



Australian College of Nursing

# MEN in nursing

A COLLECTION OF STORIES



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# CEO welcome



**ADJUNCT PROFESSOR KYLIE WARD FACN**

AUSTRALIAN COLLEGE OF NURSING  
CHIEF EXECUTIVE OFFICER

Dear Fellows and Members,

As the national and pre-eminent leader of the nursing profession, the Australian College of Nursing (ACN) is committed to ensuring the nursing workforce is welcoming and inclusive to all individuals regardless of how they choose to identify, their gender, sexual orientation or cultural background.

Our Men in Nursing initiative addresses the barriers associated with the recruitment and retention of male nurses, which is one of many ways we continually seek to advocate for positive change within the nursing profession and Australian society in general. The inaugural 'Men in Nursing' eBook features a powerful collection of stories outlining the personal experiences of male nurses. Individually, each story describes a unique journey through the nursing profession. Collectively, these stories convey a powerful message illustrating the many diverse opportunities a career in nursing offers men as well as identifying the challenges they face.

I am proud of each author who captured their nursing journey with such honesty. We are privileged to have each of you within our great profession, and especially our tribe.

At the heart of this eBook is the Men in Nursing Working Party, comprising a dedicated body of exceptional individuals aiming to change the perception of nursing in Australia to be more inclusive of men. I would like to thank the inaugural Chair, Luke Yokota MACN, who is the inspiration behind this working party forming, and all the members of the working party for their tireless efforts to support this important initiative.

This eBook is just the beginning. I believe the nursing profession should lead Australia and set the highest possible standards of inclusiveness and I am honoured ACN is taking a lead on this crucial project to show the nation that #itsoktocare. ●

*Warm regards,*

**Adjunct Professor Kylie Ward FACN**

# Men in nursing introduction



**LUKE YOKOTA** MACN

ACN MEN IN NURSING WORKING PARTY CHAIR  
ACN EMERGING NURSE LEADER

As a man in the nursing profession, I am aware of the social stigmas and perceptions that interfere with more men choosing this career. Most of my early life, I wanted to be a civil engineer. When it came time to decide at the end of my childhood schooling, I felt the call to be a nurse. When I told my grandfather I was going to study nursing, he laughed in my face. My grandfather is not a bad person but he was influenced to believe that nursing is a female profession. In recent times nursing is still seen this way yet, as we progress through the ages, the perception of nursing must progress as well.

When I think of a nurse, I think of someone who truly cares for people, holds and nurtures them. Nurses are not afraid to be there in moments of hardship and joy. Nurses are well educated and vital in the care of all patients. To me, these are genderless attributes.

Behind the scenes, the Australian College of Nursing Men in Nursing Working Party has been working tirelessly to address the many barriers men face when entering the nursing profession. There is plenty of work to be done as men continue to make up approximately 11% of the Australian nursing workforce (Nursing & Midwifery Board of Australia, 2019).

The Working Party objectives are to create greater awareness of nursing as a gender-neutral profession, promote men in nursing while advocating and advancing the profession as a whole. We are also addressing the unheard voice of the nurse and promoting a greater campaign to highlight this amazing profession.

We wish to share these stories from men across Australia highlighting why they chose a career in nursing. These stories, depict vastly different career stages, generations and the many pathways nursing can offer. I have been touched and inspired by these stories. I firmly believe that this movement is needed to continue to support men in nursing. Anyone who has a willingness and the heart to enter the profession should not be restricted by limiting societal norms. Remember, #itsoktocare.

Please enjoy these inspirational stories. ●

***Yours truly,***  
**Luke Yokota** MACN  
**ACN Men in Nursing Working Party Chair**  
**ACN Emerging Nurse Leader**

REFERENCE  
Nursing and Midwifery Board of Australia Registrant Data Reporting period: 1 January 2019-31 March 2019.

# Finding my nursing path



**LIEUTENANT COMMANDER ANTHONY RUSSELL FACN**

ACN NT NETWORK CHAIR

ACN MILITARY NURSING COMMUNITY OF INTEREST  
DEPUTY CHAIR

Nursing? How did I get here? How did I become a specialist emergency nurse? I had no plans to be a nurse; it was never on my radar. My journey into nursing started in 2005 when I graduated from high school. High school was the hardest time of my life as I was bullied beyond belief. I hated school and this led to poor results. After all the pain I just wanted to get away, so I joined the Australian Defence Force (ADF) as a sailor. My thoughts at the time were “it’s a fresh start”..., “new friends, no history...” and “... no-one knows you...” but how wrong I was. I went from one bullying culture to another, but there was a gold lining as I got to experience nursing for the first time during my discharge medical. A young medical sailor (enrolled nurse) was the most compassionate and caring person I had ever met and it led me to thinking that “I would love to do what she does”. I knew that I could be a good nurse. From that moment I didn’t stop thinking about nursing; the fire was lit, and I had a goal. My next hurdle was how to get there.

I returned home to tell my parents that I wanted to be a nurse but having such terrible grades from high school meant I had no idea how I was going to achieve this. I started working in a residential aged care facility and loved it so much I enrolled and completed a Certificate III in Aged Care which

led to the completion of a Diploma of Nursing (Pre-Enrolment). Every moment of nursing training was thoroughly enjoyable — especially the clinical skills and placements where I realised that I wanted to work in critical care. Still I was unsure how I was going to get there.

After completing the Diploma, I secured a fulltime enrolled nursing role working in the nursing resource pool. I had a thirst for knowledge and wanted more so I enrolled in a Bachelor of Nursing at Griffith University. Retrospectively the three years of training went very quickly and before I knew it, I was officially a registered nurse!

I was lucky enough to secure a graduate program and complete acute medical and surgical rotations, where I continued to develop my clinical skills and be mentored and supported by senior nurses. It quickly became evident to me that there weren’t many men on the wards; where were they all? I could easily count on one hand the number of male nurses in these areas. I started to notice more and more men in critical care as well as mental health and perioperative (peri-op). I wanted to work in a high tempo, undifferentiated work environment. I finished my grad year and decided I was going to be an emergency nurse.



“The College was so much fun as I developed as a person and furthered my leadership skills and ability to work in a small team, making mates for life.”

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During this time I had an overwhelming desire to go back to the ADF. This was for a few reasons but mainly because I didn't want someone else to experience what I did as a junior sailor. I applied again for the Navy and I passed with flying colours. Within four months I was at the Naval College training to be a Naval Officer.

The College was so much fun and I developed as a person more than anything, but I also further developed my leadership skills and my ability to work in a small team. I made mates for life. I graduated and was posted to Sydney to the operational health unit where I had two years in a very busy sea going role as an emergency nurse specialist. I joined large ships that provided medical support to ADF operations with the highlight providing humanitarian aid in 2016 to the people of Fiji after Tropical Cyclone Winston destroyed large parts of the small nation. After two years it was time for me to post and I had a few options, mostly staying in Sydney, but the other option was to post to Darwin as the Health Centre Manger (Nurse Manager). I was initially quite hesitant and nervous on arriving, thinking “what have I done? I am going to hate this place”.

I posted in the middle of the wet season, the absolute WORST timing but the dry soon came and

I knew that I had made the right decision. I was now managing a multidisciplinary team of 35–40, of both uniform and civilians. It was my first exposure to middle management and I had some wobbles like most new managers. I learnt so much over the last two and a half years and I am a better nurse and leader. I have recently completed a double Masters in Public Health and Health Management which has really complemented my role as a health manager. I am so pleased to say that the bullying culture that I experienced so early on in my life is no longer tolerated. I have had such a positive journey in the ADF and I am accepted for who I am and treated with the due respect of being a member of this team. I am looking forward to the future, with an operational deployment to the Middle East looming.

My nursing journey has not been traditional and I am glad that I looked past the stereotypical ideologies of what nursing is and took the leap. I would challenge anyone that believes this profession is solely for women, as men can be just as passionate about selflessly caring for others. I have been an RN for 11 years and have loved every step of my journey and I am looking forward to many more years to come in my journey. ●

# Remote health – my true calling



**BRYCEN BROOK MACN**

It was 1973 and I found out that I had been unsuccessful in a job with the local bank in the small country town where I was born in South East Queensland. My father, who was an orderly and enrolled nurse at our local hospital, convinced me I should try nursing. He assisted me by contacting the matron at the nearest hospital which trained registered nurses. In mid-1973, I and another male commenced our hospital-based nursing training. We were the first male nurses to be employed at our hospital. It was an interesting time working under a matron who did not seem overly impressed by male nurses. She commenced just prior to us and it was her predecessor who actually recruited us. On the whole, we were pretty well accepted by the majority of nursing staff and patients. One area that we were not allowed to work was the maternity unit as the matron deemed this off-limits for male nurses during our training. The old ways took some getting used to as trainees did not sit with registered nurses in the dining room and did not enter a room before another nurse who was your senior. The hospital still used boilers to sterilise equipment and we were still using glass syringes and needles which were cleaned and sterilised after each use. I can't remember any disposable equipment, including dressing packs.

After completing my General Nursing Certificate, I decided it was time to look at moving further afield and applied for a job in Alice Springs. I was immediately accepted, requiring me to relocate within a two month time frame. This job only lasted three months as I soon discovered the remote area nursing realm. Over the next three years I lived in the communities of Papunya, Ikuntji and Yuendumu, all within Central Australia and approximately three-hour drive from Alice Springs. Mind you, this was in the late 1970s at a time when the roads were mainly dirt. The health centres in these Aboriginal communities were nurse led with a doctor visiting every four to six weeks for one to two days. Communication was via radio and could be difficult at the best of times. While working in these communities I soon realised that I really needed midwifery qualifications as I had quite a few close calls.

In 1981, I packed up the family (my wife and two-year-old son) and we started the long drive to Sydney so that I could undertake hospital midwifery training. This proved to be an interesting 12 months after the autonomy of working in remote health and suddenly having to have everything checked, such as blood pressures and Panadol!



“The health centres in these Aboriginal communities were nurse run with a doctor visiting every four to six weeks for one to two days.”

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It was a relief to complete my training and move back to the Northern Territory. I returned to Ali Curung which is 170 km south of Tennant Creek. This proved far less isolating than the other communities I had worked in; there were sealed roads, a telephone and fax, although we did still have a UHF radio for the mandatory skeds.

After three years at Ali Curung, my wife was having problems with her pregnancy and we made the decision to relocate to Alice Springs. Once there, I worked for a short time on the remote mobiles visiting small communities before I took on the role of an educator at the Aboriginal Health Worker (AHW) Training Centre. This involved developing lessons for AHW for their face to face training as well as visiting them in their remote communities. Three years later, it was time to move on and I relocated to take on the role of Quality Manager.

This position was followed by Remote Executive Officer, Community Health Executive Officer and then Manager of Central Australian Alcohol and Other Drug Services.

In 2006, I returned to remote health as the Primary Health Care Access Program Manager before taking on the role of Primary Health Care Director of Nursing and Midwifery, the position I still hold. It has been a journey full of ups and downs, but one that I have enjoyed even though there were times I wondered if this was where I should be! ●

# Nursing: A challenging and rewarding career



**JAMES BONNAMY** MACN

*THE HIVE COLUMNIST*

I never refer to myself as a male nurse – I despise the term! I don't like the distinction this creates, that somehow, as a nurse who is a man we are different to nurses who are women in the role that we perform (nobody ever says 'female nurse'). Whilst I appreciate that there are challenges, barriers and difficulties for men in nursing, when it comes to the actual role we are the same, can perform the same, and receive the same pleasure from our work.

There are many barriers and challenges for men in nursing. One of my earliest memories of this was sitting in a lecture theatre as a student with one lecturer who always referred to nurses as "she" – it used to make my skin crawl – I felt like I wasn't supposed to be there, learning alongside the other students, majority of whom were women. As a lecturer myself now, I always make sure I refer to nurses as both men and women. At our open day last year, a young couple came up to talk to me – I asked who it was that was interested in nursing and the young man said it was him. He then said, "I thought you would have assumed it was my wife who was interested, thanks mate for not making assumptions."

Another memory was a hospital policy that explicitly required only male nurses to have a chaperone with them when performing urinary catheterisation. I set about to change this policy and was successful in my

quest to bring equality to this procedure commonly performed by nurses – and a chaperone is now recommended for all nurses, following best practice guidelines for intimate procedures.

I always wanted to be a nurse when I finished school but for a variety of reasons (most of which involved me worrying about what people would say) I enrolled in and started a Bachelor of Information Technology. I absolutely hated it. At the end of the torturous year, I stood tall and enrolled in a Bachelor of Nursing. This was the best decision I ever made. I found my niche; what I'm good at, what I enjoy and what I always wanted to do.

Early in my academic career, I distinctly remember a conversation with a young male who started nursing. He told me that his friends were giving him grief for enrolling in a nursing degree and to add insult to injury, they told him real men don't work as nurses. I reassured him that real men can insert an intravenous cannula in a patient on a bathroom floor during a code blue at 4:00am to help save a life – could his friends boast those skills? Would they be able to keep a person safe following an overdose at a party whilst paramedics arrived? Or would they know what to say to a young woman diagnosed with breast cancer?



“Man or woman, the care I received was the same.”

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He wiped his tears away and left my office with a smile. Today, he is an excellent nurse supporting young men with continence concerns.

Nursing is truly a wonderful profession and I don't want gender to play a role in it. Last year I found myself in an intensive care unit as a patient following a cancer diagnosis. The men and women who cared for me were exceptional. I was bursting with pride to be a nurse. I remember having to tell one of the nurses (through tears) that I was having trouble with my continence following removal of my urinary catheter. He was incredibly sensitive to my concerns, and discreetly helped me manage it as I continued to recover until the issue was resolved. Man or woman, the care I received was the same and I was simply grateful to receive care from excellent nurses.

Students often ask me if patients “mind me being a male” when intimate care procedures need to be performed. Usually this question is asked by anxious looking young men around the time we introduce assisting with patient hygiene. I always respond the same way. In my experience, patients only want to be cared for by a compassionate, intelligent nurse who provides excellent care regardless of the procedure. In my entire career I can count on one hand the number of times a patient has said they would prefer

a woman after I've carefully explained the procedure, discussed how privacy and dignity will be upheld and offered them choice of the clinician performing the procedure.

I also get asked a lot by patients (usually men) when I'm going to do further study to become a doctor, as if nursing is simply a stepping stone to medicine, or I get mistaken for a doctor. “I've got to get off the phone now (says the patient), the doctor has arrived”. I always use this as an opportunity to say, “I'm not a doctor, even better, I'm the nurse who is looking after you today and I choose to be here in this role.”

Although not without its challenges, nursing is an incredibly rewarding career for men. I would invite all real men to consider this as a career choice. ●

# From the hospital bed to the ward



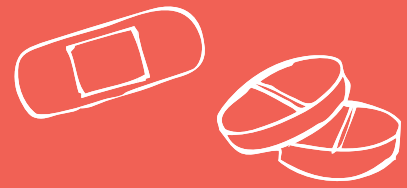
**JHI BRUTON** MACN (UNDERGRADUATE)

I'm currently an enrolled nursing student in Adelaide. I really didn't think I would end up on this path, but here I am. When I left school, I enlisted into the Army and had the opportunity to deploy overseas to Malaysia and Singapore. Here I trained in jungle and urban warfare along with combat survival. While there I had the opportunity to talk with the two medics that were attached to our rotation, both of whom were men and enrolled nurses. I found their stories and experiences really interesting. One had the opportunity to deploy to Afghanistan and work in a level 1 trauma centre in Tarin Kowt. Their stories impressed me so much that I even considered studying nursing when I returned home.

Unfortunately, after returning from Singapore I became quite ill. The doctors at the time didn't know what was wrong with me, it was put down to food poisoning at first. My condition became worse day by day. I eventually lost about 17kg over a period of two weeks, as I couldn't keep any food down. During this time, I was bed ridden and every day I would come down with cold sweats and a fever. All the blood tests came back negative. Finally, on the day that we were all flying out, a blood test was done in the morning. The entire flight back to Australia was horrible. I couldn't stop shivering and sweating. My condition didn't improve. The next day my chain of command received an urgent call from the military pathology back in Malaysia. I had tested positive

for Plasmodium Knowlesi, a rare strain of primate malaria. I distinctly remember the panicked phone call I made to my parents and partner, whilst being driven to a one hospital which didn't have enough medications to treat me. My bloods had been taken and sent interstate to the Army Malaria Institute. After being discharged, I was told that when my fever returned, I should present at the emergency department (ED). It would eventually spike at 8:30pm that night and we were finally admitted around 4:00am to be given a script of medications for malaria.

The next two weeks were a dizzying barrage of weekly doctor visits and pathology appointments. I thought at this point that I was starting to improve, I was putting on weight and not feeling so fatigued all the time. Two weeks later my temperature spiked at 39.5 degrees Celsius. At the direction of my military general practitioner we drove to the hospital in Adelaide. Upon arriving at the ED an on-call Infectious Disease (ID) physician arrived and assessed me. I would stay overnight in the emergency department before a bed was available on the Infectious Disease Ward. Here I would spend the next six days, with all of the malaria blood smears proving negative. Eventually a serology result returned positive: Epstein-Barr virus, or more commonly called, 'glandular fever'.



“I decided that I wanted to be that person for other people who are at their most vulnerable point.”

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I find it interesting how things work out. I never would have thought that I would end up studying to be a nurse, yet here I am. I think this happened because I remember the nurses who cared for me when I was at my lowest point more than anything. I decided that I wanted to be that person for other people who are at their most vulnerable point. For me that is a noble thing. I have just completed my first placement in aged care, in a memory support unit. I have loved every minute of it. I honestly couldn't imagine doing anything else at this point. ●

# Mates for life



**CRAIG CAMERON MACN**

My name is Craig and I'm a nurse. I'm 31 years old and grew up in a small town called Ingham in North Queensland. When I was young my father always suggested I try nursing, a career he himself had always been interested in before becoming a high school teacher. Ten years after finishing high school (and a lot of job hopping), I finally applied to study nursing at Queensland University of Technology in Brisbane in 2013.

Initially, I was unsure about studying, but after six months I realised that nursing was definitely the career for me and I graduated three years later. After several years living in the city I decided it was time to head back to the country and applied for a graduate program in my old hometown and began working there in August 2016.

I was quite surprised by how few men were working at the hospital as nurses but there was a great crew and we all became friends very quickly. It wasn't long before I was heading to social events with my colleagues and having a great time getting to know everyone at work.

It was a great environment to start my career. Not long after starting in Ingham, I made friends with another nurse Sean, who was also working at the hospital. Sean was also from Ingham originally but was five years younger. We got on well at work and he soon became a great mate.

Sean and I were both keen on fishing and often headed out in the boat to the islands and estuaries, as well as exploring the local national parks and rivers, camping, fishing and heading off road in our 4x4s. Working as a nurse was not only very satisfying but I had also found a group of amazing friends and discovered a sweet profession that complemented my lifestyle.

A year went by quickly and Sean and I had become best of mates, spending lots of afternoons on the balcony yarning about all the adventures we were keen to pursue and the places we wanted to work in. One day, Sean told me that a mate of his was working in Katherine in the Northern Territory (NT) and suggested we come over for a visit. Instead of visiting, we decided to apply for jobs and just move there, and in February 2018, we found ourselves crossing over the Queensland/NT border headed towards Katherine.

After arriving, it didn't take long before we had found ourselves some new friends in Katherine. It was amazing, we met so many great people and working at the hospital was extremely rewarding. Not long after living in Katherine, Sean and I became friends with two other nurses working at the hospital, Jared and Ryan. Our very first adventure with them ended in us getting severely bogged and spending an entire day trying to retrieve Ryan's vehicle from a mud pit.



“Nursing has changed my life, I have made so many great friends in such a short time.”

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Our friendship was sealed, and over the next year we spent many great times together exploring the NT and we are all still best of mates to this day.

Nursing has changed my life, I have made so many great friends in such a short time, and even met my amazing partner Jacqui – also a nurse – who I now live and work with on Thursday Island. Nursing is a great profession for a male and it takes a special bloke to be a nurse.

I can't wait to see where the profession takes me next and the new mates I'll make along the way. ●

# Becoming a nurse: The best choice of my life



**BEN CHIARELLA** MACN

ACN MEN IN NURSING WORKING PARTY MEMBER

The alarm went off. ‘Another day, another dollar’, I thought. I begrudgingly jumped into the shower and commenced the daily routine of preparing myself for another day in corporate Australia. I arrived at the office, said my hellos and received the array of responses and grunts from my fellow co-workers. The energy was life sapping! I looked around the office: there wasn’t any laughter, there was barely a smile, people were staring into their computer screens as if looking for a long-lost friend. I realised I had found myself in the monotony of living to work, driven by the next bonus, the next promotion, waiting each week for Friday and the weekend but never really enjoying the work I was doing. How did I find myself in this position? More importantly, how was I going to get myself out of it?

The real catalyst for change came a few weeks later with the birth of my first child. I sat there holding this miracle of life and the realisation that my unhappiness with my career could negatively impact my ability to be the father I wanted to be. How could I look my child in the eyes when he was older and tell him to follow his heart and one day to choose a career that makes him happy, if I was living a daily lie myself.

It was time for a change. Not just a change of job, but a career change. So, after many years of climbing the corporate ladder, late nights and the associated

grind, it was time to jump into the unknown. I was going back to university and it was time to start again and I was extremely lucky to have a very supportive wife as well who was 100% behind me the entire way during this career change endeavour. Over the coming few weeks I spent several hours researching options, talking to various people in various careers to see where my interests and opportunities might lie. The call of health care was too strong to overlook.

I had considered a career in health care years ago while completing my Master of Business, but at the time, I felt I had come this far in my career path that I probably needed to stay the course and finish it. However, here I was, almost 10 years later, about to go back to university to answer the call of health care by undertaking a Graduate Entry Master of Nursing at the University of Sydney. I felt the world was at my feet and, for the first time in a long time, I was excited by the prospect of work and my career opportunities.

However, my decision to choose nursing was met with mixed emotions.

“Why on earth would you want to be a nurse, why don’t you do medicine?” was a common theme from people when I told them my decision.

“Why on earth would you not want to be a nurse?” I would answer.



“I’ve never been happier going to work and I look forward with anticipation and optimism for the years to come.”

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“A nursing career opens doors to the world of health care. A career in one of the largest workforces in the world, with extensive and varied opportunities in a profession that has meaning and provides tangible benefits at both micro and macro levels for societies and health across the globe. If you are seeing a nurse as merely the assistant to a doctor, I think you’ve missed just how vital nurses are to health care”, I’d argue.

Others were more supportive, but I continued to feel that for some there was a misconception that this nursing change was a dead-end move and I was potentially underselling myself. I didn’t let this dampen my spirits. I was certain this was the career for me, I was jumping headfirst into it and couldn’t be happier.

Since making the change I have never looked back: my first year of transition was a huge growth experience but I loved every minute. Working across surgery and paediatrics I got to experience the ups and downs of our challenging health care system. In second year I moved into the Emergency Department (ED) working in a major trauma centre, which I absolutely loved. But I kept seeing so many people presenting to ED who ought never to have ended up in hospital if their chronic and complex conditions had been managed more proactively in

the community. I seized the opportunity to take a role that required me to build and develop a Telehealth Home Monitoring Service for patients living regionally and remotely in Australia, assisting them in their home, managing their chronic and complex diseases and improving the quality of their lives. This role has since evolved into now managing a community care service as well. In many ways I am able to use the business skills I had learnt in my previous career, but am able to put them to what feels to me like a more meaningful and valuable purpose. Surprisingly, I’ve recently received communication from previous naysayers along the lines of “I thought you were mad for becoming a nurse, but you’ve proven me wrong.” To this day I can say, I’ve never been happier going to work and I look forward with anticipation and optimism for the years to come, working in this amazing career as a nurse.

Nursing is a doorway into a profession with unlimited opportunities. From my experience I can safely say that to date in my career the best decision I ever made was to go back to university and start my career as a nurse.

Life is too short to go to work to do something you hate! ●

# My journey into nursing



**HAYDON CUNNINGHAME** MACN

ACN MEN IN NURSING WORKING PARTY MEMBER

I experienced the role nurses play in health care at an early age, I had severe epilepsy when I was a child and into adulthood. This required prolonged periods of hospitalisation while medications were adjusted and titrated to achieve therapeutic levels. Throughout childhood I was excluded from physical activities in primary school in case I had a seizure. Unfortunately, there was not widespread awareness of epilepsy in rural New Zealand in the 1980s and 1990s.

The more I was told I was unable to achieve things the more determined I was to prove people wrong. I became an extremely adept hiker and climber throughout high school, which led to becoming a volunteer team leader for Land Search and Rescue. This was at a time when we would have an average of two call-outs a month to look for lost hikers or climbers. After leaving high school I spent four years travelling between the United States of America (USA) and New Zealand working as an alpine search and rescue technician.

An injury while climbing in the USA resulted in 13 fractures in my ankle and foot, requiring an ankle socket reconstruction and four months in a moon boot. I was advised against continuing in my previous role due to the stress placed upon ankles and knees while climbing. This left me wondering 'Where to from here?'

I developed a five-year plan to pursue a nursing degree in New Zealand, move to Australia and get some rural nursing experience before completing midwifery and aviation nursing training through the Royal Flying Doctors Service. After this time, I had a vision of relocating to Baffin Island in Canada to work as a helicopter nurse with the Inuit people; whose subsistence lifestyle I had come to admire.

I had several additional barriers placed before me throughout my training as the institution placement co-ordinators did not hold men in high regard. Things have progressed quite considerably since my training almost 20 years ago.

My initial training was completed in New Zealand and I relocated to rural Western Australia as a new graduate registered nurse (RN). I had applied for and been offered a graduate placement prior to leaving New Zealand and spent my early years working in rural and remote facilities, which was an amazing experience and an opportunity to consolidate my nursing knowledge and develop advanced nursing skills.



“I felt like I was able to make a meaningful difference to the lives of patients and their families.”

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I never did go onto completing my midwifery training as I developed a fondness of rural and remote nursing and the autonomy that small rural facilities afforded nurses. I felt like I was able to make a meaningful difference to the lives of patients and their families in environments where general practitioners remain extremely scarce.

I have worked across a range of pre-hospital and clinical settings including: correctional and immigration detention facilities; metropolitan, regional and rural hospitals and remote resources sector exploration mining camps – where the closest medical support was the Rural Flying Doctors Service, which usually required four hours to co-ordinate. I enjoy the challenge of overcoming limited access and resources to optimise health outcomes for patients. My experiences to date have required a varied number of skills to ensure I am able to provide time critical interventions to save lives, advocate for and educate patients and their families and complete complex procedures effectively and efficiently. One of the greatest privileges I have experienced as a nurse is being present as a loved one takes their last breath.

Currently, I am working in a nursing leadership role, where I can foster and grow the knowledge and skills of nurses today, to prepare them for the patients of tomorrow. Nursing offers so many pathways and opportunities to individuals that you seldom hear of a typical career pathway for a nurse.

I would like to get to a point where gender is not as important as the skills you bring to the table. I believe increased diversity in nursing can only improve the patient experience and I actively encourage any males considering nursing as a career option to follow their dreams. ●

# Your ability to care



**STEPHEN FANTINEL** MACN

“Doctors diagnose, but nurses heal” a wise senior registered nurse (RN) once told me when I was a newbie in this exciting and ever-changing profession. What a true statement that was. As nurses we frequently encounter people on one of the more eventful days of their life, and provide support to them as needed. Whether it is from a mishap that subsequently landed them in Accident and Emergency (A&E) or ultimately caring for someone when they are in their final days – the point is, nurses are a guaranteed presence as people go through various stages on this rollercoaster ride we call life. That’s healing, and I know we all try to do it to the best of our abilities.

My name is Stephen and I have been an RN for several years now. For me, nursing was a profession I had envisioned in entering one day, but it would not come into fruition until I was nearly in my mid-20s. Like most people out there, I had friends and family members who were nurses, and I always admired their dedication to the profession, problem solving skills and most importantly, their compassion. I completed my Bachelor of Nursing degree at the University of South Australia in 2016. During my degree I contributed to the small number of men in nursing going through university. Realistically gender in the nursing degree meant nothing, as it was the passion for the profession you were training for and about to enter into that mattered. Upon completing

my degree, I was offered a Transition to Professional Practice Program graduate RN position at a thriving country hospital which overlooks a wide local area, and is home to a variety of ages, cultures and ethnicities. I have not looked back since.

Nursing is a female dominated industry, there is no denying that. However, it is important to note that in recent years males have been slowly entering the nursing profession – in consistent numbers too – and are being seen on the floor working alongside our female counterparts quite regularly now. This is a great sight to behold, because it shows that nursing is not a profession entered into based merely on your gender – but of your ability to care for, heal and support those who are sick and vulnerable. As individuals we all have our place in this profession, and everyone carries their own unique flare – be it with communication, leadership, education or the ability to cope in a crisis. From my perspective, it has been enjoyable thwarting societal expectations of what it means to be a nurse in a largely female dominated industry. Sure, some older folk randomly mistake us for doctors sometimes, or even flash a confused smile when you introduce yourself as their nurse for a shift – “I didn’t know males could be nurses.” Well they can, and we are. Professions evolve with the times, and I enjoy being an advocate for change.



“I highly encourage those nurses who are thinking about coming to work in rural areas to do so – you will not regret it. It may even change your life.”

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Since moving back and working in the country I have seen first-hand how the health care system works in a rural setting, for better or worse. A substantial amount of our rural nursing care comes with a community focus, and ensuring we look out for our locals. Thanks to my contribution and care to clients in a rural setting, and being passionate about providing health services to those living rurally, I was recently nominated and recognised as a finalist in the 2018 Young Achiever Awards, in the category of ‘Rural Health Award’. It was touching to know that my nursing work in rural areas has been acknowledged and appreciated. I highly encourage those nurses who are thinking about coming to work in rural areas to do so – you will not regret it. It may even change your life.

Nursing, to me, is a very special profession to be a part of. We see human beings in vulnerable and fragile states, and are usually some of the first responders in putting them back together again. To us, it can sometimes be a ‘another day at the hospital’ moment, but to them it often lingers in their memories. Sometimes, when I am out in the local community, I have been approached by former patients thanking me for their care when they were in hospital. Our profession helps people, and there is a reason why nursing is consistently ranked highly as one of the most trusted careers by

the public. Every single day I am fortunate enough to work alongside some truly inspirational and dedicated nurses and midwives, male and female alike. Collectively, as a team, there is very little we have not seen or cared for in some capacity. This ultimately forges and strengthens the daily bond amongst us nurses. I am proud to be in the nursing profession, and cannot wait to see where it takes me. Watch this space. ●

# Dear men, the nursing profession needs you!



**NICK HAYWARD** MACN (UNDERGRADUATE)

ACN MEN IN NURSING WORKING PARTY MEMBER

ACN NEXT GENERATION COMMUNITY OF INTEREST  
COMMUNICATION COORDINATOR

ACN EMERGING NURSE LEADER

Florence Nightingale once wrote that men were ill-suited to nursing because their hands were “hard and horny”, too rough to tend to wounds – and modern nursing has ever since been associated, at least in the collective subconscious, with ideas of femininity (O’Connor, 2015). Nightingale was naturally concerned with stimulating the development of a self-determining profession for women in an era before universal suffrage and her comments must be read in their historical context. Nevertheless, the conflict between masculine identity and being a man in nursing is still very real today.

I often find myself being asked “Why did you get into this?” or “What made you want to be a nurse?”, particularly by male patients and family members. The answer I typically give, often enough to have a script ready, is, “I used to manage bottle shops, but decided I needed a change, you know, better options. And my mum’s a nurse, my sister’s a nurse, so it was an easy choice... I grew up hearing about it.” Occasionally, I will talk enthusiastically to other (often younger) male students about the technical challenges of nursing, the cool analytics of critical nursing assessment and the cherry-picked stories of excitement from Assistant in Nursing (AIN) work that will one day occupy our time as registered nurses (RNs).

It only occurred to me recently that the answers I give older men and the stories I tell younger men are

anything but genuine. They reflect a conflict between the masculinities I have been raised in and had my behaviour measured against, and the somehow vaguely unacceptable answers I would prefer to give, or the emotionally honest stories I would rather tell.

“I really love caring for people. I feel good knowing that I can help people in their time of need.”

“I helped a guy up to the toilet the other day and he told me it was nice to chat to a bloke in a nurse’s uniform for a change. Reminded me of my granddad.”

“I cry after work sometimes because it’s hard meeting people near death and not knowing if I’ve helped them – but I’m glad I get the chance.”

I grew up surrounded by nurses which eased my transition into studying nursing. It also planted the idea in my head from an early age that nursing was an option but for many boys this is not the case. The career of nursing is seldom suggested by counsellors or role models in addition to the nurse’s role (and the ‘male nurse’) being sidelined or scorned by television and movies. Furthermore, nursing work experience is rarely offered to boys by schools and the job is not one that routinely comes up in conversation with mates and family. In fact, it tends to only suggest itself to young men with either first-hand experience of nursing care or a supportive nurse in the family (Russell & Bulsara, 2017).

“Boys and young men need to hear that nursing, caring, and emotional labour is OK and that nursing is a highly-skilled, technologically-driven profession, grounded in good science.”



My twenties were aimless, but I found work in bottle shops. I loved selling wine and helping people enjoy simple luxuries (like a decent glass of plonk with dinner) and I found satisfaction in trying to look after the teams in my care, building capability, improving processes, delivering on events and services. Like many others who make the switch to nursing later in life, I was attracted to the idea of emotional labour (in hindsight, I probably underestimated the physical labour involved) and using my ‘soft’ skills to make a difference in people’s lives and in the community.

The perpetuation of negative stereotypes surrounding men in nursing, and even the (traditionally) feminine connotations of the word ‘nurse’ are barriers I was able to overcome with a little encouragement. In the context of the barriers faced by women, recent migrants, refugees, Aboriginal Australians and many others in the workplace and in our day-to-day, they are also not barriers I would pretend are disadvantages, but those stereotypes and connotations are part of a problem that we must advocate to solve (Stanley et al, 2016).

Workforce shortages in nursing are predicted to be acute, and with only one in 10 nurses in Australia being male, making the profession attractive to the next generation of boys is more important than ever to ensure the sustainability of the workforce into the future (Nursing & Midwifery Board of Australia, 2019). Boys and young men need to hear that nursing,

caring, and emotional labour is OK and that nursing is a highly-skilled, technologically-driven profession, grounded in good science. It needs strong, educated professionals at the bedside providing 24-hour coordination of care. They need to hear from all leaders in nursing that their contribution as men will be more than just muscle on lift rounds, and that bumbling caricatures like Ben Stiller in ‘Meet the Parents’ are not acceptable portrayals of the complex, diverse, and valuable contributions made by men in nursing every day.

I hope those future nurses feel a little less sheepish than I did when I was first asked, with incredulity, “Why would you do nursing?”; I really hope they are never asked, “So is this what you’re doing before you go become a doctor?”; and I especially hope ‘nurse’ goes the way of ‘matron’. Studying nursing is the best thing I’ve ever done. The next generation of men in nursing I’m sure will feel the same. ●

#### REFERENCES

- Florence Nightingale, quoted in O’Connor, T. (2015). Men choosing nursing: negotiating a masculine identity in a feminine world. *The Journal of Men’s Studies*, 23(2), 194-211. <https://doi.org/10.1177/1060826515582519>
- Juliff, D., Russell, K. & Bulsara, C. (2017). The essence of helping: significant others and nurses in action draw men into nursing. *Contemporary Nurse*, 53(2), 156-166. <http://dx.doi.org/10.1080/10376178.2016.1254567>
- Nursing and Midwifery Board of Australia Registrant Data Reporting period: 1 January 2019- 31 March 2019.
- Stanley, D., Beament, T., Falconer, D., Haigh, M., Saunders, R., Stanley, K., ...Nielson, S (2016). The male of the species: a profile of men in nursing. *Journal of Advanced Nursing*, 72(5), 1155-1168. <https://doi.org/10.1111/jan.12905>

# Power of will



**KAZUMA HONDA** MACN

ACN COMMUNITY & PRIMARY HEALTH CARE COMMUNITY  
OF INTEREST SECRETARIAT SUPPORT

ACN EMERGING NURSE LEADER

My brother passed away peacefully at the tender age of 33 and this is the story of how his older brother became a nurse.

On 23 December 2015, in the middle of a Japanese winter with beautiful white snow falling from the sky I found myself at a small hospital in rural Japan holding my young brother's hand in his final moment.

My brother was born with an intellectual disability and he needed a lot of support from the community in order to live day to day. I spent my childhood hiding my brother's existence because I did not want to get embarrassed or bullied because of him. Even though I was a young kid, I felt that society did not want to accept him as a human and my family should feel ashamed of having him. Looking back, I remember I often asked myself "Why us?"

When I became a high school student, I found a little advertisement on a piece of paper at the back of the classroom looking for volunteer workers to help teach Japanese to Chinese-Japanese kids who were disadvantaged at school due to cultural and language barriers. Without questioning, I decided to volunteer. I always felt guilty towards my brother with how I treated him and ran away from him. By helping others, I felt like I was helping my brother indirectly and this somewhat eased my guilt. It was because of my brother that I initially wanted to be a special

education teacher. At this stage, however, I was still in Japan and I never envisioned myself becoming a nurse. I didn't even know what the role of a nurse was or how they contributed to society as a profession.

I continued with my volunteer teaching and towards the end of high school, I was given the opportunity to go to China to study Chinese. Honestly, at this stage I was not sure if my dream was the right one for me, so I decided to go to China. Fate has a funny way of working because it was in China that I met my future wife who happened to be Australian and before I knew it I had made the decision to move down under.

Upon arriving in Australia, I could not speak a word of English, but I was determined to learn and with the help of my wife and her family I quickly learnt. Given my love for volunteering, I put my hand up to do volunteer work here as well and it was when I was volunteering that my boss said to me "If you really like caring for people and want to make a difference in people's lives, why don't you become a nurse?" I gave it some thought and then my wife suggested applying for an enrolled nurse (EN) traineeship.

The application process was quite nerve-racking but luckily I was able to join the program, which was run through Technical and Further Education (TAFE). After 12 months of study and clinical placement,



“Working in this role I get great satisfaction from being able to not only care for patients, but also by showing empathy and concern.”

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I got a permanent job at a large public hospital in North Sydney and started working as a vascular access nurse in the accident and emergency department. I never really thought about it, but I knew the nursing profession was heavily female dominated. Nevertheless, whilst working in the Emergency Department I met many male nurses who were inspiring and great role models. They were supportive, encouraging and helped me to feel a sense of belonging in a pre-dominantly female profession. Working in such an inclusive environment made me feel proud to be a male nurse.

During this time, I was an EN and my scope of practice was limited. I would watch how the registered nurses (RN) provided holistic care to each patient and it was then that I decided to continue my studies and enrol in university to become an RN. University was hard. Let's face it, English is not my first language so I was given a challenge. However, once again I was very fortunate to be surrounded by supportive people like my family, academic staff and classmates.

I enjoyed most of my clinical placements in university; however, my last clinical placement was the best and the position I dreamed of getting. It was with the Acute Post Acute Care (APAC) team which was an amazing clinical experience. Today more and more patients are receiving nursing care outside of the

traditional hospital setting and APAC nurses provide holistic acute nursing care to acutely unwell patients in their home environment in order to avoid hospital admission or assist patients to get discharged early. I was enthralled! After several years of nursing in difficult wards I achieved that goal and am now a part of this amazing team.

It's certainly not all smooth sailing though and it has been a huge learning curve once again. I've felt surprised, worried, accepted and privileged to work in this incredible team. To begin with I was a little apprehensive being a nurse providing care, especially to breast cancer patients, who, while not always, are predominantly female, but I needn't have been, I was accepted as soon as I entered their homes.

Working in this role I get great satisfaction from being able to not only care for patients, but also by showing empathy and concern. And being a male, I feel in certain situations — such as caring for women with breast cancer — I can help provide support to their husbands during such difficult times.

And now we've come full circle. In my brother's final moment, I thanked him for leading me down this path and into the profession of nursing. I'm proud to be a nurse. We are the heart of health care and nurses have always been at the forefront of change for individuals, families and communities. ●

# My nursing journey



**HAMISH JEFFREY MACN**

I started my career as a student nurse at a metropolitan hospital in Brisbane at a time when nursing was transferring to the tertiary education sector. My decision to try nursing was heavily influenced by my great aunt who was a registered nurse (RN) during World War II and had regaled the family with her stories of war and nursing and her adventures as an RN.

So, I deferred my studies in psychology and arts as I was not sure that my future lay there, and entered the final general nursing group for the year with a sense of optimism and excitement. My education as a student nurse was uneventful other than having to learn to cope with shift work, study and a new invigorated social life as a male student nurse called Mr Jeffrey.

After my first six weeks of a pre-nursing course (PNC) Mr Jeffrey hit the wards with an initial impression that nursing was a career for the now, but did not know what he wanted to do past his graduation date. I remember vividly turning up to my first shift on a general surgical ward to be told by the Charge Nurse that I would be ok if I did as she told me and nothing else and that “men always ended up in management.” At the time I remember thinking “what is there to manage in nursing other than patients?” It seemed a little incongruous to me, but I was willing

to give it a go. Three years later and about 10 years older, I graduated from my general nursing course, having survived the bell curve, hospitals and state exams and met with the nursing superintendent. By this time, I had made a bit of a reputation as someone who spoke their mind but often forgot to engage the ‘think first’ part of my brain before the mouth went into gear. Despite this I survived and remembered thinking, “well I’ve done this now, back to university to get a degree” as my parents had originally wished. So, as a 24-year-old I went off to university again to study Psychology. I sat through many lectures, tutorials and forums while working in a local hospital in North Queensland in the RN relief pool. I seemed to do many hours in psychiatry because I was doing psychology and the nursing supervisor decided “with me” that men always do better in psychiatry. Despite graduating from university, I did develop a distaste for Psychology and decided to return to nursing full time.

Back to Brisbane, I travelled one summer afternoon to work at the hospital close to home, but not my training ground, to start in the intensive care unit (ICU). This is where the nursing bug hit me well and truly when one morning shift I sat with a patient’s mother in the ICU who told me the story of her son who had lived through 20 admissions to ICU in his short life and the greatest memory of each of those



“I was in my element, I learned a lot, I studied hard, got involved and before long I was managing services at an executive level.”

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admissions was the male RN who had looked after her son for many of those admissions. I know this sounds corny, but at that moment I wanted to be that RN. I stayed in ICU for 14 more years and went on to be a charge nurse before venturing beyond the walls of ICU.

After the birth of my first child, I decided that it was time for some change and with my ICU experiences, I could make a difference in health care, particularly in health care policy and planning. So, with some very forceful encouragement from the Director of Nursing at that time (who is now a dear friend and confidante), I took steps to work in a health policy team.

At first this was a frightening experience because I was unsure that my experience was relevant, recognised or accepted. I found, to my surprise, that most places I worked in, the experience of a recent clinical nurse was very relevant and was valued to provide gravitas to the development of new models of care and health care plans. I was in my element, I learnt a lot, I studied hard, got involved and before long I was managing services at an executive level and being heard for the experience I had.

I was told once by a friend and colleague that my advice should always be logical, practical and rational and I have doggedly stuck to this. At times the mouth still engages before the brain does but I have learned to manage this. I sometimes reflect on the charge nurse in my first ward and yes, many men do dedicate themselves to management but just as many men dedicate themselves to the clinical environment or to research or education, – we all contribute to the profession in a unique and special way. What does it matter that we are men? It matters more that we are nurses and our *raison d'être* is to care for our community.

Nursing is undergoing some major changes and the fact that we accept people into the profession based on their want to care, to advocate and affect change in health care is the reason we should celebrate. ●

# Men in Nursing – Frankie or Florence?



**ASSOCIATE PROFESSOR TONY MCGILLION MACN**

I'm unsure about the qualification period required to coherently articulate an opinion on anything, but my 38 years of experience as a nurse will hopefully provide an interesting and meaningful purview.

But – and yes, it's definitely grammatically incorrect to start a sentence with a conjunction – put your 'tongues in your cheeks' metaphorically as you read this. Even this well-worn phrase seems meaningless on reflection?

Around 90% of the readership of my diatribe will never experience the intrinsic 'minority' feeling that I have felt on the occasions where I have reflected. I wonder whether this feeling of being 'different' is similar to other under-represented groups in society. Feeling in the 'minority' must surely be normal for the majority of people for many different reasons?

Being a male nurse (or murse as I have seen us described) does not necessarily feel strange or odd, although I have certainly felt a little awkwardness in others over the years.

Please indulge my ruminations – I cannot help thinking that times may have been different if we had had a Frankie Nightingale instead of Florence? The 'lady with the lamp' would be possibly have been 'the

chap with the lamp' – not as alliterative, or even that captivating? Would Frankie have inspired a largely male population of nurses? When I think of strong nursing leaders, I only think of the female 'variety' of nurse – would this have been different if Frankie had done his bit in the Crimean War?

Thinking back on my many years in this great profession, I have largely humorous reflections, many positive experiences and I certainly would not seek to change anything I have done or the people I have met. Training in the United Kingdom was an experience that few would believe could actually happen – this was not specifically because I was a male, but more because of the dichotomy between 1980s nursing and today. Males in nursing were a bit like I imagine a 'freak show' to be – I had a self-imposed need to not only prove my value as a nurse, but to exceed that value. A contemporary example would be obvious to anyone who has read *'The First 90 Days'* by Stephen Watkins – this specifically refers to Senior Leaders during their first 90 days in a new role – the over-amplification of the positive and negative attributes and decisions made can be significant. Being a 'murse' can feel like being in the first 90-day paradigm continuously.



“I can proudly say that working in this profession has been amazing and I can think of no other professional role that could enable such a journey.”

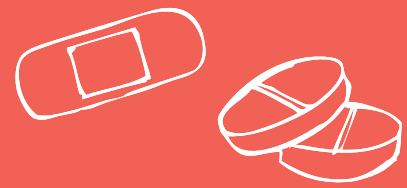
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I have sometimes felt like I was a permanent part of a comedy sketch from the TV series ‘Thank God You’re Here’ – this can be a preface to “I need a male catheter inserted”, “I have a really heavy patient and need your muscles”, “we have vacancies in more masculine clinical areas such as emergency”, or “we need a guy around as it creates a better team atmosphere...”

We know that the specialty of mental health attracts a higher percentage of men but it is unclear to me why this is so. It is also hypothesised that the poor salary of nurses detracts males from pursuing it as a career choice – this defies logic to me too as there are many men out there performing jobs with far less monetary reward. I have also heard that nursing is a vocation and that only those with an empathetic and caring disposition are ‘called to it’ – there is an assumption that some male stereotypes are lacking in empathy. I know many empathetic men who are not nurses – I also have worked with many women who are nurses – and are certainly not overly empathetic.

Media representation of men in nursing is not overly inspiring in general – in fact, not always that inspiring to nurses in general. The great work of the Australian College of Nursing in professionalising nursing at the forefront of policy decision-making in the health sector will portray all genders as being pivotal to success. However – one will never forget the line from Robert de Niro in the original ‘Meet the Parents’ movie where he assumed the lead character was a nurse because he had failed in his original pathway to becoming a doctor.

We live in a multicultural society which is represented by a multicultural demographic of patients – we have a great opportunity to sell gender diversity in the profession as well as ethnic – the question is: who is best placed to sell the virtues of males in nursing? Is it males, females, or the patients we care for? I have never felt awkward being around male or female patients and I would purport that my communication skills and empathetic nature never made them feel awkward either.



“Just to finish on a more technical note – remove your metaphorical blinkers and imagine the nursing workforce of the year 2070.”

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I have measured success in my career not through a stereotypical lens – my successes or otherwise are down to me as a person, not as a male. What I can proudly say is that working in this profession has been amazing and I can think of no other professional role that could enable such a journey. I have been able to work in the UK, Saudi Arabia and Australia and been able to teach in Singapore and China. I have worked clinically, in education, government policy and academia. I have also held many leadership and professional roles including the mentoring of others in the profession. My journey is incomplete, and I have many aspirations still, but I am empowered by the person I am and those I work with, not by any sense of ‘maleness’ or otherwise.

Of course, this is not a sole mitigation strategy to our epidemically diminishing nursing (and midwifery) workforce – this is a paradigm about ‘men in nursing’ written by a ‘man in nursing’. It is possible that some men would be more encouraged by hearing the perspectives of ‘nurses who are not male’ and this could engender a more inviting and attractive ‘feel’. I would most definitely choose the same pathway again.

Just to finish on a more technical note – remove your metaphorical blinkers and imagine the nursing workforce of the year 2070. We cannot hide away from the fact that the population increase and the nursing workforce decrease will only deteriorate further and our role as nurses will probably be in programming a robotic workforce to do the work we do currently. I know this may sound controversial but only because we are blinkered – with a robotic workforce we will not need to be concerned with gender or even culture. Or will we be programming 10% of our robots to behave like males? Think about it. ●

# Proud to be a nurse



**DARYN MITFORD** MACN

ACN MID-CAREER NURSE LEADERSHIP PROGRAM  
PARTICIPANT

I am a male nurse who entered the profession 11 years ago. When I finished high school I knew I wanted to do something health related but was not really sure what exactly I wanted to do so I had a gap year. Within the gap year I was a patient. At this time I had a nurse named Dean. Dean was an exceptional nurse with great knowledge, empathy, leadership and was able to solve problems that others couldn't. I was required to be attached to the wall for part of my treatment and he was able to devise a contraption that allowed me to still mobilise around the unit and not be bed bound. From that moment on, I wanted to be a nurse.

I did my Bachelor of Nursing and enjoyed the clinical placements the most. I have since completed a Graduate Diploma in Emergency Nursing and a Master of Health Service Management. Each new degree has given me the knowledge base to develop myself and has allowed my career to progress.

My career has included being a registered nurse, clinical nurse specialist and nurse unit manager and now nurse manager in an emergency department (ED). My role allows me to work with and progress staff through ED and help them achieve their career goals. I think males in nursing provide a different approach to females. They provide patients and

relatives with another type of care — not better or worse, just different. I spend lots of my time explaining to patients that I am not a doctor and that I am a proud nurse. I have laughed, cried, held patients' hands, cuddled relatives and seen everything from birth to death and felt privileged to be part of that person's life at that point.

In nursing leadership roles, I think it is important to have a healthy balance between male and females. Men and women in leadership bring different attributes to the table and this should be embraced. I think in the most part for men in nursing this is embraced and encouraged. I think there is still a stigma in society that nursing is only for females. The people who can change that perception are the men currently in nursing who should be proud to speak up and promote it as a rewarding career path. Opportunities in nursing are endless, I have worked hard for them and taken any that have appeared.

My story started by receiving care from a male nurse called Dean. From that moment on I have never looked back. ●

# My men in nursing story



**JAKE MULLER MACN (UNDERGRADUATE)**

Ever since I can remember I wanted to be an architect; I loved drawing houses and I thought that was all architects did. I was wrong. Rewind to year 10, 2012, I was studying graphic design at school and absolutely hated it. I no longer wanted to be an architect and had no idea what my future would look like. I spoke with my school guidance counsellor and after a small consultation, a career in health care was on the cards. During year 10 I was required to complete a week of work experience; my local hospital wouldn't take a student my age so I was sent to the elderly respite centre. On Monday morning the respite centre bus picked me up and I had no idea what was in store. For the next five days I spent time engaging with the clients by playing Rummikub and cards, I went on excursions and even learnt some new dance moves with the clients. The idea of giving back to the vulnerable members of the community was incredibly appealing and I went on and applied for a traineeship program at the local residential aged care facility where my nursing journey began.

As I arrived at 5:50am I was full of nerves and still didn't realise what nursing really entailed. I learnt to bathe and feed the elderly, assist with all aspects of everyday living – tasks that I had always taken for granted. It wasn't glamorous work, but it was rewarding. After completing a Certificate III in Aged

Care, I was offered a permanent part time role and went on to complete a Certificate IV. Soon enough university applications opened and I knew that nursing was for me; and while I love aged care nursing, I felt I needed some more 'adrenaline' in my work and enrolled to study a Bachelor of Nursing and Paramedicine. Words cannot really describe the feeling when I opened an email from the tertiary admission centre and read that I was successful in being offered my top preference. After school I took a gap year and worked full time at the nursing home, saving enough money to move away from my small-town family home to the city to start studying.

For the past three and a half years I have been studying full time and loved every minute of it... well almost. Even through all the stress and sleep deprivation of university my passion for nursing has continued to grow. I have been able to fully immerse myself in this field and develop a deep understanding of public and global health; with aspirations to practise nursing from a political level and to influence health care policy nationally and globally. My time at university has allowed me to realise this desire through involvement with the School of Nursing, Midwifery & Paramedicine, and my time as the on-campus Nursing Society Vice President. Recently, I returned from Denmark where I completed a



“I spoke with my school guidance counsellor and after a small consultation, a career in health care was on the cards.”

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two-week nursing practicum, an experience that highlighted that even where a language barrier and cultural difference exists, nursing remains the same; underpinned by compassion and an overarching theme of caring for the vulnerable.

Men who are nurses bring a deep level of empathy and compassion to our work as we have fought social norms and ideologies of masculinity to thrive in this profession. We have an innate ability to comfort those in need and to develop trust and rapport with anyone, we know this because we work hard to do it every day. We know how to make the elderly feel comfortable while we deliver care, we know how to hold the hand of a dying relative and we know the right things to say to their family. Men in nursing are a minority and because of this we have developed resilience and compassion to deliver care to everyone with utmost dignity and form strong bonds with those we care for.

Nursing has shown me the very best and worst of humanity at the height of vulnerability. It is an absolute honour and privilege to be at someone's bedside, to care for them and to restore their dignity and wellness. My story in nursing is only just beginning, but the mere prospect of the future is exciting. Nursing may not be for everyone, but it is for me. ●

# Finding the chicken soup for my soul



**CHRISTOPHER O'DONNELL** MACN

ACN QLD NETWORK CHAIR

ACN BRISBANE REGION CHAIR

ACN ADVANCED PRACTICE COMMUNITY OF INTEREST CHAIR

I guess you could say I didn't follow the traditional pathway to nursing. At 23, I had an almost finished economics degree under my belt and a career in advertising that was just beginning to take off. Life was great but something was missing. I felt unsatisfied with the work I did and despite wrapping myself in superficial notions of success, it took something substantial for self-honesty to rise to the surface. My father's death forced me to ask myself, "what is really important?" Anyone who has lost a parent will be no stranger to the absolute honesty of self-reflection that comes as you examine where you fit in the world without them. Losing one of the key people you trust to provide guidance and protection forces you to review where you are and how you are going to move forward. Who was I? Where was I going? Would I be happy when I got there? I began to realise the path I was on was not for me. Having recently read Canfield and Hansen, I knew my soul needed chicken soup but sadly advertising didn't taste like chicken.

I needed a different path.

Speaking to a few friends about my conundrum I was introduced to a couple of people at a barbeque (BBQ) who were registered nurses (RN). I was immediately impressed by how they described their job. One was an emergency department nurse, the other had just started in an intensive care unit. I can remember

talking with them over beers for hours as they shared stories, experiences and dreams, mostly with each other, but affording me, an outsider to their world, an insight into the life of a nurse. Listening to them was like riding on a rollercoaster of excitement and emotion as they captivated me with their experiences and the clear passion they used to describe them. Their stories filled me with a sense of wonder; that with large doses of care, passion and strength of character they enhanced the lives of those they cared for. For them, nursing wasn't just a job or a profession, it was far more than that. It was a calling that demanded the best of them, rewarding the passion they gave with a sense of fulfilment that was almost foreign to me in my seemingly soulless world of advertising. Could this be the chicken soup my soul was crying out for?

Taking a few weeks to think about it, I knew I needed to pursue the path laid before me, down this nursing rabbit hole. Within three months I had sold my business. With the innocent and possibly slightly blind exuberance of a young man with a new plan, the final contracts were signed, the agency was sitting in new hands and I was free to go forth onto my new journey. I could now begin the process of transferring from a very part-time Bachelor of Economics to a full-time Bachelor of Nursing Science. However, this was not as simple a process



“It showed me the true value of nursing,  
to give selflessly in the service of another.”

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as I had assumed. The matron-like senior lecturer examining my transfer application dismissed it almost immediately due to my “less than impressive” academic record, telling me very curtly, “nursing is not the career for you.”

But I was not deterred and despite this small bump in the road, this was not to be the end of my nursing journey. I tried again a week later and with touch of luck (and perhaps the Nursing Gods looking down upon me) the aforementioned matron-like senior lecturer was on leave until the start of semester and I was instead directed to the Head of School, who signed my transfer form!

My university studies were also not without obstacles and one challenge was especially critical to my development. The matron returned from leave and was not impressed that I had usurped her brick wall to my admission. She reminded me why she originally rejected my application, telling me that she expected the highest standards of her students and that I would need to demonstrate commitment and drive to succeed in nursing. She promptly placed me on academic probation, one failed assignment or exam and I was out. This forced me to work my butt off, I could not allow myself to drop the ball on anything. In my final semester I was back in her office asking for the academic probation to be removed.

I had been here asking the same question at the end of each semester for almost three years and each time she had simply said “no, let’s see how things look next semester.” I had a grade point average that put me in the top five of my cohort. With perhaps a hint of a wry smile, this time her message changed slightly, “why would we change anything Mr O’Donnell, you are doing so well?” Her reputation as a tough task master was well deserved, and she instilled in me a passion to succeed and to meet the very high standards she expected of her nursing students. Her job was not to mollycoddle me (it was most certainly not to make life easy), her role was to make me perform and to get the best that she could out of me. I thank her for that and I am sure those I delivered care to in the years that followed are also grateful.

Over the last 20 years or so, nursing has given me so much. It has taken me on a journey through life that I didn’t expect. I have travelled the world, worked my way through England, Ireland, Scotland and Wales. I have plied my trade amongst abject poverty and disadvantage in places like Bangladesh, an experience only matched by working in Palm Island and Doomadgee. Nursing took me to Iraq, in the shadows of a nasty war, stretching my skills, abilities and life in a way I could never have imagined. My time in Iraq taught me so much



“Throughout my career I have committed to delivering the best and most effective version of nursing that I can.”

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clinically, but above any skills I gained, it showed me that like memories, friendships forged in conflict are everlasting. It showed me that the true value of nursing, to give selflessly in the service of another, is powerful beyond description. To nurse outside the safety of the hospital environment, in a theatre of conflict where wounding and death is a daily reality added another dimension to my understanding of our profession. There is nothing more sobering than knowing that men and women far braver than I will charge head-long into mortal danger with the hope and sometimes faith that my skills and those of my colleagues will be there to rescue them should they fall. Calling our names for help, before their Mother or their God in their moment of ultimate need.

Now my nursing journey has changed tack yet again, after returning to Australia and plying my trade in emergency departments, I now find myself in nursing policy. The home of opinionated nurses. At first, this end of the profession seemed very distant from the bedside and patient care, something I had never wanted in my career. Sitting in a presentation from one of Australia's leading minds on nursing policy, I was reminded of a very sobering point, that nurses working in policy may not deliver bedside care, but their work affects the health of populations. The responsibility to deliver the best evidence-based

care that I can has not changed. The context might be slightly different in nursing policy, but the core foundations are still the same.

Throughout my career I have committed to delivering the best and most effective version of nursing that I can. The desire to do this may well have been born out of an idealistic and perhaps short-sighted notion of what nursing is, one given to me as the third wheel in an inebriated BBQ conversation by two young nurses. But it is a notion that was then forged and strengthened by the pressure of academic probation, before being nurtured by the inspiring mentors, colleagues and even patients that I have had the pleasure of sharing some time with along my journey. Call me delusional, but I am going to hang on to my idealistic version of nursing, one that has rewarded me so richly. It has taken me across the world and shown me sights that many never experience, but above all it has been chicken soup for my soul. ●

# Nursing: A great career choice



**PAUL SONNTAG** MACN

“What surprised me is that not one career advisor I spoke to felt it was worthwhile for someone to speak to the male students on nursing.”

I have been a nurse for almost 40 years now, I trained under the old hospital ‘apprentice’ style system in New South Wales (NSW). After three years of training I graduated as a registered nurse (RN) in 1983 and never looked back.

From what I have seen, my gender has never been an issue. I have progressed through the profession at my own pace and mostly in the directions I have sought. I have held positions of authority and respect that I feel I gained because I was the best candidate for the job. I believe I am respected by all the health peers: nursing, medical and allied health.

My ongoing concern has been the perception of men in nursing in the wider community, especially amongst children. When I have mentioned to children that I am a nurse I still get the same response – ‘boys can’t be nurses’. Our profession claims we have a

shortage of quality recruits, but we seem to still turn a blind eye to the active recruitment of men into the profession. A number of years ago, I was part of a recruitment team in Western Sydney that was to canvass local high schools to speak about nursing as a career choice. As the only male in the group I said I would contact the male-only schools. What surprised me is that not one career advisor I spoke to felt it was worthwhile for someone to speak to the male students about nursing. I would like to think this view would have changed over the years but would not be surprised if it had not.

I continue to actively recommend our profession to both males and females. I think for all its shortcomings, and there are many, nursing is still a great career choice for the right person. ●

# On becoming a nurse... one man's experience



**LEE POOLE MACN**

ACN MEN IN NURSING WORKING PARTY DEPUTY CHAIR

I have been a nurse for more than 19 years now and have loved almost every aspect of my career thus far. It has been a big adventure as I have moved through various roles and taken on new challenges. I did not always want to be a nurse, I didn't even know that men could be nurses. It was not that I thought that men could not be nurses, rather, I did not even think about nursing as a career.

My grandfather died from metastatic cancer when I was in grade 10 and this was my first real experience of hospitals and then a nursing home for a short period of time. I remember there was one particular male nurse caring for my grandfather who struck a chord with my mother. My mother commented to me that maybe I would like to be a nurse as I am very caring. As a 14-year-old boy whose focus in life was playing rugby league, I did not like being called caring and quickly dismissed nursing as a career option. When deciding what I would do on leaving school in grade 12 and applying for universities, the subject of nursing came up and I again dismissed it, unsure of what it would be like as a man in nursing or whether I would enjoy it.

Leaving school, I went to university studying business and psychology and ended up sharing accommodation with a nursing student who became a close friend. I was enjoying my psychology studies

and my friend, who always wanted to be a nurse and loved everything about nursing, suggested I look at mental health nursing – an option I never knew existed. After some soul searching and many conversations and having almost completed my second year at university, I decided to change courses to nursing.

At the time, I was heavily involved in playing rugby with most of my mates doing courses like engineering, information technology and business. Telling my mates that I was switching to nursing resulted in questions about my sexuality. This was an interesting experience for me and highlights one of the stereotypes about men in nursing, and more broadly about what it is like to be seen as a caring man in society. Through conversations with my friend and other nursing students at the time, I became aware that, while the minority, there were many men in nursing and there was a huge variety of job opportunities.

Having changed courses at university meant that I would need to spend another three years to complete my nursing degree. My first year of nursing was all theoretical and so, I did not get to do my first practical placement until my second year. I recall being very nervous about this – what if I had invested all this time and effort and didn't like it?



“I love the diversity in job roles and the ability to change lives and support people at an individual patient level, through to systems levels.”

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My first placement was in a general medical ward and I loved every moment of it. I still remember the first patient I took a history on. I loved being with people and supporting people when they were unwell. I enjoyed working as part of a team and I loved all that I was learning about the human body.

From this point on, I never looked back. I completed my training and started in a graduate position on general medical and surgical wards in a regional hospital. On completing my graduate year, I then started working in a major trauma emergency department. This was another big step with more to learn and a different aspect of nursing to explore. Again, my sexuality was questioned in this environment. This seemed to stem from me being caring, a quality that seemed to be related to a stereotypical view of men in nursing, despite this department being full of many amazing male nursing role models.

Having worked for a number of years in emergency, I returned to university and began studying midwifery while working as a midwifery student. This was a massive change for me, coming from a model of illness and disease to a wellness model, but also being the only man in a large maternity unit.

Despite the numerous jokes and teasing, I had never felt discriminated for being a man in nursing. In midwifery, however, it was starkly different. Almost every day, someone asked me if men could be midwives or if a male midwife was called a mid-husband. Receiving group handover at change of shift the greeting would often be “hello girls... oh and Lee”. As a student, the midwife would often check to see if it was ok to have a ‘male’ midwifery student in the birth suite, not just checking to see if it was OK to have a student. Not being able to give birth myself, my ability to relate to birthing women was often questioned, despite working with many midwives who had not given birth themselves not being subject to the same questioning.

I loved working as a midwife, but the culture was not supportive of men and my next challenge awaited. I had experience in aeromedical and prehospital retrieval from my emergency department days and took on a role of a flight nurse with the Royal Flying Doctor Service (RFDS). I would recommend this experience to every nurse. I got to see some amazing places, meet some wonderful people and work in challenging situations. While working with the RFDS I completed my studies and became endorsed as a Nurse Practitioner.



“In midwifery, every day that I went to work I was aware that I was a man, and I experienced discrimination based on this.”

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After six years with the RFDS, I returned to working in an emergency department taking up a position as a nurse practitioner. This was another step up in responsibility, autonomy and accountability for practice. Again, this role was a challenging but highly rewarding one. It was great to work with a team of highly-skilled professionals from all areas of health care and contribute to education, leadership and research, beyond my clinical role.

During this time, I took an 18-month secondment to work as a Director of Nursing in our State’s Department of Health. This was a great opportunity to lead and guide the profession at a state and national level while being involved with and leading projects that change the way the profession functions. Following this secondment, I returned to emergency for 18 months before recently taking up a strategic position as a nursing director supporting emergency departments across the health service.

I have loved my career as a nurse and midwife and would recommend it to most people. I love the diversity in job roles and the ability to change lives and support people at an individual patient level, through to systems levels. I have been challenged and faced discrimination based on my gender at times yet would still encourage other men to pursue a career in nursing if they felt drawn to the profession.

Last but not the least, I would like to say to all men — and not just those in nursing — that it is OK to care. ●

# The building blocks of a nursing career



**LUKE YOKOTA MACN**

ACN MEN IN NURSING WORKING PARTY CHAIR

ACN EMERGING NURSE LEADER

I am very proud to be a part of the nursing profession. During my career as a nurse I have never looked back. Willing to give it my all, be with people and support them as much as possible. My original call into nursing didn't start at an early age nor did I think I would ever want to be a nurse. When I was a child many other professions came to mind before nursing. Some were quite the opposite, I wanted to be in construction. My childhood aspiration was to be a civil engineer.

Ever since I was young, I had the greatest fun with Lego. I used to build late at night when I was little, my mum recalls I didn't want to sleep when I received my first Lego set. It was so much fun to make something out of basic building blocks. My enjoyment of Lego stuck with me. I was six years old at the time. Life went on and I continued to love to draw, build and play. Whenever someone would ask "What would you like to be when you grow up?" I responded, "an engineer." When I was in High School, I enrolled into classes such as advanced mathematics, physics and engineering. I wanted to be a civil engineer and was working towards that goal. I had support. In fact, a significant proportion of my friends wanted to be engineers also, I had a comradery with this and it was easy to fit in.

Senior year quickly approached and the decision to make my mind up on my future career was not far away. Having received good grades in high school, I had a large choice of university courses I could select. I really had the capacity to nearly study anything. However, something changed, suddenly engineering wasn't as enticing as it had originally been. Maybe it was because I had not picked up Lego blocks for a couple of years...? Jokes aside, I had come down to a crisis that most young adults leaving high school come to, "What do I want to be?"

I continued to attend school, hang out with friends and enjoy my family. I started to hear nurses are incredible people. They support people and are with people in both the hardest moments and most joyful moments in their lives. My interest piqued and I started to investigate.

None of my family members were medical health professionals, nor did I spend much time in hospital as a child. I didn't really know what a nurse was or what they did. It took me some time to put it all together and even what I thought was a nurse in the early days has been superseded by what I know today. I can go into all the intricate names and roles of what a nurse can be and do, but what really engaged me to consider nursing as a viable career option was caring and nurturing people.

“We are there for the moments people remember for the rest of their lives.”

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During the same time, my interest further increased with nursing when my grandfather went into care. I would often visit him in his aged care home down the road from where we lived. Instantly, I decided to volunteer. From my experience of volunteering at the nursing home, my admiration for the profession grew. “We really do need nurses,” I thought to myself. The cut-off day to enter my preferences to enrol into university arrived, I remember switching my preferences up and down undecided on whether I’d put nursing, physiotherapy or engineering first. Finally, the online portal had closed and nursing was the first preference. Although I was extremely committed to starting and completing my studies, I decided to take a gap year.

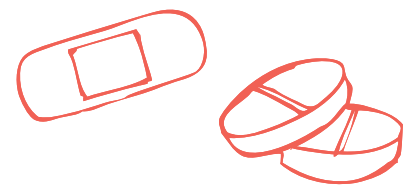
One day during my gap year when visiting my grandfather in care with my family the discussion of my career choice came up. At first my grandfather was in disbelief and surely assumed it was a joke and started laughing. He couldn’t rectify a man wanting to be a nurse based on his beliefs and life experience. This shook my confidence as up until this point I hadn’t really received any negative feedback. However, with conviction and gentle support of others I continued with my choice of profession.

The first day of university was intense, just purely by the new atmosphere, people and adult learning. However, I quickly found my way and resourced

appropriate support which included friends, lecturers, fellow students and family. During my training I found nursing was so much more than everything I had imagined it to be. I discovered we are privileged to be a profession that impacts the daily lives of so many people. We are there for the moments people remember for the rest of their lives, whether it’s a death, a miracle recovery or a simple check-up that confirms good health. Being shown that it is such a responsibility to always be there for your patients was a sobering moment. I continued to become more involved within my school of nursing and midwifery, participating as a student representative, being an ambassador to both Taiwan and Japan, while sharing my experiences through the mentoring programs enabling third year students to mentor first year students.

The three years went by very fast. After completing some hospital, age care and community placements, the reality that I would soon be a registered nurse and have the responsibility to care for individuals began to sink in. During this time, my grandfather began to deteriorate and he was sent to hospital. It was a time for the family to come together. Soon after, he was receiving palliative care. Although he was mostly non-verbal by this stage this didn’t stop me from holding his hand and wiping his face with a warm hand towel. I got a sense all these gestures deeply settled him. Over the next few days, he

“There is no contesting that there is such a huge diversity in nursing, from nurse practitioners, paediatric nurses, nurse researchers, nursing managers and equipment specialists.”



passed. This was a deeply sad moment for many members of the family, but again, it confirmed the role of nurses at the end of someone's life to provide dignity, respect and care in someone's final moments. I felt through this experience I was one step closer to really appreciating the power of becoming a nurse.

As a new registered nurse, I was very fortunate to be part of a graduate nursing program. From there I found further insight into the fine intricacies of modern health care. I have been invited to participate in working groups which address the change required for health to remain relevant and accessible. These experiences have shown me that nursing is a profession that has an appetite for change and it's a profession for the future. Nurses see change is needed within our health care system and they are willing to be the agents of change. There is no contesting that there is such a huge diversity in nursing, from nurse practitioners, paediatric nurses, nurse researchers, nursing managers and equipment specialists. This is why I continue to be a nurse and have plans to doing so for many years to come as long as the profession and patients will have me. I would encourage anyone, man or woman, to look beyond the traditional framing of nursing and see its translation into modern health care, love for people and willingness to challenge the status quo. ●

# Making a difference for the Rural Sector



**STUART WILLDER MACN**

I have a unique and rewarding role that changes from day to day in the Western Districts of Victoria. I have worked as a men's health and Urology Nurse Practitioner (NP) for around 10 years now.

Originally from Geelong, I trained in Ballarat and moved to Adelaide to work in intensive care, dialysis and urology. Following five years in the field, I moved back to Victoria and settled in Hamilton where I worked in intensive care, emergency and then dabbled in the community setting.

The NP role was hard to get up in the country but really suits the models of service delivery. The medical profession here is ever changing and people in rural communities like to see familiar faces when they seek medical care.

One experience I particularly count as valuable is being able to develop the Sustainable Farm Families model now run by the National Centre for Farmer Health in Hamilton, which is a partnership between Western District Health Service (WDHS) and Deakin University. It was challenging, but the rewards for rural health made it worthwhile.

The dedicated men's health clinic, which I run with the local medical clinic, is booked solid and referrals flow freely from general practitioners in the region. The reason, I think, is that I spend time with men and work collaboratively to aid in their health needs. It was hard to get the clinic up and running at first, but I'm happy to say that now it's a well-respected facility.

I've also been interested in urology for the last 20 years and have supported visiting urologists in managing their patients (predominantly men) in the region. I follow the patients through theatre and perform flexible cystoscopies on patients, and soon, I will link these sessions live via telehealth to the surgeon based in Geelong. Once the surgeon leaves the hospital, I coordinate the patient's management, care and post-discharge support.

I also provide essential care to men through workplace health management. This involves working with men in the mining industry, health services, shires and water authorities to provide them structured education programs, health screening and consultations on the work site.



“In my years of experience, I’ve come to realise that men don’t access health care until something goes wrong.”

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In my years of experience, I’ve come to realise that men don’t access health care until something goes wrong. The traditional model of seeking health care by going to the doctor and sitting in a waiting room doesn’t fit for most rural men. Through this opportunistic health care model providing support, by providing support, assessment and treatment on the spot, I’m able to intervene before their health declines. Men are really positive about health care delivered to them this way.

But it’s not just older men that I’m able to help. On other days, I spend time educating teenagers in schools about risk taking behaviours and protecting their most valuable asset – their health. I educate grade five and six boys about puberty and all my own boys have had the ‘talk’ in their school years by their dad. I think I might be getting a little old for these sessions, but it is fun and often old students buy me a beer in the pub for providing valuable education in their schooling years!

I have also had the opportunity to volunteer. Over the last 10 years, I’ve travelled to Vanuatu with the Pacific Aid Project urology team with a coordinator and surgeon, Richard Grills. We deliver urology care to patients in the Vanuatu each year and have a role in educating and training their local health service. This is a fantastic opportunity provided by the Royal Australasian College of Surgeons and AusAid. We really don’t comprehend how good our health care services are until you volunteer in a third world country.

Is my work challenging? Yes. Do I miss the city and big hospitals? I don’t think so. I love where I work and where I live, I feel great to provide essential health care to men and the health service is fantastic in that it truly sees value in promoting and supporting men’s health.

It’s a great life and being an NP gives me the ability to treat, refer and comprehensively assess men. I wouldn’t change it for anything. ●

# Men in Nursing?



**DAVID STANLEY MACN**

ACN MEN IN NURSING WORKING PARTY MEMBER

Before and after the recent Australian federal election, news articles and media debate raged about the unequal representation of women in the Australian Parliament. Prior to the election, women made up approximately 32% of the parliamentary workforce, with only 29% in the House of Representatives and 39% in the Senate (Parliament of Australia, 2016). Labour had a target of reaching gender parity in the 2019 election but fell short with women making up only 47% of the elected representatives in the opposition due to the poor showing in the election. In the federal Parliament, only 23% of the Liberal-National coalition's elected members are women (Norman, 2019). Everyone agrees this is a travesty and the issue of gender bias prowls about the federal Parliament awaiting a resolution or affirmative action to address the disparity.

In the Australian military, women are also under represented. With 16.5% of the military being women in 2016–17 (ADF Report, 2016–17), raising slightly to 17.9% in 2017–18 (ADF Report, 2017–18).

In both workplaces there are media calls and active recruitment, as exemplified by Australian Defence Force's (ADF's) recent 'Do What You Love' strategies to increase women's representation in these professions.

However, the percentage of men in nursing is a shocking 7.2% in Queensland with a national average of only about 10.5% in 2016 (Department of Health, 2016). It is a mystery to me that constant media hype is generated around gender disparity in politics and the military from the perspective of women being under represented, yet little is said and less done, to address the wider gender disparity in nursing (or midwifery).

With rates of domestic violence and acts of violence against women being reported with increasing rapidity it might be well for all genders if more men were introduced to the values and qualities sought and reinforced in the nursing profession (e.g. compassion, care, courage, kindness, communication and commitment). Instructing and supporting men in the fostering of these values can only help bring greater levels of compassion and care to society at large. As well, men could bring a degree of balance to the generally female-dominated workforce and may impact positively on issues such as workplace bullying and the incivility endemic in health care workplaces. There is also a potential that a greater number of men in the nursing workforce could have an impact on reducing incidents of workplace violence against health professionals.



“Instructing and supporting men in the fostering of these values can only help bring greater levels of compassion and care to society at large.”

Is it time the nursing profession started to consider actively and purposefully recruiting more men into nursing? In the United States a large number of male nurses come to nursing from the military, could this pathway be explored further? Could some industries that may be under threat from automation (manufacturing workers) or from technological developments be approached with pathways offered to support their transition into a nursing career? The nursing workforce is aging and across the globe it is at risk of pressure in the future. Being a male is not incompatible with care. Men bring new thinking and new attitudes to work that can have positive ramifications for nursing in acute care, rural and remote and every other type of clinical environment. Should the federal government or the Australian College of Nursing, or nursing unions be investing in ways to recruit and secure more men into nursing? Yes, I think they should. It really is time given the dialogue around gender disparity in other professions to think about the situation with low numbers of men in nursing. It is time to find men to shine. ●

#### REFERENCES

- Australian Defence Force. Women in the ADF Report 2016-2017. <http://www.defence.gov.au/annualreports/16-17/Downloads/WomenInTheADFReport2016-17.pdf>.
- Australian Defence Force. Women in ADF Report 2017-2018. <http://www.defence.gov.au/annualreports/17-18/Downloads/WomenInTheADFReport2017-18.pdf>.
- Department of Health. 2016. Nurses and Midwives NHWDS 2016 Fact Sheet. <https://hwd.health.gov.au/webapi/customer/documents/factsheets/2016/Nurses%20and%20Midwives%202016%20-%20NHWDS%20factsheet.pdf>
- Norman, J. 2019. 'Women still underrepresented in Parliament after 2019 federal election', ABC News, 27 May 2019. Available at: <https://www.abc.net.au/news/2019-05-27/women-still-underrepresented-in-parliament/11148020>
- Parliament of Australia (2016). The gender composition of the 45th parliament. [https://www.aph.gov.au/About\\_Parliament/Parliamentary\\_Departments/Parliamentary\\_Library/FlagPost/2016/August/The\\_gender\\_composition\\_of\\_the\\_45th\\_parliament](https://www.aph.gov.au/About_Parliament/Parliamentary_Departments/Parliamentary_Library/FlagPost/2016/August/The_gender_composition_of_the_45th_parliament)

# The accidental nurse



**MICHAEL SMITH** MACN

The notion of being a man in a profession with higher rates of women never really occurred to me; rather working in a profession that is trusted and has provided me with challenging and rewarding experiences is something I reflect on as I progress in the nursing profession.

I have been a registered nurse (RN) since 1991 and was in the fourth year of nursing students to graduate through the university system. I call myself the 'accidental nurse'. I applied for nursing as all that was required was a pass in the Higher School Certificate, plus you didn't have to pay the Higher Education Contribution Scheme (HECS). I struggled at university and had to show cause to remain in the nursing degree. The ratio of women to men was large and I was the envy of my friends. My friends supported me in my choice and that helped me pass.

In my experience as a nurse, I've worked in teams superbly managed by women. I've also learnt a lot from my female colleagues about compassion and empathy while delivering expert clinical care. Although I have had managers who were male, my role models have been my female managers and colleagues.

When I became a nurse, my plans were to become a firefighter or a paramedic. After being unsuccessful with applications I started to explore opportunities within nursing. I have developed my mental health

practice in forensics inpatient and community health settings. After nearly 10 years of nursing in Australia I decided to travel to London. A friend put me forward to work with a homeless outreach team that worked with people living with a mental illness and homeless in central London. I began assessing and working with people presenting with a mental illness and living in the cold weather shelters. This job became permanent and over a three-year period I worked with amazing clients, health colleagues and people working with homeless services. I am proud to have been involved in housing three homeless men who had schizophrenia with over 10 years each of sleeping rough in central London. Part of my job was looking for homeless people sleeping rough on the streets of London at 6:00am and before the city had woken up.

Three years later, I worked as a psychiatric liaison nurse in the Emergency Department at a London hospital. This was the first emergency department in the UK to embed 24-hour mental health nursing support. The commute was spectacular as I rode my push bike along the Thames past Big Ben and the Houses of Parliament. I was part of building an expanded 24-hour service and worked with colleagues treating people with dignity and respect and have watched patients and clients overcome challenging mental and physical health conditions.



“Nursing never ceases to surprise me and is always diverse and entertaining.”

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For the past 11 years, I have worked in Sydney with men and women living with HIV and mental health challenges. The lived experience of my clients leaves me humbled and fortunate to be able to be in a nursing position that can offer support for very complex and challenging health care conditions that are highly stigmatised. I worked with clients to survive and thrive and have worked with people until death. I also worked with people living with HIV since the 1980s and helped them to manage and survive and have also worked with people to die with dignity. Being a man has provided male patients the opportunity to discuss health issues and receive assistance (e.g. incontinence) from a male nurse. Although this can be a simple request, it can help to maintain a patient's pride and dignity. This is much the same as a female patient at times feeling more comfortable discussing health issues with a female nurse.

I have furthered my nursing practice by completing a Masters in Mental Health Nursing and a Masters in Public Health (both more successfully than my nursing degree).

Nursing provided me with the opportunity to work for a major not-for-profit public health organisation which advocates on a national level. This has involved submissions for mental health advocacy and policy

and sitting on round tables for the National Mental Health Commission and the Australian Human Rights Commission. I am now teaching the next generation of nurses at university. The ultimate honour was being invited to be the Occasional Speaker at the Western Sydney University Nursing Graduation.

It is difficult to summarise 30 years of being a man in nursing. To any man considering becoming a nurse, I encourage you to go for it. You will experience unsuitable rosters, miss parties and public holidays, have accidents with bodily fluids, be shouted at by colleagues and patients and have bad shifts. Despite this, you will ultimately be rich with experiences and adventures. You will laugh and cry and work with patients who are scared, angry, in pain and battling to survive. Even 30 years in, nursing never ceases to surprise me and is always diverse and entertaining. ●

# Men in Nursing: The real story



**CRAIG SULLIVAN** MACN

ACN EMERGING NURSE LEADER

I still remember the first day of university classes, I was part of a small cohort and we were asked to stand up one at a time and explain why we had chosen to undertake nursing. I sat there listening one by one with the majority of people having a unique and special story about their experience with the health care system either personally or through a loved one. Quite often it was the nurses on the floor providing the care that had inspired them to follow in their footsteps. As it came closer to my turn to stand up, I remember thinking I was out of my league here. I stood up and simply stated that I was seeking a career change.

The thing for me personally was that right up until the university applications deadline I was applying for a Bachelor of Business. As the deadline drew near, I thought to myself, “I am already doing something similar in another industry, would a business degree really be a big enough change at this point?” I had always worked with people and I knew that I wanted to continue doing so. I spoke with a friend who had completed the business degree a year earlier and he was at the time working alone in an office which proved to be a strong point for reconsideration (small sample pool I know). However, when I reflect on the time, I believe the biggest factor was that over the years, from close family and friends the idea had been firmly planted through whispers in the ear.

They made comments like “you have a caring nature, why don’t you try nursing?”, “the nursing degree provides such great opportunities” or as someone simply put it “you would make a great nurse”. The leap of faith was taken at the deadline.

As the degree and placements progressed, I knew I had found an area in which I would find a career. The nursing profession turned out to be much more than I anticipated. It was the combination of caring for those in their time of need and advocating for their best interests coupled with the clinical knowledge and skill required to be an effective nurse.

Fast forward and it feels as if university was over in a flash and I was commencing my graduate year. The graduate year is a steep learning curve but a rewarding one. I was fortunate enough on my rotations to be surrounded by passionate senior nurses and educators that were more than happy to teach and share their pearls of wisdom.

With a few years of nursing under my belt I am finding it interesting to reflect on my journey and the topic of men in nursing. I work with some other great male nurses and we have spoken about it often. Personally, through my journey I have found minimal negativity from the profession itself for being a male nurse. The same cannot be said for some patients and parts of society. I don’t take offence but rather I



“Enjoy the TV shows for what they are (entertainment) and ignore any negative societal perceptions you may hear.”

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attempt to educate because after all, I was naive to the true role of a nurse until I was a nurse. Nursing is not what it is portrayed as in mainstream media but rather a complex combination of patient care, patient advocacy, troubleshooting clinical situations, monitoring for deterioration, completing clinically sensitive tasks/procedures and taking action.

Nursing can be a challenging profession at times, however, all it takes is a thank you from a family member or seeing a long-term patient discharged to make you realise why nurses choose to be nurses.

The bottom line:

*Would I recommend nursing? Why?*

Yes, one degree provides so much opportunity and it is an extremely fulfilling career.

*Any advice to men or anyone considering nursing?*

Enjoy the TV shows for what they are (entertainment) and ignore any negative societal perceptions you may hear but rather speak to a nurse about the true role of nursing and make the decision for yourself. ●

# How times have changed



**LEO TURNER** MACN

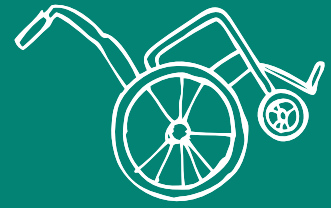
Undecided as to what I wanted to do with my life, I commenced nursing training for a one-year trial in 1976. To my surprise, I remained in nursing and have never looked back. I did not take up nursing because I cared; instead nursing helped bring out my caring nature. I have been fortunate to have worked with a number of great mentors, both male and female, who have allowed me to see life from different perspectives. My whole adult life has been as a nurse and a family man. One of my daughters has followed in my footsteps as a registered nurse (RN).

Commencing hospital nursing training in 1976 as an 18-year-old with the Higher School Certificate, little did I imagine that I would be writing this note at the age of 61, let alone on a computer. Nursing shortages commenced not long after I completed my training.

The standard of nursing care we were taught to deliver was excellent. The patients always came first. For example, the morning shift commenced quite early with washing, mostly showering and dressing patients in their own clothes or pyjamas. Very few people remained in their bed. Breakfast soon followed and patients who could not feed themselves were allocated to members of the team. Other members of the team were making beds, tidying up and undertaking medication rounds.

Most often, the team consisted of student nurses with one, at most two RNs. There was a great deal of comradery both at work and outside the hospital.

Being a male was not an issue in the profession as we provided gender balance. In fact, many of the females simply forgot you were a male when they were having private feminine conversations. Males were often called upon to perform many non-nursing duties. Aggression in the work place occurred and most often it was the role of the male to deal with it. Security officers were non-existent. You learned how to diffuse situations early on. However, I do remember receiving a few good punches and kicks. I also remember one evening there were a number of deaths in the hospital. I was instructed to work with another male to pick up the deceased in the hospital's ambulance for transfer to the mortuary which was a building some distance away. Males were also called upon to perform heavy lifting in their own ward and other wards nearby. Times have changed.



“My advice to any RN is to look, listen, challenge when needed, but most of all never stop learning.”

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While being a male nurse was not an issue, being a square peg in a round hole was. At times, my questioning attitude was seen as being difficult. My first year of nursing was extremely challenging due to this ‘difficult attitude’ and my sense of humour. Veiled threats of sacking did not deter me. I was rostered for only one month to an acute ward in my first year. My reprieve came by topping my first-year class and working life improved with a newer generation of charge nurses coming on board. The new Director of Nursing was a personable man and a real rough diamond. I enjoyed the rest of my training.

After passing my final exam and becoming a registered nurse there would often be a call for the ‘sister in charge’ from patients or their families. I would respond and receive a shocked look. They would repeat their request and my response would be the same, “I am the RN in charge.” The reply would be “But you’re a male”, to which I’d say, “I’m glad you noticed”. Times have changed.

Not long after I registered, I was sent for postgraduate training in renal at another teaching hospital and then became a charge nurse. I was 23 years old. I later changed hospitals to work as a renal nurse unit manager before shifting workplaces again to work as a clinical nurse consultant in another

new speciality, andrology. As an RN, I have always evaluated what we do and how we do it. This has laid foundations for sound relationships between nurses and doctors. My advice to any RN is to look, listen, challenge when needed, but most of all never stop learning. Believe your role is as important as any other health professional whether in your ward, department or in the hospital. Only knowledge of your specialty and a broader knowledge outside your area can allow you to be confident to do this. Finally take pride in your work, keep a sense of perspective of the environment around you and keep your sense of humour. You will have a long and fulfilling career. ●

# A rewarding career choice



**RYAN ZEPPA-COHEN** MACN

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“Nursing is such a broad profession with so much opportunity, there is an area of interest for everyone.”

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Nursing was not a career I seriously considered until my final years of high school. At the school I attended, we were required to undertake one week of work experience in an area of interest. I wanted to look further into a career in health so chose to shadow a registered nurse at the local hospital. Looking back, this week of work experience was what cemented the idea that nursing was for me.

Fast forward a few years, I had moved from my hometown and was in the process of completing my Bachelor of Nursing degree. My next choice to be made was the area of specialty. The placements in the undergraduate degree ranged from aged care to emergency to surgical but I didn't feel like I'd found my fit...until I completed my mental health placement; this was where I found my niche. I spent time in an acute inpatient ward as well as undertaking assertive outreach in the community and I loved every minute of it.

As soon as I graduated in 2012, I went straight into a mental health nursing position and have been in this specialty ever since. In my early years after

leaving university, I had the privilege of working with dedicated nurses who gave up their time and helped me develop my skill set and become a better mental health nurse. To be honest, mental health isn't exactly the most popular area of nursing. So, when I showed a genuine interest in it, my better-experienced colleagues noticed and went above and beyond to help me achieve the personal development I needed to succeed in this specialty.

Seven years or so down the track, I've worked in a variety of areas including complex trauma, community mental health, facilitating therapeutic programs such as dialectical behaviour therapy, and child and youth mental health. I'm currently studying a Master of Nurse Practitioner with the goal of focusing on youth mental health and treating substance misuse.

Nursing is such a broad profession with so much opportunity, there is an area of interest for everyone. It is both challenging and rewarding. I couldn't see myself doing anything else. ●

# A lifetime of nursing knowledge



**DAVID COLLINS**



Imagine finding your career at a friend's 19th birthday party. I was waiting to start my teaching degree when an old school friend told me about what fun she was having nursing. Not something I had ever thought about as a job. A few weeks later, I was admitted to hospital for the removal of tonsils. Following a week in hospital, something clicked in me and I began to think of nursing as something I could do. Well, that was 42 years ago, and I don't think I have ever looked back.

I trained in the United Kingdom (UK) in the old hospital system; my set was 27 girls and me. For three years, we lived together, studied together, laughed together and cried together and many of us are still friends today. We qualified in a different time in nursing; degrees were not common and something you did after training. You trained at one or two hospitals and were truly part of the team.

My career was very varied for the first 10 years, mainly working in cardiothoracic and even time as a paramedic on the London Ambulance Service, before returning full-time to nursing and settling into the specialty of haematology. Over the years, I have completed many postgraduate courses and degrees, each of which has expanded my knowledge base further. Along my journey, I have had the fortune to work with many good people; medical, nursing and patients. These people have inspired and helped me to develop as a nurse and a person. My career has also taken me across the world, allowing me to travel and have employment.

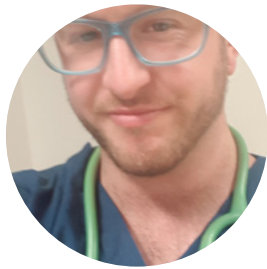
During my career, I have held many different positions in my speciality, which have expanded my knowledge of the subject and allowed me to pass it on to those who will come after me. I have held positions as a clinical nurse consultant, and now as a nurse practitioner, and a spare time tutor. Haematology has such a diverse range of sub-specialities letting you move around the specialty when you want a change. I have been invited as a speaker at local and international conferences.

As a nurse, I am a trusted member of the team, I support my medical colleagues and in return am supported by them. Most of all, I am a practitioner who supports, educates and cares for patients and their families. No matter what area of haematology you work in, patients and their carers need support.

There is of course always the stereotyping that male nurses have had to deal with. Because nursing is a female-dominated profession, male nurses are viewed with a difference. The perception that the public has of male nurses is changing. The days when people would think 'all-male nurses are homosexual' and that 'all male nurses are lazy' have gone. It could be argued that this stems from the titles we use in nursing, the prime example being sister, and who cannot forget Hattie Jacques as Matron in the 'Carry on Films'. No, time has changed since 'Young Doctors'.

If someone asked me if a male friend should go into nursing, my answer would be "if you like people, if you can work hard, and if you want to learn... go for it, I did and I'm still here!" ●

# Nursing through a decade



**JOSHUA BODENSTAFF**

My name is Joshua Bodenstaff and I work as a paediatric emergency nurse in Melbourne. I haven't always been in Victoria, so let me take you on a journey that has led me to my current position.

My nursing career commenced in July 2009 when I worked as an enrolled nurse (EN) in Western Australia. My first year was spent as a graduate nurse in the medical and surgical wards. The medical ward specialised in health problems relating to respiratory (bronchiolitis, pleural effusion, pneumonia and cystic fibrosis), endocrinology (diabetes type one and diabetes insipidus) and gastroenterology (gastroenteritis, short gut and intussusception). The surgical ward comprised of post-operative nursing care for an array of surgical procedures with adenotonsillectomy and appendectomy among the most common.

Nursing in these specialities provided me with a glimpse of the diversity this field has to offer; with the eagerness of medical curiosity insightful to receive every ounce of knowledge to improve myself and provide outstanding nursing care to all.

Following my graduate rotations, I embarked on casual work at a hospital; allowing me to expand my professional growth by working in numerous areas including orthopaedics, cardiology, oncology, adolescence, burns and emergency medicine.

One of the greatest aspects that I love about nursing is the continuation of learning every day. No day is ever boring or the same and there is always something riveting to learn.

After completing my transition to a registered nurse I worked in the Emergency Department. During this time, I assisted with multiple trauma cases including motor vehicle accidents, burns, drowning, sudden infant death, non-accidental injuries and respiratory resuscitations. Emergency nursing has taught me to be prepared for anything and everything.

In my sixth year of nursing, I decided to challenge myself and accepted the position of School Health Nurse in Western Australia. For the six months that I held this position, I primarily focused on ear, eye and inoculation health. This experience resonated with me, highlighting how the social determinants of health significantly impacted such a vast proportion of Australia. This inhibited basic access to our health system to assess, treat and manage preventable diseases; including acute rheumatic fever (ARF), rheumatic heart disease (RHD) and acute post streptococcal glomerulonephritis (APSGN).



“As nurses when we have a gut feeling that something is wrong we should never ignore it”.

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Proceeding this I undertook a nursing role in a hospital where I was appointed as the staff development nurse in the Kimberley Region of Western Australia. Within this role, I conducted regular education sessions to discuss prevalent diseases including diabetes Type 1 & 2, ARF, RHD, APSGN, humidified high flow oxygen therapy and paediatric nursing care. On completion of these teaching sessions I created self-learning packages to assist further professional development for all the nursing staff.

Succeeding my Kimberley nursing I travelled to the Northern Territory where I worked as an agency nurse in Darwin. This experience challenged me to care for critically unwell patients. As nurses, when we have a gut feeling that something is wrong, we should never ignore it. On many occasions, this feeling led me to apply my trained advanced life support skills and save multiple lives.

I am and always will be a nurse and I look forward to my future completing a Master of Nursing and Clinical Teaching to become a leading example for all nurses everywhere. ●

# There and back again



**LYLE ENGLISH**

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“Stephen, StepHEN.... STEPHEN!”

I awoke easily as I hadn't been sleeping very well for a while. I was struggling at school, it wasn't that I couldn't learn, I was just so indecisive about the direction I wanted to take. My lack of focus had been affecting my relationship with my father. There it was again, “STEPHEN!”, I heard a loud groan, the guttural sound took me from half-awake to alert, then I heard my mother call out my name, “LYLE!”. I ran to my parent's bedroom and realised that my dad was groaning, something was amiss. I attempted to feel for a pulse and convinced myself I didn't know how to find one. I feebly attempted to push on his chest, I felt so helpless. I could hear the shrill panic of mum's voice on the phone in the kitchen, “KERRY... it's Stephen, something's wrong, I need your help”.

Kerry was our neighbour and had trained as a registered nurse. Kerry arrived with her husband John, and as we pulled my father to the floor, some books from a nearby bookshelf fell on to him and his pyjama pants fell, partially exposing him. I looked across to see my 14-year-old sister looking on. Kerry instructed us to commence compressions and begin mouth-to-mouth. John and I took turns performing compressions. I could hear my mother talking on the phone in the room next door and after

what seemed like an eternity an ambulance arrived. I continued compressions with the paramedic, whilst John drove the ambulance. We were met by another crew and I was replaced by a paramedic. The 'look' between the paramedics confirmed what I knew but couldn't admit. I slipped between the front seats of the ambulance to the passenger seat so the men wouldn't see me cry. I looked at the long dark road ahead and solemnly promised myself I would never feel this hopeless ever again.

In 1997, I enrolled in the Bachelor of Nursing program at University. To everyone's surprise with application I did well throughout my study and secured a graduate position at a large metropolitan hospital. After a challenging start in a busy surgical ward, I found my feet in the Transplant Ward and was accepted into a sought-after position in the Intensive Care program. The ability to provide highly specialised care in a technical environment appealed to my sensibilities. As a newly married man it also provided a social outlet, a young dynamic team of men and women at similar life and career stages with shared ideals and values. In 2007, I returned to my hometown and began working in the local Intensive care unit, securing a position as a clinical nurse. For many years, I felt very comfortable and adept at handling difficult clinical situations, my experiences and the



“The ability to provide highly specialised care in a technical environment appealed to my sensibilities.”

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support of my colleagues had given me confidence, this is what I had been preparing for since the death of my father. An intensive care nurse had become my identity, it was my career, my interest and my social outlet, at the expense of family and other interests. In 2013, that surety was challenged by personal and professional challenges, my own existential crisis.

I was awoken by a phone call; I had worked the night before and it had been uncharacteristically ‘quiet’. It had even afforded a little time for my colleague and I to check out embarrassing profile pictures on Facebook. I didn’t get to the phone in time, but noted that it was a private number. My mind began to race... it wasn’t busy, so they’re not looking for staff... had I missed something important last night... had I forgotten to sign a medication? I looked on my phone which revealed two missed calls, there was no message. I hesitantly called the Intensive Care Unit, Leoni answered, “Have you been on Facebook lately?” My night-duty addled brain jumped to the conclusion that I was in serious trouble for Facebooking at work. “Ummm... Karlie’s dead”. If only my initial thoughts had been true.

Karlie, a nursing colleague and young mother, had been struggling for some time. I did not know what to do, how to help her and had stopped short, concerned how it would affect my own career and now... I felt helpless. I was 16 again, looking at my dead father and not knowing what to do. Despite my preparation, I could not save her/him. To me in that moment, the career I had prepared for and the reasons why, suddenly had no meaning, my preparation had failed. I looked at the long dark road ahead and solemnly promised myself I would never feel this hopeless ever again.

In 2015, I sought support and counselling for the first time through the Employment Assistance Scheme. The initial and ongoing support I have received has allowed me to be more present, to challenge my self-doubts, and to be more accepting of the things I cannot change. Foremost, the events in my life and my responses to them have forced me to examine how I view myself. I am a husband, a father, a son, brother, a friend, a registered nurse and a university teacher. ●

# A plethora of opportunities



**JEFF VASQUEZ**

I am a nurse.

This wasn't how I exactly envisioned myself to be. When I was a bit younger, I wanted to do a lot of things. It started when I wanted to work in the pharmaceutical industry. I marvelled at how medications help our bodies function better. At the same time, I also wanted to become an economist. I wondered how I could help improve the health of my people and increase their productivity. I thought in that way, this will yield big returns to the nation's economy.

Undecided, I enrolled in another program in the nation's premier state university. However, I was not happy and did not see myself working in a business setting. It was at the height of the massive enrolment in Philippine nursing schools that I decided to enrol in a nursing degree. This is how it started.

After gaining some nursing experience following graduation, I started to explore opportunities to advance my nursing career. I was also able to finish my Master's degree in nursing and my work was featured in one of the books by the notable United States nursing theorist, Dr Jean Watson. Thankfully, nursing provided a borderless opportunity for the growth that I was looking for.

I came to New Zealand to continue to practise as a registered nurse. It was not an easy transition but the amazing people around me made it less difficult. I spent most of these years working in Australasia's busiest emergency department. During this time, I gained my postgraduate qualification in emergency nursing with the support of my employer. My interest in quality improvement developed and was embraced by my colleagues. Somehow, I got into nursing management and enjoyed supporting staff and the patients in the daily operation. It did not happen without challenges as we were not immune to the common health care problems like staff shortages, crowding in emergency departments (ED), inadequate hospital bed spaces and exposure to violence, to name a few. As it turned out, this experience made me a better nurse.

I decided to transfer to Australia with my family. I continued working in nursing management in Victoria's busiest ED. Here, I introduced a peer recognition program to celebrate successes in the workplace. I was also actively involved in clinical education and simultaneously taught in two of Australia's big universities focusing on courses in acute care nursing, health assessment and interpreting patient deterioration.

“At the moment, I am managing an amazing team of medical liaison nurses and medico-legal executive assistants in Australia’s most comprehensive forensic medical centre.”



The concept of quality improvement was always embedded in my work. There is a need to translate evidence-based practices into actual clinical scenarios to improve the quality of health care provision and patient outcomes. I appreciated the crucial roles of nursing practice, management, education, and quality improvement in patient care activities. I decided to concentrate on quality improvement with a greater extent of involvement covering the whole emergency services, including the emergency department, intensive care, coronary care, cardiac catheter lab, and short stay. I became involved in in-depth case reviews and root-cause analyses and assisted in improving processes.

At the moment, I am managing an amazing team of medical liaison nurses and medico-legal executive assistants in Australia’s most comprehensive forensic medical centre. We work closely with the coroners and the pathologists in the initial stage of death investigations. I am grateful to be surrounded by very dedicated and passionate people around me working in the field of forensics. This made me realise that nurses even have a role to play in medico-legal death investigations.

I continue to be grateful for being a nurse. Being male did not hinder me from advancing my career in a more traditionally female-dominated profession. It made me appreciate the contribution one can do regardless of gender. Nursing opened a plethora of opportunities for me.

I am a male nurse and I’m proud to be one. ●

# The next steps



**You have just read 26 incredible stories highlighting the many diverse opportunities a career in nursing can offer men, but where to from here? Are you interested in becoming an enrolled or registered nurse? Or maybe you would like to work with other like-minded individuals to address the issues for men in the nursing profession that some of the stories raised? We have compiled a small fact sheet which clearly outlines how you can achieve these two goals.**

## HOW DO I BECOME A NURSE?

The pathway to a nursing career depends on your decision to be a registered or enrolled nurse. Registered nurses require a Bachelor of Nursing degree. This can be done either by direct entry or after successful completion of a Diploma of Nursing.

Enrolled nurses require a Diploma of Nursing certificate through the Vocation Education and Training (VET) sector. We advise contacting your local VET provider to discuss a suitable qualification in your State. If full time study isn't for you, that's perfectly okay, there are part time study paths for registered and enrolled nurses meaning you can go at a pace which suits you!

Joining your national professional organisation is a great way to receive support throughout your studies and undertake leadership opportunities which put you at the front of the pack when applying for jobs. ACN also provides the opportunity to further develop your skills with an extensive range of graduate certificate. For a full list of membership options please visit: [www.acn.edu.au/membership](http://www.acn.edu.au/membership)

## HOW CAN I SHAPE AN INCLUSIVE FUTURE FOR THE NURSING PROFESSION?

As you will have seen in this book, each nurse has their own unique story. Gender stereotypes are shifting slowly but there is still room for improvement in this area.

ACN's Men in Nursing Working Party, chaired by Luke Yokota MACN, is dedicated to improving the nursing workforce to allow for the greater retention and recruitment of men. The group has several objectives which are dedicated to raising awareness of issues associated with men in nursing. If you would like to join their exceptional work, please contact [engagement@acn.edu.au](mailto:engagement@acn.edu.au).

We thank you for taking the time to read this powerful collection of stories.

***Warm regards,  
Your ACN Team***



