

At 18, Nick Joachimides had his heart set on becoming a paramedic. Fast-forward 15 years to today and he will tell you that it was fate he didn't make it into that program. Instead, his high school guidance counsellor introduced him to nursing. Looking back, he realizes she must have recognized his listening skills, compassion for fellow students and outgoing nature. That's why she told him he was well-suited to the profession. When she encouraged him to do a co-op placement alongside nurses at a children's hospital, his first thought was: "Why would a man want to be a nurse?" At the time, he didn't have any knowledge of the work nurses do, but strongly believed the profession was only for women. The counsellor was persuasive and convinced him to try it out. His three-month placement at the Holland Bloorview Kids Rehabilitation Hospital in Toronto opened his eyes to a career he'd never considered, and directed him down a new path for his future.

"I worked with the most fantastic nurse," he remembers. "She changed my life. She was such a good role model in the way she interacted with the children. She was sound with her practice and she had fun with the kids." When he finished his placement, Joachimides says nursing was the only thing he wanted to do and he was determined to work at Bloorview when he graduated from Centennial College.

RNAO's Men in Nursing Interest Group (MINIG) co-chairs David Keselman and Daniel Ball say that more men should get the opportunity to learn about the profession's many rewards. Unfortunately, that's not the case. And it shows in the statistics. According to the College of Nurses of Ontario, only five per cent of employed RNs in 2010 were male. Among new RNs, the number was slightly higher. In 2010, males accounted for 10 per cent of the province's 3,611 new grads. It's a promising trend upwards, but there's still plenty of work to do.

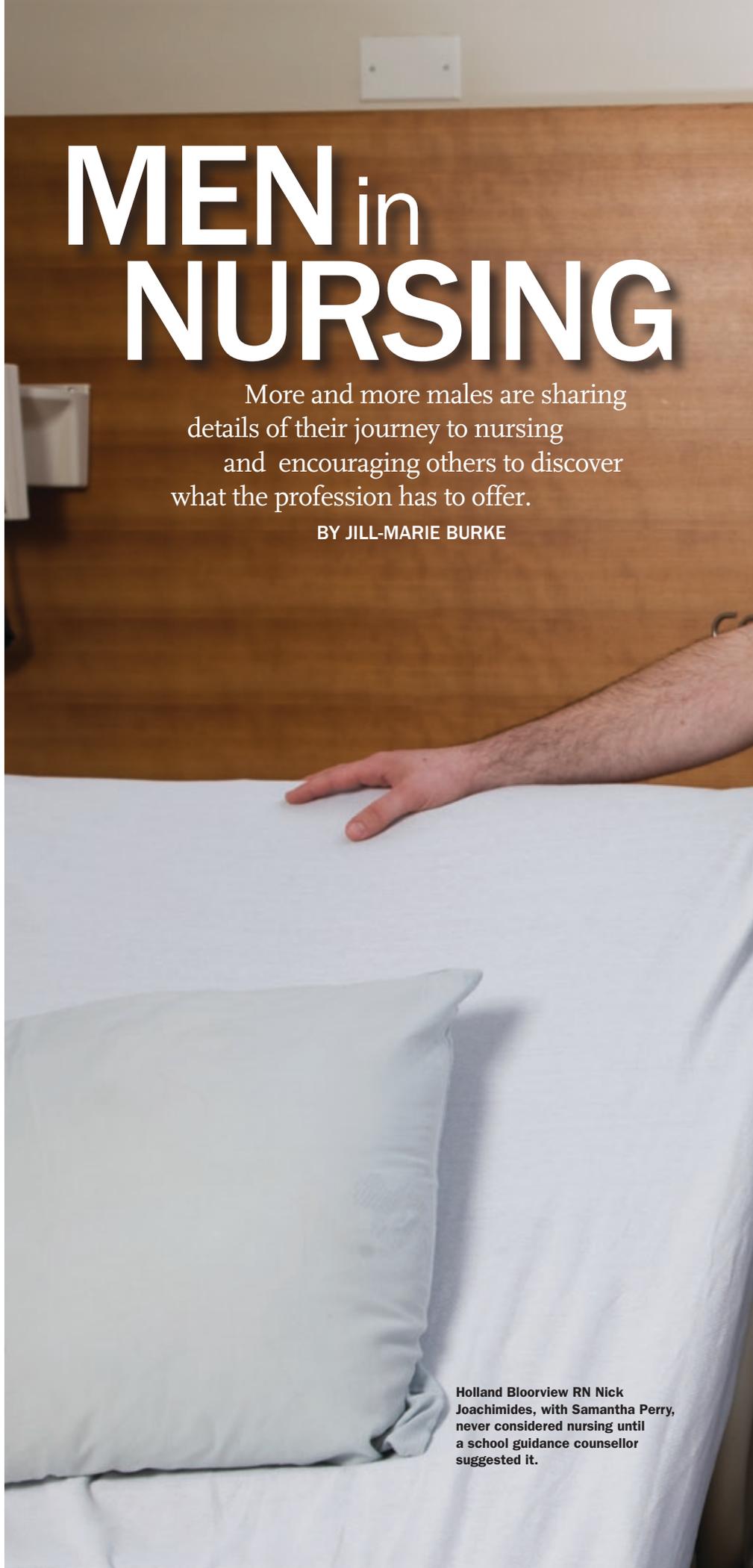
Why aren't more men entering the profession? Keselman and Ball have given this question a lot of thought. They believe there are three reasons: false stereotypes about male nurses; misconceptions about the value of nurses' work; and a lack of visible role models.

"Showcasing men in nursing is important because we don't have public role models," Keselman says. "As people see more males in the profession, the stereotypes will continue to decrease." He adds one way to

MEN in NURSING

More and more males are sharing details of their journey to nursing and encouraging others to discover what the profession has to offer.

BY JILL-MARIE BURKE



Holland Bloorview RN Nick Joachimides, with Samantha Perry, never considered nursing until a school guidance counsellor suggested it.



increase visibility is to have male nurses attend high school career days.

Men who want to share their experiences with elementary, high school and mature students can volunteer for RNAO's Nurse Ambassador Program, which arranges for RNs to talk about the profession in schools and at public events. "We would like to recruit male nurses who are passionate about the profession to help us promote nursing as an exciting and rewarding career choice," says Karen Ellis-Scharfenberg, associate director of RNAO's Centre for Professional Nursing Excellence. There are currently 212 female nurse ambassadors and 31 males.

RNAO President David McNeil is one of only two male nurses in RNAO history to lead the association. He is also just the kind of high profile role model the profession needs. When he entered nursing school in Sudbury in 1984, he says people weren't shy about sharing their opinions about the type

of men who choose the profession. "In a blue collar town, where it was predominantly mining, there were strong stereotypes about male nurses," he says. "It's very different for men entering nursing today. Society is different."

He thinks the key to getting more men (and women) interested in the profession is to ensure parents and guidance counsellors are aware of the professional opportunities nursing has to offer. "It's a world of possibilities," he says. "It is intellectually engaging and nothing is ever the same. It doesn't matter if you're in

"Nursing gives me an opportunity to see all the facets of what it is to be human."

Nathan Kelly

clinical practice, an administrative or leadership role, or education; the beauty of nursing is that the body of knowledge is constantly evolving. And if you're a person who likes to do things and be physical, you can do that, too. It's transferable expertise anywhere in the world."

Joachimides is grateful his guidance counsellor convinced him to explore a profession that wasn't even on his radar. He's had a 10-year career with Bloorview and is currently a clinical educator who teaches nurses, other members of the health-care team, patients and their families about managing pain. He also develops wound healing plans, and is working on a master's of Clinical Science in Wound Healing at the University of Western Ontario.

Joachimides is the type of role model MINIG would like more young people to encounter. Although young clients often mistake him for a doctor, he is quick to correct them. "I'm a very proud nurse," he says. And if he had his career to do over again, and couldn't be an NHL hockey player, he quips, "then I would 100 per cent, hands down be a nurse again. I think this was where I was meant to be."

While Joachimides pursued nursing right out of high school, Nathan Kelly chose the profession after a career in manufacturing. It was 2005 and he had been working as an industrial painter on the assembly line at a steel drum factory in Stoney Creek for almost seven years. He was comfortable, but felt something was missing. "The job wasn't deep enough for me. I wasn't getting the satisfaction I wanted and I wasn't making the contribution to society that I wanted to make."

He enrolled in the pre-health science program at Niagara College; where a male instructor, who happened to be an RN, suggested Kelly consider nursing. He began researching what it was all about and discovered that being a nurse was the best way for him to achieve his goal of making a difference in the lives of individuals, families and communities. In 2010, with the full support of his family and friends, he graduated from the BScN program at Brock University at the age of 33.

Kelly is a member of the nursing resource team at Niagara Health System's St. Catharines General Hospital site. It's a role he's had since his graduation, and one that means he's assigned to different units and floors throughout the hospital. He says the



Nathan Kelly chose nursing after seven years in manufacturing left him wanting more.

role has given him an opportunity to develop a wide range of nursing skills. “In palliation, your leadership skills as a nurse come out because the family and patient are looking to you to understand what’s happening,” he explains. “On surgical floors, your assessment skills are put to the test and it’s very busy.” He says nursing gives him an opportunity to “see all the facets of what it is to be human.”

Kelly has also discovered just how transferable his new skills are. Last year, he travelled to Haiti with the Canadian Medical Assistance Teams to provide nursing care after the earthquake. He is currently receiving an orientation from the Canadian Health Agency so he can nurse in communities north of Sioux Lookout. Working with clients in remote communities is one of the many goals Kelly plans to pursue over the course of his nursing career.

While Joachimides and Kelly discovered nursing thanks to academic advisors, Tarik Towfeq decided on his own that nursing was a good fit for him. The idea of a career in health care was planted in childhood, he says. In Iraq, where he grew up, his parents dreamed their sons would become engineers or doctors. These professions were well-respected, secure, provided a good income, and were seen as appropriate careers for men. Nursing wasn’t considered an option.

When Towfeq moved to Canada as a young adult, he was interested in science and envisioned himself in a job where he would be caring directly for patients. During the second year of a health sciences degree at the University of Toronto, he began to explore nursing. He knew most nurses were women, but didn’t have any preconceptions about men in the profession. He visited nursing schools in a number of cities and spoke to male nurses to get their perspectives on the career.

The diversity of nursing was appealing, but it wasn’t the only attraction for Towfeq. In fact, the decision went much deeper. “I really wanted to do something meaningful that would help me grow, but also something substantial,” he explains of his desire to contribute to the health of another human being. “Nursing is a good fit. You deal with people directly and it’s to do with caring and being compassionate.”

After completing the BScN program at the University of Toronto, Towfeq worked on Garden Hill reservation, a remote, fly-in community in northern Manitoba. Accept-

A world of opportunity in nursing

Passion, initiative and expertise allow nurses to pursue leadership positions at the bedside and in the boardroom.

RN positions himself for unique role in the OR

After doing a co-op placement in emergency during high school, Matt Dubuc knew he wanted to provide direct patient care as a nurse. He also knew he would take a different path from those colleagues he observed in emergency.

“I’ve always been attracted to the technical, hands-on...side of it,” he says. “I’m kind of a procedural guy. I like getting my hands in there.”

After getting his nursing degree from McMaster University, Dubuc carried on his education to become a nurse practitioner (NP). He was hired in thoracic surgery at St. Mary’s General Hospital in Kitchener. It wasn’t long before he decided he wanted to develop a better understanding of what happens in the operating room so he could better understand how that affects post-operative care. The hospital agreed to provide financial support so he could complete a Registered Nurse First Assistant (RNFA) program.

Dubuc now works with two thoracic surgeons to provide care for all patients undergoing testing, diagnosis or management of thoracic surgical procedures. He sees patients before surgery; assists during surgical procedures; talks to families after surgery; cares for patients on the floor; and helps with discharge planning. He also runs a post-operative clinic where he removes staples and orders x-rays.

“At the end of the day, you feel like you’ve been able to have a true impact on the outcomes for these patients because you’ve been able to see them through all aspects of their care.”

ing the job was a practical decision since full-time nursing jobs were hard to come by in the mid-1990s. He also knew that practising in a remote community, and with more responsibility, would give him the experience he needed to apply for the nurse practitioner (NP) program, allowing him a broader scope of practice. But the benefits

From ICU to admin: RN impacts patient care

Before becoming an RN, George Fieber got a degree in education, spent two years playing in the Canadian Football League, and worked in his father’s import automobile repair business in Thunder Bay. When a developer made an offer his father couldn’t refuse, he sold the business and Fieber found himself unemployed. It was 1984, and there were no teaching jobs for the young Fieber. So he visited Confederation College and asked which professions were hiring. When he heard there was a nursing shortage, he promptly enrolled in the nursing diploma program.

After he graduated, Fieber spent 12 years working in intensive care at Thunder Bay Regional Health Sciences Centre (TBRHSC). He loved the role, and enjoyed being part of an interprofessional team. He then became a manager in the staff education department and, five years ago, took on a newly created position: professional practice leader. TBRHSC, he explains, is implementing five RNAO best practice guidelines and Fieber is involved in revising policies and educating staff.

These days, most of Fieber’s work is administrative but he knows it’s having a positive impact on patient outcomes. “I’m in charge of the implementation of best practices and evidence-based care and making that the foundation of all we do,” he says proudly. “In the long run, that will have an important impact on the quality of life of everyone who comes through our organization.”

he reaped were far greater than he had imagined. He says learning about the culture, language and values of the First Nations people, and discovering similarities to his own Islamic values, helped him feel more rooted in Canada.

After working as an RN for four years, Towfeq was ready to work more indepen-

Do male nurses care differently?

London RN Steven Holbert has never forgotten something a female colleague said to him at a conference a number of years ago. She told him that male nurses don't care for patients in the same way that female nurses do. He was taken aback. When it comes to caring, he says, "I don't see much difference between my peers who are female and those who are male. We know that men approach relationships a little differently than females," he adds, "but I don't know that it's gender so much as just how we're socialized and how we behave."

Establishing caring relationships with patients has been the foundation of Holbert's nursing career. For over 20 years he worked with children, adolescents and adults with mental health issues. He retired from the psychosis program at Regional Mental Health in London in 2009, but still conducts formal assessments to determine people's capacity to make decisions about property and personal care. He's always believed that in order to help people recover you must understand and support them. He says helping people achieve their goals was one of the most rewarding aspects of his career as a nurse in mental health services.

Holbert has fully embraced emotional caring, but are all men comfortable with this professional responsibility? Nathan Kelly doesn't think so. "In nursing, you have to show a caring, sensitive side which most men are reserved to show," he says.

RNAO President David McNeil says it's important for male and female nurses to be emotionally comfortable in the specialty they choose. "If you're not comfortable, there's no way you're ever going to make the client comfortable," he says. "In nursing, if you're not true to yourself, the client will always see that, particularly when they're at a point of vulnerability."



Tarik Towfeq (left) and Maurice Michelin monitor the progress of construction at their new NP-led clinic in Toronto.

dently. He completed the NP program at Ryerson University in 1998. His interest in Aboriginal health led him to Anishnawbe Health Toronto to work with Aboriginal, Métis and Inuit clients. It was a rich environment where, in addition to helping clients manage their chronic diseases and fight infections, he says he could learn more about native culture and traditional healing.

At Anishnawbe, Towfeq worked with Maurice Michelin, an RN who later completed the NP program at the University of Toronto. When Michelin decided to apply for funding to establish NP-led clinics in Toronto, he approached Towfeq to be his partner in the project. In August 2010, the two men received word that their application was among 25 approved for funding across the province. They will co-lead two clinics (a main clinic and a satellite location, both called Emery Keelesdale) and will provide primary care to clients. The satellite clinic will open in September 2011 and the goal is for the main site to be operational by spring 2012.

While all his nursing experiences have been meaningful and rewarding, Towfeq says this next chapter will give him an opportunity to significantly impact the health of his community. It's a responsibility he takes very seriously. "I feel very honoured and privileged to have an opportunity to be part of a project like this," he says. "I see it as an opportunity for nurses to provide leadership, not only in terms of the clinic but also in terms of being the primary care providers for their clients."

Since the fall, Towfeq and Michelin have stepped away from direct patient care to see to the business of opening the NP clinic. It's been challenging and exciting, Towfeq says, but he's ready for the day he will start to see patients there. "The most important thing (to me) is the notion that people in the community will be coming to a nurse to have their care." **RN**

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