

In a woman's world
by Eleanor Sullivan

For nursing icon, Luther Christman, RN, PhD, FAAN, obstacles to success are barriers to overcome or, as some who know him would say, bounded over effortlessly. He makes accomplishments look easy. And he has plenty to his credit. Luther Christman created a unification model of faculty practice, championed advanced clinical degrees for nurses, and suggested primary nursing and a nursing academy. None of these proposals was popular when this future leader in nursing proposed them, but all have come to pass. There is one additional proposal, however, for which Dr. Christman continues to fight: increasing the number of men in nursing.

Although he officially retired in 1987, Christman's impact on nursing and health care continues today. He has been honored by organizations from all over the world for his lifetime of contributions to the profession, and the awards still keep coming. The popular media has cited his work with articles in newspapers and magazines extolling not just that he is a leader in a "woman's profession" but also describing his accomplishments on behalf of nursing. Just this year, he received the 2002 Marguerite Rodgers Kinney Award from the American Association of Critical-Care Nurses. The Golden Lamp Society of Rush-Presbyterian-St. Luke's Medical Center and Rush University College of Nursing also honored him with a lifetime membership.

These honors pale, however, next to Christman's influence on nursing and health care beyond his own organizations. He is a renowned leader, innovator and consultant to nursing schools, health-care agencies and professional organizations in nursing and medicine around the globe.

But it's not all a rosy picture.

As a man in nursing, Christman has encountered more barriers than most nurses. In fact, if he wrote a tell-all book, many nurses would be embarrassed by the blatant sexism he experienced. Without naming names and without rancor, Luther Christman tells story after story of the ways that women in nursing blocked his path to becoming a nurse and later tried to prevent his moving ahead with progressive ideas.

Even the term "male nurse" requires an adjective and a noun to convey the uniqueness of a nurse being a man. This is similar to women in medicine who, only a few decades ago, were characterized as female physicians. In fact, the problems for men in nursing are similar to those of women in medicine; they are power-related.

Men in medicine were reluctant to give up power to women and, by the same token, women in nursing have fought to retain their power. Medicine, however, was forced to admit women after affirmative action legislation was enacted. Sadly, Christman reports, nursing, with a majority of women, was not required to adhere to affirmative action policies.

The animosity Christman experienced when trying to move nursing forward runs throughout any conversation with this revered leader. He was once nominated for the presidency of a major nursing organization. Upon arriving at the meeting, he was told that support for his presidency was strong, and he was predicted to win. Soon after, a vicious rumor about him was circulated among the delegates. Although untrue, it ruined his chance to gain an influential position to further nursing's progress. Christman believes that opposition to his presidency rested simply on

the fact that he was a man and resistance to the power that a man would have in a position of influence.

When nursing organizations refused to support his innovations, such as clinical master's degrees, Christman enlisted others. For example, he proposed a nurse practitioner program at Vanderbilt University and approached health-care organizations in Tennessee for support.

The Tennessee Medical Association responded with enthusiasm to having clinically competent nurses working side by side with physicians. Unfortunately, the nursing association complained that the program would make doctors out of nurses, and they refused to support the education of nurse practitioners. Medical associations also supported nurse practitioners over physician assistants initially, but when nurses fought nurse practitioner programs, organized medicine established physician assistant programs instead.

On another occasion, Christman was being honored with an award and received a standing ovation from the crowd. Afterward, many nurses came forward to meet and thank him. One woman elbowed her way through the crowd and approached him with a smile, but her words didn't match it. In a loud voice, she demanded to know how he dared accomplish all he had. Puzzled, he asked her what she meant. Her voice rising, she explained, "How dare you do these things before a woman!" While the remaining audience slinked away, she went on for several minutes, repeatedly stating that he should not have been allowed to move so far ahead of women in nursing.

In spite of such experiences, Christman went on to become one of the most honored nurses in the history of nursing around the world. His story will be told to the generations of nurses, both men and women, who follow him.

Many of the innovations he proposed, such as clinical graduate degrees and faculty practice, are now commonplace with accrediting agencies and certifying bodies legitimizing such work. But at the time Christman put forth his "radical" ideas, nursing leaders and organizations did all they could to prevent them from becoming reality.

If Luther Christman had his way—and who's to say he won't—one-third of nurses would be men, and the nursing shortage in the United States would be solved. He notes, incidentally, that the United States lags behind many other countries, where it is not unusual for men to become nurses.

He has solutions. Solutions to solve the nursing shortage, to elevate nursing to the respected clinical place in society it deserves and a surefire way to ensure that a baccalaureate degree is required to become a registered nurse. A tall order for a man who chose nursing in order to be near his future wife, who was enrolling in nursing school.

They couldn't attend the same program. Hers only admitted women. So he did the next best thing—he enrolled in a segregated program for men with an all-male faculty, graduating with a diploma in nursing in 1939. Christman went on to earn a bachelor's degree in nursing science and a master's in clinical psychology from Temple University. In 1965, he completed a doctorate in sociology and anthropology from Michigan State University. His doctoral dissertation examined, appropriately enough, perceptions resulting from vertical division of labor and its effect on organization cohesion.

Tall orders, though, are nothing new to this innovative leader who, following his deanship in Vanderbilt, became dean at Rush University, where he also served as vice president of nursing

affairs at Rush-Presbyterian-St. Luke's Medical Center, an unlikely joint appointment of nursing education and service. In addition, he was vice president for operations at both universities.

The nursing faculty at Rush also served in dual roles; two-thirds of their time was spent in practice, and they were reimbursed for their practice in the same way as the medical faculty. Salaries for the 280 faculty members were paid out of the nursing college budget, allowing the school to provide excellent clinical education for many students without the cost that most schools of nursing incur.

Year after year, Christman offered workshops for deans of nursing schools and their university presidents to explain how to implement and manage these joint appointments. Participants paid only their travel expenses; the workshops were free. At the conclusion of each workshop, Christman received the identical response. "A wonderful plan," participants would state, "but it would never work at our place."

In addition to the innovative faculty practice at Rush, Christman implemented what were then considered innovative clinical programs, including nurse practitioner and clinical doctoral degrees. He also established the combined doctor of nursing science and doctor of philosophy, analogous to the MD/PhD in medicine. These accomplishments are all the more remarkable given the educational traditions of the time, when education degrees were required for future teachers in nursing schools and clinical degrees were largely nonexistent. These practices were enforced, moreover, by nursing education's accrediting body.

When asked what kept him in nursing, Christman says, "I wanted to change things. I was determined to change things and do them correctly." Outspoken and gregarious, he chipped away at opposition to progress.

To help support and encourage men in nursing, Christman founded the American Assembly for Men in Nursing in 1975. The organization established an annual award and named it the Luther Christman. The award honors an individual whose contribution to nursing "reflects highly on men in nursing." President Gerald Ford was the first recipient.

Christman keeps plugging away at his theme, never allowing conversations to deviate too much from addressing nursing's problems. According to Christman, nursing's major problems are: 1) the nursing shortage, 2) lack of clinical expertise and recognition, and 3) entry to practice without a baccalaureate degree.

He offers solutions to all of them.

Solving the nursing shortage hinges on successful recruitment of men to the profession, a challenge nursing schools have yet to accomplish. Simple, says Christman. Turn affirmative action strategies toward men, much as affirmative action enabled white women and minority populations access to previously unavailable educational programs and occupations. A dean when federal affirmative action legislation was enacted, Christman was informed by the federal administrator, in the presence of the chancellor, provost and other deans, that the school of nursing was exempt from participating in the program because it already had a majority of women. That was nursing's first missed opportunity to encourage large numbers of men to enter the profession.

From his many years of battling both overt and covert opposition to his ideas for progress, Christman was not surprised by this response. Some nursing deans went so far as to say that a man would never be admitted to their schools. He observes, however, that 45 percent of patients are men, some of whom have told him sad tales of discrimination. Sometimes ordered to do their own care, they were admonished, "After all, you're a man. You don't need any help."

Patients are not 85 percent white women, Christman notes. The rationale that many patients are minorities and that nurses should reflect their patients' ethnicity encouraged nursing programs to recruit from populations underreported in nursing ranks. That same rationale should be used to encourage men to become nurses, says Christman.

In fact, it can be argued, men are more likely to work full time and continuously throughout their careers. Because women bear children and often have more childrearing duties than men, their careers frequently are characterized by rotating in and out of the profession with combinations of part- and full-time employment. Recruiting people from the population more likely to work regularly just makes sense and would offer stability to the profession's shortages.

Recruiting talented women, especially white women, into nursing is a losing battle. Every group in the country is trying to recruit white women, and other fields offer considerably more advantages than nursing. Recruiting men is similar to efforts to recruit from other populations that are a minority in a profession. Men already in nursing can advise schools about what strategies might work to interest men in pursuing a nursing career.

Some schools are finding success in aiming their recruitment efforts toward men. Vanderbilt University and several nursing schools in Texas have increased the number of men enrolled, Christman reports. Schools need not lower standards to admit men, he adds, just as other professions did not need to lower standards to admit women. Schools, he says, should actively recruit men in every way possible. Because men seldom see men in the nursing profession, organizations must be proactive and foster a receptive environment to encourage them to consider nursing as a career.

If legislation is needed, then nursing leaders should lobby for such initiatives. Organized nursing was successful in lobbying for the establishment of a nursing institute at the National Institutes of Health, even overcoming a presidential veto. Securing legislation to recruit men to help solve the nursing shortage should be no more difficult than prevailing over politically savvy NIH directors who, for the most part, saw no reason to dilute their appropriation base by encouraging Congress to establish another institute. And yet, nurses prevailed.

Christman adds another interesting prediction about the nursing shortage. When, he asks, do you think nurses will wake up and realize that technology will reduce much of the nurse's work? The same phenomenon is and will continue to reduce the work of pharmacists, physicians and other health-care professionals.

Here are a few examples of technological and scientific advances that Christman believes will reduce the need for practitioners in all the health-care disciplines.

- Robot pharmacists that will fill every prescription accurately, keep flawless records and automatically refuse to dispense medications that contradict the patient's condition or other medications and, in addition, be available 24 hours a day, seven days a week;
- vital signs assessments that are more accurate than those of nurses and physicians;
- noninvasive technologies for diagnosis and treatment;
- monitoring of patients from a distance with patient-friendly equipment and a phone line;
- medications designed to administer a continuous, steady dose from a central body site;
- distant diagnostics soon to be joined by distant surgeries; and
- robot housekeepers

All of these innovations are already in use or being tested. Much like factories of today and those being designed for the future, hospitals and home health care can be run by a few highly educated and highly skilled professionals. Geographic boundaries fall away as technology

expands to circle the globe. The potential to reach developing countries and those devastated by war, internal strife and famine is unlimited.

Christman also offers a solution for nursing's most intractable problem: entry to practice. Baccalaureate degrees, at the very least, should be required, he says.

Opposition to baccalaureate degrees for entry to nursing is most vigorously opposed by community college administrators. Christman's experience in Illinois serves to illustrate the extent of this opposition. He served as president of the Illinois Nurses Association, and when his presidency was over, the INA board of directors voted to support the baccalaureate degree for entry to practice and asked him to serve as their lobbyist on this issue to the state legislature, where he gained the support of many state senators and representatives.

Although only a few legislatures had four-year university degrees, they agreed that baccalaureate-prepared nurses would improve the profession and nursing care. None, however, would vote for it. One conservative senator told him why. He had a community college in his district, and when the college president found out about the proposed legislation, the president and the head of the nursing department told him that Christman was wrong and that multiple entries to nursing best served his constituents. Only one conservative woman representative spoke up in favor of the legislation, and it failed.

Here's how to offset the community college opposition, Christman says. Offer the lower division general education courses for nurses at publicly supported community colleges, as well as at four-year public universities. Offer only upper-division nursing courses at universities. Community colleges will continue to have large numbers of nursing students to fill their general education courses, and all nursing students will graduate with baccalaureate degrees.

There will be resistance, of course, to such a radical change, involving state boards of nursing, community college and university presidents, organized nursing and nurses themselves. Resistance to advancing education in nursing, however, is not new. It began with Florence Nightingale, who argued against advanced preparation for nurses, encouraged low salaries and fought to get men out of nursing. Most nurses, Christman says, don't want to hear this about nursing's revered leader.

An atmosphere of anti-intellectualism permeates clinical nursing, with experienced nurses asserting that nurses with advanced degrees just want to get away from patients. This disparagement of advanced nursing education contributes to nurses' reluctance to pursue doctoral study. When they finally do (after the requisite "experience"), they are much older—usually in their late 40s—than scientists in other disciplines, who do so by about age 29. Nurse scientists have considerably fewer years to contribute to knowledge building and are less likely to be funded for pre- and post-doctoral study because of the lower return on investment for research dollars.

The one bright spot on nursing's horizon, according to Christman, is the increase in clinical master's and doctoral degrees, innovations he championed years ago. Without clinical expertise, acknowledged by the appropriate degrees, nursing has failed to garner respect and recognition from other health-care professions as well as the public, Christman posits.

Christman also notes the gender diversity of Sigma Theta Tau International's board of directors. The society, whose Greek name often causes it to be confused with a sorority, has made great strides in its goal to make the organization gender-neutral. Three men currently hold positions on the board, including the president-elect and the first board member from Europe.

Nursing leaders are more progressive these days, he adds, noting that nursing organizations are involved in collaborative efforts with other health-care professions and their organizations. Nursing is moving in the right direction, though ostensibly not far enough or fast enough to suit this tenacious and determined leader.

A poignant example brings the discrimination against men in nursing close to home. Christman's son followed his father's footsteps into nursing but ultimately found the discrimination too tough to bear. He works in landscaping now.

Thank goodness Luther Christman didn't do the same.

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