American Assembly for Men in Nursing
31st Annual Conference

Men in Nursing:
Leading Men to Healthier Lives

October 20-21, 2006
Portland, OR

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Welcome to the University of Portland, Oregon’s Catholic university, and a leader in nursing education in the Pacific Northwest for more than 70 years. It is our great pleasure to host the 2006 meeting of the American Assembly for Men in Nursing on our beautiful campus.

The University is recognized as one of the top ten comprehensive universities in the West, and our School of Nursing sets the pace for our excellence. Such offerings as our cutting-edge master’s entry program that enables individuals with a non-nursing bachelor’s degree to efficiently enter nursing at the graduate level, and our new Clinical Nurse Leader program, continue our tradition of trend setting and leadership in the nursing profession. And health care leaders around the country are closely watching our on-going collaboration with the Providence Health System, which is breaking new ground in finding creative solutions to the nation’s shortage of health care professionals.

We are especially pleased to host the AAMN because of our own ongoing commitment to increase the number of men who pursue a nursing career. Eight percent of the enrollment in our School of Nursing are men, and we seek to increase that. We all must work together to correct the historical imbalance of men in the profession.

There is probably no better place for you to discuss the issues that challenge men in nursing than here, at a cutting-edge University in the most forward-thinking city in the country. I hope your deliberations will be fruitful and that you will take the time to enjoy all that our campus and our city have to offer.

With all best wishes,

(Rev.) E. William Beauchamp, C.S.C.
President
Welcome to Portland and to this very special place, the University of Portland School of Nursing. The entire University community and particularly the faculty and staff in the School of Nursing are very pleased that you have chosen to have your meeting with us in Portland. This is a lovely place.

I am so proud of the many men nurses who have made substantial contributions to the health of the public in so many ways. I acknowledge the support from all of the women who have been cheerleaders and mentors since these women realized that diversity in healthcare is not merely about race and ethnicity.

I am most pleased to welcome you as Dean of the School of Nursing and because of my enduring relationship with the American Assembly for Men in Nursing (AAMN). As a doctoral student, I attended a meeting in 1980 that Luther Christman sponsored at Rush University in Chicago to spark the growth of the National Male Nurses Association. The following year the organization became the AAMN when the visionary leadership purposefully chose the “for” word in the name to be inclusive of all who supported the goals of the organization. I have belonged to the AAMN through the years and was humbled in 2003 to be awarded the Luther Christman Award. I look forward to many more years of active involvement in the Association.

We are very proud of Dr. Chad O’Lynn, who is a member of our faculty, for his new book that he edited with Russell Tranbarger titled Men in Nursing: History, Challenges, and Opportunities. This book records many of the facts and stories that previously only were oral or in some of our minds.

Please let us know if we can make your stay more enjoyable. Again, welcome to our University and to our city and if it is your first meeting: Welcome to Our organization.

Terry R. Misener, RN, PhD, FAAN
Dean and Professor
Acknowledgements

AAMN wishes to thank the following exhibitors for their support for this gathering. Please take time to visit their displays and review their advertisements.

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- Excelsior College
- Kaplan University School of Nursing
- Portland VA Medical Center
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- Southwest Washington Medical Center
- University of Michigan School of Nursing
- University of Pennsylvania School of Nursing

Also, AAMN wishes to thank the generous support from the following:

- The University of Portland School of Nursing Faculty and Staff
- The Northwest Health Foundation
# Conference Schedule

**Friday, October 20, 2006**

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BE THE NURSE YOU’VE ALWAYS WANTED TO BE.
Conference Abstracts
Keynote Address

*I Don’t Hurt the Way You Think: The Health Effects of Men’s Caregiving*

Edward H. Thompson, Jr., PhD

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The cultural invisibility of men’s health risks that arise from their hands-on intimate care for loved ones is conspicuous when we find little or no public discourse on the health effects of men’s caregiving. Although numerous studies have shown that caregiving is associated with mental anguish and poor physical health, most of these studies specify that the caregivers experiencing the lowest levels of strain are the men. Discourses about gender and caregiving presume the pain and distress men report arises from their lesser involvement, lack of a caregiving competencies, and silence when it comes to divulging pain and distress. Presumably, with better preparation and/or support men would be less vulnerable or troubled. This keynote lecture explores the health consequences of men being men fully involved in caring for a loved one. Data from existing studies and my interviews with middle-age and old men provide powerful details on how the men engaged in caring for a loved one often suffer quietly as they try to “normalize” the tasks and strains of doing their care work. As a group men struggle quietly with the perceptible stress build-up as well as obstacles to seeking help for their physical or mental health problems. Men may manage the stress by putting on a tough image, keeping their feelings inside, releasing stress through physical activity such as sports, or self-medicating. The evidence also strongly suggests that men use types of existential and emotional-focused coping (e.g., spiritual questing) to manage the pain of lost futures and to integrate into their masculinity themselves being a caregiver.
Leadership characteristics have been discussed as long as there have been bosses and workers. What is it about certain leaders that sets them apart? What is it about certain organizations that seem to have the gift of leadership as the organization moves through the years? Why are some better leaders than others? Answers to these questions may be found in an analysis of the Knights Hospitallers, a monastic knightly order leadership styles.

An historical review of the Hospitallers early years can reveal some remarkable insights into leadership and management styles that men today may find effective. By looking at this topic in a manner similar to the “Everything I learned from” style of books a selection of leadership topics will covered lightheartedly. Topics to be covered will include: a) Pass the bandage but keep your sword sharp, b) Never leave home without your chain mail suit, c) Know your enemy, d) Do not march beyond your supply train, e) Do not forget what brought you here and f) Change can be for good if you control it.

The ability of modern male nursing leaders to seek insight from those who have come before is something that can benefit all healthcare. An old saying that many have heard goes something like this “if we forget the past we will be condemned to relive the past.” By taking a thoughtful and somewhat humorous look at the Knight Hospitaller of the 11th century, we can gain from the past and apply battle tested leadership/management concepts to the 21st century.
NOTES
Psychosocial Influences on Self-management of Type 2 Diabetes

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Problem/Research Question: The receipt of the diagnosis of type 2 diabetes is generally considered to be a life-altering event. Effective self-management remains the key to living with diabetes in spite of strong emotional and psychosocial components attached to some needed lifestyle changes. Consequently, some individuals are able to manage the numerous behavioral changes, but many are unable to fully manage the changes. This grounded theory study was conducted in order to identify the processes people experience transitions toward self-management. Although six research questions guided the full study, this presentation will address the following three questions: (1) What takes place professionally, socially, emotionally or mentally, and educationally during these transitions that affects self-management? (2) What internal and external factors facilitate and/or hinder the transition processes? (3) What is the influence of the developing diabetic self on adherence?

Theoretical Framework: Consistent with qualitative grounded theory tradition, this investigation was conducted within the symbolic interactionism framework.

Methods/Design: Qualitative grounded theory methods were used in this study. The sample included 11 adults (seven females and four males) who had type 2 diabetes. Although the study involved multiple data sources, semi-structured interviews were the main sources of data. A synthesis of constant comparison and within and cross case analyses, along with time, metaphor, and narrative analyses was used in data analysis.

Findings: The Development of the Diabetic Self Theory emerged as a result of the Developing the Diabetic Self process which depicts the diagnostic event, transitions, transition resolution, and self-management and results in the coming together of the Diabetic Self. Emotional responses, spirituality, temporality, and life context influence self-management. The following conclusions related to self-management were made: (1) the diagnosis of type 2 diabetes, within the context of the person’s life at the time of the
diagnosis impacts a person’s life; (2) people with type 2 diabetes undergo multiple transitions that must be processed and resolved; (3) another self – the Diabetic Self – develops; (4) people who have diabetes benefit from having contact with other people who also have diabetes; (5) the context of the person’s life impacts self-management for as long as the person lives; and (6) people who have diabetes have mixed feelings regarding the extent to which they can, or will, make lifestyle changes. Recommendations for nursing practice include: (a) consider diabetes and self-management within the context of the person’s life, (b) realize the importance of the diabetic person’s need to have contact with other people who also have diabetes, (c) consider temporality when providing self-management education, (e) recognize the need for patients to grieve perceived losses, (f) make efforts to learn about the day-to-day diabetes-related issues, and (g) consider that a person’s Diabetic Self may not be developed adequately to make independent self-management decisions.

NOTES
Background: As of 2004, there were more than 2.9 million Registered Nurses (RNs) in the United States. More than 2.4 million RNs are employed in nursing. Male nurses account for 5.7% of all nurses, up from 5.4% in 2000.

Aim of the Study: To explore the process that led to the male nurse’s decision to become a nurse and to remain a nurse.

Methodology: Grounded theory methods were used to generate a descriptive theory of socialization of men into nursing. Data were collected by individual, semi-structured, in-depth interviews with 20 male Registered Nurses, residing in Massachusetts, with 1 to 35 years of experience as RNs. The participants were recruited through personal contact with people known to the researcher and through snowball sampling. The researcher did not know any of the men prior to the interview. The audiotaped interviews were transcribed and verified.

Analysis: Analysis was conducted throughout the data collection period using open, axial, and selective coding. A constant comparative approach was used until saturation of the categories appeared. Memos, in the form of code notes, theoretical notes, and operational notes, helped to establish an audit trail. MaxQDA, a qualitative software package, was used to assist with data management and analysis.

Findings: A basic social process, socializing men into nursing, emerged from the data. The basic social process comprises a trajectory of four stages, which encompass the path that men travel to become and remain nurses. These stages occur in a linear manner. The first stage is prior to considering nursing. This is followed by choosing nursing, becoming a nurse, and ends with being a nurse.

Conclusion: This study extends our knowledge of male nurses by describing the trajectory that men follow in becoming a nurse. It has implications for policy development that will influence the recruitment and retention of men in nursing.
NOTES
Obesity in Men: A Multifaceted Nursing Management Approach

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Obesity is becoming a leading health concern in the United States (Manson, 2003; Ogden, 2006). Although men and women are equally represented in the nearly 130 million American adults, this does not hold true among those who are overweight: Nearly 67% of men are overweight compared to 62 percent of women (American Obesity Association, 2005). According to the National Health and Nutrition Examination Survey (NHANES), men had an overall significant increase in obesity between 1999-2000 (27.5%) and 2003-2004 (31.1%). The number of overweight or obese individuals continues to increase, with the highest prevalence of overweight or obesity in men occurring between the ages of 65 to 74, becoming one of the major diseases that affects the health status of many older Americans (American Obesity Association, 2005).

Obesity is defined as having a very high amount of body fat in relation to lean body mass. The Body Mass Index (BMI) is a tool designed to measure excess body weight and is used to help define obesity. A BMI of 25 or greater is considered overweight, 30 or greater is considered obese, and severe obesity is defined as a BMI of greater than 40 (WHO, 1998). A high BMI alone is not a diagnosis of obesity, rather one of many risk factors considered a part of the disease and deaths related to obesity (citation). As a person’s BMI increases, the risk of developing many other diseases increases as well.

Factors contributing to overweight and obesity include: (a) excessive calorie consumption from the broader selection of prepackaged and fast foods that are readily available, convenient, and contain more calories, fat, and sugar than healthier options; (b) less calories used resulting a negative calorie loss and weight gain; (c) environmental factors such as the need to drive someplace rather than walk; (d) personal genetic history;
and (e) diseases and drugs which can cause weight gain (Peate, 2005). Persons who are overweight or obese, thus, may be dealing with multiple factors that produce undesired weight gain.

Persons who are overweight or obese are at risk for developing significant health problems. These health problems can lead to a decline in health status, increased risk for specific diseases, psychological problems, and even early death (Bray, 2000). Obesity is related to multiple medical conditions, such as heart disease, hypertension, hyperlipidemia, and type II diabetes. Eckel reports that in men with a BMI between 25 and 29 have a predicted 72% increase in developing coronary artherosclerosis which can lead to congestive heart failure. For males with a BMI over 27, an almost two-fold increase risk exists for all types of stroke. Osteoarthritis (OA) a disease of the joints affecting primarily the hands, knees, hips, and back is seen with nearly five-times greater frequency in the knees of obese men (John Hopkins University, 1998-2006). Peate (2005) reports that approximately 14% of cancers in men can be attributed to obesity. Type II diabetes has been reported as develop primarily in obese men: Nearly two-thirds of adult men with type II diabetes have a BMI greater than 27 (Obesity Society, 2006). It is estimated that nearly 300,000 deaths per year may be attributable to obesity (Bray, 2000) and the risk of death rises with increasing weight. Individuals with a BMI greater than 30 have a 50 to 100% increased risk of premature death from all causes as compared to individuals with a healthy weight (Flegal, 2004). Obesity has reached the proportions of a national epidemic (Bray, 2000; Manson, 2003; Ogden, 2005). Associated medical conditions rank overweight and obesity as one of the leading causes of morbidity and mortality in Americans (Bray, 2000).

Nursing has an important role in identifying the men who have weight problems and can intervene in a multifaceted approach. This approach must consist of health promotion activities, screening for patients at-risk, lifestyle changes, and emotional support (Drummond, 2002; Peate, 2005). Overweight and obesity treatment is solely not based on diet but on a multi-system team approach that may include medications, behavior modification, and possible surgery.

The clinical management of obesity must include assessment of patients weights, identification of the health risks associated with overweight and obesity and evidence based practice should be utilized to counsel obese patients on their nutritional intake. Nurses can use such treatment strategies as counseling or referral for nutrition education, diet, exercise counseling and behavioral strategies. Nurses can teach and guide obese patients in proper eating habits utilizing small changes initially creating palatable meals.
and appropriate food choices for proper intake while losing weight. A major challenge for nurse is to encourage the obese patient to be physically active. Nurses should emphasize language as becoming “more active” or “avoiding sedentary behaviors” encourage patient to include such simple things such as walking, emphasizing the need to work on smaller lifestyle changes in the beginning as increased activity has the benefit of maintaining a lower and healthier body weight (Drummond, 2002; Peate 2005, AHRQ, 2006).

Treatment of the obese patient is multifaceted and should include therapeutic modalities of weight management with a team of professionals such as nurses, dieticians, physical therapists, social workers and psychologists to work as a coordinated team to provide the most comprehensive treatment plan for success.
MEN IN NURSING: AN ETHICAL APPROACH TO SEXUAL DIFFERENCE

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INTRODUCTION
The literature on gender issues in nursing focuses predominantly on the following: reasons why men choose nursing, recruitment of men to nursing, tokenism and male advantage; issues of masculinity-femininity and the treatment and roles of men in nursing (Meadus, 2000; Evans, 1997; MacKintosh, 1997; Callister, et al, 2000; Holiday & Praker, 1997; Brown & Nolan, 2000). The right of men in nursing to freely imagine their own identity and destiny are not addressed. I am of the opinion that men’s rights in nursing are human rights. For the sake of their health, men in nursing have the right to freely imagine and re-imagine their identity, including their sexual identity. However, certain discourses about sexual difference in the imaginary domain of nursing and society threaten this right of men. As a consequence, men in nursing face gender discrimination and bias, which constitute an unethical act. If we consider ethics to revolve around three central concepts: “Self”, “Good”, and the “Other” (Rossouw & Van Vuuren, 2004), then men (self) in nursing (the other) should be allowed to freely imagine their identity in order to promote their health (the Good).

KEY CONCEPTS:
Ethics
Ethics concerns itself with what is good or right in human interaction (Rossouw & van Vuuren, 2004).

Health
Health is defined as the dynamic interactive process between the internal imaginary domain (body, mind and spirit) of men and the external imaginary domain (physical, social, spiritual) of nursing which reflect the former’s relative health status and contributes or interferes with his promotion of health.
**Imaginary domain**
The imaginary domain refers to the intimate space in which men in nursing are free to create their own identity, without being coerced (Cornell, 1995).

**SYNOPSIS**
I argue that historically, and even today, the discourse of nursing as a single-sex dominated profession is sexually charged. Nursing has been established predominantly by women and with the feminization of the nursing profession in the late 20th century by Florence Nightingale (Holiday & Parker, 1997), the imaginary domain of men in nursing has been threatened. This situation has been further perpetuated by powerful discourses and discursive practices which are seen as regimens of truth about masculinity and femininity in both nursing and society (Meadus, 2000; Rose, 2001; McNay, 1994; Foucault, 1980). As a consequence, the right of men in nursing to freely imagine their identity is suppressed, which negatively impact on their health.

**CONCLUSION**
As a possible solution I propose an ethical approach to sexual difference in nursing which involves the achievement of individual freedom concerning sexual identity by means of social consensus (Cornell, 1995). Within this approach I argue for the equal evaluation of men in nursing through upholding certain pre-conditions for individuation viz. the protection of the bodily integrity and identity of men in nursing, provision of equal access to symbols in nursing, thus, protecting their imaginary domain.

**NOTES**
The Alexian Brothers Hospital, School of Nursing for Men:
*a leader in the preparation of men in nursing.*

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In the United States from 1888 to 1969 schools of nursing for men existed. The schools were designed to prepare men as professional nurses, especially to serve male patients in psychiatry and urology. Some schools existed in hospitals that operated a separate school for women while others were uniquely for men only. As many as a dozen schools for men may have existed at some time during this period and additional schools of nursing created a separate section within the existing female school for their men students. Little is known about the schools for men in nursing literature nor does the history of nursing do more than acknowledge their existence.

The Alexian Brothers, a Catholic, Religious Congregation for men, operated two schools of nursing for men, one in St. Louis and another in Chicago. The school of nursing in Chicago had two unique characteristics; it was the only school for men in a general hospital and it was the largest school of nursing for men in America.

Men once provided half of the individuals serving as nurses in this country. With the dominance of the Nightingale model of nursing education the numbers of men in nursing fell to less than one %. A Century later men have increased to about six % of the professional nursing population. The schools of nursing for men provided a foundation for men to demonstrate that men could be effective nurses and that nursing profited from the presence of both men and women in the profession.

This presentation will document significant information about the history of men in nursing, will describe briefly the history of the Congregation of Alexian Brothers and describe selected facts about the preparation of men for the profession of nursing and the contributions of a few of the graduates of this program.
NOTES
Sexual Identity, Ethnicity and Sex Role Strain in Male Nursing Students

Jaime Cordova, RN, MSN and Daniel Moise, RN, MSN

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**Problem:** Study examined the relationships amongst sexual identity, ethnicity and role strain in male nursing students in school, clinical and community settings. Study questions included: a) What is the relationship between ethnicity and role strain among male nursing students?, b) To what extent does sex identity influence role strain among male nursing students?, and c) How does level of education affect sex identity and role strain?

**Conceptual Framework:** Social Constructionist theorists (Berger & Luckman, 1969) posit the linkage between social and cultural context of gender and role strain. Gender is viewed not as a trait but as a process external to the individual and the product of the interaction between people, language and culture. Stereotyped socially defined sex role results in role strain when difficulties exist in fulfilling role obligation (Kagan, 1964).

**Methodology:** Descriptive, correlational design with quantitative methodology. Demographic survey and 2 instruments used: Bem Sex Role Inventory (Bem, 1974) measured the degree of an individual’s self described masculine and feminine traits, and the Total Role Strain (Egeland & Brown, 1988) measured the degree of role strain experienced from patients, colleagues and the community. Both instruments have established validity and reliability.

**Sample:** A convenience sample of 93 male nursing students currently enrolled in 16 NLN accredited undergraduate nursing schools in New Jersey.

**Findings:** Demographic factors as age, ethnicity, marital status, living arrangements, exposure to health care, previous life experience and social influences in one’s decisions to enroll in nursing influenced sexual identity and degree of role strain. Interactions with others in social and academic environments affected role strain. Gender defined social and occupational roles potentially mediated experience with role strain.
**Recommendations:** Integrate perspectives of men in nursing education and employment roles. Increase male involvement in recruitment and retention strategies, and public media about nursing.

**Study Limitations:** Non-randomized sample and less than 40% survey response rate. BSRI tool was perceived as too negative and hindered more participation.

**NOTES**
Walt Whitman: Civil War Nurse

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Contribution to the Literature: Walt Whitman’s life as a nurse during the Civil War is largely ignored in the nursing literature. His service to wounded and dying soldiers, as well as his poetry about the horrors of war, deserves recognition.

Key Concepts: men in nursing; nursing history – Civil War

Synopsis: The Civil War (1861-1865) resulted in more than 600,000 casualties. Many of these men died a horrible death, lacking the basics such as clean dressings, adequate food and even minimal pain relief. Thousands more were wounded and survived, in part because of the care provided by recovering soldiers and the untrained volunteer nurses. Walt Whitman was one of these nurses.

In early 1863 Whitman was appointed to the U.S. Christian Commission, a voluntary organization that focused on physical and spiritual service to the wounded. Employed at this time as a part time clerk in the Army’s Paymaster Office, he used his free time to care for wounded men in the tent hospitals springing up throughout Washington, DC. In addition to physical care, he demonstrates his concern for the psychosocial wellbeing of his patients by writing letters home and listening to the frightened young men. These experiences are shared in his letters, his notebooks and his poetry, in a section of Leaves of Grass (1865) entitled Drum Taps. Whitman’s understanding of nursing presence is evidenced by his comment “I found it was the simple matter of personal presence, and emanating ordinary good cheer and magnetism, that I succeeded...more than by medical nursing, or delicacies, or gifts of money, or anything else.” However, “The Dresser” describes in detail the physical care that he administered.
Bearing the bandages, water and sponge,
Straight and swift to my wounded I go,
Where they lie on the ground after the battle brought in…
From the stump of the arm, the amputated hand,
I undo the clotted lint, remove the slough, wash off the matter and blood…

**Conclusion**: Men nurses have a proud history that is neglected by nursing historians. The poems and notebooks of Walt Whitman deserve more in-depth scrutiny to document the contributions of a man who is well known for his poetry and little known for his role as a nurse.

**NOTES**
PLENARY SESSION

Learning Styles and Use of Learning Resources: Does Gender Make a Difference?

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Contribution to the Literature: Studies of the correlation between the type of nursing education model, and recruitment and retention of men into programs of nursing are not extensive. What educational model works best for men in nursing is an unanswered question. In addition, the question of variation in learning styles and the use of learning resources continues to be explored. Excelsior College, a non-traditional, assessment based program is committed to the recruitment and retention of men in nursing. Therefore, meeting learning styles needs with appropriate instructional and tutorial resources is of paramount importance.

Key Concepts: A review of the current instructional and guided learning activities provided by Excelsior College will be reviewed. Concepts including traditional, instructional nursing education models as well as non-traditional, assessment based nursing educational models will be explored.

Synopsis: Nurses are primary health care providers across the health care continuum. While women nurses are real time role models for women with health issues, there are significantly fewer male nurses to serve in this capacity. Men have important health issues that must be addressed by nursing. Men need more men in nursing to serve as role models and to assist them with issues of health promotion, maintenance and restoration. To have adequate numbers of men in nursing, schools of nursing need to improve their ability to enroll and graduate male nursing students.

In order to interact effectively with male nursing students and to enhance their ability to be successful in a nursing program, it is important for both students and faculty to identify the students’ preferred learning style. Once the learning style has been established a variety of learning activities and resources can be developed to address the students’ learning needs.
Conclusion: If the students’ preferred learning style can be supported with an appropriate instructional or tutorial learning activity, student retention, progression and program completion can be improved. We cannot afford to lose good nursing students to the profession, especially or male nursing students. These male nursing graduates have an important role within the profession and in responding to men’s health issues.

NOTES
Spiritual Nursing Care Influence on the Nurse: Does Gender Matter?

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Problem and Research Questions: Spiritual nursing care is identified as a requisite of quality nursing care. This centrality emerges from a variety of official agencies: the Joint Commission on Accreditation of Healthcare Organizations (JACHO); The American Association of Colleges of Nurses (AACN); the North American Nursing Diagnosis Association (NANDA); and the National Council of State Boards of Nursing who administer the nursing licensing examination; as well as by schools of nursing who emphasize spiritual nursing care in their mission, program outcomes, and courses. Even with this emphasis, little is known about the impact of the dedication to deliver spiritual care on the practice and career of the nurse. Less is known about whether men and women give spiritual nursing care differently or whether the impact is different on their careers. Spiritual nursing care comes closer to the heart of both the patient and provider than other aspects of comprehensive nursing care. Exploring an individual’s essence, relationship with their divine, and search for purpose requires nurses to call upon their own humanity in deep ways. How does spirituality and the provision of spiritual nursing care affect nurses? How does it impact their practice and career? Do men and women provide different answers to these questions?

Theoretical Framework: Literature indicates that our understanding of spiritual nursing care is challenged by gaps in theory, conceptual murkiness and variable methodological research quality, all of which challenge nurse educators as they facilitate student learning and practicing nurses giving care. Saddler (2005) identifies the need to explore the ways spirituality and the provision of spiritual care affects the nurses. This research addresses this gap and, this qualitative exploration does not start with a theoretical framework.

Methods: This IRB-approved research used interpretive phenomenology to explore the ‘conscious lived experience’ of giving spiritual nursing care. In semi-structured
interviews, nurses working on a medical-surgical unit at a large regional hospital were invited to tell their stories. This hospital unit was selected because it is one of six units across the country participating in a “spiritual initiative” in collaboration with George Washington University Institute of Spirituality, and has won awards within their hospital system for the delivery of spiritual nursing care. Narratives, ‘rich descriptions’, and insights of these practicing nurses revealed what happens to them when they intentionally dedicate themselves to giving spiritual nursing care. Tapes of the interviews (N=10) were transcribed and a qualitative software program, ATLAS-ti, was used to identify themes (analysis in progress).

Findings: Themes and analysis of their meaning will be presented, with special attention to the differences between the female and male nurses responses to giving spiritual care and how each improve nursing practice through spiritual care. Discussion will include implications for practice, curriculum and the maintenance of a fulfilling nursing career. The emerging understanding can assist men and women in nursing to lead healthier lives at work and at home.

NOTES
Recruitment And Retention of Diverse Nursing Populations: Male Nurses

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Problem Statement: Minority and male nurses are underrepresented in the nursing workforce. The recruitment and retention of diverse nursing populations is a vital link in addressing the growing workforce shortage. Increasing the number of minority and male nurses will allow nursing to embrace the concepts of cross-cultural and gender-specific health care. Nursing programs, professional organizations, merchandisers, and the media continue to employ promotional or recruitment strategies that concentrate on the traditional Caucasian feministic image of a nurse. Magazines, brochures, catalogs, advertisements, and television often have nurses portrayed by young adult or middle-aged white females. However, this image does not reflect the ever-changing face of today’s nurse. The face of nursing today is that of diversity in which minority and male nurses are frequently overlooked. There is a critical need for more nurses to be educated in the delivery of culturally-sensitive care. A disproportionate number of minority people experience acute and chronic health conditions. Health care professionals have a tendency to assume all members of a cultural race or gender share the same worldview. Clients of minority status are often neglected or avoided because of the lack of cultural diversity in nursing.

Theoretical Framework: Maslow’s Hierarchy of Needs served as the framework for the development and organization of the seven subjective questions on the survey. Maslow's hierarchy explains human behavior in terms of basic requirements for survival and growth. These requirements, or needs, are arranged according to their importance for survival and their power to motivate the individual.

Methodology: Data was collected using a 14-question survey (including demographics). The sample population included 75 male nurses who live and/or reside in either Central or Southern Ohio. The surveys were distributed via the United States Postal Service with a return self-addressed stamped envelope. Respondents were asked not to include a return address in an effort to maintain anonymity. The secondary data was analyzed to
assess whether the percentage of males in the nursing profession has increased or decreased over time. The questionnaire included a Likert-type scale: strongly agree, agree, neutral, disagree, and strongly disagree. The demographic data was compared to findings in the literature review.

**Findings:** Fewer nurses are entering the profession while the demand for nurses continues to grow; the opposite holds true for male nurses. Nursing has an aging workforce; male nurses reflect that trend. Nursing must align its workforce to match the race and culture of the population it serves. Men pursue careers in nursing for many different reasons including but not limited to diverse career opportunities, job security, the desire to help people, prior healthcare and/or military experience, advanced practice nursing, money/income, and professional development/advancement. Male nurses seek advanced degrees and leadership positions beyond that of the staff nurse role when compared to the nursing profession as a whole. Male nurses seek employment opportunities in specialty areas the embrace technological expertise. Male nurses promote nursing as a viable career option for men. Male nurses believe that they are compensated fairly for the work they perform and the benefits they receive. Male nurses report salaries greater than $50,000, which exceeds the average wage of nursing and the general population. Male nurses experience discrimination and social/professional isolation within the practice of nursing. Male nurses believe that the public inaccurately portrays the role of a nurse.

**NOTES**
The Sphere of Nursing Advocacy Model

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The concept of nursing advocacy, first put forth by Florence Nightingale, remains an important and vital concept to nursing practice today. Nightingale (1970) viewed nursing advocacy as necessary to the physical and emotional well-being of patients (Pfettscher, 2002), yet in contemporary times, despite work done by Curtin (1986), Gadow (1980; 1989), and Kohnke (1982), there is little agreement about how the concept is defined, practiced, taught, and measured.

To address the need for a better understanding of nursing advocacy, an in-depth analysis of common themes found among three case studies from the author’s acute care experiences was performed. Emergent from this analysis is The Sphere of Nursing Advocacy (SNA) model that depicts nurses as providing a semi-permeable protective barrier between the client’s internal and external environments allowing the client to act on his or her own behalf when capable and prompting the nurse to act on the client’s behalf when the client is vulnerable. The nurse consistently provides a sphere of protection for the client at all times. The sphere of advocacy is both permeable and protective whereby clients and nurses can act alone or in collaboration.

The SNA model needs further development and refinement. It may be used to guide research or it can provide the basis for instruction on the subject of nursing advocacy. The SNA model can also be utilized by practicing nurses to reinforce the concept of nursing advocacy in practice in various levels of nursing practice. Further refinement and research on the SNA model is needed.
NOTES
Men in Nursing: A different perspective

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Contribution to the Literature: This presentation will explore nursing perspectives related to gender stereotypes, gender specific attitudes regarding nursing education and advanced degrees, and perceptions related to the role of men in nursing. Findings from questionnaires and personal interviews will be presented.

Key Concepts: Traditional and contemporary nursing models and roles of men in nursing with the context of such models will be examined trends related men in nursing will be explored. Issues related to recruitment of men in nursing will be identified. Gender specific aspects related to nursing leadership and promotion of nursing image will be discussed.

Synopsis: Gender stereotypes and perceptions can impact nurse-patient relationships, collegial relationships, and the public image of contemporary professional nursing practice. Awareness of perceptions within a unit based nursing team can positively effect team dynamics and nurse – patient relationships. Men in nursing have the opportunity to positively project the image of nursing and the role of the professional nurse in the current healthcare environment. This presentation identifies stereotypes/stigmas perceived by participants and how such stereotypes effect the public image of men in nursing.

Conclusion: Addressing stereotypes related to men in nursing is a necessary first step to promote positive collegial and patient relationships, as well as, recruitment of men into the profession. A diverse nursing workforce is required to adequately meet the healthcare needs of a diverse patient population. Men in nursing are critical to meeting the current and future healthcare needs of our society. A diverse nursing workforce is also critical to
providing the necessary leadership to meet the challenging and growing demands facing our profession.

NOTES
Nursing care for the client having prostate surgery in the United States:  
A historical perspective

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This presentation will examine the history of prostate surgery from both a medical and nursing perspective. It will include a discussion of the various forms of surgical management of both prostate hypertrophy and cancer and highlight the many changes that have occurred in the past 30 years. In the past three decades, nursing literature regarding prostate care has been sparse and often restricted to the management of the physiologic processes related to surgery at the expense of the psychosocial implications. Even as new forms of surgery became available, nursing care emphasis noted little change in this perspective. This led to a passive acceptance that patients could expect to experience impotence as a necessary evil for those undergoing prostatectomy.

With the advent of “nerve sparing procedures,” a new, more proactive approach has helped to revise nursing practice. The profession of nursing has become more encouraging in facilitating the expression of sexuality, sexual function and dysfunction. The acceptance of discussion of sexuality within health care has greatly influenced both the attitude in undergoing surgery and optimism in the post operative recovery. Patients are now offered a menu of choices regarding type of surgical interventions and in understanding the implications behind these choices. This has empowered men to become more involved in working with their health care provider to maximize success and minimize complication rates.

Management for nursing has been directly enhanced by the development and introduction of erectile dysfunction medications resulting in a newfound impetus to inform men about the need to consider prostate health an integral part of health promotion for successful aging. This will be discussed in light of the current culture.
The Buffalo Jump: Rurality, masculinity, and gender negotiation

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Considering the realities of an aging American population, the anticipated growing need for informal caregivers, the substantial numbers of men caring for loved ones at home, and the challenges of health and human service delivery in rural areas, nurses should be concerned that virtually nothing is known about how rural men implement caregiving. The paucity of knowledge regarding this group of caregivers may mask a looming men’s health issue, which if not explored, will affect these men and their care recipients. This qualitative study used constructivist grounded theory methods to explore the experiences and process of caregiving for rural men. Twelve male caregivers residing in frontier areas of Montana and Oregon, recruited from newspaper advertisements, provided interviews lasting from 45-120 minutes in total. The participants had provided care to female family members for between 1-28 years. From the data, a theoretical model was constructed proposing how rurality and rural masculinity influence caregiving. For these participants, challenges attributed to caregiving, rural masculinity, and rurality increased stress and pushed caregivers toward crisis. Resources attributed to financial sources, rural masculinity, and rurality reduced stress. Increased caregiver demands required participants to adopt perspectives and behaviors inconsistent with constructed gender. With increased levels of stress, participants negotiated conflicts with constructed gender in one of three ways: gender conflict preservation, which facilitated movement toward caregiver crisis; gender compromise, which facilitated a state of accommodation in which men tolerated gender conflicts in order to achieve completion of caregiver tasks; or gender reconstruction, which facilitated a change in individual constructed gender and led to a state of resiliency. This latter process instilled a realization of the importance of the affective quality of the caregiving experience. Participants did not negotiate rurality attributes in a similar fashion. A generic model was proposed for transferability to other caregiver populations. Uniquely, this study considers gender and culture as holistic contexts and offers a theoretical explanation to the behaviors and perspectives involved with male
caregiving over time. Health and human service providers should examine attributes of constructed gender and culture for the appropriateness of fit of caregiver support services.
In order to meet the needs of the growing nursing shortage, nursing schools have expanded enrollments. However, larger numbers of students impose challenges on already stretched clinical facilities and faculty to provide quality learning experiences. One such challenge is how to best meet the educational needs of students struggling in the clinical setting. Skill-building with human patient simulators offers an ideal strategy to meet this challenge.

Human patient simulators provide students opportunities to strengthen clinical reasoning, prioritization, and psychomotor skills in a dynamic, interactive, and safe environment that is supportive of both student and faculty needs. With these simulators, students are able to select a myriad of actions. Computer assisted responses to student actions yield numerous outcomes, both positive and negative. Such variety is not possible in a clinical setting, in that faculty cannot allow students to harm patients and observe the consequences of inappropriate clinical behaviors. Nor is such variety possible in a static lab setting, in that traditional mannequins are not able to provide individualized responses to multiple student actions. These varied outcomes allow faculty to better diagnose student mistakes in clinical reasoning and behaviors in a more comprehensive fashion, thus allowing for more individualized and efficacious plans for improvement.

This presentation will include a case study of a student struggling in the clinical setting. Methods for collaboration among clinical faculty, laboratory faculty and student will be discussed. In addition, a model for diagnosing student problems and development of a clinical strengthening plan will be emphasized. Such strategies greatly improve the ability of faculty to strengthen the clinical skills of nursing students and improve the chances that students will be successful in their nursing program.
The current global nursing shortage presents a tremendous challenge for the healthcare environment and valid concerns for healthcare consumers. The threat of severe crisis imposed by the nursing shortage offers significant opportunities for recruiting a more diverse nursing workforce. Evidence of considerable disparities in healthcare strongly suggests the need for the nursing workforce to more adequately reflect the diversity of the population it serves. In addition to the need for cultural diversity among nursing professionals, a shift toward gender diversity is also warranted. Cultural and gender diversity in the nursing workforce demonstrates sensitivity to the specific needs of healthcare consumers.

According to the March 2000 National Sample Survey of Registered Nurses, men represent only 5.4% of the nursing workforce in the United States. This percentage “…represents a 226% increase in the number of male nurses in the past two decades” (Trossman, 2003, p. 65). Despite a seemingly dramatic increase in the number of male nurses, the absolute numbers remain quite low.

The purpose of this qualitative descriptive study informed by ethnography was to explore the lived experience of men in nursing. The overall goal of this study was to achieve an in-depth understanding of this experience that may provide essential information for nurse educators and healthcare institutions to develop more effective recruitment strategies. Successful recruitment of men to the nursing profession will lessen the nursing shortage and enhance gender diversity.

An ethnically diverse sample of 18 male RNs and nursing students ranging in age from 27 to 52 years were interviewed to elicit their experiences as male nurses. The
interviews were audio taped and transcribed verbatim. Analysis of the interviews consisted of coding of significant statements and clustering of statements into categories which represented segments of meaning in the male nursing experience. Analysis included triangulation across interview transcripts and investigator reflective notes. The emerging themes were: Identity/acceptance; desire for challenge; job security/opportunity; work environment; and effective recruitment strategies. The identity/acceptance theme differed from findings in the literature review, suggesting that as we enter the 21st century the issue of gender will have less importance with more focus on clinical expertise and the role as a competent provider. The other four themes were consistent with previous research, although the present study participants differed in their perception of job flexibility and career mobility than participants in the Sochalski (2002) study, noting that the current sample of men reported satisfaction with the level of flexibility and career mobility.

This qualitative descriptive study informed by ethnography provides a holistic perspective of the culture of male nursing that acknowledges the unique behaviors and experiences of men in nursing. The image of men in nursing is changing despite negative societal stereotypes. Men report a desire to see more men in nursing as well as a desire for men to champion the recruitment of men. These findings represent profound potential for the future of nursing to reflect the cultural and gender diversity of health care consumers.

NOTES
Physical touch between a nurse and a client is necessary when performing nursing interventions and serves as an essential tool to communicate caring. However, nursing textbooks provide limited content on how to provide touch, and specifically, on how men should employ touch. Male nursing students have voiced uncertainty about how to approach the use of touch, even voicing fear that clients may misinterpret their physical touch as being inappropriate or even sexually suggestive. Nurse educators could assist male nursing students by teaching the essentials of touch through interactive clinical simulations.

Simulations provide an active learning strategy for practicing physical touch in a safe, controlled environment before applying these skills to a real client. In addition, simulations provide students with systematic and active engagement in learning difficult skills within a realistic clinical context, thus facilitating knowledge acquisition.

This presentation will review the recent development of a clinical simulation in a nursing laboratory where male students practice physical touch in context with essential nursing skills while providing peri-care on a female client with an indwelling catheter and testicular exam on a male client. Through the use of interactive human patient simulators, the videotaping of student performances for review, and the use of personal reflections, students are able to practice touch and communication skills in an interactive fashion. The simulation allows students to explore gender, age, and cultural client variables as well as their own personal beliefs and fears regarding touch to sensitive areas. In addition, this presentation will discuss how interactive clinical simulations improve the rigor of clinical evaluation without providing a detriment to student learning. Comments from students experiencing this simulation and recommendations for future simulations will be provided.
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