Pre-registration nursing recruitment and retention – underrepresentation of men, influences and causes

FINAL REPORT for the Scottish Collaboration for the Enhancement of Pre-Registration Nursing (SCEPRN) and commissioned by NES

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Executive Summary

Aim and Objectives
The study aimed to explore the influences and causes of underrepresentation of men in pre-registration nursing in Scotland. The objectives were to

- establish the rates of recruitment and retention of males to pre-registration programmes of nursing education in Scotland (including all fields of nursing and pre-registration MSc options) in Scotland over the past 5 years
- explore the influences on recruitment rates of males to pre-registration nursing education in Scotland through gathering the views and experiences of male pre-registration nursing students, nursing and further education college lecturers and school guidance teachers
- and develop strategies to address the issues

Methods
The study was carried out in six phases:

1. A review of the literature was carried out to identify the experience and attitudes of men on pre-registration nursing programmes and the barriers and facilitators to recruitment and retention. A search was carried out, papers selected based on inclusion and exclusion criteria, data extracted, critical appraisal carried out, and data synthesised.
2. Data about recruitment and retention rates of males to pre-registration courses in Scotland was obtained from NES.
3. Eight focus groups with 33 male nursing students from four universities across Scotland were held to find out about what attracted them into nursing and their experiences of the facilitators and barriers to applying to nursing.
4. Four focus groups with 21 university and further education college nursing lecturers from four areas of Scotland were held to find out their views about the facilitators and barriers to recruiting men into nursing and the challenges male students experience while at University.
5. An online survey was sent by email to secondary school careers advisors and guidance teachers throughout Scotland. The survey included 4 open questions asking their views about the reasons for the low numbers of male nursing students and nurses. Responses were received from 46 teachers from across Scotland.
6. A consensus building event was held in a central location with 53 stakeholders from across Scotland to present the findings from the preceding phases and to seek consensus about recommendations and actions to address the issues identified.

Ethical approval was gained for phases 3, 4 and 5. Analysis of the qualitative data followed the phases of compiling, disassembling, reassembling, interpreting and concluding (Yin 2016). Confirmation of the final themes was through discussion with project team members who all participated in the data collection.
Findings
Data about recruitment and retention rates of males to pre-registration nursing programmes in Scotland confirmed that despite some local variations, less than 10% of nursing students in Scotland are male, a figure that has been largely unchanged for the past 10 years. Although numbers are lower, an important finding is that male students are less likely to complete their programme than female students.

The findings of the literature were congruent with the qualitative data analysis and confirmed that nursing is viewed as worthwhile for men, providing a rewarding career in a caring profession, financial security and opportunities for travel. However, nursing is inherently seen as a female profession and this is a powerful deterrent for many. Positive examples of male nursing role models, personal experience of care or caring, and support or recommendation from significant others can help to overcome this societal view. Maturity was also seen as a resilience factor to overcome the female stereotype of nursing. For more mature applicants the financial challenges of studying were also noted to be particularly problematic, and the low earning potential of nursing may be a disincentive for some.

In practice, male students felt it was assumed by female clinical staff that they would have career aspirations and ambition. In clinical placements gender differences in communication style and the positive effect of a more gender balanced workforce were felt to be advantages. While some patients were accepting of intimate care by men, the provision of intimate care by male nurses in some clinical areas could be problematic. The term ‘male nurse’ reinforced the female nursing stereotype and was felt to be incongruous. Some ‘technical’ clinical areas or specialities with a higher proportion of men were felt to be more attractive to male nurses.

The absence of a male presence in advertising or university recruitment material was not helpful. In particular, teachers reported a lack of knowledge about the role and variety of career options, with a need for more visible male nursing role models.

Recommendations
1. A positive rebranding of nursing at a national level is needed. This should be gender-neutral and promote the skills and qualities of a nurse, the academic nature of the programme, the transferability of skills, the financial stability of the profession, the range of career opportunities and the opportunities for career mobility. Social media and ‘day in the life’ stories could be used effectively.
2. Education should begin early (pre-school and in primary schools) with the early introduction of health and health care topics using gender-neutral images and language.
3. Acknowledging the potential influence of careers advisors and guidance teachers in secondary schools, greater efforts should be made to provide schools with gender-neutral information, educate about reality of the role of the nurse and promote nursing as an aspirational career with a range of options.
4. A co-ordinated marketing campaign by colleges, universities, and the NHS is needed to emphasise the different routes into nursing.
5. High profile examples of men in nursing are needed as role models and to provide outreach examples in school and at careers events. The narratives of nurses who are men could be easily commissioned and used as positive examples of men in nursing.

6. Potential applicants should be provided with opportunities to experience the reality of nursing before applying, such as taster sessions.

7. Unconscious bias training should be provided to NHS, college and university staff about the importance of using gender-neutral language and images and avoiding the use of the term ‘male nurse’.

Further research is needed:

1. To understand the reasons for the higher attrition rates among male nursing students.
2. To understand the reality of nursing for men in Scotland.
3. To further explore the data relating to gender, age, field of nursing, level or award, clinical environment and geographical area.
4. To explore the impact of a more gender balanced workforce.