

Male Registered Nurses, 1995

Richard Trudeau*

Abstract

Men constitute a small minority of registered nurses (RNs) in Canada, but their numbers have risen sharply in the last decade. In 1995, almost 4% of RNs were men, up from just over 2% in 1985. The proportion of male nurses is particularly high in Quebec, where the 1995 figure was 8%. Some areas of nursing are more likely than others to employ male nurses: psychiatry, critical care, emergency care, and administration. By contrast, relatively few male RNs have jobs in maternal/newborn care, pediatrics, or community care. Rising male enrolment in college and university nursing programs suggests that men's representation in nursing will continue to rise. The older age profile of male nurses may indicate that some men are choosing nursing as a second career. As well, a shift in the age distribution of male nurses would seem to suggest that those who enter the profession tend to stay.

This analysis of the demographic and employment characteristics of male nurses is based on information compiled annually in the Registered Nurses Database maintained by Statistics Canada. Figures on enrolment and graduation in nursing are collected by Statistics Canada as part of annual surveys.

Key words: male nurses, nursing, nursing education, hospital nursing staff

Over the past decade, women have made considerable inroads into many previously male-dominated professions, notably medicine. For example, today, women account for 26% of physicians and surgeons, compared with 17% in 1985.¹ By contrast, the movement of men into nursing has been gradual, at best. Nursing remains one of the most highly female-dominated occupations, with men making up a very small minority of registered nurses (RNs). While Canada's registered nurses totalled more than a quarter of a million in 1995, just over 10,000 were men.

Registered nurses numbered 262,400 in 1995, a slight decrease from the previous year's 264,932, and the first decline since 1979. Still, the number of male RNs has been growing steadily.

This article examines the demographic and employment characteristics of male registered nurses in Canada. (Registered nurses have successfully completed an approved program for professional nursing, and after meeting preset standards, are currently registered in one of the provinces. These standards include graduation from a school of nursing; passing the written nurse registration examination; demonstration of competence in nursing; and demonstration of competence in one or both official languages.) The analysis is based on data that are collected annually and compiled in Statistics Canada's Registered Nurses Database (see **Methods**). These data are extracted from forms completed each year by nurses who register or re-register and report information including age, sex, education, employment status, and nursing position and responsibilities.

* Richard Trudeau (613-951-8388) is with the Health Statistics Division at Statistics Canada, Ottawa K1A 0T6. This article is based on *Nursing in Canada, 1995: Registered Nurses* (Statistics Canada, Catalogue 83-243). See How to Order.

Methods

Data source

Most of the information in this article is taken from the Registered Nurses Database maintained by Statistics Canada.² Decisions on data collection, content changes, and output have been made jointly by the Canadian Nurses Association, the provincial/territorial nurses regulating authorities, and Statistics Canada. Beginning in 1996, the Registered Nurses Database will be maintained by the Canadian Institute for Health Information.

Provincial nurses regulating authorities are responsible for data collection, which occurs during annual registration. This process covers new nurses registering for the first time, nurses who are re-registering in the same province, nurses who have moved and are registering in a new province, and immigrant nurses registering in Canada for the first time. Data are derived annually from the provincial/territorial registration (licensing) and re-registration forms. Nine provincial associations and the Yukon capture their own data and forward unedited records to Statistics Canada. The associations in Prince Edward Island and the Northwest Territories send their registration documents to Statistics Canada via the Canadian Nurses Association. Variables collected include age, sex, entry/initial nursing education, year and province of graduation, employment status, full- or part-time employment, hours worked in past 12 months, location of employment, type of employer, primary area of responsibility, and position.

Because of the high response rate (over 95% in all jurisdictions), no attempt is made to account for total non-response by weighting. Missing data are not imputed; rather, all tables contain a "not stated" category.

Data on enrolment in and graduation from nursing programs in universities are from annual surveys of those institutions conducted by the Education, Culture and Tourism Division of Statistics Canada. Community college data are provided by the Canadian Nurses Association.

Limitations

Since nurses can register in more than one province or territory, duplicates must be removed to present an accurate count of the number of RNs in Canada. To reduce duplicate registrations arising from interprovincial moves, which typically occur in the summer, the information collection period is restricted to the first four months of each jurisdiction's registration year. Because 95% of registrations occur in the early months of the year, this does not cause a significant loss of registrations.

Nonetheless, some duplicates remain as a result of nurses maintaining registration in more than one province/territory. The bulk of these duplicates are removed by matching province of employment or residence to province of registration.

This method of eliminating interprovincial duplicates introduces potential errors. If a nurse lives and registers in one province at the beginning of the year, and one to three months later, moves to and registers in another province, this duplicate will not be detected. On the other hand, a nurse not employed in nursing who is registered only in a province other than the province of residence will erroneously be identified as a duplicate. Similarly, a small number of nurses are employed in a province other than their province of registration; they will erroneously be identified as duplicates.

Data entry errors occur in a small number of records for each province or territory. The estimated error rate for any variable in any jurisdiction is less than 1%.

In recent years, licensing documents from Prince Edward Island have not reported the variable "sex." The sex of P.E.I. nurses is determined by the individual's name or by comparison with a previous year's document in which sex was specified. If sex cannot be ascertained with either method, the individual is considered to be female. Since P.E.I. accounts for 0.5% of all nurses in Canada, this has little effect on overall results.

Defining employment status

The Labour Force Survey (LFS) classification of full- or part-time employment is objective and allows no self-definition.³ Full- and part-time employment are determined on the basis of the total number of hours usually worked each week at a **main or sole job**. People employed in the reference week (the week before the LFS) and who usually work less than 30 hours a week at their main or sole job are part-time workers; those who work 30 or more hours a week are full-time workers.

For most jurisdictions that participate in the annual registered nurses data collection, designation of full-time or part-time employment is subjective. Respondents who check the box indicating full-time employment on their registration form are considered full-time, and those who check part-time are considered part-time, regardless of how many hours they worked. Only in Nova Scotia, Alberta, and the Northwest Territories is full-time employment defined as working in nursing an average of 30 or more hours a week. Nonetheless, past reviews of the data show that self-reported part-time employment is similar to the numbers that would have been obtained from a question that specified 30 hours as the cut-off.

A growing minority

The social and economic inducements for women to enter male-dominated professions are lacking for men who contemplate careers in female-dominated areas. Yet despite the barriers that they may encounter, a small but growing number of men are drawn to nursing.

Although few in absolute number, the population of male registered nurses has increased substantially over the last 10 years. By 1995, there were 10,035 male nurses in Canada, an 84% increase over the 5,449 registered in 1985. At the same time, the number of female nurses increased by only 13%. As a result, men accounted for 3.8% of all RNs in 1995, compared with 2.4% in 1985 (Table 1).

To some extent, national figures are misleading, as they are strongly influenced by the situation in Quebec (Table 2). In 1995, 51% of Canada's male nurses were registered in Quebec, and they made up 7.9% of all RNs in that province. In the other provinces, the percentage of male RNs did not exceed 3.4%. (A relatively large percentage—6.4%—of RNs in the Northwest Territories were men, but the actual number was small.) The high proportion of male nurses in Quebec is not a recent development. Ten years ago, Quebec also had the highest percentage of male nurses (5.3%), and the province accounted for 53.5% of Canada's male RNs.

Employment status

The employment profile of male nurses differs somewhat from that of female nurses. In 1995, a slightly higher percentage of male than female RNs were employed in nursing: 92% versus 89%. However, this difference may be attributable to retired female nurses maintaining registration. The majority (86%) of RNs who were neither employed in nursing nor seeking such employment were residents of Ontario, where unlike other provinces, retired nurses can continue to be registered.

A more pronounced difference in the employment characteristics of male and female RNs was the proportions working part time. In 1995, the rate of part-time employment in nursing was 23% for men, about half the female rate (44%). Both rates, however, were

well above part-time employment rates for the workforce overall. In 1995, 11% of employed men and 28% of employed women had part-time jobs.³

Male and female RNs tend to work in different specialties. A large percentage of men are in psychiatric nursing. In 1995, close to 16% of male nurses were in psychiatric/mental health, compared with fewer than 5% of female nurses (Table 3). Several other areas accounted for relatively large shares of male nurses: critical care, emergency care, and administration. By contrast, few male RNs were in maternal/newborn care, pediatrics, or community health.

Table 1

Registered nurses, by sex, Canada, 1985-1995

	Both sexes	Men	% of total	Women
1985	229,345	5,449	2.4	223,896
1986	236,993	5,959	2.5	231,034
1987	241,759	6,346	2.6	235,413
1988	249,673	6,903	2.8	242,770
1989	252,189	7,316	2.9	244,873
1990	256,145	7,992	3.1	248,153
1991	262,288	8,595	3.3	253,693
1992	263,683	9,017	3.4	254,666
1993	264,339	9,621	3.6	254,718
1994	264,932	9,883	3.7	255,049
1995	262,400	10,035	3.8	252,365

Source: Catalogue 83- 243 and Health Statistics Division

Table 2

Registered nurses, by sex and province of registration, 1995

	Both sexes	Men	% of total	Women
Canada	262,400	10,035	3.8	252,365
Newfoundland	5,647	158	2.8	5,489
Prince Edward Island	1,233	8	0.6	1,225
Nova Scotia	9,324	180	1.9	9,144
New Brunswick	8,405	235	2.8	8,170
Quebec	64,855	5,101	7.9	59,754
Ontario	98,295	2,338	2.4	95,957
Manitoba	10,386	357	3.4	10,029
Saskatchewan	8,844	155	1.8	8,689
Alberta	23,594	465	2.0	23,129
British Columbia	31,004	993	3.2	30,011
Yukon	223	7	3.1	216
Northwest Territories	590	38	6.4	552

Source: Catalogue 83-243

Table 3**Area of responsibility of registered nurses working in nursing, by sex, Canada, 1995**

	RNs working in nursing		
	Both sexes	Men	Women
All areas	232,869	9,247	223,622
	%	%	%
	100.0	100.0	100.0
Medical/surgical	19.2	16.7	19.3
Psychiatric/mental health	5.0	15.6	4.6
Geriatric/gerontology	10.6	9.1	10.7
Critical care	7.0	8.1	7.0
Several clinical areas	6.5	8.0	6.5
Emergency care	4.3	6.5	4.3
Other patient care	8.6	6.4	8.7
Administration	4.0	5.8	4.0
Operating room	3.8	3.3	3.8
Education	2.8	1.9	2.9
Home care	3.5	1.6	3.6
Community health	4.7	1.4	4.9
Occupational health	1.4	1.3	1.4
Ambulatory care	1.5	1.3	1.6
Pediatric	3.2	1.1	3.3
Maternal/newborn	5.9	0.4	6.1
Research	0.5	0.2	0.5
Not stated	7.2	11.4	7.0

Source: Catalogue 83-243

Table 4**Employers of registered nurses working in nursing, by sex, Canada, 1995**

	RNs working in nursing		
	Both sexes	Men	Women
All employers	232,869	9,247	223,622
	%	%	%
	100.0	100.0	100.0
General hospital	57.6	52.7	57.8
Psychiatric hospital/mental health centre	3.0	12.1	2.6
Nursing home	10.5	8.9	10.5
Community health agency	5.9	3.2	6.0
Rehabilitation/convalescent centre	1.7	1.9	1.7
Association/government	1.2	1.8	1.2
Educational institution	2.5	1.7	2.5
Business/industry/occupational health	1.0	1.1	1.0
Home care	3.7	1.1	3.9
Private nursing agency/private duty	0.7	0.8	0.7
Self-employed	0.6	0.7	0.6
Nursing station	0.3	0.6	0.3
Physician's office/family practice	2.5	0.2	2.6
Other	3.2	2.9	3.2
Not stated	5.7	10.4	5.5

Source: Catalogue 83-243

These distributions of responsibility reflect historical patterns.⁴ For many years, most of the nursing schools that accepted men were connected with mental hospitals, on the belief that men were better able to handle the physical demands of dealing with psychiatric patients. Until the 1960s and 1970s, male nursing students were not permitted to study obstetric and gynecological nursing. Even after these specialties became a required part of their programs, male nurses encountered some resistance from female nursing staff to having them in maternity nursing. The tendency was for male nurses to be assigned primarily to psychiatry and critical care.

Thus, it is not surprising that a much higher percentage of male than female nurses find employment in psychiatric hospitals or mental health centres. In 1995, 12% of male RNs had jobs in such facilities, compared with 3% of female nurses (Table 4). On the other hand, male nurses were much less likely than female nurses to work in community health agencies, educational institutions, home care, or physicians' offices. However, for all nurses, general hospitals were, by far, the leading employer: 53% of men and 58% of women.

In hospitals, 10% of male nurses, compared with 7% of female nurses, held administrative positions in 1995 (directors/assistant directors, supervisors, head nurses). This represented a narrowing of the difference in the proportions of male and female nurses in administration, as a result of a shift in the employment distribution of hospital nursing staff over the last decade. By 1995, there were more than 14 times as many nurses in direct patient care as in administration, whereas in 1985, the ratio had been about 7 to 1. That year, 27% of male nurses and 14% of female nurses had jobs in administration.

Education

Nursing enrolment and graduation numbers are the forerunners of the future profile of the profession. Men make up a growing share of nursing students and graduates in Canada's community colleges and universities.^{5,6}

Between 1984-85 and 1993-94, the male component of full-time enrolment in community college nursing programs rose from 8% to 12%. The proportion of community college nursing graduates who were men was smaller, but it, too, increased from 6% in 1984-85 to 9% in 1991-92.

Male representation in university nursing programs was not as strong as in community colleges, but the trends were similar. In 1984-85, men constituted 4% of full-time nursing undergraduates; by 1993-94, the proportion had doubled to 8%. Men's share of part-time nursing enrolment remained relatively stable, fluctuating between 5% and 6%. The percentage of bachelor's degrees in nursing that were granted to men increased slowly from 3% to 5% between 1984 and 1993.

The high percentage of male RNs in Quebec also prevails in nursing education. For example, in 1993-94, men accounted for 16% of full-time nursing students in Quebec colleges and 13% of full-time undergraduate nursing enrolment in Quebec universities. These men made up 43% and 30%, respectively, of all men enrolled full time in college and university nursing programs in Canada that year.

Men's somewhat lower representation in university programs than in college programs is reflected in the credentials of male and female nurses. Of those RNs employed in nursing in 1995 who reported their educational attainment, a smaller proportion of men than women held a nursing degree: 17% compared with 20% (Table 5). However, male and female nurses were equally likely to have upgraded their credentials since entering the profession. When they began nursing, just 7% of male nurses and 9% of female nurses had held degrees in nursing.

Younger, but aging

Male nurses tend to be somewhat younger than their female counterparts. In 1995, the median age of a practicing male nurse was 37, compared with 41 for a practicing female nurse. Over half (55%) of male RNs were younger than 40, compared with 42% of female RNs (Chart 1).

However, the population of nurses is aging (Chart 2). From 1985 to 1995, the age distributions of both male and female nurses shifted so that 35- to 44-year-olds, rather than 25- to 34-year-olds, now constitute the largest group. For women, this largely reflected the cohort of nurses who were aged 25 to 34 in 1985 reaching the 35 to 44 age range by 1995. That year,

Table 5

Highest level of nursing education at entry and in 1995 of registered nurses working in nursing, by sex, Canada, 1995

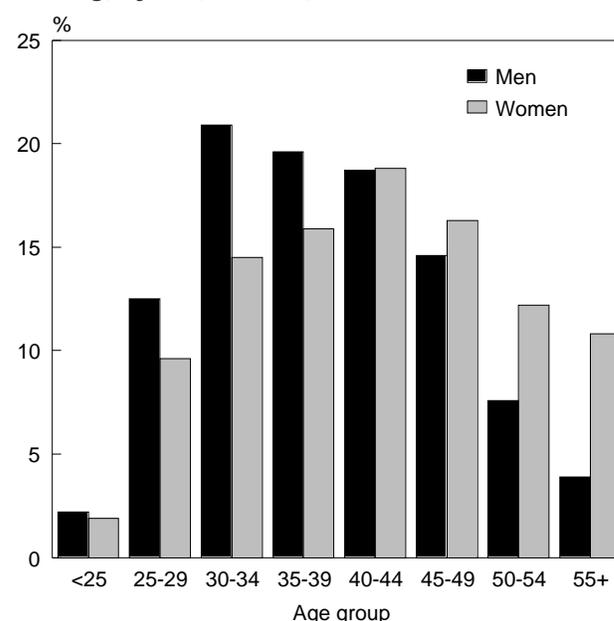
Highest level of nursing education	Both sexes		Men		Women	
	At entry	In 1995	At entry	In 1995	At entry	In 1995
	%					
Total	100.0	100.0	100.0	100.0	100.0	100.0
Diploma	90.9	80.5	93.3	82.6	90.9	80.4
Bachelor's degree	8.9	17.9	6.5	16.0	9.0	18.0
Master's degree or doctorate	--	1.5	--	1.3	--	1.5

Source: Catalogue 83-243

Note: Level of education was not stated by 10% of male and 5% of female nurses working in nursing.

Chart 1

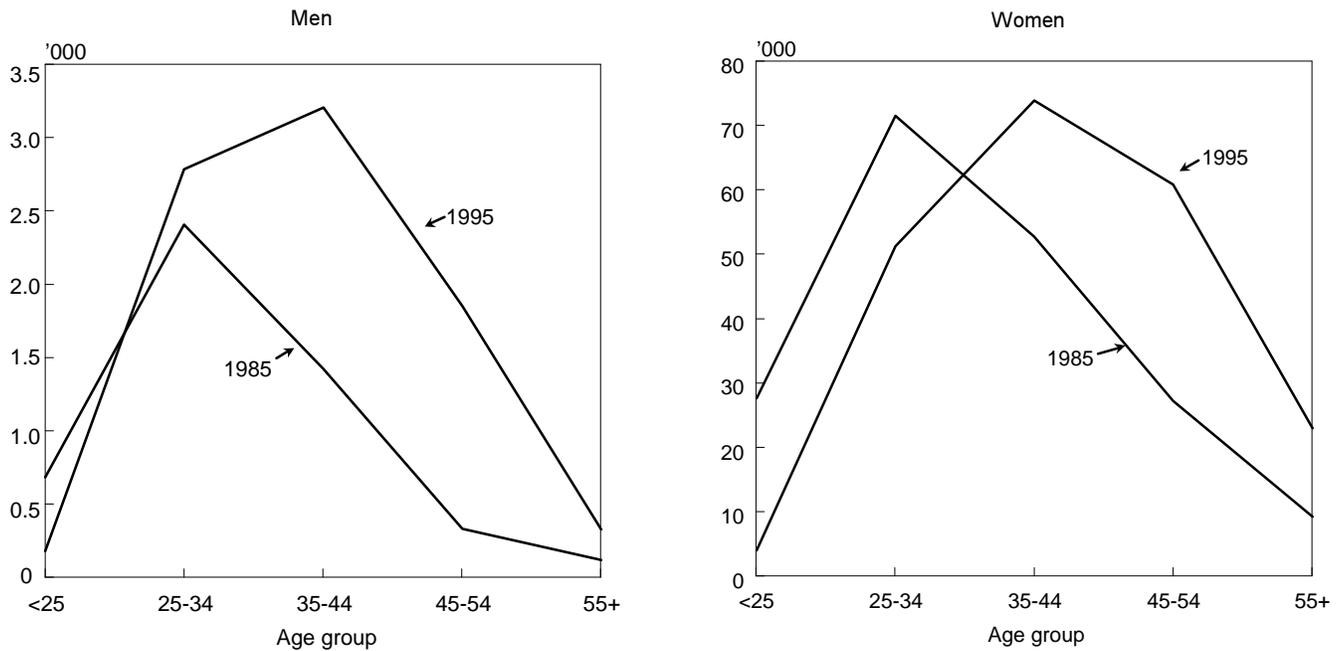
Age distribution of registered nurses working in nursing, by sex, Canada, 1995



Source: Catalogue 83-243

Chart 2

Number of registered nurses working in nursing, by sex, Canada, 1985 and 1995



Source: Catalogue 83- 243 and Health Statistics Division

the number of female nurses aged 35 to 44 was just 3% higher than the number aged 25 to 34 in 1985. But among male nurses, the number aged 35 to 44 in 1995 was 34% above the number aged 25 to 34 in 1985. This suggests that a considerable number of men entered nursing in their thirties, perhaps as a second career. It also indicates that a large share of both male and female nurses practicing in 1985 were still in the profession in 1995.

At the same time, the number of both male and female nurses under age 25 actually declined, a decline that could not be explained solely by the decrease in the young population. The drop in the number of nurses under age 25 could mean that both men and women are entering the profession later than was formerly the case. To some extent, this may be attributable to a rising share of nurses earning degrees rather than diplomas. From 1985 to 1991, the percentage of all nursing graduates receiving degrees rose from 22% to 28%.

A look ahead

The increase in the number of men enrolled in and graduating from nursing programs indicates that the ranks of male RNs may rise in the near future. More general acceptance of nursing as a viable career for men could also contribute to an increase in numbers. The economic disincentive for men to enter nursing, namely relatively poor pay, was removed some time ago when the profession was unionized.⁴ Nurses' salaries are now much higher than in the past. However, cutbacks in health care funding, notably in hospitals, could deter some men who might otherwise have considered a nursing career.

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