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45, Male and Now a Nurse

By CECILIA CAPUZZI SIMON

BALTIMORE'S gritty Levindale section is a world apart from Ponce Inlet, Fla., the upscale barrier island where Rich Van Rensselaer owned a boutique [liquor](#) store and coffee shop before becoming a trauma nurse. If you had asked Mr. Van Rensselaer in 2004 if he thought he would trade in life in Margaritaville for scenes from "The Wire" — treating gunshot wounds, drug overdoses and unmanaged [diabetes](#) in one of the city's busiest emergency rooms — he might have assumed you had been to one too many of his wine-tasting events.

"Never in a million years," he says, laughing, as he walks the halls of Sinai Hospital, showing off his workplace.

Actually, it took six years: last May, Mr. Van Rensselaer, 45, graduated from the [University of Maryland](#) with a master's in clinical nurse leadership. His professional leap may seem far-reaching, but in some ways his choice is not so surprising.

Like many who come to nursing as a second profession, Mr. Van Rensselaer was motivated after caring for a loved one through an illness — in his case, his mother, who battled [thyroid cancer](#) and whom he nursed at her home in the final three months of her life. "It was rewarding," he says. "It was important for my mother to die at home. Working with [hospice](#) nurses allowed me to do that for her. And I realized, 'I can do this.'"

Nursing is one of the most popular and accepting professions for career changers, due in part to a shortage that's gone on for decades. Nearly 40 percent of students studying to become [registered nurses](#) are over age 30, and candidates who already have four-year degrees, like Mr. Van Rensselaer, are highly prized.

To attract students from other disciplines, nursing schools are putting new emphasis on second bachelor's degrees that can be completed in about a year and are introducing master's degrees meant to bring non-nurses into the profession. Half of R.N.'s hold just an associate's degree or a hospital diploma.

Leaders in the field have long debated the need for a bachelor's in nursing. Legislation is pending in four states, including New York and New Jersey, that would require newly licensed registered nurses to hold a B.S.N. within 10 years. Few anticipate passage of such bills (a North Dakota law was revoked in 2003 shortly after being enacted, such was the dissent).

But poised for enormous growth and in the midst of sea change, the profession is moving to raise its educational profile. More advanced degree holders are needed in the pipeline to help stave off a shortage of faculty, especially as teachers age out, says Kathy Kaufman, senior research scientist at the National League for Nursing.

Furthermore, the health system has become more complex, and nurses today need the skills to take on added patient care and management responsibilities, and pick up the slack in family practice and primary care — less lucrative areas that are no longer popular with medical students. Some procedures and care are moving out of [hospitals](#) and into physicians' offices, community health centers, schools, and even CVS and Target. Nurses are running many of these operations and striking out on their own, starting clinics or home health care businesses.

With an opportunity for management and research, and salaries that mirror the premium that the medical field now places on the work — established nurses in the New York area earn an average of \$70,000 — it's no wonder that nursing is moving past its low-prestige image. The female-dominated profession is also fast shedding its negative male-nurse stereotype (think Gaylord Focker in "Meet the Parents").

Though men make up just 6 percent of the profession, they represent nearly 14 percent of the current nursing-student population. One of Mr. Van Rensselaer's biggest challenges was convincing his father that nursing was a career for a middle-age man. "His image of nursing was women in little white caps." Eventually, his father came around. "When I talked with him about what the work was really about — keeping people alive — he understood."

Mr. Van Rensselaer was one of seven male students in his class of 50 at the University of Maryland, which has one of the largest nursing schools in the country.

Three years ago, the university closed its accelerated bachelor's program for non-nurse college graduates and instituted the leadership master's instead. The American Association of Colleges of Nursing developed the leadership curriculum to address patient safety issues, like keeping infections at bay or administering the correct medications. Students are trained

in hospital management, research and patient care based on medical evidence, not just what is picked up on hospital rotation. Some 109 schools offer the curriculum, and of the master's degrees for non-nurses, almost half are in clinical nurse leadership.

TRAINING can be intense, and there is still the actual nature of the work: nursing involves the most intimate of human interactions and is not for the faint of heart. Mr. Van Rensselaer knew that and took his transition slowly.

When his mother's **cancer** was diagnosed, in 2004, Mr. Van Rensselaer was already bored with his business — a specialty wine and liquor store, with a coffee shop up front that catered to tourists and a year-round population of 2,200. During his mother's illness, Florida experienced three **hurricanes**, and the stormy weather became a metaphor for his life as he traveled between his hometown of Baltimore and Florida. On her death he sold the business and decided to explore nursing.

Wisely, he got his feet wet before plunging in. He became certified as a medical assistant through a community college program. This qualified him to work at an urgent care office where he could perform administrative and clinical duties like taking medical histories and recording vital signs. Mr. Van Rensselaer liked the work, especially the patient contact, and he began to take “dreaded” science prerequisites, with an eye toward a degree in nursing. He hadn't taken serious academic courses since graduating from Flagler College in St. Augustine, Fla., with a degree in business 18 years earlier. “My biggest fear going in was, ‘Can I mentally do this?’ ” he says. He aced his classes.

When his wife, a pharmaceutical sales representative, was offered a job in Baltimore, they moved back, and he opted for Maryland's master's degree. The 16-month program was exhausting, and left almost no time for a personal life. The concentrated lineup of courses included pathopharmacology; children, family and geriatric nursing; psychiatric and trauma nursing; community nursing; and digital management of patient care. He completed 220 clinical hours and 90 hours applying evidence-based practice to a patient care problem — his was on alternative solutions to pain management.

Students have to maintain at least a 3.0 average to stay in the program; many, he says, dropped back to an expanded curriculum (it can be completed over 21 and 23 months as well). Mr. Van Rensselaer did more than survive the punishing pace. His 3.7 G.P.A. qualified him for a \$10,000 scholarship from Sinai Hospital. In exchange, he committed to work at the hospital for three years.

At Sinai on his day off, in the week between finals and graduation, Mr. Van Rensselaer looks relieved. “I don’t even know how to explain how grueling it was,” he says. “I got into a rut mentally with my business, but I’ve been running a marathon in my mind for the last 16 months, and I’m thinking differently now.”