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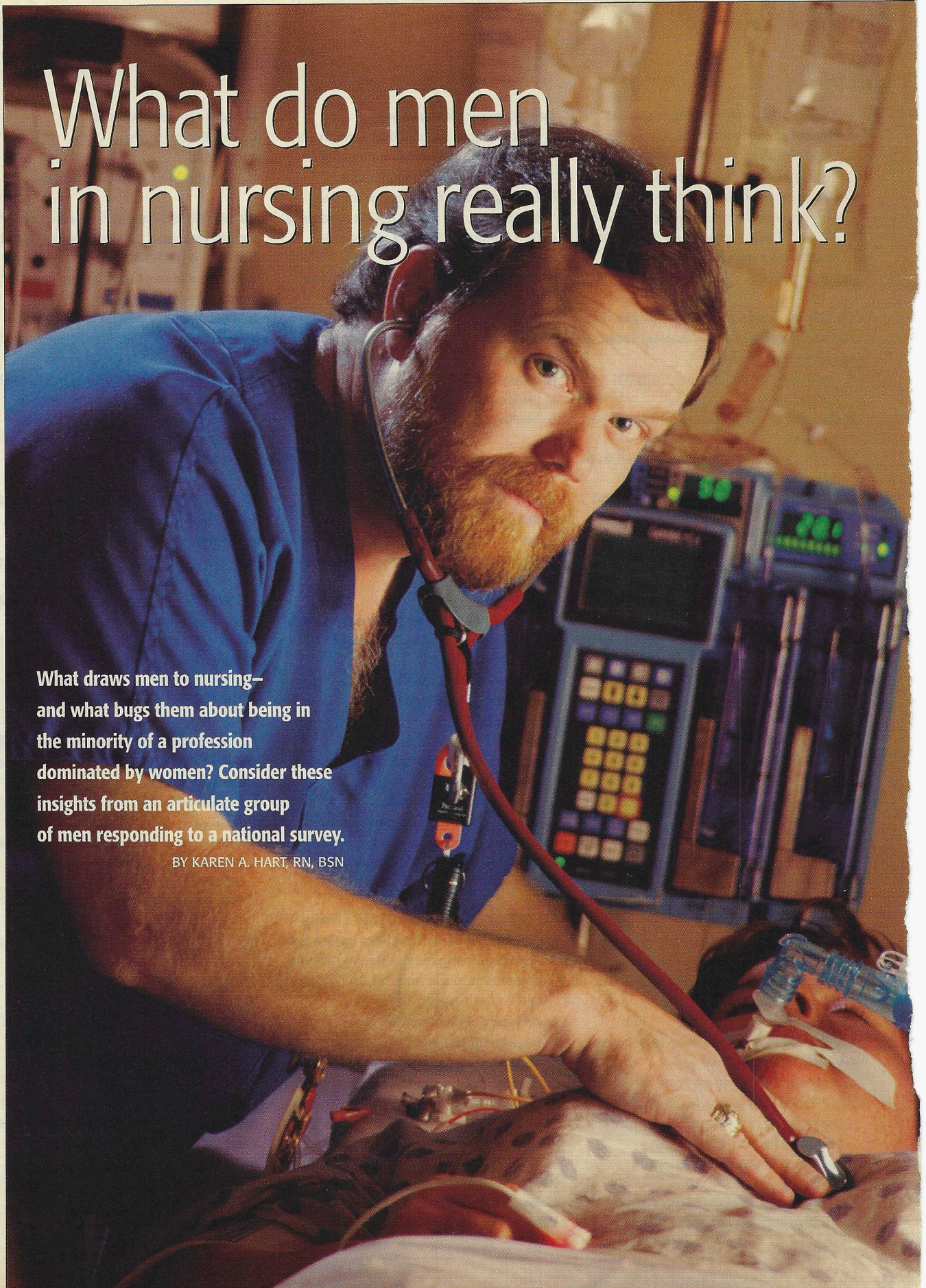


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What do men in nursing really think?

What draws men to nursing—and what bugs them about being in the minority of a profession dominated by women? Consider these insights from an articulate group of men responding to a national survey.

BY KAREN A. HART, RN, BSN



- a. A child's risk of temperature-related complications is less than an adult's.
- b. Head wraps can help prevent unintentional perioperative hypothermia.
- c. Malignant hyperthermia is associated with sustained smooth muscle paralysis.
- d. A child's body temperature should be monitored every 30 minutes during surgery.

11. Which action *isn't* appropriate during perioperative fluid management for an infant or child?

- a. Document intake and output (I&O) meticulously.
- b. Document any episodes of vomiting or diarrhea.
- c. Small blood losses can be omitted from I&O calculations.
- d. Weigh saturated laparotomy pads and sponges.

12. The most common postoperative complication in children is

- a. a benign, self-limiting fever that occurs within 24 hours of surgery.
- b. a fever that occurs 1 week after surgery and a reddened incision site.
- c. a low-grade fever that begins 4 to 5 days after surgery and lasts for 3 weeks.
- d. a very high fever that occurs 1 to 2 days after surgery and can cause seizures.

13. Upon awakening from anesthesia, a 6-year-old patient is disoriented and physically agitated. You should

- a. advise the parents that this is an unusual reaction to the anesthesia.
- b. immediately notify the surgeon and anesthesiologist.
- c. keep the parents away from the child until the agitation subsides.
- d. let the parents stay with her and give her her security toy.

14. The most accurate way to assess a 4-year-old's pain is to use

- a. a behavior observation scale.
- b. a 0-to-10 pain intensity rating scale.
- c. the parent's perception of how much pain the child is experiencing.
- d. the Wong-Baker FACES scale.

15. Which statement is true about postoperative teaching for parents of a

pediatric surgical patient?

- a. Postoperative nausea and vomiting is abnormal and should be reported to the child's health care provider.
- b. Don't give the child aspirin for pain because of the risk of Reye's syndrome.
- c. Don't attempt dressing changes at home.
- d. The child should be pain-free by the time she goes home.

16. According to the American Heart Association, an adult with a BMI of 30 is considered

- a. underweight.
- b. healthy.
- c. overweight.
- d. obese.

17. Compared with an adult of optimal weight, an obese patient's risk of death during elective surgery is

- a. one to two times lower.
- b. the same.
- c. two to three times higher.
- d. 10 times higher.

18. All of the following are associated complications of obesity except

- a. pancreatic cancer.
- b. delayed wound healing.
- c. necrotizing infections.
- d. bronchitis.

19. Which condition is typically found in obese patients?

- a. restricted chest expansion
- b. increased total lung capacity
- c. increased functional residual capacity
- d. decreased myocardial oxygen consumption

20. Tell an obese patient who's being treated for obstructive sleep apnea that

- a. he should bring his ventilatory support equipment to the hospital, so he can use it after surgery.
- b. he won't need his ventilatory support equipment during his hospital stay.
- c. he can't have surgery because the risk of anesthesia is too great.
- d. the surgery will need to be postponed until the sleep apnea is under better control.

21. In an obese patient, which medication should be stopped 10 to 14 days before surgery?

- a. antiparkinsonian drugs
- b. antiseizure drugs
- c. diuretics
- d. monoamine oxidase inhibitors

22. Which statement is correct about anesthesia and airway management for obese patients?

- a. Adipose tissue on the upper back facilitates neck flexion.
- b. If the larynx is difficult to visualize, endotracheal intubation is contraindicated.
- c. Many anesthetics are lipophilic, which can lead to resedation after recovery.
- d. Epidural anesthesia is preferred for obese patients because the vertebral landmarks are easy to find.

23. Which operative position is most hazardous to an obese patient?

- a. lithotomy
- b. prone
- c. recumbent
- d. Trendelenburg's

24. Which complication is most likely to develop during intubation in an obese patient with a history of obstructive sleep apnea?

- a. atelectasis
- b. bronchitis
- c. emphysema
- d. pneumothorax

25. To improve pulmonary function in an obese patient after surgery, unless contraindicated,

- a. have him remain in a Trendelenburg position.
- b. place him in a semirecumbent position.
- c. provide long-acting opioids for pain management.
- d. delay ambulation for 48 hours.

26. The gastrointestinal changes associated with obesity include

- a. increased gastric pH.
- b. decreased gastric volume.
- c. higher incidence of gastroesophageal reflux disease.
- d. decreased intra-abdominal pressure.

27. Which factor typically associated with obesity can increase elimination rates of certain drugs?

- a. greater kidney mass
- b. increased liver size
- c. larger skin surface area
- d. increased serum triglycerides

Survey respondents speak out

IT'S NO SECRET: Men represent only 6% of RNs in the U.S. workforce, and that percentage has barely budged for decades. Why?

In 2004, a group of nursing leaders worked with Bernard Hodes Group, a recruitment communications company, to craft a 34-question online survey to explore this and other questions. (See *About this survey*.) Our purpose was to learn why the percentage of men joining the profession is so persistently small. Here's what we learned from the responses of 498 men.

Why choose nursing?

Respondents were asked to rate reasons they chose nursing as a career on a scale of 1 (least important) to 5 (most important). A desire to help people was the top reason (rated at 4.24), followed by the perception that nursing is a growth profession with many career paths (4.0) and the desire to have a stable career (3.67). The least important reasons were parental influence, funding availability for school, lifelong ambition, and family member in a health care profession.

Four out of five respondents (80%) said they'd make the same career choice again—slightly more than the percentage of nurses of both sexes who said they'd choose nursing again when asked this question in the Nursing's Pulse survey. (See *Selected references*.) In our new survey, men said they'd choose nursing again because they love what they

A snapshot of survey takers

Average age: 44
Average years of experience: 14
Specialty areas (some had more than one):
Critical care: 27%
Emergency: 23%
Medical/surgical: 20%
Came to nursing from:
High school: 20%
Another career (besides military): 44%
Military service: 17%
Education:
Master's in nursing: 15%
Doctorate in nursing: 1%
Planning to pursue an advanced degree: 45%
Would encourage male friends to become nurses: 83%
Have recruited male friends into nursing: 57%

About this survey

Who wrote the survey questions?

The California Institute for Nursing and Healthcare, the Coalition for Nursing Careers in California, and the Bernard Hodes Group, in consultation with Leaders of the American Assembly for Men in Nursing and men who are nursing clinicians, managers, administrators, and educators

How many survey questions? 34

Who responded? 498 male nurses

How did men find out about the survey?

It was promoted on several publication and association Web sites

How did they respond?

Online

When was the survey conducted?

October 17 to December 15, 2004

do and feel rewarded for helping others. These intangible benefits were more important to them than more practical advantages, such as upward career mobility, geographic mobility,

financial security, good benefits, and flexible scheduling. They also said that patient care is the most rewarding aspect of their workday.

What do men like the least? As in the survey of both male and female nurses, men's gripes include workload/pressure, inadequate staffing, and paperwork.

Public perceptions about men in nursing

Sixty percent of respondents said they feel proud when telling others that they're nurses. But 40% said they sometimes feel awkward or defensive, primarily because of negative stereotyping about men in the profession.

The reality that nursing is a traditionally female profession is the main reason more men aren't attracted to the profession, according to 38% of respondents. Other key reasons cited were the stereotype

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that all men in nursing are gay (29%), poor pay (15%), and lack of role models (15%).

One respondent said that many people think “a man who chooses to spend his career as a staff nurse is a failure or lacks direction.” Many others said that male nurses are perceived as men who flunked out of medical school.

Other drawbacks that men cited include:

- “Difficulty with older nurses ‘eating their young.’ Poor orientation and expectations not clearly defined.”
- “Too much stress day to day. Gender differences in communication, application, and practice.”

Hurdles at school and work

What are the biggest hurdles that men faced as nursing students? The top three mentioned were the difficulty of being a gender minority, being seen as “muscle,” and being perceived as uncaring. After they became practicing licensed nurses, being seen by female coworkers as “muscle” moved up to the number one spot, followed by other difficulties related to being a gender minority.

In verbatim comments, men expressed concerns about the feminization of some nursing traditions in both educational and practice settings. (See *Nursing from a male perspective*.) Almost half cited communication problems with female counterparts.

Getting the word out

What’s the best way to encourage boys and young men to consider careers in nursing? Our respondents were by no means of one mind on this issue. Some felt elementary school is too young to begin discussing careers, whereas others recommended simple presentations for this age-group. Some respondents felt that the mere presence of a male RN would send a strong message to young people.

For older high school students looking for career opportunities, respondents stressed the need for inclusive, non-gender-specific messages, including the positives of stable employment and the need for nurses to be skilled and autonomous. They stressed using real nurses, not actors, in messaging to provide role models and get the word out.

Passionate about nursing

We were struck by how articulate and passionate respondents were about nursing. Many indicated that nursing was a “calling” and said they especially enjoyed “making a difference.” These findings indi-

Nursing from a male perspective

- “When my 10-year-old daughter was younger, she was embarrassed to tell her friends what her father did for a living. She knew she would be teased and of course she was.”
- “We are not too stupid to go to med school, we’re not all gay, we’re not in it to meet women, we’re not lazy. We can be trusted.”
- “Not enough emphasis is put on this profession by counselors in high school or college, and there aren’t enough recruiters and role models reaching out to high school and college students.”
- “I like to tell people that I’m a nurse. I know I’m one of the few male nurses they’ve ever met. I like changing their perceptions that all nurses are female and sharing what nurses actually do—which is an even larger area of misunderstanding.”
- “I’ve never regretted becoming a nurse. It’s opened so many doors to me. The sky’s the limit.”
- “Saying ‘I’m a nurse’ also says that I’m a person who cares about the well-being of other individuals.”
- “I love to talk to people a while before I tell them I’m a nurse. They generally perceive me as maybe a logger or a policeman. It’s a lot of fun, and I’ve had to show my license more than once.”

cate that to draw more men into nursing, we simply need to do a better job of “selling” what nursing offers both men and women: the unusual combination of job satisfaction and practical benefits. One respondent summed it up like this: “At a much earlier age, I spent 20 years making money, only to realize that wasn’t as important as a satisfying career. The fact that I now make ‘okay’ money, have more job stability and opportunity than any other profession, and can go wherever I want only puts the frosting on the cake.”

You can request the complete Men in Nursing Survey results at <http://www.hodes.com/healthcarematters/index.html>. <>

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- Erickson JI, et al. Why not nursing? *Nursing* 2005. 35(7):46-49, July 2005.
- The 2000 National Sample Survey of Registered Nurses, U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, Division of Nursing, February 2004.
- Nursing’s Pulse: Bernard Hodes/*Nursing Spectrum* RN Survey. New York, N.Y., Bernard Hodes Group, 2003.

Karen A. Hart is senior vice-president of Bernard Hodes Group Health Care Division in New York, N.Y.



SELECTED WEB SITES

- The American Assembly for Men in Nursing <http://www.aamn.org/>
- Men in nursing: History <http://www.menstuff.org/issues/byissue/nursing.html>
- Male Nurse Magazine <http://www.malenursemagazine.com/>
- Johnson & Johnson Discover Nursing: Men in nursing page <http://www.discovernursing.com/>, then select **Who** and then **Men in Nursing**

Last accessed October 4, 2005.