The Image of Male Nurses and Nursing Leadership Mobility

Timothy B. McMurry, EdD, MSN, RN

Timothy B. McMurry, EdD, MSN, RN, is Associate Director for Patient Care Services/Nurse Executive, El Paso VA Health Care System, El Paso, TX.

Keywords
Gender, discrimination, male nurses, gender advantages, glass ceiling, sexism, stereotype, nontraditional

Correspondence
mcmurryfam@yahoo.com, with a copy to the Editor: nursingforum@gmail.com

Research consistently reveals that white men maintain an advantage over other status groups such as women in positions of authority pertaining to human capital. This paper examines male underrepresentation in the nursing profession, including difficulties such as discrimination and advantages for them determined by their gender. The literature suggests that men are given fair, if not preferential, treatment in hiring and promotion decisions, are accepted by supervisors and colleagues, and are well integrated into the workplace subculture.

The gender segregation of the U.S. labor-force is one of the most perplexing and tenacious problems in our society even though the proportion of men and women in the labor force is approaching parity, particularly for younger cohorts of workers (U.S. Department of Labor, 2009). However, women are still generally confined to predominantly single-sex occupations. Forty percent of these women would have to change their occupational categories to achieve equal representation in all job categories (Reskin & Roos, 1999). This figure underestimates the true degree of sex segregation. It is extremely rare to find specific jobs where equal numbers of men and women are engaged in the same activities in the same industries (Bielby & Baron, 2003). Most studies of sex segregation in the workforce have focused on women’s experiences in male-dominated occupations. Both researchers and advocates for social change have focused on the barriers faced by women who try to integrate predominantly male fields. Few have looked at the “flip-side” of occupational gender segregation: the exclusion of men from predominantly female occupations. But the fact is that men are less likely to enter female-typed occupations than women are to enter male-dominated jobs (Jacobs, 1989). Reskin and Roos (1999), for example, were able to identify 33 occupations in which representation increased by more than nine percentage points between 1985 and 1995; however, only three of these occupations had increased male presence as radically (Porter-O’Grady, 1995).

This paper will examine male underrepresentation in the nursing profession, including difficulties such as discrimination and also advantages for them determined by their gender. Scholars interested in sex workplace inequality have developed a varied and rich literature documenting the discrepancies in access to positions of authority. Research consistently reveals that white men maintain an advantage over other status groups such as women in positions of authority pertaining to human capital (Porter-O’Grady, 1995).

To adequately review the relevant literature and discussions regarding men in nursing, the discussion will include both social science and nursing research. Although each respective body of literature tends to overlap and underscore the other, their focuses differ significantly. Social science discourse tends to evaluate larger social structures and processes, while the nursing literature utilizes a microstructural approach by concentrating on the paucity of men in nursing and how best to recruit and retain men into the profession. Although some male nurses have made anecdotal assertions that male nurses encounter difficulties maneuvering successfully through the profession, social science research does not support these assertions (MacKintosh, 1997).

Disagreement between the two bodies of research is most noticeable in the following two metaphors used
to describe differing perceptions of the professional experiences of male nurses. The first example used by male nurses to describe their experiences in nursing has included the depiction of a “concrete ceiling” barring men from leadership roles in nursing (Porter-O’Grady, 1995). Yet, the metaphor used by prominent social scientists characterizes the movement of men within professional nursing as a “glass escalator” carrying men to top leadership positions in the field (Williams, 1992).

While nurses generally discount or ignore gender relations in health care, social science researchers assert that male nurses use a number of strategies to establish and maintain masculine spaces within the nursing profession, and by carrying the privilege of their gender into nursing, men tend to monopolize positions of power in the nursing profession (Simpson, 2004).

### Historical Evolution

The purpose of this review is to provide a historical overview of how nursing became a predominantly feminine endeavor, including how masculine honor codes in medicine and science assured gender-segregated career paths of medicine and nursing in health care. Caring work and the intersections of gender, race, class, and religion will also be reviewed with an overview of current understanding about how male nurses negotiate masculinity in the predominantly female occupation of nursing.

Until Nightingale’s reformation of nursing, males performed many nursing tasks (Burns, 1998). Religious orders played a particularly hardy role in defining nursing as a career for men during the Middle Ages. Detailed records of the monastic movement preserved the history of male caregivers as evidenced by the Saint Antonines, an order founded in 1095 to care for mentally ill persons, and the Knights of Lazarus, founded in 1490 to care for persons with leprosy (MacKintosh, 1997). Historical documents demonstrate that males also doubled as soldiers and caregivers for the sick and wounded during wars, from the Crusades, the U.S. Civil War, World War I, through modern day conflicts including the present war in Iraq (Boivin, 2005). In many Islamic countries, where women are not well integrated into the workforce, men primarily function in the role of a nurse (Burns, 1998).

Modern discourse, however, focuses almost entirely on the study of a predominantly female occupation built upon the essentialist philosophical assumption that the caring role performed by nurses is an inherently feminine one. Although men have had a place in nursing as evidenced by records maintained by religious orders, the military, and labor-intensive industries such as mining, the numbers and roles for male nurses have declined. In the mid-nineteenth century, Florence Nightingale introduced training reforms for nursing that marked the profession as a secular nursing sisterhood which allowed little to no opportunity for male participation in nursing. What emerged was the reproduction of the wider Victorian class structure, based on preconceived notions of the division of labor between the sexes and between women of different classes (MacKintosh, 1997).

Based on the essentialist view that women are biologically endowed with a nurturing, caring nature, Nightingale secured a place for nursing as an acceptable career for white, elite Victorian women. Nightingale firmly believed that nursing was a natural extension of virtuous womanhood. Concurrently, men came to be viewed as “clumsy” and inadequate or incapable of caring adequately for persons experiencing sickness or an injury (Burns, 1998). Meanwhile, under a structure of patriarchal capitalism, which was advanced during the Nightingale era, the work of men became elevated and women’s caring work was devalued and subsequently relegated outside the domain of work that was considered worthy or masculine (Padavic & Reskin, 2002).

Williams’ (1989) discussion of the changing status of males in nursing during and after World War II revealed the American military to be virtually an all male domain until World War II, when a surge of women enlistments moved into the war effort. Women especially made headway into the military ranks by filling nursing and secretarial positions, thus freeing men for combat roles. Williams demonstrated that the military’s vision and preference for nurses included only “young, single, white, females” and served to perpetuate and reproduce an ideology excluding men as nurses. Arguably, even if men had been allowed into the military as nurses, few would have accepted military nursing assignments with so few benefits. Although the Navy did allow admission of a small number of male nurses, they were not granted entry into the Nurse Corps nor were these male caregivers called nurses.

The military did not stand alone in perpetuating the essentialist vision of gender bias in nursing. Even the premiere U.S. nursing organization, the American...
Nurses Association (ANA), inadvertently endorsed the essentialist ideology through its efforts to increase male nurses in the military. The ANA lobbied to change the military’s policies to permit men into the Army and Navy Nurse Corps and to train men in the Cadet Nurse Corps, a federally funded all-expenses-paid training program for young nurses. However, the argument used by the ANA reinforced gendered stereotypes by calling for strong men to work in specialties such as urology, psychiatry, supervision, and teaching (Williams, 1989).

Simply adding more women into the military ranks did not automatically result in reduction of dichotomous labeling of what was deemed appropriate work for men and women in the military. Military men often depicted female military nurses by using either virgin or pin-up girl imagery. Williams (1989) provided a cogent explanation for this phenomenon. She believed the mere presence of women was particularly threatening to men and their sense of good order and discipline. If women performed tasks previously considered “masculine,” women’s participation devalued the activity because the masculine goal of separation from feminine identification had been challenged (Williams, 1989). Likewise, male military leaders’ preconceived notion that nursing could only be performed by females precluded allowance for a separate category for men. According to Williams, to place men in a female role (nursing) would have threatened the bastion of masculinity for which the military stood. The military, although a traditional historical site for male nurses in the military. The ANA lobbied to change the military’s policies to permit men into the Nurse Executive role since men are not usually encouraged, even tracked into areas within the profession deemed more legitimate for men. For example, “A nurse interested in family and child health said he was dissuaded from entering in favor of adult nursing” (Williams, 1992). Such tracking, Williams contends, directs men to become upwardly mobile because jobs in specialty areas are more prestigious, better paying, and legitimize masculinity.

The effect of tracking results in the opposite of the “glass ceiling” effect reported by women in male-dominated professions. Women often experience invisible barriers to advancement in male-dominated professions. In contrast to the “glass ceiling” experienced by women in gender atypical professions, many of the men Williams interviewed seemed to encounter a “glass elevator” effect of invisible pressures to move up, but the upward mobility is excluded from the Nurse Executive role since men are not usually capable of working in female health-specific areas (Williams, 1992).

Throughout the twentieth and twenty-first centuries, the nursing occupations have been identified as “women’s work” even though prior to the Civil War, there were more likely to be employed in this line of work. These percentages have not changed substantially in decades. In fact, since 1975, nursing has been the only female-dominated profession experiencing noticeable changes in sex composition, with the proportion increasing to 80% between 1975 and 2000 (Reskin, 2002). Even so, men continue to be a tiny minority of all nurses. Although there are many possible reasons for the continuing preponderance of women in these fields, the focus of this paper is female-oriented gender discrimination within nursing management.

Researchers examining the integration of women into “male fields” have identified discrimination as a major barrier to women (Reskin & Hartmann, 2004). This discrimination has taken the form of laws or institutionalized rules prohibiting the hiring or promo-
tion of women into certain job specialties. Discrimination can also be “informal,” as when women encounter sexual harassment, sabotage, or other forms of hostility from their male coworkers resulting in a poisoned work environment (Reskin & Hartmann, 2004). Women in nontraditional occupations also report feeling stigmatized by clients when their work puts them in contact with the public. In particular, women in engineering and blue-collar occupations encounter gender-based stereotypes about their competence, which undermine their work performance (Epstein, 1998). Each of these forms of discrimination—legal, informal, and cultural—contributes to women’s underrepresentation in predominantly male occupations. The assumption in much of this literature is that any member of a token group in a work setting will probably experience similar discriminatory treatment. Kanter (1977), who is best known for articulating this perspective in her theory of tokenism, argues that when any group represents less than 15% of an organization, its members will be subject to predictable forms of discrimination. Likewise, Jacobs (1989) argues that in some ways, males in female-dominated occupations experience the same difficulties that women in male-dominated occupations face and Reskin (2002) contends that any dominant group in an occupation will use their power to maintain a privileged position. However, the few studies that have considered men’s experience in gender-atypical occupations suggest that men may not face discrimination or prejudice when they integrate predominantly female occupations. Zimmer (2001) and Martin (1988) both contend that the effects of sexism can outweigh the effects of tokenism when men enter nontraditional occupations.

**Discrimination in Hiring**

In several cases, the more the specialty was occupied by women, the greater the apparent preference for males. For example, when asked if he encountered any problem getting a job in pediatrics, a Massachusetts nurse said “no,” because he overheard managers and supervisors within Pediatrics that they think it is a pleasant change since their specialty is so female dominated (Williams, 1993). However, there were some exceptions to this preference in the most female-dominated nursing specialties. In some cases, formal policies actually barred men from certain jobs. This was the case in a rural Texas school district, which refused to hire male nurses for grades K-6 (Porter-O’Grady, 1995). Other nurses reported being excluded from positions in obstetrics and gynecology wards, a policy encountered more frequently in private Catholic hospitals. But often, the pressures keeping men out of certain specialties were subtler than this. Some described being “tracked” into practice areas considered more legitimate for male nurses. For example, another Texas man described how he was pushed into administration and management, even though he professed to be disinterested. A nurse who was interested in pursuing graduate study in family and child health in Boston said he was dissuaded from entering the program specialty in favor of a concentration in “adult nursing.” This tracking may bar men from the most female-oriented specialties within the nursing profession. But these situations may lead to male nurses effectively being “kicked upstairs” in the process (Williams, 1992). The specialties considered more legitimate practice areas for male nurses also tend to be the most prestigious and better paying ones. Researchers have reported that many women encounter a “glass ceiling” in their efforts to scale organizational and professional hierarchies. That is, they are constrained by invisible barriers to promotion in their careers, caused mainly by sexist attitudes in the highest positions (Freeman, 1990). In contrast to the “glass ceiling,” many others seem to encounter a “glass escalator.” Despite their intentions, they face invisible pressures to move up in their professions. As if on a moving escalator, they must work to stay in place. The glass escalator does not operate at all levels. In particular, nursing academia reported gender-based discrimination at the highest appointments when two male nursing professors reported they felt their chances of promotion to deanships were nil because their universities viewed the position of nursing dean as a guaranteed female appointment in an otherwise heavily male-dominated administration so that the university could claim equal opportunity by having a female dean within the university system (Williams, 1993).

Of course, men’s motivations also play a role in their advancement to higher professional positions. I do not mean to suggest that all male nurses resent the informal tracking they experience. For many, leaving the most female-identified areas of their profession helped them resolve internal conflicts involving their masculinity. Many men may also have career ambitions of their own and take advantage of these practices whether consciously or unconsciously.
It appears that women are generally eager to see men enter “their” occupations. Indeed, several male nurses noted that their female colleagues had facilitated their careers in various ways, including mentorship in college. However, women often resent the apparent ease with which men advance within traditional female professions, sensing that men receive preferential treatment, which closes off advancement opportunities for women (Tracey & Nicholl, 2007). But this ambivalence does not seem to translate into the poisoned work environment described by many women who work in male-dominated occupations. Among males, there are very few accounts of sexual harassment. However, women do treat their male colleagues differently on occasion. It is not uncommon in nursing for male nurses to be called upon to help catheterize male patients, or to lift especially heavy patients. Furthermore, women’s special treatment sometimes enhanced rather than poisoned the men’s work environments. One male nurse stated he felt more comfortable working with women than men because “I think it has something to do with control. Maybe it’s that women will let me take control more than men will” (Williams, 1993).

Several men reported that their female colleagues often cast them into leadership roles. Although not all favored this distinction, it did enhance their authority and control in the workplace. In subtle (and not too subtle) ways, differential treatment contributes to the “glass escalator” experience in nontraditional professions (Williams, 1992).

**Discrimination From Outsiders**

The most compelling evidence of discrimination against men in the nursing profession is related to their dealings with the public. Male nurses are often stereotyped as overly feminized males. Men’s movement into traditional female jobs is also perceived by the “outside world” as a step down in status, while women who enter traditional male professions are thought to have taken a step up in social status. This particular form of discrimination may be most significant in explaining why men are underrepresented in these professions. Men who otherwise might show interest in and aptitudes for such careers are probably discouraged from pursuing them because of the negative popular stereotypes associated with the men who work in them. This is a crucial difference from the experience of women in nontraditional professions: “My daughter, the physician,” resonates far more favorably in most people’s ears than “My son, the nurse.” Popular prejudices can be damaging to self-esteem and probably push some men out of these professions altogether. Yet, ironically, they sometimes contribute to the “glass escalator” effect previously described.

The negative stereotypes about men who do “women’s work” can push men out of specific bedside nursing jobs and channel men into more gender “legitimate” practice areas. Instead of being a source of discrimination, these prejudices can add to the “glass escalator effect,” thereby perpetuating gender discrimination for women.

**Conclusion**

Both men and women who work in nontraditional occupations encounter discrimination, but the forms and consequences of this discrimination are very different. The interviews suggest that unlike “nontraditional” women workers, most of the discrimination and prejudice facing men in female professions emanates from outside those professions. The literature suggests that men are given fair, if not preferential, treatment in hiring and promotion decisions, are accepted by supervisors and colleagues, and are well integrated into the workplace subculture. Indeed, subtle mechanisms seem to enhance men’s position in the nursing profession, a phenomenon referred to as the “glass escalator effect” (Williams, 1993). The data lend strong support for Zimmer’s (2001) critique of “gender neutral theory” in the study of occupational segregation. Zimmer argued that women’s occupational inequality is more a consequence of sexist beliefs and practices embedded in the labor force than the effect of numerical underrepresentation per se.

The minority status of men in nursing often results in advantages that promote rather than hinder their careers. This translates into an advantage in spite of their numerical rarity, which is a much different experience than that of women entering male-dominant professions. Benefits to men in nursing are associated with the desire for personal and professional power and with stereotypes about masculine traits. This suggests that token status itself does not diminish men’s occupational success. Men take their gender privilege with them when they enter predominantly female occupations.

These stereotypes are initially emphasized in the family and reinforced by the power differences and
The Image of Male Nurses and Nursing Leadership Mobility

T. B. McMurry

Historically, the inclusion of men into nursing has been fraught with difficulties since the era of Florence Nightingale. Although men represent a small, but growing, minority in the profession of nursing today, this does not appear to represent a career liability in the same way minority status does for women in male-dominated fields. Although sex role stereotyping has hindered the recruitment efforts of many, obstacles to entry into practice are superseded by a quest for personal and professional power among men that facilitates professional career advancement in nursing. One perspective on men’s advantages in nursing may be viewed from within the context of gender socialization as etiologic to men’s desire for power. A discussion of the evidence suggests that there is a relationship between increased desire for and attainment of power by men in nursing as compared to their female colleagues. An examination of the benefits that accrue to men in nursing may have implications for further research on the impact of gender and underlying themes of discrimination unknowingly perpetuated by social expectations of the male role and the nursing profession.

Visit the Nursing Forum blog at http://www.respond2articles.com/NF/ to create, comment on, or participate in a discussion.

References


