32nd Annual Conference
American Assembly for Men in Nursing

October 26-27, 2007
Philadelphia, PA

CONTRIBUTIONS TO THE HEALTH OF MEN AND THE PROFESSION OF NURSING
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Today, more men are entering and making their mark in nursing. And, as you know so well, the issues that confront men in nursing aren’t always the same as those of your female colleagues.

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### AMERICAN ASSEMBLY FOR MEN IN NURSING
**2007 ANNUAL CONFERENCE**  
Philadelphia, PA  
October 26 & 27, 2007

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Dear American Assembly for Men in Nursing 2007 Conference Attendees:

Welcome to Philadelphia and the 32nd Annual AAMN Conference. On behalf of the AAMN Board of Directors, I would like to welcome you to our annual conference. Our Education Committee has planned an informative and exciting conference agenda. Our conference theme focuses on “Men in Nursing: Contributions To The Health of Men And The Profession Of Nursing.” Our conference program will provide you with an opportunity to attend educational sessions on men in nursing and men’s health.

In addition, this conference convenes an annual attendance of nurses with a focused mission – to meet, discuss, and influence factors which affect men as nurses and promote men’s health. Please take this opportunity to network with other nursing colleagues with similar interest. Our AAMN conference environment provides a supportive framework of networking. You will find your fellow AAMN members very experienced and willing to establish a supportive network. Utilize this opportunity to network.

In addition, our organization is strong but needs to emerge as an eminent voice for men in nursing. This can be achieved through expanding our network of AAMN colleagues nationally. There is power in numbers and voice. Your education, experience, time and support are needed to continue to pursue the AAMN mission. Please take some time to visit with fellow AAMN members and the AAMN Board of Directors. We would like to engage each of you in the activities of AAMN at the national level and support your local and regional efforts. Please consider being an active AAMN member either at the local, regional or national level.

Welcome and Enjoy!
Respectfully,

Demetrius Porche, DNS, PhD(c)
AAMN 32nd Annual Conference

HOSTS

UNIVERSITY OF PENNSYLVANIA SCHOOL OF NURSING

Penn Presbyterian Medical Center

SPONSORS

Rue Education

Friday Breakfast

New Jersey Nurses Association

Friday Morning Refreshment Break

Excelsior College

Friday Lunch

Cincinnati Children’s Hospital

Saturday Breakfast

Lippincott

Conference Book & Lunch Saturday

University of Penn Health System - Presbyterian Hospital

Wine reception preceding Luther Christman Dinner

EXHIBITORS

Phoenix Children’s Hospital

Ohio State University College of Nursing, Columbus, OH

P.H. County Memorial Hospital, Greenville, NC

Desert Regional Medical Center, Palm Springs, CA

University of Pennsylvania School of Nursing

Federal Bureau of Prisons
SOCIETY OF LUTHER CHRISTMAN FELLOWS
AWARDS BANQUET

Friday October 26, 2007
7:00pm

Sheraton University City Hotel
36th and Chestnut Streets
Philadelphia, PA

UNIVERSITY OF PENN HEALTH SYSTEM - PRESBYTERIAN HOSPITAL
Wine reception preceeding Luther Christman Dinner

Society of Luther Christman Fellows

Dr. Luther Christman, PhD, RN, FAAN was inducted into the Hall of Fame of the American Nurses Association. Dr. Christman was recognized for his many significant contributions to nursing, including his role as co-founder of AAMN.

To recognize and celebrate this milestone for men in nursing, the Board of Directors of AAMN has established the Society of Luther Christman Fellows.

For more information and application see http://www.aamn.org/aamnfoundation.htm

Society of Luther Christman Fellows:
Bill Grau, MS, RN
Chad O’Lynn, PhD, RN,
David Sprouse, Ed D, RN,
Demetrius Porche, DNS, RN, CS, FNP
Don Anderson, CMSRN, Ed.D.
Eddie Hebert, BSN, RN
Gary Peichoto
Gene Tranbarger, Ed D, RN, FAAN
Jeffery Hamilton, BSN, RN
Jim Raper, DSN, RN, CFNP, JD
JoAnne Grunow, DNSc, CS, FNP, ARNP
John F. Garde, CRNA, MS, FAAN
Keith Douglass, ADN, RN
Richard Pessagno, MSN, APRN, BC, CGP
Terry R. Misner, PhD, RN, FAAN
Vern Bullough, PhD, DSci, RN

We plan to induct Jadeh Maselis-Moore, RN, MS, from Arizona City, Arizona, as a Fellow at the Annual Conference in Philadelphia. Judeh will join the other 16 fellows.
2007 AWARD WINNERS

THE LUTHER CHRISTMAN AWARD
RUSSELL E. TRANBARGER

THE LEE COHEN MEMBER OF THE YEAR
WILLIAM LECHE

THE BEST WORKPLACE FOR MEN IN NURSING AWARD
CINCINNATI CHILDREN’S HOSPITAL MEDICAL CENTER

THE BEST SCHOOL OR COLLEGE OF NURSING FOR MEN AWARD
EXCELSIOR COLLEGE

AAMN MEMBERSHIP HAS ITS REWARDS:

Benefits of Membership
Quarterly Newsletter
Online Discussion Forum
Job Target Program for professional growth
Annual meeting for nationwide networking
Chapter participation for local networking
AAMN Scholarship Program
RUE Member Only Scholarship for professional development

Discounts for Members
American Journal of Mens Health
25% Discount
Welcome to the University of Pennsylvania School of Nursing. We are proud to host the 2007 meeting of the American Assembly for Men in Nursing. This important conference celebrates the many accomplishments men have made and will make to the nursing profession.

Today, men comprise approximately just six percent of the American nursing population, yet, throughout history, men have made significant contributions to our profession. These contributions are not well conveyed to impressionable school children. While they appropriately may learn of the accomplishments of Florence Nightingale and Clara Barton, they may not be taught that poet Walt Whitman was a volunteer nurse during the Civil War or that the world’s first nursing school was established in India around 250 B.C., and that only men were able to attend. Or that during the Middle Ages, members of the military and religious and lay orders — all men — were nurses, nor do they know that the first nurse in America was Friar Juan de Mena.

Despite the many gifts men have given to nursing throughout history, the image of a nurse ingrained in the memories of most Americans is that of a woman, usually Caucasian, in a white dress and cap, changing a bedpan. These archaic stereotypes of nurses are not only racially- and gender-biased, they also could not be further from what the field is today. Without a role model with which they can identify, it is no wonder why more men don’t choose nursing as a career.

Our University, the first University in the nation, is comprised of twelve schools which offer programs to all students in the University. In our highly-ranked School of Nursing, we offer B.S., M.S. and Ph.D and a number of hybrid interdisciplinary programs. We also offer second degree programs. All of our programs are based on the principles of pluralism and globalization and we invite diversity and innovation in our educational goals, research endeavors, and practice options. Therefore, we are especially pleased to host this conference.

Not only is achieving gender equity in nursing an important step in helping to solve the shortage, it is a necessary step in giving all patients a voice. Finding a common, identifiable voice is not only important for patients, it is also highly vital for nurses in achieving their goals for providing quality care, especially for the underrepresented racial and gender minorities. Organizations such as the American Assembly for Men in Nursing, National Coalition of Ethnic Minority Nurse Associations, National Association of Hispanic Nurses, and the National Black Nurses Association provide forums for nurses to meet with others of similar backgrounds and heritage to discuss issues that pertain to them and the profession. It is through such organizations that nurses are empowered advocates for providing practice that is based on the best evidence.

We wish you a stimulating, inspiring, and invigorating conference and many opportunities to network and to envision the future of nursing care. We also invite you to explore our City of Brotherly Love, Philadelphia. It is the birthplace of the Constitution, where we have the first White House, the first Senate, the first bank, the first hospital and, of course, the first university in the nation, the University of Pennsylvania.

Thank you for selecting our school for your conference and we wish you a pleasant stay and safe travels.

Sincerely,

Margaret Bond Simon, Dean of Nursing
University of Pennsylvania School of Nursing
Room 4002 Fagin Hall
418 Curie Blvd.
Philadelphia, Pennsylvania 19104-6096
Welcome to Penn Presbyterian Medical Center, Co-host of the 32nd Annual Conference of the American Assembly of Men in Nursing. We are proud of our long tradition of excellence in nursing and dating back to 1855 as the Sanders Institute with the motto “This Great and Good Work.”

From those humble beginnings to our present status as a world class medical center, and a member of the University of Pennsylvania Health System, our nurses are the cornerstone. “Presby” has long been involved in nursing education with a professional nursing school program and a practical nursing program, and now acting as a clinical site for over 250 nursing students a year from over 10 colleges and universities. Presby has been involved in our local community and across the world – Presby had its own field hospital in France during World War I, and “home missions” serving immigrant populations of the City of Philadelphia.

While men in nursing comprise only 6 percent of the nursing population today, the Philadelphia area has a long history with men in nursing. Pennsylvania Hospital had a school of nursing for men from 1913 to 1963. Notable graduates include Dr. Luther Christman and Dr. Clifford Jordan.

AAMN is a premiere organization in helping to raise the discussion on issues important to men in nursing, and to all nurses. This conference will provide a forum for discussion, research and education as we shape the future of nursing. I hope you have time, also to explore the City of Philadelphia, a city rich in history, but a vibrant and exciting city as well.

I wish you an excellent and productive conference and safe journey wherever your travels take you.

Johanna J. Magner, MSN, RN, CNAA
Chief Nursing Officer, Associate Executive Director
Penn Presbyterian Medical Center
# 2007 American Assembly for Men in Nursing
## Conference Schedule
### Friday, October 26, 2007

This continuing nursing education activity has been approved by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation, for 3 contact hours for Friday sessions.

<table>
<thead>
<tr>
<th>Time</th>
<th>Session A</th>
<th>Session B</th>
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<tbody>
<tr>
<td>8:00-8:45A</td>
<td><strong>REGISTRATION/ BREAKFAST (PROVIDED)</strong></td>
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<tr>
<td>8:45-9:00A</td>
<td><strong>WELCOME REMARKS</strong></td>
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<tr>
<td>9:00-10:00A</td>
<td>Keynote/Remarks:</td>
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<td>Afaf Meleis, PhD, DrPS(hon), FAAN</td>
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<td>Margaret Bond Simon</td>
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<td>Dean of Nursing, School of Nursing, University of Pennsylvania</td>
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<tr>
<td>10:00-10:15A</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>10:15-11:15A</td>
<td><strong>Break-Out Session 1A</strong></td>
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<tr>
<td></td>
<td>Retaining Men in Traditional and Non-traditional Nursing Education Programs</td>
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<td></td>
<td>Bridget Nettleton</td>
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<td>M. Sharon Boni</td>
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<td>Note: This will be repeated in Session 2H on Saturday.</td>
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<tr>
<td>11:15-11:30A</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>11:30-12:30P</td>
<td><strong>Break-Out Session 1C</strong></td>
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<td>Do Male Nurses' Model Health Promotion of Men's Health Issues?</td>
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<td>Assessing Knowledge, Attitudes and Beliefs</td>
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<td>Eduardo Mendez</td>
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<td>William T. Lecher</td>
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<tr>
<td>12:30-1:45P</td>
<td><strong>LUNCH (PROVIDED)</strong></td>
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<td>1:45-2:45P</td>
<td><strong>Break Out Session 1E</strong></td>
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<td>Hear Our Voices: Men Discuss Their Careers in Nursing</td>
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<td></td>
<td>Susan A. LaRocco</td>
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<tr>
<td>2:45-3:00P</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>3:00-4:00P</td>
<td><strong>Plenary Session</strong></td>
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<td>Jeffrey N. Doucette, RN, MS, CEN, CHE, CNA, Associate Operating Officer, Duke University Medical Center</td>
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<td>“Privileged Interruption: A Call to Caring”</td>
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<tr>
<td>4:00-5:15P</td>
<td><strong>ANNUAL BUSINESS MEETING / ELECTION</strong></td>
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The address of the medical center is
51 N. 39th Street, Philadelphia, PA 19104

Breakfast/Lunch and Registration
will be held in the
Wright-Saunders Building Medical Conference Room (MCR)
in the wing where Administration and the cafeteria are located

Welcome/Keynote/Plenary Session/Annual Business Meeting
will be held in
PHI 106 (Auditorium)
of the Philadelphia Heart Institute (PHI) Building

Breakout Sessions
1A, 1C and 1E
will be held in the
Medical Conference Room (MCR)

Breakout Sessions
1B, 1D, and 1F
will be held in
Conference Room B, Wright-Saunders Building,
in the Administration wing; entrance across from the Medical Conference Room (MCR)
This continuing nursing education activity has been approved by the New York State Nurses Association, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation, for 5 contact hours for Saturday sessions.

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<tr>
<th>Time</th>
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<tr>
<td>7:00-8:15A</td>
<td><strong>REGISTRATION/ BREAKFAST (PROVIDED)</strong></td>
<td><strong>OPENING REMARKS</strong></td>
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<tr>
<td>8:15-8:30A</td>
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<tr>
<td>8:30-9:30A</td>
<td><strong>Break-Out Session 2A</strong></td>
<td><strong>Break-Out Session 2B</strong></td>
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<tr>
<td></td>
<td><em>Karate and Kayaks and Keyboards, Oh My!</em></td>
<td><em>Curricular Development of a Men’s Health Nursing Course</em></td>
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<td></td>
<td><em>Barbara Chamberlain</em></td>
<td><em>Michael L. Williams</em></td>
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<tr>
<td>9:30-9:45A</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>9:45-10:45A</td>
<td><strong>Break-Out Session 2C</strong></td>
<td><strong>Break-Out Session 2D</strong></td>
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<td></td>
<td><em>Evidence-Based Practice: A Novel Approach to Introducing Evidence-Based</em></td>
<td><em>Army Sanitary Science in the Union</em></td>
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<td><em>Practice Into Pre-licensure Nursing Programs</em></td>
<td><em>During the American Civil War</em></td>
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<td><em>Daniel Cline</em></td>
<td><em>Edward J. Halloran</em></td>
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<tr>
<td>10:45-11:00A</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>11:00-1200P</td>
<td><strong>Break-Out Session 2E</strong></td>
<td><strong>Break-Out Session 2F</strong></td>
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<td><em>Supporting Male Nursing Students in an Obstetrical Clinical Rotation</em></td>
<td><em>Gender Differences in Heart Failure Self-Care Behavior</em></td>
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<td></td>
<td><em>Josephine Devito</em></td>
<td><em>Christopher S. Lee</em></td>
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<td><em>Scott Saccomano</em></td>
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<tr>
<td>12:00-1:15P</td>
<td><strong>LUNCH (PROVIDED) / BUSINESS MEETING WRAP-UP</strong></td>
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<td>1:15-2:15P</td>
<td><strong>Break-Out Session 2G</strong></td>
<td><strong>Break-Out Session 2H</strong></td>
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<td><em>It’s a Guy Thing: Management and Self-Issues of Type 2 Diabetes in Men</em></td>
<td><em>Retaining Men in Traditional and Non-traditional Nursing Education</em></td>
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<td><em>Scharalda Jeanfreau</em></td>
<td><em>Programs</em></td>
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<td><em>Bridget Nettleton</em></td>
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<td><em>M. Sharon Boni</em></td>
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<tr>
<td>2:15-2:30P</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>2:30-3:30P</td>
<td><strong>Break-Out Session 2J</strong></td>
<td><strong>Break-Out Session 2K</strong></td>
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<td><em>The Alexian Brothers and Nursing in the 20th – Century Catholic Hospital</em></td>
<td><em>Gender Differences and Factors</em></td>
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<td><em>Barbra Mann Wall</em></td>
<td><em>Predicting Male Nursing Doctoral Students' Intentions to Seek a Faculty</em></td>
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<td><em>Position</em></td>
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<tr>
<td>3:30-3:45P</td>
<td><strong>BREAK</strong></td>
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<tr>
<td>3:45-5:00P</td>
<td><strong>Final Session: “The Elephant In the Room:” An Informal Roundtable</strong></td>
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<td><em>Discussion About Why Young Men Rarely Consider Nursing A Viable Career</em></td>
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WHERE TO GO:
PLEASE REFER TO YOUR CONFERENCE PACKET INSERT
FOR SESSION LOCATIONS:

BREAKFAST AND REGISTRATION

BREAK OUT SESSION

BREAK OUT SESSIONS

LUNCH/ BUSINESS MEETING RAP-UP

FINAL FOCUS SESSION - “THE ELEPHANT IN THE ROOM”
The Meaning of Masculinity for Recent Male Nursing Graduates

Research Question:
Previous researchers have reported that societal definitions of masculinity may act as a barrier to men entering the nursing profession. In addition, researchers have reported that men who enter nursing may hold a different view of masculinity than men who would not choose nursing as a career. However, little has been reported in the literature on the meaning of masculinity for men in nursing. Therefore, the purpose of this study was to describe the meaning of masculinity for men who have chosen nursing as a career and have recently completed a baccalaureate nursing education program.

Theoretical Framework:
The concept of hegemonic masculinity was used to describe normative characteristics of masculinity and for comparative purposes with the characteristics of masculinity described by participants in this study.

Methods/Design:
A qualitative phenomenological research design was used to study males who had recently graduated from a baccalaureate nursing program. Eight men were interviewed using a semi-structured interview technique before data analysis reveal saturation had been reached. Audio recordings were made of each interview and transcribed verbatim. Three analysts independently reviewed the written transcripts then jointly reached a consensus on the themes to emerge from the data.

Findings:
Three distinct themes emerged from the data analysis: masculine image, masculine attitudes and masculine caring. It was concluded that the men in this study had an overall complicit meaning of masculinity, personally rejecting the oppressive and dominating normative standards of masculinity, but recognizing and benefiting from patriarchal practices. A unique finding was that the men in this study articulated caring as an aspect of their masculinity, and this finding is not consistent with characteristics of hegemonic masculinity reported in the literature.

Ken Tillman, PhD, RN
Southeastern Louisiana University, Hammond, LA
Retaining Men in Traditional and Non-traditional Nursing Education Programs

Contribution to the literature:
While there is increased interest in nursing as a profession for men in nursing, only 10% of working nurses are men. Even a smaller percentage of men (7%) are represented in nursing education programs nationwide. Many factors contribute to this under representation of men in nursing. Patterns of withdrawal behaviors for men enrolled in nursing education programs were examined using a random sample of withdrawn students.

Key Concepts:
Retention, Men in Nursing, Traditional and Nontraditional Nursing Education Programs.

Synopsis:
A sample of male nursing students was selected and contacted after withdrawing from the nursing program. They were asked to comment on their plans to continue with their education or if not, why not. In addition they were asked to indicate what was preventing them from completing their program of study and if there was something the school could do to encourage their continuation in the program.

Conclusion:
If nurse educators and administrators can respond more effectively to early signs of lack of progression and lack of persistence on the part of men in schools of nursing we can retain more men in nursing. During this presentation we will explore strategies to retain men in nursing including proactive advisement, enhanced faculty-student interaction and early intervention when failure to progress becomes evident. It is critical that we strive for more gender equity within the profession and this requires adding new nurses, especially men nurses, to the workforce.

M. Sharon Boni, PhD, RN
Dean, School of Nursing and Health Administration, Fairmont State University, Fairmont, West Virginia

M. Bridget Nettleton, PhD, RN
Dean, School of Nursing, Excelsior College, Albany, NY
The internet has become an integral part of world culture. No search engine generates more images than Google.com. The internet website, YouTube.com, has become a repository of video images posted by people throughout the world. In western culture, the term “male nurse” congers up many different mental images. Using this term as a descriptor in Google.com generated 943-posted images, 109 videos, and 381 news postings on April 30, 2007. Searching YouTube.com using the same term generated 120 video postings, as well.

This presentation will offer a means to categorize the image, videos, and news items posted and provide examples and samples within each category. Each category has been created based on representation of common themes. Thematic descriptors noted within the image section includes grouping and organizing postings of: men in nursing attire/scrubs; men in street clothes; advertising; tables and graphs; products including toys; cartoons; sexually suggestive content; and totally unrelated postings to name a few. Sub-groupings within categories will be discussed as well. In addition to describing categories and sub-groupings, a positive, negative, or neutral image rating will be assigned to each posting as it relates to the male nurse image.

The presentation will describe the manner in which the criteria were developed for this rating system as well as reporting the overall results of this analysis within each category. The video postings of Google.com and Youtube.com will be presented in a similar manner and will receive an assignment rating as well.

This analysis will create a “cultural baseline” specific to the image of men in nursing. The work can then serve to support annual updates in cataloguing the visual representation of the male nurse model displayed on the worldwide web. Evolutionary changes will be able to be tracked, described and analyzed on a longitudinal basis.

Don Anderson, CM RN, ED
Associate Professor of Nursing Curry College Division of Nursing, Milton, MA
**Conference Abstracts for Sessions**  
**Friday, October 26, 2007**  
**Day 1**

**1C  Do Male Nurses’ Model Health Promotion of Men’s Health Issues?**  
**Assessing Knowledge, Attitudes and Beliefs**

**Problem or Research Question:**
The evidence has shown that an individual’s reasons for considering and possibly adopting any health-related behavioral change (including health promotion activities) are influenced by a variety of factors including: their belief, knowledge, attitude, value, drive, and motivation and self-efficacy systems. Using a brief survey to assess male nurses’ knowledge and health beliefs regarding men’s health issues, can one evaluate the level that male nurses are modeling health promotion in their own lives?

**Theoretical Framework:**
The Health-Promoting Self-Care System Model is particularly useful to this study in that it links the attitudinal and behavioral patterns of health with nursing. This model is based on the assumptions that persons have the ability to develop the knowledge, skills, and attitudes required for participation in health-promoting behaviors and that self-care and health responsibility are valued in health promotion.

**Methods/Design:**
Knowledge of men’s health issues will be collected from male nurses attending a local AAMN conference on 6/11/07 via a survey that includes 15 men’s health knowledge questions posted on the web by the United States Department of Health and Human Services’ Centers for Disease Control and Prevention plus a few other questions to evaluate other factors that may influence male nurses’ perceptions of men’s health issues and influences in how they seek or receive help for health concerns.

**Findings:**
The data will be collected and summarized between June and August 2007. Sample population demographics (age, race, nurse years of experience, current practicing role, and highest degree level) will also be compared to men’s health issues’ knowledge scores and perceptions.

**Eduardo Mendez, RN, MPH**  
Director, Evidence-Based Care, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH

**William T. Lecher, RN, MS, MBA**  
Senior Clinical Director Specialty Resource Unit, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH
The occupation of nursing has been dominated by women throughout the history of the United States of America. Even today, men comprise only 6% of all registered nurses in the U.S. Yet studies continue to find that male nurses earn more than female nurses who are comparable in education, experience, work setting, title and position, and other relevant factors. This study seeks to understand whether these differences in pay may be explained by gender differences in altruism.

In 2006, RNs earned an average of $978 per week. Male nurses, with average weekly earnings of $1,074, earned 10.6% more than women, with an average of $971. Two recent studies have used a human capital model to examine the wage gap, seeking to explain the difference in earnings with gender differences in education, experience, work setting, title and position, etc.

Using data from the 1996 National Sample Survey of Registered Nurses (NSSRN), a survey of approximately 35,000 RNs conducted by Department of Health and Human Services, Kalist (2002) found an unexplained gender wage gap of 12% even when controlling for differences in human capital variables. Jones & Gates (2004) used 2000 NSSRN data and discovered that male nurses earned 8% more than females – a gap that can not be explained by human capital or other work-related variables.

One possible explanation for this persistent wage gap is gender differences in altruism. A multitude of evidence suggests that in general, women exhibit more altruistic values than men. Is that generalization true even for men and women in nursing? If so, could it be that men are generally less willing to accept lower wages than women in exchange for the “feel-good” factor of their jobs?

In his article “The Economics of Vocation or Why is a Badly Paid Nurse a Good Nurse?,” Anthoney Heyes (2003) asserts that nursing is a “vocation” that some people choose because they feel called to helping others. Altruistic nurses are willing to accept a wage as a nurse that is less than they could earn at some other job because they feel that nursing is a vocation. An extension of this logic leads to the question: if male nurses tend to be less altruistic than female nurses, would they—as a group—demand higher wages than their female counterparts?

Folbre & Nelson (2006) reject Heyes’ assertion in their article “Why a Well-Paid Nurse is a Better Nurse.” They argue that it is incorrect to assume that workers who take low wages are more altruistic. Instead, they contend that altruism may actually lead to a higher wage because altruism makes nurses better at their occupation.

This study will use a human capital model to examine whether gender differences in nurses’ pay may be explained by gender differences in altruism. Data will come from a survey of the alumni (approx. 5,000) of the Johns Hopkins University School of Nursing, to be conducted in the spring and summer of 2007.

**Kelly Brooks-Staub, MA**  
**Johns Hopkins University School of Nursing, Baltimore, MD**
Hear Our Voices: Men Discuss Their Careers in Nursing

Research Question:
During the 1940s through the 1960s it was even more unusual for a man to choose nursing than it is today. This study examines the experience of choosing nursing and becoming a nurse from the perspective of these men. It further considers their experiences after graduation and explores their perceptions of nursing as a career option for men.

Methods:
Using the traditions of oral history, audiotaped interviews have been conducted with men who became licensed as Registered Nurses in the 1940s through the 1960s. These interviews were transcribed, edited for accuracy, reviewed by the participant and then analyzed using Max QDA, software that assists with qualitative data management.

Results:
Men who entered nursing in the 1940s through the 1960s frequently attended all male schools of nursing. Some of these men belonged to religious orders when they studied nursing. The process of choosing nursing and the men’s experiences as students are discussed. Their contributions to nursing and their perceptions about nursing as a career for men are also reviewed. Whether these nurses spent their career practicing nursing or were employed in some other aspect of health care, their nursing education shaped their values. Although very few men chose nursing as a career more than 30 years ago, many of the men who did become nurses have had long and satisfying careers. Their love for nursing and their perception of nursing as a career that provides for service to mankind as well as tremendous personal satisfaction may be inspirational to young men and boys who are considering their future life’s work.

Susan A. LaRocco, PhD, RN
Associate Professor Curry College, Milton, MA
**Contribution to the Literature:**
This presentation will outline how to start a local chapter of the American Assembly for Men in Nursing. It will explore both the challenges and successes experienced with the start up of a new chapter of the American Assembly for Men in Nursing in Cincinnati, Ohio.

**Key Concepts:**
A review of the ways to overcome obstacles and be successful will be discussed. Examples of how to communicate key dates and information will be shared. Sample copies of mailers, e-mails, flyers, posters and business cards will be reviewed. The success of a new chapter and how to keep the momentum going will be discussed.

**Synopsis:**
The start up of any new organization chapter is challenging and can be discouraging at times to the individuals attempting to reach their goal of forming a new chapter. This challenge requires dedication and perseverance by the chapter formation members. Finding the core group of individuals and sponsorship by an organization are of great importance to the success of the formation of the chapter. Setting up bylaws, meeting agendas, dates, times and locations to have meetings, membership applications and even the name of your local chapter require many hours of work. This is followed by the establishment of chapter goals and objectives and the assignment of responsibilities for them.

**Conclusion:**
Addressing the challenges that have been faced and the successes realized by other local chapters when starting up a new chapter will identify key points to address when starting the process of forming a new chapter. To be successful in the start up of a new chapter you can learn from others mistakes, improve upon their ideas, and incorporate their successes into your plan. Identifying the core group of individuals and establishing the chapter formation team is essential in the beginning phase of establishing the chapter. Formal election of officers and committee chairs provides the foundation to move forward once established and recognized by the national board of directors.

Glenn R. LeBlanc, RN  
Chapter President, GCAAMN

William T. Lecher, RN  
Founding Chapter Member, GCAAMN

Hunter Jones, RN  
Chair, Membership Committee, AAMN
This abstract relates to conference objective 7: recruitment and retention strategies of men to the nursing profession.

**Contribution to the Literature:**
This is one of two calendars as far as I know that puts men in nursing and their professional and personal lives out in the public arena. The calendar has been taken to high schools and middle schools to initiate a spark of interest in young men to join the nursing profession.

**Key Concepts:**
calendar, professionalism, hobbies

**Synopsis:**
In 2006 the Institute for Nursing of the New Jersey State Nurses’ Association decided to use a calendar to recruit men into nursing. An application process was developed that included an essay and a photograph which were judged by men and women. We expected 50 men to be interested in our calendar but we received 200 applicants – we were surprised and overwhelmed. Although we planned to make a 12 month calendar, we soon learned it was difficult to narrow the number of applicants to 12. We ended up with an 18 month calendar showing each man in professional garb and also engaged in a hobby such as kayaking, keyboarding, and karate. We also had a glamorous gala where each of the men dressed formally and autographed their picture in the calendar. The calendar was sold as a fundraiser to raise scholarships and the gala raised $18,000 for scholarships for both men and women interested in nursing.

**Conclusion:**
A calendar is a unique way to involve men in recruiting other men into nursing and a great way to raise funds for scholarships.

**Barbara Chamberlain, DNSc, APN, C, CCRN, WCC**
President-Elect, New Jersey State Nurses’ Association
Introduction:
Courses on women’s health in nursing school programs is quite common. And yet, despite increasing interest in health issues of men and boys, few nursing programs offer a men’s health nursing course. The development of a men’s health nursing course has the potential to enlighten current and future nurses to the importance of gender-sensitivity in health care. Whereas, the women’s health movement has made great strides in increasing relevant content in nursing curricula, the men’s health movement has lagged behind. Furthermore, even if a men’s health course is offered, there are no guidelines as to the relevant content to be covered in such courses.

Problem(s):
Men’s health courses, while having the potential to increase gender-sensitive care for men, lack any guidelines as to important content to include in the curriculum. One potential problem with a lack of a standardized approach to men’s health courses is that they may end up being a ‘prostate and penis’ course focusing solely on sexual health issues and men. Or a course may focus solely on the biological differences between men and women and across a man’s lifespan and neglect a holistic approach to addressing men’s health issues.

Key Concepts:
Lack of standardization of men’s health courses in nursing programs may lead to insufficient understanding of issues important to men’s health. Developing curricular standards for approaching men’s health would benefit faculty and students in these courses and assure some level of consistency between various men’s health courses. The American Assembly for Men in Nursing (AAMN) could play an important role in developing model course offerings in men’s health for nursing school use.

Synopsis:
While there is no standardized approach to developing a course on men’s health exists, literature reviews and internet searches provided some guidance when this author was developing a course on men’s health. Utilizing a holistic approach to men’s health, the author elected to focus on 1) biological health concerns of men, 2) sociocultural factors related to men’s health, 3) psychological concerns of men, 4) reproductive and sexual health concerns of men, 5) men’s lifestyle and fitness including nutrition, exercise and weight management, and 6) health promotion and illness prevention targeting men. Additionally, a lifespan perspective and care of disenfranchised groups of men (homeless, prisoners, gay men, and racial minorities) were also included in the course development.

Conclusion:
Valuable lessons were learned by this author when developing and offering a men’s health course for nursing students. These lessons learned may assist other faculty interested in developing a men’s health course. Furthermore, curricular guidance from the AAMN could prove to be very helpful in curricular development of courses focusing on men’s health.

Michael L. Williams, MSN, RN, CCRN, CRE
Associate Professor of Nursing, Eastern Michigan University, Ypsilanti, MI
To ensure our graduates enter the professional workforce with the tools needed to be effective practitioners the first year faculty engaged in a process of teaching first-year students about Evidence-Based Practice. We wanted to create a setting that would stimulate learning about Evidence-Based Practice, promote professional development, encourage communication and teamwork, and be enjoyable.

We developed a one-day, student led mini-conference on Evidence-Based Practice and ethics. Students were divided by clinical groups, asked to select a topic from their clinical setting, and then asked to present a forty-five minutes presentation related to Evidence-Based Practice. Prior to the event, we conducted seminars on nursing research and Evidence-Based Practice to assist them with their presentations. Groups worked closely with their clinical instructors to adequately define the topic, narrow the search, and find the literature.

Engaging students in unique, informative, and interactive learning opportunities is something all educators strive to achieve.

Daniel D. Cline, MSN, CRNP, APRN, BC
Community College of Philadelphia, Department of Nursing, Philadelphia, PA
Conference Abstracts for Sessions  
Saturday, October 27, 2007  
Day 2

2D Army Sanitary Science in the Union During the American Civil War

Research Question:  
Who authored the sources of information on sanitary science used by the United States Sanitary Commission [USSC] to instruct volunteer inspectors to teach military officers how to preserve the health of Union Armies during America’s Civil War [ACW]?

Background and Historical Significance:  
At the beginning of the American Civil War, leaders of the United States Sanitary Commission credited Florence Nightingale with the introduction of methods to preserve an Army through the use of principles of sanitary science. Frederick Law Olmsted wrote in the American Medical Times for 10 AUG 1861 that “…the remarkable and tangible result of reducing the mortality from sixty per cent to less than the guards of London, by the application of the laws of sanitary science…” provided the example needed for the USSC to undertake similar work. Elliot, too, in his presentation of disease mortality comparisons at the 1863 Berlin International Statistical Congress provides statistical evidence for the effectiveness of sanitary science in reducing disease mortality in the US during the ACW and credits Herbert and Nightingale. Stille, in his 1866 history of the USSC, makes similar comments about Nightingale’s influence on the work undertaken by the voluntary organization over the four years of the ACW.

Methodology:  

Findings:  
Sanitary science is disease prevention and to a lesser degree, relief and treatment for specific ailments. Air, food, water, and insect borne communicable diseases were the object of reforms of the military medical establishment using sanitary science as was the medicinal use of food, both to prevent disease and also to relieve the sick. In the late spring of 1862 battlefield relief eclipsed prevention but only after the USSC inspected regiments containing over 800,000 Union troops who were taught disease prevention.

Edward J. Halloran, RN, MPH, PhD, FAAN  
Associate Professor School of Nursing, University of North Carolina, Chapel Hill
There has been an increase in the number of men entering nursing since the year 2000. Despite the fact that men are entering nursing in increasing numbers, the profession clearly has not yet caught up with other fields in changing its gender mix. While more men are choosing to go into nursing, a growing number are not staying in the profession following graduation from nursing school. The question remains, how can contemporary nursing education assist in developing the role of the professional nurse for males entering nursing? Nursing education involves both theoretical and clinical experiences in the areas of medical, surgical, pediatrics, and obstetrical nursing.

The role of nursing education in 2006 is very challenging for the nurse educator. Programs have to be developed that can accommodate student populations that are from more diverse cultures, those pursuing second careers, older students with life experiences, as well as male students. Nursing programs especially clinical experiences must be developed that are sensitive to the educational needs of male nursing students and the needs of patients. Clinical nurse educators must be aware of these factors so the appropriate environment and educational requirements may be provided.

Perceptions of male students in OB have been mixed. While the role of the male nursing student in OB is not always welcomed, many partners of women receiving care at this time feel that as long as good nursing care is being administered and their family member is satisfied, this should be the focus of concern. Female patients who relate well with male obstetricians usually do so with male nurses.

OB clinical nursing experiences need to focus on the male nursing student and consider:

1. Clearly stated clinical objectives for each experience.
2. Accountability to professional standards and policies.
3. Clinical evaluations during the semester and weekly feedback.
4. Availability of a nursing skills lab for students to practice on simulated patient and newborn models.

Goals for nurse educators in designing appropriate OB clinical experiences are to:

1. Assess the needs of the male student for fulfilling their clinical objectives.
2. Develop goals to achieve areas that need improvement.
3. Create an atmosphere of trust and professionalism.
4. Provide student mentoring and guidance during patient assessments.
5. Assign appropriate patients and inform the patients of the role of the male nursing student.

Nurse educators must be aware of the needs of male nursing students in order to assist them in establishing their roles and meeting their program objectives. Efforts to make the learning experience for male nursing students meaningful will encourage both critical thinking and enhance the professional nursing role.

Josephine Devito, PhD, RN
Seton Hall University, South Orange, NJ

Scott Saccomano, Phd (c), APRN, BC, GNP
New Jersey City University, Jersey City, NJ
Research Question:
Studies investigating the self-care behaviors of persons with heart failure (HF) inconsistently report gender differences. The purpose of this analysis was to determine if there are gender differences in the level of reported HF self-care practices, under the hypothesis that no gender differences exist. Theoretical Framework: HF self-care was defined as a naturalistic decision making process involving the choice of behaviors that maintain physiologic stability (self-care maintenance) and the response to symptoms when they occur (self-care management).

Methods:
A retrospective analysis of cross sectional data collected from 245 patients with chronic HF recruited from large urban HF clinics was performed. Self-care was measured with the Self-Care of HF Index (SCHFI). SCHFI subscale scores include self-care maintenance (adhering to medications and diet) and self-care management (monitoring for and treating symptoms, and evaluating treatment strategies). A subject's confidence in their self-care practices was measured as self-care confidence. Scores on each of the subscale are standardized to 100, with higher scores indicating better self-care. A t-test for Equality of Means was performed, without assuming equal variance.

Male subjects reported better HF self-care maintenance practices (p=.002), despite similar age, length of time since HF diagnosis and functional class. However, there were no significant differences in HF self-care management behaviors or HF self-confidence by gender.

Conclusion:
Male subjects in this study may have reported higher levels of behaviors that maintain physiological stability for several reasons. First, although having many similar characteristics as females in this sample, men had a significantly lower EF, which may require that they are more actively engaged in certain self-care practices. Second, male subjects may perceive that they engage in higher levels of self-care behaviors. Third, female subjects may under-report the level of their self-care maintenance practices or take on caregiver roles within their families. Overall, the results of the HF self-care scores in this heterogeneous sample for both genders are low, and the only gender difference was found in self-care maintenance, which recent data suggests is less important than self-care management in impacting health care outcomes in HF. Future studies should also consider the impact of ethnicity, marital status, and interaction effects on self-care behavior.

Christopher S. Lee, RN, MSN, CCRN, PhD (c)
University of Pennsylvania School of Nursing, Philadelphia, PA

Victoria Dickson, PhD, CRNP
University of Pennsylvania School of Nursing, Philadelphia, PA

Beverly Carlson, MS, RN
San Diego State University School of Nursing, San Diego, CA

Barbara Riegel, DNSc, RN, CS, FAAN, FAHA
University of Pennsylvania School of Nursing, Philadelphia, PA
It’s a Guy Thing: Management and Self-Issues of Type 2 Diabetes in Men

Contribution to the Literature:
It is commonly accepted that an epidemic of diabetes, predominantly type 2, exists and that management remains a challenge to the people afflicted with the condition and the health professionals who care for them. Health professionals often assume that diabetes affects genders equally.

However, the American Diabetes Association reports that over one million more adult men than women have diabetes. Co-morbidities and complications from diabetes are often associated with inconsistent self-care of this disease.

Common personality traits associated with maleness or masculinity can adversely affect men’s self-care of diabetes. Yet, there is a paucity of literature related to the special management and self-care issues experienced by men or that considers diabetes within the context of men’s lives. This paper addresses management and self-care issues within the context of men’s lives and provides suggested interventions that are specific to men. Thus, it will expand the body of literature related to management and self-care issues that men with type 2 diabetes may encounter.

Key Concepts:
self-care, context of men’s lives, co-morbidities, complications

Synopsis:
Men who have type 2 diabetes encounter co-morbidities and/or complications that may be related to self-care issues that are unique to men. This paper aims to increase one’s understanding of these issues and to suggest self-care interventions that consider the context of men’s lives.

Conclusion:
Men with type 2 diabetes experience unique management and self-care issues that must be considered within the context of their lives as men. Yet, little research has been conducted to study type 2 diabetes within the context of men’s lives. This paucity of research reinforces the need for research studies related to management and self-care of type 2 diabetes and that test interventions specific to men.

Scharalda Jeanfreau, DNS, FNP, CDE
Associate Professor, Louisiana State University Health Sciences Center, New Orleans, LA
2J The Alexian Brothers and Nursing in the 20th Century Catholic Hospital

Problem:
Nursing’s history has primarily focused on women’s accomplishments, yet men predominated in medieval nursing, in both Western and Eastern institutions. The Alexian Brothers, for example, organized to care for victims of the Black Plague in the 14th century in Germany and the Low Countries. This paper examines the leadership roles of men in nursing by analyzing the history of the Alexian Brothers Catholic hospital in Chicago from 1866 to 2000. It will explore the ways in which men nursed and led their hospital over the course of the 20th century, when market influences increasingly shaped medicine and healthcare.

Research Questions:
a) Since the Alexian Brothers performed all nursing tasks, what strategies did they use, historically, to promote men’s health and educate more men into nursing?
b) To what extent did religious beliefs, ethnicity, and gender affect the Alexian Brothers’ nursing, and, in turn, the types of patients they served?

Methods/Design:
This study utilizes the historical method to study extensive archival records, identify other appropriate primary and secondary sources, and evaluate and interpret data within the broader framework of historiographical literature.

Findings:
After their arrival in America in the 19th century, Alexian Brothers had their postulants and novices perform much of the early nursing as part of their training for the novitiate. In 1938, the novitiate transferred to Tennessee, which compelled superiors to open their School of Nursing to laymen. The “all-male” policy did not change until 1963, when physicians demanded a place to hospitalize female patients.

This study will show that religion, gender, and ethnicity held both real and symbolic influences on the brothers’ nursing and hospital work. It also will show differences and commonalities in gender and church hierarchical struggles by comparing men’s nursing to my previous work on Catholic sisters as nurses.

In her Notes on Nursing (1860), Florence Nightingale highlighted the role of women as nurses. As empowering as this was for women, this historical study will show that this natural role allocation was not always dominant.

Barbara Mann Wall, PhD
University of Pennsylvania School of Nursing, Philadelphia, PA
The current shortage of clinical nurses is impacted by the scarcity of doctorally prepared faculty. Not only does the faculty shortage limit increased enrollment but the relative dearth of male faculty results in few male role models in schools of nursing. The aim of this study was to examine gender differences regarding factors impacting intentions to seek a faculty position and identify factors predicting intention of male students to seek a faculty position after graduation.

The results of this secondary analysis indicate that issues potentially under the control of the school’s administration, defining and enforcing standards of student behavior plus mentoring regarding test construction and interpretation, are factors that may influence male doctoral students’ intentions to seek a faculty position. Further research regarding gender specific attitudes and motivators is needed to identify issues that may impact recruitment of both male and female nursing faculty.

Charles Larew, PhD, RN  
Postdoctoral Fellow, University of Pittsburgh School of Nursing, Pittsburgh, PA

Louise S. Jenkins, PhD, RN  
Associate Professor, University of Maryland School of Nursing, Baltimore, MD
1. In what ways have nursing faculty or peers made your or another male nursing student uncomfortable by reinforcing stereotypes or demonstrating a lack of cultural competence regarding men in nursing?

2. How is nursing practice affected by continued stereotypes of men in the nursing?

3. How can nurses and nursing students challenge the stereotypes within the professional and academic atmosphere to raise awareness of challenges faced by male nursing students in order to create a more welcoming, comfortable and productive learning environment?
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aguzman@uab.edu
AGENDA

I. Adoption of Agenda

II. Review and approval of minutes – 2006

III. Officers Reports
   a. President - see page 34
   b. Vice President - see page 35
   c. Secretary - see page 36
   d. Treasurer - to be submitted day of conference for accuracy
   e. Board Members

IV. AAMN Foundation Report - see page 37

V. Association Management Firm Report

VI. Committee Reports
   a. Bylaws
      i. Proposed Amendment - see page 38
   b. Education
   c. Communications
   d. Nominations
   e. Membership and Chapters - see page 39

VII. Old Business

VIII. New Business
   a. NSNA Resolution - see page 40
It has been my pleasure to serve as your President in 2007. My goals have been to remain mission focused and improve our organizational infrastructure while promoting organizational membership. As we approach our annual conference, I am entering my last year as President but will have the opportunity to collaborate with the President-Elect that we elect during this conference. I am looking forward to continuing to serve our organization during 2008.

Our American Assembly for Men in Nursing (AAMN) Board of Directors has been actively working on behalf of the AAMN membership this year. We have continued to focus on our mission of promoting men in nursing and men’s health issues while improving our organizational infrastructure. Below is a listing of activities accomplished or in progress:

- Executive Board appointed Dr. Bridgette Nettleton to the AAMN board upon the resignation of JoAnn Grunow.
- Recognized new chapters: Cincinnati, Southeast Louisiana, and Northwest Georgia.
- Signed contract with Rue Education to provide an educational incentive to AAMN members.
- AAMN Name and logo policy adopted: The name and logo of the AAMN are the property of the Assembly. As such, any use of the name and/or logo (including the use of the name for chapters) must be authorized by the Board of Directors in advance of such use. Request may be submitted which detail the extent of use and purpose(s) for such use for the Board to consider. Logo use that is authorized by the Board must be include the logo in its entirety, with the colors, content, and other graphic standards as set by the Board.
- Discussed potential collaboration with Canadian Men in Nursing group.
- Malcolm Mahler webmaster resigned. RFP for webmaster posted. Applicants reviewed. Webmaster appointed by Board. Alfredo Guzman is currently AAMN webmaster.
- AAMN joined group membership of the American Academy of Nurse Practitioners.
- Dr. Nettleton represented AAMN on a panel of industry and professional organizations at the National Alliance for Partnerships in Equity Conference in Washington, DC.
- The National Association of Student Nurses has presented a resolution for AAMN consideration. The Board has reviewed this resolution. The resolution will be presented in the General Membership meeting. The resolution focuses on advocating for a more accurate and less sexist media portrayal of nurses.
- Chad O’Lynn appointed to represent AAMN on the National League for Nursing Scholarship Review Committee for diversity scholarships.
- AAMN Foundation and Johnson and Johnson awarded $20,000 in scholarships to nursing students
- Approved proposal to secure AAMN archives with Rush University.
- Discount rate for *American Journal of Men’s Health* added as membership benefit to AAMN members.
- Organizational chart developed of AAMN.
- International Membership category instituted.
- 2008 Conference planned for October 24 and 25, 2008 in New Orleans, Louisiana hosted by Louisiana State University Health Sciences Center School of Nursing
- Chapter director has been assembled and will be posted to website
- Continued to provide awards: Luther Christman, Lee Cohen, Best Workplace, Best Nursing School.
- AAMN facilitating the recruitment of men in nursing for two nursing research studies.
- Conducted evaluation of association management firm.
This has been a quiet year for By-laws changes there is only one that will be voted on at this year’s annual conference. The By-laws change that will be voted on has to do with adding another level of membership to organization. We will be discussing the addition of a corporate membership level. What we hope to accomplish with this is to increase our exposure to other organizations and businesses and to increase revenue. Also by having a corporate level of membership we will be able to offer discounts to those entities that do become corporate members on advertisement in the InterAction and during annual conference. (see proposed bylaw changes on page 38)

Below is the breakdown for the AAMN Foundation account. The CD matured in august of this year and it was decided by the Foundation Board that we change the CD from a 2 year CD to either a 6 month or yearly renewal date. After discussing the rates with Bank Of America where CD is located, the Foundation Board moved to put the CD into an 11 month account. This will allow us to be better able to control money and provide a more accurate accounting on a yearly basis of Foundation funds. The old CD was earning us an annual interest rate of 3.35% but the new 11 month rate is 4.65%. The Foundation CD earned a total of $887.80 for the 2 years. Money that is generated from our affiliation with Job Target has so far this year generated $1,960.

**Foundation Assets:**

- **CD** $13,326.81
- **Checking** $8,258.72
- **Total Assets** $21,585.33

This year we were also able to hand out scholarships in the amount of $1,000 each with the assistance of Johnson and Johnson. The Foundation also had enough funds that we were able to match the $10,000 donation and so 20 $1,000 scholarships were given away. It is hoped that the Foundation will be able to every other year be able to give away these $1,000 scholarships. It is not clear if we will continue to be able to match the Johnson and Johnson donation each time but the Foundation Board will strive to do so.

We have 18 Luther Christman Fellows with 2 of these people still owing $500 to complete full membership status. There is one full member who has not received his medallion and will be presented it this year at annual conference.

As Vice President of AAMN I want to say thank you for all your hard work and assistance that you have given AAMN this past year. I realize that I have not been as productive as I have been in the past and for this I apologize.

This will be my last year to be fully involved with AAMN as I am nearing completion of my Masters in Health Care Administration and need to concentrate on finishing my degree. I will be staying on as the Treasurer of the AAMN Foundation and will assist in any committees.

I will always be a member of AAMN and a strong advocate but feel that the Board needs some fresh blood and eyes as we move into a new and exciting phase. Thank you for all owing me to be a part of this worthwhile organization.
Summary of Activities: October 2006 – September 2007

- Coordinated 2006 Annual Meeting in Portland, OR
- Prepared final 2006 Annual Meeting Budget and Report
- Assembled and distributed 11 of 13 Board meeting minutes
- Provided official communication to external parties as directed
- Maintained official records for AAMN Board activities/ business

- Served as Chair of Communications Committee
  - Facilitated two meetings of the Committee
  - Facilitated transition between previous and current webmaster
  - Reviewed content of website for accuracy
  - Facilitated AAMN Discussion Forum for two months

- Served as archivist
  - Secured Rush University Medical Archives as repository for AAMN archives
  - Catalogued initial archives sent to Rush University

- Served as a member of the Education Committee

- Filled in as a member of Nominations Committee

- Served as editor of the *InterAction*
  - Edited and produced four issues of the *InterAction*
American Assembly for Men in Nursing
2007 AAMN FOUNDATION REPORT
Jim Raper, DSN, CRNP, JD, FAANP

The AAMN Foundation is the non-profit entity of AAMN and sponsors scholarships, multiple awards, and the Society of Luther Christman Fellows. See page 6 for information on the Oct. 26 Awards Banquet to be held at the Sheraton University City Hotel at 7pm.

Scholarship Activity: In 2007, AAMN Foundation and Johnson & Johnson’s Campaign for Nursing’s Future partnered to provide twenty $1,000 scholarships for male students pursuing professional nursing education. The twenty awardees from fifteen different states are:

<table>
<thead>
<tr>
<th>Name of Awardees</th>
<th>City</th>
<th>State</th>
<th>School of Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander Ignacio Andone</td>
<td>Statesboro GA</td>
<td>GA</td>
<td>Georgia Southern University</td>
</tr>
<tr>
<td>Chris Charles Common</td>
<td>Mt. Pleasant MI</td>
<td>MI</td>
<td>Mid Michigan College</td>
</tr>
<tr>
<td>Khang Do</td>
<td>Modesto CA</td>
<td>CA</td>
<td>California State University of Stanislaus</td>
</tr>
<tr>
<td>David Gregory Farr</td>
<td>Birmingham AL</td>
<td>AL</td>
<td>UAB School of Nursing</td>
</tr>
<tr>
<td>Timothy Vaughn Finke</td>
<td>Fairfield OH</td>
<td>OH</td>
<td>University of Cincinnati</td>
</tr>
<tr>
<td>*Bradley Michael Golden, RN</td>
<td>Austin TX</td>
<td>TX</td>
<td>Texas Tech University Health Science Center</td>
</tr>
<tr>
<td>Kristofer Joseph Karwisch</td>
<td>Erlanger KY</td>
<td>KY</td>
<td>Northern Kentucky University</td>
</tr>
<tr>
<td>Kolton Mark Kuykendall</td>
<td>Lonview TX</td>
<td>TX</td>
<td>University of Texas at Tyler</td>
</tr>
<tr>
<td>*Nason Eric Landreneau, RN</td>
<td>New Orleans LA</td>
<td>LA</td>
<td>LSU Health Science Center</td>
</tr>
<tr>
<td>Stephen John Leonetti</td>
<td>Philadelphia PA</td>
<td>PA</td>
<td>Eastern University</td>
</tr>
<tr>
<td>Ryan Scott Lewis</td>
<td>Chubbuck ID</td>
<td>ID</td>
<td>Idaho State University</td>
</tr>
<tr>
<td>John Michael Moore</td>
<td>Portland OR</td>
<td>OR</td>
<td>University of Portland</td>
</tr>
<tr>
<td>Joe Oppon-Baidoo</td>
<td>Louisville KY</td>
<td>KY</td>
<td>Spalding University</td>
</tr>
<tr>
<td>Shaun D. Rosenberg</td>
<td>Wlatham MA</td>
<td>MA</td>
<td>Curry College</td>
</tr>
<tr>
<td>Jon Nicholson Roth</td>
<td>Happy Valley OR</td>
<td>OR</td>
<td>University of Portland</td>
</tr>
<tr>
<td>Jonah Stafford Smith</td>
<td>New Orleans LA</td>
<td>LA</td>
<td>Louisiana State University Health Sciences Center</td>
</tr>
<tr>
<td>Daniel John Thompson</td>
<td>Oshrosh WI</td>
<td>WI</td>
<td>University of Wisconsin Oshkosh</td>
</tr>
<tr>
<td>Matthew Lowell Trotter</td>
<td>Arlington MA</td>
<td>MA</td>
<td>UMASS Boston</td>
</tr>
<tr>
<td>*Joshua Wayne Vicknair, RN</td>
<td>Westwego LA</td>
<td>LA</td>
<td>Louisiana State University Health Sciences Center</td>
</tr>
<tr>
<td>Greg Allen Wisa</td>
<td>St Peters MO</td>
<td>MO</td>
<td>Truman State University</td>
</tr>
</tbody>
</table>

Foundation Board of Directors:
Jim Raper, DSN, CRNP, JD, FAANP
Gene Tranbarger, Ed D, RN, FAAN
Keith Douglass, RN, ADN, BA
American Assembly for Men in Nursing

BYLAW COMMITTEE REPORT

Proposed Change

Article V Membership
Section B. Membership Levels

Currently:
There shall be four levels of membership: Full Membership, Associated Membership, Honorary Membership, and International Membership.

Change:
There shall be five levels of membership: Full Membership, Associated Membership, Honorary Membership, International Membership, and Corporate Membership.

Add:
Section I. Corporate Membership

Corporate members will include business or corporations wishing to support the work of the association through corporate membership or donations. The amount of corporate dues will be determined by the Board of Directors. Corporate members will receive all privileges of regular membership with the exception they cannot hold an office. The number of people who will receive mailing from the association will be limited to two people.

Purpose:
The reason that the AAMN Board of Directors wished to change Article V Membership is to increase our exposure in corporate arenas as well as increase membership. By adding a corporate level member to membership opportunities, AAMN will gain revenue from advertisement in the InterAction and at conferences.
The Chapters and Membership Committee has had another very active year. We welcome many new members to AAMN from throughout the world.

This year saw the addition of another membership type for members outside of the United States - International Membership with a dues structure to support those members residing in less affluent nations.

Since the last annual meeting, three new chapters have received official recognition.

The chapter in Ohio has been particularly active in recruiting new members and developing and promoting marketing materials. This chapter has even hosted the first regional conference in AAMN! They will be presenting information at this year’s conference on how others can start a chapter as well. The Board of Directors approved a set of “generic” bylaws that could be adopted by chapters, thus making chapter creation even easier.

This year also saw the first conference call for chapters in which chapters could participate and share information and ideas. Several chapters have developed websites, logos, scholarships, social events, and much more.

We have many creative and dedicated members indeed!
AAMN PROPOSES TO ADOPT RESOLUTION FROM THE NATIONAL STUDENT NURSES ASSOCIATION
Chad O’Lynn, PhD, RN

At their 2007 annual conference, the National Student Nurses Association (NSNA) passed a resolution advocating for an accurate and improved professional portrayal of nursing. NSNA forwarded this resolution to various organizations, including AAMN. This summer the AAMN Board of Directors voted to adopt the resolution as an AAMN resolution, since the resolution is congruent with the objectives of AAMN and addresses a pressing need for the nursing profession. This resolution will be presented to the membership at the AAMN annual business meeting, held in conjunction with the annual conference this October in Philadelphia. The revised resolution text, which will be considered at the meeting, is printed below.

In Support of Advocating for an Accurate and Improved Professional Portrayal of Nursing

Whereas Nurses are often characterized by the media as immoral, unintelligent, selfish, and concerned more about their personal lives than about providing safe and appropriate nursing care; and

Whereas there is a continuing pattern of derogatory stereotypes against men in nursing; and

Whereas the deep-seated association between nursing and sexuality discourages practicing and potential nurses, fosters sexual violence in the workplace, and contributes to an atmosphere of disrespect that weakens nurses’ positions as clinicians and educators; and

Whereas desexualization of the nursing image is an essential component of building the strength of the profession; and

Whereas lack of understanding of nursing as a profession by the general public is a common phenomenon that contributes to the nursing shortage; therefore, be it

Resolved that the American Assembly for Men in Nursing (AAMN) encourages its constituents to support increased awareness of and education about the nursing profession and its image; and be it further

Resolved that the AAMN encourages its constituents to counter negative media with appropriate and correct information about the nursing profession which fosters a positive and accurate nursing image; and be it further

Resolved that the AAMN encourages integration of content on the nursing image and individual responsibility for its correction into nursing curricula; and be it further

Resolved that the AAMN foster the importance of collective voice on the image of nursing by educating its constituents through articles in InterAction and sessions at education meetings; and be it further

Resolved that the AAMN share this position statement to all relevant professional and lay organizations and to groups and media who propagate a negative and inaccurate image of nurses and the nursing profession.

Adapted from a resolution originally submitted to NSNA by the University of North Carolina at Chapel Hill Association of Nursing Students.
IN MEMORIAM

Terry R. Misener RN, PhD, FAAN

Terry Misener, 2003 recipient of the Luther Christman award from the American Assembly for Men in Nursing, and Dean of the School of Nursing at the University of Portland since 1998, passed away on May 30, 2007.

Originally from Iowa, Dr. Misener began his nursing education with a diploma from the Broadlawns Polk County Hospital School of Nursing in Des Moines in 1964. He obtained a BSN from the University of Colorado in 1966 and became a Family Nurse Practitioner after completing a Master’s degree at the University of California (Davis) in 1973. His PhD in Nursing Science was from the University of Illinois in Chicago.

Dr. Misener was a veteran of 22 years in the Army Nurse Corps, having retired with the rank of Lieutenant Colonel.

Dr. Misener’s life was full of many outstanding achievements and awards. He was a fellow in the American Academy of Nursing and former president of the American Association of Colleges of Nursing (AACN). In 1994, the National Organization of Nurse Practitioners bestowed on him their Outstanding Teacher Award. He served as Chair of AACN’s national steering committee for the Clinical Nurse Leader program.

During the 2006-2007 academic year he spearheaded a successful proposal to initiate a DNP program at the University of Portland School of Nursing. Dr. Misener was nationally known and respected among nursing educators for his creativity, visionary thinking and promotion of excellence in nursing and health care.

The University of Portland has established the Terry Misener Memorial Fund to honor and celebrate his life and work. For information on contributing to the Memorial Fund, contact Ellie Dir, 503-943-8329, Dir@up.edu.
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