

Mission, Purpose and Objectives of AAMN

The primary mission of AAMN is to be the acknowledged national organization for men in nursing which influences national policy, research, and education about men in nursing and men's health issues. The purpose of this organization is to provide a framework for nurses, as a group, to meet, discuss, and influence factors which affect men as nurses. Objectives include:

- Encourage men of all ages to become nurses and join together with all nurses in strengthening and humanizing health care.
- Support men who are nurses to grow professionally and demonstrate to each other and to society the increasing contributions made by men within the nursing profession.
- Advocate for continued research, education, and dissemination of information about men's health issues, men in nursing, and nursing knowledge at the local and national levels.
- Support members' full participation in the nursing profession and its organizations, and use this Assembly for the limited objectives stated above.

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Message from the President

by Jim Raper, DSN, CRNP, JD, Esq.

Greetings! I've been excited, energized, and pleased with what's been happening. Let me take this opportunity to mention just two very important items of interest. First, earlier this month I received my copy of Lippincott Williams & Wilkins' (LWW) premier issue of *Men in Nursing*. If you haven't seen a copy, I trust you will waste no time in getting your hands on one.



This journal promises to be a valuable tool in advocating for the issues and concerns of men in our profession. Kudos LWW!

Second, in February Peter Buerhaus, PhD, RN, senior associate dean for Research at Vanderbilt University School of Nursing, was one of two investigators to receive the first-ever Health Services Research (HSR) Impact Award, presented by AcademyHealth, for research that established a relationship between hospital nurse staffing and adverse patient outcomes in recognition of the positive impact of health services research on health policy or practice. The award was presented to Buerhaus and co-winner Jack Needleman, PhD, associate professor of Health Services at the University of California, Los Angeles, at the 2006 National Health Policy Conference in Washington, D.C. Buerhaus and Needleman helped inform the discussion and passage of the Nurse Reinvestment Act, that was signed by President George Bush just two months after their groundbreaking study was published in the *New England Journal of Medicine*. I hope you too feel a sense of honor about the accomplishment and recognition of our male colleague. I encourage everyone to read some of his most recent work and see first-hand how his research is impacting health policy and bringing national attention to the role that RNs play in the well being of our society.

Recently, a reporter asked me, "What makes a nurse successful?" Anyone who knows me knows the reporter got an earful. I went on at some length about the importance of intelligence and quality education/preparation. And then, I shared some of my beliefs concerning what I believe leads to success. It's been my observation that despite the complexity of our work and uncertainty about the outcome of the specific patient

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Luther Christman Biography Available

This spring, Dr. Elizabeth Pittman of Australia has published a new biography of Dr. Luther Christman (*Luther Christman: A maverick nurse-nurse legend*, Trafford Publishers). Dr. Christman is perhaps the most well-known male nurse of the 20th century, earning accolades for his leadership, scholarship, and tenacious advocacy for the full inclusion of men in the nursing profession. In writing this book, Dr. Pittman gained unprecedented access to Dr. Christman and his wife by staying with them in their home in October 2004, followed by numerous telephone interviews and written correspondence. Dr. Christman provided the prologue for the book, enthusiastically endorsing Dr. Pittman's biography as close to his own story of his life. Dr. Christman has provided rarely seen photographs and personal drawings which have been included in the book.

In honoring Dr. Christman's work in helping to establish AAMN, Dr. Pittman has graciously donated 40 copies of the book to the AAMN Foundation to sell as a fundraiser. Copies of Dr. Pittman's book can be purchased for \$40 (shipping and handling inclusive) by logging onto the AAMN website (www.aamn.org) and clicking on the book offer link. Help support the Foundation by purchasing your copy today.

Below is an excerpt from the publisher's description of this text:

"Luther Christman, a white, Anglo-Saxon, Protestant, heterosexual family man, had none of the attributes normally associated with discrimination. Yet he was dogged by blatant discrimination because he was a man in a woman's profession. He was called a pervert when he requested maternity experience. He was refused admission to the Army Nurse Corps in World War II, and entry to two university nursing programs simply because he was a man.

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Conference Abstracts Still Being Sought

Demetrius Porche, DNS, APRN

Education Committee Chair, President-Elect

The American Assembly for Men in Nursing will host the 31st Annual Conference in Portland, OR. This year's conference theme is *Men in Nursing: Leading Men to Healthier Lives*, and will focus on nursing leadership as a mechanism to promote healthier men. Presentations are planned on ethical approaches to sexual difference, male breast cancer, diabetes mellitus in men, and a toolkit to promote men's health. Other topics feature Hospitalier leadership in nursing, civil war nursing, and nursing advocacy. The Education Committee continues to call for abstracts that focus on men in nursing's leadership, specifically in the promotion of men's health and the men's health agenda. The Education

Committee also desires abstracts on issues to include, but not limited to, sexual health, reproductive health, healthy aging, pulmonary and cardiovascular health, mental health, and male socialization. Abstracts are encouraged that promote an emphasis on men's health issues in special populations such as youth/adolescents, gay/bisexual/transgendered persons, the economically challenged, the homeless, the incarcerated, men of color and other vulnerable male populations. If you are interested in submitting an abstract or have an inquiry about a potential topic, please contact Demetrius Porche at dporch@lsuhsc.edu.

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InterAction Newsletter Policy

The *InterAction* is the official communication source of the American Assembly for Men in Nursing. Published quarterly, the *InterAction* is designed to inform Assembly members and subscribers about professional issues of concerns and activities of the Assembly. Views expressed in the *InterAction* reflect those of the individual authors and do not necessarily reflect those of Board of Directors or of the Assembly. Comments, responses and feedback should be addressed to The Editor, *InterAction*.

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Membership Information

Recruit a New Member: Pass this Newsletter along to a fellow nurse and invite them to become a member.

Membership is open to any nurse – male or female – to better facilitate discussion and to meet the most important objective of AAMN – strengthening and humanizing health care.

Membership in the Assembly is available by application (see below) and elections, provided to Registered Nurses, Licensed Practical/Vocational Nurses, entry level nursing students, and anyone the Board deems worthy of membership.

AAMN membership is unrestricted by consideration of age, color, creed, handicap, sexual orientation, lifestyle, nationality, race, religion, or gender.

There are three levels of membership:

1. Full Membership - Registered Nurses

Privileges include: A voice with vote at Assembly meetings, appointment or election to Assembly office, quarterly newsletter and reports, Chapter membership privileges. Dues = \$80.00 per year (New graduates may join during the first year after graduation for \$35.00.)

2. Associate Membership

Members of the public, Licensed Practical/Vocational Nurses and entry-level nursing students. Privileges include: may serve on chapter committees, hold chapter office, vote at chapter meetings if permitted by Chapter Bylaws, may serve on national committees. Dues 25.00 to \$40.00 per year

3. Honorary Membership

As voted by the Board and all recipients of the Luther Christman Award. Privileges include all membership privileges except making motions, voting, and holding office, Dues – \$0.00

Would you like to become a member of AAMN? The AAMN Membership Application may be located on the AAMN website, www.aamn.org. If you would like to pay by Visa or MasterCard, include your card number, expiration date, and signature. You may also print out this form and mail it with your check to the address below.

Nursing Career Center: This resource alone makes membership in AAMN worth the dues investment. Visit www.aamn.org and click on “Career Center,” located on the upper tool bar. This area was constructed to help connect our members with new employment opportunities. Use the links below to guide you as you begin your job search. Employers and recruiters: You now have access to our specialized niche. Browse our resumes or post your employment opportunity.

Message from the President

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care we provide, rules greatly impact our lives as nurses. We follow rules in the form of the standards of care we implement. Health care policy, precedent, standards of care, procedures and care plans all affect the resolution of most conditions/problems. We follow rules of conduct, professionalism, and procedure both in and out of the healthcare setting. And, whether your practice is devoted to enforcing (regulating/managing) them or advocating for change, rules do add a degree of structure to our nursing practices.

But rules fly out the window in one crucial aspect of nursing: interpersonal skills. Personalities, stress, unexpected circumstances and countless other factors make each interaction unique. If you ask ten different nurses to identify “interpersonal skills” you’re likely to get ten different answers. Interpersonal skills play a huge role in job satisfaction, patient services, success, leadership and even the public’s perception of nurses. Indeed, studies of outstanding performers in almost every field suggest that one’s “emotional quotient” is twice as important as one’s cognitive abilities.

So, what can motivated nurses do to improve their interpersonal skills? In his three best sellers, author Daniel Goleman analyzes emotional intelligence and neuroscience. Goleman’s “map” of emotional intelligence contains 25 core competencies and reveals how each competency contributes to effective social interactions Goleman, McKee, & Boyatzis, 2002; Goleman, 1998; 1995).

At various states of one’s career, different competencies could tip the scale between average and outstanding performance. For example, for a new nurse, conscientiousness, accurate self-assessment, and understanding others might be important. Being conscientious includes owning up to one’s mistakes and correcting them, keeping commitments, being punctual and highly organized—all crucial skills during the early years.

Accurate self-assessment guides a nurse to assignments that best fit existing skills and enables one to seek new challenges while asking for assistance when warranted. This is important for those in high-learning mode areas, such as critical care. Self-assessment will also help new nurses recognize skills and life experiences they already possess. Those adept at resolving conflicts understand the importance of empathy, that involves reaching out to and taking a genuine interest in others.

Through active listening and learning to read subtle, nonverbal cues, new nurses can learn more about their patients’ (and colleagues’) real concerns than through verbal only conversations. After practicing for a few years and for a nurse approaching his first management or leadership position, factors such as innovation, initiative, political awareness, and developing others may take priority. Here are just a few tips for increasing one’s emotional quotient, and thus one’s interpersonal skills:

- Observe recognized leaders in nursing. Consider

what qualities contribute to their success.

- Analyze the realities of your own environment or workplace. Consider the most valuable skills.
- Take a personal inventory, with advice from trusted friends and colleagues. Identify your strengths and areas for improvement (be honest).
- Focus your efforts on only a few areas at a time. Competencies are interrelated and can enhance skills one already possesses.
- Acknowledge your success. Consider how others respond when you exhibit positive social skills.
- Practice, practice and practice. It takes time to replace behaviors that have become second natures.
- Enjoy learning. Exercising new skills is fun and results are dramatic. Factors such as how well we understand ourselves, manage our actions and motivate ourselves are crucial in our ability to understand and motivate others.

Personal Competence

Accurate self-assessment
Achievement drive
Adaptability
Commitment
Conscientiousness
Emotional awareness
Initiative
Innovation
Optimism
Self confidence
Self control
Trustworthiness

Social Competence

Acting as a change agent
Building bonds
Collaboration & cooperation
Communication
Conflict management
Developing others
Empathy
Influence
Leadership
Leveraging diversity
Political awareness
Service orientation
Social skills
Team capabilities
Understanding others

In closing, I hope you will enjoy reading this issue of InterAction and are planning to come to our annual conference in Portland. Until the next issue, keep in touch.

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Enough Is Enough!

by Chad O'Lynn, RN, PhD, Editor



I've lived in my current home for nearly a year now. Over these past months, I've become aware of a few consistent routines. Every Monday morning, a few minutes before 6:15 am, the men in the large white truck pick up my recyclables at the curbside. Every morning, the man two doors down walks his poodle-mix, who always stops at a large maple tree across the street in order for the dog to relieve himself. And every evening, for some reason, the neighbor's cat greets me at my front door when I come home from work. Such routines have become the heartbeat of life on my street, offering a sense of predictability in a sometimes chaotic world (let alone maintain a bladder program for the poodle-mix pooch). However, there are some things that simply must not remain the same year after year.

Earlier this year, the preliminary findings of the 2004 National Sample Survey of Registered Nurses (US Department of Health and Human Services, 2006) were released. This survey has been conducted seven times before, first in 1977 and subsequently every four years since 1980. The survey yields the most comprehensive demographic data on the American RN. According to the 2004 report, 5.7% of licensed RNs are male, a non-significant increase from the 5.4% reported in 2000. This increase is much less impressive than the previous four-year span when only 4.9% of RNs in 1996 were male.

Despite much attention given to projects such as the Johnson & Johnson advertising campaign, and despite reports from the American Association of Colleges of Nursing (AACN) that the overall number of nursing students has been rising for five consecutive years (American Association of Colleges of Nursing, 2006), the fact that the percentage of men in nursing continues to remain under 6% is not only disappointing, but troubling. Perhaps the overall number of men in nursing remains low due to dissatisfaction. Sochalski (2002) notes that regardless of work setting, men are less satisfied in their current positions than are women. Rambur, Palumbo, McIntosh, and Mongeon (2003) report that their study of Vermont nurses do not support this gender difference, and wonder if men are socialized to voice their dissatisfaction more than are women. This may be so; however, in examining the number of new nursing graduates who leave nursing within their first four years of practice, Sochalski reports that men are far more likely to quit nursing than are women (7.5% vs. 4.1%). This trend is a reversal, in that in the late 1980s, women were slightly more likely to leave nursing than were men.

So why are men bailing out of nursing, especially since nursing jobs are in high demand? It is likely that the reasons are multiple, but I propose that one important and correctable reason men leave nursing is that many become fatigued of a gender-hostile environment. Such a proposal is not unsubstantiated. Gender hostility begins in nursing school (Anthony, 2004; Bernard Hodes Group, 2005; O'Lynn, 2004) and may continue in some worksettings. Bernard Hodes Group notes that half of men encountered

gender-based difficulties in the workplace. If men are not prepared for these difficulties or are not instructed/ mentored on how to negotiate them, such difficulties are likely to increase job satisfaction. For example, men may not find acceptance by co-workers based only on their biological sex. McMillian, Morgan, and Ament (2006) report that 23% of a female nurse sample had low levels of acceptance toward male nurses. Although the sample size was small, such a percentage of disapproval in any worksetting would make teambuilding and work relationships difficult at best. Interestingly, time spent working with a male nurse was the variable with the strongest influence in accepting male co-workers. The implication here is that if female nurses would just spend time with male nurse co-workers, they would be more likely to feel positive about them. Of course, such a change in attitude requires that men not only become nurses, but stay working as nurses. Recognition of worksettings that are highly positive for men is one strategy to bring attention to the issue of gender hostility. AAMN is leading the way here with its "Best Workplace" award (see related article).

What should be troubling for all of us is the lack of attention professional nursing continues to give to the relationship between gender hostility in nursing and gender demographic inequity in the nursing workforce. It seems that many believe that simply depicting men in nursing employment advertisements or highlighting a male nurse in an occasional feature article is enough to increase the ranks of men in the nursing. (Although such depictions are desirable and may have some benefit, they are not likely to result in substantial recruitment and retention of men in nursing.) Instead, actions that are likely to abort the flow of men out of nursing are essential in bringing the percentage of men in nursing above the 6% bar. One wonders if the nursing profession's inaction is simply a "head-in-the-sand" response or whether it is something more intentional. Let me explain.

In 2002, the American Nurses Association (ANA) published its agenda for the future (American Nurses Association, 2002). Diversity was listed as one of the ten domains needing action. Diversity, according to the definition provided by ANA, encompassed a compilation of demographic variables including gender. The document provided a number of recommended actions to increase diversity within the profession, though the focus was to increase diversity of those in leadership positions of health care employers and institutions. No recommendation focused on gender specifically. Four years later, a search of ANA's website yields no position statements, programs, or actions pertaining to gender diversity. Other national nursing organizations, such as the AACN and Sigma Theta Tau, have noted the problem of gender inequity and have provided recommendations that the problem needs to be addressed (American Association of Colleges of Nursing, 2001; Wilson, Sanner, & McAllister, 2003), yet neither have initiated any tangible actions or programs.

In fact, when it comes to diversity, professional nursing tends to focus on ethnic/racial diversity. This type of diversity is the only diversity addressed in the Sullivan

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Call for Abstracts



THE
UNIVERSITY OF
PORTLAND

"Men in Nursing: Leading Men to Healthier Lives" 31st Annual Conference of the American Assembly for Men in Nursing

The American Assembly for Men in Nursing is currently accepting submissions for presentations/ posters for its 31st Annual Conference, hosted by the University of Portland, School of Nursing on October 20-21, 2006 in Portland, Oregon. The keynote speaker is Edward Thompson.

Submissions should address one or more of the following conference objectives:

1. Analyze leadership characteristics, attributes, roles, theories, and strategies utilized by men in nursing historically and currently to promote men's health in the areas of education, research, and practice.
2. Discuss the leadership men provide in developing the profession, improving nursing practice and health care delivery, guiding the men's health movement, and impacting local, state and national political and health policy issues regarding men's health.
3. Explain the current challenges nursing encounters with leading men to a 'healthy' state.
4. Analyze the health care concerns and needs impacting men's health.
5. Analyze the leadership men in nursing provide to promote evidence-based nursing practice in men's health.

Required Format

For Research Abstract

1. Title
2. Problem or Research Question
3. Theoretical Framework
4. Methods/ Design
5. Findings

For a Non-Research Abstract

1. Title
2. Contribution to the Literature
3. Key Concepts
4. Synopsis
5. Conclusion

The required length of the abstract is 250-500 words submitted on a one-page, single-spaced typed page, 8.5 x 11" paper with one-inch margin on all sides. Submissions must include a cover sheet with the title of the abstract, name(s) of author(s), address, and contact telephone number and e-mail address. Do not include bibliographies or articles with the submission. **All abstracts are subject to a blind review process.**

Deadline Schedule:

Deadline for Submissions:	May 15, 2006
Notification of Acceptance:	July 31, 2006
Deadline Submission for Documentation for CEU's:	August 21, 2006

Send Submissions to:

Abstracts must be submitted electronically in Word format to Dr. Demetrius Porche
AAMN Education Chair
E-mail address: dporch@lsuhsc.edu
Telephone: 504-234-3027

AAMN 2006 Conference Registration Form
 "Men in Nursing: Leading Men to Healthier Lives"
 University of Portland School of Nursing, Portland, OR
 October 20-21, 2006

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____

E-mail: _____

Please Note: Conference registration includes breakfast, lunch, refreshments and nursing continuing education credits.

	Early Bird (before 9/01/06)	After 9/01/06	Total
Conference Registration			
AAMN Member	\$300.00	\$350.00	
Conference Presenter	\$300.00	\$350.00	
Non-AAMN Member	\$350.00	\$400.00	
Full-time Nursing Student	\$150.00	\$200.00	
Daily Registration	\$150.00	\$175.00	
Optional Event			
Luther Christman Awards Banquet (Friday, Oct. 20, 2006)	\$65.00	\$65.00	
Sub-total			
Optional Fees			
AAMN Annual Dues			
RN Full Membership	\$80.00	\$80.00	
LPN/ LVN	\$40.00	\$40.00	
Full-time Nursing Student	\$25.00	\$25.00	
New Grad (within one year)	\$35.00	\$35.00	
Retired/ Disabled	\$40.00	\$40.00	
AAMN Foundation Donation			
Grand Total			

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25 Years Ago: A Newsletter and a New Name

by Chad O'Lynn, RN, PhD

This year marks a very special anniversary. In August, 1981 the first known issue of this organization's newsletter began. 1981 brought about a number of changes for AAMN, not only in production of this newsletter, but also in reinvigoration and a new name of the organization itself.

In 1980, the National Male Nurses Association (as AAMN was previously named) had been dormant for several years. In December that year, existing members of the organization met in Chicago to reinvigorate and reorganize the organization. Officers were elected to oversee this process. These officers revised the organization's goals into the following three general principles.

- Men and boys in the United States are encouraged to become nurses and join together with all nurses in strengthening and humanizing health care for Americans.
- Men who are now nurses are encouraged to grow professionally and demonstrate to each other and to society the increasing contributions being made by men within the nursing profession.
- This association intends that its members be full participants in the nursing profession and its organizations and use this association for the limited goals stated above. (National Male Nurses Association, 1981).

The group was also charged with disseminating information about the Association's reorganization and activities via a newsletter.

The first newsletter was printed and mailed in August 1981. The name *InterAction* was not yet used; instead the newsletter was simply titled *Newsletter*. The issue contained only four brief passages comprising in total one single printed page. Newsletter items discussed the restated principles of the organization; an announcement of the upcoming meeting in Chicago, scheduled for December 10, 1981; a review of the presentations at the 1980 meeting; and an announcement that the upcoming meeting would include a discussion on a possible name change for the organization.

At the 1981 meeting, the members approved the organization's name be changed to the American Assembly for Men in Nursing (AAMN). Edward J. Halloran was elected the AAMN president, and soon, the first issue of the new organization's newsletter, the *InterAction*, was published in January 1982 (AAMN, 1982). This premier issue does not detail how the name for the newsletter came about; however, since 1981, AAMN has continued to inform its members via publication of a newsletter.

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Report (Sullivan Commission, 2004) and in reports and recommendations from the National Advisory Council on Nurse Education and Practice (NACNEP), a division of the US Health Resources and Services Administration (National Advisory Council on Nurse Education and Practice, 2002). Another case in point is the report from the Southern Regional Education Board's Council on Collegiate Education for Nursing (n.d.). Although the report discusses gender inequity in nursing, the Council's final recommendations include nothing on gender, but instead states "The [Council] will promote the goals identified in A National Agenda for Nursing Workforce Racial/ Ethnic Diversity (2002)...[the NACNEP report mentioned above]...as part of regional efforts to increase racial/ethnic and gender diversity."

Unfortunately, the NACNEP report offers nothing on gender diversity.

Of course, this is *not* to say that there is no need to address racial/ethnic inequity in the nursing workforce. Clearly, racial disparity is of importance. However, this type of inequity in nursing is not as great in proportion as is gender inequity. The 2004 National Survey notes that of those nurses who designated their race/ ethnicity, 11.6% identified themselves as other than non-Hispanic White, compared to 32.1% of the general US population (US Department of Health and Human Services, 2006).

Most troubling to me is that a few years before any of the aforementioned reports and recommendations had been published, Porter-O'Grady (1998) stated the following in a Sigma Theta Tau International publication:

"There certainly are policy positions regarding discrimination in organized nursing. There has, however, never been a specific forum related to the state of gender integration and equity within the discipline that in any way informs the current circumstances of gender relations in nursing. It is duplicitous at best to call for equity with regard to women's roles in society and give no evidence of the place for dialogue and a formal position on minority gender equity within the profession."

Such sentiments have been expressed by Luther Christman for years. It appears that nobody is listening.

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Enough is enough!

In 1994, AAMN passed a resolution that stated, in part, that "AAMN seek the highest level of cooperation with the American Nurses Association to recruit and retain men nurses and encourage active participation in both organizations..." As such, I challenge AAMN to begin discussions with ANA and press them to produce something tangible that meets their own stated objective to address gender inequity. At a minimum, the ANA must acknowledge that gender inequity is as pressing as racial/ethnic inequity in the nursing workforce. Preferably, ANA will develop a program on par with its current Minority Fellowship Program, which assists minority applicants in pursuing a career in mental health nursing. I encourage AAMN members to join state ANA affiliates to provide voice on this issue locally.

I also challenge AAMN to begin discussions with NACNEP and press them to address gender inequity on par with racial/ ethnic inequity in nursing. AAMN should ask that NACNEP convene an expert workgroup to examine the issue and provide recommendations to increase and retain male students. NACNEP convened such a workgroup prior to preparing its report on racial/ethnic diversity.

Finally, I challenge AAMN to begin discussions with AACN and press them to facilitate efforts that further examine how gender hostility manifests itself in schools of nursing, particularly how such hostility may affect student performance and retention.

I feel that it is time those nursing organizations that identify gender inequity as an issue of concern be held accountable for implementing the recommendations they produce. In other words, nursing cannot just talk the talk, but now must walk the walk. If they do not, progress at decreasing gender inequity will be greatly impeded and reducing the nursing shortage with increased number of men nurses will never occur. I pray that another eight years do not pass that Porter-O'Grady's earlier statement will continue to ring as true as the day he wrote it.

InterAction welcomes responses to editorials. Letters to the editor should be submitted via e-mail to olynn@up.edu. Please include a maximum of a 200-word comment and the author's name and city of residence or employment. Letters may be edited to fit available space.

AAMN Best School and Best Workplace for Men

For two years now, AAMN has provided awards that recognize schools of nursing and nurse employers that excel in creating environments that support and value the presence of men. These awards are a valuable and tangible means of acknowledging the gender hostility in some schools and places of employment. (See related editorial in this issue of *InterAction*.)

These awards also assist in reducing such hostility by highlighting those institutions that demonstrate positive outcomes for men. Positive outcomes are optimized in environments where gender barriers and hostility have been minimized.

Criteria for these awards are available at the AAMN website (www.aamn.org). In summary however, schools receiving this award must demonstrate that their programs are of high quality, that they engage in active recruitment and retention of male students, and that their efforts have yielded increased numbers of male students and/or positive evaluations from male graduates. Employers receiving this award must demon-

strate that they meet recruitment and retention needs of male nurse employees and demonstrate that men are well-represented in both nursing staff and leadership positions.

AAMN encourages all nurses to submit their nominations as soon as possible. When a nomination is received, AAMN will inform the school or employer that they have been honored with an award nomination. The school or employer then must submit evidence that they have met the criteria for the award. Evidence must be received by the AAMN Board of Directors no later than September 1, 2006 in order to qualify for this year's awards. Awards are presented at the AAMN annual conference.

Nominating excellent schools and employers for men is a simple way individuals can contribute to increasing the number and quality of men in nursing. You may submit nominations any time by contacting the AAMN office or by sending an e-mail to Chad O'Lynn, Secretary, at olynn@up.edu.

Membership Drive

Share the benefits of AAMN with a friend! Simply send AAMN the names of two (or more!) fellow nursing professionals and we will contact them about membership. Think about fellow or former workers, or men with whom you attended nursing school.

Send names and email addresses of prospects to Byron McCain, CAE, AAMN Executive Director, bymccain@bellsouth.net and AAMN will make contact.

Please give us your name so we can say, "Bank suggested you might be interested in learning about AAMN." The more personal the contact the more successful it is likely to be.

Christman Biography

from page 1

"Undeterred, Christman gained qualifications in psychology and his research led to high level appointments in university nursing faculties....Despite these achievements he hit a glass ceiling in the middle of his career."

The biography describes Christman's strategic plans for the development of the nursing profession, which entailed a critique of its organization, policies, practices, education and female domination that challenged nursing leaders, physicians and hospital administrators alike." (Trafford, 2006)