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MEN'S HEALTH IN NURSING PRACTICE: A SURVEY OF SENIOR NURSES

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Abstract

Background: Australian men are likelier to die younger than women, often from preventable diseases or conditions. Gendered health promotion has improved men's engagement with health services, with nurses playing a central role in information and healthcare design. The primary aim of this research was to survey senior clinical and executive nurses on their understanding and perception of men's health.

Methods: A cross-sectional quantitative online survey was attended by senior nurses within a single hospital setting in metropolitan Sydney between June 2022 and July 2022. Sampling selection was conducted of nurses who currently hold senior clinical or management roles within the health district (Nurse Manager, Nurse Unit Manager, Director of Nursing, Nurse Practitioner, Transitional Nurse Practitioner, Clinical Nurse Consultant, Clinical Nurse Specialist, Nurse Educator, Clinical Nurse Educator) with descriptive analysis applied to interpret the data sets.

Results: A total of 84 responses were received, representing a 33% survey participation rate. A key finding was that 89.1% of senior nurses believed that traditional masculine traits affected health-seeking behaviour. However, 60.2% had not discussed men's-specific agencies with male patients, and 33.7% of senior nurses believed that gender was not a determinant of health. There was strong endorsement (74.6%) for a men's health education program to be developed specifically for nurses.

Conclusion: The results of this single-site online survey of senior nurses illustrate that while foundational understandings of gender as a determinant of health were divided, there remained strong endorsement for targeted men's health promotion to patients and the development of men's health educational programs to support nurses in providing holistic care for their male patients.

Keywords:

INTRODUCTION

Men's and women's health have traditionally been posited by healthcare services as residing within the reproductive domains of urology and obstetrics and gynaecology.[1] The Women's Health Movement beginning in the 1960s sought to challenge the medical establishment's control over women's bodies and their reproductive care and, in addition, argued that women's health extended beyond reproduction alone to advocate acknowledgement of how other

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health determinants impact the early, middle and later years of a woman's life.[2] Courtney drew a similar distinction in his editorial on men's health, by arguing that medicine's biomedical construct of men's health as belonging solely within the domains of urology and andrology ignores the diffuse psychosocial influences on men and "limits how we think about and understand men's health."[3]

The available health data relating to male mortality and morbidity across a number of settings is sobering. Within Australia, men are more likely to die earlier from preventable conditions, die from suicide and live approximately 4 years less longer than females.[4] In Europe, 86% of male deaths are attributed to injuries and noncommunicable disease resulting in premature mortality[5] and in the United States; life expectancy for males is 5-years less than females with hypertension, obesity, and smoking key contributors to overall morbidity.[6]

Implementing initiatives and strategies in clinical settings that promote a gendered healthcare lens requires practitioners with organisational oversight, service capacity, and subject matter proficiency.[7] International agencies, such as the World Health Organisation (WHO), have advocated applying a gendered lens to health policy, health implementation and service delivery[8] with the significant majority of those initiatives being focussed towards the health of girls and women.[9] Health delivery which seeks to be personalised and targeted at specific at-risk consumers, requires policy design that is cognisant of sex and gender as it pertains to broad populations.[10]

Over the past several decades, governments, health institutions, and the social sector have incrementally generated endeavours that have improved men's health and well-being. Notable examples here in Australia include; the Moving Forward in Men's Health Strategy (1999) by the New South Wales Ministry of Health,[11] the National Male Health Policy (2010) by the Federal Department of Health[12] and the prolific rise and expansion of the Men's Shed and Movember movements respectively.[13,14] One of the core objectives of the Australian Federal Government's National Men's Health Strategy (2020–2030) is a clear commitment to; "Strengthen the capacity of the health system to provide appropriate quality care for men and boys."[15]

From a global health workforce point of view, nurses represent the largest cohort of healthcare workers and within the Australian context; nursing constitutes 55% of the regulated national healthcare workforce.[16] A recent WHO report titled; 'State of the World's Nursing 2020' recommended that senior nurses; "lead policy dialogue that results in evidenced-based decision-making…."[17] Nursing leadership possesses not just the functional attributes of influence, but also importantly, the moral capacity to be recognised as change-agents across all levels of healthcare service delivery.[18]

Nursing frameworks of care extend across a diverse range of specialty settings and treatment domains, with the opportunity to leverage their influence in health policy development and advocacy.[19] With high public trust in the nursing profession being sustained over many decades,[20] exploring how nursing professionals understand men's health is a relevant area of occupational interest.

BACKGROUND

A primary search examined the literature on men's health and nursing practice. In addition, a database search using Embase, PubMed and ProQuest were attended. The title search terms used within this search were; *men's health, nurse, nurses or nursing*, which were full-text, peer-reviewed, in English, with no limitations on publication date.

Early nursing academic inquiry from the mid-1980s examining the emerging 'men's health movement,' cautioned that although some similarities may be recognised when compared to the women's health movement, the feminist cause was born from political and societal struggle for bodily autonomy. In contrast, the men's health paradigm within healthcare was primarily "focussed upon returning the men to normal role functions, not on shaping and defining what those functions are."[21] Within a few short years, calls to create a men's health nurse

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practitioner were first sounded, in part; to a growing awareness that men (and boys) were greater than the sum of their biological parts.[22]

Porche & Willis furthered the discussion on a men's health-specific nursing roles and proposed broadening the clinical scope to include population preventative health strategies, program and policy development while drawing nurses attention to "attend to how gender differences affect client responses to their nursing care."[23] Nursing curricula, in addition to bedside clinicians are implored to consider the "other determinants of men's health," as it relates to ethnicity, work practices, psychological stressors and emotional responses throughout a man's lifetime[23] The purposeful application of men's health studies within healthcare curriculums (including nursing), was encouraged by scholars such as White to reinforce the recognition that "men's health and women's health have to become much more mainstream, as central to the curriculum as ethnicity or socioeconomic status."[24]

The literature search revealed that the near majority of settings of interest to explore nurses' engagement with men's health initiatives was primary practice. A Brazilian study evaluated a purposefully designed men's health data collection tool for primary healthcare nurses and reported nurse feasibility in application and data collection.[25] A pilot study examining a train-the-trainer model of care to deliver a men's health education program delivered by nurses within primary care in Australia reported facilitator confidence and patient acceptability,[26] while another Australian primary healthcare qualitative study reported healthcare barriers to male patient engagement, primarily related to financial, structural and social stigma.[27] Nurses working in Brazilian primary health care sites were surveyed on challenges in implementing a national men's health policy into clinical practice, highlighting structural and inter-departmental barriers to delivery.[28] A further Brazilian paper conducted an integrative review of nursing strategies about men's health, encouraging nurses to participate in high-level healthcare design to advance service outreach for boys and men.[29] Further review of the literature revealed additional primary healthcare studies examining men's health from the perspective of both general practice physicians and practice nurses,[30] outpatients' urology nurses[31] and student nurses[32] with recommendations to further strengthen men's engagement with primary healthcare services by supporting the progression of nurse practitioners.[33]

The seniority of nurses according to clinical position (e.g., nurse manager, clinical nurse specialist) or experience in years were not described or presented in all but one of the studies identified within the literature search. Within the one paper that did so, the position of 'General practice manager/administration' was described. However, it was unclear whether that position was held by a registered nurse or a person with other healthcare or administrative credentials.[26]

A review of the available literature could not sufficiently detail the views regarding men's health as held by senior clinical and operational nursing professionals. The primary aim of this study therefore; was to survey senior clinical and executive nurses on their understanding of men's health as it pertains to contemporary clinical practice and future engagement. Secondary outcomes were to assess seniornurses' participation in men's health activities and their willingness to engage in any future men's health programs.

METHODS

Study Design & Sample Selection

This study was a cross-sectional quantitative online survey across a single health district, including both in-patient and outpatient settings. Inclusion criteria were; participants who were employed as a Registered Nurse within the health district and were performing in one of the following senior positions; Director of Nursing, Nurse Manager, Nurse Unit Manager, Nurse Practitioner, Transitional Nurse Practitioner, Clinical Nurse Consultant, Clinical

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Nurse Specialist, Nurse Educator and Clinical Nurse Educator.

Data Collection

A purposeful designed survey was developed by the research team for this study. The development of the survey was informed by a review of the literature as it pertains to the subject matters of nursing and men's health. The researchers generated the decision to adopt a survey methodology as the best means to capture a rapid cross-sectional cohort of nursing participants.

Respondents were recruited through pre-existing email distribution lists known to the health districts Nursing Executive. These aforementioned distribution lists were titled; *Stream Managers, Nurse Unit Managers, Clinical Nurse Consultants and Nurse Practitioners* (including Clinical Nurse Specialists), *Nurse Educators and After-Hours Nurse Managers*.

Each emailed survey to participants contained a link to the survey site located on the *REDCap* platform. Participation in the survey was by implied consent, with the Participant Information Form was embedded within the *REDCap* survey. All survey respondents were unidentified as individual participant details were not requested or collected, with anonymity protected through the survey process. All surveys were emailed simultaneously on the same day, remaining open for six (6) weeks.

The survey consisted of nine (9) close-ended questions. Participants were first asked to select their present area of clinical practice from a provided list of conventional clinical streams (e.g., critical care, community health) with the option to not disclose ('prefer not to say') and 'Other.' Secondly, participants were requested to nominate their presently employed nursing position (Nurse Manager/Management, Nurse Practitioner or Transitional Nurse Practitioner, Clinical Nurse Specialist or Clinical Nurse Consultant, Nurse Educator or Clinical Nurse Educator) to confirm survey eligibility and provide insight into spheres of practice.

The remaining seven (7) questions surveyed participants understanding of topics specific to gender and health promotion, men's help-seeking behaviours, and male-specific agencies. The participants were asked to reply with closed-ended questions 'yes,' 'no' or 'unsure,' with opportunity at the survey's end to provide additional comments if wanted. The questionnaire did not capture sociodemographic information such as; sex, gender, age or marital status.

Data Analysis

Data collected from the received surveys were analysed in *REDCap* with descriptive statistics applied to interpret the data sets. Ethics approval was granted through the local Human Research Ethics Committee. (2021/ETH00909) All participation in this study was voluntary and free of direct or indirect coercion.

RESULTS

A total of 84 respondents attended the survey, representing a 33% participation rate. One incomplete survey was removed, resulting in a total of 83 responses.

Table 1 illustrates participants roles and areas of clinical practice. Nurses employed within a senior clinical nurse role (Clinical Nurse Specialists (CNS) and Clinical Nurse Consultants [CNC]), represented 40.2% of total respondents. This was the largest represented cohort in this study.

Oncology Nurses (cancer and palliative care) were the highest-represented group of participants according to clinical area of practice, accounting for 22.8% of the total cohort, followed by '*Other*' at 21.6% and Surgical Nurses (16.8%).

Gender as a determinant of health was affirmed by 60.2% of respondents, with 33.7% disagreeing and 6% unsure (Table 2). Nurse Practitioners were more likely compared to other nurse groups to affirm this (83.3% vs. 60.2% overall), with Nurse Managers most likely to disagree that gender is a health determinant (44%), followed by Nurse Educators (36.8%).

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Participants supported the view that targeted health promotion can affect change behaviour in patients (95.2%) with a similar number (92.8%) discerning that *men's health* extends beyond the traditionally accepted men's health domains of urology, sexual dysfunctions and hypogonadism. Most participants also identified that traditional masculine traits such as stoicism and machoism could affect help-seeking behaviour in male patients (89.2%).

TABLE 1. Participants' Roles and Areas of Practice

Nursing Position	Participants
Nurse Manager/Management	25 (30.1%)
Nurse Practitioner or Transitional Nurse Practitioner	6 (7.2%)
Senior Nurse Clinician (Clinical Nurse Consultant or Clinical Nurse Specialist)	33 (39.7%)
Nurse Education (Nurse Educators or Clinical Nurse Educators)	19 (22.8%)
Specialty/practice Area	
Executive Nurse Management	4 (4.8%)
Critical Care	11 (13.2%)
Cancer and Palliative Care	19 (22.8%)
Surgical	14 (16.8%)
Medical	7 (8.4%)
Community Health	5 (6.0%)
Mental Health	5 (6.0%)
Other	18 (21.6%)

Nurses' previous engagement and participation levels in men's health promotion activities (such as Movember fundraising or Men's Health Week) were surveyed. Overall, 54% of senior nurses reported never having participated in men's specific health promotions within their hospital or outpatient department. Senior Nurse Clinicians (CNS and CNCs) were more likely to have participated in men's health promotions (42.4% vs. 33.7% overall, with Nurse Managers least likely (64% vs. 54.2% overall) (Table 3).

Over 60% of nurses reported that they have never held discussions on men's specific agencies (e.g., Men's Shed's, MensLine or Healthy Male Australia) with their patients previously. Nurse Practitioners were most likely to have had these discussions with patients (66.7%), with Nurse Educators the least likely to engage in this conversation (75%).

Overall, nurse's reception of any future men's health education programs being delivered within

TABLE 2. Participant Responses to Questionnaire

Survey Questions	Agree		Disagree		Unsure	
	N	%	N	%	N	%
In your opinion, does the term 'men's health' extend beyond urology, sexual dysfunctions and hypogonadism?	77	92.8	1	1.2	5	6
In your opinion, is gender a determinant of health?	50	60.2%	28	33.7	5	6
In your opinion, can targeted health promotion affect change behaviour in patients/clients?	79	95.2%	2	2.4%	2	2.4%
In your opinion, do traditional masculine traits (e.g. stoicism, machoism) affect help-seeking behaviour in men?	74	89.1	4	4.8	5	6
Do you/ your department participate in men's health promotions such as Men's Health Week or Movember?	28	33.7	45	54.2	10	12
Have you ever discussed men's -specific agencies (e.g., Men's Sheds, MensLine or Healthy Male Australia) with a patient/client?	31	37.3	50	60.2	2	2.4
In your opinion, would delivery of a men's health education program be positively received in your place of work by nursing staff?	62	74.6	3	3.6	18	21.6

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TABLE 3. Participant Nursing Specialty

	Yes	%	No	%	Unsure	%
In your opinion, does the term 'men's health' extend beyond urology, sexual dysfunctions and hypogonadism?						
Overall	*77*	*92.8*	*1*	*1.2*	*5*	*6*
In your opinion, is gender a determinant of health?						
Overall	*50*	*60.2*	*28*	*33.7*	*5*	*6*
Nurse Manager /Management	13	52	11	44	1	4
Nurse Practitioner	5	83.3	1	16.7	0	0
Senior nurse clinician	21	63.	9	27.3	3	9.1
Nurse Education	11	57.8	7	36.8	1	5.2
In your opinion, can targeted health promotion affect change behaviour in patient's/clients?						
Overall	*79*	*95.1*	*2*	*2.4*	*2*	*2.4*
In your opinion, do traditional masculine traits (e.g. stoicism, machoism) affect help-seeking behaviour in men?						
Overall	*74*	*89.1*	*4*	*4.8*	*5*	*6*
Nurse Manager /Management	23	92	1	4	1	4
Nurse Practitioner	6	100	0	0	0	0
Senior nurse clinician	31	93.9	0	0	2	6.1
Nurse Education	14	73.6	3	15.7	2	10.5
Do you/your department participate in men's-specific health promotions such as Men's Health Week or Movember?						
Overall	*28*	*33.7*	*45*	*54.2*	*10*	*12*
Nurse Manager /Management	8	32	16	64	1	4
Nurse Practitioner	1	16.7	3	50	2	33.3
Senior Nurse Clinician	14	42.4	15	45.5	4	12.1
Nurse Education	5	26.3	11	57.8	3	15.7
Have you ever discussed men's- specific agencies (e.g., Men's Sheds, MensLine or Healthy Male Australia) with a patient/client?						
Overall	*31*	*37.3*	*50*	*60.2*	*2*	*2.4*
Nurse Manager /Management	9	36	15	60	1	1
Nurse Practitioner	4	66.7	2	33.3	0	0
Senior Nurse Clinician	14	42.4	18	54.5	1	3
Nurse Education	5	25	15	75	0	0
In your opinion, would delivery of a men's health education program be positively received in your place of work by nursing staff?						
Overall	*62*	*74.6*	*3*	*3.6*	*18*	*21.6*
Nurse Manager /Management	21	84	0	0	4	16
Nurse Practitioner	3	50	0	0	3	50
Senior Nurse Clinician	24	72.7	0	0	9	27.3
Nurse Education	14	73.6	3	15.7	2	10.5

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their ward or department was favourable (74.7%). Nurse Educators were the only cohort surveyed to report negative views on the reception of a future men's health education program for nursing staff (see Table 3).

DISCUSSION

Findings from this online survey demonstrated a broad baseline understanding that the scope of men's health extends beyond the biophysical aspects of clinical service delivery. The findings also strongly endorse the development of men's health programs for nursing staff.

Nurses Understanding of Men's Health

Participants in this survey strongly supported the view that *men's health* encompassed more than the disease-specific confines of urology, sexual dysfunctions, and hypogonadism (see Table 2). While physical conditions such as erectile dysfunction and prostate and testicular cancer have historically been perceived as solely encompassing 'men's health,'[34] our findings illustrate that nurses within this particular healthcare setting possess a more nuanced understanding.

Our results reveal that even within the void of established men's health education in the mainstream syllabus, there is an understanding that a holistic view of men's health involves more than the absence of disease or illness within an individual (see Table 2). An Australian study of primary care nurses found that a lack of "nurse education preparedness" was reported by nurses as being as a limitation in delivering tailored healthcare to men within clinical practice.[27] Growing calls for men's health studies to be incorporated into health education curricula have been advocated over the past decade.[35–37] However, men's health education uptake and integration within tertiary studies remain relatively unknown. Our findings here have shown that senior clinical nurses within this setting have a contemporary view of men's health that extends beyond the traditional confines of biology.

Gender as a Determinant of Health

Participants were surveyed on their opinion of gender as a determinate of health (see Table 2). Just over a third (33.7%) reported that they did not believe gender had a role in affecting health outcomes. The relationship between gender and health outcomes for both men and women has, for example, resulted in disparities in preventative health participation.[38] As Manandhar et al. argue; "unless explicit attention is paid to gender and other intersectional drivers of inequalities, universal healthcare may fail to improve equity."[39]

An increasing focus by the WHO on the intersectionality of gender in the health outcomes of men and boys has been observed in policy announcements over recent years.[40–42] Supporting statements contained within the *Strategy on the health and well-being of men in the WHO European Region* noted that "the understanding of norms around masculine roles and behaviour among health professionals, are important factors influencing the way health systems respond to men's health issues."[42] The Sex and Gender Health Education Summit featuring delegates across medicine, nursing, allied health, pharmacy and dentistry – overwhelmingly affirmed (99% in support) that the purposeful development of sex and gender concepts within professional practice would improve men's health.[43] The translation of gender-informed advocacy regarding the wellbeing of men and boys remains a challenge for health bodies within the academic and clinical services environment.

Findings from this present study revealed that the nursing professional group most likely to disagree with the premise that gender was a health determinate were nurses employed in the role of Nurse Managers (see Table 3). Nurse managers significantly influence how nursing teams respond and adopt changes to practice and knowledge inquiry.[44] The advancement of social equity within patient settings is promoted by nursing leaders who retain influence in promoting policies and agendas that improve outcomes of disengaged groups.[45] The burden of responsibility for improving nursing insight

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and knowledge on determinants of health across societal groups resides not within one professional (nursing) group but on many shoulders.[46] Nursing leaders should be central in leading the voice for greater advocacy for men's and women's health outcomes and a re-focus on how social determinants affect patient populations.[47]

The effect that gender, and in particular- traditional masculine traits, could influence help-seeking behaviour was explored with survey participants. A significant number of senior nurses (89.1%) agreed that behaviours such as stoicism and machoism could negatively affect engagement with health services (see Table 2). Promoting healthy behaviours to boys and men requires a health sector response that posits positive masculine behaviours within existing masculine constructs.[48] The ability of nurses to influence male-patient behaviour and deliver change interventions can be strengthened with purposeful programs delivered from a men's health paradigm.[49]

Nurses Participation in Men's Health Promotion

Current health promotional activities for men within the clinical space was an area of interest to the study researchers. Survey participants overwhelmingly acknowledged that targeted health promotion could affect change behaviour in patients (95.1%) (see Table 2). However, nurses self-reported history of engagement in men's specific health promotion (as shown in Table 2) was reported as low by participants (33.7%). Our findings may align with existing literature that suggests a lack of awareness of existing programs or clinician confidence in the subject matter could be a key contributor to low participation.[26] Resources relating to boys and men's health have been previously observed as not visible or readily accessible.[50] For example, a recent observational study examining gendered resources within health facilities found that only 3% of health literature targeted boys or men, compared to 15% for females with 82% non-gendered.[51] Participation in health promotion generates advocacy, engagement, and personal agency, with bidirectional benefits to the recipient (patient or consumer) and also clinical staff.[52]

Senior nurses within this survey were of the majority view (74.6%) that any future men's health programs within their respective clinical settings would be received favourably by fellow clinicians (see Table 2). The development of nurses' knowledge on health conditions that affect men can strengthen health promotion practices to men.[53] The omission of any formalised men's health syllabus within tertiary nursing studies gives individual health sectors and clinicians the opportunity to curate health programs that respond to local practice environments.[54] Future nursing-specific men's health programs ought to be guided by the agreed priority areas contained within the Australian National Men's Health Policy which lays out a framework for engaging with and promoting to Australian men and boys.[55]

LIMITATIONS

There are several limitations within this study to consider. Firstly, this survey was attended across a single-site, so it is plausible that a larger representative sample might produce different findings. Secondly, the survey study design was rudimentary and therefore limiting with no scope for inferential statistics, with a limited avenue for qualitative data. Whilst all intentions were made to capture participants practicing within senior roles, some nursing staff working on secondment or in relief roles may have been excluded and therefore not represented.

CONCLUSION

To the best of our knowledge, this survey specifically seeking the insights of senior nurses into men's health is the first of its kind. The results of this single-site online survey of senior nurses illustrate that while foundational understandings of gender as a determinant of health were divided, there remained strong endorsement for targeted men's health promotion to patients and the development of men's health educational programs to support nurses in providing holistic care for their male patients.

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