



NORDREGIO POLICY BRIEF 2024:4

First Aid Kit to Share the Care

**Recommendations to
Increase Diversity in
Nursing Education**



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Share the care

The gender disparity in the Nordic healthcare sector has significant social, cultural and economic implications in societies that prioritise equality. Despite their progressive stance, Nordic countries continue to grapple with the persistent underrepresentation of men in healthcare, reflecting a broader gender division (Eurostat, 2024). Transformations in men's roles are critical drivers of broader social progress. Although men's participation in caregiving may initially seem secondary, it plays a strategic role in advancing gender equality and addressing major social challenges (Scambor et al., 2023).

Various factors contribute to men's reluctance to pursue careers in healthcare. For instance, men often face role conflicts when entering female-overrepresented fields like nursing, as they may feel they are transgressing traditional masculine norms while embracing their professional identity as nurse (Blackley et al., 2019). In addition, structural factors and historical context such as the expansion of the welfare sector and the role of gender in caregiving in the Nordic Region further reinforce this gender imbalance (Dahl & Eriksen, 2005). Over the past two decades, research has consistently shown that gender equality and shared caregiving responsibilities lead to improved quality of life and better health outcomes for individuals of all genders (Scambor et al., 2023).

Women are largely overrepresented in nursing, like in many caregiving professions. Men in nursing face unique challenges, including stereotypes that question their masculinity or sexual orientation (Kronsberg et al., 2018). Such biases contribute to gender imbalances in nursing and deter men from pursuing or remaining in the field

(Younas et al., 2019). Male nurses also experience gender discrimination, particularly in areas like high-touch care. This often leads them to pursue roles in management or technical specialities such as surgery or critical care, perpetuating segregation (O'Lynn et al., 2020).

Men in nursing education

Recruiting men into nursing education remains a challenge, with many male nursing students dropping out before completing their programmes (Nesje, 2023; Nordfjell & Nielsen, 2019). Male nursing students report encountering biases when declaring their study plans and within educational settings. They often receive less psychological support and are excluded from opportunities to perform essential caregiving tasks, particularly those involving female patients in private situations (Nordfjell & Nielsen, 2019). These experiences contribute to lower confidence levels among male students, making it more challenging for them to succeed in nursing programmes (Twidwell et al., 2022).

Male students also express the need for more male peers, mentors and instructors in their education. They prefer being called "nurses" rather than "male nurses," highlighting their desire for inclusivity within the profession (Nordfjell & Nielsen, 2019; Petges & Sabio, 2020). The persistence of gender bias in nursing education contributes to higher attrition rates among male students in some countries, (Feng et al., 2019).

The Nordic angle

The Nordic countries, despite their reputation for gender equality, exhibit significant occupational gender segregation in fields like health and education (European Institute for Gender Equality, 2023). The roots of this segregation can be traced back to the post-World War II expansion of the Nordic welfare state, which incorporated more women into the labour force, particularly in caregiving roles (Dahl & Eriksen, 2005). Today, women are overrepresented in care professions such as healthcare and education, contributing to the region's high levels of horizontal segregation.

Efforts to reduce gender segregation in Nordic countries have yielded mixed results. While progress has been made in encouraging women to enter traditionally male-overrepresented fields like STEM, men's participation in nursing and other caregiving roles remains low (Cohen, 2013; Froehlich et al., 2020). Despite recurring nursing shortages, particularly in rural areas in the Nordics, few policies specifically target increasing male participation in the field (Nordfjell & Nielsen, 2019).

Finland, Norway and Iceland all face challenges related to gender segregation in nursing, despite having some of the highest nurse densities in Europe. In Finland,

where there are 18.9 nurses per 1,000 inhabitants, the proportion of male nurses remains low, increasing from only 6.4% in 2000 to 10.1% in 2021 (OECD & European Observatory on Health Systems and Policies, 2023a).. Similarly, Norway has a high nurse density of over 18 per 1,000 inhabitants, yet only 11.8% of its nursing workforce are men and the country struggles with recruitment and retention, particularly in rural areas (OECD & European Observatory on Health Systems and Policies, 2023c). Within the nursing occupation, men in Norway are also overrepresented in leadership roles, perpetuating vertical segregation (Abrahamsen & Storvik, 2019). Iceland, with the third-highest nurse density in Europe, has an even lower representation of male nurses, with fewer than 2% of the workforce being men (OECD & European Observatory on Health Systems and Policies, 2023b). Across all three countries, the underrepresentation of men in nursing persists, alongside common issues of recruitment, retention and vertical segregation in leadership positions.

Enrolment patterns in nursing education across Nordic countries consistently show that men remain a small minority, with less than 25% participation at all educational levels. Significant variations exist between countries, with Sweden (22%) and Norway (19%) having higher male enrolment in Licensed Practical Nurse (LPN) programmes in 2022 compared to Denmark and Iceland with much lower rates (4-7%). At the bachelor's level for Registered Nurse (RN) programmes, the gender gap persists, though Finland and Norway have around 15% male enrolment, compared to Denmark and Iceland at 5%. Graduation rates mirror these trends, with men representing fewer than 20% of nursing graduates across all levels, with Denmark and Iceland having even lower shares of men graduating. Despite some country-specific differences, the overall pattern reveals a persistent gender imbalance in Nordic nursing education: Share the Care: Strategies to Increase Diversity in Nursing Education

Executive summary of project activities and outcomes

Based on the literature review presented above, it is clear that promoting gender equality in nursing is critical for improving health outcomes and quality of life for all genders (Scambor et al., 2023). Increasing male participation in nursing education is an important part of achieving gender balance in the Nordic Region, in line with broader goals of equality. This focus was also highlighted by the Men in Nursing Education project (Nordfjell & Nielsen, 2019), which serves as a key reference for this initiative. **The Share the Care project, funded by the Nordic Gender Equality Fund (NIKK), aims to address these imbalances by gathering and applying best practices to support men in nursing education. The project was implemented in Iceland and at selected nursing programs in Finland and Norway.** It introduces six targeted interventions at both individual and organisational levels to address the challenges that men face in nursing education, thereby contributing to a more inclusive and balanced health sector.

Task 1 focused on developing a system to track and document student cohorts in nursing education, particularly regarding dropout rates, delays and completion, with a particular emphasis on gender composition.

The objectives included creating sustainable data collection methods and conducting routine interviews with students that had dropped out. The project encountered challenges in harmonising data collection across countries and ensuring consistency. **Norway** made significant progress by identifying best practices from a university with effective student support, including reallocation of resources to retain male students and implementation of early interventions. **Finland** introduced a follow-up system to identify at-risk students, revised its curriculum for improved flexibility and addressed issues such as internships, loneliness and web-based studies that contributed to male student dropout rates. In **Iceland**, the lack of formal systems and administrative leadership for male nursing students led to informal efforts by faculty to reduce dropout rates. **Across all countries, the project underscored the fact that institutional change begins with leadership recognition of gender imbalances** and that staff require time, resources and inspiration to implement new structures. Interviews with male students and faculty members were recommended to address specific challenges and encourage retention.

Task 2 aimed to raise awareness among teachers about gender imbalances in nursing education and the challenges faced by male students.

In **Norway**, discussions focused on the gendered representation of nurses in textbooks like "Basic Nursing" (2016), which predominantly featured female nurses, often Caucasian and middle-aged. These discussions led to reflections on gender dynamics in the classroom and prompted a dialog with the textbook publishers about a more diverse representation of nurses in future editions. In **Finland**, existing structures facilitated conversations about gender bias in teaching materials, although male students expressed the wish not to be singled out in class rather than the materials themselves. The emphasis remained on the diversity and meaningfulness of nursing as a profession. In **Iceland**, nursing programmes frequently used educational materials from the United States or the UK, with such materials tending to be less gender-balanced. Nonetheless, a new course was developed to address gender imbalances, featuring expert talks and encouraging open dialogue. Overall, **these activities enhanced teacher awareness of the need for male role models and addressed cultural biases in educational materials and the educational environment**, resulting in updates and the development of new, more gender-aware courses.

Task 3 focused on critically analysis of how healthcare education institutions portray nursing in their recruitment materials to improve gender and ethnic diversity.

In **Norway**, the initial analysis revealed that websites and social media platforms reflected the existing gender imbalance in nursing. Following feedback, colleges made significant improvements by adding male student profiles and showcasing best practices for more balanced gender representation. In **Finland**, health education marketing evolved to emphasise professional skills and international opportunities, although age and ethnic diversity remained underrepresented. **Iceland** also identified gender bias, particularly the underrepresentation of male faculty on nursing programme web pages. After formal reminders to update content, universities improved the gender balance, featuring stories of male students and professors. Across all countries, initial **recruitment materials exhibited a strong gender bias, but improvements were made once the issue was recognised**. While gender and ethnic diversity increased, **age diversity remained lacking**. The project highlighted the fact that addressing this issue is a **low-cost, awareness-based solution** that could further enhance diversity in how nursing is portrayed.

Task 4 aimed to improve the learning environment for male nursing students by reducing feelings of alienation and loneliness.

In **Norway**, male students were grouped together to promote regular peer interaction. In addition, workshops on gender dynamics and minority experiences were introduced, although participation was low. A peer mentoring programme was also established, with plans for expansion. In **Finland**, the focus was on providing gender-neutral study materials, increasing male role models and fostering social support. An online platform, which was initially unsuccessful due to complexity, was revamped using Discord to better engage students, with plans for expert talks on relevant topics like salaries and working conditions. In **Iceland**, a Male Nursing Committee was formed to promote inclusivity and a grant was secured to introduce nursing to younger boys, although the pandemic limited its reach. Across all countries, **the project emphasised creating an inclusive culture for male nursing students by challenging stereotypes and fostering opportunities for dialogue, mentorship and networking**.

Task 5 sought to engage study and career counsellors in promoting nursing to men across various locations.

In **Norway**, counsellors felt their role was to support student choices rather than guide them towards nursing. Counsellors appreciated the opportunity to reflect on gender norms in their work and highlighted the value of hands-on experiences like working in day care centres to challenge stereotypes. **Finland** implemented outreach activities, including sessions at lifelong learning centres and public events, but emphasised the need for better collaboration between teachers and students. **Iceland** faced funding challenges, particularly with respect to organising career events. Discussions with career guidance counsellors focused on gender balance in advice to students. Overall, early **interventions are crucial in addressing gender stereotypes**. Providing hands-on experiences from an early age can foster interest in nursing.

Task 6 was aimed at organising a pan-Nordic reference group to gather experiences from various measures in the Nordics.

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

Recommendations

The following is a summary of the key recommendations developed by the core project team.

1. De facto commitment to diversity

Universities and faculties must actively address diversity and gender equality by implementing specific action plans. These should focus on increasing representation of all genders among faculty teachers and achieving gender balance among students. Faculty leadership must take ownership of these efforts to foster collaboration and ensure continuous progress.

2. Support for male nursing students

Male students should be grouped for peer support in classes and mentoring should be offered, including by female mentors, to reduce dropout rates and boost well-being. Clinical practice environments should also be structured to support the retention and success of male students.

3. Tailored recruitment

Recruitment materials should be updated to appeal to a broader audience, highlighting the meaningful aspects of nursing while considering gender, ethnicity and age diversity. Emphasizing diverse career pathways in fields like emergency and psychiatric care should be used in marketing efforts to attract male candidates, while being mindful not to enhance gender stereotypes.

4. Diversity awareness training for all

All university study programmes must emphasise gender equality, inclusivity and diversity education. Targeted training should be provided for faculty and students, focusing on gendered and ethnic identities. This helps all students, especially in gendered fields like nursing, better understand minority and majority group dynamics and promotes more inclusive care in the Nordic Region and beyond.

Table of recommendations

Below is a summary of specific, practical recommendations that can be implemented at different administrative levels, starting with the faculty level and then moving on to the university level, as well as the regional and national level. A full list of recommendations, as well as a project description, is available at: [Share the Care: Strategies to Increase Diversity in Nursing Education](#)

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Faculty	Group male students (and male practitioners) together and encourage male students to participate in peer mentoring programmes and act as role models for others	Medium-term (1-2 years)	Makes male students feel that they belong to a group and builds supportive ties within the educational institution and beyond	Low (coordination, promotion)	It is recommended that men be grouped together in classes, provided with peer support and given access to mentoring systems (including female mentors). Through communicating with their role models, they are given the necessary support to experience feelings of belonging in the educational institution and profession or nursing in general
Faculty	Revise recruitment materials and language used to ensure gender-neutral and inclusive language, removing stereotypical images and texts	Short-term (6-12 months)	Changes perception of nursing, making it more appealing to men and underrepresented groups	Low (changes in marketing materials)	Update department-level recruitment materials to reflect a more inclusive view of nursing, ensuring men are not excluded by traditional stereotypes. Include visuals and language that represent the diversity of the profession. Update the institution's websites and check that there are no images that reinforce stereotypes in the venues used by the faculty
Faculty	Incorporate diversity, inclusion and gender equality training into the nursing curriculum for all students	Long-term (2-4 years)	Ensures all nursing students are equipped to address diversity issues in healthcare settings	Moderate (curriculum updates, working hours of the relevant teaching staff)	Introduce mandatory coursework that covers gender equality, inclusion and the benefits of diversity in healthcare. This can help students of all genders to understand their role in providing inclusive care while also reflecting on their own position in the healthcare landscape. It is important that female students undertake the same exercise, thus, strengthening overall awareness of diversity

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Faculty	Build a support system for field work placements, ensuring the work environment is welcoming for male students	Medium-term (2 years)	Improves retention of male students and enhances their learning experience during clinical practice (field work)	Low to moderate (costs of collaboration and coordination with placement sites)	Work with clinical placement partners to ensure a supportive and inclusive environment for male students during their fieldwork – clinical practice, which is critical since 50% of their education occurs in real-world settings. Besides targeting male nurses as cooperation partners in this clinical practice, this might also include educating clinical staff in general on gender diversity and inclusion
University	Appoint a gender diversity officer or committee to oversee diversity initiatives targeted at diversity among students	Long-term (constant)	Increases institutional accountability for gender diversity in nursing and healthcare professions	Moderate (salary or committee costs)	Establish a dedicated role or committee within the university to focus on gender diversity among students. This role would ensure sustained attention is paid to the issue and help coordinate efforts across various departments and faculties. In addition, this could lead to better collaboration with industry partners, which could be instrumental in helping to reach the diversity goals at the university
University	Develop and implement a university-wide action plan on diversity and gender equality in health education and care programmes	Medium-term	High impact on increasing diversity and gender balance in line with national goals	Moderate (depending on the scale)	The plan should address gender imbalance among students, referring to the existing national/official reports on men and gender equality. It should link with national diversity and gender equality goals. Central management involvement and ownership is essential

Administrative level	Recommendation	Time frame	Impact	Cost/budget	Description
Ministry of Education/ National Level	Push for funding in nursing education similar to that provided for STEM programmes to support gender diversity initiatives	Long-term (3+ years)	Increases funding for initiatives aimed at improving male participation in nursing, making long-term projects more viable through co-financing or support platforms involving industry partners	High (government funding allocation)	Advocate for national-level funding for gender diversity in nursing education. This would provide the financial backing for long-term initiatives and help universities and colleges develop sustainable programmes, as is the case in STEM fields
Ministry of Education/ National Level	Quotas for the underrepresented genders in nursing and other unbalanced fields of studies	Long-term (3+ years)	Provides an advantage to underrepresented genders in admissions	Moderate (depending on resistance)	While this measure was not implemented in this project, research shows that gender quotas of around 20% for the underrepresented genders can help improve gender balance. This approach is set to be implemented at institutions in Norway in the future. We recommend adopting the same measure across the rest of the Nordic countries.
International (Nordic Collaboration)	Continue international collaboration across Nordic countries to gather data, analyse trends and promote gender diversity	Long-term (5+ years)	Provides valuable insights into how gender diversity can be improved across multiple healthcare systems, leading to more effective strategies	High (international research projects, data collection, analysis)	Build on existing Nordic collaboration projects to conduct in-depth research into gender diversity in nursing and healthcare. Pool resources and data to understand the barriers to male participation better and develop actionable insights that can inform national policies and international best practices. Collaboration could include joint research projects, conferences and shared funding proposals



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Conclusions

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

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

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

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

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