just choose men. Also, in relation to what kind of name I use [as examples of the nurse]. I have at least thought about the idea that I have to spread it out a little. And that I sometimes use “he” as an example instead of saying “she” when talking about a nurse. But it often comes automatically [saying “she” when referring to nurses].*

One of the Norwegian participants also criticized the media culture of sexualizing nursing, thereby making it challenging for men to relate to nursing:

*It's hard to find a picture of a non-sexualized nurse. We use a program called Panopto. If you are looking for a [picture of a] nurse, you will find either an overweight "blubber" who look a little dull, or a smiling woman with super short skirt. What you should do is search for a doctor and remove the stethoscope. I think, it is the stereotype right there. The profession is simply fetishized.*

For many of the informants, altering the representations of nursing from a feminine and “care giving” profession, towards a gender-neutral, knowledge-based academic science, seemed to be the preferred measure to maintain, and also increase, the numbers of male students.



### **9.3 Sexual harassment, gender differences and intimate boundaries**

When interviewees are asked about their response in case of sexual harassment, some Icelandic teachers report that they address it in their teaching while others do not, but always related to the profession of nursing and boundaries towards patients, or even, discussion and warning that the nursing profession sometimes requires suffering through broken boundaries. As one of the Norwegian teachers puts it: *"If you've worked as a nurse, you have been groped. That I can promise you. It's just part of the world"*. She also adds that although some unwanted touching must be expected, it is important to prepare the students and to be able to talk about it in the work environment. One teacher also points to events that she describes as harassment towards ethnic minorities:

*We have had female students with Asian background who have really experienced some gross episodes, with healthy middle-aged men in the hospital here. It is so [bad] that I wish I had been there to "take them"*.

In some cases, interviewees also reported that male students sometimes made sleazy comments to female fellow students, to which the teacher said that she would immediately act upon. In Norway, the faculty replies indicate that sexual harassment, including racialized sexual harassment, is an issue, particularly when the students are on their clinical practice periods. Upon being asked about the degree to which these subjects are being discussed in the classroom, the answers on the other hand, indicate that sexual harassment and intimate boundaries are not topics that are frequently brought up in class or laboratory work:

*It [sexual harassment and intimacy boundaries] has not been a subject on my part. It hasn't. But I know that I have addressed it in relation to those who are in clinical practice, because it has ... it can happen sometimes, that someone experiences some episodes. So, we have discussed and reflected on these issues.*

When asked about student conflicts around gender and sexuality, all the Norwegian faculty also dismissed this as not being a problem.

### **9.4 Reflections and results on affirmative action and financial support to male students**

The most effective measures to improve gender distribution among nursing students (and elsewhere) are quotas and financial support. These are controversial instruments in public debate and the opinions were also shared among the interviewees. Moreover, legislation and practice differ between countries.

In Norway, extra admission points are perceived as a widely accepted measure to recruit women to over 100 different male dominated programmes. Just recently and with much debate the measure is in use at seven different female dominated programmes. One of the programmes in the study from Norway, Lovisenberg Diakonal University College has, with

its leadership at the forefront, advocated for the use of extra admission points to improve gender balance (for more information, see their consultation statement, Lovisenberg Diakonale Høgskole, 2017). From Autumn 2018 Lovisenberg Diakonal University College got permission to award male students with two extra admission points, and the proportion of male students has increased from nine to 15 percent. Although the proportion of male students varies in admissions from year to year this is not a result to be dismissed (See table in Chapter 5). The fact that they award extra credits to male students has been in the news, and this may also have contributed to more male students with high admission points applying. Because, with the measure, it is clear that male students are wanted, or even prioritised. However, previous experience with gender points shows that the effect is greatest at introduction and often decreases somewhat over time.

In connection with the extra admission points, the management at the school has made a broader commitment to increase the proportion of male students and to an inclusive study environment. They also have men at educational fairs, and they have a plan for an inclusive and gender-neutral language. However, as we saw in Chapter 7, their web pages still appear to be gender biased with faint colour tones and significantly more women than men pictured. In other words, the effort is not fully implemented, and the interviews indicate that it is mostly management that is committed, and the initiative is not as well rooted among general staff.

The University of Agder, another Norwegian nursing education programme, has had permission to offer extra admission points to male students from the fall of 2018. There, the proportion of male students has significantly increased, or from 14 to 21 percent (see Chapter 5). The increase is also likely related to the fact that they have created websites and recruitment videos portraying men in active roles (see <https://www.uia.no/studier/sykepleie2>). However, the University of Agder, like several nursing programmes, has a major problem with students dropping out. This is especially true for male students, resulting in the initiation of a mentoring scheme for students' well-being and study completion. In other words, the University of Agder's work on improving gender balance will also depend on improvements in this area as well.

The management of the two selected study programmes in Norway (and University of Agder) were supporters of extra admission points arguing how gender-based admission points had worked in male dominated occupations:

*I think it's very good. The engineering education has had it for a long time, so why not the nursing education? It's an equal kind of measure, in engineering education you want more women. Here you want more men. So, I think it is quite good to have something to entice the men, to have some systems that allow one to bring in more men.*

Most of the interviewed teachers in Norway were against or ambivalent to the measure. However, the negative sentiment for some of them stem from the fact that the programme (in Narvik) already struggled with a relatively low admission average, causing the members of

faculty to worry about recruiting lower-performing students to their school. This concern was also exacerbated by this schools already existing regional quota system, offering extra admission points to local students. That it is “unfair” or that “noting but formal qualification should carry weight” were among arguments against extra admission points.

Mirroring the general sentiment against affirmative action in Denmark the head of DSR (Danish Nurses Organization) in “Sygeplejersken” (The Danish journal for nurses) stresses that; “*if a woman has a better grade average than a man, the nursing education must not give priority to recruiting the man.*” Here it is important to note that Danish legislation prohibits discrimination against men and women, also so-called positive discrimination and gender quotas (Ministry of Gender Equality and Church, 2013).

In Iceland, the attitudes towards gender quotas were mixed, especially for the competitive entrance exams. Some held positive views for actions like a recent move by the Icelandic Nurses’ Association where they would pay male students registration fees, as a part of a campaign to recruit men to nursing education. As one interviewee believed though, gender quota was worth trying where everything else had been tried to increase the number of male students in nursing, but to no avail:

*We have tried different things and it’s not popular for everyone to pay registration fees for men, not women. It is not popular among nurses, but affirmative action is legal, we are allowed to do it, so I think it’s okay to try it. You need to be a little bit bold in this, an ad campaign is not enough, and you need to see something more.*

While the proposal for financial support for male students has caused some controversy in Icelandic public opinion, it has not been on the agenda in either Denmark or Norway.

### **9.5 Reflections on gender-specific measures in recruiting more men**

With affirmative action and financial support off the table, most of the interviewees, from all three countries, addressed the need for actions in making nursing as a profession more attractive for men. The majority of faculty in all three countries were also positive towards gender-specific recruitment measures.

The head of the Danish nursing union also stresses the importance of depiction of men in commercial materials and ads, like photos in school websites. Both education programmes in Denmark have a photo of a man on the front page of the education website.

Likewise, the framing of nursing as not just a women and feminine “care” profession, was considered important by most interviewees in all three countries. One of the main arguments we found, was that, as opposed to what this Norwegian faculty member points out to be a cultural myth about nursing, nursing should in fact be considered an academic and knowledge-based profession:

*A myth has been established, that it [nursing] is a profession for women. One can say that it is a women-dominated profession, but one cannot say that it is a women's*

*profession. Men are needed in nursing also, to change the perception or myth about the profession in the population. It's not just about caring, it's a very advanced and complex profession we have.*

The notion that nursing is a feminized, gendered and "soft" profession were also contested by other informants. One of the teachers at a Norwegian school, for example, pointed out that the profession was often presented as being mostly about "hand-holding" patients, and not about giving medical and professional care:

*The video that The Norwegian nursing union made in connection to their 100th anniversary, it is a video showing nursing, there are also some men in it, but mostly women, but very much caring, holding the hands of the patient, cute smiles - very much of the focus is on that. So, I didn't show it to them [the students]. It's a nice movie, you are welcome to watch it, but I prioritized letting them ask questions.*

## **9.6 Reflections on gender-specific measures in preventing drop out**

The interviewees from Iceland, Norway and Denmark also had differing views on how to prevent the few men in their programmes from dropping out. There was also some ambivalence in the degree to which gender specific measures was perceived as relevant in this context. In Iceland, participants felt it impossible to relate dropout to gender difference while male students were so few. When the Icelandic faculty participants were asked about actions to decrease dropout, they mentioned calling students on the phone if they did not turn in assignments on time, taking notes of teaching evaluations to improve courses and welcome everyone, regardless of gender and cultural origin, in order to make them feel as part of a team. None believed there was a need for specific actions towards male students to prevent dropout. Instead they argued that general actions towards all students, regardless of gender, should suffice.

In Copenhagen, the teachers distribute approximately ten male students in three classes (normal enrolment between 30 and 40 per semester) – leaving most classes without men. As in Randers, the teachers determine the distribution of students in study groups during their first semester and the teachers actively considers and usually gathers more than one man in each individual group. However, the teacher with responsibility for clinical placement is not able to take special consideration or measures to distribute the male students favourably, as the students are distributed in a gender-neutral manner - by study numbers, and thus she cannot determine if the student is a man or a woman. She distributes these numbers representing students between the hospitals of the Capital Region of Denmark, which themselves distribute the students between the sections.

Metropolitan University College actively supports a social environment for male students. This environment is well-established and instituted by the permanent allocating of physical rooms, which are available for members of a lodge of men, MASK – only accommodating to male students who bond with previous students (now nurses) (Olesen, 2014).

Necessarily, the male students in Randers are placed in the same class, while they just have one class per semester. However, the teachers who determine study groups of the first semester prioritize distributing the male students in the same study groups, when possible (i.e. more than 1 in the class). It is expected at the programme that male student will have ‘something in common’, therefore; study groups of men constitute communities that could prevent dropout of male nursing student. Moreover, the teacher in Randers who is responsible for distribution of students during their clinical placements actively assigns male students in nursing home care, as well as in medical and surgical sections during their *short-term placements*. During the *long-term placement*, she will send male students in acute care and intensive units, as male nurses commonly prefer to be employed in these units – which are also generally seen as higher status, than e.g. medical units. The principal of the nursing programme in Randers emphasized that focus on activities aimed at preventing dropout in the first study year – must apply to all students. Due to the low number of male nursing students in Randers, she argues, that no resources can be allocated to implement special supporting activities, especially for male students, as this would also seem inappropriate. Likewise, it is viewed as ‘making little sense’ to establish a formalized membership of a network, forum or lodge for men exclusively, as Randers admits so few men. The reflections also are that the number of men would not reach the critical mass to sustain such an initiative. In class, the men often experience that their differences are more apparent than their commonalities, and any idea of an intended support of each other becomes futile - with an average of only ten to twelve men in total throughout the nursing programme. One of the male teachers, however, informed us that he has contact and maintains he has special attention to the well-being of each of the individual male students throughout the education. Employees at this nursing programme therefore focused on maintaining the student’s attendance in general.

Some of the informants from Denmark argued that an important measure to facilitate for men in nursing education, was to assign male students to more “action filled” placements during clinical practice periods of the education. In both Denmark and Iceland, it also seemed like a regular practice to assign the few men in each cohort to study groups with other men, for support and male companionship. This wasn’t always well received by the students, as one of the Icelandic participants remembered a male student complaining about group selection based on gender. The student said that he would rather have opportunity to be a part of female groups, instead of always being placed with the other men in his cohort. On the other hand, most of the Norwegian interviewees had a different take on the gender distribution when assigning the students to study groups, something we found to be common amongst most of the Norwegian faculty interviewees:

*There is always a discussion when the first-year students arrive. Because we have these learning groups. And in those learning groups, you usually have three to four men and then the rest are women. And then there is a discussion, are they to be divided into smaller groups, or should we place one man per group or whether we should let all those men be together. And I have been a supporter, there is no*

*agreement about it, but to placing one man in each group. [...] It has been my kind of measure. But many of my colleagues do not agree with it.*

*There is also another reason why we pair up the boys, because, if you're a boy and have good looks, girls are stricken and do the bigger part of the job in the workgroup. Knowing this dynamic, we put boys together, so they do their assigned work. You could imagine that the same would apply to girls, but the girls have so many more girls to compete with.*

When discussing measures to prevent students from dropping out, Danish interviewees also noted a considerable gender gap amongst teachers and faculty members, and some stressed the importance of male role models during the course of the education, especially for the first-year students, where the dropout rate for men is usually quite high. The dropout rate for men was also perceived as quite high in Norway, and some of the staff members linked this to the fact that first-year students from both schools usually have their first encounter with the clinical world at nursing homes:

*They [boys] are the students with the least experience. They have never seen a naked old man before, and then they get very little guidance. They come to the place in our health care system with the lowest proportion of nurses. They get little follow-up. They get little guidance, and often face people with dementia who have difficulty expressing themselves. There are lots of visual impressions, like different smells, and I don't think that's ok. They should have been somewhere else in their first clinical practice [...]. I don't know if they quit after that, but they get an unnecessary cold shower. We at the study programme teach them some ideals and in the "skill centre" they learn that "if you don't wear sterile gloves properly then you fail that class." Then they come out in clinical practice, and then they get feedback that gloves are not so important. It's a big gap. They should have been in clinical practice with a closer follow-up. They should have been at a hospital. They are vulnerable and they have little power, while as third year students they are braver and it's easier for them to speak up.*

### 10. Concluding remarks and recommendations

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It is clear that recommendations will have different intended recipients and target groups; management and teachers within nursing education, and government and nursing unions in the Nordics. All of which, to this study and elsewhere, have expressed the need for improved gender balance in nursing and nursing education.

Men as nursing students, in this study as interviewees, have clearly expressed a wish for a more gender balanced and diverse study environment. Although, the experience of men and minorities within the nursing programmes are an important starting point for any action, it should not solely be their responsibility to have an opinion of what to do or suggest the measures to change the current situation. That is the task of the before mentioned target groups.

It is difficult to highlight the findings and disseminate them in terms of concrete recommendations. This is both due to findings being diverse and inevitably speak to different organizational contexts within the participating countries. However, we have discussed different measures with experts in Norway and Iceland and the research team has found common grounds for the many recommendations that follow:

#### **10.1 The management of the learning institutions**

Several of the nursing education programmes that have a higher proportion of male students, such as the University of Agder, have leadership that has advocated this. In 2016, the University of Agder adopted a goal; That all study programmes should have at least 30 percent students of each gender by 2020. Then followed a more specific focus on gender balance in their nursing education programmes, where both recruitment using credits, profiling, follow-up along the way and a focus on culture and identity-understanding was included.

- Efforts to ensure diversity, and efforts to combat inequalities and discrimination on different grounds in the educational institutions should be made part of the plans to improve the gender balance.
- Measurable percentage for numbers of male students and male teachers at the educational institution should be set.
- A commitment must be anchored at the management levels of the nursing education programmes at both the universities and colleges.
- Employees and students must be part of the initiatives.
- It must be clear why there should be a commitment, and what goals the initiatives have, what resources are allocated, and who is responsible for implementing them.

## **10.2 Knowledge of management and employees**

The mapping shows that management and staff at the institutions often have little knowledge about research and initiatives for increasing the number of male nursing students. Knowledge about the gender-segregated labour market and about male students' situation within different organization is essential. We have the following recommendations in this respect:

- Development and use of updated statistics on admission, drop-out, delay in course of study and completion connected to gender of students in nursing education. Gendered statistics that follow the "student cohorts" completion and drop-out rate do not exist. The institutions, in collaboration with the authorities and databases, must ensure that such statistics become part of data collected and used.
- Education programmes should have procedures for documenting explanations of dropout and use the findings to improve their own practices.
- Nursing education programmes should actively use and invite researchers to shed light on gender, diversity and recruitment.
- Educators should themselves take the initiative to exchange experiences with other nursing educators on the work on improving gender balance.

## **10.3 Marketing the study programmes**

What stands out in the findings of the project is how much emphasis the students themselves put on how different the nursing profession is, in contrast to the myth of the "caring nurse". Here, a lot can be done with the portrayal of the profession, to make it more attractive to men as well. This is true both in the recruitment of students for the education and in the social image of the profession.

The webpages and recruitment material of nursing education programmes are important channels of information and recruitment of potential nursing students. Gendered pronouns referring to the nurse in webpages and recruitment material are primarily concentrated on the female nurse, and pictures from the webpages and recruitment material in nursing education heavily depict the young, Caucasian, able bodied, and slim female nurse. This skewed depiction of the nurse as primarily a Caucasian woman could in effect exclude people who do not fit this representation. Though this might reflect reality in some institutions, both text and pictures convey a meaningful message. The gendered language structure has a conservative element, as the gender role distribution in society interferes with our use of language, and our language will intervene in our reality. In this way, the gendered language used here will preserve, maintain, and reflect our social reality (Blakar, 1973/1996). A more gender balanced depiction of the nurse could be used as a measure to both recruit and retain male nurses to the education programmes. Several male students also emphasise the fact that a more nuanced depiction of the nursing vocation could be a measure to recruit men, in contrast to the nurse's picture as solely a caregiver.

None of the websites of the six nursing education programmes we surveyed give the impression of educational programmes that are just as good for men as for women. We



recommend the following measures to recruit and retain men in nursing education through webpages, social media and other recruitment material:

- Both pictures displayed, and language used, on webpages and in recruitment material should aim to portray the diversity of nurses within the profession and depict people of all genders and ethnic backgrounds.
- The webpages and recruitment material should show how jobs within nursing involves much more than just caregiving - how intricate and important the profession really is.
- Webpages and recruitment material could display personal accounts from male nursing students, showing that the nursing programmes are suitable also for men.
- Faculty should be conscious when sharing content on social media, refrain from addressing the group of students as “girls” and avoid depicting the profession as stereotypically feminine.

#### **10.4 The content and study materials in nursing education**

The curriculum students are subjected to was often mentioned by interviewees for having little gender diversity in both language and depiction of nurses. Our review of the study material also showed that the portrayal of men, women and people of different ethnicities in textbooks was not balanced. The lack of diversity could have an important impact on shaping values and attitudes towards gender equality in nursing. We suggest the following measures to recruit and retain men in nursing education through curriculum:

- Faculty should talk about the gendered language and pictures used in textbooks with students in class - and at the same time be aware of their own language, as not to reproduce stereotypical gendered language.
- There needs to be continued education for students, staff and faculty on gender-related issues.
- Sexual harassment and racism should be openly discussed in curricula and practice.
- Language training and linguistic support for minority students should be offered. A large proportion of immigrants are studying nursing, and they express a desire for greater diversity. At the same time, many are unnecessarily hindered by weak Nordic language skills.
- Faculty involved in choosing and assigning curriculum should be aware of how gender and ethnicity is depicted in textbooks and make decisions accordingly.
- Language and pictures in textbooks should allow for a reality where nursing as a profession is no longer reserved primarily for Caucasian women. Pictures and language should reflect this reality.

#### **10.5 Gendered culture in the learning environment**

Nursing education has gender cultures - both between employees and in the student group. The collective representations of women, men, and gender in the student body, as well as in the group of teachers, will influence the way nurses are perceived. A gendered perception of

“the nurse” will therefore be of importance when students are developing a sense of belonging in their future profession, making it hard to fit in when not being able to conform to a strict gender norm.

Our study shows that the institutions who display a particular focus on recruiting more male students may develop groups with a distinctive "male culture", in smaller groups or such as the male student association MASK in a Danish nursing education. But as Marie Norberg (See Baagøe Nielsen, 2011) has documented in her research “a male sphere” will be attractive for some men, while other men will try to avoid it or find it superficial. For some men, the attraction of care professions will be that they better thrive in the company of women, and dislike aspects of a masculine peer culture. These variations are to some extent reflected in our interviews with male students.

While the male students in the interviews strongly oppose any favourable treatment from teachers and others, there may be a danger that perceived privileges such as getting positive attention in learning situations, good clinical placements in the course of the education and being thought to be first in line when applying for nursing positions, is internalised by male students and therefore taken for granted.

- The education institutions should pay attention to the gender cultures of their staff and student group.
- The education institutions should prevent the development of gender cultures that narrow the framework for what it means to be a male nursing student, as well as a female student.
- Lecturers and teachers should also be aware of gender cultures that place feminine characteristics over masculine in the nursing profession. Teachers should also make sure that they do not always ask men to fix broken machines and equipment, carry heavy items etc.

## **10.6 Learning environment**

Several nursing education programmes, including the institutions in our study, have a significantly higher dropout rate amongst men than for women. Our study and others show that especially men, but also people from ethnic minority backgrounds, can experience alienation and loneliness during their studies. This may be one of several contributing reasons as to why men are overrepresented by students who drop out. Measures such as creating an inclusive learning environment in general, and for men and minorities in particular, are therefore recommended. However, what seems like appropriate measures and adjustments can be different for large and small programmes. Although the proportion of men is the same, the group of men at large educational institutions can make up larger communities, while this is of course challenging in smaller educational institutions. We do however have some suggestions that can be carried out in most educational institutions:

- The educational institution should provide students with access to gender assigned wardrobes and changing rooms, both in study situations and in practice placements.

- Faculty must raise awareness of how the male nursing student experiences their campus life, being a gender minority.
- Male students should have the opportunity to be placed in the same class or study group. All the men in our study wanted to have more male students in their studies. We believe this is a significant measure.
- As a measure to lower the threshold for male students to contact each other, a yearly gathering reserved for the male student body is suggested.

## **10.7 Clinical placement**

Some of most concerning incidents the male students report in the interviews are related to their time at clinical placements. These include instances of sexual harassment, and employees having and expressing negative attitudes toward male nurses. The successful completion of clinical work, imperative to the education of students must therefore also take into consideration the general well-being of students. The programmes should work to ensure that they have internships with male staff and male tutors, and match these with male students wherever possible and desirable. However, nursing education does not bear the responsibility for the quality of the practice sites alone. Local and central authorities also have a responsibility for ensuring that the standard of nursing homes and services is of such quality that they are attractive places of work, both for their permanent staff and students fulfilling their required clinical placement.

Educational institutions with a large drop-out rate for male students should consider placing first-year students in other clinical situations than nursing homes. Some male students are not prepared for these placements, as it involves clinical work of a kind that some men have never experienced before.

## **10.8 National nursing unions**

The national nursing unions are important agents in the work for diversity and improved gender balance. The nursing associations in Iceland, Denmark and Norway (also including the Norwegian youth organization) have all provided valuable input for the implementation of this project. The nursing associations do a great job of making the profession visible to the public, as well as advocating nursing as a potential for new students.

Several of the Norwegian interviewees (both students and teachers) criticized the association's previous profiling of nurses for being too restrictive in terms of gender and ethnicity, as well as depicting work-related tasks and assignments overly focussed on “care” and the “hand holding” aspects of nursing. We have the following recommendations for the commercial material produced by the unions for nurses:

- Including diverse profiling and depictions of nurses throughout all channels of communication.
- Continue the important work of raising the status and salary of nurses. Salary and involuntary part-time positions were perceived as obstacles for both men and people

of all genders to choose nursing. Although, one-sided arguments that men avoid nursing as a profession because of low wages should be avoided.

### **10.9 National action plans for the recruitment of men to nursing education**

Moving to the level of government, comprehensive and implemented recruitment initiatives, with political and financial support to recruit the underrepresented gender is historically a measure that shows a clear effect. An example is the Norwegian national action plan to recruit men to work in early childhood education, which resulted in a significant improvement in the recruitment of men, both in terms of relative percentage increase, but not least in numbers of men working in early childhood education today.

- To ensure a significant development in the recruitment of male nurses, we recommend the development of national action plans in all Nordic countries involved in this study, with the long-term goal and determination to recruit more men to nursing and other health- and caregiving professions.

### **10.10 Extra admission points for men**

The experience of nursing education programmes in Norway that offer male students extra credits appear to be promising. One of the reasons for the success of such initiatives is that such measures have been applied to both studies where women and men are underrepresented. The fact that it is successful is likely also related to measure begin implemented according to certain fixed criteria.

- Authorities in Norway and other Nordic countries are encouraged to advocate for a systematic and comprehensive use of extra credits for the underrepresented gender across different study programmes.

### **10.11 Financial support**

The debate over payment of tuition fees for male nurses in Iceland shows that the use of financial incentives to improve the gender balance can be controversial. Several different financial incentives to improve gender balance have been proposed by various committees in Norway, including write-downs of student loans and gender equality grants. Like extra gender points to the underrepresented gender, we are of the opinion that it may be a suitable measure, but that it requires an equal application to several studies in which both women and men are underrepresented.

- Authorities should map and launch an effort in offering gender equality grants aimed at several education programmes where women and men are underrepresented. For guidelines, see the report of the Gender Equality Committee in Norway (NOU 2012: 15).

### **10.12 Experience with care work**

We find, like other studies, that many male nursing students have had previous direct experience with the profession, either as a relative to someone in need for care, being hospitalized themselves, or from their own practice in nursing and care. Such direct experience and knowledge will, for many, be a prerequisite for choosing nursing education.

- Authorities should develop projects and initiatives that give more boys and men direct knowledge and experience from various care professions.
- The Nordic countries should develop a similar model for caring for the elderly and the ill that have been carried out in Bergen in Norway, a project that aims at employing teenagers between 16-18 in summer jobs, with the hope of recruiting more health professionals, especially men, in the future.

## 11. References and appendix

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## 11.2 Student interview guide

### Background

- Age and year of study
- Where are you from? (geography)
- What is your educational background and/or prior professional background?
- Has anyone in your family (parents or partner) worked in nursing or in other health care professions? If so, whom?
- Did you have any previous experience with nursing or health care work before enrolling in this programme?

### Motivation and Support

- How and when did you first hear about this programme?
- What was your motivation for choosing nursing?
- What is your motivation for choosing this particular programme (at this university/college)?
- What has been the level of support or encouragement from you family and friends?
- What were the reactions of your family and friends when you enrolled in nursing studies?
- Are you still feeling equally motivated (for your studies)? Has the study programme lived up to your expectations?

### Student Experience and Satisfaction

- Are you satisfied with the programme and the study?
- Have you experienced any major learning experiences? (Please expand)
- Have you experienced any challenges? (Please expand)
- Has anything surprised you about the programme/nursing studies?
  - Contents or form of the study,
  - Staff, setting, clinical placement
  - Student culture / social dimensions
- The level of work/hours: Would you say that you a committed student?
  - To a very small degree / to a small degree / to a certain degree / to a large degree /to a very large degree
- Have you at any point considered dropping out of the programme?
  - Why/why not?
  - What is keeping you?
- Do you know anyone who has quit? Do you know, or have any idea, why?

### Praxis Placements (if applicable)

- What has been your experience of the placements?
  - In terms of work assignment/responsibilities
  - Contact and cooperation with the staff (at the placement)
  - Workplace culture

- Which praxis placement did you find the most useful? Why?
- Which praxis placement did you find the least useful? Why?

#### Gender and Masculinity

- How do you find being a male student in nursing?
  - Any particular responses from the outside (family, friends, partner)?
  - Any particular responses at the programme (fellow students, staff)?
- What is the best thing about being a male student in this programme? (Do you feel there are any advantages?)
- What is the worst thing about being a male student in this programme? (Do you feel there are any disadvantages?)
- How does the faculty in the programme talk about gender and gender differences – when it comes to students, patients or others?
- Have any of your teachers brought up gender as a subject in their teaching/in your classes? (f.ex. in terms of patient care and relations)

#### Differential Treatment

- Have you experienced differential treatment in your classes, group work or in the praxis placements? (Please expand)
  - Has this been connected to gender?
  - Has this been connected to other grounds of discrimination, such as sexuality, race/ethnicity, age, ability or religion?
- Do you expect to be treated differently (because you are a man)? (privilege)
- Have you experienced that fellow students, faculty or clinical staff are concerned that you are getting special treatment?
- Have you or any of your classmates experienced sexual harassment in the classroom or in clinical placement?

#### Future Expectations

- Do you have any particular interests? Specialisations, field, position or continuous study?
  - Why this?
- Where do you see yourself in five years time?

#### Opinions on Gender and Measures

- Would you like to see more men in nursing? Why/why not?
- What do you think nursing programmes could do to recruit male students?
- What would the following measures mean to you?
  - Clearly promoting the idea that nursing is a profession for men too
  - Moderate affirmative action (gender quota and/or scholarships for male students)
  - (Recruitment) Campaigns geared towards high school students
- What do you think nursing programmes could do to support male students?



- What would the following measures mean to you?
  - More male teachers?
  - More male students?
  - Gathering more male students in one class, rather than splitting them up
  - A gathering/meeting point with male students at the start of the programme
  - Lunches/gatherings with male students 1-2 times a year
- Are you familiar with any national/local measures to improve gender balance in nursing?
  - (List country-specific measures, if applicable)
- Are you familiar with research on gender and nursing?
  - To a very small degree / to a small degree / to a certain degree / to a large degree /to a very large degree
  - If applicable, what findings/studies do you find the most interesting and why?

### *11.3 Faculty/teachers interview guide*

Skip the bullet points that are not applicable for the praxis placement coordinator, and vice versa.

#### Background

- What is your educational/professional background?
- How long have you worked as teacher – and for how long at this institution?
- What courses do you teach in the nursing programme – and how many classes /which years?
- What is the (approximate) percentage of male students in your classes?
- What is the (approximate) percentage of ethnic minority students in your classes?

#### Opinions

- Are more men needed in nursing? Why/why not?
- There are currently different ongoing national and local projects to recruit more men to nursing? What is your opinion on this (are they needed)?
- If you could decide, would you use gender quota/moderate affirmative action for men in nursing education, in order to recruit more male students? Why/why not?

#### Gender in the Classroom

- To what extent do you talk about or bring up gender as a topic in your classes?
  - Not addressed/addressed to a small extent/addressed to some extent/addressed to a large extent
- To what extent do you talk about how the nursing profession is gendered in your classes?
  - Not addressed/addressed to a small extent/addressed to some extent/addressed to a large extent
- Do you address other questions concerning gender or gender equality in your classes?

- Examples: Beyond gender representation; gendered history and identity of the profession, gender in patient relations, gender-specific diseases, etc.)
  - Please provide examples of your practice
- Do you bring up sexual harassment and intimate boundaries as a topic in your classes?
  - If applicable: Do you take gender into account when addressing these issues?
- To your knowledge, have there been conflicts amongst your students in relation to gender, sexuality, or ethnicity?
  - If yes, how did you address these conflicts?
- Making the course content and examples relevant for all genders and cross-culturally is something you
  - do not work at /work at to a small extent/ work at to some extent/ work at to a large extent
- Have you experienced any reactions/responses/feedback to the course content or your teaching from the students –
  - regarding issues of gender? (for example: gendered depictions of nursing)
  - regarding issues of ethnicity/colour? (if no, ask about language concerns)
  - if yes, how did you respond to this?
- Do you make any adaptations or have any special measures for male students or students with ethnic minority background in the class/course?
  - If yes, please describe the adaptations or special measures
- When assigning group work, how do you divide students into groups?
  - (How is gender and ethnicity distributed)

### Praxis Placements

*For the placement coordinator:*

- As a coordinator, how well do you know the work culture in the praxis places?
- Do you make any adaptations/ special measures when selecting praxis places for male students?
- Do you make any adaptations/ special measures when selecting praxis places for ethnic minority students?

*For all:*

- Have you experienced any reactions/responses to the praxis placements from the students
  - regarding issues of gender and/or sexuality?
  - regarding issues of ethnicity/colour
  - general work culture
- Have you experienced any reactions/responses to the students from the praxis placements regarding gender or ethnicity?

### Student Performance and Integration

We want to ask you some questions about your general impression of the students in your classes/courses.

- Do you notice any gender differences in the classroom? (Examples: in terms of learning, behaviour, performance)

- Among the students struggling to achieve at a basic level in the courses, do you find that there is an overrepresentation of:
  - Men? (Yes / No / Do not know)
  - Students with ethnic minority background? (Yes / No / Do not know)
  - Men with ethnic minority background? (Yes / No / Do not know)
- Among the students who are less integrated in the social learning environment in the nursing programme, do you find that there is an overrepresentation of:
  - Men? (Yes / No / Do not know)
  - Students with ethnic minority background? (Yes / No / Do not know)
  - Men with ethnic minority background? (Yes / No / Do not know)
- Have you received any complaints, or had any reason to suspect, that students in the programme have been subjected to sexual harassment during their education?
- Have you received any complaints, or had any reason to suspect, that students in the programme have experienced discrimination during their education?
- Are you involved in suitability assessments of students? If yes, what are the main reasons students are found, or suspected, to be unsuited for nursing?

#### Dropout

- What is your experience with students dropping out of the study? (i.e. does it happen often)?
  - Do you see gender differences here?
  - Do you see ethnic differences here?
- What, in your opinion, are the main causes for student drop-out?
  - Do you see gender differences here?
  - Do you see ethnic differences here?
- What do you think can you do in your teaching/practice to prevent students from dropping out?
  - Are there any particular measures you can take to prevent dropout among male students?

#### Opinion/Attitudes among Colleagues

- The imbalance between female and male students is a problem of concern to my colleagues
  - To a very small extent / to a small extent / to some extent / to a large extent
- How often have you experienced that the gender balance among the students in the programme has been thoroughly discussed at a staff meeting?
  - Never / Once / Approximately once a year / More often
- What explanation for the imbalance predominate in discussions among your colleagues?
  - (examples: Wage level, gender stereotypical description of nurses, biologically founded occupational preferences)
  - What reason do *you* think explains gender imbalance in nursing best?

- What single possible counter-measure predominate in the discussions among your colleagues?
  - (examples: National recruitment campaigns, gender sensitizing the content of the education, etc.)
  - What single counter-measure do you think would be most effective?

#### Knowledge of Research and Measures

- Are you familiar with research(ers) on gender in the nursing profession?
  - To a very little extent/to a small extent/to some extent/to a large extent
  - If the answer is to some or to a large extent: What research findings do you find especially illuminating or interesting?
- Do you know of the concrete recruitment efforts implemented nationally, or suggested implemented, for improving the gender balance in the nursing profession (beyond this project)?
  - Yes, I know about most of them / Yes, some of them / No
  - (List country-specific measures)