



From classroom to clinic: strategies for recruiting and retaining men in nursing in NSW

Policy Insights Paper

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Contents

Executive summary	4
Policy opportunities – at a glance.....	7
Background to nursing workforce challenges.....	9
Research overview.....	13
Challenges, barriers and opportunities	14
Recruitment into nursing programs	15
Retention of students in nursing programs.....	15
Transition into nursing profession.....	23
Retention in the nursing profession	18
Priority opportunities for NSW	28
Conclusion.....	31

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Executive summary

Nurses are the backbone of the New South Wales (NSW) public health system, but persistent workforce shortages pose an ongoing challenge. In Australia, there is a predicted shortage of over 70,000 nurses by 2035, especially in acute care.¹ Traditional solutions like recruiting internationally trained nurses and increasing university placements are proving unsustainable in the long term, particularly as demand for nursing increases. Multifaceted solutions are therefore needed to address this challenge.

One solution is to broaden the pool of potential nurses, in particular by encouraging men into nursing careers in order to attract and retain a more diverse workforce. Nursing remains a predominantly female profession, with only minor increases in male representation in recent years. This gender imbalance limits recruitment to half the potential population.



Recruitment and retention strategies for men in nursing could form a key component of a multipronged approach to address NSW's nursing workforce challenges.

This research explored potential strategies to improve the recruitment and retention of men in NSW nursing using a multistage approach that included an extensive literature review, expert input and a stakeholder workshop. It examined international efforts to address similar workforce challenges, exploring how initiatives in other countries have sought to increase the number of men in nursing. The recruitment of more men into nursing cannot be uncoupled from broader discussions about how improvements to pay and conditions may boost recruitment and retention of all nurses. However, the research focused on exploring specific initiatives – beyond pay and conditions – that might help attract more men into the profession in NSW, drawing heavily on international examples.

Young men can face barriers to entering nursing due to a lack of knowledge of entry pathways as well as outdated stereotypes. This research identified multiple barriers, including a lack of support, poor – or no – visibility of men in nursing role models or media representation, and embedded stereotypes and gender norms. There are also multiple pitfalls thereafter, with higher attribution rates among men in nursing training programs and within the profession at various stages.

The study identified multiple opportunities for change with mentorship and peer support emerging as the greatest priority for student and professional retention. Across the recruitment and retention pipeline, there are opportunities to increase the number of men in nursing to help address nursing shortages in NSW.

There is scope to **boost recruitment into nursing programs** by implementing education campaigns, enhancing career counselling and ensuring strong representation from men in nursing at school visits and career fairs. The allocation of resources and staff – including using men in nursing – could support such interventions.

There is the potential to **boost the retention of men in nursing programs** by reviewing teaching materials for gender diversity, implementing gender-neutral teaching practices, and providing training for staff. Developing new peer support and mentoring programs that pair first-year and final-year students could also be implemented.

Action is needed to aid the **transition of men into the nursing profession**. This could be achieved by piloting mentorship programs for men in nursing and supporting students on placement through to transitioning into the profession, working in partnership with healthcare services.

Retention in the nursing profession could be increased by piloting mentoring and peer support programs for men in nursing across local health districts or healthcare services, providing or integrating gender diversity into existing unconscious bias training for nurse managers and investigating 'train & retain' initiatives to encourage a shift of existing allied healthcare staff into nursing, focusing on rural and regional health districts. This would help reduce the significant financial cost of high turnover.

Recruitment and retention strategies for men in nursing could form a key component of a multipronged approach to address NSW's nursing workforce challenges. By taking targeted action across the recruitment and retention pipeline, progress is possible. To bolster men in nursing and ensure the ongoing provision of high-quality and timely care to the people of NSW and wider Australia, the following initiatives could be enacted as a first step: adopting mentoring programs, addressing potential bias among teaching staff and nurse managers, ensuring greater visibility of men (in nursing through role models and media representation).



Policy opportunities

1. Drive recruitment into nursing programs

This could be achieved by focusing on two key areas:

- **High school interventions:** implementing high school education campaigns, career counsellor education, school visits, and career fairs with strong male representation to engage and expose students early.
- **Building resource and staff requirements:** Allocating necessary resources and staff to support and operationalise these high school interventions including the allocation of men in nursing positions as part of the recruitment initiatives.

2. Increase retention of male students in nursing programs

Key actions could focus on two key areas:

- **Staffing and teaching:** Review teaching materials to ensure gender diversity and gender-neutral teaching practices. Provide training available for teaching and management staff.
- **Organisational support systems:** Develop peer support and mentoring programs pairing first and final-year students together to address attrition risks.

3. Support the transition of men into the nursing workforce through enhanced mentoring

This could be achieved by piloting mentoring and peer support programs for men in nursing across local health districts or health services.

4. Improve the retention rate of men in the nursing profession

Key actions could focus on two key areas:

- **Mentorship initiatives:** Pilot mentoring and peer support programs for men in nursing across individual healthcare services or wider health districts.
- **Nurse training initiatives:** Integrate gender diversity into training to nurse managers. Investigate 'train & retain' initiatives to transition existing healthcare staff into nursing, with a particular focus on rural and regional health districts.

5. Collect and review attrition, recruitment and performance data to track progress in male participation in the nursing workforce

NSW could build on approaches taken in the US. Health organisations could report relevant statistics to the NSW Ministry of Health, accreditation bodies or other governance bodies to track progress.



Background to nursing workforce challenges

Nurses are the backbone of the NSW public health system and workforce challenges in nursing pose a challenge to the delivery of healthcare in NSW – from keeping large acute metropolitan hospitals functioning to acting as the sole clinician in rural multipurpose services.²

While these challenges are long-standing, the extent of their impact is increasingly being recognised. In Australia, the Department of Health and Aged Care's Nursing Supply and Demand Study (2024) found that the country faces **a shortage of more than 70,000 nurses by 2035**, with the acute care sector predicted to experience the most significant shortages.³

Addressing workforce shortages is complex, multifaceted and shaped by social, economic, demographic and cultural factors and trends. Historically, NSW and wider Australia have relied on a small number of levers to address nursing shortages, namely the recruitment of internationally trained nurses, incentive packages for graduates and increasing university placements.

The recruitment of internationally trained nurses is not a sustainable policy in the long term. Although the rate of internationally trained nurses is expected to increase incrementally from 20 to 28 per cent by 2035,⁴ overall global shortages are estimated at 4.5 million nurses by 2030. The burden of this shortage will disproportionately impact Africa, South-East Asia and the Eastern Mediterranean region, with wider impacts on global public health.⁵ The COVID-19 pandemic highlighted the significant risk of relying on internationally trained nurses: as borders closed, the regular inflow of nurses also halted. Ambiguity in immigration policy and visa changes all impact the long-term reliability of sourcing internationally trained nurses to fill NSW's workforce gaps.

Incentive packages and scholarships for nursing graduates have aimed to boost staffing in underserved regions, the public system and specialties with shortages like mental health. These programs are offered by various entities, including the Commonwealth Government, private trusts and through state-level programs. However, evidence of their long-term effectiveness is limited, with studies showing mixed or unknown results.⁶

Efforts to date have also focused on increasing recruitment to nursing programs, including the expansion of places in nursing schools. While

domestic student enrolment rates fell by 5.35 per cent between 2019 and 2023, overall enrolments have risen by 13.5 per cent over the past decade.⁷ Programs like Victoria’s fee-free nursing courses⁸ may impact future enrolment numbers further in the medium-term, but questions remain on how to further scale such efforts. Despite increasing course commencements, **the proportion of nurses under 29 years of age is expected to decrease from 19 to 16 per cent by 2035,**⁹ indicating potential issues with course retention and long-term transition into the profession.

The gender distribution within nursing is one demographic trend that has seen limited change. Nursing in Australia remains dominated by women, with only minor increases in male representation over time (as shown in Figure 1).

Registered nurses by gender

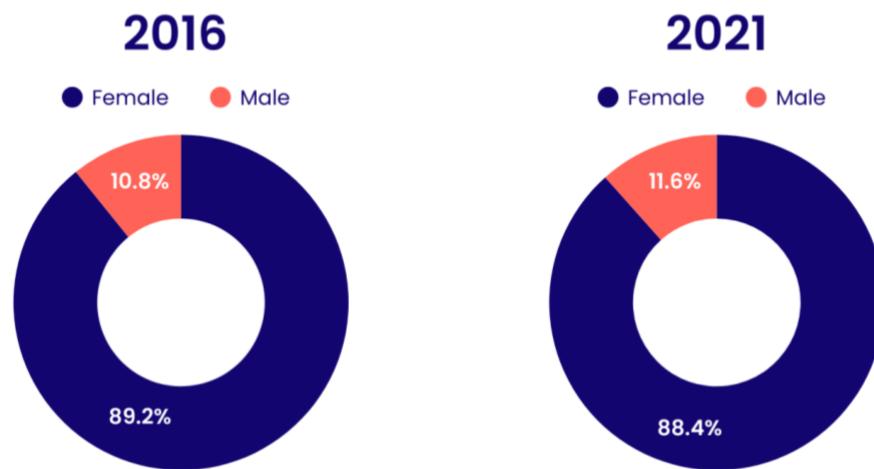


Figure 1: Comparison of nurses in Australia over time by gender (based on Anderson, et al. 2023 data)

While other health professions have diversified by gender in recent decades, this has not occurred in nursing, with men’s nursing registrations increasing by less than 1 per cent between 2016– 2021.¹⁰ This imbalance not only presents a problem with a stark lack of gender representation in the largest health profession, but more pertinently means that the profession is only recruiting from half the available population.

ACN Men in Nursing principles

Principle 1:

Eliminating rigid gender roles and expectations will help individuals achieve their potential, and foster a more inclusive, equitable and diverse society. Boys of all ages – and society in general – should be taught it is okay for men to care.

Principle 2:

The nursing workforce should reflect the diverse needs and backgrounds of all Australians, to ensure person-centred, empathic and inclusive care. This means encouraging men to pursue nursing in all healthcare settings, levels of seniority and specialisations.

Principle 3:

Schools, higher education and training organisations should actively promote gender equity in their curriculum, recruitment, and transition to practice programs.

Principle 4:

Healthcare service providers should promote gender equity and inclusion through enhanced collaboration, positive workplace culture, equitable governance structures and leadership.

Box A: ACN Men in Nursing Principles, 2021

Significant research in Australia and internationally has explored why men in nursing are still substantially underrepresented. The factors are complex and range from organisational-level factors of othering and even bullying¹¹ to macro-level cultural issues of toxic masculinity, negative stereotypes, male representation in media and societal norms and expectations of men in caring professions.¹² Individual choices to enter (or not enter) the nursing workforce for men cannot be separated from broader social and cultural trends that sit outside the scope of health agencies and service providers to meaningfully address.



In Australia, there have been limited efforts to target recruitment campaigns at men or implement strategies that aim to retain men in nursing. Recent work undertaken by the Australian College of Nursing (ACN) through the Men in Nursing Working Group focused on profiling the experiences of men in nursing and developing Guiding Principles to support nurse managers to create inclusive and supportive environments for their male colleagues.¹³

While this represents an important foundation, efforts to implement the Guiding Principles within healthcare settings were limited and the Men in Nursing Working Group has since been disbanded.

This research examined international approaches to addressing the gender gap in nursing to identify lessons that NSW and wider Australia could learn from how other jurisdictions have tackled this challenge. The limited action taken in NSW and wider Australia to implement and evaluate targeted recruitment and retention activities aimed at men in nursing represents a potential missed opportunity – for government, higher education and professional nursing associations. This research seeks to identify realistic and meaningful strategies to help improve the recruitment and retention of men in nursing and address NSW and Australia’s nursing shortage.

Research overview

The study took a three-stage approach to identify opportunities for NSW policymakers, gathering diverse perspectives from international studies and experts, local stakeholders, professional representatives and policymakers.



Figure 2: Research stages for identifying policy opportunities

Phase One: Literature Review

Literature was gathered from health databases and grey literature via Google searches. This informed the identification of opportunities, policy changes and the selection of Delphi study panellists.

Phase Two: Delphi Study

The Delphi method was used to validate the programs, initiatives and policies identified as potential strategies in the literature review.¹⁴ Panellists received surveys with open-ended questions, and their responses were analysed iteratively after each survey round.

Phase Three: Stakeholder Workshop

A roundtable workshop was held with representatives from university nursing schools, NSW Ministry of Health and the Australian College of Nursing (ACN). The workshop presented findings from the study and discussed opportunities for translating these findings into actionable opportunities for NSW.

Challenges, barriers and opportunities

The research explored challenges, barriers and opportunities for policy action across the key phases in a nurse's career (as shown in Figure 3).

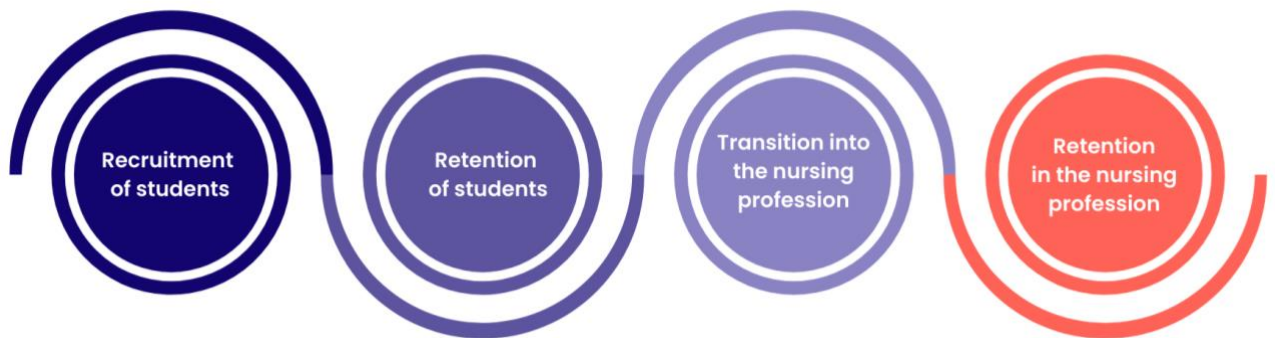


Figure 3: The nursing workforce pipeline from recruitment through to retention

Overarching barriers

Men in nursing face broad barriers throughout their careers, from recruitment to advancement. These barriers fall into two main categories: personal and societal.

Personal barriers include a lack of support from family and friends, acceptance issues, role conflict in a feminised profession and a lack of male role models.¹⁵

Societal barriers involve stereotypes, media representation and gender norms that shape attitudes towards men in nursing.¹⁶ These barriers reflect broader social attitudes and values that are out of the scope of this paper. However, greater participation of men in nursing over time may help to normalise this career choice and change societal attitudes.

1. Recruitment into nursing programs

The research found evidence in multiple countries of strategies to increase the recruitment of men into nursing. Most studies have focused on recruiting high school students and making recruitment approaches more gender neutral.¹⁷ Others have examined public perceptions of nursing and how media representations influence boys' interest in the career.

Men often enter nursing later than women, sometimes as a second career.¹⁸ While career days and high school information sessions are important, men are more likely to enter nursing through non-traditional pathways, providing additional recruitment opportunities. Early exposure to nursing and health professions emerged as a consistent motivator for men to become nurses.¹⁹

Student recruitment barriers

Barriers to recruiting men into nursing are compounded by broader recruitment challenges in the profession. The study identified three core recruitment barriers: lack of promotion and engagement with male high school students,²⁰ reinforcement of social stereotypes by career counsellors²¹ and the invisibility of men in nursing.²²

Strategies

The study identified three different recruitment approaches that could be used to address these barriers.

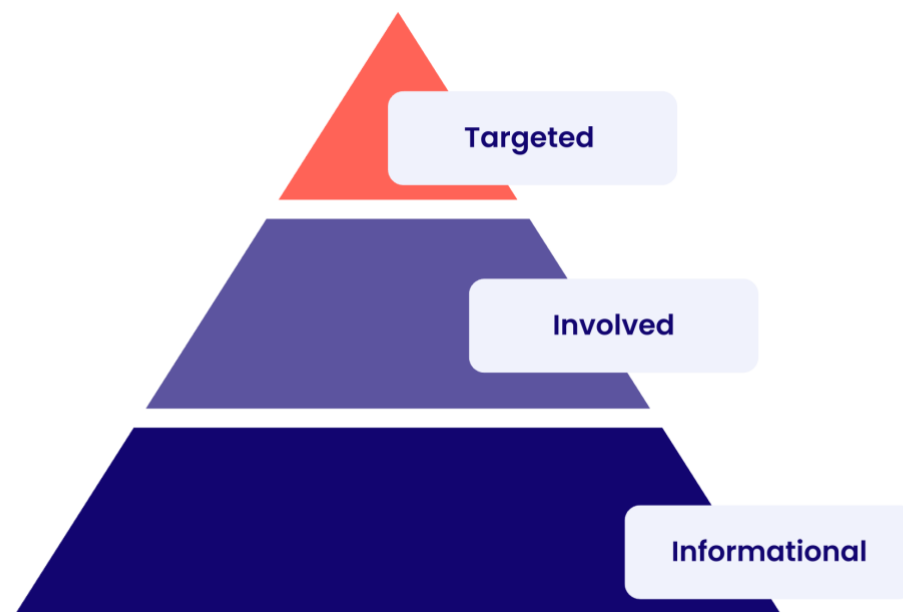


Figure 4: Recruitment strategies

Informational strategies take a broad approach with limited targeting of male recruits, instead focusing on providing information about the benefits and possibilities of a nursing career as illustrated in *Box B* study from the United Kingdom.²³ Highlighting favourable conditions, career stability, skill transferability and career progression may appeal to men.²⁴ Such strategies may also involve providing career counsellors with more information about nursing as a career option for boys to address potential gender bias in career advice.²⁵

Involved strategies focus on integrating men into recruitment efforts to create a more representative image of the profession. These strategies require active participation in recruitment campaigns of men already in the profession - including appearing on promotional materials, attending career days, leading information sessions and giving talks at high schools.²⁶ These approaches aim to challenge people's perceptions of nursing and increase the representation and visibility of men in the profession.

Targeted strategies are specifically designed to increase male participation. These strategies can complement broader recruitment efforts and focus on actively recruiting men from other professional backgrounds,²⁷ using promotional materials on social media groups and channels with high male readership²⁸ and providing scholarships and financial support for men starting a nursing degree.²⁹



‘Make a Difference with Nursing’ - educating high school students on the value of a nursing career (UK)

To combat nursing stereotypes, a 21-minute video was co-designed with teachers aimed at promoting the nursing profession and demonstrating the potential as a career option for all students.

The study took place in Northern Ireland across three schools, an all-girls, an all-boys and a co-ed school and was integrated into regular careers lessons for 16-year-old students. A total of 58 boys and 49 girls participated.

The study aimed to understand if the video would have a positive impact on students’ interest in nursing as a career choice.

Findings: Male students tended to have a lower level of knowledge and exposure to nursing prior to the video compared to their female peers. The video led to changes in how students perceived the nursing profession for both male and female students. Male students showed an increase in positive perception of nursing after watching the video. The study did not measure how many students went on to enrol in a nursing course.

Takeaways: A targeted educational resource has an impact on shifting perspectives of nursing and exposes male students to the potential of nursing as a career option.

Box B: Findings from United Kingdom, 2022 study by Linden et al.³⁰

Areas for priority action: student recruitment

There are many potential options to increase recruitment to nursing programs. The experts involved in the study identified **high school interventions: career counsellor education, school visits and career fairs** as the most feasible and effective options for NSW. Experts saw early engagement and exposure as vital for high school education campaigns to be effective and highlighted the resourcing, actions and staff requirements to operationalise these strategies.

1. Informational

- Train high school career counsellors and educators to promote nursing as a viable career option for male students.
- Create materials that challenge existing stereotypes and highlight men in nursing.
- Include men in media representations and professional materials about nursing.

2. Involved

- Design recruitment campaigns that prominently feature men in nursing to showcase nursing as a gender-inclusive profession.
- Ensure men are involved in delivering these campaigns and presentations.

3. Targeted

- Increase promotion and engagement through targeted campaigns to promote nursing to male high school students.

These approaches offer an opportunity to create a more inclusive and appealing environment for men to enter and thrive in the nursing profession.

2. Retention of students in nursing programs

The experiences and challenges faced by men in nursing programs are well documented, with many papers highlighting the role of gender in male students' perceptions and interactions. Only one paper studied the academic performance of students and found a gender bias favouring female students in academic assessments.³¹ This bias, coupled with other factors may contribute to the higher attrition rates among male students.³²

Barriers and challenges were consistent across countries and time, with similar strategies suggested to address them. Only one paper evaluated a particular intervention, finding that financial scholarships were less important to older, financially stable male students.³³ There is a significant gap in evidence on the effectiveness of most proposed strategies, as they have not been tested or evaluated.

Student retention barriers

The barriers male students face in nursing programs are largely within the control of nursing schools. The research identified three key themes:

1. **Gendered delivery of content:** Nursing content often excludes male students through the use of gendered pronouns, lack of representation of men in examples and case studies and limited/no recognition of the history of men in nursing.³⁴ The visibility of male students often means they 'stand out' and are called on in class more frequently.³⁵
2. **Differing treatment by teachers:** Male students experience different treatment during practicals and simulations and are often expected to volunteer for demonstrations. In some cases, this has required them to remove their shirt or perform physically demanding tasks.³⁶
3. **Lack of male role models:** The shortage of male role models, peers and academic staff leads to feelings of isolation among male students.³⁷ Nursing schools with predominantly female staff exhibited a stronger feminist bias compared to mixed-gender schools that male students felt more acutely than their female peers.³⁸ Male students reported a preference for participating in groups with male peers but often lacked the opportunity to do so.³⁹



Strategies

The study revealed many potential strategies for increasing retention of male students.

The retention strategies identified could be classified into two groups: staffing and teaching and organisational support systems.

Staffing and teaching:

- **Greater representation of men in academic programs:** The limited number of male staff in nursing schools contributes to male student attrition.⁴⁰ Recruitment into academic programs is challenging due to the broader lack of men in the nursing profession, as professional registration is required for teaching. However, efforts to bring more male staff into nursing education could support male students to maintain their commitment to the program.
- **Diversifying pedagogical approaches** to acknowledge gender diversity is crucial. The research found multiple studies highlighting the importance of using non-gendered language, gender-neutral classroom settings and clinical examples. It is also essential to engage with male students without placing unequal expectations on them.⁴¹ **Unconscious bias training** for nursing teaching teams emerged as a potential strategy to embed these changes into academic practice.⁴²

Organisational support systems:

- **Recognition programs** in the United States, facilitated by the American Association for Men in Nursing (AAMN), offer an interesting case study for how equitable learning environments might be encouraged and recognised in nursing schools. Although there has been no formal evaluation of the impact of this recognition program on student retention, schools must demonstrate their inclusion of men in recruitment, support for local AAMN chapters, and the success of their programs for students and staff. It is worth noting that the AAMN was established in 1971 and has chapters in almost every state of the United States⁴³ (see Box C).

American Association for Men in Nursing (AAMN) Awards Program

The AAMN was the first established specific association aimed at supporting men in the nursing profession.

One key strategy they take to improve retention of men in nursing is through their awards programs. They have four award categories:

- Member awards: Honouring the achievements of individual members
- Best schools recognition: Which acknowledges nursing programs which demonstrate efforts to recruit and retain men in nursing.
- IDEA Award: The Inclusion and Diversity Excellence Award which acknowledges individuals, workplaces or organisations which facilitate a welcoming environment for all nurses.
- Best workplaces recognition: Acknowledging workplaces which have made significant efforts to recruit and retain men in nursing.

The awards have grown and changed overtime commencing in 2007 with only best schools and workplaces recognition awards. As the program has expanded, new awards have been added. The number of award recipients has also increased with 17 schools receiving recognition in 2024.

A national level awards program which focuses on policy and leadership strategies which demonstrate meaningful commitment to increasing male representation in nursing.

One nursing school which has been recognised every year since 2018 has seen male student numbers increase, with males making up 16% of their nursing students compared to the 12% which is the national average (Rutgers Health, School of Nursing, 2024).

“These awards really highlight the investment that the School of Nursing and UAB Medicine have made to support men in nursing to ensure that they are an equal partner not only for education, but for career growth in health care as well. Recruiting and retaining male nurses will continue to strengthen our partnership between the School and UAB Medicine.” (University of Alabama at Birmingham, 2024)

Other studies highlight the value of **peer mentorship programs** to support male students and address their feelings of isolation.⁴⁴ These programs could pair first-year students with more experienced students to share knowledge and insights. Due to the limited number of men in nursing programs, efforts are needed to recruit and retain mentors. Informal models, such as targeted catchups or buddy programs could also help. **Student association groups or clubs** for men in nursing programs could also provide support.⁴⁵ These groups would need to be student-led, offering a more student-centric approach, though their sustainability could be challenging as students progress through their programs.

Areas for priority action: student retention

There are many potential options to boost the retention of men in nursing programs in NSW. Consultation with relevant experts revealed that the following strategies should be prioritised for NSW in relation to staffing, teaching and organisational support systems:

Staffing and teaching:

1. **Recruit male academic staff:** Implement targeted recruitment to increase the number of men in academic and teaching positions.
2. **Adjust teaching materials and approaches:** Ensure materials and teaching methods reflect gender diversity.
3. **Provide unconscious bias training:** Offer training for teaching staff to promote gender-neutral practices and materials.

Organisational support systems:

1. **Develop peer support programs:** Create peer support and mentoring programs, including a buddy model for first-year students at risk of dropping out.
2. **Promote supportive learning environments:** Ensure universities provide safe, accepting environments for all students.
3. **Implement confidential reporting processes:** Establish systems for reporting gender discrimination.

3. Transition into the nursing profession

The research available on the transition of men into the nursing profession is more limited and focuses on clinical placements rather than entering the profession and the first year of work. One South Korean study found a high turnover rate among first-year nurses, particularly among men.⁴⁶ It is reasonable to assume the transition period is a vulnerable time for men in nursing that requires support from universities and health services.

Compared to other stages of the nursing pipeline, there were limited examples of strategies that aim to aid the transition from student to professional nurse. The examples found included mentors, job-ready skills and social supports. More research is needed to understand and improve the transition and retention of new graduate nurses.

Transition barriers

Men consistently report **exclusion or differing treatment during clinical placements** based on gender.⁴⁷ This includes intentional exclusion from specific clinical experiences, especially in obstetrics, gynaecology and paediatric rounds. Supervisors sometimes introduced male students by their gender, leading to patient refusals.⁴⁸

*"... I've been told to "tough it out, you're a big strong lad". So, it's hard to express things to others or facilitators during debriefing ... I've never been given that opportunity after an unsettling situation like a medical emergency."
(Salamonson et al. page 6360, 2023)*

Students often **experienced isolation during placements** due to a lack of male colleagues. They also report they are more visible and attract both positive and negative attention – sometimes being treated as a 'protected unicorn' with more opportunities, and at other times facing stereotypes, being required to be 'the muscle' and experiencing social exclusion.⁴⁹

Strategies

Qualitative studies highlight that having **male clinical supervisors** can improve male students' experiences during clinical placements by providing

mentorship and reducing social isolation.⁵⁰ However, the lack of men in nursing poses a challenge to enabling male students to benefit from a male supervisor. Where possible, universities and healthcare organisations should prioritise pairing male students with male supervisors or create buddy programs with other men in nursing.⁵¹ This could enhance the professional guidance and support available to men as they transition into the nursing profession.

The exclusion and othering of male students during placements may contribute to higher attrition rates. Regardless of gender, all students should be included in every clinical rotation and be able to observe all relevant professional activities. **Unconscious bias training for all preceptors and student supervisors** could help promote a more inclusive environment and ensure all students participate in all clinical activities.⁵²

Areas for priority action: transition into the workforce

The study found limited evidence of strategies adopted by other jurisdictions to support the transition from student nurses to graduate nurses employed in the health service. Nonetheless, consultation with relevant experts in NSW revealed that the following strategies should be prioritised.

1. **Implement mentorship programs:** Establish mentors, supervisors, and buddies for male students during clinical placements and initial employment to support their transition into the nursing profession.
2. **Develop a targeted mentoring program:** Create a 'men in nursing' mentoring program that bridges universities and health services, providing targeted support for male nursing students.
3. **Pilot the mentoring program:** Launch an initial pilot program within a health service in partnership with a university to serve as a proof of concept for potential future expansion.

4. Retention in the nursing profession

High nurse turnover costs money. In Australia, the cost of turnover among nurses is significantly higher than in other countries such as New Zealand.⁵³ For every nurse that is lost to a health organisation, there is a significant cost burden to replace and re-recruit to fill the role. Pre-pandemic turnover rates in Australia were 15.1 per cent with lower rates in NSW (12.6 per cent).⁵⁴ Since then, there has been a significant exodus from the profession.⁵⁵ Attrition varies across regions, health organisations and career stages, with rural and

remote areas, first-year nurses and men all experiencing higher rates of attrition.⁵⁶

High turnover not only creates a financial burden but increases the likelihood of medical errors and clinical incidents.⁵⁷ The available evidence shows that men tend to leave nursing roles more frequently than their female counterparts.⁵⁸ However, male retention improves when there is greater gender parity within female-dominated professions.⁵⁹ It is important to address the attrition of men in nursing – for both the bottom line and the safety of patients.

Nurse retention barriers

The barriers men face once they are qualified and employed in the nursing profession are similar to those faced during their academic studies. Three key themes were identified, all of which potentially contribute to higher rates of attrition among men in nursing.

Firstly, the literature points to a **culture of bullying or exclusion** from social activities or through team management.⁶⁰ While workplace bullying is common in nursing globally⁶¹, men experience it differently due to their visibility and minority status. Bullying and exclusion may not always be overt but can include stereotyping and differential treatment.⁶²

“Finding enough men to serve as peer mentors and role models; getting buy-in from female nursing leaders that male-directed initiatives have benefit to nursing as a whole.” (Delphi panellist)

A **lack of role models and male mentors for junior staff**⁶³ impacts retention. The transition and early career years are high-risk, with men more likely to leave.⁶⁴ Group cohesion and organisational commitment are crucial for job satisfaction so any lack of social connections and support within the workplace impact men’s experiences and career satisfaction.⁶⁵ While men may be committed to nursing as a vocation, their interpersonal and cultural experiences may impede career longevity.

Men often face **task or patient allocation based on perceived physicality**, such as heavy, difficult or dangerous patients, and routinely excluded by

managers from caring for more vulnerable patients.⁶⁶ Gendered task and rostering practices mean there is a perceived difference in skills and capabilities of men in nursing compared with their female colleagues, which impacts team cohesion and relationships with management.

The allocation of tasks and the behaviours that are tolerated significantly influence men's decisions to leave the nursing profession.

Strategies

Potential strategies to reduce attrition can be categorised into socio/cultural and management approaches. Socio/cultural strategies focus on improving team culture, peer support, and inclusion, while management approaches address structural issues like task allocation and managerial decisions.

"I think that's where the biggest opportunity is. I think there'd be plenty of men around who'd be interested or available to do mentoring. But there's a big step between somebody coming to you and having a chat or mentor somebody in their career, versus actually going out and establishing a program or a body or a group or something to do that and making sure that you've got the right role models in place." (Workshop participant)

Mentorship and peer groups are crucial in enabling a social support system and exposure to role models addressing issues of isolation and exclusion.⁶⁷ Early connections between experienced and new nursing staff to provide support and guidance would help to retain men in the profession. Potential barriers that would need to be addressed include securing funding and strong leadership and executive support for mentoring and peer groups.

Another potential strategy is to **address cultural barriers to inclusion** and how to foster a more cohesive team culture, work cohesion and a sense of social togetherness.⁶⁸ Addressing issues that arise with workplace culture is difficult, with most initiatives leading to little or no meaningful change.⁶⁹ The research found little evidence of concrete strategies to address culture to make it more inclusive for men in nursing. However, developing team cohesion and broader diversity and inclusion approaches may contribute to improving the lived experience of men in nursing.

The research found that an important priority is improving management practice to **address existing rostering practices** – specifically ensuring a shift away from the allocation of patients by nurse gender.⁷⁰ **Unconscious bias training** to In Charge orientation and manager training is a potential strategy to shift management practice in nursing.⁷¹ This would help to address the structural factors that adversely impact the experience of men in nursing. The research also highlighted the potential to **"train & retain"** homegrown nurses by recruiting from the wider pool of existing male staff in the health service, such as assistants in nursing, orderlies or domestic staff. This approach would leverage their knowledge of the health service and increase their likelihood of staying. There is also scope to collect and regularly **review attrition, recruitment, and performance data** to identify male participation patterns. This is common in the US, where health services report annually to the AAMN on male recruitment and retention, with awards for inclusivity. Within the NSW context, health organisations could report statistics based on gender to the Ministry of Health, accreditation bodies or other governance bodies to track progress.

Areas for priority action: nurse retention

The study revealed numerous strategies to increase the retention of qualified men in nursing in the health service. Consultation with relevant experts revealed that the following strategies should be prioritised in NSW.

1. **Implement mentoring and peer support programs:** Establish mentoring and peer support programs to improve nurse retention.
2. **Launch "train & retain" initiatives:** Develop "train & retain" initiatives, particularly benefiting rural and regional areas.
3. **Provide unconscious bias training for nurse managers:** Support nurse managers to undertake unconscious bias training to address structural and team cultural factors contributing to higher attrition rates among men.

Priority opportunities for NSW

The study identified potential strategies to increase the recruitment and retention of men in nursing and tested different options with relevant experts to identify those most relevant and feasible to the NSW context.

Mentorship and peer support emerged as the priority strategy for student and professional retention alongside other actions to boost recruitment of men into nursing courses and ensure more inclusive nursing programs. The main policy opportunities are outlined below.

1. Drive recruitment into nursing programs

This could be achieved by focusing on two key areas:

- **Resources and education:** The allocation of sufficient resources and staff to support and operationalise high school interventions is vital. Initiatives would need to be driven by nursing school leaders, with funding specifically dedicated to targeting men in recruitment drives. Gender inclusive campaign materials would need to be developed alongside the development and delivery of education sessions for career counsellors. These sessions could be delivered online as an in-service for all counsellors within a university catchment area.
- **High school interventions:** High school education campaigns, school visits and career fairs with strong male representation would engage and expose male students to the possibility of a career in nursing early. Many universities already have high school recruitment activities, but there is a need to include men from nursing programs more explicitly as speakers during school visits and career fairs. This change must be driven by nursing school leaders and facilitated in partnership with student recruitment and marketing teams.

These initiatives would need to occur at a university level, so their reach and impact would depend on the number of universities willing to embrace these opportunities. Leadership from peak bodies, such as the Australian College of Nursing (ACN) and the Council of Deans of Nursing and Midwifery (CDNM), can play a crucial role in setting the agenda for nursing schools, thereby increasing the likelihood of adoption.

2. Increase retention of male students in nursing programs

Universities would need to make changes in two key areas:

- **Staffing and teaching:** Initial efforts to review teaching materials to ensure gender diversity and gender-neutral teaching practices are in place. This could be part of regular course review activities or included in formal peer review processes that are in place in most university settings. Increasing awareness of how gender and nursing is discussed and presented through teaching materials and student treatment among nursing academics would potentially increase acceptance of male students in the program. This needs to be complemented with programs that address possible issues of prejudice among staff through the provision of unconscious bias training. To achieve this shift in teaching practices, nursing program leadership must emphasise the importance of such initiatives and appropriately support staff to engage in them.
- **Organisational support systems:** In conjunction with efforts to ensure the learning environment is welcoming to all students, efforts within a university setting also need to consider the social environment of students. Peer support and mentoring programs that pair first and final year students offer a strategy to address high attrition rates. These programs should be student-centred, offering flexibility and accessibility to all men studying nursing, regardless of their enrolment type. While a peer mentoring program could be developed locally within the university, broader involvement from organisations like the NSW Nurses and Midwives Association could enhance their reach. By integrating such programs into their student-focused initiatives, they can engage a wider audience of nursing students across NSW.

3. Support transition of men into the nursing workforce through enhanced mentoring

A mentoring program that pairs experienced men in the nursing profession with final-year students or first-year graduate nurses could be piloted in NSW. This initiative would involve collaboration between a university and a local health district. Support from the NSW Ministry of Health would further enhance the project's sustainability. A year-long pilot followed by an evaluation would provide evidence of the program's impact and identify opportunities for expansion. This collaborative effort between the local health district and the university would require funding for recruitment and support.

4. Improve the retention rate of men in the nursing profession

Key actions would focus on three key areas:

- **Mentorship initiatives:** Building on the pilot program for new graduate nurses, the mentoring initiative could be expanded to include men in nursing across the entire professional spectrum. Initially, it would be limited to local health districts that express an interest in participating, with the potential for gradual expansion across the state as interest grows. To ensure the feasibility of a mentoring program of this scale, funding would need to be allocated for its implementation and ongoing management. Local health districts and the Ministry of Health would be the primary drivers of this workforce retention program, and additional support from the Australian College of Nursing would be highly beneficial.
- **Nurse training initiatives:** Health services could include unconscious bias training as part of nurse managers' continuous professional development program and through nursing leadership initiatives provided by the Nursing and Midwifery Office in the Ministry of Health. The Health Education and Training Institute (HETI) could develop and deliver this training in-house through the NSW Health learning management system. While focusing specifically on the nursing workforce, unconscious bias training would be beneficial for all health managers working across NSW Health.
- **Train & retain initiatives:** Local health districts could explore 'train & retain' initiatives to transition existing healthcare staff into nursing roles. This approach would be particularly beneficial for rural and regional areas. Partnerships with local universities would be essential to support students through scholarships and study leave. This would require active support from the Ministry of Health and supplementary funding to address workforce shortages in these areas. An initial audit of workforce gaps in a pilot local health district would help assess the program's potential success. Further consultation with health services and staff to identify potential candidates would also be needed. To succeed, a train & retain initiative would require long-term collaboration between local health districts, health services, universities and the Ministry of Health.

5. Collect and review attrition, recruitment and performance data to track progress in male participation in the nursing workforce

The collection and review of **attrition, recruitment, and performance data** would help identify male participation patterns and drive progress. This data collection is common in the US, where health services report annually to the AAMN on male recruitment and retention, with awards for inclusivity. Within the NSW context, health organisations could report statistics based on gender to the Ministry of Health, accreditation bodies or other governance bodies to track progress. This would give greater visibility to male participation rates in the nursing workforce and help drive further action.

Conclusion

NSW and wider Australia face a chronic nursing shortage. Addressing this challenge requires a multipronged approach and new solutions, including a targeted recruitment and retention strategy for men. There are a range of actions that can be taken in NSW, by government, universities and the health service to realise this aspiration and effect change.

The adoption of mentoring programs, addressing unconscious bias among teaching staff and nurse managers and ensuring greater visibility of men in nursing through media representation, recruitment and teaching roles would all help address nursing shortages and ensure the future delivery of high-quality, timely healthcare to all communities.

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