

Share the Care: Strategies to Increase Diversity in Nursing Education



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<https://pub.nordregio.org/r-2024-22-share-the-care/>



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Addressing gender segregation in health occupations

The gender disparity in the Nordic healthcare sector has significant social, cultural and economic implications in societies that prioritise equality. Despite their progressive stance, Nordic countries continue to grapple with the persistent overrepresentation of women in healthcare, reflecting a broader gender division (Eurostat, 2024a). Transformations in men's roles are critical drivers of broader social progress. Although men's participation in caregiving may initially seem secondary, it plays a strategic role in advancing gender equality and addressing major social challenges. Over the past two decades, research has consistently shown that gender equality and shared caregiving responsibilities lead to improved quality of life and better health outcomes for individuals of all genders (Scambor et al., 2023).

Gender segregation in health occupations is a persistent issue that affects the composition and dynamics of the healthcare workforce. It can be observed in two forms: horizontal segregation, where one gender is overrepresented in certain roles, and vertical segregation, where one gender holds more leadership positions. This report examines both forms within the nursing profession, focusing particularly on the horizontal segregation of men and women in nursing. Despite efforts to promote gender equality, nursing remains largely female-overrepresented, with men facing barriers to entry and career progression. Recruitment strategies and measures to address this imbalance are crucial to fostering a more gender-diverse workforce in the healthcare sector.

To overcome such barriers and foster a more gender-balanced health sector, the "Share the Care" project has collected experiences of measures and implemented

them with the aim of helping educational programmes to address those inequalities. The project was funded by the Nordic Gender Equality Fund (NIKK–Nordik information för Kunskap om kön) and implemented in Iceland and in selected regions in Norway and Finland. The project comprises six main tasks interventions designed to enhance the situation of men in nursing education, targeting both the individual and organisational level. The tasks were derived from recommendations made in the scope of an earlier project titled "Men in Nursing Education" (Nordfjell & Nielsen, 2019). The "Men in Nursing Education" project report identified low enrolment and high dropout rates among male nursing students as key areas in which educational institutions should do more to recruit and retain men. Several suggestions were developed, with awareness, knowledge and student involvement being key aspects required for institutions to build an environment and culture where male nursing students can thrive, leading to an improved diversity situation.

This report has been structured with the aim of providing a detailed account of the "Share the Care" project and its key findings. It begins with a background literature review focused on gender segregation in healthcare, particularly in nursing. Following the overview of current literature, the report continues with a section devoted to "The Nordic Perspective on Gender in Nursing" and a "Results" section, which present the project outcomes and recruitment strategies. That section focuses on implementation of the project, detailing recruitment efforts and other measures taken to address gender norms^[1]. The report concludes with reflections on limitations, biases and recommendations for the future. The report is aimed at helping policy-makers, health sector workers and educators in their endeavours to achieve more equal and gender-balanced societies in the Nordic countries. This report can also serve as inspiration for global communities facing similar challenges. In addition a short policy brief which focus on recommendations is available here: [First aid kit to share the care](#)

1. A detail description of the methodology and processes of the implemented measures is available in [the measure implementation report](#).



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Literature review

The literature review presented here is divided into several sections. The first section examines gender segregation in health occupations, followed by a discussion about men's choice of nursing as a career. Next we will explore the professional experiences of men in nursing, with a particular focus on their career progression and retainment. We will then analyse the participation of men in nursing education, which is the focus of the current project. While the theories and findings presented in the first section are not exclusively focused on the Nordic Region, we will incorporate studies conducted in the Nordic Region when relevant. The following section provides a Nordic perspective, including statistics from the Nordic countries, to provide background information for understanding the context of this study. Finally, we will present practices suggested by academic literature on the subject for increasing the proportion of men in nursing and discuss their effectiveness where applicable. Such practices provide the foundation for choosing and evaluating the measures discussed in this project.

Gender segregation in health occupations

Gender segregation on the labour market can manifest itself in two forms: horizontal and vertical segregation. Horizontal segregation occurs when one gender is overrepresented in a sector, leading to the underrepresentation of the other gender within that sector. By contrast, vertical segregation refers to the overrepresentation of one gender in terms of specific grades, levels of responsibility or positions within a sector (Bettio et al., 2009). Both vertical and horizontal segregation are significant issues in the health and social sectors globally. In the context of our project, horizontal segregation refers to the decisions made by men

and women to pursue nursing education, a field in which women are traditionally overrepresented. Conversely, vertical segregation pertains to the differing career prospects for men and women within the nursing field. The following section will focus on horizontal segregation and men's career choices, followed by a section on vertical segregation in nursing. It is important to note that the literature discussed here addresses both types of gender segregation horizontal and vertical with a particular emphasis on horizontal segregation, which is the focus of our study. Additionally, while there is significant public interest in increasing the representation of women in male-overrepresented fields such as STEM, considerably less attention has been paid to the underrepresentation of men in Health, Education, Administration and Literacy (HEAL) occupations (Block et al., 2019).

Nursing as a career choice for men

Most health programmes and all nursing programmes in the Nordic countries remain strongly horizontally segregated, with a disproportionately high number of women pursuing care-related studies. Despite financial incentives for men in these fields and higher levels of gender equality in the Nordic Region, barriers to male participation in such programmes persist. Academic literature on the subject has identified several factors that may explain why men are less likely to choose nursing as a career.

Some of these issues include role conflict and feelings of exclusion (Blackley et al., 2019; O'Lynn et al., 2020). Nursing was described as "pink-collar work", a term coined in the late 1970s, referring to jobs primarily providing care or personal services, typically held by women. That contrasts with blue-collar work, which involves physical labour or skilled trades traditionally performed by men, and white-collar work, which is associated with higher social and economic status. Historically, nursing, as a pink-collar job, was often viewed as less prestigious and less skilled than white-collar and blue-collar professions. In addition, nursing was viewed as applying women's "natural" nurturing and sacrificing tendencies, a perception which implies that involvement in nursing whether as a caregiver, educator or researcher is considered more of a gendered behaviour than a true profession (Burton, 2020). That may explain why male nurses may experience a conflict between their gender and occupational identities since women are overrepresented in nursing. Men might feel they are "transgressing traditional masculine norms while identifying with their nursing role" (Blackley et al., 2019). For example, in his research, Tom O'Connor (2015) studied how men accommodate their masculine identity with their career choice. He suggests that although men might attempt to distance themselves from the feminine caring narrative, they "*display affinities with caring nurturance which they see as being essential to being nurses*" (O'Connor,

2015, p. 206). They therefore rebrand the nursing profession by acknowledging that caring can also be a masculine trait and by doing so they also rebrand masculinity.

While such role conflicts discourage men from choosing nursing as an occupation, family support and role models play an important part in overcoming those barriers (Juliff et al., 2017; O'Connor, 2015; O'Lynn et al., 2020). Specifically, personal relations with female nurses, either as friends, partners or family members, facilitate the decision to choose nursing as a career path (Juliff et al., 2017).

Related to gender stereotypes and occupational choices, the popular image of nursing may contribute to a lower motivational drive to pursue nursing (Gill & Baker, 2021; Nordfjell & Nielsen, 2019). Gill and Baker (2021) note that although the nursing profession has developed greatly over time, media representations, at least in the United Kingdom, provide inaccurate portrayals of nurses that damage their societal perception, professional identity and status. Media representations often depict female nurses in a sexist manner or suggest that women have an intrinsic caring ability, while male nurses are generally portrayed negatively as being less compassionate, effeminate or sexually predatory (Gill & Baker, 2021). Clow et al. (2015) analysed the perceptions of male nurses by Canadian undergraduates using promotional marketing materials for nursing education programmes. Two of the posts were titled "Interested in a career in nursing?" showing either a female nurse or a male nurse, while a third version showed the same male nurse, referred to as the "manly nurse", with the slogan "Are you man enough to be a nurse?" They found that participants perceived the manly nurse as less competent and more deviant. Clow et al. (2015) suggest that featuring a diverse range of individuals in advertisements rather than targeting specific sub-populations is a more effective way of advertising the nursing occupation. Similarly, the effects of societal perceptions are felt within the profession, as noted by nurses in Iceland, who observe that men might avoid nursing due to the stereotypical and feminised construct of caring (Þorsteinsdóttir & Heijstra, 2023).

Finally, although it could be suggested that pay levels might be a barrier to men choosing nursing, there is weak evidence for that in the literature on the subject. Studies suggest that job security, high employability and career advancement opportunities associated with nursing serve as motivators for men to become nurses (Hoffart et al., 2019). However, Hankins (2011) argued that, at least in the United States, the generally lower pay in nursing might discourage men from entering the profession if they see themselves as primary breadwinners (Hankins, 2011). However, it is not clear to what extent Hankins' (2011) findings are relevant to the Nordic context. In addition, the question of which motivational factors play a role in individuals' decision to pursue nursing and whether such factors differ by gender has also been at the centre of several studies and has not yet been answered conclusively. While some studies suggest that men, like women, enter the nursing profession due to the caring and altruistic aspect of the profession (Hoffart

et al., 2019; Maurud et al., 2022), others suggest that external factors play a more significant role for men (Petges & Sabio, 2020). Such aspects involve, for example, employability and perceived job security (Petges & Sabio, 2020).

Overall, the findings regarding internal and external drivers for men and women choosing nursing are mixed. While there may be gender differences in those drivers, income levels alone cannot explain such differences and the evidence for male nurses in the Nordic Region is inconclusive (Maurud et al., 2022).

Men in nursing occupations

In 2019, the World Health Organization (WHO) published a report on *gender and equity analysis in the global health and social sector*, highlighting that "women deliver global health and men lead it, with men holding the majority of senior roles in health from the global to the community level" (World Health Organization, 2019). The report also emphasised that gender segregation is pervasive in society, particularly in the health and social sectors, where 70% of the long-term healthcare workforce is composed of women, yet a minority of women occupy leadership positions in health institutions (World Health Organization, 2019). The WHO reports that organisational gender segregation has its roots in gender essentialism, i.e. the belief that gender is a constitutive element of skills and working styles, and male primacy, meaning the ideology of a natural supremacy of men (World Health Organization, 2019).

The notion of the "*glass ceiling*" is often used to explain vertical gender segregation. However, Eagly and Carli (2007) prefer to use the metaphor of a *labyrinth* to describe the path of women through institutional barriers and tortuous organisational obstacles that separate them from leadership (Eagly & Carli, 2007). Accordingly, the World Health Organization notes that gender disparities in leadership primarily stem from power imbalances, gender stereotypes, discrimination and systemic structures that create opportunities for one gender to advance while others are marginalised (World Health Organization, 2019). In addition, men in female-overrepresented sectors tend to advance to leadership positions up a career ladder that Christine Williams (1995) termed a "*glass escalator*". That describes preferential promotion of white, heterosexual men, even when they are underrepresented in a sector, over women. Such differential treatment also results in female nurses earning less than men. For example, in the United States and Germany, male nurses earn 15% to 30% more than female nurses, depending on the specific features of the different models (Dill & Frogner, 2024; Muench & Dietrich, 2019; Wilson et al., 2018).^[2] The findings of a recent systematic literature review corroborate that, demonstrating that in nursing, opportunities and promotions are frequently determined by gender rather than

2. It should be noted that from 2001 to 2017 most health occupations in the USA experienced a decline in gender earning gaps, except for nursing employees (Barry, 2021).

merit, which benefits men (Gauci et al., 2023). Though the glass escalator offers an appealing framework to explain vertical segregation that prevailed in female-overrepresented professions, Williams later refined the scope and applicability of her concept, noting that it assumed work stability, which was fading with neoliberal reforms, and that it failed to address a deeper intersectionality approach (2013).

In the healthcare sector, vertical segregation extends to other professions assuming a leadership position over the care workforce, including policy makers, doctors^[3] and other chiefs at healthcare centres, who are mainly men, while directing nurses, care assistants, carriers and cleaners are mainly women (World Health Organization, 2019, p. 39). Studies from Sweden and Norway suggest that vertical segregation exists in the health sector, with more women, immigrants and persons with an ethnic minority background in precarious jobs and a majority of men in senior positions. For example, after healthcare reforms in 2007-2009 that privatised some elements of the healthcare sector in Sweden, more women had temporary jobs, since fixed-term employment is common within the private healthcare sector and more men entered chief positions in the healthcare sector (Kurvinen et al., 2020). Moreover, male nurses often climb quickly up the hierarchical ladder, assuming the role of supervisor or chief executive after graduating from nursing school (Öhman, 2009). Similarly, a Norwegian study from 2004 found that more than half of the male nurses in the study had a leadership position four to five years after completing training. After twenty years, 70% of men had a leadership position but that was only the case for 40% of women (Abrahamsen, 2004). The same findings regarding managerial position and earnings were also found in Norway for more recent cohorts of nursing graduates (Karlsen, 2012).

Maternal and feminine values are embedded in the nursing profession and its practices in many areas, as highlighted in several research papers (Bakken, 2004). That often does not align with the aspirations of many male nursing students regarding their future careers. As Runar Bakken (2004) notes, "the boys quickly gravitate towards the masculine sectors. Anaesthesia, surgery and emergency departments are such specialised areas where equipment, technology, professional language and tools are prominent. Tools and medical language contribute to making their competence explicit – demonstrating professionalism that excludes those who cannot master the tools and language" (p. 21). The fact that male nursing students seek out areas of healthcare related to medicine, as well as specialisations in addiction, psychiatry and management, is likely also connected to the desire expressed by many to have male colleagues (Svare, 2009).

3. Please note that while the WHO report refers to the proportion of male doctors globally, in the Nordic Region the proportion of female doctors in recent years has been comparable to that of men and the proportion of women enrolled in medicine programmes is now higher than that of men (Between 59% and 69% of all enrolled medical students in the Nordic countries in 2022 were women, see EUROSTAT table https://doi.org/10.2908/EDUC_UOE_ENRT03)

It should be noted that while many male nurses quickly move into management or advanced practice roles, such men have successfully completed their education and remain in the nursing occupation, unlike many others. That suggests they are a relatively select group (Guy & van der Krogt, 2021). While vertical segregation emphasises the relative advantage that male nurses experience in their career, male nurses, as an underrepresented group, face unique challenges and barriers not experienced by their female counterparts, including stereotypes and gender discrimination (Blackley et al., 2019; Hoffart et al., 2019; Jamieson et al., 2019; Metzger et al., 2020). Such stereotypes suggest, for example, that male nurses are more likely to identify as gay or feminine (Harding, 2007; Kronsberg et al., 2018) or that men enter nursing due to a lack of success in medical school (Ashkenazi et al., 2017; Zysberg & Berry, 2005). Male nurses often face assumptions that they will pursue advanced practice roles and are frequently expected to assist with lifting heavy patients due to their physical strength, overshadowing their professional capabilities (Kronsberg et al., 2018; Mao et al., 2021).

Gender discrimination also affects male nurses, who may be denied employment in specific specialities. The literature on the subject highlights numerous discriminatory barriers faced by men in nursing, such as the reluctance to make nursing conferences and events gender-inclusive and the prevalent bias implying men do not belong in the profession. The generic use of the pronoun "she" for nurses persists, alongside support for legal actions to exclude men from obstetric and gynaecological settings. Other issues include tokenism and the depiction of male nurses as advancing their careers at the expense of their female counterparts (O'Lynn et al., 2020). Female patients are sometimes given a choice about whether they wish to receive care from male nurses but not from male physicians, leading male nurses to avoid high-touch care areas and gravitate towards management or high-tech specialities such as critical care and surgery (Whiteside & Butcher, 2015). Such challenges contribute to some male nurses leaving the profession, exacerbating the shortage of nurses and the gender imbalance in nursing (Younas et al., 2019). Those who stay more often face negative effects, including low self-esteem, reduced self-efficacy, depression and anxiety (Kronsberg et al., 2018).

Men in nursing education

Many studies have emphasised the need for policies and strategies to encourage men to pursue nursing education (Nordfjell & Nielsen, 2019; Younas et al., 2019). Nevertheless, a significant number of male nursing students in several Nordic countries drop out before completing their programmes (Nesje, 2023; Nordfjell & Nielsen, 2019).

Men in nursing education face a variety of challenges that can hinder their academic performance and professional success. One significant barrier is the societal stigma associated with male nurses in a mainly female field. That stigma

can lead to feelings of isolation and a lack of support from both peers and faculty, as many male nursing students report experiencing negative stereotypes that question their masculinity and suitability for caregiving roles (Blackley et al., 2019; O'Lynn et al., 2020; Twidwell et al., 2022). For example, Myklebust (2021) observed gender essentialism in the discourse of Norwegian nursing students. Both men and women evoked gendered nursing skills and described women *"as more caring, empathetic, nicer and more sensitive than men and therefore more suitable to become nurses"* (Myklebust, 2021, p. 330). Such stereotypes contribute to weakening the professional status of nurses by attributing their professional skill to natural, gender-specific skills of caring. Þorsteinsdóttir and Heijstra argue that as long as caring is perceived as feminine and professional advancement and assertiveness are viewed as masculine, a conflict exists between being a nurse and professionalism (Þorsteinsdóttir & Heijstra, 2023, p. 68). In addition, men also struggle to pull away from an orthodox masculinity rooted in male primacy towards more inclusive forms of masculinity and gender equality (Farstad & Stefansen, 2015). Male nursing students exhibited lower confidence in their career choice than female students and reported lower psychological support from the faculty than their female counterparts (Twidwell et al., 2022).

As stated, male nursing students encounter numerous challenges and barriers during their academic journey and many nursing programmes still exhibit a noticeable female bias (Younas et al., 2019). Male students report that teaching strategies often cater to female students and the curriculum frequently uses female-oriented language (Nordfjell & Nielsen, 2019; Younas et al., 2019). Furthermore, admissions practices may be biased against male applicants, with male students frequently questioned about their motivations for pursuing nursing, while such questions are less often directed at female students (Kronsberg et al., 2018). It was argued that there are strong assumptions that men do not need support, are hesitant to seek help and often advance more quickly in their nursing careers than their female peers (Guy & van der Krogt, 2021).

Additionally, male nursing students face discrimination during clinical rotations, often being excluded from more private situations despite needing to demonstrate competency in those areas for licensure exams (Nordfjell & Nielsen, 2019; Powers et al., 2018). They are sometimes denied opportunities to provide personal care to female patients and may be asked to leave patient rooms by other nurses without the patient themselves making such a request (Nordfjell & Nielsen, 2019; Petges & Sabio, 2020).

Interestingly, not all male nurses agreed that the nursing education process was biased. For example, Petges and Sabio (2020) interviewed male students enrolled at a university in the United States, where the nursing school was perceived as welcoming by male students despite gendered textbooks. Nonetheless, the need for more male peers, professors and mentors in nursing education has been highlighted

in many studies, including those in the Nordic Region (Nordfjell & Nielsen, 2019; Petges & Sabio, 2020; Powers et al., 2018). Participants also expressed a desire to remove the label "male nurse" and simply be called "nurse." The request to avoid being singled out in front of others was echoed by male nurses in the Nordic context (Nordfjell & Nielsen, 2019)^[4] In addition, while the focus of this report is on gender, such aspects are relevant to the broader question of inclusivity within the nursing profession and its educational processes. The literature highlights that students often experience discrimination and a lack of belonging (Metzger et al., 2020).

Such challenges contribute to significant psychological distress among male nursing students, leading to feelings of isolation, role strain and not belonging (Feng et al., 2019; Twidwell et al., 2022). Role strain occurs when male students are perceived as occupying a traditionally female role, causing stress (Folami, 2017; Sherrod, 1991). Psychological distress is a key factor in the higher attrition rates observed among male nursing students (Kronsberg et al., 2018; Moore et al., 2020). Although the lower number of male students in nursing programmes might exaggerate attrition rates, the issue remains significant, particularly for underrepresented groups. Male students cite gender bias and discrimination by faculty and staff as major factors contributing to their lack of success and higher dropout rates (Folami, 2017). Moreover, faculty support is crucial for student success and retention, underscoring the need for more inclusive and supportive educational environments (Guy & van der Krogt, 2021; Nordfjell & Nielsen, 2019; Powers et al., 2018).

In conclusion, we looked at various barriers and factors that discourage men from choosing a nursing education or careers in nursing. From gender roles, stereotypes and stigma associated with nursing to faster and easier careers for men in the medical career system, the literature review highlights multiple and surprisingly universal factors and barriers faced by men entering this career field. To further illustrate this phenomenon, Nordic statistics are presented and analysed in the next section.

4. In his concept analysis of the term "male nurse", Sasa (2019) argues against its use, claiming that it is perceived as unnecessary and unwelcoming by those it aims to represent. Men in the nursing profession generally prefer to be identified simply as "nurse" as the label "male nurse" perpetuates stereotypes and marginalises their role (Sasa, 2019).



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The Nordic angle

Nordic countries generally rank high with respect to women's access to work while a gender-segregated labour market persists. For instance, while Sweden leads the gender equality index in Europe, followed closely by Denmark, occupational gender segregation remains a substantial trend in the Nordic Region. Notably, significant disparities exist in the distribution of women and men working in the education, human health and social work sectors across all Nordic countries (European Institute for Gender Equality, 2023; Eurostat, 2024a; Statistisk sentralbyrå SSB, 2024; Þorsteinsdóttir & Heijstra, 2023).

Gender segregation in care occupations in the Nordic Region must be understood from both historical and structural perspectives. Historically, the Nordic welfare state model emerged within a context of relatively low female labour force participation and as a response to declining fertility rates. That model promoted care solutions for children and enabled women to balance family responsibilities with work. The rapid expansion of the Nordic welfare states after World War II led to the increased institutionalisation of traditional familial care functions, such as child-rearing, education and care for the elderly and sick. That transformation accelerated in the 1960s, with female employment in Denmark, for example, rising from under a quarter to three-quarters by the 1990s. Although the pace of change varied across the Nordic countries women in Denmark and Sweden entered the workforce earlier than those in Norway most employed women worked in care and education professions focused on nurturing and maintaining human relationships. As a result, middle-class women, in particular, assumed a dual role: serving as care workers in the public sector while also fulfilling responsibilities as working mothers within their families (Dahl & Eriksen, 2005). Therefore, when evaluating the high levels of occupational gender segregation in the Nordic Region, it is crucial to

consider the structural aspect of significantly higher levels of labour force participation among women in this region compared to other parts of the world, alongside the historical aspect of recruitment of women to care occupations.

While there is evidence that occupational gender segregation has been declining in the Nordic Region in recent years (Ellingsæter, 2013; Gallen et al., 2019; Hustad et al., 2020; Madsen et al., 2023), gender segregation in health occupations remains marked (Eurostat, 2024a). It has been argued that, although more women are entering male-overrepresented occupations such as STEM, deeply entrenched societal stereotypes continue to persist in many Western countries (Block et al., 2019; Haines et al., 2016). Additionally, while the proportion of women working in traditionally male- overrepresented fields has increased considerably in many Western countries, the reverse trend of men entering traditionally female-overrepresented fields has been less prominent (Cohen, 2013; Froehlich et al., 2020), even in the Nordic countries with their egalitarian gender perspective (Nordfjell & Nielsen, 2019).

In recent research, the need for policies and strategies to attract men to nursing education has been highlighted (Nordfjell & Nielsen, 2019; Younas et al., 2019). Shortage of nurses is a recurrent challenge in Nordic countries. In part, and on a local level, the shortage has been temporarily alleviated by foreign workers (Þorsteinsdóttir & Heijstra, 2023, p. 67). Clearly, the challenges involved in continued functioning of a system faced with an ageing population and generally increased demand for quality nursing care would be eased by a larger workforce if men were more involved in care, as women currently are (Kronsberg et al., 2018, p. 46). In addition, higher numbers of male nurses can, in particular, help meet rising patient demand for male nurses (see also Nordfjell & Nielsen, 2019; Younas et al., 2019).

Core nursing values of helping and caring for others have long been associated with altruism (Carter, 2014, p. 702; Þorsteinsdóttir & Heijstra, 2023, p. 68). It is argued that the stereotypes associating caring with femininity and professionalism with masculinity have weakened the status of the nursing profession, creating a dilemma between traits of altruism and professionalism (Teresa-Morales et al., 2022; Þorsteinsdóttir & Heijstra, 2023, p. 68). In Sweden, it was suggested that the low wages that are typical within the nursing occupation might also hinder attracting more individuals, and in particular more men, into the profession (Glans, 2017, pp. 18–19).

Occupational statistics

Finland has the highest density of nurses in Europe with 18.9 nurses per 1,000 inhabitants, which is well above the European average of 8.5 nurses per 1,000 inhabitants (OECD & European Observatory on Health Systems and Policies, 2023a). Nonetheless, the proportion of male nurses in Finland is relatively low; it increased from 6.4% in 2000 to over 10.1% in 2021 (Terveyden ja hyvinvoinnin laitos, 2024).^[5] Due to a structural shortage of medical doctors, nurses have come to assume more responsibilities in the healthcare system, including prescribing medication, fulfilling tasks in primary care and taking on advanced roles in hospitals (OECD & European Observatory on Health Systems and Policies, 2023a). While in Finland positive discrimination (also known as affirmative action) can be used to combat segregation in gendered fields, its constitutional status is vague and it is often perceived as unjust. It was argued that gender quotas in Finland have decreased the number of nurses in Finnish municipalities in horizontally segregated sectors, impacting the maintenance of welfare services. This suggests that segregation requires a comprehensive range of measures related to working conditions, management, pay and training in the sector (Kurvinen et al., 2020).

As in Finland, Norway's nursing workforce is overwhelmingly female, with only 11.8% of nurses being male in 2023 (Statistics Norway, 2024). Norway has the second highest density of nurses per capita in Europe (over 18 nurses per 1,000 inhabitants), but faces challenges in recruiting and retaining nurses.^[6] It has been suggested that Norwegian nurses are increasingly choosing to work as temporary hires. That offers them higher wages and flexibility, but can affect resilience of the health system and even distribution across the country, especially in rural areas (OECD & European Observatory on Health Systems and Policies, 2023c). Vertical segregation among nurses in Norway has been documented, with male nurses attaining leadership positions more rapidly and in higher proportions (Abrahamsen, 2004; Drange & Karlsen, 2016; Karlsen, 2012). More recently, it has been suggested that perceived gender discrimination is a contributing factor to women not applying for management positions (Abrahamsen & Storvik, 2019). Abrahamsen and Storvik (2019), urge healthcare organisations to adjust their recruitment and hiring processes by balancing structural advantages given to men.

Iceland has the third highest density of nurses in Europe with 15 nurses per 1,000 inhabitants, though that includes both nurses with high qualifications and licensed practical nurses with lower qualifications (OECD & European Observatory on Health Systems and Policies, 2023b). In Iceland the care sector is horizontally segregated, with fewer than 30% of men working in public administration, education and health or social activities (Statistics Iceland, 2024). In 2017, only 2% of nurses were men (The Icelandic Nurses' Association, 2017).

5. Excluding midwives, which account for fewer than one percent of male nurses

6. Note that Norway also has the fourth highest proportion of practising doctors for its population in Europe (OECD & European Observatory on Health Systems and Policies, 2023c).

Enrolment in nursing education

Figures 1-3 illustrate the proportion of men enrolled in programmes corresponding to nursing at three educational levels: upper secondary, bachelor's and master's. The upper secondary programmes align with Healthcare Worker / Licensed Practical Nurse (LPN) programmes, while the bachelor's level corresponds to Registered Nurse (RN) programmes.

Starting with upper secondary level (Figure 1), in all Nordic countries, men represent a small minority within health education programmes, but substantial differences also emerge across countries, as well as variations over time. Overall, the figure indicates that Sweden and Norway have higher enrolment of male pupils in vocational upper secondary health programmes compared to other Nordic countries and the European Union average. Sweden consistently shows the highest percentage of male pupils enrolled in such programmes, with a peak of above 25% around 2019-2020 and remaining relatively stable at around 22-25% throughout the end of the observed period. Norway also maintains a relatively high percentage, increasing from 14% in 2015 to 20% in 2021. Finland has a lower percentage than Sweden and Norway, maintaining the most stable range of between 15-16% from 2015 to 2022. Denmark and Iceland show the lowest percentages among the countries listed. In Denmark, the proportion of men declined throughout the period from 7.5% in 2017 to just 3% in 2021, while the equivalent figure in Iceland remains around 9.5-7.5%.

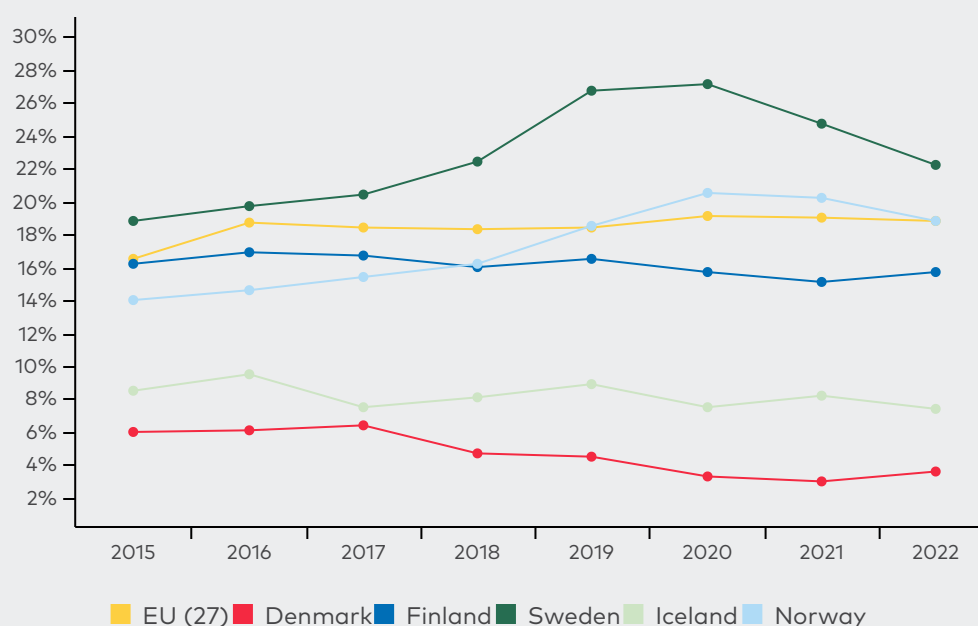


Figure 1: Percent men pupils enrolled in vocational upper secondary health programs

Source: Own calculation based on Eurostat data. Students enrolled in tertiary education by education level, program orientation, sex and field of education [educ_uoe_enrt03] (Eurostat, 2024b)

Figure 2 shows the percentage of male students enrolled in nursing and midwifery at the bachelor's level or an equivalent level from 2015 to 2022 across the Nordic countries. Overall, the figure indicates that while there are variations among countries, with Denmark and Iceland deviating from the rest of the Nordic Region, the proportion of male students in nursing and midwifery at the bachelor's level has remained fairly stable over the observed period. In the European Union, on average the proportion of men in Registered Nurse programmes remains relatively stable, hovering at around 15%. In Iceland, the percentage of male students is the lowest among the Nordic countries shown; their proportion starts low at around 3% but shows a gradual increase over the years to about 5% in 2021.^[7] The percentage of male students in Denmark is also low and very stable at around 5%. Interestingly the proportion of male students enrolling in nursing at the bachelor's level is the highest in Finland at just above 15%, peaking in 2018-2019.^[8] In Norway, the data show a consistently upward trend, from 13% male enrolment to almost 16% in 2021. Sweden shows a slightly downward trend to about 13.5% male enrolment at the end of the period. In sum, the proportion of male students in nursing and midwifery programmes at the bachelor's level has remained relatively stable in each country, with significant variations between the Nordic countries.

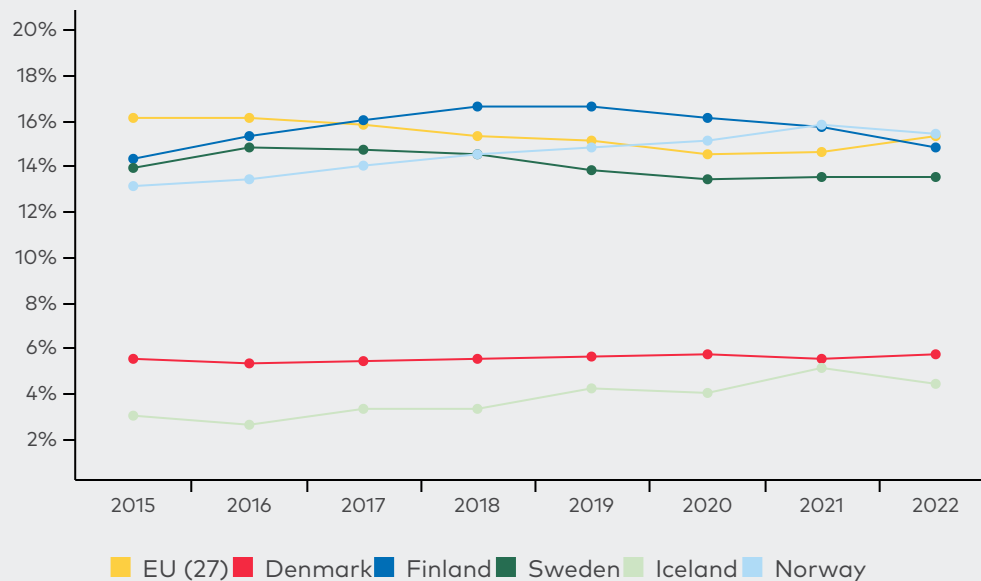


Figure 2: Percent men students enrolled in nursing and midwifery at a bachelor's level

Source: Own calculation based on Eurostat data. Students enrolled in tertiary education by education level, program orientation, sex and field of education [educ_uoe_enrt03] (Eurostat, 2024b)

7. Hakvåg *et al.* (2019) reported that fewer than 3% of students enrolled at the University of Akureyri and at the University of Iceland were men between 2014 and 2017.
8. The same numbers are reported by Statistics Finland, comprising 15% of those enrolled in vocational and bachelor's nursing programmes and 11% of those in master's programmes in 2022. In addition, the proportion of male students has increased since 2004 at all educational levels (Statistics Finland, 2024).

Figure 3 illustrates the proportion of men enrolled at the master's level. The rankings between countries remain relatively consistent compared to the bachelor's level. However, the overall percentage of men at the master's level is significantly lower, with less than 15% representation in all countries. Note that the larger fluctuations in Iceland are likely due to the smaller sample sizes inherent to the population.

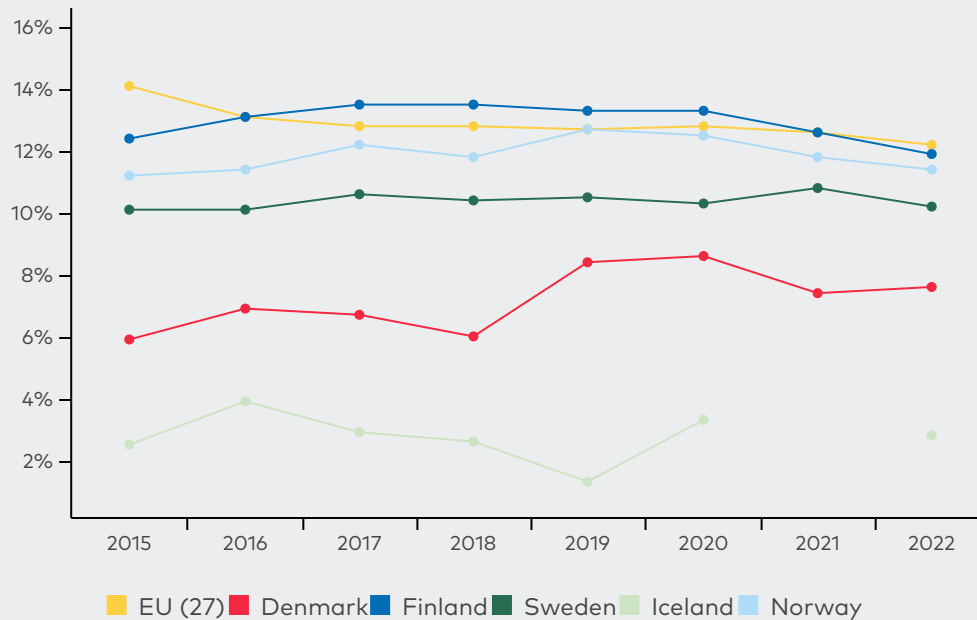


Figure 3: Percent men students enrolled in nursing and midwifery at a master's level

Source: Own calculation based on Eurostat data. Students enrolled in tertiary education by education level, programme orientation, sex and field of education [educ_uoe_enrt03] (Eurostat, 2024b)

Graduation and dropouts

Figures 4-6 illustrate the proportion of men graduating from programmes corresponding to nursing at the three educational levels, namely upper secondary, bachelor's and master's. The picture largely reflects the situation in terms of enrolment, where the large majority of those graduating are women, with men representing fewer than 20% in most levels and countries. It should be noted that, due to differences in length of the programmes and a lack of longitudinal data, we cannot calculate the graduation rate, but must rather look at each date type separately (enrolment and graduation).

Figure 4 presents the percentage of male graduates from vocational upper secondary education programmes in nursing and midwifery across various countries from 2015 to 2022. Overall, Sweden and Norway show higher percentages of male graduates in such programmes compared to other countries, with Sweden experiencing the most significant peak in 2021. In Finland, the percentage of male graduates was consistently around 13% to 16%. By contrast, Iceland had significant variability and a lower proportion of male graduates among all nursing student graduates at the upper secondary level, compared to the rest of the Nordic Region.

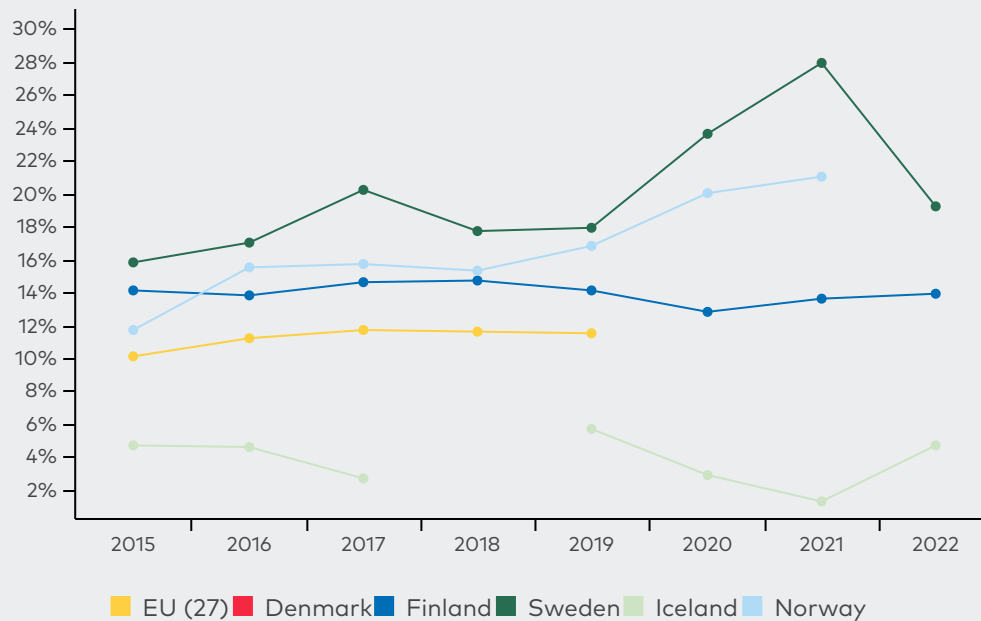


Figure 4: Percent men students graduating in nursing and midwifery at a upper secondary level

Source: Own calculation based on Eurostat data. Graduates by education level, programme orientation, sex and field of education [educ_uoe_grad02] (Eurostat, 2024b)

Figure 5 shows the percentage of male graduates from nursing and midwifery programmes at the bachelor's level. Again there is a notable division between Denmark and Iceland and the other Nordic countries. In the former group, fewer than 5% of graduates are men, while in the rest of the Nordic Region, men represent over 10% and in some cases even 15%. Although men are still a clear minority among nursing graduates, that highlights significant differences across countries. Interestingly, when examining graduation from master's programmes (see Figure 6), the distribution is more varied, with less pronounced differences across countries.

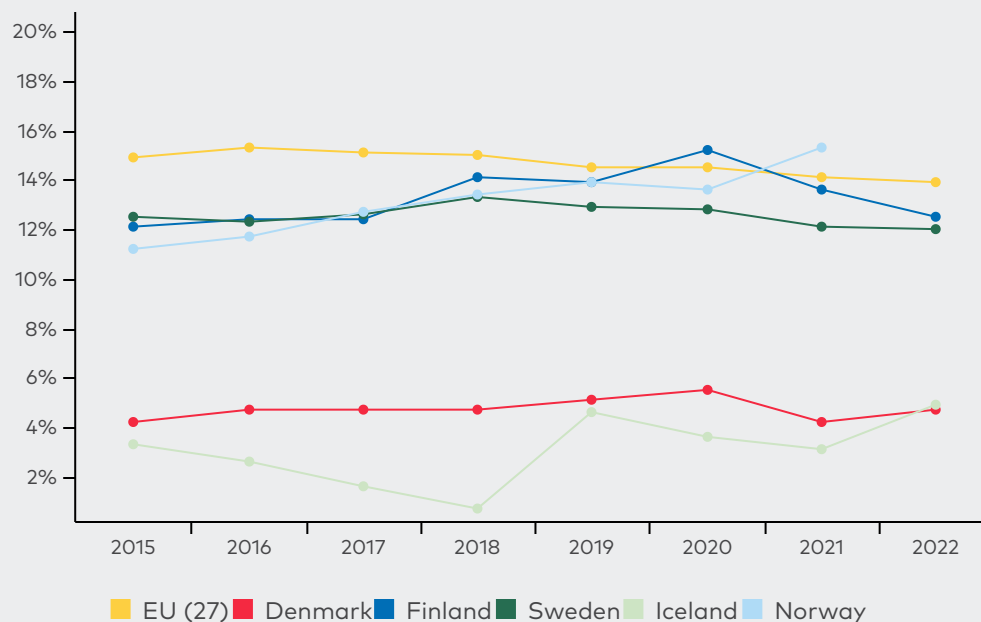


Figure 5: Percent men students graduating in nursing and midwifery at a upper secondary level

Source: Own calculation based on Eurostat data. Graduates by education level, programme orientation, sex and field of education [educ_uoe_grad02] (Eurostat, 2024b)

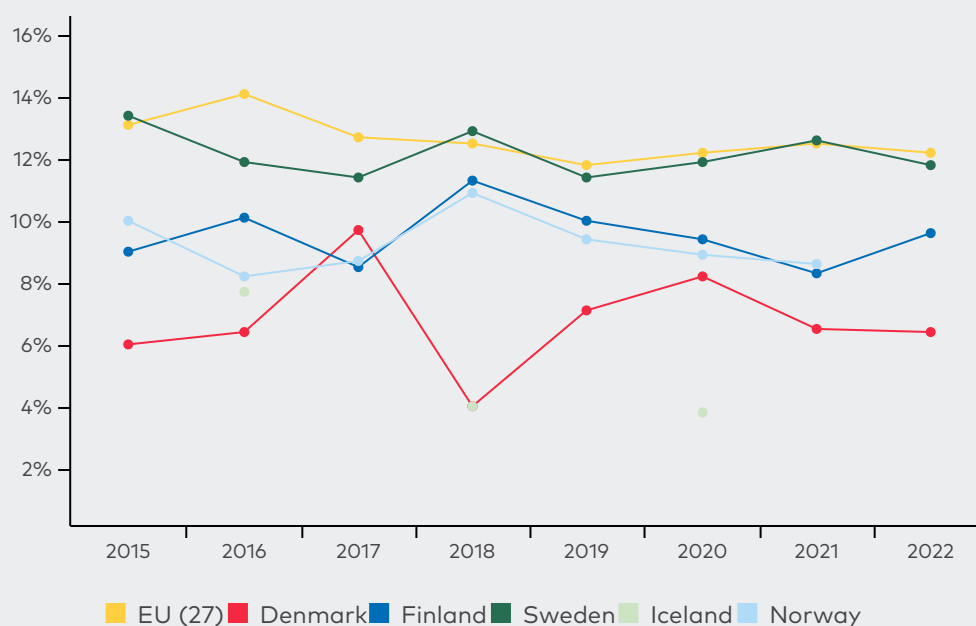


Figure 6: Percent men students graduating in nursing and midwifery at a upper secondary level

Source: Own calculation based on Eurostat data. Graduates by education level, programme orientation, sex and field of education [educ_uoe_grad02] (Eurostat, 2024b)

Several different programmes intended to increase the proportion of men in nursing have been implemented in the three countries involved in the project. For example, in Finland in 2006, the SoteMies project was launched to counteract gender segregation in healthcare by encouraging men to pursue practical nursing education. The project aimed to provide a male-only practical nursing programme, anticipating that the threshold for men to apply to a female-overrepresented field was high. When the programme was implemented, it saw unprecedented interest in nursing among men. In 2006, 21 men enrolled in the male-only practical nursing education and by 2008, ten of them had graduated (Ruokonen, 2008).

A study conducted in Norway, which followed 2,200 students who began studying on a female-overrepresented programme in 2012, found that male students are less likely to complete their studies (Abrahamsen, 2020). In the cohort studied, 29% of men pursuing nursing did not complete their programme, compared to 13% of women. Although men generally had a weaker academic background, including less academic interest and lower secondary school grades, those factors did not significantly impact their completion of the programme. By contrast, older male students were found to be more likely to complete their programme. That finding appears to contradict the current student admissions system, which considers secondary school grades, previous study experience and age up to 24 years as important criteria.

From 2018 to 2019, seven study programmes in Norway implemented gender points to favour male applicants in nursing and other welfare education (Nordfjell & Nielsen, 2019). That system was already in use for programmes in which women are underrepresented, such as Computer Science. The goal is to achieve a more balanced distribution of women and men in such occupations. Nonetheless, the findings of Abrahamsen (2020) suggest that providing extra points for academic interest and for applicants over the age of 24 might be more effective in increasing the number of men who complete their studies than gender points alone. That effect is particularly pronounced when the emphasis is on improving completion rates rather than merely increasing recruitment numbers (Abrahamsen, 2020). In the context of a comprehensive review of the admissions system for higher education, an independent Norwegian committee evaluated the use of gender points (NOU 2022). The committee concluded that the effect is limited and unpredictable. Based on the committee's recommendations, the Norwegian government (Ministry of Education and Research, 2024) (Ministry of Education and Research, 2024) has decided that, starting in 2027, extra points will be replaced by a 20-percent quota for the underrepresented genders.

In Iceland, despite financial incentives deployed by the Icelandic Ministry of Health since 2018, including paying school fees for male students, the number of men studying on nursing programmes has not increased significantly (Þorsteinsdóttir & Heijstra, 2023). Nonetheless, male students do not appear to have a higher dropout rate in Iceland (Nordfjell & Nielsen, 2019).

Practices for increasing the proportion of men in nursing education

The policies presented here focus on gender inclusivity in nursing but many of them are also relevant to other types of inclusivity and diversity. It has been argued that faculty for nursing programmes recognise the significance of fostering an inclusive learning environment but often find it challenging to translate that intention into practice (Beard, 2013, 2014). Implementation of effective, evidence-based strategies requires thorough understanding of the current research on inclusivity in nursing education.

Faculty support

In their literature review, Metzger et al. (2020) suggest that faculty support that emphasises diversity can enhance a sense of belonging for students from diverse backgrounds. They recommend supportive behaviours such as respecting, accepting and encouraging students; acting as role models and mentors; learning students' names; showing interest in other cultures; fostering student participation; and organising study groups. Additionally, faculty should recognise differences without problematising them and intervene against discrimination. It was also argued that, conversely, if faculty engage in or fail to address discriminatory behaviour, students' feelings of isolation and exclusion may worsen. While such practices were highlighted as important to ensure a sense of belonging for students from diverse backgrounds, they are probably also relevant to the specific case of men in nursing.

Staff-student mentorship model

Developing a mentorship model that pairs male staff with male students could be beneficial (Metzger et al., 2020). Male staff who have experienced being in the minority can provide empathetic support and share effective strategies for dealing with issues unique to men in nursing, such as practicing safely with certain patient groups and navigating a female-overrepresented curriculum. Such relationships can also offer general guidance for students new to the study programme, both in practical and academic respects. However, mentoring should not give male students an academic advantage over female peers and should focus on mutual respect. Mentorship can also help students align their learning objectives with their broader nursing aspirations (Guy & van der Krogt, 2021).

Since 2018, the nursing programme at NTNU in Ålesund in Norway has run the Ole project. In the scope of the initiative, two to three gatherings per semester are organised for male students. While the students themselves are involved in planning and selecting the topics and speakers for those events,

the responsibility for coordination lies with the nursing programme staff. Through such gatherings, students are introduced to male nurses working in various healthcare sectors. The primary aim of the initiative is to enhance students' confidence in the nursing profession and reduce dropout rates. The gatherings provide an opportunity for students to discuss issues related to being a male nursing student and to connect with peers across different cohorts. Similar gatherings have been initiated by other nursing programmes in Norway and the feedback from students has been unanimously positive. On that basis, a report (Det helsevitenskapelige fakultet UiT, 2024) recommends that the government provide funding for such gatherings for all nursing programmes in Norway.

Mentorship in clinical practice

In general, it was argued that the clinical learning experiences of students from underrepresented minority groups were heavily impacted by the attitudes of nurses in the clinical setting. Nurses who were welcoming, respectful and supportive helped foster a sense of belonging (Metzger et al., 2020). When looking specifically at men, working with male role models was highlighted as beneficial for success (Powers et al., 2018). A challenge in establishing a mentorship programme is the scarcity of male staff in education. Expanding mentorship roles into clinical practice could help. Pairing male RN mentors with male students for long-term assignments can reduce isolation, especially at an early stage of the studies, where placements often lack male role models, such as in elderly care. Later, placements in areas with more male nurses can provide additional support. Mentors could periodically check in during studies and into the mentees' study development. Virtual interactions via chat or Zoom can facilitate such mentorships regardless of location (Guy & van der Krogt, 2021).

Grouping students together

Evidence suggests that facilitating more gender-balanced groups might effectively reduce dropout rates in non-gender-balanced fields of studies (Foss & Sataøen, 2022). In Norway, grouping men together rather than distributing them evenly across the individual programmes in teacher education and kindergartens has been used in efforts to recruit and retain men to the sector since the 2000s (Norway Ministry of Education and Research, 2006, 2008) and is still a measure promoted by several actors in the sector. Research indicates that the majority of male students in care, health and education programmes prefer and seek interaction with peers of the same gender (Nordfjell & Nielsen, 2019; Petges & Sabio, 2020; Powers et al., 2018; Svare, 2009). However, the extent to which grouping men together

in nursing programmes is implemented in Nordic countries remains unclear. The issue of whether to group male students together in these fields is a topic of discussion within several programmes, with varying opinions on its effectiveness (Nordfjell & Nielsen, 2019). Notably, male students generally prefer not to have their gender highlighted (Nordfjell & Nielsen, 2019), suggesting that any implementation of this measure should be part of a predetermined and sensitive structure. However, experience has shown that forming all-male groups can lead to gender polarisation and a narrowing of the concept of masculinity within education. Therefore, careful monitoring of this measure is necessary to prevent such outcomes.

Aside from grouping students in the same course, other grouping policies were suggested. Implementing a peer-mentorship programme, either standalone or with clinician mentorship, can be valuable. Pairing or grouping second-year and third-year students with students new to the programme can build resilience and community, reducing isolation by showing new students their journey is not unique. Such connections should be established before the first clinical placement to ease anxiety. Staff must provide all mentors, whether RN clinicians or student peers, with training, support and supervision. Mentorship benefits both mentors and mentees through enhanced teaching and leadership skills and mentors should receive professional recognition, such as professional development hours (Guy & van der Krogt, 2021).



Photo: Ola Ericson, imagebank.sweden.se

Results

Increasing male participation in nursing education is an important part of achieving gender balance in the Nordic Region, in line with broader goals of equality. This focus was also highlighted by the "Men in Nursing Education" project (Nordfjell & Nielsen, 2019), which serves as a key reference for this initiative. **The "Share the Care" project, aims to address these imbalances by gathering and applying best practices to support men in nursing education. The project was implemented at selected nursing programs in Finland, Iceland and Norway.** It introduces six targeted interventions at both individual and organisational levels to address the challenges that men face in nursing education, thereby contributing to a more inclusive and balanced health sector.

The "Share the Care" project builds upon the insights and outcomes of the "Men in Nursing Education" initiative, delving more profoundly into specific challenges. Those include fostering an institutional culture where men feel a sense of belonging, navigating the positioning of the nursing profession and masculinity and addressing the interplay between those two concepts. Furthermore, the "Share the Care" project examines the recruitment materials for male nurses, extending beyond the examination of male representation to encompass a broader spectrum of diversity, including age and ethnicity. It is also noteworthy that this report includes a section for self-reflection, which provides a comprehensive account of the recommendations and research approaches and enables the authors to situate their work within a broader context, depicting potential biases and limitations.

The participating higher education institutions have developed comprehensive action plans with the objective of advancing diversity and improving gender balance. Despite efforts to update the action plan to incorporate project-specific actions, they were not all implemented within the project time frame. However, it was essential for the "Share the Care" project to anchor project activities within the existing diversity frameworks at the higher education institutions to ensure long-term impact and alignment with institutional goals. Furthermore, consideration should be given to the systematic incorporation of those plans into future projects that will follow. While the methodology and processes of the implemented measures are described in detail in [the measure implementation report](#), the main take-aways are listed below according to each of the tasks.

Terminology and training differences for Registered Nurses (RNs) and Licensed Practical Nurses (LPNs): In Finland, Norway and Iceland, the training and roles of Registered Nurses (RNs) and Licensed Practical Nurses (LPNs) differ. RNs typically require a Bachelor of Science in Nursing (BSN) degree, which takes three to four years, followed by passing a national licensing exam to practice. LPN training varies across the three countries. In Finland, LPNs complete a vocational programme taking two to three years with a focus on both basic and professional skills, including practical training in healthcare settings. Norway offers a four-year vocational programme for Healthcare Workers (Helsefagarbeider), with a mix of general education, health-specific studies and paid practical experience. Iceland's LPN programme is at the upper secondary school level, consisting of 120 credits of theoretical and practical training. All programmes emphasise practical experience, with LPN graduates often pursuing further education in nursing or related fields ([Report on Measures and Methods for Gender Diversity in Nursing Education in the Nordic Region](#)).

Task 1. Implementation of a system to follow up student cohorts and gender composition

This project task had three main objectives: firstly, to implement a system to track and document student cohorts' dropout rates, delays and completion; secondly, to develop sustainable data collection methods; and thirdly, to propose routine interviews for students that had dropped out. The project faced several challenges, including harmonising data across countries and ensuring consistent, reliable data collection methods.

Norway demonstrated significant learning and implementation of changes by transitioning from 1) lacking a formal system for tracking at-risk of dropout students, to 2) identifying a university with effective student support practices, emphasising better resource allocation and early intervention and 3) introducing new practices, including permission forms for faculty contact with at-risk of dropout students, and dedicated efforts to retain male students, such as allocating **5% of an employee's time to recruiting and retaining male students**, as well as **regular updates on enrolment and graduation** figures.

Finland's institutions implemented a follow-up system to address student dropout rates, with a particular focus on timely graduation and the identification of at-risk of dropout students. It also introduced a centralised tutoring service and revised the curriculum based on student feedback, thereby **enhancing flexibility** to accommodate individual needs. When collecting data on dropout reasons, **the key dropout factors for men included issues with internships, feelings of loneliness and exclusion and difficulties with web-based studies**, which were further compounded by a lack of support and clear deadlines. The next stage in addressing dropout factors in the given institutions was to focus on those specific reasons.

In Iceland, the absence of formal measures and administrative leadership to promote the education of male students in the nursing profession has resulted in that responsibility being **informally assigned** to **faculty members**, who have been **instrumental in maintaining low dropout rates** among male students. Alternative admissions methods that could lead to more diversity have been discussed, but have not yet been implemented due to a **lack of funding**. As a result, the majority of nursing students are white females. There is a high level of awareness of the need for diversity in Iceland and it is likely that changes will occur in nursing education in the future.

Summary: Project partners illustrated that change starts with **awareness and understanding** by the **administration and leadership** that gender disbalance is an issue and that staff need time, budget, inspiration and good-practice examples to implement certain new structures in their institutions. Qualitative studies or **interviews with male students** or a **personal approach** and monitoring by faculty members in smaller educational institutions provide **place-based specifics of the challenges and factors leading to dropouts** and were therefore highly encouraged as a practice to induce change.

Task 2. Awareness-raising to address the gender imbalance in study materials and the learning environment

The second task focused on increasing awareness among teachers regarding gender in the nursing profession and the situation of male students in nursing education.

In Norway, teachers actively participated in the discussions and emphasised the importance of regular reflection on these often overlooked issues of gender in the learning environment and inclusion of men in nursing education. Awareness-raising activities among teachers included discussions about the gendered representations and imagery of nurses in the textbooks. The discussion was based on an analysis of one of the textbooks, "Basic Nursing" (2016), used in the programme, in which 18 of 25 pictures depicted female nurses alone or with other female nurses, with most nurses shown being Caucasian, middle-aged women. The analysis prompted useful discussions and reflections on the positioning of teachers and students in the classroom/auditorium based on gender and diversity. If not addressed, female teachers and students will be seen as the norm while male students are singled out as different. The textbook publisher was also contacted; in view of the lack of representation of diversity they had already made improvements in the new edition, including updating the content to use the gender-neutral term "health nurse".

In Finland, incorporation of the issue of **gender bias in teaching materials** into discussions within nursing teams, tutor-teacher meetings and informal conversations was facilitated by the existing structures within the organisation, which allowed for the **easy integration of this topic**. The online survey on male students' feelings revealed that **the wish not to be singled out in class** was more important **for male students** than **the issue of gender-imbalanced learning materials**. In the discussion, **the meaningfulness and diversity** of nursing work were described as its main attractions.

In Iceland, educational materials from the United States or the United Kingdom are used in their original **English language, with the result that the content is less gender-balanced** than the Icelandic materials. **A new course focusing on males in education is being developed** for all students and will **feature expert talks to address gender imbalances** in a more engaging and open manner, depending on student interest.

Summary: Many activities are aimed at addressing gender imbalances in nursing education by enhancing teacher awareness of issues such as the presence of male role models and the potential influence of cultural biases. As a result of this initiative, updates were made to educational materials and new courses were developed with the objective of improving gender awareness.

Task 3. Scrutiny of communication and recruitment materials

This task involved critical analysis of the ways in which healthcare education institutions portray **the nursing profession in their recruitment strategies**. It examined the imagery and language used to ensure accurate representation of gender and ethnic diversity, with the goal of providing educational programmes and schools with feedback for improvement. The objective was to ensure that recruitment materials had the potential to attract diverse students and accurately reflected the profession.

In **Norway**, the analysis showed that the representation of gender **on websites and social media remains disproportionate**, with the majority of platforms reflecting the actual gender distribution rather than aiming for a more balanced portrayal. After meetings and discussions, including suggestions, with the nursing faculty at Østfold University College, the PR staff significantly improved the gender diversity of the web pages, adding two profile pictures and interviews with two male students. The schools providing Healthcare Worker programmes in the region were given examples of best practices as to how to make their websites and social media accounts more gender-representative.

In **Finland**, a recent analysis of health education programme marketing demonstrates that **marketing** materials now emphasise professional competence and international opportunities, with increased use of **gender-neutral imagery and diverse student**. The integration of simulation pedagogy and practical training highlights real-world applications. However, there is still a **need for better representation of diverse ages and ethnic backgrounds**. Overall, marketing has improved in terms of reflecting professional roles and educational content, while striving for more inclusive and gender-neutral representations.

In **Iceland**, the underrepresentation of male faculty members on nursing web pages at universities was identified as an issue and steps were taken to address and correct that gender bias. For instance, a formal reminder was sent out to the universities, urging them to revisit and update their web pages to achieve more balanced representation. Following the project team's assessment and critique of recruitment materials for nursing programmes, notable improvements were made with respect to portraying more balanced gender representation on nursing programmes. Additionally, the **inclusion of a narrative about a male nurse who had changed career from law to nursing exemplified the pursuit of a fulfilling and meaningful career**. Recruitment materials also showcased male professors alongside male students, reflecting a transition towards a more inclusive hiring process.

Summary: Although there were disparities between Iceland, Norway and Finland, the initial recruitment materials were markedly gender-biased everywhere. However, once the issue had been identified, considerable progress was made in all countries participating in the project. Nevertheless, to avoid perpetuating the prevailing stereotype of nurses as young blonde females who are compassionate and caring, it is necessary to consider other dimensions of diversity and discrimination, such as age. Although diversity in marketing materials has expanded to encompass all genders and more diverse ethnic representation, there is still a lack of age diversity. In practice, **the majority of images depict individuals in their youth or individuals of similar age.** Improving that does not require significant additional resources. Instead, it requires awareness of the problem. **Therefore, this cost-effective measure should be applied to improve the current status quo of diversity representation.**

Task 4. Improve the learning environment for male students by decreasing alienation and loneliness

The objective of the fourth task was to enhance the learning environment for male nursing students. That was achieved by implementing several activities, including the establishment of a national sub-chapter for men in nursing education, the creation of opportunities for male students to be in the same classes or study groups and the identification of meeting points for them.

In **Norway**, a variety of strategies were implemented with the objective of enhancing the learning environment for male nursing students. One **successful initiative was the grouping of male students together to ensure regular peer interaction.** That measure has now been permanently adopted. **Workshops on gender dynamics and minority positions** were conducted to educate students, but **had low attendance** and could not be made mandatory. Student feedback identified issues such as practice settings in line with gender-stereotypical expectations. A peer mentoring programme was also introduced, overcoming initial recruitment challenges by transitioning to meetings every other month with experienced male nurses. Plans for a more systematic approach are in place for the future.

In **Finland**, the results of this task highlighted the need for the provision of gender-neutral study materials, the introduction of more **male role models**, the provision of social support and the implementation of inclusive teaching practices. Students proposed measures to **facilitate male interaction** and **addressed feelings of loneliness** that affect motivation. Additionally, **the public image of healthcare, the integration of foreign-born workers and workplace violence** were discussed, with particular emphasis placed on the importance of open dialogue, collegiality and safe working conditions to attract and retain male nursing students. In addition, an online discussion platform was developed to engage individuals interested in social

and healthcare education and careers, with a focus on increasing male participation in those fields. **Despite the intention for the original platform to provide valuable information and a discussion space, it faced challenges with respect to user adoption due to its complexity and lack of engagement.** As a result, a simpler version was created using the **widely used Discord server** to benefit from students' familiarity with the platform. The new approach includes integrating the platform into the professional development course and planning expert talks on relevant topics such as salaries and working conditions to support professional development better.

In **Iceland**, initiatives to enhance the learning environment for male nursing students have included the establishment of a Male Nursing Committee, whose remit is to promote inclusivity and engagement.

Summary: Instead of focusing on add-on activities for men, it is important to think about how to create a culture that embraces male students in nursing. That culture can be created through open, public dialogue that challenges stereotypes and providing informal meeting and networking points for male students, their mentors and wider society.

Task 5: Activate study and career counsellors, alongside mapping and preparation of school introduction days

The objective was to establish counselling discussion groups in a variety of locations, including lifelong learning centres, unemployment offices, secondary schools and military personnel. The intention was to investigate potential strategies for encouraging men to pursue careers in nursing.

In **Norway**, despite efforts to encourage men to become nurses, many counsellors felt that their role was to **support students in making choices**, not to steer them towards particular careers. The pandemic disrupted awareness-raising open days, highlighting organisational challenges and the need for face-to-face meetings to provide reassurance about career choices. A notable finding was that **ethnic minority students** often pursue healthcare training because of **job security** and the **high status of medical professions in their home country**, but **language barriers lead to high dropout rates**. Discussions highlighted the importance of hands-on experience, such as working weeks in day care centres, in influencing boys to choose programmes in health, education and care and the need for realistic portrayals in recruitment materials. Counsellors emphasised the need for more training, better resources and **early systemic approaches to challenge gender norms**.

Iceland highlighted the **need for an increased budget** when planning career opportunities in nursing for male students. Despite efforts to broaden career perspectives, securing funding has proven to be a challenge, as there are significant

costs associated with organising all-day events, particularly in terms of transport. A **grant was secured** to introduce nursing programmes to boys in year ten, although the pandemic limited the scope for activities. Nevertheless, the initiative successfully recruited both male and female participants and sought to **challenge the stereotype that nursing tasks are inherently feminine**.

In addition to practical visits and introductions, discussions were held with career guidance counsellors to **promote gender balance in careers advice given** to students.

In **Finland**, various interventions were carried out to promote healthcare careers. Those included **meetings at lifelong learning centres** to present the paramedic and LPN programmes, sessions where **students interacted with professionals** and promotional events such as a public health nurse programme in a shopping centre. Throughout the project, multiple media channels were used to raise awareness and engage with schools, the **unemployed and army personnel** to highlight nursing and health education as viable career options. While the initiatives were well received, there is room for improved collaboration between teachers and students to increase the effectiveness of careers guidance.

Summary: It is never too early to start addressing **gender stereotypes**. **Early interventions** such as exposure to the profession and hands-on experience as early as at nursery school are important, as it will be costly to fill the gaps in exposure to the nursing profession for male students at a later stage, e.g. organising trips to see professionals and full-time study experiences. When targeting the unemployed or other groups of potential male nurses, issues such as job security and the status of the profession are important.

Task 6: Organise a pan-Nordic reference group to gather experiences

A **pan-Nordic reference group of researchers and practitioners** convened to share experiences and strategies for addressing gender imbalances in the health sector. Discussions revealed several key findings: **the importance of using male role models** to attract men to nursing education, the **impact of unemployment on men's access to health careers** and the need to adapt curricula and job roles to make them more attractive to men. Participants highlighted the challenges of recruiting men into a field where the majority of workers are female and the **need to create a supportive environment and build pride among male healthcare workers**. Effective strategies discussed included tailoring educational content to men's interests, leveraging their caregiving experiences and improving marketing efforts. **Addressing societal and structural factors, such as stereotypes and unemployment, was considered essential**. The group concluded that a comprehensive approach, including curriculum changes, a supportive environment and targeted recruitment efforts, is critical to addressing the gender imbalance in the health sector.



Photo: Maskot/Folio/imagebank.sweden.se

Limitations and biases

It is of utmost importance to recognise biases and limitations throughout the project that may have influenced the way the project was implemented and what it achieved.

While the project focused particularly on gender issues, recognising the small number of male students in nursing education and later in the profession, ethnic background and age also emerged as important diversity factors. While an increasing number of images of men in the role of nurses were addressed in study materials, only limited action was taken to increase representation of older, ethnically diverse individuals in nursing educational materials, for example.

A useful study to illustrate this bias is one that examines the portrayal of male nurses in 130 professional nursing texts. It reveals that they are often presented as a "missing" and necessary group whose inclusion would enhance workforce diversity (Cottingham, 2019). Although such framing employs rhetoric of equality and diversity, it unintentionally perpetuates gender inequalities by failing to acknowledge the systemic advantages that men, particularly white men, often possess in nursing. The findings of Cottingham (2019) indicate that nursing texts perpetuate a gender binary, categorising women's issues as private and men's as public. Additionally, they frequently use the language of oppressed groups without adequately addressing the specific challenges faced by men in nursing. That underscores a bias in the recruitment rhetoric, emphasising the need for a more comprehensive and inclusive approach to attract men to the profession in an effective manner (Cottingham, 2019). It should be noted that when reviewing recruitment materials and faculty communication, the focus of the current project extended beyond highlighting men as the "missing minority" and tried to emphasised diversity as a whole.

Bias in relation to the status of the nursing profession was also prevalent. That relates to the low pay of nurses and the view of nursing education as an alternative if "things do not go to plan careerwise", focusing on unemployed men in particular. However, the current project findings highlighted that nursing can be seen as a "meaningful and purposeful profession" that contributes to the well-being and mental health of various social groups. That aspect of a meaningful and purposeful career was somewhat overshadowed by the illustration of practical, hands-on experience and the encouragement of careers counsellors to promote this particular educational option more actively to prospective male students.

Another significant shortcoming of the study is that, despite the attempt to implement similar interventions in the three countries, the structural differences among them led to substantial variations in outcomes. Those disparities make it difficult to compare the countries regarding impact of the interventions. In other words, the differences between the countries are related to many factors. That also influenced the ability to implement specific intervention features consistently.

Additional critical limitation of the project is that, while an attempt was made to track the number of male students over time, we cannot draw conclusions about causality. Numerous factors influence enrolment and completion rates in nursing studies, making it challenging to attribute changes directly to the interventions. This is also related to the generalisability of the results (for example the results derived from two online surveys in Finland) which are restricted by the relatively small sample sizes. As a result, it is possible that these findings only represent a narrow aspect of the broader issue, which could lead to discrepancies when compared with data from other Nordic countries.

Finally, the literature reviewed in this study is primarily composed of sources written in the Nordic languages and English. That linguistic focus may introduce bias into the research, potentially leading to the exclusion of significant perspectives and insights available in research published in other languages. Consequently, the conclusions may be limited by the lack of inclusivity of non-Nordic and non-English academic contributions, which could result in critical viewpoints and data from a broader international context being overlooked.



Photo: Kateryna Hliznitsova, unsplash.com

Recommendations

The process of developing recommendations

This chapter presents the reflections of the core project team, which was responsible for developing the recommendations. It provides context and insight into the complexities surrounding gender equality and highlights both the challenges and the breakthroughs that have been achieved in this area. The "Share the Care" project builds on the previous "Men in Nursing Education" project and is situated within a broader discourse on gender equality and representation in the workforce, particularly in relation to traditionally gendered roles. Historically, women's movements have sought to achieve equal representation in fields where men are in the majority, such as the medical sector. However, **we now find ourselves advocating for men's representation in caring professions like nursing**. It is notable that men have not been driven by structural barriers to seek inclusion in nursing professions. Rather, their entry into such roles often stems from a personal interest in meaningful work, instead of a desire to dismantle gender inequalities. Instead, it is society's quest for greater diversity and balance in nursing, which is driven by multiple factors: the desire for more diverse care provision and utilisation of the full potential of the labour force. That paradox is one of the project's most profound revelations – a contrast between men not fighting for their inclusion in caring professions and society's fight on their behalf. Consequently, the gender imbalance in the caring professions reflects broader social and structural inequalities, as does the fight (or lack of fight) for equal representation.

In light of the aforementioned paradox, it is important to acknowledge the prevailing sense of inertia surrounding the project. That is due to the fact that the topic of gender equality in the nursing profession has been discussed on numerous

occasions, leading to the perception that the impact remains minimal. That is another crucial contextual factor that has informed the work of the core project team in formulating these recommendations. The most crucial question that this project raises is **whether nursing will continue to be perceived as a female profession** or whether that perception can be altered in the future. One of the most significant challenges to be addressed is the need to alter attitudes. Creating long-lasting change requires a consistent and focused effort by society at large.

Going forward, in developing the recommendations, we have decided to rely on immediate actors who can take certain practical steps, as a more targeted approach with fewer steps could yield more significant results. **The aim of the recommendations is to provide a framework for the action** that should be taken to implement the change. It is vital that we pursue international collaboration, attract funding for these issues and encourage crucial stakeholders to become actively involved in the effort by integrating diversity initiatives that extend beyond formal documents and are rather **"living labs for diversity in healthcare"**. It is vital to continue the conversation on gender equality in caring professions to ensure success of the project. As the project highlighted, achieving gender balance in nursing is not merely about representation; it is about reshaping societal attitudes and understanding the actual factors that contribute to success in an inclusive environment.

Structuring of the recommendations

The "Share the Care" project was based on six core tasks. However, the recommendations were developed according to a number of additional dimensions, including time, impact, the unit of the administrative body responsible for change and costs required to implement the change. That structure was designed to provide an accessible overview of the recommendations, enabling higher education representatives and policymakers to identify the most suitable ones for immediate implementation, while also allowing them to consider more long-term strategic objectives.

These are the principle take-home messages from the projects:

1. De facto commitment to diversity

It is crucial for universities and faculties to engage proactively with diversity and gender equality through the formulation and implementation of specific action plans or diversity plans. That entails ensuring university action plans have a dual focus on female professors' representation among academic staff and achieving gender balance among students. Linking such initiatives to national diversity and gender equality strategies is vital for sustained progress. Faculty leadership must prioritise and assume ownership of this issue to facilitate networking with other institutions and drive continuous improvement.

2. Support systems for male students in nursing education

It is recommended that male students be grouped together in classes and given peer support. Additionally, implementing mentoring systems, including female mentors, has proven effective in preventing dropouts and improving the well-being of male students in nursing education and the profession. Field practice (clinical practice) environments should also be structured to support the retention and success of male students.

3. Recruitment strategies tailored to male candidates

To attract more male candidates to nursing, it is important to highlight the diverse career pathways available, especially in traditionally masculine fields like emergency care, psychiatric care and other healthcare specialities. Recruitment strategies and communication materials should be updated to appeal to a more diverse audience, considering factors like gender, ethnicity and age, while emphasising the meaningful and purposeful aspects of nursing.

4. Diversity awareness training for all

It is essential that within the university all study programmes place an emphasis on gender equality, inclusivity and diversity education. Targeted educational activities should be developed both for faculty members (teachers, clinical practice leaders and others), as well as all students. Diversity training that includes reflection on gendered and ethnic identities is of utmost importance for all. That enables not only male students, but all students to gain a deeper understanding of the challenges and dynamics associated with being a minority or majority group within a gendered field like nursing, leading to more inclusive care in the Nordic Region and beyond.

Table of recommendations

Below is a summary of specific, practical recommendations that can be implemented at different administrative levels, starting at the faculty level and then moving onto the university level, as well as the regional and national level.

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Faculty	Group male students (and male practitioners) together	Short-term (6-12 months)	Makes male students feel that they belong to a group and builds supportive ties within the educational institution and beyond	Low (coordination, promotion)	It is recommended that men be grouped together in classes, provided with peer support and given access to mentoring systems (including female mentors). Through communicating with their role models, they are given the necessary support to experience feelings of belonging in the educational institution and profession or nursing in general
Faculty	Revise recruitment materials and language used to ensure gender-neutral and inclusive language, removing stereotypical images and texts	Short-term (6-12 months)	Changes perception of nursing, making it more appealing to men and underrepresented groups	Low (changes in marketing materials)	Update department-level recruitment materials to reflect a more inclusive view of nursing, ensuring men are not excluded by traditional stereotypes. Include visuals and language that represent the diversity of the profession. Update the institution's websites and check that there are no images that reinforce stereotypes in the venues used by the faculty

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Faculty	Encourage male students to participate in peer mentoring programmes and act as role models for others	Medium--term (1-2 years)	Reduces dropout rates, fosters a supportive community and builds leadership among male students	Moderate (coordination and follow-up costs)	Motivate male nursing students to take an active role in peer-mentoring programmes, supporting new or struggling students and acting as visible role models to increase retention
Faculty	Incorporate diversity, inclusion and gender equality training into the nursing curriculum for all students	Long-term (2-4 years)	Ensures all nursing students are equipped to address diversity issues in healthcare settings	Moderate (curriculum updates, working hours of the relevant teaching staff)	Introduce mandatory coursework that covers gender equality, inclusion and the benefits of diversity in healthcare. This can help male students of all genders to understand their role in providing inclusive care while also reflecting on their own position in the healthcare landscape. It is important that female students undertake the same exercise, thereby strengthening overall awareness of diversity
Faculty of Nursing	Engage the nursing faculty in networking with other universities and countries in the Nordic Region to address workforce needs and gender diversity in health education	Medium-term	Strengthening faculty leadership and collaboration with external institutions will lead to better strategies for balancing gender diversity in the health workforce	Moderate (networking costs)	The nursing faculty should actively participate in national and international networks, contributing to specific solutions that align with workforce demands in the health and care sector. Faculty leadership is key to driving such initiatives

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Faculty	Create mentorship programmes that link students with experienced male nurses to support career guidance and retention	Short-term (1 year)	Provides male students with mentorship opportunities, increasing their likelihood of remaining in the programme and thriving in the profession	Moderate (mentorship programme costs, mentor compensation)	Establish formal mentorship programmes at the faculty level, connecting male students with experienced professionals in the field for career development and support. Male mentors can help guide students through challenges and build a professional network and support platform with a long-term impact
University	Build a support system for field work placements, ensuring the work environment is welcoming to male students	Medium-term (2 years)	Improves male student retention and enhances their learning experience during clinical practice (field work)	Low to moderate (costs of collaboration and coordination with placement sites)	Work with clinical placement partners to ensure a supportive and inclusive environment for male students during their fieldwork – clinical practice, which is critical since 50% of their education occurs in real-world settings. Besides targeting male nurses as cooperation partners in this clinical practice, this might also include educating clinical staff in general on gender diversity and inclusion
University	Appoint a gender diversity officer or committee to oversee diversity initiatives targeted at diversity levels among students	Long-term (constant)	Increases institutional accountability for gender diversity in nursing and healthcare professions	Moderate (salary or committee costs)	Establish a dedicated role or committee within the university to focus on gender diversity among students. This role would ensure sustained attention is paid to the issue and help coordinate efforts across various departments and faculties. In addition, this could lead to better collaboration with industry partners, which could be instrumental in helping to reach the diversity goals at the university

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
University	Organise seminars and conferences on diversity and gender balance across healthcare professions at the university level	Medium-term (1-2 years)	Promotes dialogue and collaboration across healthcare fields, sharing best practices for gender diversity and balance	Moderate (event costs, speaker fees)	Host university-level seminars and conferences to bring together healthcare faculty, professionals and students to discuss and draw up strategies for improving gender diversity in nursing and related professions. Universities should become more active players that not only work on aspects of their own diversity but also keep the discussion alive on a broader level
University	Develop and implement a university-wide action plan on diversity and gender equality in health education and care programmes	Medium- to long-term	High impact on increasing diversity and gender balance in line with national goals	Moderate (depending on the scale)	The plan should address gender imbalance among students, referring to the existing national/official reports on men and gender equality. It should link with national diversity and gender equality goals. Central management involvement and ownership is essential
Ministry of Education/ National Level	Push for funding in nursing education similar to that available for STEM programmes to support gender diversity initiatives	Long-term (3+ years)	Increases funding for initiatives aimed at improving male participation in nursing, making long-term projects more viable through co-financing or support platforms involving industry partners	High (government funding allocation)	Advocate for national-level funding for gender diversity in nursing education. This would provide the financial backing for long-term initiatives and help universities and colleges develop sustainable programmes, as is the case in STEM fields

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Ministry of Education/ National Level	Quotas for the underrepresented genders in nursing and other unbalanced fields of studies	Long-term (3+ years)	Provides an advantage to the underrepresented genders in admissions	Moderate (depending on resistance)	While this measure was not implemented in this project, research shows that gender quotas of around 20% for the underrepresented genders can help improve gender balance. This approach is set to be implemented at institutions in Norway in the future. We recommend adopting the same measure across the rest of the Nordic countries
Ministry of Education/ National Level	Develop outreach programmes targeting boys in schools to encourage them to explore nursing and healthcare professions	Long-term (3-5 years)	Creates early awareness of nursing as a career option for boys, contributing to long-term cultural shifts in gender roles in the profession	High (programme development, outreach costs)	Implement outreach initiatives at a national level to encourage boys to explore nursing and caregiving professions. This could include partnerships with schools, creating opportunities for internships, workshops and job-shadowing experiences to introduce boys and young men to nursing roles
Ministry of Education/ National Level	Ensure that all nursing students, regardless of gender, are educated on inclusion, equality and diversity	Long-term (5+ years)	Strengthens the ability of the healthcare workforce to provide equitable care to diverse populations	Low (curriculum requirements set at a national level)	Mandate the inclusion of courses on diversity and equality in all nursing programmes nationwide, ensuring that nursing graduates are equipped to work in increasingly diverse healthcare settings and understand the impact of gender dynamics on patient care
International (Nordic Collaboration)	Continue international collaboration across Nordic countries to gather data, analyse trends and promote gender diversity	Long-term (5+ years)	Provides valuable insights into how gender diversity can be improved across multiple healthcare systems, leading to more effective strategies	High (international research projects, data collection, analysis)	Build on existing Nordic collaboration projects to conduct in-depth research into gender diversity in nursing and healthcare. Pool resources and data to better understand the barriers to male participation and develop actionable insights that can inform national policies and international best practices. Collaboration projects could include joint research projects, conferences and shared funding proposals

Conclusions

In the context of nursing education, where inertia meets transformation, engaging male students is both a challenge, and a significant opportunity. To foster an environment where diversity is encouraged, it is essential to consider the representation of diverse groups beyond the scope of gender and view diversity from a broader perspective **to create ecosystems of equity, inclusion and – ultimately – belonging.**

The issue of male representation in nursing is a question of **a wider cultural shift**, which must be initiated at an early age and integrated into the curriculum at all levels of education, from nursery schools to university. By addressing stereotypes at their root, we can prevent more costly interventions from being required later. However, we must be mindful not to create false hierarchies or misplaced expectations that men are somehow "better suited" to the seriousness of care.

It is therefore of utmost importance that we do not address nursing in isolation; rather, we should consider the national and regional diversity strategies and various action plans that are designed to enable higher diversity levels than at present in a range of professions across the healthcare sector and other sectors. In doing so, we recognise that the issue at stake is not only gender equality but also the health of a workforce that is already overstretched. The underrepresentation of men in nursing is not solely a gender-related matter; it is also a significant workforce issue with far-reaching implications for the **long-term sustainability of the healthcare sector.**

Therefore, as we look ahead, it is vital that we continue to collaborate, extending our reach across borders, disciplines and projects. It is crucial to gather data, build knowledge and continuously ask why. **Why are there still so few men in nursing and what can be done to change this?** While the answers will not be straightforward, continued dialogue, dedicated resources and an actual commitment to and "ownership" of diversity initiatives at various administrative layers of educational systems can help us reshape the future of nursing into a more inclusive, equitable and fulfilling profession for all.

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About this publication

Share the Care: Strategies to Increase Diversity in Nursing Education

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Nordregio report 2024:22

ISBN 978-91-8001-122-8 (ONLINE)

ISBN 978-91-8001-123-5 (PDF)

ISSN: 1403-2503

<http://doi.org/10.6027/R2024:22.1403-2503>

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Layout: Kotryna Juškaitė, Marija Zelenkauskė, Nordregio

Cover Photo: Luis Melendez / Unsplash.com

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