Men in Nursing Occupations
American Community Survey Highlight Report

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Introduction

Healthcare is one of the fastest-growing industries.\(^1\) The aging of our population fuels an increasing demand for long-term care and end-of-life services. Skilled nursing care has also expanded in schools and retail clinics and in the provision of mental health services.\(^2\) This demand has resulted in low unemployment rates among nurses, ranging from about 0.8 percent among nurse practitioners and nurse anesthetists to 4.3 percent among licensed practical and licensed vocational nurses.

In 2011, there were 3.5 million employed nurses in the U. S. and 78 percent were registered nurses. A predicted shortage of nurses has increased recruiting and occupational retraining efforts to increase the pool of employable workers in this field. These efforts have included recruiting men into nursing. Previously, decades of legal barriers kept men out of the field and nursing schools often refused to admit men, a practice deemed unconstitutional by the U.S. Supreme Court in a case brought against a state-supported school in 1981.\(^3\) Schools are now actively pursuing higher male enrollment in their nursing programs. The relatively high wages and expanding job opportunities makes this field attractive, offering stability even during recessions.

This report presents estimates of men in nursing occupations using data from the 2011 American Community Survey (ACS). Starting in 2010, the Census Bureau began collecting data on five specific nursing occupations: registered nurse, nurse anesthetist, nurse midwife, nurse practitioner, and licensed practical and licensed vocational nurse. Prior to 2010, two nursing categories were available: registered nurse and licensed practical and licensed vocational nurse. Nurse anesthetists, nurse midwives, and nurse practitioners were combined with registered nurses, limiting the analysis potential of the data.

Taking advantage of the newly-available occupational categories, this report shows the percentage of men in each of the detailed nursing occupations and men’s median earnings in each occupation. This report is based on a new set of tables that present selected characteristics of men and women in nursing occupations. These tables provide estimates on employment status, age, race, Hispanic origin, citizenship, educational attainment, work hours, time of departure to work, median earnings, industry, and class of worker by sex for registered nurses, nurse anesthetists, nurse practitioners, and licensed practical and licensed vocational nurses. The tables are available on the Census Bureau’s Industry and Occupation Statistics Web site at http://www.census.gov/people/io/publications/reports.html. Because of a small number of sample observations, nurse midwives are excluded in the tables and report.
Highlights

- There were 3.5 million employed nurses in 2011, about 3.2 million of whom were female and 330,000 male.
- Of employed nurses, 78 percent were registered nurses, 19 percent were licensed practical and licensed vocational nurses, 3 percent were nurse practitioners, and 1 percent were nurse anesthetists.
- Men’s representation among registered nurses and licensed practical and licensed vocational nurses increased. About 2.7 percent of registered nurses were men in 1970 compared with 9.6 percent in 2011. Men’s representation among licensed practical and licensed vocational nurses grew from 3.9 percent in 1970 to 8.1 percent in 2011.
- In 2011, 9 percent of all nurses were men while 91 percent were women. Men earned, on average, $60,700 per year, while women earned $51,100 per year.
- Men’s representation was highest among nurse anesthetists: 41 percent were men.
- Male nurse anesthetists earned more than twice as much as the average for men in all nursing occupations. Male nurse anesthetists earned, on average, $162,900 per year, while men’s average for all nursing occupations was $60,700 per year.
- Even among men and women in the same nursing occupations, men outearned women.
- Women working as nurses full-time, year-round earned 91 cents for every dollar male nurses earned.

What is the American Community Survey?

The American Community Survey (ACS) is a nationwide survey designed to provide communities with reliable and timely demographic, social, economic, and housing data for the nation, states, congressional districts, counties, places, and other localities every year. It has an annual sample size of about 3.3 million addresses across the United States and Puerto Rico and includes both housing units and group quarters (e.g., nursing facilities and prisons). The ACS is conducted in every county throughout the nation, and every municipio in Puerto Rico, where it is called the Puerto Rico Community Survey. Beginning in 2006, ACS data for 2005 were released for geographic areas with populations of 65,000 and greater. For information on the ACS sample design and other topics, visit www.census.gov/acs/www.
Historical Trends in Nursing Occupations

Though nursing had significant male representation until the 1800s because of the early association between nursing and the military and religious orders, men’s representation in nursing experienced significant decline in the 1900s with the emergence of modern nursing and new legal barriers to men’s entry. However, men’s representation in nursing has been growing since the 1970s. Figure 1 shows the increase in men’s representation among registered nurses and licensed practical and licensed vocational nurses since 1970. About 2.7 percent of registered nurses were men in 1970 compared with 9.6 percent in 2011. Except for a small decline in 1980, men’s representation among licensed practical and licensed vocational nurses grew from 3.9 percent in 1970 to 8.1 percent in 2011.*

Figure 1. Percentage of Nurses Who Are Men From 1970 to 2011

*Includes nurse practitioners and nurse anesthetists. Data for nurse practitioners and nurse anesthetists were not shown separately until 2010.


*The difference between the 2011 estimate and the 2000 and 2006 estimates for percentage of licensed practical and licensed vocational nurses who are men is not statistically significant.
Until recently, the Census Bureau did not collect refined categories of nursing, preventing nuanced analyses of trends in nursing. Starting in 2010, the Census Bureau split the occupational category of registered nurse into 4 occupations: registered nurse, nurse anesthetist, nurse midwife, and nurse practitioner. We are now able to examine men’s representation in more specific nursing occupations. Because educational requirements, job tasks, and earnings vary significantly by type of nurse occupation, it is important to look at trends in more refined occupational categories.

Men in Nursing Occupations

Men are more likely to be found in highly-paid nursing occupations. Although women make up a disproportionate share of all nursing occupations, men’s representation is highest among nurse anesthetists. About 41 percent of nurse anesthetists are men. Figure 2 shows men’s median earnings in each of the nursing occupations along with their representation in each of the nursing categories. Nurse anesthetists earn more than twice as much as the average for all nursing occupations. Male nurse anesthetists earn, on average, $162,900 per year, while men’s average for all nursing occupations is $60,700 per year.
Known as the “glass escalator” effect, men have typically enjoyed higher wages and faster promotions in female-dominated occupations. As men entered nursing in greater numbers, they were more likely to become nurse anesthetists, the highest paid nursing occupation, and least likely to become licensed practical or licensed vocational nurses, the lowest paid nursing occupation. Even among men and women in the same nursing occupations, men outearn women. Figure 3 shows that women working full-time, year-round earn 93 cents for every dollar men earn as registered nurses, 89 cents to the dollar among nurse anesthetists, 87 cents to the dollar among nurse practitioners, and 91 cents to the dollar among licensed practical and licensed vocational nurses. While women’s earnings in nursing fields are not on parity with men’s, the wage gap is smaller than the average across all occupations: 77 cents to the dollar.

*The difference in female earnings between nurse practitioners, nurse anesthetists, licensed practical and licensed vocational nurses, and registered nurses is not statistically significant.
Figure 3. Female Earnings as a Percentage of Men’s Earnings among Full-Time, Year-Round Nurses: 2011

<table>
<thead>
<tr>
<th>Profession</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurse practitioners</td>
<td>87.4%</td>
</tr>
<tr>
<td>Nurse anesthetists</td>
<td>88.9%</td>
</tr>
<tr>
<td>Average (all nurses)</td>
<td>91.0%</td>
</tr>
<tr>
<td>LPN/LVN</td>
<td>91.3%</td>
</tr>
<tr>
<td>Registered nurses</td>
<td>92.7%</td>
</tr>
</tbody>
</table>

Source: U.S. Census Bureau, 2011 1-year American Community Survey

References


**Data Source and Accuracy**

The data presented in this report are based on the ACS sample interviewed in 2011. The estimates based on this sample approximate the actual values and represent the entire household and noninstitutionalized group quarters population. Sampling error is the difference between an estimate based in a sample and the corresponding value that would be obtained if the estimate were based on the entire population (as from a census). All comparative statements in this report have undergone statistical testing, and comparisons are significant at the 90 percent level unless otherwise noted. In addition to sampling error, nonsampling error may be introduced during any of the operations used to collect and process survey data such as editing, reviewing, or keying data from questionnaires. For more information on sampling and estimation methods, confidentiality protection, and sampling and nonsampling errors, please see the 2011 ACS Accuracy of the Data document located at www.census.gov/acs/www/Downloads/data_documentation/Accuracy/ACS_Accuracy_of_Data_2011.pdf.

**Disclaimer**

This report is released to inform interested parties of ongoing research and to encourage discussion of work in progress. The views expressed are those of the author and not necessarily those of the U.S. Census Bureau.

**Contact**

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