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**MEN NURSES AND MASCULINITIES:
EXPLORING GENDERED AND SEXED RELATIONS
IN NURSING**

By

Joan Alice Evans

**Submitted in partial fulfillment of the requirements
for the degree of Doctor of Philosophy**

at

**Dalhousie University
Halifax, Nova Scotia
August, 2001**

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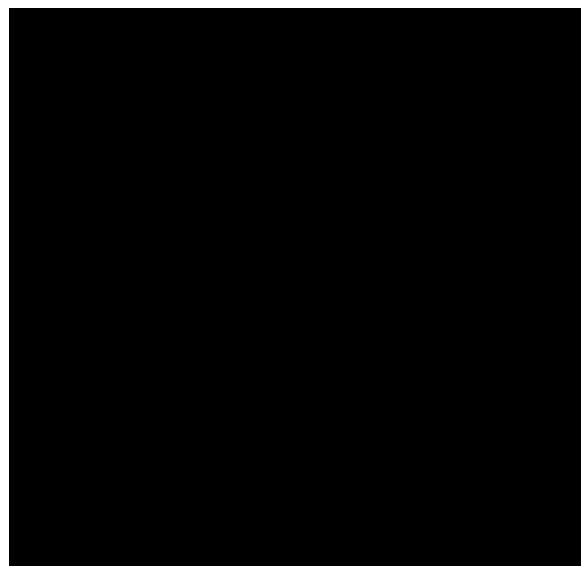
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This research is dedicated to my father

Maxwell James Evans

**who instilled in his three daughters
the value of education
the importance of independence
and
the rewards of hard work**

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ABSTRACT

Men's experience in the nursing profession is profoundly shaped by notions of masculinity and gender - notions which constitute a pervasive factor in structuring different work lives and unequal opportunities for women nurses and men nurses. The importance of gender as a fundamental and organizing factor of daily life is evidenced by the stigma of homosexuality or spoiled masculinity which is associated with men who defy prevailing gender norms. For men nurses, gender norms and gender inequality also interact with group proportions to create unique patterns of interaction that create complex and contradictory situations of advantage and disadvantage. These patterns of interaction which are played out in nurses' socialization and caring practices and in the work roles and tasks they assume, reflect the ways in which men nurses' and women nurses' practices support hegemonic masculinity and relations of dominance and oppression. Such practices are not without a price. Men nurses pay for their status and privilege in terms of isolation, hostility and rejection by women colleagues. Women nurses pay by engaging in practices that reinforce their own subjugated status.

The methodology used to explore the multiplicity and diversity of men nurses' experiences was based on postmodernist, feminist and masculinity theory. Data gathered in interviews with eight men nurses were analyzed for themes which captured the complexity of gender relations among men nurses and between men nurses, women nurses and men physicians. For men nurses, the struggle to maintain hegemonic masculinity has major implications for all nurses and the profession in general. Men as men are not a disadvantaged group in patriarchal culture. The work in nursing then is not to redress a gender disadvantage from which they suffer, but to explicate gender practices that structure unequal opportunities for women nurses and men nurses to the detriment of all.

Acknowledgments

This research represents a seven year learning journey that has forever changed the way I think about nurses, my profession of nursing and the very categories we use to make sense of our lives. Dr. Blye Frank, my supervisor, unknowingly started me on this journey when he presented his own doctoral research on masculinity and high school boys as a guest speaker to a gender sociology class in the first year of my PhD studies. Working with Dr. Frank has been a rare privilege. His expertise in masculinity studies, coupled with his pro-feminist and poststructuralist world view provided the unique lens through which I explored masculinity and the experience of men nurses. His great sense of humor and philosophy of “mentoring from the kitchen” will be fondly remembered for a lifetime.

Committee members, Dr. Toni Suzuki-Laidlaw and Dr. David Whitehorn provided guidance and invaluable insights that challenged my own taken-for-granted assumptions about the experience of men nurses and gender relations in the profession. Such challenges helped me get “unstuck” and move beyond gender stereotypes to ground this research in the multiple and contradictory reality of women’s and men’s lives. I am indebted to them for their guidance.

To my family, my parents Maxwell and Catherine and my sisters Karen and Barbara, I thank you for your support and encouragement. The last seven years have been an arduous journey and I would not have made it without you. Once again, thank you for supporting me in the realization of my goals.

PROLOGUE

Men's participation in the nursing profession has been and continues to be profoundly shaped by notions of masculinity and gender - notions which constitute a pervasive factor in the positioning of men and women in respect to access to power, status and privilege (Brittan, 1989). Kimmel and Messner (1992) suggest that rarely if ever are men understood through the prism of gender, and rarely do we understand the ways in which gender is enacted on a daily basis in our personal and professional lives.

Although the proportion of men in nursing remains low, men are now entering the profession at a rate that far exceeds the growth rate for all nurses (Halloran & Welton, 1994; Zurlinden, 1998). In the last decade, the percentage of men admitted to nursing education programs in the United States has doubled from 6% to 12% despite the fact that only 4% of nurses are men (Brooks, Thomas & Droppleman, 1996, p. 5). Economic factors are cited as being partially responsible for this trend as rates of men entering nursing tend to increase during times of economic hardship (p. 686). Of additional significance are Barkley's and Kohler's (1992) findings that suggest the image of nursing is improving among high school boys, and that men who choose nursing as a career are viewed in a more positive light than indicated in earlier research.

A lack of consensus regarding the impact of men in and on the profession is reflected in the nursing literature. On the one hand, concerns are expressed

about the potential threat men nurses pose to women nurses' autonomy. The disproportionate number of men in elite speciality and leadership positions is cited in support of this concern (Porter, 1992; Ryan & Porter, 1993; Williams, 1993, 1995; Gilloran, 1995). On the other hand, concern about the low numbers of men nurses has resulted in increasing attention being paid to the problem of how to attract more men into the profession (Egeland & Brown, 1988; Galbraith, 1991; Villeneuve, 1994; Okrainec, 1994; Kelly, Shoemaker & Steele, 1996). In the absence of research that explores the experience of men nurses and the significance of this experience for women nurses and the profession, recruiting efforts will most likely continue to move blindly forward. More importantly, poorly understood gender/power relations that structure unequal opportunities for women nurses and men nurses will remain invisible, and hence uninterrupted to the detriment of women in the profession.

Reasons for a lack of knowledge about the experience of men in nursing can be attributed to several factors: much of the nursing literature is twenty to thirty years old; a major focus has been on the experience of men nursing students only; existing research is almost exclusively quantitative and by its very nature limited in its ability to explore, and; research findings themselves tend to be contradictory and inconclusive. Of particular interest, is the observation that very little research exploring the issue of men in nursing has positioned gender at the heart of data analysis. Additionally, no research has explored the experience of men nurses from the perspective of masculinity.

Despite the inconclusive, sparse and anecdotal nature of the nursing literature, a common theme that links much of the information about men nurses is that the experience of men is significantly different than that of women in the same profession. Given this disparity, I feel there is a need to explore just what is the experience of men in nursing. In the absence of research that explores the complexities of the man nurse experience, we can only guess as to what this experience looks like.

The Purpose

The purpose of this research is to explore the gendered experience of men in nursing. Questions examined include: What is the experience of men in nursing? How do men nurses' and women nurses' practices reflect, as well as perpetuate, patriarchal gender/power relations? How do relations of dominance and oppression structure unequal opportunities for women nurses and men nurses?

Furthering our knowledge of the complexities of men's experience and the gender/power dynamics that shape it and situate women in lesser valued jobs is an essential part of the struggle against the continued subordination of women as nurses. This research then, consistent with the goals of feminist research to bring about social action, is also undertaken with the hope that the findings will contribute to transformative change in the lives of women nurses and men nurses, and ultimately the profession of nursing itself.

The Structure of the Thesis

Chapter One provides an introduction to the current state of knowledge regarding men in nursing and the gendered nature of nursing as a patriarchal institutional.

Chapter Two provides a brief history of men's participation in nursing that temporally situates current struggles and challenges.

Chapter Three presents the methodology and method used in this research. Postmodernist theory, masculinity theory and feminist theory provided the framework that shaped my understanding of concepts such as men and women, masculinity and femininity. This framework, in addition to influencing my interpretation of the data, also determined the organization of the written account.

Chapter Four introduces the study participants to the reader by weaving together excerpts from participant interviews to create a running dialogue. Each dialogue captures the uniqueness of each participant's attitudes and nursing experience.

Chapters Five, Six, Seven and Eight present the findings of the study. The four themes identified in relation to the experience of men in nursing were: 1) Men nurses as anomalies: "What's a real man like you doing in a job like this"?; 2) Caring men, cautious men: "Touch at your own risk"; 3) Embodied masculinity: "Where's all the big strong men when you want them"?, and; 4) Segregated relations: "Boys will be boys and girls will be girls".

Chapter Nine presents a broad analysis of the findings which is followed by a conclusion and discussion of the implications of this study for nursing and future nursing research.

A final Epilogue offers my own reflections on this research. It captures the contradictions and tensions imbedded in doing a feminist post-structuralist piece of work using the only discourse available, namely that of modernity.

CHAPTER 1

Men Nurses and the Gendered Nature of Nursing

Despite significant changes in health care delivery in the last century, nursing has remained a quintessential feminine occupation. While women have made significant inroads in traditional male occupations, the reverse has not been true in the case of men entering nursing (Jacobs, 1993; Wootton, 1997). Indeed, in Western culture it is often difficult to think of men as nurses.

The feminization of nursing and nursing's association with character traits considered feminine constitutes a significant barrier to men choosing to enter nursing, and in part accounts for the low numbers of men in the profession (Galbraith, 1991; Barkley & Kohler, 1992; Villeneuve, 1994). Despite nursing's drive to attract greater numbers of men into its ranks, recruitment strategies have not been successful. In Canada only 4.4% of nurses are men (CNA, 1998). In the UK this percentage is approximately 8.7% (Halloran & Welton, 1994), with the significant increase in numbers being somewhat attributed to the proximity of the European male nursing orders (Ryan & Porter, 1993).

Several reasons for men's reluctance to enter nursing are cited in the nursing literature. They include: men's fear of being subordinate to women (Fottler, 1976); nursing's threat to men's self esteem and masculinity (Lewis, 1981; Egeland & Brown, 1989); nursing's low salary and occupational prestige (Egeland & Brown, 1989; Galbraith, 1991; McCloskey & Grace, 1994);

disapproval of men's friends, families and community (Egeland & Brown, 1989; Galbraith, 1991); sex-role stereotyping and the designation of nursing as women's work (McCloskey & Grace, 1994); tension and anxiety regarding role strain and role reversal (Galbraith, 1991); and, anticipated negative attitudes and exclusionary practices by women nurses (Fottler, 1976; Egeland & Brown, 1989).

The perception that men nurses are unwelcome or resented by women colleagues is not unfounded according to research about women nurses' attitudes toward men nurses. In a survey of 126 women nurses in western New York, Fottler (1976) reported that 25% of women nurses had negative attitudes. These women nurses tended to be younger and had little exposure to men nurses, but they perceived that men nurses were given preferential treatment, particularly in relation to hiring practices (p. 107). A conclusion reached by Fottler was that negative attitudes were possibly related to competition and jealousy (p. 107).

A replication of Fottler's (1976) research was carried out by McCarragher (1984) with 104 men nurses and 208 women nurses registered with the Ohio Nurses Association. Results indicated that women nurses did not generally hold positive attitudes towards men nurses and negative attitudes were again associated with younger women nurses. These nurses also tended to be single, better educated, urban-socialized, and occupy higher level, non-hospital positions. Unlike the women nurses in Fottler's (1976) earlier research, women

nurses with negative attitudes tended to have extensive contact with men nurses.

An additional barrier for those men who are interested in becoming nurses is what Halloran and Welton (1994) describe as an unwelcoming climate in nursing schools, which they suggest is evidenced by high attrition rates for men students. They report that 85% of men students, as compared to 35% of women students, do not complete nursing education programs. More recently, the American Association Of College of Nursing reported that about half of the men who enter baccalaureate programs in nursing either drop out or fail out (Poliafico, 1998, p. 40).

Christine Williams (1989) asserts that men are not nurses simply because they do not want to be. Despite the apparent simplicity of this statement, it does draw attention to what Williams suggests are patriarchal notions regarding what constitutes appropriate behavior for men and women based on prevailing gender stereotypes. The implied message is that “real” men do not choose nursing, or “women’s” work. For men of color, the insult to masculinity posed by men’s association with nursing is compounded by the black African-American experience. African-American nurse Lewis (1981) suggests that “for the black man to enter nursing would be an even greater blow to his already damaged masculine self-image” (p. 33). He concludes that a total lack of information regarding Afro-American nurses’ career profiles and numbers can be attributed to their doing a “good job at going undercover” (p. 33).

Tokenism and Masculine Privilege

The entrance of small numbers of men into nursing does not necessarily herald a progressive integration of the masculine and feminine. On the contrary, the nursing literature indicates that the small number of men in the profession occupy a privileged position in relation to their women colleagues. In contrast to the non-supportive and sometimes hostile treatment that small numbers of women experience in male-dominated occupations, Williams (1989), Heikes (1991) and Villeneuve (1994) refer to Kanter's concept of tokenism and suggest that scarcity is not necessarily synonymous with disadvantage in the case of men tokens. Defined as solo or minority group members up to 15%, Kanter (1977) suggests that tokens are people who differ from majority group members in ascribed characteristics which carry with them a set of assumptions about culture. In the context of patriarchal culture, men's greater status and power in relation to women affords them situational dominance with the result that small numbers of men in nursing are given a special and privileged minority status (Greenberg & Levine, 1971; Ryan & Porter, 1993; Villeneuve, 1994).

As a result, power and prestige tend to be associated with the small number of men in the profession. In Britain where men represented only 8.7 % of all nurses in the early 1990's, they occupied over 50% of chief nurse and director positions and represented 44.3% of authors in nursing journals (a ratio of 5:1) (Ryan & Porter, 1993, p. 265). In the United States, where only 3.1% of nurses were men in 1989, 6.5% of authors were men (a ratio of 2:1) (p. 265).

The relevance of this publication trend is significant given women's historical and limited participation in the creation of discourse and the importance of discourse itself as a basis of social control (D.E. Smith, 1987). The specific implication for nursing is reflected in the quote that "men tend to not only tell nurses how to do their job (through their function as managers and tutors), but also to tell them how to think about their job" (Ryan & Porter, 1993, p. 263).

For women nurses then, the presence of men in the profession does not necessarily signify an improvement in professional or individual status. Indeed, for women, Ryan and Porter (1993) suggest that the inter-occupational subordination they currently experience in the context of a patriarchal, physician-dominated health care system, may well be exacerbated by the addition of a second and intra-occupational site of subordination to men colleagues. Such a situation is captured by Porter (1992) who contends that as nursing attracts growing numbers of men into its ranks, it will increasingly run the risk of becoming a two tiered occupation of men managers and women ward workers.

The privilege afforded men tokens in women oriented occupations such as nursing is also in keeping with Dorothy Smith's (1987) view that it is men, not women who have title of routine entry into the circle of those who count for one another. She adds that for men there is something like a plus factor that adds force and persuasiveness to what men say and do. For women, however, there is a minus factor that depreciates and weakens (p. 30). The force and persuasiveness associated with mens' voices may in part account for why

women nurses' and nursing students' appoint and/or elect a disproportionate number of men as professional spokespersons. Gaze (1987) points out that men nursing students, despite representing only 10.5% of all American nursing students, comprised 40% of student nursing association representatives ("Men in Nursing", 1998, p. 15). The power and persuasiveness of men's voices is also evidenced by Porter-O'Grady's (1995) assertion that men nurses are generally included in group activities when it is in the best visual or political interests of women nurses.

Counter to the notion that men nurses occupy a disproportionate number of leadership positions indicative of their special status in nursing, Zurlinden (1998) suggests opportunities for men nurses have not been realized in the area of nursing education. He reports that only 1.7% of deans and 3.5% of faculty in university-based nursing programs are men (p. 5). He adds that more men academics should be expected given that between 1992 and 1996, 9% of all American nursing students were men. What Zurlinden fails to mention, however, is the low percentage of practicing men nurses for that same time period.

Nursing as a Status Contradiction for Men

Segal (1962) points out that for men in nursing, the stigmatizing label of gayness provides a basis for a lack of personal and professional status and respect. He notes that it is consequently unrespectable for a man and hence damaging to his prestige and self-esteem to be a member of the nursing

profession. In support of this statement, Egeland and Herbert (1993) point out that men nurses, regardless of their status in nursing, lack power and status that normally accrues to men in patriarchal society. The authors point out that men in non-traditional occupations such as nursing earn less money than men employed in traditional jobs. Despite some status being regained by men nurses who assume leadership positions, they still continue to be disadvantaged in terms of salary in comparison to men outside nursing (p. 44).

In addition to using money as a measure of status, Segal (1962) points out that the low status of men nurses in nursing leadership positions is also a reflection of the masculine character of competition. He elaborates by adding that the situation of women being subordinate to men is the expected norm, but never quite normal for men nurses because they compete with women. He captures this situation in the quote that "the male winner of a competition with women has but a shallow victory" (p. 37). Pleck (1992) builds on the notion of women's subordinate status to men and suggests that women reduce the stress of male competition by serving as an underclass. He points out that under patriarchy, women represent the lowest status to which men can fall, and then only in the most exceptional circumstances, if at all. This notion is illustrated in a 1963 study in Detroit of nineteen low socio-economic status, unemployed African-American men who entered a fifty-two week retraining program for practical nurses (Rutledge & Gass, 1967). The researchers reported that the men experienced a "battered sense of maleness" (p. 54) due to the status

contradiction associated with their participation in nursing. An interesting observation, however, was that the men students bolstered their compromised sense of masculinity by (re)affirming their superior status to women. This notion was illustrated in the statement made by one man student that "I may not be much, but at least I am not a woman" (Rutledge & Gass, 1967, p. 57).

Specialization and Masculinization

In addition to the tendency of men nurses to occupy a disproportionate number of leadership positions, men nurses tend to congregate in specialties considered more congruent with prevailing notions of masculinity (Williams, 1989; Egeland & Brown, 1989; Heikes, 1991; Villeneuve, 1994). The result is a growing masculinization of certain areas of nursing which are associated with increased status and pay (Gans, 1987; Williams, 1989). When telling others they are nurses, Heikes (1991) points out that men nurses consequently often emphasize the type of nursing specialty work they do as a means of minimizing the feminine and stigmatized image of nursing. She adds that introducing oneself as an emergency room nurse focuses attention on the higher status of the emergency work, not on the lower status of nursing itself.

In Canada, Trudeau (1996) reported that in 1995 relatively large numbers of men nurses were employed in psychiatry, critical and emergency care and administration, while few were working in pediatrics, maternal/newborn or community nursing. Similarly, nurse Squires (1995) reported that in fifty

Connecticut hospitals, men nurses tended to be employed in “fast paced, high tech areas” such as the intensive care unit, the emergency department or operating room, whereas, no men were employed in obstetrics or gynecology. Perkins, Bennett and Dorman (1993) comment that it is interesting to speculate whether specialties chosen by men are appealing due to their non-nurturing image, their technological base, their potential for drama and excitement, or better shift scheduling and financial possibilities (p. 37). Heikes (1991) suggests that additional benefits such as masculine companionship and decreased stigma are reasons that may further motivate men nurses to seek out certain nursing specialties.

An interesting observation regarding specialty areas chosen by men nurses is that many require non-traditional nursing dress, which allows men to escape explicit identification as nurses (Greenberg & Levine, 1971). Psychiatric nurses wear street clothes and operating room nurses and nurse anaesthesiologists, operating room greens. Of additional significance is the observation that while wearing greens in the operating room, men nurses blend with men physicians and are thus promoted by their dress.

In addition to the masculinization of certain nursing specialties, Scandinavian researchers Kauppinen-Toropainen and Lammi (1993) suggest that men nurses also shape their work role (regardless of their area of specialization) to be more masculine by emphasizing their task oriented, as opposed to people oriented behaviors. The researchers conclude that men

nurses are consequently able to distance themselves from their women colleagues and the feminine work strategy which stresses a care-oriented rationality. Similarly, in the American nursing context, Egeland and Brown (1988) credit men nurses with seeking out and creating for themselves “islands of masculinity” within the profession. Williams (1989, 1995) suggests that even for those men working at the bedside in more feminine caregiver roles, masculine identity is maintained by emphasizing different caring styles and the “specialness” of masculine oriented skills such as heavy lifting and male catheterization.

It is not men nurses alone who create “islands of masculinity” within the nursing profession, as an important role is played by women nurses, educators and administrators whose practices reinforce gender stereotypes and patriarchal gender/power relations. In support of this claim, Williams (1995) argues that men nurses are tracked into prestigious specialties by women, who like their men colleagues, perceive them to be more compatible with prevailing notions of masculinity. Gaze (1987) adds that men are often pushed up the career ladder because they are seen as needing higher pay.

At the nursing education level, men nursing students are also afforded preferential treatment by teachers (Rogness, 1976; Watson, 1983) and have more expected of them in terms of assertiveness and leadership by their women classmates (Kelly et al. 1996). Differences in men students’ and women students’ career aspirations point to the potential impact of practices that

privilege men over women. In a 1994 study of students in thirteen Alberta schools of nursing, Okrainec reported that 74% of men students as compared to 44% of women students considered nursing administration a possible career goal (p. 102). In contrast to their men counterparts, women students aspired to careers in obstetrics, the operating room and newborn nursery (p. 102).

Lacking in the nursing literature is any discussion or research about the impact of sexual orientation on men nurses' career goals and mobility. Williams (1995) does raise the possibility, however, that the stereotype of men nurses as gay may have a positive effect on some men nurses' careers if it inspires them to achieve administrative positions to avoid patients with stereotypical attitudes. She thus concludes that negative stereotypes can pressure men nurses, gay or straight, to move up in the profession (p. 70).

In a limited discussion of gay men in the workplace, Levine (1992) points out that occupational licensing granting agencies routinely discriminate against gay men. He adds that practices of discrimination themselves are responsible for gay men having to seek jobs in culturally approved fields dubbed as "sissy work". Nursing work, by virtue of its association with "feminine" behaviors, qualifies as "sissy work" and is consequently deemed appropriate for gay men. Worthy of note is the observation that once in the profession, gay men themselves are virtually invisible in the nursing literature.

Sex Roles

The early sociology of gender which was dominated by the sex role paradigm has been, and continues to be, the major framework for analyses of gender and men's participation in the profession of nursing. Within this paradigm, "expressive" feminine sex role traits of nurturing, caring, dependence and submission exist in marked contrast to "instrumental" masculine traits of aggression, competitiveness, self-control and dominance (Carrigan, Connell & Lee, 1987; Kimmel & Messner, 1992). Such stereotypes based on "natural" differences between women and men have formed the framework for explaining differences between the experience of men nurses and women nurses.

In 1984, the nursing literature reflected the extent to which perceived differences between female and male sex roles were simplified as well as internalized within society. Nurses Flannelly and Flannelly (1984) asked, "should the male nurse present himself as a male or as a nurse?", and then acknowledged that "this question poses a real role conflict for male nurses; a conflict that has a discomforting effect on others who likewise are unsure whether to react to male nurses as men or as nurses" (p. 162). One need only to substitute the word women for nurses to reveal the underlying assumption and cause of nurses' supposed conflict as the belief that masculinity and femininity and their respective roles are polar opposites. This dualism constructed within the sex role paradigm is further evidenced as recently as 1998 by nurse Matarelli who asks, "would I make a better leader as a man, or would I have to

adopt feminine leadership styles to succeed in this female-dominated profession?" (Matarelli, 1998, p. 5). The notion that certain character traits are either masculine or feminine has also informed research that found the ideal nurse tended to be androgynous, that is possessing expressive as well as instrumental qualities (Simpson & Green, 1975; Conway, 1983; Pontin, 1988; Krausz, Kedem, Tal & Amir, 1992). The concept of andragogy itself, met what masculinity theorists Carrigan et al. (1987) describe as a widely felt need for an image of change in sexual character, such that healthy men were seen to possess a mixture of gender traits as opposed to exclusively consonant ones.

Perceived incompatibilities between masculine and feminine sex roles, conceptualized in terms of role strain and role conflict have dominated much of the nursing discourse regarding the experience of men in nursing (Greenberg & Levine, 1971; Alvarez, 1984; Flannelly & Flannelly, 1984; Egeland & Brown, 1988; Krausz et al. 1992). Research that has examined and measured role conflict in men nurses has been inconclusive and contradictory, as findings have suggested that role strain is present (Greenberg & Levine, 1971; Auster, 1979), only mildly present (Egeland & Brown, 1988), or not present at all (Stone, 1983). Despite such results, the concept of sex roles themselves has gone largely unexplored and differences in research results have not been attributed to limitations of sex role theory and sex role stereotyping, but instead attributed in part to the tendency of men nurses to choose specialties congruent with the masculine sex role (Williams, 1989; Kauppinen-Toropainen & Lammi, 1993;

Villeneuve, 1994).

Gaps in our understanding of the experience of men nurses become increasingly apparent as limitations of sex role theory are identified. Of particular importance is the inability of sex role theory to address relations of power and the ways in which men as a group exert power over women (Kimmel & Messner, 1992; Connell, 1993). Additionally, sex role definitions of femininity and masculinity have themselves (re)produced the domination of men over women by insisting on the dominance of instrumental masculine traits over expressive feminine ones (Kimmel & Messner, 1992). To further highlight the inadequacy of the sex role framework, Connell (1993) points out that the traditional type of masculinity espoused as the masculine standard is constructed out of the lives of no more than 5% of the world's population.

Institutionalized Career Advantages for Men

Promotion and career mobility advantages for men nurses reflect the institutionalization of gender relations and the fact that the nursing profession, like all professions, is structured in ways that benefit men (D.E. Smith, 1987; Williams, 1995; Ratcliffe, 1996, 1999). Men who present themselves as "suitably masculine" therefore stand to benefit in very tangible ways, as top jobs in nursing emphasize leadership skills, technical competence and an unconditional dedication to work - qualities typically associated with masculinity (Williams, 1995). Qualities associated with the feminine nursing role, such as attention to

detail, emotionalism and deference are viewed as inappropriate leadership skills and they consequently act as barriers to women nurses' achievement of higher status positions (Castledine, 1983). In support of this statement, Greenberg and Levine (1971) found that men nurses' perceptions of themselves in relation to women indicated that most men nurses thought that women nurses were ill qualified for higher positions due to psychological and financial instability. They also noted that men nurses felt that women nurses preferred men as supervisors. Cummings (1995) suggests that such attitudes reflect two stereotypes that block women's access to power in organizations. The first is that no one wants to work for women, the second is that they are too bossy and controlling. In support of this statement, Briles (1997) reports that in a survey of women in health care delivery one third of respondents (total number not provided) preferred not to work with another woman (p. 66).

The devaluation of women by other women is further illustrated by the tendency of both women and men nurses to seek out men nurses as friends in numbers that are disproportionate to their membership in the profession (Skevington & Dawkes, 1988). Skevington and Dawkes (1988) report that 16 women nurses in a British hospital claimed that 50% of their nursing friends were men nurses, despite the fact that men represented only 10% of the total nursing population (p. 50). Additionally, 16 men nurses in the same British hospital reported that only 63% of their nursing friends were women, despite the fact that 90% of their nursing colleagues were women (p. 50). Such findings

raise critical questions regarding the impact that men nurses' special and valued status has on women nurses' perceptions of alliance or friendship. In a culture where women's status is often dependent upon the men with whom she is associated (Cummings, 1995), it is not unreasonable to assume that women nurses may consciously or unconsciously over report and nurture relationships with highly valued men as a means of elevating their own status.

The gendered nature of institutions such as nursing and the hidden advantages afforded men nurses assume additional significance when they are compounded by factors such as age, work experience, education level and marital status. Research indicates that men nursing students tend to be older, married, have previous employment experience (often in a health related field), and have more university education than their women colleagues (Schoenmaker & Radosevich, 1976; Okrainec, 1994). The preferential treatment received by men nursing students has in part been attributed to an increase in status related to men students' age and previous work history (Rogness, 1976). Also, because the patriarchal family frees men from the heavy burden of child rearing and housekeeping, married men nursing students and nurses benefit by having more time to devote to work outside the home. In support of this statement, Okrainec (1994) reports that only 63.9% of women as compared to 89.6% of men nursing students expected to be working full-time ten years after graduation (p. 104). Anticipated family responsibilities were suggested as one reason for this disparity.

The stereotype that married men are family breadwinners provides an additional advantage to married men as it implies that they are more permanent employees and more dedicated to their careers (Williams, 1995). This conclusion is supported by research that examined career mobility of 368 British nurses (Ratcliffe, 1999). Ratcliffe (1999) reports that men nurses with children are 1.45 times more likely to be promoted than women nurses with children (p. 764). The image of men as dedicated family supporters also accounts in part for the difference in time it takes for women nurses and men nurses to reach administrative positions in the profession. Gaze (1987) reports that in a British urban nursing district it took an average of 8.4 years for men nurses to reach the administrative level, whereas it took women nurses with no career breaks 14.5 years (p. 26). More recently, Ratcliffe (1999) reports that, with no career breaks, it took men an average of 4.59 years and women 5.65 years to reach the level of charge nurse (p. 761). When women nurses and men nurses had taken a career break, the difference between women and men became more striking with men taking an average of 15.17 years and women 22.25 years to reach a first level management position (p. 761). Ratcliffe concluded that although children negatively affect the career progress of both women and men, women nurses' careers are more negatively affected.

The area of educational qualifications reveals additional and hidden institutionalized advantages for men nurses. Okrainec (1994) reported that 18.2% of men nursing students, as compared to 6.6% of women students had

previous university degrees. Given that education is one of the best indicators of career success (Williams, 1989), women nurses are disadvantaged when competing in hiring and promotion situations with men nurses who are better credentialed. An interesting observation reported by Inman (1998), who investigated gender inequality in relation to careers of British nurses, is that men nurses experience better career mobility relative to women despite the fact that they were less likely to have obtained additional nursing qualifications beyond their initial nurses registration.

Summary

The feminization of nursing and traditional gender stereotypes predicated on the superior value of all things male and masculine in patriarchal culture have together constituted a major barrier to men choosing nursing as a career. For the small number of men who have become nurses, these factors have played a major role in shaping the experience of men nurses - an experience which is significantly different than that of women in the same profession. As growing numbers of men enter nursing, understanding the complexity of their experience and the gender/power dynamics that structure unequal opportunities for women and men will assume increasing importance if nursing is to avoid becoming a site for the continued subordination of women to men.

CHAPTER 2

Men's Historical Association With Nursing "Setting the Scene"

Introduction

The history of nursing is almost exclusively a history of women's accomplishments despite the fact that men have worked as nurses since the profession's infancy (Mackintosh, 1997). The failure to recognize this contribution leaves men nurses with little information about their professional background and historical position, a situation which nurse Okrainec (1990) suggests perpetuates the notion that men nurses are anomalies. This chapter contributes to the research by temporally situating current challenges and gender/power relations as a means of promoting understanding of the evolution of men's association with the nursing profession.

Early History

Historical accounts of the monastic movement dating back as early as the 4th and 5th centuries indicate that men provided some form of nursing care and protection to the sick, wounded and dying as members of various religious orders. The Order of St. John of Jerusalem, an order of military knights or Knights Hospitallers was the first of many orders of Chivalry founded in the 11th and 12th centuries (Kingsley, 1978). The Knights of St. John of Jerusalem who defended Jerusalem during the Crusades, later provided protection to traveling

pilgrims and also built hospitals and castles across Europe that served as both lodgings for pilgrims and places to nurse the sick (Bedford & Holbeche (1902). The legacy of this order carries on today as the St. John Ambulance Association, an organization formed by the Order in 1877 to train men and women in first aid to minister to the sick and wounded in times of war and peace (Hume, 1940, p. 325). As a modern day reminder of this military nursing order, the Maltese Cross worn on the tunic of the Knights as the symbol of its humanitarian service was adopted by the Nightingale School of Nursing at St. Thomas Hospital in London (Rode, 1989). The cross represented service to Christ and values of Christianity and the eight points of the cross stood for the Beatitudes that the Knights were bound to obey. Today this same cross, seen on nursing badges and pins in Britain, the United States and Canada, continues to symbolize nursing values of service to others (p. 17).

Other military nursing orders such as the Knights of St. Lazarus, the Knights Templars and the Teutonic Knights provide additional glimpses into men's historical participation in nursing. Even in medieval accounts, however, there is the suggestion that nursing work was considered to be of low value and hence more appropriately carried out by persons of low status. In 1280, the Teutonic Knights entered into their rules that women were to do the nursing "because service to cattle and sick persons" was best performed by women (cited in Iveson-Iveson, 1982, p. 29). In the Knights Hospitallers of St. John of Jerusalem, Knights tended to be administrators and nobles, whereas, persons of

lower rank, such as sergeants or servants did the nursing work (p. 28).

Men as nurses also participated in non-military nursing orders such as the Brothers of St. Anthony. This order, founded in 1095 cared for victims of erysipelas, a disfiguring skin disease later called St. Anthony's Fire (Mericle, 1983). Other orders included the Hospitallers of St. John of God, founded in the late 16th century in Spain and the Alexian Brothers who became a religious order in 1472 (Kauffman, 1976). The Alexians, an order of uneducated, but often practical craftsmen, preached the word of God and fulfilled a vital need in the urban squalor of medieval Europe by providing nursing care to beggars, lepers, morons and lunatics (p. 22). The hallmark of the Alexians was the burial of the dead, and the ministry gained great momentum and appreciation during the plague years of the 14th and 15th centuries (p. 55). With the final disappearance of the plague in the 18th century, the Alexian Brothers became well known for their ministry to the mentally ill, an association that has carried into the 20th century in the United States where the Alexians established schools of nursing to train men in the area of psychiatric nursing ("Are Men Nurses Really Accepted"?, 1967; Kauffman, 1978).

With the dissolution of monasteries in the 16th century, records of organized nursing activities disappear, only to reappear in the 18th century with the development of large scale or charity hospitals such as the Manchester Royal Infirmary in Manchester, England (Mackintosh, 1997). Although custodial in nature, nursing work at this time was carried out by both men and women with

men being responsible for the care of men patients only (p. 232). Mericle (1983) also points out that men as hospital attendants provided custodial care to segregated patient populations such as alcoholics, violent and mentally ill patients, and men with genito-urinary diseases. He adds that the historical association of men nurses with society's outcasts such as lepers and the insane, continues today as evidenced by the association of men with mental health nursing.

The Feminization of Nursing

Men's association with nursing ended in the mid 19th century when Florence Nightingale, the founder of modern day nursing, firmly established nursing as a woman's occupation. To her, every woman was a nurse, and women who entered nurses' training were doing only what came naturally to them as women (Nightingale, 1969, first published in 1860). The apprenticeship style of education she subsequently initiated for nurses was based on these beliefs, for it was deemed that women did not require education prior to working in hospitals as nurses. Instead they would learn under the tutelage of men physicians (Palmer, 1983). Within the family based institutional model that emerged, the dominant role of father was assumed by men physicians (Ashley, 1976). Women as nurses and patients as children completed the institutional family and reflected general societal values regarding the division of labor based on gender (p. 17). The notion of men as nurses was subsequently incompatible

with the prevailing institutional family ideology of the time. As pointed out by Bradley (1989), the restructuring of nursing and nursing education and the subsequent consolidation of the sexual division of labor took place when Victorian separatist ideologies of gender were at their most powerful. The establishment of nurses' homes or residences to house women nursing students and nurses further isolated women from men and acted as an additional and powerful barrier to exclude men from participating in nursing (Maggs, 1983).

The belief that nursing was an extension of women's domestic roles was instrumental in establishing nursing as not only a woman's occupation, but as one that was unskilled and of low value in comparison to men's occupations, particularly medicine (Palmer, 1983). This devalued or lesser status assigned to women and women's work provides us with a reflection of the "patriarchal feminine". Such a term, Porter (1992) points out, is not simply descriptive, but one that involves judgement about the value of various human activities. Those categorized as a woman's domain are valued less highly than those judged appropriate for men. In support of this statement, Segal (1962) suggests that men nurses experience a status contradiction by virtue of their membership in a profession numerically dominated by lesser valued women doing lesser valued work.

Early Segregation of Men Nurses

The formal segregation of women and men in the profession is evidenced

in Britain in 1919 when the profession became self regulating with all qualified nurses being registered with the Royal College of Nurses. At this time, the Nurses Act of 1919 confined men to a separate register and thus established nursing as the first self-determining, all female occupation (Mackintosh, 1997). An interesting observation to be made is that despite men nurses initially being banned from the General Registry, the General Nursing Council formed to administer the new system had 16 of its 25 members as men (Bradley, 1989, p. 196).

Segregation within the profession also took the form of a division of labor for women nurses and men nurses. Following Nightingale reforms, men were often excluded from general nursing and relegated to asylum nursing where their superior strength was required to physically restrain violent patients (Mericle, 1983). This division of labor within nursing, grounded in notions of gender appropriate behavior, was supported by differences in the educational preparation of women and men nurses, with men nurses' psychiatric education being inferior in quality and quantity to that received by women nurses (Mericle, 1983; Edwards, 1989). In England in 1937, this situation spearheaded the creation of the Society of Registered Male Nurses led by nurse Edward Glavin, who was appalled at what he considered to be a lack of skilled nursing in the mental health field (Edwards, 1989). According to Mericle (1983), women nursing students received instruction in "bodily diseases", whereas men students did not. Also, at a time when women received thirty to thirty-six months

of nursing education, men received only half this amount (p. 34). The Society of Registered Male Nurses, in an attempt to promote the professionalism of men in nursing aimed to: maintain the traditions of the nursing profession among men nurses; assist its members to keep in touch with modern techniques; solve professional problems where possible; encourage high standards of professional conduct; and, assist men nurses in training to obtain a high standard of efficiency and professional skill (Minutes of the Society of Registered Male Nurses, 1937, p. 1 as cited in Mackintosh, p. 234). In the United States, it was not until 1971 that men nurses formed a similar association called the American Assembly for Men in Nursing in response to what Lewis (1997) describes as problems of sexism and racism which prevented men nurses from playing a role in professional nursing organizations. Unlike the mandate of the earlier British Society for Male Registered Nurses, the goals of the American Assembly for Men in Nursing were primarily aimed at recruiting more men into the profession, providing support to men nurses, and increasing the visibility of men in nursing (Poliastico, 1998). Of interest, is the fact that men nurses in Canada never established their own association. Reasons for this situation are not offered in the nursing literature, however, it is possible that the physical expanse of the country compounded by provincial differences in language and professional licencing practices played a role in maintaining a physical and professional distance between men nurses.

Feminization as a Barrier to Men's Participation in Nursing

The ideological designation of nursing as women's work reflected, as well as perpetuated the belief that men were inappropriate in the feminine caregiver role of nursing (Bradley, 1989). This belief in part accounted for efforts inside, as well as outside the profession, to exclude and/or limit men's participation. Many schools of nursing refused to admit men students (Bentley, 1959), citing reasons such as a lack of residence accommodation (Hamilton, 1979) and inadequate bathroom facilities (Bentley, 1959). In 1937, only seven general hospitals in England and Wales accepted men for nurses' training (Edwards, 1989, p. 51). By 1945, this number had grown to 24 training schools and 5 affiliated training schools for men nurses (p. 51).

In the United States, the low number of men nurses who were graduates of general schools of nursing, as compared to psychiatric schools, can be used as a possible indicator of a lack of receptiveness on the part of general schools to admit men students. In support of this statement, E. L. Brown (1940) reported that in 1930 there were 1,900 schools of nursing producing over 25, 000 nurse graduates annually (p. 19). He suggests that it is safe to assume in the absence of data regarding the sex of these students, that more than 99% of general nursing graduates were women. In contrast, the Federal Bureau of the Census in 1939 reported that 173 state mental hospital schools of nursing produced 3,591 graduates, 12.6% of whom were men (p. 43). Such statistics suggest that men were considered more appropriate in traditional masculine roles that

required physical strength and which distanced them from the caring ideology of bedside nursing.

In the late 1940's and early 1950's, Bentley (1959) reported that in Canada, only 28 schools of nursing signified a willingness to consider men applicants (p. 346). Twenty-one years later in 1961, only 25 out of 170 schools of nursing admitted men students (Hunter, cited in Hamilton, 1979, p. 21). Progress in this area appears to have been slow, and as recent as 1975, allegations were made by men nursing students in Alberta that they were not accepted into nurses' residences in that province's schools of nursing. This situation resulted in men students being forced to assume a significant financial burden as a result of having to secure alternate and higher priced accommodation ("Is There Sex Discrimination?", 1975). An additional problem faced by men students and men nurses alike was the frequent refusal of schools of nursing to employ men nursing instructors on the grounds that it was not "proper" for men to teach women how to nurse (Wedgery, 1966).

For those men who managed to gain entrance into a nursing program and graduate, the struggle to practice nursing was not over as hospitals often refused to employ them and instead hired lower paid men orderlies (Wedgery, 1966). Efforts to exclude, limit and shape men's participation in nursing also extended to the military as evidenced by the Canadian and American military refusing to extend commissioned officer status to men nurses until 1955 in the United States and 1967 in Canada (Kelly, 1969; Care, Gregory, English &

Venkatesh, 1996).

Mericle (1983) suggests that federal laws in place between 1901 and 1955 which banned men from the United States Army Nurse Corps contributed to the situation of progressively lower numbers of men entering nursing in the first half of the 20th century. In 1919, the United States census listed men nurses as 7% of the total nursing population (p. 32). By 1940, this percentage had dropped to 2% and most of these men were psychiatric nurses (p. 32). Despite a nursing shortage in WW II, Ryder (1953) points out that the ban to deny men commissioned officer status in the United States Army Nurse Corps persisted. He adds that this shortage would have been alleviated with a planned Nurses' Draft Act had not the war ended before the Act was passed. In the 1960's, less than a decade after American nurses were granted commissioned officer status Halloran and Welton (1994) report that more than 30% of nurses in the Army Nurse Corps were men (p. 685).

In Canada, arguments to deny men commissioned officer status in the nursing division of the Armed Forces were put forward by the Canadian Department of National Defense. These reasons included: men nurses were an awkward fit in the seniority structure of the Armed Forces; career limitations within the nursing division might prove frustrating to men nurses wishing to advance; and, married men nurses could not be utilized as flexibly as single women nurses (Wedgery, 1966). Wedgery (1966) points out that concern for the needs of patients in military hospitals appeared to be minimal given that 90% of

military patients were men. Concern for men nurses themselves, however, does appear to be a significant factor in the decision to deny them commissioned officer status - a situation that can be conceptualized, not only as an attempt to maintain nursing's ideological designation as a woman's occupation, but more significantly perhaps, as an attempt to protect men's high status and prestige relative to women.

The decision to eventually allow men nurses in the Canadian Armed Forces to obtain commissioned officer status, did not herald a progressive integration of considered women's and men's gender roles. In 1970, three years after the first man nurse was commissioned as a lieutenant after working 18 years as an x-ray technician (Care et al. 1996), no change had been made in the quota of only four positions allotted for the enrollment of men nurses into the Canadian Forces ("Quota Remains the Same", 1970). This situation speaks to the pervasiveness of gender stereotypes and the belief that men were inappropriate in considered women's caregiver roles.

The Role of Nursing Associations

Efforts to limit men's participation in nursing are also evidenced by professional association practices that restricted men nurses' attainment of full legal status. As stated previously, men nurses in Britain were initially confined to a separate register and excluded from professional self governing processes by virtue of the 1919 Nurses Act (Bradley, 1989). It was not until 1949 that the male

part of the register was amalgamated with its other constituent parts thus ending what Mackintosh (1997) refers to as formal legislative discrimination against men nurses in Britain.

In Canada, a notable example of legislative discrimination is the province of Quebec denying men nurses registration status until 1969 ("First Male Nurse", 1970). As early as 1945, the Association of Nurses of the Province of Quebec and the Canadian Nurses Association began lobbying for legislation that would allow registration for men nurses in Quebec ("Quebec May Approve", 1966). In defending Quebec's refusal to register men nurses, one rationale offered in the Quebec legislature was that it was "immoral" to have men working under the supervision of women nurses (Care et al. 1996). Such arguments suggest that efforts to limit men's participation in nursing by men gatekeepers outside the profession were motivated in part by a continued interest in maintaining masculine status and privilege. In December of 1969, after a twenty-four year struggle by Quebec's men nurses and the Canadian Nurses Association, 600 men graduates of nursing schools immediately became eligible for licensing in the province of Quebec ("First Male Nurse", 1970).

The ideological designation of nursing as women's work and societal values regarding men and masculinity and women and femininity have constituted a significant barrier to men choosing nursing, obtaining an education and then practicing to their full legal potential alongside women colleagues. In the United States in 1958 to 1960 when women were beginning to break down

gender barriers by entering male dominated professions such as medicine and dentistry, only 1% of nurses were men (Mannino, 1963, p. 185). In comparison, 6.5% of physicians and 2.8% of dentists were women (p. 185). Additional explanations for the low numbers of men choosing careers in nursing may have included the situation of a high demand for men's services in the military, and the fact that as early as 1920, nursing lacked financial incentives given that teachers, union laborers and municipal workers earned more money (Halloran & Welton, 1994). During the depression years of the 1930's, numbers of men in nursing in the United States increased slightly due to the fact that nursing education included room and board and a small stipend (p. 686). Specialization, based on the division of men's and women's labor persisted, however, as men were generally admitted only into hospital programs that specialized in the care of mental illness (p. 686).

Recruiting Men Into the Profession

In Britain, WW II had a major impact on attitudes towards men as nurses. The situation of an acute nursing shortage compounded by large numbers of unemployed ex-servicemen resulted in a significant movement to promote nursing as an occupation appropriate for both men and women. In 1943 and 1949, Britain's Ministry of Health provided shortened nursing courses for ex-servicemen and actively recruited men using literature developed specifically for this purpose (Mackintosh, 1997). The result of these measures was dramatic

and resulted in a 542% increase in the number of men nurses registered between 1939 and 1947 (General Nursing Council, 1948, cited in Mackintosh, 1997, p. 235).

In Canada and the United States, WW II does not appear to have had the same effect, however, the nursing literature does begin to reflect a growing awareness of the need or desire to attract more men into the profession. In Canada in 1959, nurse Bentley argued that nursing must try to find ways and means of stimulating interest and encouraging the recruitment of men into the profession. In 1964, the Report of the Royal Commission on Health Services made specific reference to men nurses “that in view of the need for male nurses in the health field, more efforts be made to attract men to the nursing profession” (Wedgery, 1966). In 1965, HRH Prince Phillip was quoted in a speech as saying that anyone with a knowledge of the medical world realizes the need and value of highly skilled male nurses, particularly in the specialized fields (p. 36).

The desire to attract greater numbers of men into the profession was also evident in 1967 in Ontario with the development of a recruitment pamphlet entitled, “There is a Place for Men in the Nursing World” (“Male Nurses Gain”, 1967, p. 18). The pamphlet, distributed by the Ontario Hospital Association to high school boys, posed questions that were designed to attract the interest of boys. Questions such as: did boys desire a career with ample opportunity for advancement?; could boys accept responsibility?; and, did boys have an interest in scientific subjects? (“Male Nurses Gain”, 1967) reflected stereotypical

masculine traits and were consequently designed to elicit “yes” responses. Additionally, the emphasis placed on nursing as a science strategically played down the caring and feminine image of nursing. This strategy is further highlighted by a promotional statement that “as members of a paramedical team, the nurse finds himself more and more involved in scientific and electronic approaches to patient care” (“Male Nurses Gain”, 1967, p. 19). Such comments reflect, as well as perpetuate, the stereotype of men as rational technocrats who make “naturally” good leaders.

Nursing advertisements of the 1980's aimed at attracting greater numbers of men into the profession similarly downplayed nursing's association with women, nursing and femininity by presenting images of men nurses as technologically capable or macho (Cottingham, 1987). Such images also distanced men nurses from the stereotype that men who did nursing or “women's” work were gay.

Men in Nursing: Implications for Women Nurses

As the profession began to actively encourage men to consider a career in nursing there is an acknowledgment in the Canadian nursing literature that such a plan was not without its “penalties” as women nurses harbored fears that many senior positions would eventually be taken by them (Wedgery, 1966). Evoking the altruistic and feminine notion of service to others, Wedgery (1966) suggested that if service to society is the undisputed and unchanging aim of

nursing, women nurses in all fairness to men should be willing to run the risks that such idealism involves (Wedgery, 1966, p. 39). The concern that men nurses would rise to positions of authority over women nurses, however, was not without merit as evidenced in Britain where the integration of men into nursing was aided by a restructuring of the National Health System and the 1966 Salmon Committee Report (Bradley, 1989).

In Britain, a new management system with the objective of introducing a more business-like ethos with improved efficiency was introduced into the National Health Service. The result according to Bradley (1989) was that management positions were “made ripe for male capture” (p. 197). By emphasizing the need for promotion by merit and proven administrative ability, Dingwall (1972) points out that men nurses, despite poor formal educational qualifications, were positioned to take advantage of leadership jobs. Similarly, Bradley (1989) credits Salmon with transforming the image of men nurses who were now perceived to possess “managerial traits”. In contrast, she adds that women nurses were seen as “naturally” good nurses but inherently inappropriate in administrative positions. This situation provides an example of the way in which a social credential such as gender becomes an ability measure (Collinson & Hearn, 1996). Men nurses, by virtue of their sex, were considered to possess managerial traits. By 1970, although men were no more than 10% of the British nursing population, they occupied 33% of the top nursing posts (p. 197). Between 1969 and 1972, the number of men in top management positions

increased eight fold (p. 197). This trend persisted in the 1980's with Gaze (1987) reporting that men nurses held 50.3% of all chief nurse positions compared with 43.8% in 1982 (p. 25).

In Canada, the disproportionate number of men nurses in leadership positions has been less remarkable, however the trend exists. In 1973 men nurses were approximately 2% of the total nursing population, and yet 5% of men nurses were directors and assistant directors of nursing as compared to only 3% of women nurses ("Is There Sex Discrimination?", 1975, p. 17). Also, 12% of men nurses were also supervisors and supervisory assistants as compared to 6% of women nurses (p. 17). The notion that men nurses were more dedicated and could grow steadily in their jobs ("Are Men Nurses Really Accepted?", 1967) and ultimately bring stability to a profession that has always been "at the mercy of marriage and motherhood" was an attitude expressed in the nursing literature in support of men nurses' rising to administrative positions in the profession (Ryder, 1953; Bentley, 1959; D. W. Smith, 1965; "Are Men Nurses Really Accepted?", 1967; "More Nursing Schools", 1967).

Despite occupying a disproportionate number of leadership positions, men nurses have been limited in other areas of their nursing careers. Nursing education for men students typically lacked obstetrical education, or at best contained modified course content with limited opportunities for patient contact (Harden, 1963; Care et al. 1996). This limitation in the context of men's practice of nursing was extended beyond the classroom when the American judicial

system ruled in favor of banning men nurses from labor and delivery in the case of *Backus vs Baptist Medical Center* (Trandel-Korenchuk & Trandel-Korenchuk, 1981). Such a ruling suggests that the nursing profession itself supports the view that men are better suited to practice in some areas of nursing than others. It can also be argued that such a ruling has played a significant role in channeling men away from specialties considered feminine to those considered more masculine. What ultimately serves as the basis for such channeling practices are patriarchal notions as to what constitutes appropriate feminine and masculine behavior. Reasons offered in support of the court's decision to ban men nurses from labour and delivery included: women would object to intimate touching by men nurses which would require the presence of women nurses to protect the hospital from charges of molestation; nursing schedules could not be modified to accommodate physician objections and the hospitals chaperone policy; and all, or substantially all men, would be inappropriate for the this type of nursing (p. 89). Trandel-Korenchuk and Trandel-Korenchuk (1981) conclude that such reasons suggest that men nurses were considered unacceptable, not because of a trait equated with their sex, but because of the unacceptability of their sex itself (p. 89). In response to judgements that limit men's participation in certain areas of nursing, men nurses argue the case of reverse discrimination (Hamilton, 1979; Haywood, 1994), and suggest that it is of paramount importance that nursing take a look at itself and ensure that it is not guilty of gender discrimination while fighting for equality on women's issues.

Summary

Men's participation in nursing has been shaped by economic and political factors as well as by prevailing patriarchal attitudes about men and masculinity and women and femininity. Men's historical association with nursing suggests that men have played an important albeit invisible role as nurses for centuries. This invisibility has contributed to the ideological designation of nursing as women's work, a designation that has played a major role in excluding and limiting men's participation in the profession. For those men who persisted in their efforts to become nurses, factors such as traditional gender stereotypes and men's long standing history of providing nursing care to society's outcasts, have played a major role in situating men in psychiatric nursing and in leadership roles considered more congruent with prevailing notions of masculinity. Today, despite the low numbers of men in the profession and a history characterized by challenge and struggle, men nurses are making a significant contribution to nursing.

CHAPTER 3

Methodology and Method

The methodological framework that informed this research was based on postmodernist theory, masculinity theory and feminist theory. Each of these world views offered a distinct but complimentary ideology that guided the research process, the interpretation of data and the organization of the written account.

Postmodern Considerations

The purpose of this research is to explore the experience of men in nursing. As soon as I write this statement, however, I am confronted with the need to qualify what I mean when I use the terms “men” and “experience”. Consistent with postmodernist thinking, men and men’s lives are not understood to be universal or fixed, or reflective of an unalterable “masculine” nature. Instead, men and men’s lives are understood to be an ever-changing, complex, multiple and contradictory collage of experiences that are politically and socially mediated (Lather, 1991). Such an understanding offers the advantage of allowing us to avoid a narrowness in our representations of men and men’s lives and in doing, furthers our understanding of men’s lives in ways that do not universalize or reify stereotypical notions of gender (Frank, 1993, Connell,

1993). Gender based systems of domination and subordination are complex. The task or challenge as a researcher is to move beyond searching for the truth of men's lives "to explicate the multiplicity and diversity and the interplay between and among men and with women, which is so deeply structured by multiple relations of power" (Frank, 1993, p. 341). Thus, there is an alternate framework in which we can question established norms and break out of increasingly inadequate category systems to create theory that is capable of grasping the complexities of people and the cultures they create (Lather, 1991).

Masculinity as Problematic and Political

We routinely deal with men only in their public roles, so we have come to know and understand them as politicians, writers, doctors, etc. Rarely, if ever, are men understood through the prism of gender (Kimmel & Messner, 1992). Similarly, rarely do we understand the ways in which gender - "that complex of social meanings that is attached to biological sex, is enacted in our daily lives" (p.3). Mills and Lingard (1997) add that discussing gender as though it pertains to women only inadvertently perpetuates a cultural fiction that men are not gendered. In response to feminism and the gay liberation movement, there has been an increasing awareness of the importance of gender as a fundamental and organizing factor of daily life for both men and women (Messner, 1990; Frank, 1993). The implications of such an understanding are significant for men, but they are especially important for women, as such an understanding has the

potential to reveal how gendered relations among men and between women and men reflect, as well as perpetuate, inequalities based on gender. Such knowledge then offers the additional hope of rendering visible gender/power dynamics that have played an invisible but powerful role in the global subordination of women to men.

The conclusion that men generally live many aspects of their lives in and through power relations over women is accepted fact among feminists and many researchers and scholars exploring issues of masculinity (Carrigan et al. 1987; Messner, 1990; Frank, 1992; Connell, 1993; Kenway, 1995). Since gender relations themselves, as pointed out by Connell (1993), produce large scale collective advantages for men and disadvantages for women, masculinity itself has now become problematic. In response to the feminist movement, it has also become political, and indeed, by pointing to the way in which all social action is influenced by gender, feminism has raised the question of just what is masculinity (Gibson, 1991).

Hegemonic Masculinity

Connell (1987) defines masculinity as a social construction about what it means to be male in certain times and places. Such a definition captures the complex reality of men's lives which "like all lives, are always individual, always particular and inexhaustibly various (Frank, 1993, p. 340). Such a definition also moves us away from the essentialist notion that a relatively stable masculine

essence exists that defines men and differentiates them from a feminine essence that defines women (Petersen, 1998). When theorizing about men and masculinity, Connell (1987, 1995) and Hearn and Morgan (1990) avoid the trap of essentialism and argue for a pluralizing of the terminology such that we talk of masculinities rather than of masculinity. Hearn and Morgan elaborate by suggesting that the experience of masculinity is not a uniform one and the concept of hegemonic masculinities addresses itself to this issue by pointing to the dominance in society of certain forms and practices of masculinity which are historically constructed and open to change and challenge. Today's model of hegemonic masculinity as white, heterosexist and middle-class implies then, that men too may experience subordination, stigmatization or marginalization as a consequence of not measuring up to the standard against which all men are judged. Given the limited number of men who can and do measure up, Connell (1993) reminds us that the hegemonic form of masculinity is not the most common and that hegemony is a question of relations of cultural domination, not of numerical domination or "head-counts" (p. 610).

Kenway (1995) points out that men do not have to subscribe to hegemonic expressions of masculinity in order to benefit from the power which the "symbolic order of the phallus exercises over women" (p. 62). Indeed, the one characteristic that unites all masculinities, hegemonic or subordinate, is the subjugation of women (Connell, 1987; Carrigan et al. 1987). This subordination, however, is not necessarily conscious or even intentional. Frank (1992)

suggests that men are often unaware of the ways in which they themselves engage in practices which marginalize and subordinate women and other men. Brod (1992), adds that any attempt by men to give up masculine privilege on an individual or political basis tends to be doomed to failure since existing institutional power structures merely reproduce the male sex role. He concludes that the gender system, or "gender regime" as preferred by Connell (1987), maintains itself, not because men are either evil or stupid, but because masculinity itself confers benefits and maintains men's distance from those who bear the brunt of the gender system - women (p. 588).

Impetus for Change

The question to be asked then, is why would men whose collective interest is the maintenance of the status quo have any interest in changing the existing gender regime? Such a question can be specifically applied to men nurses. Why should they want to participate in feminist research that is potentially transformative? Connell (1987) offers the following heartening reasons as those which motivated his writing of *Gender and Power*: 1) Even beneficiaries of an oppressive system can come to see its oppressiveness, especially the way it poisons areas of their life; 2) Men are often committed in important ways to women (wives, lovers, sisters, mothers, daughters, colleagues) and may desire better lives for them, even at the cost of their own privilege; 3) Men are not all the same or united, and many do suffer injury from

the present system. The oppression of gays has a backlash damaging to effeminate or unassertive men (or those labeled as such because of their association with nursing); 4) Change in gender relations is happening anyway and on a large scale. Some men may want a new direction; and, 5) Men are not excluded from the basic human capacity to share experiences, feelings and hopes. The question is what circumstances might call it out (p. xiii).

Alliance Politics: Combining Masculinity and Feminist Theory

All of these reasons reflect the possibility and desirability of change, and women and men forming alliances “grounded in a shared political and ethical commitment to how we live our lives and produce our worlds as women and men, locally and globally (Frank, 1993, p. 334). Such a collaboration is not without contradiction and tension (Frank, 1993). For women this contradiction is captured by Ramazanoglu (1989, p. 190) who comments that women need to struggle with men while simultaneously struggling against them. Such struggles, however, do have the potential to act as a catalyst for the transformation of gendered production systems and the creation of non-hierarchical and reciprocal relations among men and between women and men (Frank, 1993). Messner (1990), points out that an alliance between women and men also has the potential to produce a sensitive analysis of men’s lives and masculinity that is attentive to the prices men pay for their power. As such, it can begin to reveal the ways in which a feminist transformation of the world might be viewed as in

men's as well as women's interests. One way it can do this is by signaling an opportunity to develop new forms of masculinity (Kimmel, 1997).

The collaboration of women and men, and the combining of feminist and masculinity theory opens up the epistemological issue of from whose standpoint can we develop a truer understanding of men and masculinity? Feminist researchers Harding (1987) and D. E. Smith (1987) and pro-feminist men researchers Messner (1990, 1996) and Frank (1990) suggest that the standpoint of women provides a more accurate and comprehensive representation of reality than the standpoint of men. Tong (1989) adds that it is women's oppressed and marginalized status or "otherness", that gives them a privileged standpoint from which to criticize the norms, values and practices of the dominant patriarchal culture.

In contrast, men researchers who study men and analyze gender from a patriarchal perspective tend to remain "imprisoned within established epistemological, theoretical and methodological frameworks which have historically been at the center of knowledge production" (Frank, 1993, p. 337). A significant challenge facing men researchers then, is to confront and recognize their own gender-based, institutionalized power and privilege, as well as the limits and potential distortions that exist in their analyses and recordings of that privilege (Messner, 1990; Frank, 1990). Within the context of men's studies a "business as usual + gender" standpoint has resulted in a lack of illumination or critique of the "man-made" explanations of the world, no rewriting

of theory and method in order to expose their political structure, and, as a result, no real attempt to end the subordination of women and some men to men (Frank, 1993). This limitation associated with the male standpoint is reflected in Sandra Harding's caution that women scholars "are wise to look especially critically at analyses produced by members of the oppressor group" (Harding 1987, cited in Frank 1990, p. 62).

Feminist Standpoint

In contrast to the male standpoint, the standpoint of women as marginalized or "other" is located outside what D. E. Smith (1987) terms the "ruling apparatus". To quote Stanley and Wise (1990) "being 'Other' brings with it the possession of knowledge concerning 'rulers' and their ways, but also the different and subversive knowledge that accrues to the 'ruled', as a consequence of seeing the 'underside' of oppression and oppressors both" (p. 30). It is from such a standpoint that Messner (1996) suggests women are in a unique position to study men, or "study up" in the power structure and challenge institutional privilege to reveal and demystify contradiction as one means of bringing about change (p. 222). Such a perspective, acknowledgedly value-laden, contains an advantage which Bernstein (1983) terms "enabling" versus "blinding" prejudice on the part of the researcher.

The notion of a single feminist standpoint has been problematized within postmodernist theory. Lather (1992), like Frank, Harding and other feminist

researcher/theorists readily acknowledge the need for a feminist standpoint in response to the distorted accounts of men due to male domination. In light of poststructural analysis, however, there is an increasing awareness of the need to ground inquiry in what Harding (1986) describes as “fractured identities”, such as black-feminist, woman of colour, etc. (p. 28). Similarly, Lather (1992) proposes that there are a multitude of feminist standpoints given the variety of women’s experiences in relation of culture, race, class, sexual orientation, etc.

Pluralizing the concept of standpoint, however, implies correcting only through addition, and it consequently allows us to lose sight of the partial, multiple and contradictory nature of all voices and experience (Ellesworth, 1994). The resultant notion is that any standpoint, feminist or otherwise, will necessarily be partial, as well as socially, culturally and politically mediated. The notion of fluidity in the context of standpoint was captured in my own changing knowledge and situatedness as a white, middle-class, heterosexual, nurse academic with a particular history in a particular culture at a particular time.

My theorizing of masculinity and men nurses’ lives likewise reflects the changing contextual, historical and social nature of their lives, as all lives. In the context of research, researchers and participants alike must be thought of as “unfixed, unsatisfied,...not a unity, not autonomous, but a process, perpetually in construction, perpetually contradictory, perpetually open to change” (Belsey, 1980, cited in Orner, 1992, p. 79).

My Own Situatedness

The topic of men in nursing is one that has personal significance for me as a woman, nurse and feminist. As a nurse, I am interested in issues that impact on nurses's lives and shape nursing practice. As a woman and a feminist, I am also committed to working towards the goal of revealing and transforming situations that contribute to the subordination of women and nurses in particular. The opportunity to explore the experience of men in nursing gave me the opportunity to combine these interests, since the presence of men in nursing has implications for the subordination of women nurses, nursing practice, and the profession of nursing in general.

As a feminist, I have frequently been asked why I chose to do research with men. The answer is not a simple one. Initially my reasons were primarily to investigate what I perceived to be very different experiences of men and women in non-traditional occupations. As a former oil rig medic and medical officer with the Canadian Coast Guard, I experienced what it was like to be only one, or one of a few women in a male dominated environment. As I read the nursing literature about men's privileged, as well as stigmatized status in nursing, it was apparent that the experience of a small number of men in nursing did not resemble my own as a woman in a non-traditional occupation.

My initial curiosity soon progressed to an interest in exploring notions of masculinity and the gendered experience of men in nursing. For years I have read and written about the experience of women isolated from that of men. As I

explored the experience of men nurses in this research, however, it became increasingly clear to me that the reciprocal nature of masculinity and femininity was a key to furthering our understanding of women's subordination to men. This reciprocal dynamic, played out in gender practices, gradually revealed the ways in which women's and men's practices and traditional notions of masculinity and femininity structured relations of power. Women's experiences and practices can only be understood in relation to the experience and practices of men and vice versa. Any hope for change consequently lies, not just with women, but with men as well.

As a nurse interviewing other nurses, I identified with many of the insights and experiences shared by participants and I relived many of the joys and frustrations of my own nursing career. The connection I felt with participants because of our shared history as nurses, however, was overshadowed by the difference I felt because I was a woman and they were men. I was also continually aware that my subsequent analyses of situations described to me were different than their own. At times I felt subversive. The situation described by Ramazanoglu (1989) of struggling with men, as well as against them, was uncomfortable and isolating. This situation was not entirely negative, however, for it did provide me with some insight into the parallel situation participants' described in relation to their own feelings of being separate and different from women colleagues.

In previous research with women participants, I enjoyed a real sense of

connection and satisfaction knowing that my own interpretations of participants' experiences captured the subtle meanings and the lived dimension of their joy and pain. In this research this was not the case, and I have no doubt that many of my interpretations of the data would not be supported by the participants in this study.

Participants In this Study

Eight men nurses currently practicing in the province of Nova Scotia were selected to participate in this research using a convenience sampling technique. Men who were interviewed in the early stages of the data collection process were helpful in identifying other men who would be interested in participating in the study. In some situations, potential participants were first approached by myself; in other cases the first contact was made by a participant who then communicated to me that the potential participant was interested in being contacted by myself. One participant moved out of the province and did not participate in a second round of interviews.

Due to the fact that men are a highly visible minority in nursing, demographic data regarding personal characteristics and career particulars have been purposefully kept vague to protect the identities of the participants. The ages of the participants ranged from late twenties to mid fifties, and years of nursing practice ranged from seven to thirty-two years. Areas of nursing currently practiced by participants included community nursing, mental health nursing and medical-surgical, general duty nursing. Three participants were in a

leadership role, and two had a Bachelor of Nursing degree. Six participants were married, two lived with a partner. One participant was an out gay man.

Interviewing as the Method of Data Collection

Data were collected in two rounds of semi-structured interviews which were approximately two hours in duration. They were held at a place and time mutually agreed upon by participants and myself (see Appendix A for the initial interview guide). Data from the first round of interviews were analyzed for emerging themes which were then explored in greater detail in a second round of interviews (see Appendix B for the second interview guide). All interviews were audiotape recorded and transcribed. Prior to the second round of interviews, participants were provided with a transcript of their first interview.

For the men in this research, the researcher/participant gender difference did not appear to be a barrier to communication. Each participant voiced their comfort with being interviewed by a woman about their experience as a man in nursing. Reasons offered included the perception that: gender was not an issue because of our shared experience as nurses; participants were used to interacting with women as an integral aspect of their working lives; the opportunity to share perspectives and experiences never before asked about was satisfying; and, the opportunity to share perspectives and experience was a welcome vehicle for getting the message out there about the plight of men in nursing.

Researchers, as well as participants, bring to the research interview a multitude of intentions and desires, conscious and unconscious that reflect the fact that we live in worlds full of paradox and uncertainty (Lather, 1991). Ellesworth (1994) adds that recognizing the presence of power differentials based on race, class, gender, sexual orientation, etc., and understanding how they impinge upon what is sayable and doable in a specific context has implications in the context of theorizing experience and voice. She suggests that what is said by whom in what context, depends on the energy they/we have for the struggle on a particular day as a result of conscious and unconscious assessments of power relations and perceptions of safety in situations.

To this end, I attempted to create interview questions that were non-judgmental, non-leading, and exploratory in nature. As soon as I write this statement, however, I am confronted with the naivety of it and the realization that the very language out of which I have constructed my questions is not bounded or stable. Instead, as suggested by Scheurich (1995), it is "persistently slippery", unstable and inscribed with multiple meanings which consequently create ambiguity from person to person, situation to situation and time to time. This "slipperiness" of language also contributes to and highlights the notion that interviewees "carve out space of their own" and control aspects of interviews by resisting researcher goals, intentions, questions and meanings when they choose to assign a different meaning to a question and turn one question into another (p. 247). In this research, all participants told their own story in a fashion

chosen by themselves. This freedom involved confronting and resisting my own tendency to simplify and categorize and I was consequently aware of the need to avoid discouraging ambivalence, ambiguity and multiplicity.

Data Analysis and the Written Account

Thematic analysis within a postmodern framework was employed as the method of data analysis. Scheurich (1995) suggests that the modernist perspective of data collection and analysis situates the researcher as a kind of god who consciously knows what s/he is doing, who can clearly communicate meanings to another person, and who can derive the hidden but recoverable meanings within the interview data. Such notions of data analysis highlight the problem of description and interpretation and the fact that as researchers we do not so much *describe* as *inscribe* in discourse (Lather, 1991). That the final interpretation of the interview data is overloaded with the researcher's conscious and unconscious interpretive baggage is inevitable, given that the researcher is always in the text, "one among others creating meaning" (Gitlin et al. 1988, cited in Lather, 1991, p. 91).

The problem of foregrounding researcher perspectivity, as pointed out by Lather (1991), is that it presents the challenge of avoiding univocal authority or putting oneself at the center of data interpretation. Three measures suggested in the literature were used by myself as a means of avoiding this situation. The first, suggested by Lather (1991), is that researchers can turn their texts into

displays and interactions among perspectives, while presenting data rich enough to draw in readers who themselves (re)analyze. Because all texts are polysemic and all readers situated in different social, cultural and ideological circumstances, it is inevitable that these texts will be given somewhat different, and at times, even radically different readings (Messner, 1998a). The second measure, is to weave varied speaking voices together using quotes, excerpts and repetitions to keep the recorded interaction “multivoiced” (Lather, 1991). The third possible solution offered by Scheurich (1995) is to interview participants twice and provide participants with a copy of the first interview transcript prior to the second interview. In addition to using the second interview as a member check, it also provides researchers and participants with a valuable opportunity to discuss ambiguities in the first interview. These ambiguities can then be written into the research account (p. 250).

In this study I used all three of these measures. In the written account of the findings, data were presented in the form of excerpts from participant interviews that were then woven together to create a running dialogue that contained a collage of different viewpoints reflective of the diverse and unique experience of each participant. Each dialogue also revealed the tensions and contradictions inherent in each participant’s particular viewpoint. The participant dialogue section of each theme chapter was followed by a discussion section in which I presented my interpretations of the data incorporating related literature. With regard to the third measure, all participants with the exception of one who

moved out of the province, were interviewed twice. Themes that emerged in the first round of interviews were discussed in the second round in greater detail.

Ethical Considerations

Participation in this research was voluntary, based on a verbal description of the nature and purpose of the study itself. A consent form (see Appendix C) was signed by each participant and myself. It informed each participant of the following: the extent of his involvement as a participant; his right to withdraw from the study at any time; measures taken to protect his identity; the confidentiality of information; and, the potential risks and benefits of the research.

All participants were asked to provide an alias that would be used to identify their individual contributions in the research account. The eight men who participated in this research chose to be referred to by the following names: George, Xavier, Mateo, Robin, Nikki, Bruce, Camillus and Patrick.

The Organization of the Written Account

Each of the four theme chapters (chapters 5, 6, 7, & 8) that follow is organized so as to minimize the problem of univocal authority or the foregrounding of researcher perspectivity (Lather (1991). To this end, each theme chapter begins with a brief introduction which is immediately followed by a “participant dialogue” section. This section is then followed by a “discussion”

or data analysis section.

In the “participant dialogue” section, excerpts from interview data are woven together to create a running dialogue among the participants. I have purposely avoided interjecting interpretative comments and have instead linked participants’ voices using statements that only organize the flow of data and facilitate the reading of participants’ stories. In the absence of any analysis of data in this section of each theme chapter, the intention is that readers will draw their own conclusions and interpret the data from perspectives which reflect the multiple subjectivities of readers themselves.

In the discussion section that follows each participant dialogue, I present my own interpretation or analysis of the data using supporting literature and the specific views expressed by the participants in the study.

CHAPTER 4

Men's Lives, Nurses' Lives

Masculinity theorist Hearn (1998) suggests that one of the limitations of theorizing men has been that men have been “shown but not said, visible but not questioned”... “implicitly talked of, yet rarely talked of explicitly” (p. 782). This chapter seeks to begin to correct this situation by introducing the participants to the reader in a way that captures the uniqueness and complexity of each participant's contribution to the research. By weaving together excerpts from participant interviews and highlighting the multiplicity of men nurses' experiences and perspectives, the category “man” is revealed to be unfixed.

Xavier

I'm a very strong believer in family values, I'm married with two children, and I believe that it's very important for me as a father to be with my family. I'm Catholic and I participate in some of the ministries in the church. I believe that there is an important connection personally with religion and also professionally with the spirituality part of the profession that I am in. I find that important.

My background is quite varied. Most of it has been kind of science oriented, education wise. I actually have education, nursing, environmental technology, some science. I have a diploma in environmental technology, a diploma in nursing. I have a diploma in community health nursing and I'll soon be finishing my bachelor of science in nursing. Within the military I have training as a flight nurse, training in critical incident stress debriefing, military courses on leadership and management and stuff like that. I've pretty well been a professional student. I enjoy working with people and helping people and I think that's probably why I'm in nursing. Having the ability to help people, support people and I just thought that it was a good idea to do that. I knew what I

was getting into. It was something that appealed to me. It didn't overly bother me that I was a guy and that it's a female dominated profession. It was just something that I was interested in doing and I thought, do it.

I worked my first job on a med-surg floor. It was supposed to be the male med-surg floor and military floor so we basically looked after all military members, all male patients and any extra females from the female floor. I filled various roles on the floor, being team leader and that type of stuff. Then I left there and went to another base where I spent three years. We had a small hospital. It was sort of general medical-surgical nursing, a little bit of emerg, outpatients, that type of stuff. After that I was a community health nurse.

When I was in nursing school I was most interested in ICU, emerg, and the OR. I like pretty much anywhere. I love the nursery too. I can remember saying to a nursing instructor 'just leave me in the nursery for the next two weeks and I'll be happy'. I just felt that she didn't want me there. I'm very happy to look after kids. I used to baby-sit a lot when I was a kid so this is stuff that I've done.

I think I liked the OR because of the changeover. It was fast paced. Medical, I wasn't as fussy about, but obstetrics, I would have worked obs. Obs was problematic in the sense that I went into a school of nursing that was basically run by nuns. There were things that I just wasn't allowed to do. Because of that it was just no fun.

I'm also interested in palliative care I think because it combines a lot of things, spiritually. I've been working for eleven years and I saw a few people die, that I could say was an undignified death. They sure didn't look very comfortable. Right now I'm going to a medical school where I'll be instructing I hope. That is really the direction I would like to go, hopefully go back and get a masters and get somewhere in nursing education. If I was to get out of the military, I would probably start my own business or do something entrepreneurial. I'm not interested in going back on the floor and working on a med floor for example. I'd go back to an institution if it was in a supervisory role, not as a laborer.

I like my career choice. I kind of wish I had made my career choice earlier, I was a little late getting into nursing, but I'm happy. Maybe years ago, if I had my choice over again, I would have chosen teaching. But I can combine teaching with nursing anyway. Overall, I'm happy with it.

Robin

I love birding, it's something I do every day. I'm a woodworker, I hunt but I'm not a firearms enthusiast. I love to hike, I have all kinds of hiking equipment. I don't camp out overnight. My wife doesn't wish ~~to~~

camp so we don't.

I was in the militia with a lot of rank at a very young age and went straight into the regular army as a corporal. I came back from that and worked for a year and then I went to university. I did well and came out with a major in history. I was going to go on and teach but it just wasn't for me - teaching other peoples' children wasn't for me. I went into the police force and while I was there I became interested in nursing because I saw a show called Megatrends and there was a book out called Megatrends and the trend was in health care. It was going to open up and non-traditional jobs were going to open up for men in the business, like male nurses. If you had a job in male nursing, you could write your own ticket. I did go into the training - about two months into that training I realized that I left the best job I ever had.

I thought that nursing was the way to go because it was a helping profession. I thought there's some honor to be garnered here everyday. In police work, you don't get that many attempts to do honorable things and in the army, you rarely do. I had no idea that it would be as hectic. I always thought in terms of curing people, but never thought in terms of carrying away the dead. When I came into the surgical unit, I never thought we'd have to prepare remains or anything, that never dawned on me. There were ladies at 3 o'clock in the morning wrapping up remains. They didn't tell me about that. That's not why I came into the business. The grief part of it - I never thought.

I liked the maternity training, although maybe I didn't fit there. The favorite ones, maternity the light load, the ones I consider gravy training, the men weren't going to get anyway. I don't mean that I mind the heavy load, there's an information overload in the medical floors. These guys know everything about everything and you're not a specialty unit. You don't just focus on the heart or the birthing process or whatever, you have to know about infectious diseases, you've got to know about broken legs/arms, everything. I had five years on the med-surg floor, which was a surgery floor - just a forest of IV's with half the people tearing them out. You run all the time, you're on information overload, you are constantly outstripped - it is like a mining operation.

After I was in med-surg a year or two, I wanted to go into the OR and I had applied a couple of times, but I didn't get in. I didn't realize that that's a good area to get in because it's not so labour intensive - you're not washing patients. I didn't get in there because I didn't realize that that's the gravy train. The other thing is the girls don't accept you. There's some pretty strong male personalities around there, they want only women around.

I was shocked when I first went onto the floor. I had this white uniform on that I had never had on before, I was trying to be so perfect.

You can't go back. I would not go into nursing again, and if men ask me whether they should, I just say no. If girls ask me if they should go into it, I would say no. Why? Because they get chewed up. They think that it's a fine job. There's been a Harlequin romance image that maybe they'll get to marry a doctor. All too often they don't. They're stuck, they can't make a move. The males, I think we belong less now even than we did then. There are no quota systems. They don't advertise for male nurses. It's ironic - men don't nurse. I wouldn't recommend it. Unless you get into the upper echelons of the business you will not survive. You will have maybe a five to fifteen year career, which is fine with the system - they can dump you and get younger troops.

Bruce

My hobbies are reading and music. Music would be my primary past time in that I direct and play for a church choir. That was the church I grew up in. I studied piano as a young fellow. It's very cathartic for me. I find it very relaxing - it takes me totally away from all the other stuff I have to deal with. What's important to me as a person is my health, my partner, my family, my job, my music, my friends - not necessarily in the right order.

From high school at the age of eighteen, I went directly into nursing school. I applied to a particular school of nursing because they had a comfortable reputation of having males in the student body. I became a nurse as a result of being influenced by a couple of people. Coming into my mid high school years, I wondered about teaching. Then there was a chap ahead of me who was going into nursing school so I had a chance to talk to him. I had two neighbors across the street who were beginning their nursing education, so there was a constant dialogue. I thought it was interesting and that I'd like to do this. My elderly grandmother was living in the house at the time and required some assistance. I did a lot of caring/babysitting for the youngest brother. I guess those were the seeds - the nurturing that took place.

Would I choose nursing again? Yes. If I were to recap - OR, emerg, ICU, medicine, surgery, industrial nursing, head nurse, supervisor, in-service education - those things have all been a tremendous experience. The operating room was a fascination. I loved it. I spent six months there. I worked in psychiatry for six months, then I entered to study for the priesthood. I stayed in that for six months and came out and was then offered a position as supervisor of orderlies, which I kept for six months. I came back home where I was asked what clinical area would I like to work in, and I said surgery. One night I was doing something and I

looked over my shoulder and here was the director standing there - I thought here goes my job. She asked me if I would be interested in going away to do a course in intensive care nursing. I chose to go back to neuro and a year later I was asked to take over as head nurse. I stayed there for a year then went back to school and did industrial nursing. Then I went with a drug company but I couldn't stand the isolation there so I went back to psych nursing and was hired for in-service education. After that I decided to change so I switched to the emergency department. I stayed there for a couple of years. I liked the fast pace - when you hit the trauma rooms, that was the biggy.

I firmly believe that the nurse can be a tremendous advocate for patients. That role has grown so much. When I was a student, back in those days nurses were preferably seen and not heard. We still have some physicians today who would like to see that role re-established. In emerg, it's also a tremendous opportunity to not only work in a crisis situation, but to stay in touch with the family. So making that connection, keeping people informed about what was going on which was beneficial to the patient and to the family... It was an exciting place to work.

I guess now, given all the experiences I've been through, all the life experiences and professional experiences, I am most comfortable working with people in chronic care. Be it oncology, AIDS, end-stage cardiac, whatever - working with families. I always felt good about me as a person and a nurse. I have a lot to give. I value what I know.

George

I left high school at fifteen and I worked in a factory for four years. I had an acquaintance who was connected to the university and he persuaded me to go to university. I didn't complete my degree - ran into financial problems and essentially a lack of interest. I spent a couple of years after that working around the country. I met the person who is my wife at this point - she was in a diploma program. It looked like we were going to settle in and I thought I'd give nursing a try. If I didn't hurt anyone in the first two weeks, I'd stick with it. I had only been in a hospital twice in my life prior to that as a visitor and I had fainted both times. My wife was waiting with baited breath to see if I survived. I had a friend who was going through the program at the same time, he sort of eased me through it. Nursing was at that time just a source of employment in an area that didn't offer a lot of employment that you just walked into. Once I got into it, I found that I liked it a lot.

Prior to nursing I worked mostly in hotels, what they might call a night auditor, a bouncer. I was this and that but nothing I wanted to spend

my life at. Nursing wasn't foreign to me, but it wasn't something that occurred to me either. I call it an impulse at the time. I just started and stayed with it. Maybe I sort of was influenced by the fact that I spent a lot of time with nurses - my wife and her friends.

I enjoy nursing, the patient care part. Over the years it's becoming more and more unpleasant. It's often hard physical work. There's nothing wrong with that but it's getting more and more hard on the head. But that is nothing to do with the nature of nursing itself, nursing I enjoy. What surrounds it is the problem sometimes - the political and bureaucratic. I started off on a medical unit then I did psychiatry for a couple of years. Then I went back to a medical unit. I found that I essentially enjoyed hands-on patient care as much as anything. I avoid the really technical like the OR and intensive care. I enjoy situations that allow a mixture of hands-on care, some teaching, some family contact, that kind of thing - that's what I find rewarding. Palliative care is difficult to say that you enjoy, because you don't. It has its rewards, kind of interactive, kind of personal I guess.

What I enjoy the least about nursing is the non-direct patient care aspects of it - the management of nursing, the management of health care. For better or for worse, sometimes I get the sense that a lot of the problems in nursing are not caused by, but influenced by the fact that it is ninety five percent female. I don't see that as a negative, it has its positives and its negatives. Nursing wouldn't be the same unless it was profoundly a female situation. The caring and nurturing, certain qualities in the females - they don't give it up, they don't walk away from bad situations. I hesitate to generalize, but it seems to me that females as a group have more doggedness to them than men do. More females as a group would hang in there and not necessarily fight the situation but live with it, whereas men as a group would say the hell with this, I don't need it and walk away. I'm constantly amazed by the level of idealism that remains in nurses that have been exposed to the health care system for twenty, twenty-five, thirty, thirty-five years. It's often a triumph of hope over experience, but it's still there. I'm amazed by it sometimes.

I think that if current trends continue, things that I find important, useful and rewarding in nursing are not going to be in the field of nursing. As nursing continues to advance itself as a profession I think that it becomes more separated from patients' emotional needs. I think over time it's a trend that nurses are going to regret.

Camillus

I'm married and the father of one daughter. My wife and I moved

here many years ago shortly after we were married because of lay offs at home. I graduated from high school and began a career as a nursing orderly at a nursing home. I thoroughly enjoyed it. I knew when I graduated from high school that I wanted to be a nurse and I applied and was accepted in nursing school but I declined. I was going to stay out a year and I thought I'd look for work, I heard they wanted orderlies at the nursing home. I gave it a try and I loved it.

The next year I began the CNA program and graduated. During the program I was highly encouraged by the director there and the other instructors to go on for nursing. Seven years later, with a lot of encouragement from one particular instructor, I did take the plunge. Since high school I felt the feeling of vocation. I wanted to serve God and serve the sick, and putting all that together, I wanted to get my RN and become a nursing brother. Unfortunately there are no such orders here in Canada.

I started nursing school. I was the only man in my nursing class and as a man I wasn't allowed in the nurses' residence with the other students. I had to put on my coat and go outside to enter the cafeteria and I was not allowed to join the girls in the tunnel. The classrooms were in the lower floor of the residence. The second floor was the lounge and the bedrooms, and during breaks the girls would all escape upstairs to the lounge. I'd be downstairs alone. The director and I did not get along well because of housing. She told me she would find me a house and it was a great place to live. When I arrived at this great place to live, I wouldn't put my animal there. I tried for a month, I couldn't live like that. Out of sheer frustration I said 'this is it, I'm leaving'. I was so discouraged. I really wanted to do the nursing program and this other voice was telling me, you shouldn't be there anyway and maybe that's your answer - get the hell away from nursing. Later I appeared at a different school of nursing and asked to see the director of nursing and she listened to my story. I guess after hearing my story I got in. I finished my nursing two years later. They were super to me.

When I was a student I wanted to work in emergency. When I finished training, I was accepted for work on the surgery floor. Being a new grad I really wanted to go to the bedside for a while. I worked one year and got the bug to move on. There was an order of brothers in the States who I had great interest in and I thought, well maybe I'll go with them, I'd give my life to that type of service. Unfortunately, I couldn't get my green card so I had to leave. I then worked in orthopedics in another province - a fantastic year, great experience. I learned a lot. Before too long I was put in charge of the floor, of my team. It went very well, it was a great learning experience, the doctors were super. Unfortunately, I had this bug to go home. I had dated my present wife and I had left her behind and went roaming, so I came back and she and I got back together. I went

back to my old hospital taking call in ICU and working towards a full-time job. After being laid off I moved and came to the male surgery ward. From there I moved very quickly into orderly coordinator. That was for a few years full-time. Then with further cut backs, I became a staff nurse again. The only opening was in the OR - two and a half years of pure hell. I moved on and worked on another surgical floor and then medicine. Following that the psych ward opened and that's where I've been for the last few years.

If I had to do it all over again, would I still become a nurse? No, no! Nursing is the pits. Before I got into psychiatry, I was considering changing my career. It's not the glamour. I don't know what people see about being a nurse - that white uniform. If you're a caring, responsible, conscientious person, you're friggered. Be like others, sit back, put your feet up, take your novel, let your IV's run dry, who cares? I've worked with these types of nurses, and for a while I used to be a slave running and answering bells. Then I'd say, that's your patient, this is my side of the board. I'll answer my calls - get off your arse, I'm tired of it.

Nikki

I'm in my late twenties, I've been an RN for seven years after graduating from the diploma program. I'm presently doing my degree in psychology. My career goals are master's in education. I live with a male partner. I enjoy music and drawing, swimming, exercise. When I was younger my grandfather was dying, he had been sick for a six month period. I would spend nights with him in the hospital. I saw a lot of nursing staff as empathetic and compassionate, seeing how they affected people's lives, making people comfortable, addressing concerns with the family. I was really affected by that. At the same time, I friend of mine went into nursing. On almost a daily basis she would call and tell me what she learned that day. Those two things at the same time really affected me.

Before I went into nursing I worked at different places - WalMart, those kinds of things. This guy (a male nurse) came up to me and asked if I'd be interested in working at a community outreach facility. I spent nine months doing that just prior to going into nursing school. It was fantastic. I enjoyed it and it's where I've spent my nursing career.

The diploma is what interested me in becoming a nurse. The fact that I could do it in three years and have a trade was something that appealed to me. If I could live the experience of nursing school over and over again, those years were absolutely my favorite. I felt good about what I was doing. I enjoyed being there, it was a fantastic experience. I

thought I was late in finding my niche. Once I found it, it was like whatever else would I want to do?

When I finished training, I worked on a casual, part-time basis. I'd work palliative care, then surgery, then ENT. I didn't work in the OR or ICU. When a job came up here, I moved home and applied for a job in addictions. They didn't consider me - they hired all females. They did tell me that I could apply for a counseling position. They hired male counselors and female nurses.

When I was a nursing student the specialty that appealed to me the most was obstetrics. I loved the experience. There was a point when I would have applied, but I was getting mixed reactions from the school and the hospital itself. They would hire me in neo-natal ICU, but they said no male nurses on the labour and delivery floor. That steered me away. It did affect where I ended up. I'm not sorry now because I enjoy what I do now. I can't say that there was any experience that I truly disliked. Medicine didn't appeal to me because I didn't like the chronic sickness. Surgery wasn't too bad, people came in and got well, you nursed them back to health. Palliative care - my first shift in palliative care was very emotionally draining. Pediatrics was horrible. I saw children that were neglected and failure to thrive. I could never work in peds. If I wasn't in my current position I would choose to be a nurse educator - that's ultimately where I want to go. I'm not ready for it right now, but that's what I want. To be not so much in a clinical setting, but educating other nurses about health issues.

Mateo

An aunt of mine and myself sat down one time and we went through our family which is quite large, and in that family we found thirty nurses. My mother herself worked in a nursing home years ago and then looked after my grandmother for years, so there's always been a lot of nursing presence in the family. As a married man, nursing has been great because there has been a lot of stability there in terms of jobs.

After high school I got a university degree in French and then went back and did two years of theology. I then spent two years in Latin America, came back and worked in development. When I was in Latin America, I became involved in children's health. I lived in a community that every year, their water supply would become so contaminated they'd lose all sorts of kids from gastroenteritis - something preventable. I still feel that I have contact with Latin America. I've always gone back, always looking at the health care systems people have in place. We have so much to learn from the way people do things with the resources they

have.

When I came home I decided that I would try some area of health, either physiotherapy, medicine or nursing. I applied to med school and was asked to reapply the next year. In the meantime, I started nursing at the university. I wasn't particularly fond of it. I didn't think it was very practical, it was theory oriented. Then I moved into the diploma program. I had my BA so university wasn't novel. At the time, I was just married too. We had a baby coming so it was speedy.

Before I went into nursing I saw role models when I was working as an orderly. There was a nurse who was in charge of orderlies. His attitude towards patients was extremely respectful. He was very skilled. Before that experience, I worked in housekeeping, I also trimmed Christmas trees, farmed. I was in the militia, I did construction work. I did PR for this group I was with, I worked with development and peace. I've been politically active, both with political campaigns and the nurses union.

My nursing career started off in geriatric nursing, then I moved to surgical. I was three months in the OR, then I did ten years at a community hospital. It was a very geographically isolated hospital at the end of a dirt road. Nurses ran it completely for the first few years I was there. We used to do the X-rays, veni-punctures, urinalysis, fix a water pump. I've been working in mental health now for ten years. When I was asked if I would like to work here I accepted.

I have a keen interest in community health, you have more contact with the factors that influence people's lives - relatives, friends, neighbors, jobs, employers, schools... there's much more of a global participation.

Patrick

When I define myself as a person, a lot of it is within roles. I am a husband, I have two children, a fairly active family life. I'm always interested in learning. I am continuing my education even today and I'll keep doing that. One hobby that I really enjoy is playing volleyball. There's a group of guys who get together every week, we've been doing that for five years now. There's no responsibility, its not that competitive and its a lot of laughs.

Spirituality is extremely important to me in the sense that I believe it defines your purpose for being. From the outside I would be perceived as religious. I think that religion provides some rituals and customs that allow you to make sense or meaning of your experiences. Christian values formed a lot of my values and principles. For example, a priest once said to me that its not enough to be your brother's keeper, you must

be your brother's brother. The whole idea of journeying with people, being equal and sharing. As a nurse, you do have at times to lead.

When I was graduating from high school, I wanted to be a teacher. At that time there was no employment for teachers. My father said to me why don't you do a bachelor of science in nursing. My older sister had done that. I thought that was interesting considering that my father is a miner. I thought that was pretty open minded. My sister was a great influence on me. I admired so many things about her. She was a nurturing sister. She was very capable and is excellent at her job. What influenced me at home is that we looked after my grandparents, an uncle, etc. There was always someone in a care-taking role. My father was also quite excellent with that. Part of me says that this is what I went into it for. I had a lot of nurturing tendencies from the word go. I always had a very soft spot for old people. When I say that is why I went into nursing, I also think there is a path that you follow.

I went to university and took a bachelor of arts. By that point, my wife and I had been going together for quite some time. I wanted to do something that I could get a job and get married. I looked at either nursing or technology. I applied and got accepted in a two year diploma nursing program. It is a relatively cheap, short education and there were good job opportunities for men. It was a very maturing experience for me. Seeing people suffer made me realize that there was something really unique here.

The last rotation I had in training was the first time that I ever did a night shift. I decided that I had to get my degree because I couldn't work the shift work. I waited a year and applied to university. In that year I worked at a nursing home. I also worked as an orderly for two to three weeks. I put an application in at two hospitals and was offered a nursing position. I was put on the tertiary care unit as a new grad. It was terrible. Basically, it was an acutely sick, mental health population. A lot of people would have been in there for years. It was custodial oriented, not treatment oriented. I worked for about three weeks and left. While I was working on my degree, I worked at a mental health hospital for two years. Then I was offered another job at my old hospital. Everything was supposedly changed. It was still mental health. When I was almost finished my degree I interviewed and was offered my present job. When I came to work here and got to know people, one lady said to me that she didn't know what she was going to do with a male nurse. I was the first male nurse they ever had.

I really liked what this mental health service was all about. To me the role of the nurse was still a lot of caring, it wasn't a lot of high tech. I liked the whole philosophy. I finished my degree because I wanted to teach. I didn't end up teaching. Now that I've been in nursing a while, I

almost see it as a vocation. It has to do with work being purposeful and making an impact on peoples' lives. I've learned a tremendous amount here, I've grown quite a bit personally and professionally. I have leadership ability and I've pushed for things to happen.

Looking back, I would have loved to have gone into a bachelor of nursing and then into a master's in nursing. It's probably the last big piece of education I'll take. Overall, nursing has been extremely rewarding. It's been a very good fit for me.

CHAPTER 5

Men Nurses as Anomalies “What’s a Real Man Like You Doing in a Job Like This”?

Introduction

Men choose careers in nursing for the same reasons as their women colleagues; they are motivated to help others and make a difference in their lives and they view nursing as offering a stable career with adequate income (“Male Nurses: What They Think”, 1983; Skevington & Dawkes, 1988; MacDougall, 1997). Tokar and LaRae (1998) suggest, however, that men who choose non-traditional occupations are at greater risk than their women counterparts to be unsupported, devalued and even ridiculed for engaging in gender inappropriate behavior. As a consequence, men who do nursing work are continually reminded that they are different from other men. As men going against the grain, men nurses are faced with the reality of defending their career choice, their contribution to nursing, their behaviour as nurses, and even their sexuality.

Participant Dialogue

Reactions of Clients

In addition to often being mistaken for physicians, participants discussed experiencing a variety of client reactions that ranged from acceptance, confusion, mistrust and ridicule. Often these reactions were dependent on the age and sex of the client.

Camillus

[With teens], I try to go in, and I'm your nurse today and this little snicker - and is there a problem or a joke I missed eh?

George

Patients' reactions - I use the word shocked - that's too strong, but you see eyes open a little wider at first; and it takes some time often to explain that, no I am not a doctor, no I am not an orderly, yes I'm a nurse. But there still seems to be some confusion as to what a male nurse does that is different from a female nurse, and hopefully there is nothing. But there seems to be an assumption that you are there for different reasons than females are.

Xavier

Sometimes the reaction depends on the age. Most older people, especially older men, tend not to be sure of what I'm telling them. They get a little confused and say 'no, you must be a doctor'. They're not used to the idea. They want to call me sister. I say fine, call me sister if you want. I still remember the day the guy said, 'can you tell the nurse about my pain medication' I said 'I'm the one that's doing your medications today, I'm the nurse'. He didn't believe me until I showed him the med keys.

Bruce

An ICU patient that I looked after for three nights in a row, now this is back in the days when the girls wore the hats, this particular patient tells the surgeon that for three nights they never saw a nurse; now I was his nurse - that's interesting - never saw a nurse for three nights in a row.

Camillus

A lot of my patients - they feel that I'm going to be a doctor, and I'm anything but a nurse right now - you're a nurse, yeah but, yeah but I'm not an intern, yeah but I am a nurse and I'll always be a nurse... Once you get over those barriers, and you have to really explain that you are a nurse and that you are interested and that you want to spend time with them.

Mateo

There was one woman there who when I came in one night to - it was the first time she had been in hospital when I was there working, she screamed. Yes she screamed for the nurse - that I wasn't going to be allowed in and around her.

Bruce

I've never had a patient that said I don't want you near me who was lucid.

Patrick

I haven't had a female client who didn't want me as their nurse.

Mistrust of men nurses by women clients influenced the way participants' approached and developed the nurse-client relationship.

Robin

When I deal with female patients you have to come in looking like the white knight... they've got to know that you're not there for the kicks... What are you? I'm a nurse, and if you are with another nurse - yes, he is a nurse. You know and you just tell them, look, this is my job, I've looked after dozens, hundreds of folks just like you and I am a genuine nurse - a Mr. Sincere.

Camillus

The men somehow just accept me and when we get talking they are free to talk at great length about anything... whereas [with women] you have to fish a little bit and create that warm nurse-patient relationship... Until we spend the first once or twice together, we just talk about broad issues and then finally when we get to the stage that I feel that they are comfortable with me, then we get into some issues, but it takes a little bit.

George

It takes men patients a little longer to get comfortable with me than with one of the females, but it's not something that prevents that from happening - they're just not used to seeing male nurses; they just take a few more minutes to check you out.

Bruce

Patients are receptive - I think that's a responsibility that I have to ensure that there's going to be a positive interaction - it's me who will approach the patient, address them by their name and tell them that I'll be their nurse for the day shift.

Reactions of Others

Reactions of friends, acquaintances and the public, like those of clients, were mixed. Some reflected the notion that men were a privileged group

among women, others captured the belief that men were inappropriate in the caregiver role of a nurse.

Mateo

I would say that first of all they [the public] would look upon us as - isn't it strange that you went into that, what made you do that? Secondly, he must be gay, if not you're covering up; you must get more money; there'd be better pay for you than for women - those are the usual reactions that I've had.

Nikki

When I first told people I was going into nursing, my girlfriend at the time said 'oh a male nurse, you'll get a job no problem'. The same thing with others.

Patrick

I would say that my family was definitely supportive and other people have been kind of surprised, within nursing or outside nursing.

Camillus

My brother asked me first of all, after I finished my nursing and I started working, when are you going to get a real job?

Bruce

Reactions from strangers are interesting from the perspective of no negative stuff. 'Oh that's interesting, do you enjoy it, what kind of nursing do you do'? One negative 'why didn't you become a doctor - aren't you smart enough'? To which I responded, I have no desire to be a physician.

Mateo

I've had guys laugh in my face when I told them what I did... I was talking to this guy in geology one time and I told him I was in nursing and he just about wet himself.

George

It didn't occur to me that there would be any negativity at all... Any reaction I get is usually based more on my size than my sex, so I get more comments about that than about the fact that I am a male nurse.

Unlike the face to face nurse-client relationship which allowed

participants to dispel mistrust and prove themselves caring and capable nurses,

reactions of others tended to be particularly hurtful and damaging given the lack of control participants had over others' attitudes and the stigmatizing nature of reactions that called into question the sexuality of participants. Participants were consequently cautious about telling strangers they were nurses. Some expressed anger, frustration and doubt regarding their career choice.

Camillus

I told a few friends in high school where my interests lie and - you're queer, there's a problem with you. I was too embarrassed to go back to my high school reunion as a nurse so I stayed away.

Nikki

I've had people say to me - so when are you going to be a doctor? No... I chose to be a nurse, not a doctor. They think that you want to be a doctor - I chose nursing because I preferred it. You know there have been times that I have thought about it only because I have people say to me so often you know - you're smart, why don't you go and become a doctor. And I say well, why can't I be just as effective as a nurse, and they see that I have no interest in becoming a doctor.

Camillus

When I go to a gathering - I remember one night especially, there was a group there and most of the men worked at Michelin, so the men ended up downstairs. The hockey game was on, the women were upstairs. Somehow, somebody in the group mentioned I was a nurse. You wouldn't believe - the plague. Immediately the conversation with me stopped and everyone just pulled away... Maybe they were thinking I'm not as much of a man as they are.

George

Very occasionally when you mention that you are a nurse there is some question about your sexual preferences. But that's not something that I see as a problem and it's not something that I sense a lot. But I suppose that that's always there too - stereotypes.

Camillus

The worst thing anybody can do for me is when I'm introduced to someone is say I am a nurse at the hospital... The minute that nurse or hospital gets in the picture - forget it - you're a nobody.

Bruce

I'm cautious, where I tend to do this [tell people I am a nurse]. I'm not going to go screaming into the crowd that I am a nurse or anything.

Camillus

I have even said to somebody, 'just because I am in what is called a woman's domain, do you think I am a woman'?...In addition to being angry I also feel disappointment within myself, you know, what am I doing here. Maybe I should be in a man's world. Is there something wrong with me?

Defending Nursing as Men's Work: Challenging Stereotypes

Participants defended nursing as a career choice by challenging the ideological designation of nursing as women's work. Participants generally shared the perception that men, as well as women, were capable of caring for and about others and performing nursing tasks.

Mateo

I've never looked at nursing as women's work. I've always been - why I'm interested in it is because I was terribly impressed by the women in my family who did it, but I never looked upon it as entirely women's work.

Bruce

I don't perceive nursing as women's work at all. Totally. I see it as shared roles. Men can do this as well as females can do this kind of thing.

George

Nursing is not women's work, no it's not - obviously the leverage is in the fact that men do it. And there's little or nothing about it that females do... there are probably instances where, depending on the unique circumstances, it's better for a male or a female to do a particular aspect of nursing care at a certain time, but generally speaking, I don't think there is any reason to think of nursing as a male or female field.

Camillus

Personally, nursing is not women's work, but with a lot of people, yes. Men in nursing are valuable and as important as women in nursing.

Nikki

Nursing is not women's work, no, I don't think so, thank God - I think the public may perceive it that way, but I certainly don't. Because, and I don't know that it's being gay - it's just in my nature, it's me.

Xavier

There's no reason why men can't be nurses. Nursing as a profession can be male or female and men could be welcome and be a strong part of nursing.

One participant expressed the view that compassion and the ability to care for others was not a gender specific trait. He defended men as caring and compassionate people.

Nikki

I think men have an equal capacity for compassion - they may not feel comfortable all the time showing it... but if you have that capacity, male or female, then you could be a nurse... There are many loving, nurturing fathers out there, as there as mothers, but it is just that I don't think society expects you to be that way. You can be that way at home when you are playing with your kids, but when you go out to a hockey game you can't be that way kind of thing you know. But I think in general men are just as good at being nurses as women.

Another participant acknowledged men's ability to be nurses by challenging and devaluing women's contribution to nursing.

Robin

Nursing was women's work. It is conducted in a womanly way, it doesn't have to be. A womanly way - its that old image of busy work, too much made of nothing... it's just fussy... it is man's work. Yes it's heavy, it's serious, and it can be conducted in a manly way, you don't have to be - I mean on the other hand it has always been done by the ladies.

At the heart of the issue regarding the appropriateness of men as nurses is the related issue of whether the small number of men who choose to pursue careers in nursing are different from other men. Perceptions as to whether this

was the case differed among participants. Some participants expressed the opinion that men nurses were the same as other men.

Camillus

The male nurses I know are just as masculine as other men that I know. I've met other men, be it in every walk of life who are feminine. And you kind of suspect, and if someone would ever say to me that person has to be gay, you can't say that, and I take great anger when someone says that. They label people because of their appearance and I think maybe you are labeling me too.

Bruce

On the whole, men nurses are not different from other men. There are men who have come in from other walks of life. There are men who have come into nursing who are married, there are men who are gay.

One participant acknowledged that despite men nurses being the same as other men, nursing as a profession tended to attract gay men, or the "bizarre".

Robin

Men nurses are not different from other men. No, not the ones I've met. There's the odd one yes, in that they are gay, but they may have been attracted to it because there's a feminine - because of the feminine - ah label it has. But I don't fault them for that. I just think that they should regroup like the marines. I think that nursing needs a few good men. Nursing certainly does, because they might only attract the bizarre.

Other participants voiced the perception that men nurses are different from other men. This difference is particularly evident at the time men make the decision to become a nurse.

George

I think at the time men go into nursing they are different than other men because so few of them do it. I don't think that as time passes that they are different in a lot of ways or anything obvious, but I think at that one time in their life they are making a choice that is different and it is seen as different and is appreciated as being different.

Nikki

Men who chose nursing may be different in the fact that they are more comfortable, or should be, and from what I see, are more comfortable expressing their compassionate, empathetic side. You know, not feeling that it's going to be perceived as a weakness or being judged in some other way.

George

The initial difference is that somebody is able to say to themselves that this looks interesting, it looks like something I could do and enjoy doing. But what will people think? - and you decide for yourself that you either don't care what people think or you can live with whatever people think. I can - I know of other men who have looked at male nursing as a possibility and have rejected it... For whatever reason at the time and that what will people think aspect might have been something that they thought about. That's a big issue, especially in the smaller towns - what will people think business.

For one participant, the perception of being different from other men contributed to feelings of vulnerability and self doubt.

Camillus

In other men that I've met, I don't see that caring, warmth. At times I feel that maybe there's something wrong with me. Perhaps that caring can kind of get you in trouble at times when you reach out to people.

Identifying and Defending Men's Unique Contribution to Nursing

In addition to challenging the ideological designation of nursing work as women's work, some participants defended their career choice by highlighting men's unique contribution to nursing. This contribution was discussed in terms of manliness, normalcy and balance.

George

I don't think, broadly speaking, that male nurses contribute in any different way than female nurses do.

Mateo

There's a normalcy having men and women do the same things. When a

crisis intervention call is made and people come to the floor, it seems better when men and women are dealing with the situation. There's negotiating going on and it should be men and women doing it. I find it goes better if it's both.

Robin

Men bring to nursing manliness. There's a code of chivalry... Men bring physical strength, men bring a balance and women in medicine bring a balance... I say balance, but it hasn't worked out - you're the only guy there and you're an orderly who knows too much. We never brought balance - whatever balance you tried to bring, it never worked - you were never noted.

Participants also discussed the benefits associated with their ability to share common experiences and understandings of the world with men clients.

Patrick

I think as a male I can encourage a man to use his own resources. I think men can relate better to men and you have a common lived experience that I think you have a deeper level of empathy because you have lived in a similar culture as a male.

Nikki

Being a man helps when you are talking to a male about some specifically male problem like impotence. You can speak to them as a man and relate to male issues. We may take a male perspective and be able to help other men - its a man's world.

Mateo

I have a political and economic analysis that I bring to the patient situation that I don't know if a lot of my co-workers bring.

As pointed out by one participant, men nurses also have the potential to make a meaningful contribution to the profession and clients by promoting a positive image of men in a society where violence and the abuse of women and some men by men is a reality.

Patrick

Some of the younger guys that we get - a lot of times you're the first adult

male that they get to relate to in a healthy, nurturing way that hasn't been abusive. That might have been their experience with adult men to that point and so I think that begins the healing process. For women in this context again, women are often the victims of abuse by men in different forms or whatever, and when they find an adult male who is willing to nurture them or help them or be compassionate towards them or have a lot of respect for them, then I think that is a good experience too. I think it gives the message, well that not all men are bad and not all men would hurt, and it gives them a whole different message. I think that could be positive.

Most participants also felt that men made a significant contribution to nursing because they provided psychological comfort to men clients who required intimate care. At the very least, being able to offer clients the choice of a man nurse or woman nurse was seen as important in the interests of client satisfaction and wellbeing.

Xavier

I personally believe that the client has the right to choose who they want and I think we [men nurses] can afford them that.

Patrick

Some men prefer to have men nurses do the personal hygiene, some it doesn't matter.

Camillus

I had a young man come in, I knew him from my home town and I thought, Oh God, this is going to be an experience. When it came time for him to have an operation and he had to be shave prepped, he was gladly agreeable to have me come behind the curtain. And it was then that he said to me, 'I realize men belong here'... 'I said great, go spread the word'... A nurse friend, her husband had to have emergency surgery and the same thing. I was on and I prepped him and I received him back from the OR and he told his wife, 'yes I now realize that we need more men nurses'.

For other participants, the contributions and attributes that men bring to nursing are more appropriately discussed in terms of individual ability and personality

rather than gender.

Xavier

For me, for a good nurse, I think you have to be compassionate regardless of your sex. I think you have to be an excellent communicator. I think that you have to be assertive, I think you have to really care. I don't know if any of those things are necessarily male or female.

Bruce

I don't think that there are any [qualities that men bring to nursing] that are different. I think that if you are going to come into this world of nursing, the qualities that are essential are having a caring disposition/attitude, being able to respect patients, to be able to treat them as you would want to be treated yourself.

Camillus

I don't feel that I'm special or have any special qualities. My qualities I see in other nurses - unfortunately not in all nurses, but everyone is unique in their own way and they get their work done.

Managing Masculinity

All men negotiate and manage masculinity on a day to day basis. Men nurses, however, are confronted with the additional challenge of juggling practices that reinforce hegemonic masculinity while doing considered women's work in an environment numerically dominated by women. Masculinity was managed by participants in a variety of ways that included doing "manly" things.

George

With male patients you behave more man-like, you sit down, you chat with them about their life - things that they do... I approach them in a very relaxed, informal manner.

Robin

I conduct myself as a man. I talk to male patients about things they do - manly things.

Bruce

I look male, I dress male. I don't think about that.

Camillus

There have been times that in lifting somebody I would offer to take the heaviest part.

Masculinity was also managed by avoiding behaviors considered feminine.

Robin

There are things that I don't do - talk in a womanly manner, not too soft unless it's a person in a lot of distress who really needs that reassurance - I'm not afraid to show that.

Participants were aware that evidencing attributes and tasks considered feminine attracted suspicion and consequently contributed to the labeling of men nurses as gay.

Patrick

Culturally, nursing is considered a feminine trait. I'm very nurturing, but I don't consider myself feminine. That's why the bias is there that all male nurses are gay. Because nurturing is seen as a feminine role and all nurses are in a nurturing role, then they must have a feminine side to them. I don't see that at all.

Camillus

I'm just a friendly, open, warm person. I enjoy people. I like meeting people... Then I start thinking, am I coming off as being gay? What am I showing people, I don't know? It's a living hell.

There were also times when participants noted that it was prudent to minimize masculine traits such as assertiveness and chivalry.

Xavier

I've seen some of the male nurses were expected to change how they performed, in the sense of their level of assertiveness, their communication and that.. to be more what other people wanted, what instructors wanted, not to be as confrontational, all that kind of stuff.

Robin

In general there's certain things that you can't say, you can't throw in your two cents in an argument. It's made me less manly... I can't open my mouth.

Camillus

Holding/opening doors, it's seen by women as, maybe the macho man thinks I'm not able to do it.

Living with the Suspicion of Homosexuality

All participants described to varying degrees the distress of living with the continual suspicion of gayness. This distress was managed in a variety of ways that included: making comments that affirmed their own heterosexuality; voicing acceptance of alternative or subordinate expressions of masculinity; and, resigning themselves to the inevitability of stigma and labeling.

Xavier

I don't see that my masculinity is necessarily defined by what I do personally and I'm secure in my sexuality and I know I'm heterosexual. I know that I'm interested in women. I know who I am and what I am and I'm secure in that and I don't need to go around with a gruff voice and showing biceps and all that stuff to say that I'm a male.

Robin

It doesn't really matter - I don't care. You know it could hurt if somebody jumped up and said that you're a fruit in the old sense of back in the sixties or something. I think in the nineties since these folks have come out of the closet and are getting rights left and right... I just found them [gays] non-threatening, so I can't say anything bad about them.

Nikki

The public in general think that every male nurse is gay. And if they're not gay they'll realize it soon enough and they will understand finally that they are gay.

George

I think as a male nurse you either learn to live with the possibility of misinterpretation or you are going to have a very hard time your whole career. For men in nursing it's the nature of the beast.

Patrick

We live in a homophobic society and if you're a male in a non-traditional profession, that somehow equates with an attack on your sexuality. Once

as a student nurse I was called a fag. Another time here by a client who was intoxicated. It's not so much the words that hurt, but the intent can hurt.

Mateo

One of the things I worried about a little as a student is that I'd be seen as gay. That was gone by the time I was finished because I couldn't care less.

Patrick

I have broad shoulders. Let people think whatever they want to think.

Xavier

I'd say it hasn't been too bad. I remember when I was in the militia, getting a hard time from some of the guys. We were known as the pecker checkers. So I mean you had that, but I don't know, I've always been pretty secure in my own sexuality so my response was 'just because you're insecure in your own sexuality doesn't mean that I have to be'. I really haven't had too much problem.

Distress regarding the labeling of men nurses was also lived as anger and resentment. For one participant, these feelings contributed to self doubt and profound demoralization

Robin

Somebody accused me of that [being gay] I'll maybe want to punch your head off... I remember this old guy [patient] said - 'a male nurse is, kind of a sissy thing isn't it?' He knew he was getting on my nerves.

Camillus

I don't doubt my sexuality, I know who I am and what I am, but after a while people make you feel - is there something wrong with me? The suspicion almost makes you feel at times like - maybe I am. You question yourself. Is it because I'm in nursing that I'm supposed to be gay?

For two participants, the stigma and suspicion of gayness was compounded by additional concern that the label impacted on their families.

Camillus

And do you know what I am waiting for- are the kids at school to start

harassing my daughter - that her father is gay.

George

Just shortly after I graduated and started working, there was one of those hospital rumors around that I am a male nurse, therefore I must be gay. It didn't bother me personally anyway - rumors I can live with, but it bothered my wife a great deal.

The fear of being labeled as gay played a role in the decision made by some participants to not pursue a nursing career immediately after high school. For one participant, nursing was just not considered to be an acceptable career choice. For another, the interest was there but the strength to go against the grain was not.

Nikki

The only person I mentioned it to [the desire to go into nursing] was a priest who said 'a nurse? What do you want to do that for?' I didn't go with it then. The next time I mentioned it to him, it was not I want to, but I am going to.

Xavier

When I came out of high school, it just wasn't something that was there, I never really thought about it.

Patrick

I probably didn't go into nursing right after high school because I am a man - it had a lot to do with maturity level and homophobia and sexism.

The distress associated with the labeling of men nurses as gay is illustrated by the behaviour of one participant who did not report an incident with a male client for fear that it would contribute and/or confirm the suspicion of gayness and possibly lead to the accusation that he welcomed, or even provoked a male client's sexual advances.

Camillus

It was back in my earlier days as a nurse and it was through the night with a patient who was a couple of days post op... I offered him a back rub... he removed his PJ bottoms, he grabbed my hand and he had an erection and he asked me to play with it, and that was upsetting. Did he think that because I'm a male nurse that was my purpose in being there? Would he have done that if it was a female nurse that was rubbing his back? I didn't tell my supervisor about that, I just let it die right there and - but even today it's still fresh in my mind and that's a number of years ago. Why didn't I tell my supervisor? I guess the fear of her thinking that maybe that was my purpose for being there or maybe that I caused this or feeding into the issue that I was gay and I was just playing around.

One participant acknowledged that nursing merely reflects the broader values of society in its perception and treatment of gay men.

George

Gay men nurses are treated the same way society treats them, they are not respected. They are not treated with the respect or viewed with any kind of comfort level.

This perception is borne out in the words of some participants. Despite voicing the opinion that gay men and gay nurses were "OK", ironically some participants themselves expressed homophobic views that reflected traditional gender stereotypes.

Robin

I have had patients ask me why I became a nurse. If I know them well enough I tell them this is my story. I tell them that when I was younger we used to take physical education and we used to have to go into the shower room and I'd see those naked little thirteen year old boys and I knew that I wanted to be a nurse. For many you could hear a pin drop. Then I'd start to roar... that's more or less going to where they think you are coming from.

Camillus

But the gay nurse would rather go in with an elderly lady [instead of doing his OR preps] and sit her in the chair and brush her hair and shampoo her hair and put it up in curlers, and there's a time for that, and there's a time

to do other tasks. Maybe he should have been a hair dresser... He was openly gay and he didn't mind telling you or expressing it. I never heard that he approached any of the staff or clients, but he wasn't doing his share of the workload, and this went on and on and on. So that was the only time I worked with a gay person.

Robin

Gay's aren't a big problem with me... I trained with a gay man. The gay - he got run out, I think because he was gay... In our class, thirty-three percent of the males were gay and when they ran him out, my buddy and I just looked at each other and said - there goes a friend. It was peculiar. It doesn't bother me. When they come out, I think it can be a bit bizarre, that's their business. The worst thing that can go along with gay is pedophile.

Being a gay man in nursing was both an advantage and a disadvantage as pointed out by one participant.

Nikki

When I look at it now, it wouldn't be as difficult for a gay man to go into nursing because it's more acceptable to be nurturing in that situation without anybody questioning what you're doing. So if you have that quality in you, nursing is a safe place to go without getting a whole lot of judgement from the people around. It's a harder place to hide if you're gay, but it's an easier place to be. If you are a gay man, it's a comfortable place to be to express yourself without having to justify what you are doing.

Given the homophobia in our society and in the nursing profession, it comes as little surprise that the participant who was an out gay man chose to hide his sexual orientation as a means of maintaining professional respect and authority.

Nikki

I don't tell the clients that I'm gay, not in this setting anyway... I have to be very assertive here. I have to be able to be in control all the time because all it would take is letting someone think that I am a little bit sheepish.

They might try to intimidate me or something like that... and I think it would be detrimental for the clients as a whole to know that I was gay. So for the most part I don't let the clients know... It enables me to do my job. I feel I need to be able to do it. I don't know if it's protecting myself. I don't feel physically threatened by them, but just control that I need on the unit that I don't think I would have if their perception of me was that I was some sort of pansy that can be pushed around or something like that, or intimidated so that they could get more medication or whatever.

Nikki

I mean you get into situations where, and I mean that I have to supervise urine samples. I have to stand there in the bathroom with them when they are giving us a urine sample, so you know I don't need them thinking that I am staring at their penis or something like that you know for my own personal satisfaction. This environment dictates exactly the way it needs to be and I conform to that as much as I can just for survival sake to be able to do my job.

Discussion

Going Against the Grain: Spoiled Masculinity

The absence of a visible history of men's long standing contribution to nursing and the firmly entrenched belief that nursing is a natural extension of women's abilities and character contribute to the confusion and suspicion that surround the small numbers of men who become nurses (Villeneuve, 1994). The suspicion that men encounter in nursing can be understood as one consequence of their token numbers. In support of this statement, Williams (1993) proposes three patterns of entry of men into female professions: the "takeover" pattern occurs when work is reassigned as a male specialty with women excluded; the second pattern of "invasion" occurs when large numbers of men enter a profession and monopolize certain specialties and women others of generally

lower status; and, the third pattern of “infiltration” occurs when only a small number of men enter a profession and consequently experience assaults to their masculinity (Williams, 1993, p. 17). The fact that the small number of men who enter the feminine domain of nursing do not mount a significant challenge to the ideological designation of nursing as women’s work, conveys the message that men’s decisions to enter nursing are conceptualized in terms of individual behaviour. Such behaviour, Williams claims, can be expected to result in stigma and in contradictory and difficult work relations (p. 17).

A major consequence of the feminization of the nursing profession is men’s fear that they will be perceived as “unmanly” should they choose to do work traditionally considered to be “woman’s work” (Barkley & Kohler, 1992; Kelly et al. 1996). Such fears are not unfounded, as they reflect cultural intolerance of behaviors considered to be gender aberrant (Halloran & Welton, 1994). Despite it being acceptable for young women to act as tomboys, it is not acceptable for young boys or men to compromise prevailing notions of masculinity and be sissies (Bradley, 1993; Jacobs, 1993). Epstein (1997) adds that not being a “Nancy-boy” is not just about being feminine or gay, but about being a “real” man, that is a man of a particular type.

The following first draft of a 1980 British award winning recruitment advertisement designed to attract more men into nursing reveals the power of traditional gender norms by daring “real” men to challenge prevailing notions of masculinity (Cottingham, 1987). This advertisement, although more than twenty

years old, continues to reflect prevailing notions of masculinity and femininity - notions which impact not only the recruitment of men into the profession, but also the experience of those men who do become nurses.



(Cottingham, 1987, p. 28)

The Labeling of Men Nurses as Gay

As illustrated by the participants in this research, men nursing students and nurses experience the day to day reality of living with the continual suspicion of homosexuality (Rogness, 1976; Okrainec, 1994; Haywood, 1994). For nurse Crotty (1975), it is only one example of what he describes as men's "plight" in a woman's occupation. For nurse Hamilton (1979), it is an

“occupational hazard”. For participants in this study, it was described as the “nature of the beast” and a “living hell”. Such descriptions, in addition to communicating men nurses’ distress, also illustrate how the labeling of men nurses as odd or homosexual functions as a social control mechanism that reinforces and redefines nursing as women’s work. Such labels imply that men who do nursing work are feminine and different from other men (Mangan, 1994). How this perception of difference plays out among men is evidenced by the experience of one participant who was rejected and socially isolated by men acquaintances when they learned he was a nurse. The stigmatizing label of gayness associated with men nurses consequently provides a basis for a lack of personal and professional status and respect.

Mangan (1994) points out that the stereotyping of men nurses as gay does not represent a more liberal and tolerant attitude towards gays. An equally important observation made by Williams (1995) is that the labeling and stereotyping of men nurses as anomalies, effeminate or gay is also not based on any objective assessment of men nurses’ sexual lifestyles, but rather on patriarchal beliefs about masculinity. In support of this statement, most of the participants in this study led a publically heterosexual lifestyle, that is they were married with children and participated in “manly” activities such as sports and hunting. Despite these public displays, however, suspicions of gayness persisted. Within the sex role paradigm, the labeling of men nurses as gay can also be understood as an example of non-conformity in relation to prescribed

sex role identity. Consistent with already identified limitations of sex role theory, non-conformity is conceptualized as a problem with individuals - in this situation, men nurses (Carrigan et al. 1987; Connell, 1993; Messner, 1998b). Non-conforming men who choose to pursue careers in nursing are consequently labeled as deviant.

The Homosexual Role Trap

As soon as men enter nursing, Heikes (1991) suggests that they are trapped into four roles that she has labeled the "ladderclimber", the troublemaker, the "he-man" and the homosexual. Of these four roles, the homosexual role trap differs from the others in three important ways: it is imposed on men nurses from outside nursing, and for the most part, not by women, but by other men; it is a generalization applied to all men who deviate from traditional expressions of masculinity; and, it is a highly stigmatized role both inside and outside nursing, which consequently results in a "spoiled identity" for men nurses (p. 397).

The spoiled identity men experience by virtue of their participation in nursing is imposed on and experienced by men nurses. The participants in this research were well aware that some of their patients, acquaintances and the public suspected they might be gay. Similarly, Taylor, Dwiggin, Albert and Dearer (1983) report that 51% of 127 men nurses surveyed in Oklahoma felt that the public suspected they were gay (p. 62). More problematic perhaps, was

the finding that one in twenty men nurses expressed some doubt about his own masculinity (Taylor et al. 1983, p. 62), and one in eight admitted that his relationships with women were strained by his career (p. 64). Whether men who enter nursing do so because they have doubts about their sexuality, or whether repeated assaults to men nurses' sense of themselves as men result in feelings of doubt is unknown.

One participant's question "is there something wrong with me"? captures the demoralization experienced by some men nurses. For this participant, negative reactions of others and the label of gayness continually challenged his sense of himself as a man and consequently impacted on his satisfaction with nursing.

Heike's (1991) observation that it is men, not women, who label and stigmatize other men for not measuring up to the hegemonic standard of masculinity is supported in the nursing literature. In a questionnaire survey of 146 men nursing students in south eastern United States, Perkins, Bennett and Dorman (1993) report that wives, mothers and female friends were the major sources of support for men entering nursing. Brothers and male relatives were identified as being the least supportive (p. 36). Rallis (1990) conducted two informal shopping mall surveys of men's and women's attitudes about men nurses. Of the 27 and then 50 men and women surveyed, all women, with the exception of one, supported the notion of men as nurses. In contrast, all but two men expressed a lack of support for men as nurses. Most men assumed men nurses were gay and some men surveyed were described by Rallis as hostile

(p.160).

The implication that it is men who stigmatize and marginalize other men has significance for both gay and straight men in the profession. The nursing literature has documented the concern that women nurses are at greater risk of being subordinated to men nurses (gay or straight) as growing numbers of men enter the profession (Porter, 1992; Ryan & Porter, 1993; Williams, 1989, 1993). MacDougall (1997) suggests, however, that gay men in nursing are also vulnerable and have much to fear if the profession continues to attract growing numbers of men who embrace traditional masculine values and attitudes. As pointed out by the participants in this research, gay men are treated with the same lack of respect in nursing as they are in the wider society, a situation that may account for the one gay man in this study, not being out to his colleagues or clients.

Epstein (1997) points out that misogyny and homophobia are so closely intertwined as to be inseparable. This situation, understood within the context of Connell's (1995) theory of multiple masculinities - hegemonic and subordinate, reveals the contradiction and complexity of relations of dominance among men and between women and men, given that subordinated masculinities are "symbolically assimilated to femininity" (Connell, 1996a, p. 164). The practice of hegemonic masculinity is heterosexist and homophobic (Connell, 1995). This statement assumes added significance for men nurses as some participants themselves expressed homophobic attitudes and in so doing, unwittingly

participated in gender relations that reinforced their own subordinated masculinity.

Nursing as a Status Contradiction for Men

Like the participants in this study who described reactions such as surprise, ridicule and avoidance, men learn early in their nursing career the hazards associated with telling others they are nurses. Nursing student Hal Rogness (1976), reported that men nursing students had to adjust to “being a freak at school”, being the butt of jokes by college room mates and repeatedly being asked if they were gay (p. 303). Not surprising, Schoenmaker and Radosevich (1976) reported that men nursing students had difficulty telling others they were going into nursing, a situation which Rogness (1976) attributes to men students’ insecurities about their decision.

The notion that men are insecure, however, is an inadequate explanation for men nurses’ reluctance to tell others they are nurses because it ignores the power of prevailing gender stereotypes and the consequences for men who defy them. The participants in this research did not express insecurity about their decision to become nurses. They did, however, deem it necessary to exercise caution regarding who they told about their career choice. For reasons of personal comfort and safety, there were times it was deemed prudent to not reveal their occupation. An important point to be made is that two participants expressed regret about their career choice, not because they found the caring

nature of nursing work unfulfilling, but because the work environment and/or the continuous stress of living with their marginalized or “deviant” status caused them extreme pain and hardship.

Given that the role of nurse for men is a highly stigmatized one with social and psychological implications, it follows that the decision to become a nurse is not made lightly or easily as suggested by the trend for men and some of the participants in this study to make the decision to enter nursing later in life as compared to women. Whereas women tend to make the decision in high school during their mid-teens, men tend to make it after high school at the average age of twenty-one as reported by Skevington and Dawkes (1988). Perkins et al. (1993) similarly found that 55% of men first considered nursing when they were between the ages of nineteen and thirty; 31% were older than thirty (p. 36). Low levels of support from family and friends were cited as contributing factors to men’s decisions not to enter nursing at younger ages. This lack of support itself, can be understood within the context of prevailing gender norms and the stigma associated with men who engage in activities considered gender aberrant.

In contrast to the nursing literature, most participants in this study described their families as supportive. Many mentioned that their wives, mothers and sisters were nurses, some also reported a family history of valuing and caring for others, particularly younger siblings and elderly relatives. In the presence of family support, other factors such as peer pressure, societal gender norms and the fear of sanctions act as powerful deterrents to men choosing

careers in nursing. This is likely to be especially so for younger men and teens whose identity and behavior are strongly influenced by peer group conformity.

The tendency of men to make the decision to enter nursing when they are older suggests that the meaning of masculinity changes with age and maturity, as does the issue or need to prove oneself (Kimmel & Messner, 1992). In support of this statement, some of the participants in this study who delayed entering a nursing education program, did so, despite knowing immediately after high school that they wanted to be a nurse. As they aged and progressed in their careers, however, most described caring less and less about what others thought about them. With time, some participants were able to (re)conceptualize the problem of suspicion about their sexuality as a problem, not with them, but with those who harbored suspicious thoughts.

The fact that some men do choose nursing as a career despite the enormity of social sanctions, suggests that for some men, the perceived rewards outweigh the costs (Bush, 1976). The participants in this research point out that such men are not the norm. Some participants expressed the opinion that men nurses are different from other men because of their ability to express their emotions. Other participants felt that men who choose nursing as a career are different from other men at the time they make the decision to go against prevailing gender norms.

Kelly et al. (1996) suggest that men nursing students are particularly concerned about how they will be received by clients, and anticipate that clients

will have stereotypical attitudes and thus consider them to be “strange”. Client confusion regarding men as nurses is a theme expressed in the nursing literature (Williams, 1989, 1995; Poliafico, 1998; Nilsson, 1999) and by the participants in this study, since clients’ often assume that men nurses are physicians (Rogness, 1976; Heikes, 1991; Williams, 1989, 1995). Although this error appears to work in favor of men nurses because it promotes them and thus increases their status and prestige, it is also problematic because it is a constant reminder that men nurses are in a deviant position (Heikes, 1991; Williams, 1989). The implied message is that men should be physicians, not nurses. This message in part accounted for feelings of frustration and irritation voiced by the participants in this study in response to clients’ stereotypical assumptions. At the heart of this situation, is the patriarchal notion that men are more appropriate in curing as opposed to caring roles, given that curing work and the high status associated with it is more congruent with masculinity. Clients’ mistaken assumptions that men nurses are physicians, not nurses, consequently reflect the status contradiction of men in nursing. Such assumptions also reinforce the devalued status of women, nursing work, and those men who participate in this work.

Segal (1962) suggests that the status contradiction men experience in nursing is not necessarily eliminated when they achieve leadership or higher status positions, and that as a result, such positions may not be satisfying for men nurses. This notion is debatable based on the experience of the

participants in this study. All three participants who were in management positions spoke about their nursing experience as both satisfying and rewarding. In contrast, those participants who worked in the high status specialty of psychiatry voiced varying degrees of job (dis)satisfaction. Differences between the views expressed by participants in this study and the findings of Segal's earlier research point to the possibility of more equitable gender relations between women and men, and to the need for alternative measures of personal and professional satisfaction.

Maintaining Hegemonic Masculinity

The need to convey a hegemonic masculine identity results in practices such as drawing attention to wedding bands and mentioning children (Kelly et al. 1996, p.172). Practices that reflect the day to day work of managing masculinity, however, are revealed to be much more complex. In support of this statement, Villeneuve (1994) suggests that strategies such as de-emphasizing traditional masculine traits of assertiveness and competitiveness are used by men nursing students. Such practices were also employed by the participants in this study. One participant deemed it prudent to not put his "two cents" into conversations with colleagues in the interests of not drawing attention to himself as an assertive man. Another participant avoided holding doors for women nurses in the interests of not drawing attention to himself as a chivalrous man. Such practices, despite helping men keep the peace and protect themselves in the

process, were problematic on a personal level as they minimized participants' sense of themselves as men.

In contrast to practices that de-emphasized masculinity, the participants in this study also employed contradictory practices that emphasized masculinity. These practices were grouped into two categories - doing "manly" things, and not doing "feminine" things. For participants, practices such as volunteering to lift the "heavy end", and consciously not talking in a soft voice were practices of masculinity that bolstered men nurses' sense of themselves as men. The notion of avoiding doing feminine things assumes added significance given that masculinity is defined negatively as that which is not feminine (Pleck, 1982; Connell, 1996a). By doing manly, non-feminine things, men nurses are consequently able to project a hegemonic masculine identity as a means of reducing the suspicion of gayness.

For men nurses then, keeping up an appearance of hegemonic masculinity is accomplished in a work environment that requires men nurses to manage masculinity in ways that are complex and fraught with personal struggle and contradiction. For some participants in this study, minimizing masculine traits and worrying about the gender messages implied in certain practices undermined confidence and contributed to feelings of inauthenticity, uncertainty and resentment. As pointed out by one participant, there was significant worry associated with how you are "coming off".

Summary

While other men establish their masculine identity primarily through their work, men nurses must cope with a society and occupation that continually challenges theirs. The suspicion that surrounds men's choice to become nurses manifests itself as questions regarding why men choose such a gender aberrant occupation, and ultimately translates into questions of men's appropriateness as nurses and most importantly, their sexuality. Whether ridiculed by others or mistaken for a doctor or homosexual, men nurses must continually struggle to maintain a positive masculine identity (Heikes, 1991). That some men do become nurses and manage to maintain a positive masculinity is testimony to the possibility of achieving a broader definition of masculinity for all men (p. 399).

CHAPTER 6

Caring Men, Cautious Men “Touch at Your Own Risk”

Introduction

The quality of caring for and about others is historically associated with women and nursing, and perhaps more than any other quality it captures the process and goal of nurses' work (MacDougall, 1997). Despite nursing being associated only with women and women's traditional role of caregiving and nurturing, men are now entering nursing and challenging the stereotype that they are inappropriate or incapable of providing compassionate and sensitive care. The nursing literature suggests that the desire to be of help and care for others is a major reason why men choose nursing as a career (Taylor et al. 1983; Skevington & Dawkes, 1988; Galbraith, 1991; Cyr, 1992; Kelly et al. 1996; MacDougall, 1997). Despite this reason, the literature suggests that prevailing gender stereotypes negatively influence client acceptance of men nurses as caregivers (Mathieson, 1991; Lodge, Mallett, Blake & Fryatt, 1997) and that mistrust and discomfort on the part of clients reflect the sexualization of men nurses' touch (Glasper & Campbell, 1994; Paterson, Tschikota, Crawford, Saydak, Venkatesh & Aronowitz, 1996; Morin, Paterson, Kurtz, & Brzowski, 1999). The resultant discomfort and suspicion that surrounds men nurses' touch impacts not only on clients' perceptions of men nurses, but also on men nurses' perceptions of their own safety and comfort while performing intimate and caring

work with clients.

Participant Dialogue

An Affirmation of Caring

Participants describe caring for and about others as that which gave meaning to their lives as nurses.

Mateo

What I enjoy most in my nursing career is feeling you've touched the core of somebody's life.

Camillus

The greatest joy is being with people... having love and respect for your brother.

Xavier

A good person I think would be compassionate, and would be empathetic and would be honest and would be supportive... It's just been a part of my life. I don't think it really defines me as a male or female. It just defines me as a person who is a nurse. That's who I am - I'm a nurse.

The importance of caring is illustrated by some participants' dissatisfaction with changes in nursing practice that have negatively impacted on the quantity and/or quality of time nurses spend with clients.

Camillus

I want to go back to nursing of the seventies. When I first got into nursing there was that caring, but this whole thing has changed so much that it's just not the same nursing anymore.

George

As nursing continues to advance itself as a profession, I think that it becomes more separated from patients' emotional needs. I think over time it's a trend that nurses are going to regret.

Gendered Expressions of Caring

Participants generally supported the perception that men nurses' and

women nurses' caring styles were not the same. Participants did not agree, however, on the ways in which women's and men's caring expressions differed.

Robin

I think we [men nurses] are task oriented - if I clean him well he's got to feel better there, I know I do, and it's a task thing, whereas the girls are more - maybe this isn't the description too, they are more nurturing you know. They can bring that to it. The nurse, the image of the nurse which has been fostered since Nightingale... We have our ways of getting it across without putting that female bent or lean on it.

George

It seems to me that women's expression of caring takes on more of a verbal and task oriented role. I haven't worked with a lot of male nurses but the few I have worked with seem to be more oriented towards just spending time and maybe even touching - if that makes sense, holding hands, patting shoulders, not a lot of hustle and bustle.

Camillus

I've heard comments from women patients that they find men nurses more gentle and more caring. In a way it's not task oriented... You wouldn't hear that from a man - just position me, or rub me, or care for me or do what you have to.

Bruce

Female nurses would probably use touch more. They would probably hug more, embrace more, those kinds of things. Generally, men would probably tend to shake more hands - and those kind of gestures. Whereas women would probably touch an arm or touch a hand or whatever when they are talking.

Robin

Feminine caring is that kind of warm fuzzies, you give warm fuzzies. It's never been expected, but it works, it works for me. If someone is crying, I'll put my arm around them. I know what it's like to be upset and need some comfort.

Xavier

If I need to show affection to a patient, or support a patient, I think that I can do that. I'm not a huggy type person - but that's me. There's huggy guys and there's huggy girls - you know what I mean. I hug my kids and that, but I'm not someone who would do the huggy type thing all the time.

Humor as Caring Practice

For most participants, humor and comradery were identified as important expressions of caring.

George

I think it's good to have touch accompany humor because it takes - it adds I think a warmth that wouldn't otherwise be there.

Bruce

I use humor to kind to get them to relax, to lessen the tenseness in the air, maybe in terms of who I am and what I do. Just to lighten the load a little bit along the way. But you have to be very careful with it. Again, it's like touch, you can't always tell some things to some people, like I swear like a trooper, but I am very careful with whom I do that... And I can laugh at myself and I can tell things - stories about my own situation, and I will personalize my interaction to some extent too depending on what's going on. Humor would be patient specific... Yes it would have to be - you have to be very careful... If you can belly laugh, you can make it. Or it you can make somebody else laugh - you know. But with patients it's wonderful, particularly some of the clients I'm working with - to be able to share something on a human level that's going to bring a smile instead of a tear.

The character and purpose of humor was different when it was used with men clients, and in the presence of men only.

George

You relieve male anxiety, I think more with humor than you do with females. You're more comfortable with that approach than females seem to be... You have to be careful with the use of humor, things that you could say with a male, a female may find inappropriate or offensive.

Camillus

There were times that I had a male patient and they'd share a joke with me that was crude, but it was a joke. It was his way of dealing with... maybe he was being shave prepped at the time. I'd say, OK - tell me your joke, I'll listen, whereas when a female staff would come in, we wouldn't continue on with it.

Robin

You can be more their [men patients] buddy and they can tell you all their

jokes and you know and I've forgot millions of jokes that they've told me you know, and they get to sound off and they'll tell you what's the matter with them... Humor is how you get the place going. If you have a four bed ward, you know it doesn't matter how ill a couple might be, if you have a few live wires in there it is - it's a pleasure to work there because you just keep working and talking and laughs, they are unbelievable... I know it contributed to a better time for him [male patient] being there... but aside from the humor, I would give that care like they were my best friends, then you could really give comfort.

Spending additional time with clients and joking with men clients did not attract negative attention from women colleagues, however, this was not the case in one situation when the nurse was a man and the client a woman.

Camillus

They told me I would give this person special care and spent a lot of time in there with her - I said I don't see that. I go in and do whatever treatment is needed, and I don't give her anything special. And I didn't feel that she was special to me... but they found that I was flirting with this patient.

Touch as an Expression of Caring

Touch was one expression of caring that all participants identified as important to their practice.

Robin

Touch is important, it is very important - just that - it's going to be OK. Even with a man, because I know men aren't touchy feely people, but at least they think - well I've got somebody on my side.

Mateo

You know there a few more beeps and whistles now in these places in terms of your IV, your cardiac monitoring and this kind of stuff and now you don't have to take pulses and blood pressures, it's all done automatically by machine... I don't know how they'll [nurses] get along, they might have to touch somebody. God forbid - that's our biggest touch, taking blood pressures or taking pulses.

Touch was also acknowledged to be a practice that sometimes required

time and experience for participants to develop necessary skill and comfort.

Patrick

When I first started nursing I would touch a person, clean them, whatever, this hugging stuff was brand new to me... I was working on a behaviour unit and that's basically where I learned to hug people because that wasn't part of my existence to that point. So these people who would come up to you and give you a big hug - and I'd be saying, wait now, wait now! Get back! Hold on! Do I know you? So then you get quite comfortable with it and it takes on a whole different meaning and it was a very warm kind of thing to do and very rewarding both for yourself and the client.

For one participant, touching in the context of caring for others was a skill that did not come "naturally" to him as a man.

Robin

The only time I ever touched anybody before I went into nursing was to put them in jail, and they were rough hands... Everybody requires nurturing and so on, but I have to kick that in. They [women nurses] do it naturally.

The Problematic Nature of Men's Touch

Whether the purpose of touch is to perform a procedure or provide comfort, an overriding theme expressed by participants is that for men nurses, touching clients is potentially dangerous. Participants voiced the concern that clients might be uncomfortable and/or misinterpret touch from a man nurse which in turn might lead to accusations of inappropriate behaviour and/or sexual molestation.

Xavier

One of the things that is more common with guys, or more of a concern for male nurses than female nurses is the issue of personal care of females. It seems to be OK in society for female nurses to be doing personal care of female and male. It doesn't seem to be quite as acceptable for a guy. It's not a significant thing in the sense that everyone

is obsessed with the idea - that they have this fear in the back of their mind. But I think it's something that's always there... I have to be careful what I'm doing. I feel uncomfortable in that situation because of the possibility of somebody saying that I did something wrong, or rape, or I touched her wrong - that's always there and I think that's always going to be an obstacle... I don't know if that's really understood by everybody. I know when I worked with this guy who was a CNA, that was one of his concerns. He always felt that most of the female nurses couldn't understand where he was coming from.

Robin

When it comes to cleaning females, this isn't just washing females in general, this is cleaning females who are fecally incontinent. You don't want to spend the time down there to be thorough, but I'm always thorough. I'm always conscious of being there in the perineal area for any length of time.

Patrick

Lately I can say that I have more concern of touching being misinterpreted and that has to do with just the media reports - this kind of abuse and that kind of abuse and whatever else kind of thing and you wouldn't want anybody to misinterpret... It is not as comfortable as it would have been at one time. I am a little more guarded.

George

You are very vulnerable, particularly if it's a case where it's a patient and you're alone - and even in a ward situation, it's something that I don't think you get paranoid and super defensive about, but you have to be aware of how things can be perceived.

Bruce

You have to be very careful that you assess the situation and know that this might be an inappropriate place to touch, or it may not be appropriate and you - I think you can get them fairly quickly even with a hand touch, you kind of know how it's received, or a shoulder touch or a kind of arm around touch.

The perception that participants were unable to defend themselves against client accusations compounded their sense of vulnerability.

Camillus

My greatest problem while I'm on duty - especially at nights, when I make

rounds and I go in a woman's room... I'm always cautious that - I don't know - being charged. Camillus is in here with his hands under the blankets. And if they ever say Camillus attempted to molest me - it's my word against theirs.

George

I can envision situations where touch might be misinterpreted to the point of an issue being made of it... It is very difficult to defend yourself against that kind of misinterpretation - so there are situations where I do not touch.

Assessing When it is Safe to Touch

Knowing when it is safe to touch and what the touch should consist of is based on a careful assessment of each client situation and particulars such as the sex of the client, the client's perceived comfort about being touched by a man nurse, the client's age, and the client's illness acuity. When the client was a man, participants' decisions regarding touch were guided by an accepted masculine norm, or what one participant called a "code" of understanding among men.

Robin

There's sometimes I'll go in and see a large male that's used to looking after himself and he has a cardiac problem. I'm not going to go in and wash his back. I'll ask someone else, he's going to say no anyway. So the lady goes in and says you're going to get your back washed... Large men don't wash a healthy man's back - code! It comes right back to this homophobic thing - an older gentleman or a disabled gentleman, it's like thank you. I told the lady [female nurse] why I wanted her to do it, because in nursing you're asked to know yourself first and that's the way... I knew he would be more comfortable letting her do it. I used that - what I think people believe, but it made him more comfortable I'm sure.

Even though other participants did not refer to the word "code", their assessments of the appropriateness of touch with men clients were guided by a

similar understanding.

Patrick

Men would hesitate more to hug other men, whereas women would hug other women or men equally. And that has to do with the whole perception of society or whatever and you also always have to consider what's the individual client's comfort level with that.

Other participants referred to a line that was not crossed.

Nikki

I would hug a woman who needed comforting faster than a man who needed comforting, just for his own comfort sake kind of thing. It might be a matter of touching a man on the arm, saying it's going to be all right, patting - like a pat on the shoulder kind of thing, rather than if it was a woman that you could just put your arm around them kind of thing... I guess I would be conscious of lines that I could draw... I make sure that I don't cross over any kind of line to make the other person - you know their level of comfort in the sense that they would be uncomfortable.

Bruce

You can get the vibes, this is OK, this is not OK - a hug - you know when somebody is negative - or when you've stepped too far over the line.

One participant elaborates by adding that the "code", or understanding among men that dictates when and what type of touch is appropriate, is influenced by the illness acuity level of the man client.

Robin

He's [42 year old cardiac patient] not sick enough. That's another thing, if you are sick you don't mind a guy being there, you don't care who is doing anything.

It was also influenced by the age of the client.

Nikki

With men patients, I'm more comfortable around seniors and people over fifty. They are not all caught up about this macho image ... they are more receptive to the open, obvious compassion kind of thing, whereas somebody else, younger people you know - think someone might be threatened by the idea that a male nurse is touching them - that the male

nurse might perceive that they are gay, and it's OK to touch them kind of thing.

Bruce

I mean if you put me on a ward of teenagers, we know this is not one of my more comfortable areas. You know you aren't going to hug too many of them you know.

The suspected sexual orientation of the participant was also felt to impact on the comfort level of men clients who required intimate touching.

Nikki

I've also had it be uncomfortable where a man [patient] might assume that I'm gay because I'm a male nurse and then be uncomfortable around me if I have to give them a catheterization kind of thing.

For participants employed in mental health, the practice of touch was further problematized.

Mateo

Touch takes on a whole new meaning in psychiatry that it didn't have in medicine, in med-surg... It's never straight forward here. If someone here were to ask for a back rub, you always question the motivation, what's behind it... it's questioned a lot more here than anywhere else because there is all sorts of inappropriate intrusion of patients towards staff... If I have someone who I know is a full blown personality disorder, I won't even be caught in the same room alone with them.

This participant goes on to describe an incident in which he touched a woman client in his care and was subsequently reported by a woman nurse for inappropriate touch.

Mateo

I had an incident where if I was a female there probably wouldn't have been anything said. I was down in outpatients one night and there was a patient coming up here who I knew. She had a terrible time. She came in wrapped in a sheet...she was cold, she was upset, she had been drinking. She was just a mess. While she was standing there at the desk, they handed me her things, I reached out to put my hand on her shoulder. One

of the nurses reported me to the supervisor for touching her.

Another participant describes an incident in which he was accused of molesting a new born boy during his nursing education rotation in maternal-child. Nothing came of the incident, nevertheless, it left a lasting impression.

Camillus

The father came charging right into the nursery. I was in the process of changing the young baby's diaper and I was molesting his son and he was reporting me to the press, to the hospital, to the administrator, to the school of nursing. And I just thought, this is it, my life is over, and I tried to explain that I am a student nurse like the others here. I'm assigned to your wife and your son. I'm only cleaning him, would you like to do it?

Strategizing To Protect Oneself From Accusations

As a result of the fear of being wrongfully accused of inappropriate touch, participants described several strategies they used to reduce this risk.

Strategy #1 Taking your time: building trust before touch:

Robin

By the time I touch the ladies I've already established that trust relationship.

Strategy #2 Holding back: safety in formality:

George

In terms of approaching the female patient, they seem to appreciate a more formal approach, initially at least.

Camillus

I'm a hugger - and there's nothing better than a good hug. But I have to restrain myself, it may be a handshake, it may be no touch at all until you feel them out.

Bruce

I always shake hands, in and out. In and out of a visit. I always introduce myself... I think it's a nice way to begin and to end a visit and it kind of tells you what's going on with them... It also sets the tone, like I'm here to

be with you for a while... it also gives you a little beginning part if you want to put your arm on somebody's shoulder if you start here you'll know where it's going from there - is that as far as you go, or can you do the other part and hug?

Strategy #3 Looking legitimate: projecting the traditional image of a nurse:

Robin

I wear a white uniform, you cannot mistake me from - I mean you can mistake the girls in uniforms they are wearing today, but a white uniform, and I still wear my school badge and name plate, what else - well that's it, but it's enough business to know, well he's somebody official and he's helping me... When I come in, they know he's a nurse. I try to be as white as possible.

Strategy #4 Working in teams: safety in numbers:

Xavier

There are times I have to be more cautious because I am alone... then most times I try to have a female with me... just because that fear is always there.

Robin

I'd take an LPN with me - for my own safety plus my patient's comfort.

Patrick

If I was to give a female an injection in the buttocks kind of thing, I would be a lot more comfortable having a female with me. It's just that I don't want any room for misinterpretation or accusations.

Camillus

I wouldn't have any problem walking into a man's room, making rounds with a flashlight, checking that all is well, but I am really guarded especially with teenage girls. I would not go into that room alone.

In addition to teaming up with a woman colleague, one participant further reduced the possibility of frightening women clients by asking a women colleague to speak first.

Robin

At night when we are doing our turns, I ask the female LPN to address

them [patients] in the dark first - because it's a strange environment particularly, well even the males, I ask them to - just because traditionally men don't come to you in the dark and help you. So I have them talk, and they have a better voice, then I can cut in with hi, how are you doing - but I let them wake up so they don't become confused. They feel more comfortable, they have better voices for that.

Strategy #5 Delegating tasks: preventing risk by avoiding danger:

George

There are some situations that I try to avoid if its a female patient, either confused or medicated to the point where they are foggy. I tend to ask one of the females to provide personal care to her - just sort of a liability point of view. I don't want to get myself in the situation where there's some woman lying in the bed, either confused or in a fog and just sort of aware of some big ugly guy hanging over the bed with his hand under the blanket. That's not healthy, I don't think for either one of us. And for whatever reason, either socially or culturally, that limitation does not seem to apply to female nurses with their hands under the blankets with male patients.

Robin

There's one thing I don't do - I don't insert PV Nystat. I tell the girls to. I stand there so I can put my signature to it, but I think that's the right thing. Doctors are self-conscious about that, so the male nurse should really watch it.

In relation to the strategy of delegating tasks to women colleagues, participants described the reciprocal nature of nurses' work, as both women nurses and men nurses traded off tasks in the interests of ensuring their own comfort and safety and the comfort of their clients.

George

With personal care or technical stuff like catheters, I think male patients are able to deal better with female care in that manner than female patients are with male care. But I think generally speaking, each gender is more comfortable in that kind of care from it's own gender... There are still a few female nurses who are very uncomfortable with any kind of male care - catheterization, and you try to accommodate them as best you can because their discomfort is easily transferred to the patient and it is not a

good situation.

Bruce

I would go to the patient and say look, this procedure is called for now, would you like me to find a female nurse to do this - and vise versa, for the girls it worked... I would be asked to do male pericare, catheterizations, scrotal dressings, penile dressings. I had no problem being asked to do these things because I always felt that OK, some day, I may need to request this of my bud, so I hope that the favor would be returned.

Strategy #6 Modifying procedural techniques: minimizing patient exposure to reduce the need for intimate touch:

Xavier

I like the vastus lateralis, you can have patients lying on their backs, they don't have to move, you stick the needle in their leg and away they go, life was grand. I might even spend a little more time to try to convince a female that it's better to give it in the vastus lateralis than in the butt.

Discussion

The Hegemony of Caring

Despite research findings that suggest men choose careers in nursing to help others (Taylor et al. 1983; Skevington & Dawkes, 1988; Cyr, 1992; Kelly et al. 1996; MacDougall, 1997) researchers Kauppinen-Toropainen and Lammi (1993) and Williams (1989, 1995) suggest that men nurses tend to gravitate to nursing specialties that require less intimate patient care as a means of distancing themselves from the feminine and caring ideology of nursing itself. The tendency of men nurses to distance themselves from nursing practice areas that require intimate patient touching is supported by the participants in this study, as only two of eight participants worked at the bedside in a nursing role

that required intimate caregiving. The remaining six participants worked in positions or specialties that required a significant degree of psychological care of patients with minimal or less intimate patient touching.

The tendency of men nurses to gravitate to high tech, low touch specialties reinforces the notion that men are unable to nurture as well as women and that men have difficulty relating to patients in a caring manner (Paterson et al. 1996; "Men in Nursing", 1998). Despite this suggestion, the participants in this research saw themselves as caring and compassionate people and spoke of the centrality of caring in their personal and professional lives. Some participants also expressed sadness and regret regarding what they saw as a lack of caring in nursing as nurses' work becomes increasingly more hectic, stressful and technically oriented.

The Feminization of Caring

Participant accounts draw attention to differences between societal expectations and nursing expectations of men in relation to expressions of caring. Participants spoke of the newness of touching with caring hands and of learning to feel comfortable hugging and touching others. The need to learn to care and/or develop comfort with expressions of caring previously not practiced, is supported in the nursing literature. In a study of 20 men nursing students in a baccalaureate nursing program, Paterson et al. (1996) found that men nursing students expressed the fear that they would never be able to touch clients or

openly display emotions because they had learned all their lives that such behaviors were effeminate and emasculating (p. 32). Streubert (1994) reported that men nursing students were confronted with the task of having to learn caring skills that were unique to them. They consequently struggled with the need to “consciously divest themselves of their macho image” as they learned to express caring in ways that women educators and nurses approved of as “true blue” and appropriate (Patterson et al. 1996, p. 32). Such caring behaviors were described as being sensitive and demonstrative.

An important observation to be made is that the care standard men students are evaluated against is a narrowly defined one reflective only of those behaviors considered to be nursing appropriate, and hence feminine specific. In this research, participants discussed feminine expressions of caring as “the warm fuzzies”, talking in a soft voice, and hugging and gentle touching as that which came more naturally to women, not necessarily them. They also differentiated between women’s and men’s expressions of caring, comparing their practices of caring against those of their women colleagues. In doing so, they measured themselves against a feminine standard.

Research conducted by Okrainec (1994) further highlights the notion that men and women judge men’s caring against a feminine norm. Okrainec surveyed 117 men and 121 women nursing students in Alberta and reported that: 25% of both men and women felt that women were superior in caring; 20% of men and 25% of women rated women superior to men in terms of empathy (p.

104); and, 50% of men and 66% of women rated women superior to men in the ability to express feelings (Okraïneç, 1994, p. 103). These differences in perceptions are noteworthy given Okraïneç's comment that most men nursing students and women nursing students thought that a caring attitude was equal in both genders (p. 103).

Assuming that caring attitudes are generally the same in both men and women, it follows that what is found lacking in men nurses is evidence of caring behaviors reflective of a feminine standard. The participants in this research shared their own expressions of caring and what they perceived to be differences in caring styles of men nurses and women nurses. However, they also commented that caring was just as often an individual expression, not a gender specific one. In the absence of an acknowledgment that expressions of caring include a wide range of possible behaviors that reflect individual nurse's personalities and the specifics of each client situation, theorizing about caring will likely continue to be based on stereotypical notions regarding masculine and feminine behaviors. Even more problematic, men nurses' expressions of caring will continue to be conceptualized as unique or special because they either fall outside the masculine stereotype, or conversely, within the feminine one. The implication of such stereotyping is that it perpetuates the dichotomy of masculinity and femininity.

Maintaining Masculinity and Caregiving

Williams (1989) suggests that for men in patriarchal culture, perpetuating the polarization of masculinity and femininity is an important characteristic of masculinity, as the maintenance of hegemonic masculinity is predicated on the separation of all that is male and masculine from lower status women and all that is feminine. Williams and Kauppinen-Toropainen and Lammi (1993) suggest that for men nurses, this separation is accomplished by emphasizing different caring styles as a means of distinguishing men's contribution to nursing from that of women's. The result of such differentiation practices in patriarchal culture is that the masculine is valued more highly than the feminine. As an illustration of this situation, one participant described women nurses' caring work as a lot of "busy work". Additionally, the nursing literature highlights one man student nurse's perception that people mistake certain women nurses' behaviors like talking in a "sing-song voice" and "cooing" over patients for nurturing ("Men in Nursing", 1998, p. 22). Both of these comments are practices of devaluing women and the feminine because they imply that women nurses' expressions of caring are silly and less professional than men nurses' caring expressions.

One participant in this study also reported that some women patients felt that men nurses were more caring and gentle. Taken at face value without any consideration of the specific client/nurse context, this comment suggests that men nurses are better caregivers than women nurses. If we assume that this conclusion is incorrect, that women nurses and men nurses are equally caring

and capable of expressing compassion, an alternate explanation for such a comment or situation is needed. One interpretation is that women clients' perceptions may not be reflective of any objective assessment of women nurses' caring practices. Instead, client satisfaction with care received from nurses may be a measure of societal expectations of women and men as caring and compassionate people. In support of this explanation, Bush (1976) suggests that women clients are generally not disappointed with the care they receive from men nurses simply because they do not expect men to be caring. This is not the situation in the case of women nurses.

Men nursing students describe masculine caring as less "touchy feely" and more friendship oriented than female caring (Paterson, 1996, p. 32). The participants in this study generally supported this observation and added that humor was an important expression of their caring, particularly in relation to caring for men clients. The nursing literature documents a number of physiological and psychological benefits of humor for both nurses and patients (Fletcher, 2001). Absent in the nursing literature, however, is any gender analysis of the use of humor by women nurses and men nurses and the additional purpose humor serves for men nurses given its "men only" character. Participants in this study commented that many of the jokes they shared with men clients were bawdy and sexist in nature and not for the ears of women. In this context, the practice of humor is understood to be more than an expression of caring. For men nurses it is also an important means of (re)affirming

hegemonic masculinity. This conclusion is supported by ethnographic research about the role humor assumes when it is used by young men in two British schools. Researchers Kehily and Nayak (1997) suggest that humorous exchanges among young men are constitutive of heterosexual masculine identities and a compelling mode for sex/gender conformity. They elaborate by adding that humorous interactions among boys have an “unfeminine” and exclusively “straight” character to them and can be understood as sites where homophobias are performed through symbolic gestures and bodily practices (p. 82). Practices of humor, then reinforce the perception that gender categories are unstable and that masculinity is something to be struggled over and worked at on a day to day basis by boys and men alike.

Men Nurses' Sexualized Touch

Men learn early in their nursing career that despite being in an occupation that requires compassion and caring, touch as an expression of that compassion and caring exposes them to the risk of misinterpretation and accusations of inappropriate behaviour (Glasper & Campbell, 1994; Paterson et al. 1996). Unlike women's touch which is considered a natural extension of women's traditional caregiver role, men's touch is surrounded with suspicion - suspicion that implies men nurses' motives for touching are not care oriented, but sexual in nature.

Participants in this study voiced feelings of vulnerability and the fear that

women clients might misinterpret their touch. Similarly, Streubert (1994) found that men nursing students dreaded how women clients might feel about having them as nurses. Men students consequently struggled with learning appropriate ways to care and touch that would avoid the problem of clients thinking that a man was seducing them (Paterson et al. 1996). A variety of practices described by the participants in this study indicate that with experience, men nurses can and do develop strategies that allow them to care for patients and promote patient comfort while ensuring their own safety in the process. Such strategies, reflect the notion that men who see themselves operating outside the hegemony of masculinity are “fine-tuned” to the necessary practices to protect themselves (Frank, 1992).

The sexualization of men nurses’ touch is particularly evident in the area of obstetrical nursing where the nature of touch is extremely intimate. Situations in which obstetrical or gynecological women clients refuse to be cared for by men nurses or men nursing students provide valuable insight into the sexualized character of men nurses’ touch. In an ethnographic study conducted by Morin et al. (1999), 32 women were interviewed about their perceptions of having a man nursing student attend them during labor and after birth. Most women clients were accepting of men nurses. Those women who refused them, however, cited reasons that were sexual in nature. Comments such as, “subconsciously I think the male nursing student could be looking at you in a sexual way”, “it has nothing to do with his competence” and, “if I was some knock-out stunning

beauty, that would be fine, but I'm not" (p. 85), point to the sexual character attributed to intimate touching of women clients by men, even when the man is a nurse and a member of a caring identified profession.

The complexity of man nurse/woman client touching is further illustrated by the refusal of some women clients to accept a man nursing student despite the fact that their attending physician was a man (Morin et al. 1999). The notion that it is acceptable for women to be touched in an intimate manner by men physicians and not by men nurses, implies that men nurses are less professional or at the bedside for reasons other than a genuine desire to care for others. An interesting observation by Morin et al. is that men nurses who are older, married and have children of their own are generally more accepted as caregivers by women clients (p. 85). This situation can be attributed to women clients' perceptions that such qualities make men nurses sexually safer, and hence more comfortable to be around.

Continuing with this line of theorizing, it follows that practices which contribute to the perception of men nurses as "sexually safe" would be employed by them as a means of putting women patients at ease. This conclusion is supported by one participant in this study who acknowledged the importance of wearing a nurse uniform because it projected a traditional nursing image. Mangan (1994) acknowledges this benefit and adds that the nursing uniform strengthens and promotes the image of men as conforming to the expectations of the larger nursing group. The participant's comment that it is important to look

as “white” as possible when giving care to women patients assumes added significance given that the colour white is a symbol of goodness and purity. These associations may be important allies in projecting a genuine desire to help others as one means of reducing the risk of misunderstandings and client accusations of inappropriate touch. The relationship of a positive nursing image and the traditional nurse uniform is further highlighted by Dring (1987) in a survey of 100 nurses who comprised the *Nursing Times* readership panel in Britain. Dring reported that 51% of nurses surveyed felt that the nursing uniform had a positive effect on the nurse/client relationship. Some respondents thought the uniform gave the nurse “something to hide behind” (p. 19).

Nursing’s Caring Image: Double Edged Sword

The need to project conformity in relation to a traditional and feminine nursing image with its associated values of caring and compassion, may not apply for all patient populations. In situations where men nurses provide intimate care to men clients, it is likely that what constitutes sexual safety for men clients is the degree to which men nurses project hegemonic masculinity. The nurse uniform, because it projects an image of women and femininity, may consequently compromise men nurses’ masculinity and negatively influence men clients’ comfort with and acceptance of them. It is interesting to note that only two of the participants in this research wore a nurse uniform. Both of these participants worked at the bedside in positions that required intimate touching of

clients. The tendency of men nurses to distance themselves from traditional images of nursing by gravitating to specialties that do not require a nurse uniform, assumes a significance beyond a limited consideration of men nurses' attempts to maintain masculinity, to one that includes the notion of "sexual safety" and the acceptance of men nurses by women clients and men clients alike.

Although the literature discusses the issue of women clients' acceptance of men nurses as intimate caregivers, albeit in the limited context of obstetrical/gynecological nursing, the literature does not discuss caregiving or intimate touching in situations where both the client and nurse are men. This is a rather surprising omission given the stigmatizing label of gayness associated with men nurses and the tendency of men, not women, to be homophobic (Rallis, 1990). Patterson et al. (1996) report in a passing reference, that men nursing students were concerned about the appearance of "coming on" to men clients when they touched them. Similarly, one participant expressed concern that men clients he supervised giving urine samples might think he was there for sexual gratification.

For most participants, minimizing suspicions of gayness and projecting a hegemonic masculine identity with men patients was an important aspect of their caring practice. This was facilitated by a "code" of understanding among men that was grounded in the heterosexist or homophobic principle that men do not touch other men without a legitimate need. The concept of need, as pointed out

by the participants in this study, was complex and depended on factors such as client age and illness acuity and the sexual orientation of the nurse. Participants mentioned they were more comfortable touching men who were acutely ill because they are too sick to care about what anyone did to them. They also found that older men were more comfortable being touched by another man because they are “not all caught up in this macho image”. One participant acknowledged that men clients’ suspicions that he might be gay were a source of discomfort for himself and men clients alike.

Men Nurses as Failed Caregivers

The stigma associated with the stereotype of men nurses as gay is compounded by the stereotype that gay men are also sexual deviants and sexual predators (Levine, 1992). In situations where men nurses provide intimate care to children, the sexualization of men’s touch consequently assumes a more sinister character that fuels suspicion that men nurses are potentially immoral degenerates or pedophiles. One participant’s account of being accused of sexual molestation by an upset father who discovered him changing his infant son’s diaper, illustrates this situation and the vulnerability of men nurses caring for young children. Skelton (1991) notes that similar suspicion surrounds men elementary teachers. Because they too work closely with young children in a job considered “natural” for women, men elementary school teachers are considered to be unnatural and have tendencies towards

pedophilia (p. 285).

Glasper and Campbell (1994) suggest that any intimate procedure conducted by men nurses on children is now suspicious as a result of a British nurse being convicted of sexually assaulting a child in his care. An interesting observation to be made in light of this situation is that the behaviour of one man nurse has not been attributed to an individual deviation, but to all men nurses as a group. The result, according to the authors, is that the human act of hugging a distressed child is now open to misinterpretation. Such a situation he claims raises questions about whether the profession should provide conduct guidelines to protect men nurses. With regard to protecting the profession and clients, he also questions whether nursing should establish mandatory personality testing for men nurses who work with children. Glasper and Campbell conclude by raising the question of whether men nurses can be safely left alone with children (p. 19) - a question that implies concern for the safety of children and men nurses as well.

The notion of blaming all men nurses for the transgressions of a few is similarly raised by Bush (1976). She noted the tendency of some clients to blame individual men nurses when they were perceived to have failed in the performance of a technical skill. When a man nurse was perceived to fail in an affective area, however, men nurses as a group were blamed. This situation can be understood as a consequence of traditional gender stereotypes and the belief that men are inappropriate and unable to function as well as women in caring

roles.

Summary

The gendered nature of men nurses' interactions with women clients and men clients reveal the ways in which gender stereotypes create contradictory and complex situations of acceptance, rejection and suspicion of men as nurturers and caregivers. Here the stereotype of men as sexual aggressors creates suspicion that men are at the bedside for reasons other than a genuine desire to help others. When this stereotype is compounded by the stereotype that men nurses are gay, men nurses' caring practices are viewed with suspicion in situations where there is intimate touching, not only of women clients, but of men and children as well. In each of these client situations, men nurses are caught up in complex and contradictory gender relations that situate them in stigmatizing roles vulnerable to accusations of inappropriate touch. The man nurse who projects heterosexuality is a potential suspect of inappropriately touching women clients. The man nurse who projects homosexuality is a potential suspect of sexually coming on to men clients, as well as sexually abusing children. The answer to reducing the suspicion that surrounds men's caring practices lies in challenging prevailing gender stereotypes that situate men in deviant positions when they do not conform to the hegemonic masculine standard. This challenge is one that needs to be taken up by men who will contribute to a reevaluation of caring and interpersonal skills that challenges traditional masculinity (Williams, 1993).

CHAPTER 7

Masculinity Embodied “Where Are All The Big Strong Men When You Want Them”

Introduction

Men nurses' physical bodies play a significant role in shaping the experience of men and differentiating this experience from that of women in the same profession. An important outcome of recent theorizing of masculinity and gender has been to recast people's thinking about the status of the body in analyses of gender and power. As Petersen (1998) points out, some male bodies clearly matter more than others by virtue of the fact that bodies themselves have a different materiality grounded in differences of shape, color, size and capacity. These differences in materiality have significant consequences for men nurses as embodied subjects.

Both manhood and womanhood are defined in terms of body criteria (Kimmel & Messner, 1992; Davies, 1997; Petersen, 1998). The construction of the “ideal” male body as white, European and heterosexual has involved reference to its complementary opposite, the female body, and it has consequently defined natural differences between men and women which have become the foundation for explaining and legitimizing differences (Petersen, 1998). The high value associated with the ‘ideal’ male body and associated qualities of physical strength and physical aggression are in marked contrast to the feminine. This contrast shapes men nurses' work, the nursing tasks they

perform, the shifts and patients they are assigned (Bush, 1976; Kelly et al. 1996), as well as the relationships they develop with women colleagues. As such, men's bodies play a major role in determining their overall satisfaction with nursing as a career (McClain, 1999).

Participant Dialogue

Men Nurses as Movers and Lifters

All participants described the perception that because they were men they were better able to perform tasks that required physical strength.

Xavier

Because you're a guy you're going to get the lifting and the dragging and the hauling and all that stuff.

Robin

Sometimes I feel like a crane.

Nikki

I couldn't walk by a door if they were moving someone in bed - Nikki can you come in here and help me haul so and so up in bed, or if they had to be taken on or off a stretcher... You'd try to run by the room.

Patrick

I remember being a student nurse, starting off and the instructor saying - come pull this one up, come pull that one up and whatever, and I said hold on, I'm not Moffat's Movers. I'm going to be doing what everybody else is doing.

Despite the added burden this role placed on participants, moving and lifting patients was also conceptualized in terms of caring for clients.

Robin

Most of my laying on of hands is the strength issue - the issue of picking them [patients] up and carrying them. Many times that's an individual

thing - I'm a big man, I can do a lot alone. And I think they appreciate it.

Participants' acts of moving and lifting clients were also conceptualized in terms of caring for and about women colleagues.

Camillus

If I see a person who is known to be aggressive or hostile in any way, I may offer myself to the girls - would you rather me work with him - some will say no, I want to try it, stand by and be there in case I need you. And others will say please, please take him, or it could be her.

The association of masculinity with physical strength in part explained why some men nurses and participants were working in particular specialties.

Nikki

If I wanted a job in mental health, I could probably get a job in mental health - based on physical strength.

George

I was in psychiatry. That's where all the male nurses were. Again, probably because of our sex and our size.

Mateo

Well I have a feeling but I haven't checked it out, but when they were first opening this unit [psychiatry] they approached myself and a classmate, another man.

Patrick

If you look at the ICU and ER that's where the machines are. Mental health - men should be there because they are strong and they can subdue people.

The association of masculinity with physical strength also resulted in participants being assigned certain clients.

Nikki

I remember at times having patients that were disruptive male patients. I had this one guy who was always exposing himself on the surgical unit and he was always my patient.

Robin

When I went up to another floor where the head nurse was older and more traditional, all you got was male patients. And the rooms were stacked so that they were all totals [total care]... And the female assignments were mixed or female, and they were light.

George

As a practical effect, male nurses are assigned predominantly male patients... I have plenty of contact with female patients whether I am assigned to them or not... whether it's the fact that the assignment of patients is often done by - I don't want to say old nurses because most of them are my age - but nurses who have come through the system for twenty, thirty years and that's what makes them comfortable and so that's what they do. But sometimes it's related to physical aspects like heavy care - the kind that is more appropriately done by a muscle bound ape.

Nikki

Some of my experience was on orthopedics, you would have the heavier patients. I remember being assigned this one gentleman, he had an above the knee amp. He was very large, he was over three hundred and fifty pounds and consistently I was assigned to him.

Men Nurses as Enforcers of Safety

The association of masculinity with physical strength extends beyond the expectation that men nurses will perform moving and lifting tasks and includes the expectation that they also function as security and safety personnel.

Patrick

There was that idea that men were going to protect the women. Men saw their role as defending women, and that's a lot of onus to be putting on them.

This role influenced participants' shift assignments and meal breaks.

Patrick

They put me on extra nights because I was male... they expected you to be available and that's one thing that I made clear right from my first job in mental health, is that you are hiring a nurse, you are not hiring a bouncer. If you want a bouncer you had better hire somebody else.

Mateo

They wanted a certain number of men here [psych], so that gender was just automatic in that sense, and it's also in terms of security here at night.

Patrick

The female nurses were allowed to leave the hospital for their dinner break, but the male nurses were not. When you went to dinner you could be called back from it - so your dinner break was not your dinner break.

At the heart of this situation was the expectation that men were the appropriate persons to restrain and subdue violent patients in the interests of security and safety for nurses and clients alike.

Patrick

When I did work in the psych system as a man you definitely responded to a lot more crises - a lot more. You were automatically on the response team because you were men and it would be an all male response team. So it was very much men's use of physical power to subdue somebody, and the same with giving injections or whatever else in the middle of all of this catastrophe - knee on the head and a needle in the buttocks. They sent men to deal with the aggression and that's always - well certainly that's not always appropriate. Often women can diffuse the aggression much more effectively than men, depending on the nature of the male.

Robin

They have what's called a code white and all men trained in the non-violent intervention go down. Women go too, but the men get to the point and take the patient down so that the nurse can give him an injection... It includes going down to other floors and getting together with the commissionaire and actually forcing the patient down - not hurting him, because the men know what they are doing. I also know what I'm doing when I'm putting someone down, and I also give verbal reassurance while we are doing it that we are not hurting them that this is for their good and helping and so on and we're his friends.

Xavier

They always expect you to be the lifter and the carrier and the restrainer of the violent patient.

Robin

Women nurses ask for help with noncompliance - refusing sedatives,

when patients are extremely agitated, when they have to be physically restrained.

Mateo

Women colleagues will often ask me to accompany them in the lock-up. If they are giving medications or taking in a meal or wanting to interview the patient. They just don't want to be there alone.

Being relied upon to play a major role in ensuring safety and security was a source of satisfaction.

Camillus

The commissioner would make rounds and say thank God he's on tonight... they have a better feeling knowing that I'm there... Things like that make you feel accepted, needed, important.

For some participants, the taken-for-granted assumption that it is the responsibility of men nurses to be the subduers of violent clients was burdensome and stressful.

Nikki

One of the disadvantages of being a man in nursing is being used for physical strength, being the heavy. If there's a situation on the unit, I'm expected to step in.

Robin

As a male nurse, you dare not ask for any help, yet you're the guy going to help everybody else.

Patrick

There was a lot of pressure on you because you were male... I don't think it is at all appropriate that I'm pulled off one unit and put into another situation. I also think that it can lead to a real kind of burnout in some ways, in that you always have this here tension on you that if there's a crisis anywhere in this here hospital I'm the one who has to respond to it.

One participant also described how his physical strength was a source of confusion and contradiction when the lifting and restraining style he employed

did not meet the standards or expectations of women nurse colleagues.

Robin

As soon as I came on the job, 'Robin come down, this gentleman will not sit down. Go down and sit him down.' 'You're too rough.' Wait a minute, that's what you wanted me to do. He didn't want to go in the chair, and he's in the chair. So you don't know where you stand.

The association between masculinity and physical strength and power did not appear to be affected by the size or musculature of individual participants. As pointed out by one participant, physical strength and the appropriateness of men nurses' role as movers and lifters of patients was determined, not by men's physical attributes, but by masculinity itself.

Patrick

I'm not a bad size, but I'm not all that big and if you want somebody that is capable of subduing someone you should get someone that's big enough and that's not going to get hurt or hurt the other person if that's the role that you want them to play.

The Association of Masculinity with Violence

The association of masculinity and physical strength also included the association of men with violence. One participant felt that being a man impacted negatively on his ability to develop therapeutic relationships with young women clients. He subsequently discussed this situation with women nurses.

Camillus

They said [women colleagues] maybe it's just your appearance. You're a tall man, you're six feet tall, you wear a beard, you are overpowering. And I try not to be, but just by my physical appearance they see that as threatening.

The association of men with physical power and aggression also impacted on one participant's relationship with women colleagues.

Robin

Maybe the smaller man is more accepted here. I always think I'm kind of a virus in here... because you're stronger. That interprets itself as rougher.

At times, the mere presence of a man nurse and the implied threat of violence was sufficient incentive for some abusive clients to modify their behavior.

Robin

There are times in nursing when I was glad I was a guy at the time - in particular, the non-compliant patients and abusive patients because I mean some of the patients come in and they are so verbally abusive to the girls that it's not funny, and if you just go and stand there, it stops, or you lead in with the conversation and you are assertive enough... Maybe they are afraid, I don't know. They might be afraid of your size, or maybe they think you carry an authority. I would never let them know differently... I get a lot of satisfaction out of being useful in that manner.

Camillus

I find that some patients would act out more, they know they can intimidate a female nurse and they would give problems in other shifts - but when I would come on, they wouldn't give me any problem.

One participant describes a situation in which a woman colleague used the threat of masculine violence to achieve the same goal of controlling client behavior.

Robin

This patient had said something to a female nurse earlier in the evening and she said 'if you do, I'll get him up there to fix you'.

Discussion

The "He-Man" Role Trap

Gender relations between women and men influence women's expectations of men nurses. They also structure role traps that stereotype men nurses by placing them into categories that others can understand in the face of

their non-traditional occupation (Heikes, 1991). The myth of masculine strength, as a characteristic of culture, plays a major role in defining work activities by virtue of what is seen to be a quality fixed by nature (Gleeson, 1996). This myth consequently contributes to the social differentiation of tasks as either “women’s” work or “men’s” work and the construction of some kinds of work as more masculine than others (Carrigan et al. 1987). Heikes (1991) suggests that in nursing, the association of masculinity with physical strength creates what she has identified as the “he-man” trap for men nurses. In this trap, men nurses are expected, as well as expect, to be the movers and lifters of clients. This trap reflects, as well as perpetuates, the stereotype of men as physically powerful and results in men nurses being situated in positions that require them to use strength. Ambivalent comments expressed by the participants in this study, point to the ways in which the “he-man” role is both an advantage and disadvantage for men nurses.

Participants voiced frustration and resentment in relation to feeling taken for granted by women nurses who continually expected them to help with the “muscle work” of patient care. This perception is documented in the nursing literature by Heikes (1991) and Poliafico (1998) who found that men nurses performed patient lifting and moving work despite feeling that it was an additional and burdensome workload. A survey of men nurses registered in Canada similarly suggests that men nurses perceive that they are frequently thought of as men of burden and called upon to move furniture, lift heavy objects

and patients without the benefit of extra pay for the extra workload (Hamilton, 1979).

It can be argued that repeated requests made of men nurses to move and lift heavy clients compromises their status as nurses by promoting the image of men nurses as orderlies. In support of this statement, Brooks et al. (1996) identified that being called upon for physical tasks rather than nursing knowledge or ability is a source of frustration and anger for men nurses. Hamilton (1979) argues that using men nurses for physical strength is a waste of their professional skills. This sentiment is supported by Cyr (1992) who reported that men nurses felt that women colleagues perceived men's contribution to nursing to be one of brawn, not brain.

For the participants in this research, the increased physical burden of their nursing work was also evidenced by the tendency of men nurses to be assigned heavy care clients - particularly men clients. Despite participants' comments that this practice generally decreased as their careers progressed, Nilsson (1999) points out that biased client assignments continue to be problematic for men nurses. Professional discomfort and a lack of acceptance of men as nurses are identified in the nursing literature as possible explanations for this practice (Bush, 1976; Kelly et al. 1996). Bush (1976) characterized those women nurses who assigned more men clients to men nurses as being older and more traditional. This observation was supported by participants who voiced the perception that younger women nurses' attitudes tended to be more

progressive. Additionally, client assignments were often no longer done by head nurses, but by staff nurses and participants themselves who rotated on a day to day basis in the position of charge nurse. Thus, changing attitudes and institutional structures are playing a role in reducing the problem of men nurses being assigned a disproportionate number of heavy care and men clients.

"He-Man" Practices as Practices of Masculinity

Despite the extra workload associated with the "he-man" role, the nursing literature and the participants in this study suggest that there are also important advantages for men nurses. Nurse Harden (1963), who wrote about her experience with men nursing students in the area of obstetrical nursing, noted that men nursing students willingly assumed heavy physical tasks because they wanted to be sure that no woman nurse did any of the heavier work if they were available. Participants in this research similarly spoke of wanting to help their women colleagues and they subsequently derived satisfaction from performing physical work for them. For one participant, helping women colleagues with heavy work was conceptualized in terms of masculine chivalry and a concern for the physical welfare of women. In this sense, the "he-man" role serves an important function for men nurses by affirming masculinity. It also, as pointed out by Williams (1989, 1995), emphasizes, as well as differentiates men's special contribution to nursing. She adds that men nurses' willingness to assume heavy lifting assignments distinguishes men from women and helps men nurses

establish their masculinity in an environment that continually calls it into question. In the context of masculinity theory, “he-man” practices of heavy lifting can be conceptualized as practices of hegemonic masculinity which consequently act as a buffer against the marginalized or subjugated masculinities of men who perform “women’s” work.

The “Enforcer” Role Trap

The association of masculinity with physical strength also fuels the stereotype of men as powerful and aggressive. This association appears to construct an additional and related role trap for men nurses, specifically that of an “enforcer” of safety and good behavior. In the nursing literature, the role of men nurses in maintaining a safe environment for clients and nurses is discussed in the historical context of men’s contribution to psychiatric nursing (Mericle, 1983). Mericle (1983) suggests that the association of men with aggression and the control of aggression is a major factor that influenced the development of the male psychiatric nurse’s role as one of a “protector” (p. 34).

Given that men’s participation in nursing is historically grounded in the masculinist notion of men as protectors, the “enforcer” role trap for men nurses is not easily avoided. This historical role which is reinforced by men’s physical bodies, continues to fuel the perception of men nurses as subduers of violent or agitated clients despite the introduction of new drugs or “pharmacological restraints” which have largely eliminated the need for men’s physical strength.

Nurse Halek's comment that "psychiatric nursing is a much more macho culture than general nursing", reveals the masculinization of this nursing specialty (Gulland, 1998, p. 8)

Outside the context of psychiatric nursing there is a lack of literature that discusses men nurses' role in restraining violent clients, enforcing client compliance, and generally protecting clients, colleagues and hospital staff. The experiences of the participants in this research suggest, however, that this is an area in need of further exploration given its impact on men nurses' work life. This impact is evident in participants' accounts that men nurses are expected to function as safety personnel and restrainers of any and all violent or agitated clients, regardless of individual client assignments, the location of violent incidents in the hospital workplace, or the size of the man nurse himself.

The degree to which the "enforcer" role is supported by institutions such as hospitals is indicated by the expectation and/or assignment of participants to hospital violence response teams. Additionally, some participants were also expected to remain in the hospital during meal breaks and were asked or assigned to work more night shifts than women colleagues. Each of these institutional practices suggests that men nurses' presence in the workplace is associated with a heightened sense of security and safety for all clients and hospital employees. This situation reinforces the notion that men are biologically disposed to fight in defense of their property and women (Petersen, 1998, p. 55).

The “Enforcer” Role as Contradiction

The participants in this study expressed concern in relation to the way in which the “enforcer” role trap with its association of violence, situated them in a contradictory position relative to personal and nursing values of nurturing and caring for others. Participants voiced the concern that being required to physically intervene in situations with violent or agitated clients perpetuated the image of men as anything but gentle and caring individuals. In this situation, the “enforcer” trap undermined participants’ and men’s contribution to nursing by emphasizing hegemonic expressions of masculinity that were not consistent with images and values associated with nurses.

The association of men’s bodies with physical power and aggression and the contraction this creates for men nurses impacts not only on men nurses’ sense of themselves as caring and compassionate people, but on women nurses’ perceptions and acceptance of men nurses as well. In patriarchal culture, women are protected by men and yet they are also victims of masculine aggression - a situation reflected by one participant’s comment that “traditionally men don’t come to you in the dark and help you”. The “enforcer” role with its association of masculinity and physical aggression, in addition to being a benefit to men nurses and women nurses, is also paradoxically a significant disadvantage to both because it fuels the perception that men are violent and potential threats to women. Thus, those men nurses’ whose bodies more closely project an image of hegemonic masculinity may find that women colleagues and

women clients are wary or not as accepting of them.

In support of this reasoning, three of the physically large participants in this study made comments that demonstrated how their physical bodies constituted a barrier to developing satisfying relationships with women colleagues and women clients. One participant suggested that large men were not as accepted in nursing as smaller men and he referred to himself as a “virus” or anomaly in the company of women nurses. Other participants referred to themselves as a “big ugly guy” and “muscle bound ape” who potentially frightened women clients. Similarly, another felt that his tall, bearded, “overpowering” appearance was threatening to women clients. An interesting observation to be made about the self denigrating nature of participants’ comments is that they suggest men nurses do not measure themselves against the masculine norm. Rather, they measure themselves against a nursing or feminine norm and consequently find they do not measure up - that is they are not petite or pretty, but big, “muscle bound” and “ugly”.

Promoting Images of Hegemonic Masculinity

Images of men nurses in nursing advertisements which project hegemonic masculinity as the machismo, fuel the perception that men nurses are powerful and aggressive. This image creates and perpetuates role traps such as the “he-man” and the “enforcer”, despite the tendency of these roles to structure significant disadvantages for men nurses in terms of their work role and

relationships with women colleagues and clients. An important advantage for men nurses, however, is that the association of men nurses with macho or hegemonic images of masculinity is a powerful ally in dispelling the stereotype of men nurses as gay.

Images of men nurses that reflect hegemonic expressions of masculinity consequently play an important role in distancing men nurses from the feminine image of nursing - one factor that acts as a powerful deterrent to men choosing careers in nursing. When such images are used to depict men nurses, the message implied is that nursing is an appropriate profession for "real" men. As stated by an advertisement company representative, "you need to convince men that it's fine to be macho and caring" (Cottingham, 1987, p. 28) - that is a "real" man, as well as a nurse. The following advertisement embodies this message (p. 24).



Such images as the one shown here go beyond implying that real men are appropriate as nurses. The powerful man in this advertisement communicates aggression and the potential for violence, a message that is further implied by the large weapon-like syringe held in one hand of the nurse. In this advertisement, the image of the nurse bears an uncanny resemblance to a soldier brandishing a weapon, a likely intended resemblance given Cottingham's (1987) comment that one advertising agency claimed that nursing had something to learn from the army. Such a comment reflects the fact that organized games and military training have played a significant role in shaping and disciplining men's bodies and identities (Petersen, 1998). Petersen suggests that military discipline itself is associated with the development of character traits such as honesty, trust, loyalty, toughness and heroism, and that war consequently provides an opportunity for shaping "real" manhood (p. 55).

To this end, hegemonic images of men nurses are promoted inside, as well as outside, the profession in nursing advertisements that are aimed at attracting greater numbers of men into the profession. Role traps such as the "he-man" and the "enforcer" are thus promoted as gender appropriate and acceptable roles for men nurses by advertising strategies that favor an "injection of machismo" into the image of men nurses. This situation, as pointed out by Carrigan et al. (1987), provides insight into the way in which hegemonic masculinity involves persuasion. The authors add that commercial mass media is an important site where images of masculinity are constructed and put to work

amplifying qualities such as strength and virility.

Petersen (1998) suggests that since the end of the 18th century, an ideal version of masculinity has increasingly emerged that encompasses the whole personality, as well as a set standard for masculine looks, appearance, and behaviour. He adds that where once chivalry, manly honor, comportment, bearing and courtesy formed a basis of masculinity and manly behavior, today the entire male body itself has become an example of virility, strength, and courage expressed through proper posture and appearance. Nursing advertisements designed to recruit men into the profession have capitalized on this expression of masculinity by portraying machismo images of men nurses as physically large, muscled and powerful (Cottingham, 1987, p. 24, 26). Such images identify and market a particular masculinity that defines men's contribution to nursing and differentiates it from the contribution of women.

Hegemonic Masculinity and the Failed Caregiver Trap

The danger of associations that equate men nurses and professionalism with physical strength, power and violence is that they will attract the wrong type of man recruit (Cottingham, 1987) or fuel the perception that men nurses as a group are potentially dangerous and/or abusive. A recent British, *Royal College of Nurses Update* reports that despite men representing only 7% of the current nursing population in Britain, "it is male nurses who perpetuate most of the abuse of patients and appear before the United Kingdom Central Council's

Professional Misconduct Committee” (“Gender Matters”, 1998, p. 9). In the absence of any gender analysis and detailed information about specific nurse-client situations, this statement is potentially inflammatory and prejudicial. A consideration of the hidden gender/power dynamic operational in all interactions between men nurses, their colleagues and clients, introduces an additional layer of complexity and an alternate analysis of situations in which men nurses fail at being nurses. For example, it is possible that the hegemonic image of men as physically powerful and aggressive may actually situate men in vulnerable positions where behavior considered to be appropriately masculine by men and the wider society may be judged as inappropriate and abusive in the feminine context of nursing. A telling statement made by one participant in this study, that stronger is interpreted as rougher, provides insight into the ways in which men nurses’ practices run the risk of being misinterpreted as abusive by women nurses and clients who judge all nurses’ behaviors against the feminine nursing norm.

Summary

Role traps for men nurses, reinforced by hegemonic images of men nurses as macho, physically powerful and violent, shape the work life of men nurses and men nurses’ relations with colleagues and clients alike. The discursive production of the ‘ideal’ male body inevitably involves exclusion whereby some bodies, particularly the “feminized” bodies of gay men, are rendered deviant or pathological (Petersen, 1998). In the context of the already

feminized occupation of nursing, the possibility exists that the hegemonic ideal body with its associates of men with physical power and aggression may actually be the one that is considered deviant and consequently vulnerable to accusations of men nurses as failed caregivers. The task in nursing is for us to recognize the extent to which bodily qualities, abilities and practices have come to be seen as quintessentially masculine or feminine and then to understand how this association manifests itself as gender/power relations in the profession.

CHAPTER 8

Segregated Relations “Boys Will be Boys and Girls Will be Girls”

Introduction

A significant challenge for men nursing students and men nurses is the adjustment to working with women as a peer group (Rogness, 1976; Streubert, 1994). Nurse Porter-O’Grady (1995) points out that men make a serious mistake when they assume that the quality and nature of relationships they previously established in more male dominated fields can prevail in a women oriented field such as nursing. The notion that men nurses “can’t work with women like men” (Streubert, 1994, p. 30) is one that underpins much of the nursing literature about relations between men nurses and women nurses (Heikes, 1991; Kauppinen-Toropainen & Lammi, 1993; Cummings, 1995; Heim, 1995; Moss, 1995).

Gilloran (1995) suggests that wider gender inequalities, imported into the hospital ward environment, are responsible for creating differences in the way women and men relate to their work and to each other. Such inequalities, when framed in the context of gender/power relations, reveal how men nurses’ and women nurses’ social practices distance men from women and privilege men over women (Williams, 1989; Bradley, 1993). This privilege, measured in terms of career advancement, is often not achieved without a cost - a cost that some men nursing students and nurses pay for in terms of feelings of difference,

loneliness and isolation (Rogness, 1976; Cyr, 1992; Krausz et al. 1992; Kelly et al. 1996; Nolan, 1998), and even rejection by women nurse colleagues (Fottler, 1976; Hamilton, 1979; McCarragher, 1984; Haywood, 1994).

Participant Dialogue

An Affirmation of Teamwork

Satisfying work relationships between participants and women colleagues were generally discussed in terms of mutual respect and teamwork as nurses worked toward a common goal.

Xavier

I believe in team work and working together and all that stuff. I don't care whether you are a male or a female - we get the job done and that's it.

Bruce

I have made it a point to be a part of the nursing team, big time... I don't remember a time when I was not a part of the nursing team... I think women treat me as a peer in their group... There's a lot of mutual respect.

Patrick

Overall, male or female, I really enjoy working with nurses. That's been quite positive. It's pretty much an individual thing... It's a friendship or collegial. I really have a lot of respect for nurses and what they do and I think it's reciprocated.

Mateo

There's a good comradery here. There's a style of humor that only we [men and women psych nurses] understand, you couldn't explain it to anybody else.

Bruce

I have the same kind of conversations with my male colleagues as I do with my female colleagues depending on their personality.

Despite statements that suggest mutually satisfying relationships with

women colleagues, participants highlighted significant differences between their relationships with men nurses as compared to women nurses. Interactions with men nurse colleagues were characterized by a sense of comradery or kinship that was generally not shared with women colleagues.

Nikki

There were three male nurses on one unit and they were all my age and it was more or a friendship thing - we had a good working relationship, but we had a friendship thing so that we got along as peers.

George

There is I suppose a sense of kinship involved.

Xavier

In almost every place I worked, I've had at least one other male nurse. Basically, we worked together, kind of chummed around together, did stuff together, probably more so than with the other girls... I have to say that I heavily migrate towards a guy if there's a guy there.

Robin

My interactions with my female colleagues haven't been as good as my interactions with my male colleagues. I'm a different animal... It's a club and it's hard to crack.

Camillus

I have two male nurse colleagues, they have both been very supportive. We have a friendship among us and we support each other. I would feel more at ease in opening up to them than sharing with some of my female co-workers.

Mateo

We [man nurse colleague] joke, we get along. It's not a close relationship, we've done a bit of socializing. It's a little distant in a sense, it's not a close friendship. I socialize with him outside of work. I don't socialize with other colleagues outside of staff parties and things like that.

Men Nurse' Relationships With Women Nurses

In contrast to the comradery and friendships that developed between men

nurses, relationships with women nurse colleagues were characterized by social distance and feelings of isolation. Occasionally a profound sense of disenfranchisement was the result.

Patrick

There's a sense of isolation as a man in nursing because you are a minority. If you got a group of male nurses together, it would break the isolation.

Robin

I just feel that they don't like the males being there. When they hold parties, they hold them on the nights that you're working, so you don't go to them.

Camillus

There were some staff gatherings and parties, I didn't consider myself part of that - I wouldn't go.

Robin

You're not an equal, you are something else. You don't get into every conversation, even when the girls are talking about the nitty gritty. They don't even care if you're there. You're abridged...You're a fridge, you know you are just a piano in the corner.

Camillus

When I'm with my wife and we meet them [women colleagues] at the mall, they are very cold, non-friendly. They may say hello, they won't stop and give me time to introduce my wife to them. And she'll say, I thought you enjoyed working with that person? What's wrong? Strange.

Robin

I have mild feelings all the time that you're just not part of it... you are alone.

Camillus

Supper hour was the worst - we did the eight hour shifts and I'd go to the cafeteria. Most of the other staff would be at the table - nobody would say come over and join us. After a few days, I said I'm as good as they are and I went over to join them. Nobody reached a hand out - you don't forget those things. I was a total stranger.

The Sexualized Nature of Men Nurses' Social Interactions

Factors identified as barriers to developing relaxed and friendly relationships with women colleagues included the perception that male-female interactions were sexualized and consequently potential sources of misunderstandings and discomfort. Misunderstandings on the part of colleagues at work and partners at home regarding the nature of participants' relationships with women colleagues acted to constrain socializing both on and off the job.

Patrick

As far as relationships go, whether this is male or female, if you develop a friendship with a nurse, it was automatically sexualized... Even now, it's not so much, but I'd get comments like 'that's your girlfriend'... You can't shake hands with somebody without going to bed with them.

Camillus

I worked with a younger nurse New Year's Eve and we planned to have some food and I brought some and she was bringing some and she was carrying it a little bit too far - setting the table, a dinner for two and went and got a candle and I just said, hold it... I felt uncomfortable. If the supervisor came along and found this, it may be construed as I was the one putting on all this, although I was part of it, I didn't want to be and I didn't create it but... no I have my wife, and I have one wife and there will be nobody else.

Nikki

There were certain relationships that would have developed into close friendships, but not a great deal because it would have been a matter of this person's husband being comfortable with me and my partner and all those kinds of things.

Camillus

I was comfortable going out to supper [with women colleagues], but I declined to go to the house... If my wife was going out with her coworkers who were seven or eight men, and then going to one of their homes afterwards, I wouldn't be comfortable with that.

Social Risks and Accusations of Sexual Harassment

Innocent banter and joking that characterized on-the-job socializing among nurses exposed participants to accusations of inappropriate behavior and sexual harassment. This situation acted to constrain participants' developing mutually satisfying and trusting relations with women colleagues.

Xavier

With guys you can kind of let your edge down a little bit, that you can say stuff that's macho or whatever or considered sexist or whatever. With the girls, at least in today's work environment, you can't do that. I was told through someone, that some things that I said they considered sexual harassment or whatever. I said well they should come and tell me that... I believe the situation is where one of my female nurse counterparts told me I had a nice ass and I said it's not quite as nice as yours.

Bruce

I was standing at the station one day and one of the girls came up to me and pinched me on the bum and I started to hoot, and she looked at me and she was laughing - but I mean that's where it went, and there was no malice intended, I mean it was as safe as anything. But I think you have to be careful - if you were to embarrass somebody through humor, I think I would be in trouble. I think it's knowing your people and trusting your people. Knowing what's what.

Robin

I've learned to be leery... When it comes to interacting with women on a casual level, you don't know how far you are allowed to go and that's come up once... I've found that you're better off saying nothing - that can't be used any time against you. When it comes to dirty talk, you're better off not engaging in it because it can be used against you, so you're not part of the group... It's just that if you open your mouth, you should know who you are talking to and pray they haven't changed over the past twenty-four hours... It is treacherous.

Participants noted that concern about being accused of sexual harassment did not appear to be a problem for women colleagues.

Mateo

I've seen stuff left in my mailbox there that my wife is furious about - she thinks it's pure sexual harassment, you know coming from my coworkers. There was a picture one time of a guy who was nude except he was holding a sign and my name was painted over the sign - over his parts and so that was considered a joke... When we go to those Christmas parties I mean a lot of the gifts and that are absolutely outrageous. Oh yes, I received you know the glasses with the nose, but the nose was a penis. So there's all kinds of stuff that goes around, it's locker room stuff.

Robin

They can go as far as they like - what I call an impoverished conversation in sexual ways, but you really have to watch yourself.

Social Segregation as Gender Differentiation

The sense of isolation and of being different and separate from women colleagues was lived as feelings of isolation and/or rejection by some participants. For others, however, a sense of separateness from women colleagues was considered comfortable and desirable. A general perception voiced by participants was that there were acceptable and natural differences between women and men that structured and explained the social distance between them.

George

I think I encourage not being a part of the nursing team - I guess to a degree I encourage it...I don't feel left out. I have the impression that females to a degree, at least some of the reason that they go to work at all is for social reasons...They go to work as nurses to spend time with other women, I think to a degree. I don't regard the fact that I'm sort of outside of that as a bad thing or a good thing

Nikki

They had their own lives... they had their own friendships and social groups there - so I know it would be obviously stupid on my part to feel a part of that because I simply wasn't. But on the other extreme, I also knew that they weren't a part of my life at all...They would never fit into either so it didn't bother me that I didn't fit in because I knew that it didn't interest

me anyway. I didn't feel excluded, it was more of an understanding.

George

There's a distance between us. I think there's a healthy one, there are limits on our interaction. I don't see that as unusual.

Mateo

I get invited to things like baby showers. I don't attend them all.

Patrick

I get invited - not to showers, and I really wouldn't want to be invited to a shower quite frankly. I think we are lucky in that way. Advantage number one - we don't get invited to showers!

George

For the first half of my career some people made a real effort to get me involved in that kind of thing [baby showers]. And I used to feel bad about not going until I actually did go to an event once and I think we were all cured yes. I think they were fairly uncomfortable with having me there despite their protestations otherwise. I think we found to each other's satisfaction that amicable separation is best yes.

Relations Between Men Nurses

Participants described developing closer, more satisfying relationships with other men nurses for several reasons.

#1 They shared a common understanding of the world:

Robin

When we [men nurses] work together we work well and we have a lot of fun. We tell a lot of jokes. Things run smoother. We don't criticize one another because that's code. With the male colleagues it's much better...You don't tend to gossip, say nasty things about one another. It's an old code. It's a boy scout one, or else it would result in some kind of fight. But those things are all ironed out as children. Do you know what I mean - the black eye, kick in the head. So you come out with a common - a liberal caucus - you can fight all you want inside, but everybody looks united

#2 They experienced similar hardships:

George

Usually the hardest part of nursing for males is getting through the training, whatever it was, degree or diploma. We tell each other that if you can accept four years of being treated like a seventeen year old girl, you're doing just fine. We sort of have that sense of having gone through that process. It has a sense of kinship attached to it.

#3 They shared physical space such as locker room facilities:

Xavier

People would sometimes look at me and say 'you don't hang around with the nurses that much'. Well I wasn't in the nurse's locker room because I was a guy... If I'm in the same locker room with this guy and we start talking about golfing, obviously that relationship is going to be different than someone else.

#4 They were important sources of support for each other in a hostile work environment:

Robin

When I see a man coming on, I'd shoot right for him. Here's somebody I can help. I can let him know the pitfalls, he's already in them. And I tell the guy - look, watch this, watch that - you're not one of the girls or the gang. No matter how much you try. But I think male nurses hang together, well you are just like a - it's back to back.

Camillus

A man nurse friend and mentor was very supportive, but he always said to me, watch those nurses, they'll cut you.

#5 They did not share interests with women colleagues:

Nikki

There was a lot of talk about their husbands and basically woman talk that I wasn't part of. They weren't nasty - that's the way the conversation went.

Camillus

Most of the conversations that I have with the girls either turn to their crafts, their tole painting - their interests.

Robin

The subject matter is all the same. It might be shop, or it might be cross stitch and you're just not going to chuck into that, that you shot a deer last week.

George

Twenty years ago they'd [women colleagues] be talking about boyfriends. Fifteen years ago they would talk about babies; then years ago they'd be talking about primary school teachers; five years ago they'd be talking about the high school prom. These days, they're talking about when is university going to end. The conversation is essentially family oriented. It's not something that I am part of, so it's not something that I'm interested in or can contribute to in any way.

Nikki

I mean I wasn't interested in what they were doing. I didn't want to go to sewing parties or whatever the hell they were having, club parties or something. I was interested in being at bars and socializing with my own group of friends you know.

Xavier

The guys would draw me more towards them because of sports and stuff... It tends to be guys that are into golfing for some reason. Hockey, of course, there weren't too many girls that played hockey, or wanted to.

Men Nurses as Special and Privileged

In addition to numerous accounts that suggest participants' interactions with women colleagues are unsatisfactory and even disempowering, participants also described situations and/or the perception that they were treated better by women nurses. They were afforded preferential treatment and tracked into leadership positions by women nurse colleagues, administrators and educators - often despite their own wishes to the contrary.

Patrick

I think one disadvantage of being a man is that you are stereotyped. You're pushed to go into mental health or the ER, or something of that sort. I think that starts right at training.

Nikki

If I look at it as fate... external locus thing - somebody else is making your decisions for you.

The different and preferential treatment received by participants is indirectly acknowledged to be a consequence of the high value associated with masculinity and men in general.

Camillus

The girls seem to think that when men speak about something they get more of a response than a female would and that's why I'm being encouraged to join our union, that they want more men in our nurses union.

Xavier

I've been told by several of the nurses that I'm the one that they came to when they had a problem, I'm the one they asked for advice, I'm the one they said was a role model. I'm the one they felt comfortable with, trusted.

Nikki

At times I feel that people expect more from me, to handle situations differently, not to step back from pressure, be more involved in political nursing issues. I think that if I was a woman, people would not expect as much from me... People expect me to keep advancing myself... I think it would be easier for a female nurse to just stay as a female nurse on the floor - for their career everything would be fine.

The notion that women nurses will support and nurture the careers of men colleagues, often to the detriment of their own, is revealed in the following comments.

George

I think female nurses will support male nurses much further than they will support each other. They make more allowances for personality traits - negative ones. They expect less from male nurses than they do from each other in terms of commitment.

Mateo

One day I was on with my male coworker and each of us had a patient

who was leaving and so there was all sorts of stuff to get. There was medications to be fixed up, there was out-patient appointments, so we started working on it, and right in the middle of it, two of our women coworkers decided that they would do it all for us. And so we took the two of them into the medication room. I said don't you have your own patient assignment today? I said why do the two of you really have to be doing this?... They were in there doing all this stuff and I don't know why it was, whether they thought we couldn't do it, or they were trying to help, but we never got a clarification from it and it happened several times.

Participants discussed the ways in which they are treated differently by women nurse administrators. They were criticized less and offered career choices that were not offered to women colleagues.

Xavier

I've had experiences where some of the female supervisor nurses have treated me different than the other ones. I still remember the time when there was a gentleman that needed to be shaved. The nurse had never shaved before... so I went in and I said I'll show you... So I shaved him all up, got him all ready... I remember the last stroke - I nicked him and he started to bleed, so I said to the girl, 'put some pressure on here. Just hold this on. It'll stop the bleeding in a minute or so'... the gentleman had moved around in the bed a little and he bled some more, so he had blood on the side of his oxygen mask. When the head nurse went in to do rounds, she was freaking. She said to the girl, 'this is your patient'? - she was just freaking on her because this patient had a little bit of blood of him. I looked at her and said, 'excuse me, I shaved this patient, is there a problem'? - like that, she stopped and just left... As soon as she thought it was her, she was all over her, but with me it seemed like it was different.

George

I suspect that from time to time I get special treatment. That is not something that I'm often aware of. I often find out later that I'm treated in a certain way and I can surmise that it's because I'm male. I have been asked over the years if there are any other areas that I wanted to work in, emergency, the OR. I've been asked those things by what used to be directors of nursing. I don't recall, or I am not aware of female nurses being singled out and asked those questions. They are usually stuck in situations where 'I tell you to work and if you don't like it, you leave', depending on the situation.

Patrick

If I wanted to make a lateral move to mental health the door would be open to me... I feel that you're rewarded not for your ability, but for your sex. The belief is that men rise to the top. I would never want to be hired because I am a male. I want to be hired for my ability as a nurse.

The youngest participant who obtained his nursing education in the early 1990's highlights some of the ways he was treated differently and preferentially by women nurse educators. Such treatment resulted in hostility from women student colleagues.

Nikki

Clinically they [instructors] expected me to be really good. They gave me very little hassle about doing care plans and stuff like that - they never bothered me with little things that they would be at other people for. They gave me a lot of freedom and I don't know if they respected or trusted my judgement on things because I never had any kind of reprimand or any kind of question about what I was doing. I always had a lot of freedom and I could look around and see other people - the bulk of them female students who were getting almost like harassed by the instructors, scrutinizing their care plans - they would be red by the time they were done and sometimes I didn't even have mine done. I got so comfortable with the idea that they weren't going to ask me - that I'd carry them folded up in my pocket and they would be blank... They never asked to see them and I don't know if it was because it was me again, or because I was a guy. The women students felt that I got off easier on certain things... I know I was treated differently. They never corrected my care plans because I never had to pass them in. The other students were wild when they knew it.

Nikki

There was some hostility - but it was directed towards some of the aspects of the nursing school. I was the student representative, I was in charge of the graduation, I was in charge of the student union, etc. If decisions were made, I would make them in conjunction with the instructors and the school. I think at times they were angry at me as a person for making certain decisions or saying that I had too much influence.

Men Nurses' Relationships With Men Physicians

Participants' relationships with men physicians tended to be collegial in nature - a quality that did not tend to characterize men physicians' interactions with women colleagues.

Robin

They [physicians] recognize you more often because there are fewer of you - the male nurses, and they like, they can do anything they want around males. They can use colorful language and we joke all the time... The girls tend to be a little more - oh what would you call it - I think there's a certain fear element there... I think nurses are conditioned to be afraid all the time, afraid of doctors, afraid of the head nurse, afraid of management or any authority, afraid of what people say.

Xavier

I found that when I was a student nurse that a lot of physicians would come to me and talk to me about patients and I would have to say they're not mine, I'm a student nurse on the floor.

Nikki

I can say honestly talking with a male physician as a male nurse, he certainly treated me differently - they didn't flirt. They were more serious and factual and addressing the issues... There were very qualified female nurses who go treated better than I did - they'd been there for years.

Xavier

If the physicians I worked with played hockey, then we played hockey together... It's easier to buddy up to the physicians if that's what you want to call it, if you're oriented towards some of the stuff they do.

In contrast to the patronizing/abusive treatment often afforded women nurses by men physicians, participants were generally treated with greater respect and received preferential treatment.

George

Male physicians with female nurses... they're a little patronizing, more than a little sometimes I guess, generally. A male physician with a male nurse - I think they take us a little more seriously than they take female

nurses. They listen a little more.

Xavier

Most physicians don't treat me quite as shitty as they treat females...The male physicians I have seen would in my opinion treat you better than most female colleagues.

George

Generally speaking they approach me with a little more - I hate to use the word respect - but verbally they are more formal with me than with female nurses. The ones, the physicians that have a reputation for having a bit of a sharp tongue don't have a sharp tongue with me.

Patrick

I do think that men nurses may be listened to more than women nurses in different situations... I don't know if it's simply that it is a male voice talking and you are heard, and I guess men tend to talk more. I'm not sure if that's true, but I guess I do - I certainly do.

Bruce

For the most part, I feel respected, valued... In the OR we had physicians, residents come from away - they were more comfortable with me than they were with some of my female counterparts because it had to do with roles. They were not used to being confronted by a nurse who knew exactly what she was about and where things were in terms of organizing and directing somebody.

Participants identified gender/power dynamics operational in men

physician - women nurse interactions as a factor that explained why they were

treated differently by men physicians. As men, participants did not tolerate

abusive behavior from other men.

Xavier

I see male physicians say stuff to female nurses that they wouldn't get away with me.

Nikki

I didn't have as big a problem as some of the other nurses. I don't know if that comes from being a man... I don't know if they respected me any more. Maybe it was assertiveness - they knew they couldn't brush me off.

Robin

They couldn't insult you like they'd insult the women...Telling them that they were inadequate, stupid...They never came after me with the same... maybe behind my back. But I wouldn't take it. I'd say 'who do you think you are'?...The girls have groomed these men to be what they are...They took it.

Xavier

I remember the time one of the physicians treated one of my female colleagues like hell. I basically told him - back off and if you don't like it tough, and I hung up on him. She just looked at me and said 'how could you do that!' and I said, 'how could you sit there?'

Nikki

To deny that it's a man's world would be ridiculous. Just in dealing with a doctor - as a man I can be assertive without being aggressive. When a woman is being assertive, she's often taken for aggressive... I can enjoy the luxury of being assertive and getting my point across.

For some participants, being treated better by men physicians caused personal discomfort and anger.

George

It makes me feel a bit angry sometimes because the male physicians don't have a lot of respect for my female colleagues.

Robin

They'd insult the women so bad that I'd be ashamed myself for being there.

Xavier

I get frustrated when I see physicians treating colleagues like hell... whether they are male or female, and I get frustrated when colleagues take that from them.

Being the recipient of preferential treatment by physicians was also perceived by one participant to foster resentment in women colleagues.

Robin

There's a jealousy there because you are usually on a first name basis with the doctors and they are not.

Participants' perceptions of physicians were different when the physician was a woman.

George

The female physicians in my experience approach female nurses on a more collegial level, not totally so - they never will I think, but they are less formal and a little more open I think to what female nurses have to say.

Robin

There's now a good group of physicians. The most are women and very easy to get along with because I think they are probably in the same ghetto.

George

If you regard them [women physicians] as a female and not a physician, then I suspect you're looking for trouble, understandably so.

Discussion

Social Distancing as Gender Practice

Participants' accounts of workplace interactions point to significant differences in men nurses' social interactions with women nurses, other men nurses and men physicians. Whereas relations between men are characterized as kinships and collegial, relationships with women nurses are generally described as less satisfying, distant and even hostile in nature. This situation, and the practices that contribute to it, reflect the gendered nature of men's and women's practices - practices that differentiate men and masculinity from women and femininity, and which ultimately separate men nurses from women nurse colleagues.

Researchers Williams (1989), Heikes, (1991) and Kauppinen-Toropainen

and Lammi (1993) found that men nurses excluded themselves from socializing with women colleagues, not the reverse. Reasons offered by men nurses included the perception that women and men just did not talk the same language and topics discussed by women, ie., “babies” and “periods” and the shortcomings of men were of no interest to men (Williams, 1989). In preference to socializing with women colleagues, men nurses reported that they were more interested in talking about such things as sports and vehicles, and they subsequently shared these interests with other men, particularly men physicians (p. 118).

The participants in this study tended to be separate from women colleagues and they similarly gravitated to other men, particularly men nurses, because they shared common interests and understandings of the world that women did not share. For participants, the notion of difference or separateness was grounded in the perception that there were significant but “natural” differences between women and men, or what one participant described in terms of being a “different animal”. Differences in women nurses’ and men nurses’ interests were subsequently conceptualized in terms of “women only” activities that intentionally or otherwise excluded men. Thus, women nurses’ conversations about crafts and family issues had nothing to interest men who were “naturally” interested in sports and hunting. For participants, not engaging in “woman talk” or socializing with women colleagues resulted in them being socially distanced from women. This situation was accepted as natural by most

participants. Paradoxically, it was also lived as feelings of isolation by some.

An important observation to be made is that in addition to differentiating and separating men's interest from women's interests and the masculine from the feminine, participants also devalued the feminine by trivializing women nurses' interests and activities. One participant's comment that he did not want to go to "sewing parties or whatever the hell" women did, suggests that any association with activities deemed feminine is demeaning for men. The perception that women's activities and interests are demeaning to men legitimizes men nurses' practices of distancing themselves from women colleagues. Williams (1989) elaborates by adding that distancing practices are grounded in the viability of masculinity itself - a viability which is predicated on constantly proving that it is better, more rigorous and different from femininity.

Social distancing practices, as practices of masculinity then, are not neutral accomplishments, but as pointed out by Brittan (1989) and Frank (1992), worked on, defended and proved daily in the political and social contexts of institutions. Frank, in his own research with high school boys, concluded that boys are well aware of the freedom and privilege gained from practices of masculinity and they consequently strategize their social circumstances to achieve stability, protection and privilege. In support of this statement, Heikes (1991) suggests that men nurses engage in boundary heightening practices such as socially isolating and differentiating themselves from women colleagues because the group they are trying to "fit" into is not the numerically dominant

group of women nurses, but rather a masculine group of men in general. Such practices serve an important function by helping men distance themselves from the gay stereotype of men nurses (Cummings, 1995).

Male Bonding

The tendency of men nurses to distance themselves from women colleagues and share and discuss mutual interests with other men nurses, in addition to fulfilling men nurses' socialization needs, can also be conceptualized in terms of male bonding. For the participants in this study, the kinship bond men nurses shared was described in ways that illustrated its supportive and protective function. This was evidenced by one participant's practice of "shooting" right for other less experienced men nurses to warn them of the "pitfalls" of working in an environment numerically dominated by women. One participant also described the strong sense of kinship that developed among men nurses as a result of experiencing the common hardship of being treated like a 17 year old girl for four years during their nursing education.

The adversarial character of such comments suggest that some participants perceived the nursing environment to be a hostile one in which men and masculinity were threatened. This notion is reflected by some participants' use of military and sports expressions to describe their relationships with women colleagues. Expressions such as, "watch your back", "back to back" and "they'll cut you" evoke images of battle and the need to defend oneself against attack.

An important observation, is that for some participants, the “battle” that characterizes relations between men nurses and women nurses is unfairly fought by women nurses who criticize and say “nasty things” about each another. As pointed out by one participant, such behaviors violate the masculine norm or “code” of conduct - a code which reflects, as well as dictates how men interact with other men. According to this code, men stand united, regardless of personal differences.

Men nurses’ practices of standing united and supporting one another point to the notion that men develop alliances with other men as a means of protecting or defending men and masculinity. As such, Frank (1992) suggests that male bonding serves to attain and maintain masculinity, as “men recognize and reinforce one another’s bonafide membership in the male gender” and remind one another that “they were not born women” (p. 57). He adds that it is also how men learn from each other that they are entitled to power under patriarchy.

Maintaining “Erotic Peace” Through Social Distancing

Researchers Kauppinen-Toropainen and Lammi (1993) suggest that men nurses socially distance themselves from women colleagues to maintain “erotic peace” and reduce sexual tension in the workplace. Patterson et al. (1996) add that greater attention is paid to men nurses’ social interactions and that topics such as “budding romances” are gossiped about by women nurses. The

experience of the participants in this research support such descriptions, as participants were well aware that interactions and on-the-job banter with women colleagues exposed them to the risk of misunderstandings and accusations of sexual harassment. Participants attributed this situation to their highly visible status, the unpredictable “treacherous” nature of women, the sexually explicit or “impoverished” character of women nurses’ small talk and a double standard which disadvantaged men in social interactions with women.

The perception that women nurses’ interactions with men nurses are not constrained by concerns of sexual harassment, reflects the patriarchal and heterosexist culture of nursing which fuels the stereotype that men, not women are sexual aggressors. The strength of this stereotype is illustrated by participants’ concerns that interactions with women colleagues are suspected of being sexual in nature by colleagues, as well as men nurses’ wives. For the participant who was gay, relationships with women colleagues were constrained by homophobic attitudes of women nurses’ men partners.

Participants’ concerns that social interactions with women nurses expose them to possible misinterpretations and accusations of sexual harassment reflect the sexualized character of the nursing environment - a situation that Hanrahan (1997) suggests extends our thinking beyond considerations of sexual harassment to an understanding of broader and more complex gender/power dynamics. Contradictory situations such as bawdy jokes being freely shared among women and among men, but generally not between women and men,

and women playing sexually-based practical jokes on men, even though men felt unsafe playing similar jokes on women, point to the institutionalized nature of gender relations. Such relations are referred to by Frank (1992) who points out that particular forms of sexuality and masculinity are grounded in the social practices of institutions and that these particular forms discourage others.

To further illustrate this point, Bradley (1993) notes that sexual innuendo and flirting between doctors and nurses is an important part of hospital culture. In support of this observation, Hazel (1981) argues that women operating room nurses are not harassed when they are subjected to sexually explicit jokes or asked to give back rubs to surgeons because these actions are considered to be part of the culture of nursing (p. 278). This assessment of the nursing environment highlights important differences in the sexual character of women nurses' relations with men physicians versus men nurses. It also points to the need for alternative analyses of nurse-physician and man nurse-woman nurse relationships that explore the ways in which heterosexism and patriarchal gender/power relations maintain the subordinate status of women nurses to men physicians and men nurses.

Social Distance and Masculine Privilege

An additional dimension of advantage in relation to men nurses' careers is also pointed out by Bradley (1993). She suggests that the strategy of social distancing by men nurses is often accompanied by a devaluing of women's small

talk. She elaborates by pointing out that men tend to describe women's socializing in terms of "gossiping and bitching", and adds that such labeling constitutes a subtle form of discrimination because it promotes the idea that women are not suited to positions of authority. In support of this statement, participants in this research generally described women colleagues' interests in terms that communicated impatience, intolerance and a lack of respect. In contrast to women nurses, nurse Scott Ciesielski (1994) suggests that men nurses are much less inclined to engage in unit gossip and they tend to be much more diplomatic. Such perceptions regarding the character of men's and women's interactions consequently play a role in legitimizing men nurses' practices of socially distancing themselves from women colleagues.

Gilloran (1995) points out that it is not men alone who devalue women. He reports that in research with 15 women and men nurses in Scotland, there was complete consensus regarding having a mix of men and women on hospital wards because the presence of men was perceived to reduce or eliminate the potential "bitchiness" of an all woman staff (p. 656). He also notes that women nurses found it difficult to praise other women nurses.

Women Nurses' Practices of Nurturing Men Nurses

The notion that women nurses view men nurses as highly valued and special, is further evidenced in numerous accounts by participants that they were given special and preferential treatment by women colleagues, nurse

administrators and educators. Participants described situations in which women colleagues: performed men nurses' work; were less critical of men nurses; repeatedly looked to men nurses for advice; encouraged men nurses to become union or professional association representatives; and, offered men nurses transfers to other nursing units/specialties. Participants also perceived that women nurses were more accepting of men nurses' negative personality traits and expected less commitment from them. The comment that it is easier for women to remain staff nurses, because unlike men, they are not expected to advance themselves, points to the power and pervasiveness of informal channeling practices that push men nurses to pursue high status, masculine congruent positions in the profession.

Nurse Radcliffe comments that in his limited general nursing experience, "all a boy had to do to draw spontaneous applause from female colleagues was to avoid dribbling on the patients and hiding in the sluice for five hours a day" (Glover & Radcliffe, 1998, p. 13). He adds that women nurses "nurse" men colleagues in a motherly and protective way. Bush (1976) adds that men nursing students and men nurses "don't get stepped on" like women colleagues and are "left alone or babied" by the head nurse when they make an error (p. 400).

Such comments, in addition to illustrating the high value associated with men and masculinity, also capture the caring ideology of nursing - an ideology that reflects professional, as well as stereotypical feminine values of nurturing and supporting others (Villeneuve, 1994). When such an ideology is coupled

with the notion that men are valuable, special or unique, the occupational climate that results tends to be characterized by women nurses who consciously or unconsciously nurture the careers of men colleagues. Often this is done to the detriment of their own career which they perceive to be of lesser value (Kauppinen-Toropainen & Lammi, 1993; Villeneuve, 1994).

Fottler (1976) suggests that the situation of women nurses supporting and nurturing the careers of men nurses can also be conceptualized in terms of women nurses' experiencing status contradiction due to men's presence in nursing. Women nurses' behaviors which privilege men nurses are consequently understood as attempts to restore status to men as a means of reconciling this contradiction. At the heart of this situation is the reciprocal nature of masculinity and femininity and the notion that traditional masculinity requires that women play their prescribed role of doing things to make men feel more masculine (Pleck, 1982). This notion is supported by Kenway and Fitzclarence (1997) who add that particular femininities which involve compliance, service, subservience, self-sacrifice and accommodation of the needs and desires of men are those that underwrite hegemonic masculinity.

The problematic nature of practices that privilege men and masculinity over women and femininity is also highlighted by one participant's description of his experience as a nursing student. Unlike women students, he was treated more as a colleague by nursing educators and was consequently subject to different work/assignment standards and had more expected of him in terms of

leadership. In a survey of his men classmates, Hal Rogness (1976) similarly reported that men nursing students felt that they were respected and listened to more, given more help and attention, treated more leniently, and had more expected of them in terms of leadership and aggression. Not surprisingly, Okrainec (1994) reports that more men students than women students (81% as compared to 75.8%) are satisfied with relationships developed with nursing instructors (p. 102).

The implications of this preferential treatment of men nursing students is far greater than differences in students' satisfaction with nursing educators. Watson (1983) illustrates this point by arguing that the different and preferential treatment afforded men encourages men students, not women students, to trust in their abilities and to envision themselves in future leadership positions. In support of this statement, more men than women nursing students aspire to administrative positions in the profession (Greenberg & Levine, 1971; Villeneuve, 1994; Okrainec, 1994; Kelly et al. 1996).

Men Nurse Men Physician Relationships

It is not women nurses alone who treat men nurses as special and privileged, but other men, particularly men physicians. Porter (1992) suggests that, as members of a weaker occupation, nurses have less opportunity to engineer the quality of relationships - a situation that is evident in the traditional nurse-physician relationship. When the nurse is a man, however, gender/power

dynamics disrupt the traditional subordinate nurse - dominant physician relationship (Heikes, 1991). The result is that men nurses are treated with greater respect and subjected to less abuse than their women colleagues (Rogness, 1976; Williams, 1989, 1995).

Consistent with the nursing literature, the character of participants' relationships with men physicians was generally described as respectful and collegial. Two practices mentioned by participants in part explained why their relationships with men physicians were better than their women nurse colleagues'. The first practice was that men nurses, as men, did not tolerate abuse from men physicians; the second, was that women nurses did. The apparent simplicity of this statement glosses over complex gender/power relations that reflect issues of personal safety and what is sayable and doable by women nurses and men nurses in interactions with men physicians.

One participant's comment that women nurses groom men physicians to be the way they are (disrespectful and abusive) because they tolerate it, once again illustrates the reciprocal nature of femininity and masculinity. As such, it also illustrates the reciprocal nature of relations of dominance and oppression and the role women nurses, men nurses and men physicians play in maintaining masculine privilege.

As a further dimension of this privilege, Williams (1989) suggests that men nurses' practices of socially distancing themselves from women colleagues and bonding with other men, particularly men physicians, results in hidden but

significant advantages for men nurses' career advancement prospects. She adds that men nurses receive special treatment from men physicians who view them as more competent. This attitude is then reflected in physician evaluations which play an indirect but potentially significant role in determining nurses' positions in hospitals (Williams, 1989, p. 104).

Social Distance as Disadvantage

Although a benefit to men in terms of maintaining masculinity, Heikes (1991) points out that men nurses' practices of socially distancing themselves from traditional women's activities, such as baby and bridal showers, is also a disadvantage for men because of the informal training and networking that occurs outside the work setting (p. 392). Levine (1992) adds that this same disadvantage applies for gay men nurses with a chief difference being that gay men distance themselves as a strategy to help them pass as straight.

Additional disadvantages or negative consequences specifically related to men nurses' practices of socially distancing themselves from women colleagues are not discussed in the nursing literature, however, feelings of loneliness, exclusion and isolation are cited as being characteristic of the experience of men student nurses and men nurses (Rogness, 1976; Krausz et al. 1992; Kelly et al. 1996; Nolan, 1998). Schoenmaker and Radosevich (1976) and Kelly et al. (1996) suggest that feelings of being excluded and isolated begin when men enter nursing education programs, a situation attributed in part to a lack of male

role models and the tendency of women nurses to generalize nursing only to women. Cyr (1992) reported that for 25 men nurses practicing in Massachusetts and Texas, a lack of comradery with women nurses was a major negative aspect of being a man in nursing.

The problematic nature of men nurses being socially distant from women colleagues is well documented by the participants in this study. All described feeling different and separate from women nurses. For some participants, these feelings were also compounded by perceptions that they were rejected and excluded. Feelings of isolation and alienation tended to be the result, the depth of which are reflected in participants' comments that they were alone, a stranger, "a piano in the corner", a "fridge", not part of the group. Participants who expressed the greatest sense of rejection and isolation due to perceptions of being poorly treated by women colleagues expressed anger and resentment, as well as profound feelings of sadness and hopelessness.

Work related anger and frustration is identified as an important dimension of men nurses' social distance from women colleagues. Researchers Brooks, Thomas and Droppleman (1996) interviewed five men nurses about work related frustration and anger and found that anger in men nurses was associated with perceived "attacks" by physicians, nursing administrators and women colleagues who were perceived to blame and/or challenge men nurses' knowledge, authority or ability. The researchers concluded that, whereas women nurses tended to be angered by supervisors, men nurses' anger was a lateral issue,

conceptualized in terms of a gender issue with colleagues.

The experience of some participants in this study supports this finding as the work environment was characterized by some as hostile with little support and empathy expressed among nurses. Similar findings are reported by Brooks et al. (1996) who suggest that for men in nursing, the chronicity of anger and frustration is extremely problematic. They identified it as a factor in men nurses' practices of distancing themselves from women colleagues (p. 10). They also found that it contributed to a profound sense of isolation (p. 10), and when chronically internalized, anger was associated with decreased self esteem and a lack of self worth (p. 14).

Participants' perceptions of unsatisfactory and hostile relations with women colleagues had a powerful impact on their overall happiness and contentment with nursing as a career. This situation highlights the importance of social integration or supportive working relationships and autonomy to nurses' overall job satisfaction (McCloskey, 1990). In the absence of social integration, McCloskey reports that nurses feel abandoned. She adds that despite the nursing literature increasingly advocating for more autonomy for nurses, the need for supportive and caring relations among nurses is discussed less often. In research regarding job satisfaction in 320 nurses, 95% of whom were women, McCloskey reports that above average levels of one variable can buffer the bad effects of lower than average amounts of the other (p. 143). Social integration was identified as being particularly effective in buffering the negative effects of

low autonomy (p. 143).

This finding has additional significance for men nurses whose lack of collegiality with women colleagues and general dissatisfaction with nursing is compounded by the status contradiction they suffer as a result of their membership in a “woman’s” occupation. In support of this statement, nurse Timothy Squires (1995) comments that any health care reform measure that gives nurses more responsibility and autonomy is likely to attract men’s interest in nursing. More importantly, such a statement points to the need to make visible those attitudes and practices of men nurses and women nurses that maintain hegemonic masculinity and the separation of men and masculinity from women and femininity, and which ultimately contribute to feelings of isolation on the part of men nurses and resentment and anger on the part of women nurses.

Summary

Men nurses’, as well as women nurses’ social practices reflect as well as perpetuate hegemonic masculinity and patriarchal gender/power dynamics predicated on separating the masculine from the feminine and valuing the masculine over the feminine. Men nurses pay for their separation and privilege in feelings of social isolation, loneliness and rejection by women colleagues. Given the importance of social integration as an important measure of job satisfaction for all nurses (McCloskey, 1990), there is a need to make visible nurses’ gendered practices and the ways in which these practices structure

unequal opportunity, thus contributing to feelings of angst and resentment in both women nurses and men nurses.

CHAPTER 9

Analysis of the Findings

The findings of this research suggest that the experience of men in nursing is complex, contradictory and challenging on personal, as well as professional levels. For men nurses, societal gender norms and gender inequality interact with group proportions to structure unique patterns of interactions (Heikes, 1991). Four themes identified in this research capture these unique patterns. They are: Men nurses as anomalies: “what’s a ‘real’ man like you doing in a job like this”?; Caring men, cautious men: “touch at your own risk”; Embodied masculinity: “where are all the big, strong men when you want them”?; and, Segregated relations: “boys will be boys and girls will be girls”. Within each of these themes, traditional gender stereotypes and patriarchal gender relations construct complex and contradictory situations of advantage and disadvantage for men nurses.

In the following analysis I will discuss the overall experience of men nurses in relation to masculinity theory. Also discussed in a final conclusion, are implications for nursing and future nursing research.

Men, Nursing and Masculinity: Making the Link

Work signifies our social status, as what we do for a living influences how we feel about ourselves, as well as how others evaluate and rank us. For men,

these factors hold additional meaning as demonstrations of masculinity (Levine, 1992). For men who become nurses, the decision to go against societal gender norms suggests that in certain situations relationships men establish with women define men's interests as stronger than their shared interest as men. In this way, Connell (1996a) suggests that men's interest in patriarchy becomes contestable.

Despite men nurses' apparent alliance with women nurses, however, men nurses do subscribe to and engage in practices that maintain hegemonic masculinity and masculine privilege. This situation ultimately benefits men nurses as a group and results in what Connell (1995, 1996a) and Kenway and Fitzclarence (1997) refer to as the "patriarchal dividend". For men nurses' as a group, and the participants in this research, the patriarchal dividend is evident in their disproportionate attainment of leadership and elite specialty positions, the preferential treatment afforded them by women nurse administrators, educators and colleagues, and by the greater respect they are shown by men physicians.

Men's Pain

Men nurses do, however, pay a price for their shared interests with women nurses, primarily in terms of the assault experienced in relation to a compromised or spoiled masculinity. While the literature and some of the participants in this study describe stress, stigma and discrimination, the extent of these "problems" with regard to men nurses in general is unclear (Heikes, 1991).

What such claims do, however, is illuminate the complexity of gender relations and relations of dominance and oppression between women nurses and men nurses. This situation reveals the contradictions that men feel in relation to dominant masculinities and men's lived experiences, as men may feel powerless in one context and powerful in another (Seidler, 1997). Pleck (1992), Connell (1996c) and Messner (1998b) describe this situation as a paradoxical reality in that men hold institutional power in patriarchal societies but often do not feel very powerful. For men in nursing, feelings of powerlessness are exacerbated by their affiliation with a relatively low status occupation due to its association with women (Segal, 1962). As pointed out by one of the participants in this study, "when you come into nursing as a man, you're also taking on the weakness of the profession".

Statistics that indicate men nurses enjoy situational dominance within the profession make it difficult and contradictory to think of men nurses in general as a disadvantaged group. As Carrigan et al. (1987) suggest, it is particular groups of men, however, not men in general who are oppressed within patriarchal sexual relations and whose situations are related in different ways to the overall logic of the subordination of women to men. Such differences, conceptualized in terms of multiple masculinities, are also reflected in the notion that men's individual experiences differ from one another according to the distribution of power and resources (Kimmell & Messner, 1992). As indicated in the nursing literature and by the participants in this research, not all men nurses occupy

positions of status and privilege relative to women nurses, nor do all men nurses enjoy a sense of personal fulfillment and belonging in the profession.

Much of the nursing literature written by men nurses themselves is increasingly calling attention to men nurses' pain and the ways in which men nurses are discriminated against by women nurse colleagues and administrators (Hamilton, 1979; Rallis, 1990; Cyr, 1992; Haywood, 1994; Porter-O'Grady, 1995; Raper, 1997; "Men in Nursing", 1998). Publications such as *InterAction*, *The Newsletter of the American Association of Men in Nursing* is one means that men nurses are using to promote and affirm men's contribution to nursing, as well as speak out about perceived injustices and instances of discrimination against them.

Comments made by men nurse authors such as, "men have a long way to go before they share the profession equally with women" ("Men in Nursing", 1998, p. 22) and "convince women that they can achieve, rather than insult and isolate male staff" (Andrews, 1998, p. 21) and "one must cognitively acknowledge the need to be inclusive toward men in nursing just as is required with regard to any minority group" (Porter-O'Grady, 1995, p. 61), reveal a profound lack of insight regarding patriarchal gender relations and the ways in which women's, as well as men's practices structure unequal opportunities for women nurses and men nurses. Such statements, with their subsequent calls for change, are not about dismantling sexism or transforming patriarchy. Rather, they are about modernizing hegemonic masculinity or finding ways in which the

dominant group can maintain their power (Carrigan et al. 1987).

Given such an understanding, calls for affirmative action within nursing (Brown, 1991) unknowingly endorse hegemonic masculinity and the continued subordination of women nurses to men nurses. Mills and Lingard (1997) elaborate on this point by suggesting that such calls treat men as a homogenous category while engaging subordinate masculinities in a struggle to preserve the privilege of dominant categories of men. They add that such calls also reflect a failure to see the whole picture in relation to women and society.

The ease with which women and men nurses fall into the trap of supporting taken-for-granted and oppressive notions about masculinity and femininity can be explained in part by the “normalizing” of the male-female binary which we have come to see as the way the world is, and therefore *ought* to be (Davies, 1997). Frank (1993) elaborates by suggesting that there is a tendency to employ naturalistic and essentialist arguments to justify normative hierarchies of gender, while actively ignoring the history of relations between women and men. An illustration of this situation in nursing is evident in overt or implied claims made by nursing authors and the participants in this study, that men nurses are more ambitious or more assertive than women nurses (R. Williams, 1973; Taylor et al. 1983; Skevington & Dawkes, 1988; Ciesielski, 1994). Such claims, based on dualistic and naturalistic arguments of masculine and feminine character traits, are used to justify and explain men nurses’ status and privilege in the profession. The major omission of proponents of naturalistic

arguments, as pointed out by Frank (1993), is that they rarely articulate the privileged position of white, heterosexual, middle class men, or their implicit support of those positions (p. 339).

This situation, in addition to perpetuating relations of dominance and oppression within the nursing profession also creates a second major disadvantage for women nurses and men nurses because it tends to structure opposition by pitting women against men and depicting feminism as a strategy “to get men” (Frank, 1993, p. 338). Examples of the ways in which this oppositional dynamic plays out in nursing are evidenced in the nursing literature and by the participants in this study as: the lack of collegiality between women nurses and men nurses; the lack of acceptance of men nurses by women nurses; men nurses’ perceptions and experience of being resented or excluded by women nurses; and, men nurses’ claims that they are discriminated against.

In the interests of gender equality, it is important that nursing not fall into the “poor boy” trap that situates men and boys as victims and disadvantaged in relation to girls and women. Such a belief legitimizes gender equity interventions that are narrowly focused on righting wrongs for men and promoting the interests of men only. The possibility of this situation occurring is not unimaginable, particularly if we look to the Australian elementary school system as a case in point. To address the long standing problem of girls not doing well in masculine identified subjects such as math, the elementary school system instituted a program to encourage and facilitate the academic progress of girls in

certain subjects. As a result of such a program, the academic performance of girls now equals, and in some instances surpasses that of boys (Mills & Lingard, 1997). In response to this perceived new inequality, increasing attention is being paid to the “poor boys” with subsequent calls for strategies that will restore hegemonic privilege (Connell, 1996b; Mills & Lingard, 1997).

Despite the suggestion that nursing needs to make a concerted effort to attract more men and implement affirmative action policies to accomplish this end (L. Brown, 1991), men nurses have not been successful in implementing affirmative action policies that would increase the numbers of men in the profession (“A Call to Action”, 1997). Skelton (1991) suggests that a point in favor of such equal opportunity policies is that they at least provide a basis for progress. However, in the absence of a feminist analysis of gender/power relations and accompanying changes in individual attitudes and gender regimes, such policies within nursing will merely become a means of safeguarding hegemonic masculinity and masculine privilege to the detriment of women nurses.

Managing Masculinity: Measuring Up

In contrast to the “poor boy” or men-as-victims discourse that frames men nurses’ hardship, an alternative framework for understanding men nurses’ pain is offered in the context of masculinity theory. Of particular relevance is the notion that men nurses are required to manage masculinity in ways that are

often contradictory and compromising to men nurses' sense of themselves as men. Messner (1998b) suggests that despite being able to achieve power and prestige within organizations, men are more restricted than their women colleagues in the contempt they receive should they deviate into an unacceptable feminine role or fail in a masculine one. For men nurses, this statement does not capture fully the complex and contradictory ways masculinity is managed. In addition to running the risk of not measuring up to the masculine standard against which they are judged as men, men nurses also run the risk of not measuring up to the feminine standard against which they are also judged as nurses. For men nurses, the stigma of a failed masculinity surrounds their decision to defy prevailing gender norms and become a nurse. Similarly, men nurses are vulnerable to accusations of failed caregiver when their caring practices do not conform to the accepted nursing standard. The confusion that results from being pressured to conform to contradictory expectations and norms is captured by one participant's comment that "you don't know where you stand". The situation that provoked this comment was one in which the participant was asked to use his superior size and strength to move and lift patients, while also being expected to minimize any show of power by performing this task in a gentle and caring manner as judged by women nurses. In this situation, the participant did not measure up to the feminine nursing standard and he failed in his role as a nurse. Consequently, men who embrace alternate expressions of masculinity such as nursing, run the risk of being stigmatized within, as well as

outside the profession.

Maintaining hegemonic masculinity then, can be particularly challenging for men nurses given that identity is performatively constituted (Berger, Wallis & Watson, 1995) and manliness measured by the continual proving of manhood (Connell, 1996b). This notion is echoed in the words of Kimmel (1996) who points out that men are only as masculine as their last demonstration of masculinity. Newton (1998) adds that masculinity demonstrations occur to a large extent in the company of other men, a notion that has added significance for men nurses given their minority status in nursing. In such circumstances, Newton adds that the performance of masculinity and avenues for proving one's manliness may be narrowed to the point where the performance of manhood for some men may be the equivalent to proving that they are *not* women. This concept captures Connell's (1996b) assertion that men take up the offer of gender privilege in diverse ways and that within any workplace or peer group there are likely to be different understandings of masculinity and different ways of "doing" masculinity.

For men nurses, demonstrating masculinity translates into practices that distance men and masculinity from women and the feminine image of nursing. Practices of masculinity that demonstrate this include: emphasizing men's unique contribution to nursing; emphasizing differences in women nurses' and men nurses' expressions of caring; employing strategies that socially distance men from women colleagues; and, assuming roles such as the "he-man" and the

“enforcer” which reflect the embodiment of masculinity.

Such practices in addition to differentiating men from women, also reveal the ways in which stereotypical attitudes inform how men make sense of themselves as men (Skelton, 1991). A further complexity and contradiction associated with men’s practices of masculinity is also pointed out by Connell (1996b) who adds that masculinity may covertly require actions that undermine it. This situation is illustrated in examples such as gay nurses passing as straight, and straight men nurses’ demonstrating homophobic attitudes and behaviors. By affirming hegemonic masculinity, such practices perpetuate the marginalization of alternate masculinities, and in this way men nurses contribute to the stigma associated with their own deviation from the hegemonic standard.

In this sense, men nurses’ problems are seen as inseparable from their masculine privilege (Brod, 1992). For gay men in particular, Levine (1992) suggests that strategies that enable them to cover and pass as straight generate tremendous feelings of strain and inauthenticity. That men nurses participate in practices that cause them hardship and pain, illustrates the way in which gender operates within an informal but powerful ideology of gender difference that pressures women and men to conform to it (Connell, 1996b).

Conclusion

Men as men are not a disadvantaged group in patriarchal culture. The work in nursing then is not to redress a gender disadvantage from which they

suffer, but to explicate gender practices that structure unequal opportunities for women nurses and men nurses. For men nurses, the struggle to maintain hegemonic masculinity has major implications for women nurses and the profession in general. Pursuing justice requires addressing gender relations that support relations of dominance and oppression. The magnitude of this endeavor is daunting, given that the gender regime of hospitals, learning institutions and the profession of nursing itself is at issue.

The Challenge for Nurses

Gender based systems of domination and subordination are complex and do not lend themselves to quick fixes or recommendations that are easily implemented. The challenge in nursing is to acknowledge the power and pervasiveness of gender relations and the role they play in all nurses' lives. This challenge cannot be taken up by women nurses or men nurses working alone. The acknowledgment that men nurses', as well as women nurses' practices support relations of dominance and oppression requires that meaningful change needs to be grounded in an ethos of alliance building between women and men. As a gender project, alliance politics has to mean more respect, collaboration, negotiation and a willingness to listen to each other (Newton, 1998). It also means moving away from positions of blaming - blaming men nurses for taking up privilege and blaming women nurses for allowing or helping men to do this. Such blaming practices separate nurses from each

another and leave patriarchal gender relations uninterrupted to the detriment of both women and men in the profession.

The challenge for women and men in nursing is to engage in dialogue that reveals the gendered nature of our thinking, our practices and our institutions. The challenge for women nurses is to examine how our attitudes and practices are complicit in supporting hegemonic masculinity and masculine privilege. The challenge for men nurses is to explore their own inherited masculinities and the relations of power they embody (Seidler, 1997).

Opportunities to build alliances and dialogue with each other need to begin in nursing classrooms where gendered practices of students and educators alike unknowingly support hegemonic masculinity with significant and negative consequences for women students and the profession. An additional challenge for nursing educators is to incorporate analyses of gender relations in nursing curricula at a depth that reflects their power and pervasiveness in the profession in relation to: nurses' work roles; their interactions with other nurses and physicians; their career mobility and advancement opportunities; and, ultimately, their overall satisfaction with nursing as a career.

Implications for Future Research

The centrality of gender and power in nurses' lives cannot be ignored. The challenge for nursing researchers is to pursue research that explores gender relations as relations of power and to adopt methodologies that will allow

us to question established norms and category systems to reveal the complexity and “messiness” of peoples’ lives (Lather, 1991).

The findings of this research suggest that the reciprocal nature of femininity and masculinity plays out in men nurses’ interactions with women nurses and men physicians to the detriment of women. Future research that explores this dynamic in greater depth and includes the perspectives of women staff nurses, educators and administrators would be innovative. In addition to increasing awareness and generating new knowledge, it has the potential to provide the groundwork for the development of strategies to interrupt power relations that structure divisiveness and inequality among nurses.

Additional and related research is that which explores the sexual culture of nursing and the sexualized nature of nurses’ interactions with other nurses, physicians and clients. Such research would make a significant contribution by revealing how heterosexist and homophobic gender relations in nursing impact on all nurses lives. It can do this by providing a more in-depth analysis of the ways in which men nurses’ practices of masculinity contribute to the painful stigma of homosexuality and the subordination of women and some men to men. It can also begin to reveal how women nurses’ practices of hegemonic masculinity perpetuate the subordination of women nurses to men nurses and men physicians.

The findings of this study also suggest that nurses’ work lives and the roles they expect, and are expected to assume, are determined by gender. For

men nurses, role traps such as the “he-man” and the “enforcer” are particularly problematic as they perpetuate hegemonic masculinity and fuel the perception that men nurses are violent and aggressive and potential abusers of vulnerable client populations. This situation hurts men nurses, as well as the profession. Research that explores gender role traps for men nurses can play an important educative role for all nurses by increasing awareness and changing attitudes that unknowingly put men nurses at risk.

An additional area of research deserving of study highlights one limitation of this study. The small number of men nurses who participated in this study were white, middle-class, primarily heterosexual men. With the exception of one out gay man, the experience of black and gay men nurses was not explored, nor is it discussed in the nursing literature. Given the importance of race and sexual orientation in relation to subordinate and marginalized masculinities, it is likely that the nursing experience of these populations of men is different. Research that explores this experience has the potential to generate new knowledge regarding how race and sexual orientation intersect in occupations such as nursing. Additionally, nursing as a feminine oriented occupation provides a unique context in which to explore masculinities.

All research that explores the experience of men nurses has the benefit of increasing our understanding of barriers that impact on the recruitment and retention of men in the profession. Such insights are vital if nursing is to develop, not only recruitment strategies focused on men, but more importantly, retention

strategies that address current and uninterrupted relations of power that negatively impact on all nurses lives. As noted by Mills and Lingard (1997), the call for more men in nursing has not been accompanied by the call for more women in leadership positions. The hope for change lies in developing a collective politics of gender equality and in challenging and transforming practices that support hegemonic forms of masculinity.

EPILOGUE

More Thoughts on Thoughts

All good theoretical work should always pierce the boundaries of the theory which came before it. With the addition of post-modern theory and post-structural analysis, this could not be more the case. For me, the writing of this thesis and the coming to post-modern theory and post-structural analysis has allowed me to see both how limiting and limited is the theory I was using to read my data from interviews with men nurses.

Leck (1994) draws our attention to such limitations by suggesting, that as scholars and researchers, “we function in what appears to be a culture in which systematic study (especially that done in the name of science) serves to create an appearance that human behaviors can be classified, objectified and systematically repeated in other settings” (p. 78). The more I read in the area of post-modern theory and the more I began to interrogate my data using a post-structural analysis, the more my ideas were challenged, unsettled and disrupted. As Patti Lather has often said in her work, the best thing about post-modern theory is that it allows us to get unstuck. This has certainly been the case for me in the writing of this thesis. Having come heavily influenced by feminist theory and the work of nurse theorists such as Susan Roberts, Barbara Hedin and Peggy Chinn with all the binaries that are so heavily entrenched within some of that theory (men/women, dominance/oppression), it was indeed a challenge for

me when I began to have a category crisis.

I have made the claim that this is a piece of feminist post-structuralist work. What I now recognize, is that the discourse available for me to present that analysis is the discourse of modernity. So having finished the thesis, I now see the contradictions and the tensions in presenting a feminist post-structural analysis while falling back into the discourse of modernity. This situation is particularly evidenced by the trap of treating categories such as men nurses as fixed and unitary, with the dualistic hierarchical categories that are often the result (men/women, straight/gay). At this time, I want to argue that there is no way out of this trap. That is, one cannot operate outside of discourse. So the challenge for me then, is to always be interrogating the very categories which I use to inform my work.

Writing a thesis, like all writing, is a process of texting. What I have attempted to do by interviewing eight men nurses, is to take their complex social worlds and treat them as somewhat simple by producing those lives into a bounded text. The problem here is not only one of what gets left on the cutting room floor, but also one of what gets texted through the categories of textualization. As researchers, it is impossible to be objective about the meanings we produce. This is especially so given that all sense making and research about social practice involves interpreting the experience of those who are themselves interpreters (Usher, 1994).

I used to hold what I would suggest is a rather simplistic notion of

qualitative research using the open ended interview approach. My methodological and political concerns involved such things as paying attention to the power dynamics of the interview situation, developing trust, and returning interview transcripts to interviewees for the purpose of ensuring the accuracy of my interpretations. I have now come to see interviewing within 'the social construction of knowledge' as involving a double hermeneutic.

All knowledge is perspective bound, that is partial, as well as contextually and temporally situated (Lather, 1991; Frank, 1993). The result then, as pointed out by Usher (1996), is that research itself is an interpretation of interpretations - the double hermeneutic at work (p. 20). This once again is the problem of texting and there is not necessarily a way out of it. The challenge for me, however, has not been in thinking of a way out, but rather in interrogating notions of truth claims and representativeness. Moving from notions of truth to notions of insight has been an important shift in my thinking.

As a theorist and a researcher, what I am now much more aware of is 'how people's lives get texted' and the resulting implications for future theory, as well as policy. The challenge as a researcher is to capture the complex nature of social interactions in any given social site, and additionally, to make visible the messiness or the complexities and contradictions of peoples lives - in my case, the lives of men nurses. Queer theory might be a theoretical approach that would yet again offer a different reading of my data, and thus, a different text that would enable me to "look from both the outside in and from the inside out"

(hooks, 1984, p. 148) to more fully explicate the multiplicity of men nurses' lives. As a nurse, I share common experiences and perspectives with other nurses and in the past I have spent a great deal of time looking at nurses and nursing from the inside out. By moving outside the discipline of nursing and pursuing doctoral studies in education, I have taken an important step in looking at nursing and nurses' lives from the outside in. This additional interpretive lens has provided the foundation upon which I have challenged my thinking and my participation in the social construction of knowledge. Ultimately, it has also played a major role in helping me (re)envision new directions for my nursing practice and future research.

APPENDIX A

Initial Interview Guide

I INTRODUCTION

A. Information:

1. How do you feel being interviewed by a woman about your experience as a man in nursing?
2. Would you tell me a little bit about yourself, what is important to you, your interests, hobbies?
3. What made you decide to become a nurse?
4. Did you have a job prior to nursing?
5. Are there other people in your family who are nurses?
6. How long have you been a nurse?
7. How old were you when you entered nursing education?
8. What nursing education do you have?

B. In-depth:

1. What influenced you to become a nurse?
2. Please describe the reactions of your family and friends when you initially made the decision to become a nurse?
3. What reaction do you get when you tell strangers you are a nurse?

C. Feelings:

1. How do you feel about your career choice? Would you do it again?
2. How do you feel about telling strangers you are a nurse?
3. How do peoples' reactions to your choice of profession make you feel?

II NURSING WORK:

A. Information:

1. In what area of nursing are you now working, how long?
2. Are you working full-time? Have you always been employed on a F-T basis?
3. Please describe your nursing employment history (specialties, interruptions).
4. When you were a nursing student, what nursing specialties appealed to you the most?.

B. In-depth:

1. What nursing specialties would you prefer to work in? Why?
2. What nursing specialties would you not want to work in? Why?
3. Please describe your interactions with men nurse colleagues.
4. Please describe your interactions with women nurse colleagues.
5. Describe how you are treated by physicians, both male and female.
6. How do patients react to you as a male nurse? What patients are the most enjoyable/difficult to work with? Why?
7. What nursing tasks make you feel uncomfortable? Why?

C. Feelings:

1. How do you feel about the way physician's treat you?
2. How do you feel about your interactions with women colleagues?
3. What do you think women nurses think about you as a nurse?
4. How do you feel about your interactions with men nurse colleagues?
5. What do you enjoy the most in your nursing career?
6. What do you dislike the most in your nursing career?

7. How does being a visible minority in nursing impact on your career?

III PROBING FEELINGS ABOUT MASCULINITY:

1. What are the advantages of being a man in nursing?
2. What are the disadvantages of being a man in nursing?
3. What qualities do men bring to nursing that are unique to men?
4. What does the term masculinity mean to you?
5. In what ways do you consider yourself masculine?
6. In what ways do you see yourself as different?
7. Do men nurses behave differently around other men nurses?
Men physicians?
8. What type of man nurse are women nurses and physicians supportive of?
9. How are they more supportive?
10. What things do you do because they appear to be more male-like?
11. Have you ever been accused of not being "appropriately" male? By whom?
As a result of what? How did you cope?

IV CONCLUSION

1. What do you see in the future for nursing?
2. What would you like to see changed in relation to men nurses? How might you go about making this possible?
3. Is there anything that I have not asked you that you would like to tell me.

APPENDIX B

Second Interview Guide

Theme 1: Men Nurses as Caregivers

1. What gives your nursing career meaning?
2. Can you tell me about one of the most satisfying moments in your nursing career?
3. Can you tell me a little bit about the ways in which men nurses can be beneficial/helpful to men patients? Women patients?
4. How are men nurses and women nurses expressions of caring different / the same? WHY?
5. Have you ever been concerned about being accused of inappropriate touch or sexual molestation by a patient?

Theme 2: Differential Treatment Of Men Nurses

1. How do men and women nurses' patient care assignments differ?
2. What tasks do women nurses call on you to do or help them with because you are a man? How does that make you feel?
3. What tasks do you ask women nurses to do or help you with?
4. What word best describes your relationship with women colleagues?
5. What word best describes your relationship with men colleagues?
6. How important is socializing with men colleagues, with women colleagues?
7. Can you tell me about times when you feel like you are not part of the nursing team? How does it make you feel?
8. Have you ever been concerned about, or been accused of sexual harassment by a female coworker?
9. In what ways do physicians treat you differently than women nurses?

Theme 3: Men Nurses as Anomalies

1. Is nursing work, women's work?
When you do nursing work, do you see yourself doing women's work?
2. What do you see as the public's image of men nurses?
3. Are men nurses different than other men? WHY?
4. Do you think gay nurses are treated differently than non-gay nurses by other nurses and physicians? WHY?
5. Have you ever felt pressured to minimize your masculinity, or act less like a man?
6. In what ways have you experienced the suspicion of gayness?
How has the suspicion of gayness impacted on your life?

Theme 4: Different Perceptions of Nursing Career

1. How do men nurses and women nurses' attitudes toward their work differ.
2. Do men make a different contribution to nursing than women?
3. Can you tell me a little bit about competitiveness between nurses?
4. What are your future career goals?

APPENDIX C

Participant Consent Form

Research Title: A Feminist Exploration of the Gendered Experience of Men Nurses

Researcher: Joan Evans, Registered Nurse and doctoral student, Dalhousie University, Ph.D in Education Programme. Res. Phone 867-1088.

I am a registered nurse and student in the Education Ph.D Programme at Dalhousie University. My field of study is gender as applied to issues of nursing education and practice. At present, I am undertaking a study of men nurses. I am particularly interested in exploring just what is the experience of men in nursing. What areas of nursing are men nurses working in, how does being male impact on professional relationships, and what advantages and disadvantages do men nurses perceive as being associated with their gender. I am also interested in exploring men nurses' perceptions of how men's presence in nursing and the male nurse experience itself, impacts on other men and women nurses and the profession in general.

I would like to carry out two interviews with you, at a time and place mutually agreed upon. Each interview will last approximately one and one half to two hours. With your permission, I would like to tape and transcribe the interviews. Please be advised that your participation is entirely voluntary. You may withdraw from this study at any time, and you may decline to answer certain questions. Because some questions are personal in nature and may provoke discomfort, all participants will be advised of psychological counseling available through Halifax Psychological Services Inc. at phone 453-2200.

The information that you give me will be used only for my research purposes. I will not give your name to any other person or agency. No details that might reveal your identity (ie. your workplace, community in which you practice) will be given out . If I quote any of the material from your interviews, I will use only a fictitious name. I am therefore asking you to choose an alias that I will use to identify your transcript. I will use your alias when I refer to any content from your interviews.

Following the research, your interview tape will be returned to you. With your permission, I would like to keep the transcript of your interview for future reference. All records of your identity will be destroyed by myself. Should you have any questions or concerns please feel free to call me at the phone number provided.

Will you participate in this study?

I _____ am willing to participate in Joan Evans' study of men nurses as it has been described to me. I understand that my participation is voluntary and that I may withdraw at any time. I also understand that Joan Evans may want to quote parts of what I say to her in our interviews, but that my identity will be protected by the use of an alias of my own choosing. I also understand that in signing this consent form I give permission for my interviews to be taped and for transcripts to be retained by Joan Evans.

I choose the following alias: _____ (Date) _____

(Signed) _____ (Witness) _____

References

A call to action. (1997). InterAction: Newsletter for the American Assembly for Men in Nursing, 15 (4), 4.

Alvarez, A. (1984). Selected characteristics of male registered nurses in New Jersey. Nursing Forum, 21 (4), 166-173.

Andrews, S. (1998). Expect more and women will prosper. Nursing Time, 94 (32), 21.

Are men nurses really accepted? Editorial. (1967). Nursing Outlook, 15 (5), 27.

Ashley, J. (1976). Hospitals, paternalism, and the role of the nurse. New York: Teachers College Press.

Auster, D. (1979). Sex differences in attitudes towards nursing education. Journal of Nursing Education, 18 (6), 19-28.

Barkley, T., & Kohler, P. (1992). Is nursing's image a deterrent to recruiting men into the profession? Male high school students respond. Nursing Forum, 27 (2), 9-14.

Bedford, W. K. R., & Holbeche, R. (1902). The Order of the Hospital of St. John of Jerusalem. London: F. E. Robinson & Co.

Bentley, R. (1959). The male potential. The Canadian Nurse, 55 (4), 344, 346.

Berger, M., Wallis, B., & Watson, S. (1995). Introduction. In M. Berger, B. Wallis, & S. Watson (Eds.), Constituting masculinities (pp. 1-7). New York: Routledge.

Bernstein, R. (1983). Beyond objectivism and relativism: Science, hermeneutics, and praxis. Philadelphia: University of Pennsylvania Press.

Bradley, H. (1989). Medicine, In Men's work, women's work. A sociological history of the sexual division of labour in employment (Chapter 12, pp.188-202). Minneapolis: University of Minnesota Press.

Bradley, H. (1993). Across the great divide. The entry of men into "women's jobs". In C. Williams, (Ed.), Doing "women's work". Men in nontraditional occupations (pp. 10-28). London: Sage.

Briles, J. (1997). Surviving the toxic workplace with sabotage savvy. Revolution - The Journal of Nurse Empowerment, 7 (4), 65-68.

Brittan, A. (1989). Masculinity and power. New York: Basil Blackwell.

Brod, H. (1992). Fraternity, equality, liberty. In M. Kimmel, & M. Messner (Eds.), Men's lives (2nd ed., pp. 554-560). Toronto: Maxwell MacMillan Canada.

Brooks, A., Thomas, S., & Droppleman, P. (1996). From frustration to red fury: A description of work-related anger in male registered nurses. Nursing Forum, 31 (3), 4-15.

Brown, E. L. (1940). Nursing as a profession (2nd ed.). New York: Russell Sage Foundation.

Brown, L. (1991). Men in nursing: Can they make a difference? Nursing BC, 23 (4) 12-14.

Bush, P. (1976). The Male Nurse: A challenge to traditional role identities. Nursing Forum, 15 (4), 391-405.

Care, D., Gregory, D., English, J., & Venkatesh, P. (1996). A struggle for equality: Resistance to commissioning of male nurses in the Canadian Military, 1952-1967. Canadian Journal of Nursing Research, 28 (1), 103-117.

Carrigan, T., Connell, B., & Lee, J. (1987b). Hard and heavy: Toward a new sociology of masculinity. In M. Kaufman (Ed.), Beyond patriarchy: Essays by men on pleasure, power, and change (pp. 139-192). Toronto: Oxford University Press.

Castledine, G. (1983). Opening the gates on gender traits. Nursing Mirror, 156 (15), 16.

Ciesielski, S. (1994). Letter to the editor regarding Ryan & Porter article "Men in nursing: a cautionary comparative critique". Nursing Outlook, 42 (5), 246.

Canadian Nurses Association (CNA) website. Nursing profession statistics for 1998.

Collinson, D., & Hearn, J. (1996). Breaking the silence: On men, masculinities and managements. In D. Collinson & J. Hearn (Eds.), Men as managers, managers as men. London: Sage.

Connell, R. W. (1987). Gender and power. Society, the person and sexual politics. Stanford, California: Stanford University Press.

Connell, R. W. (1992). A very straight gay: Masculinity, homosexual experience, and the dynamics of gender. American Sociological Review, 57, 735-751.

Connell, R. W. (1993). The big picture: Masculinities in recent world history. Theory and Society, 22, 597-623.

Connell, R. W. (1995). Masculinities. Cambridge: Polity.

Connell, R. W. (1996a). New directions in gender theory, masculinity research, and gender politics. Ethnos, 61 (3-4), 157-176.

Connell, R. W. (1996b). Teaching the boys: New research on masculinity, and gender strategies for schools. Teachers College Record, 98 (2), 206-235.

Connell, R. W. (1996c). Response. Contemporary Sociology, 25 (2), 172-174.

Conway, M. E. (1983). Socialization and roles in nursing. Annual Review of Nursing Research, 1, 183-208.

Cottingham, M. (1987). Are you man enough to do women's work? Putting men in the picture. Nursing Times, 83 (20), 28-30.

Crotty, J. J. (1975). Barrier nursing? Nursing Times, 71 (42), 1645.

Cummings, S. (1995). Attila the hun versus Attila the hen: Gender socialization of the American nurse. Nursing Administration Quarterly, 19 (2), 19-29.

Cyr, J. (1992). Males in nursing. Nursing Management, 23 (7), 54-55.

Davies, B. (1997). Constructing and deconstructing masculinities through a critical literacy. Gender and Education, 9 (1), 9-30.

Dingwall, R. (1972). Nursing: Towards a male-dominated occupation? Nursing Times, 68 (41), 1294-1295.

Dring, S. (1987). Uniform views. Nursing Times, 83 (25), 19.

Edwards, G. (1989). The rise and fall of the male nurse movement. Nursing Times, 85 (3), 51-53.

Egeland, J., & Brown, J. (1988). Sex role stereotyping and role strain of male registered nurses. Research in Nursing and Health, 11 (4), 257-267.

Egeland, J., & Brown, J. (1989). Men in nursing: Their fields of employment, preferred fields of practice and role strain. Health Services Research, 24 (5), 693-707.

Ellesworth, E. (1994). Why doesn't this feel empowering? Working through the regressive myths of critical pedagogy. In L. Stone (Ed.), The education feminist reader (pp. 300-327). New York: Routledge.

England, P., & Herbert, M. (1993). The pay of men in "female occupations". Is comparable worth only for women. In C. Williams, (Ed.), Doing "women's work". Men in nontraditional occupations (pp. 28-48). London: Sage.

Epstein, D. (1997). Boyz' own stories: Masculinities and sexualities in schools. Gender and Education, 9 (1), 105-115.

Ferrara-Love, R. (1998). Are you being sabotaged by your coworkers? Journal of PeriAnesthesia, 13 (5), 301-303.

First male nurse licensed to practice in Quebec. News. (1970). The Canadian Nurse, 66 (2), 10.

Flannelly, L., & Flannelly, K. (1984). The masculine and feminine in nursing. Nursing Forum, 21 (4), 162-165.

Fletcher, M. (2001). Humour on the job. The Canadian Nurse, 97 (6), 16-17.

Fottler, M. D. (1976). Attitudes of female nurses toward the male nurse: A study of occupational segregation. Journal of Health and Social Behaviour, 17 (2), 99-110.

Frank, B. (1990). Everyday masculinities. Unpublished doctoral dissertation. Dalhousie University, Halifax, NS.

Frank, B. (1992). Straight/strait jackets for masculinity: Educating for "real" men. Atlantis, 18 (1&2), 47-59.

Frank, B. (1993). The 'new men's studies' and feminism: Promise or danger? In T. Haddad (Ed.), Men and masculinities. A critical anthology (pp.333-343). Toronto: Canadian Scholars' Press.

Galbraith, M. (1991). Attracting men to nursing: What will they find important in their career. Journal of Nursing Education, 30 (4), 182-186.

Gans, J. E. (1987). Men's career advantages in nursing: The principle of the peter. Current Research on Occupations and Professions, 4 181-198.

Gaze, H. (1987). Man Appeal. Men in nursing. Nursing Times, 83, (20), 25-27.

Gender matters: Women's health. (1998). RCN Nursing Update. Nursing Standard. Learning Unit 084, 12 (51), 1-18.

Gibson, J. W. (1991). Feminist ideas about masculinity. American Quarterly, 43 (1), 128-133.

Gilloran, A. (1995). Gender differences in care delivery and supervising relationship: The case of psychogeriatric nursing. Journal of Advanced Nursing, 21 (4), 652-658.

Glasper, A., & Campbell, S. (1994). Beyond the Clothier Inquiry. Nursing Standard, 8 (28), 18-19.

Gleeson, P. (1996). Women in 'mens' work: An issue of identity. Journal of Vocational Education and Training, 48 (3), 261-276.

Glover, D., & Radcliffe, M. (1998). Why is success in nursing a boy thing? Nursing Times, 94 (32), 13.

Greenberg, E., & Levine, B. (1971). Role strain in men nurses. A preliminary investigation. Nursing Forum, 10 (4), 416-430.

Gulland, A. (1998). Men fare better in nursing careers. Nursing Times, 94 (32), 8.

Halloran, E., & Welton, J. (1994). Why aren't there more men in nursing? In J. McCloskey, & H. Grace (Eds.), Current issues in nursing (4th ed., pp. 683-691). Toronto: Mosby.

Hamilton, W. (1979). A survey of discrimination relating to men in the Canadian nursing profession. Unpublished master's thesis. University of Calgary, Calgary, Alberta.

Hanrahan, P. (1997). "How do I know if I'm being harassed or if this is part of my job?" Nurses and definitions of sexual harassment. NWSA Journal, 9 (2), 43-63.

Harden, L. (1963). Maternity and men. The American Journal of Nursing, 63 (4), 102-104.

Harding, S. (1986). The science question in feminism. London: Cornell University Press.

Harding, S. (Ed.). (1987). Feminism and methodology. Bloomington, Indiana: University Press.

Haywood, M. (1994). Male order. Nursing Times, 90 (20), 52.

Hazel, H. (1981). Sexual harassment and nurse anaesthetists. American Association of Nurse Anaesthetists Journal, 49, 277-279.

Hearn, J. (1998). Theorizing men and men's theorizing: Varieties of discursive practices in men's theorizing of men. Theory and Society, 27, 781-816.

Hearn, J., & Morgan, D. (1990). Men, masculinities and social theory. In J. Hearn, & D. Morgan (Eds.), Men, masculinities and social theory (pp.1-18). Boston: Unwin Hyman.

Heikes, E. J. (1991). When men are the minority: The case of men in nursing. The Sociological Quarterly, 32 (3), 389-401.

Heim, P. (1995). Getting beyond "she said, he said". Nursing Administration Quarterly, 19 (2), 6-18.

hooks, b. (1984). Feminist theory: From margin to centre. Boston: South End.

Hume, E. (1940). Medical work of the Knights Hospitallers of St. John of Jerusalem. Baltimore: John Hopkins.

Inman, K. (1998). Male order nursing. Nursing Times, 94 (32), 12-13.

Is there sex discrimination in health care? (1975). The Canadian Nurse, 71 (12), 15-18.

Iveson-Iveson, J. (1982). Knight nurse. Nursing Mirror, 154 (15), 28-30.

Jacobs, J. (1993). Men in female-dominated fields. Trends and turnover. In C. Williams (Ed.), Doing "women's work". Men in nontraditional occupations (pp. 49-63). London: Sage.

Kanter, R. (1977). Some effects of proportions on group life: Skewed sex ratios and responses to token women. American Journal of Sociology, 82 (5), 965-990.

Kauffman, C. (1976). Tamers of death. Volume one. The history of the Alexian Brothers from 1300 to 1789. New York: Seabury.

Kauffman, C. (1978). The ministry of healing. Volume two. The history of the Alexian Brothers from 1789-to the present. New York: Seabury.

Kaufman, M. (1992). The construction of masculinity and the triad of men's violence. In M. Kimmel, & M. Messner (Eds.), Men's lives (2nd ed., pp. 28-50). Toronto: Maxwell MacMillan Canada.

Kauppinen-Toropainen, K., & Lammi, J. (1993). Men in female-dominated occupations. A cross cultural comparison. In C. Williams (Ed.), Doing "women's work". Men in nontraditional occupations (pp. 91-112). London: Sage.

Kehily, M. J., & Navak, A. (1997). 'Lads and laughter': Humour and the production of heterosexual hierarchies. Gender and Education, 9 (1), 69-87.

Kelly, K. (1969). Men nurses are there in the military services. American Journal of Nursing, 69 (2) 310-315.

Kelly, N., Shoemaker, M., & Steele, T. (1996). The experience of being a male student nurse. Journal of Nursing Education, 35, (4), 170-174.

Kenway, J. (1995). Masculinities in schools: Under siege, on the defensive and under reconstruction? Discourse: Studies in the Cultural Politics of Education, 16 (1), 59-79.

Kenway, J., & Fitzclarence, L. (1997). Masculinity, violence and schooling: Challenging 'poisonous pedagogies'. Gender and Education, 9 (1), 117-133.

Kimmel, S. (1996). Manhood in America: A cultural history. New York: Free Press.

Kimmel, S. (1997) . From conscience and common sense to "feminism for men". Profeminist men's rhetorics of support for women's equality. International Journal of Sociology and Social Policy, 17 (1/2), 8-34.

Kimmel, M., & Messner, M. (1992). Introduction, In M. Kimmel, & M. Messner (Eds.), Men's lives (2nd ed., pp. 1-11). Toronto: Maxwell MacMillan Canada.

Kingsley, R. (1978). The Order of St. John of Jerusalem. New York: AMS Press. (first published in 1918 by Skeffington & Son, London)

Krausz, M., Kedem, P., Tal, Z., & Amir, Y. (1992). Sex-role orientation and work adaptation of male nurses. Research in Nursing and Health, 15 (5), 391-398.

Lather, P. (1991). Getting Smart. New York: Routledge.

Lather, P. (1992). Critical frames in educational research: Feminist and post-structural perspectives. Theory Into Practice, 31 (2), 87-99.

Leck, G. (1944). Queer relations with educational research. In A. Gitlin (Ed.), Power and method. Political activism and educational research (pp. 77-96). New York: Routledge.

Levine, M. (1992). The status of gay men in the workplace. In M. Kimmel, & M. Messner (Eds.), Men's lives (2nd ed., pp. 251-266). Toronto: Maxwell MacMillan Canada.

Lewis, M. C. (1981). A black perspective: Afro-American men in nursing. Nursing Leadership, 4 (3), 31-33.

Lewis, M. C. (1997). Men in nursing. Time for re-evaluation. InterAction: Newsletter of the American Assembly for Men in Nursing, 15 (4), 9-11.

Lodge, N., Mallett, J., Blake, P., & Fryatt, I. (1997). A study to ascertain gynaecological patients' perceived levels of endorsement with physical and psychological care given by female and male nurses. Journal of Advanced Nursing, 25, 893-907.

MacDougall, G. (1997). Caring - a masculine perspective. Journal of Advanced Nursing, 25, 809-813.

Mackintosh, C. (1997). A historical study of men in nursing. Journal of Advanced Nursing, 26, 232-236.

Maggs, C. (1983). The origins of general nursing. Beckenham, UK: Croom Helm.

Male nurses gain recognition. News. (1967). The Canadian Nurse, 63 (5), 18-19.

Male nurses: What they think about themselves - and others. (1983). RN, 46, 58, 62, 64.

Mangan, P. (1994). Private lives. Nursing Times, 90 (14), 60-61, 64.

Mannino, S. (1963). The professional man nurse: Why he chose nursing, and other characteristics of men in nursing. Nursing Research, 12 (3), 185-187.

Matarelli, S. (1998). In nursing, who's the better leader - men or women? Nursing Spectrum, 11 (12), 5.

Mathieson, E. (1991). A question of gender. Nursing Times, 87 (7), 31-32.

McCarragher, J. A. (1984). Attitudes of nurses towards male nurses: A question of stigma. Unpublished master's thesis, Case Western Reserve University, Cleveland, Ohio.

McClain, T. (1999). Letter to the editor. The Florida Nurse, 47 (1), 20.

McCloskey, J. C. (1990). Two requirements for job contentment: Autonomy and social integration. Image: Journal of Nursing Scholarship, 22 (3), 140-143.

McCloskey, J. C., & Grace, H. K. (1994). Addressing the imbalances. In J. McCloskey & H. Grace (Eds.), Current issues in nursing (4th ed., pp. 656-657). Toronto: Mosby.

Men in nursing: The novelty is gone. (1998, May-June). Tar Heel Nurse, 15, 22.

Mericle, B. (1983). The male as psychiatric nurse. Journal of Psychosocial Nursing, 21 (11), 28-34.

Messner, M. (1990). Men studying masculinity: Some epistemological issues in sport sociology. Sociology of Sport Journal, 7, 136-153.

Messner, M. (1996). Studying up on sex. Sociology of Sport Journal, 13, 221-237.

Messner, M. (1998a). Our queer dilemma (Response). Sociology of Sport Journal, 15, 367-371.

Messner, M. (1998b). The limits of "the male sex role": An analysis of the men's liberation and men's rights movements' discourse. Gender and Society, 12 (3) 255-276.

Mills, M., & Lingard, B. (1997). Masculinities, politics, myth and boys' schooling: A review essay. British Journal of Educational Studies, 45 (3), 276-292.

More Nursing Schools in Britain to welcome male students. News. (1967). The Canadian Nurse, 63 (11), 15.

Morin, K., Patterson, B., Kurtz, B., & Brzowski, B. (1999). Mothers' responses to care given by male nursing students during and after birth. Image: Journal of Nursing Scholarship, 31 (1) (83-87).

Moss, M. T. (1995). Developing glass-breaking skills. Nursing Administration Quarterly, 19 (2), 41-47.

Newton, J. (1998). White guys. Feminist Studies, 24 (3), 572-598.

Nightingale, F. (1969). Notes on nursing. What it is, and what it is not. New York: Dover. (Originally published in 1860).

Nilsson, M. (1999). Letter to the editor. The Florida Nurse, 47 (1), 19.

Nolan, S. (1998, September, 22). Men give nursing a shot. The Globe & Mail, pp. D6.

Okrainec, G. (1990). Males in nursing. Historical perspectives and analysis. Alberta Association of Registered Nurses, 46 (2), 6-8.

Okrainec, G. (1994). Perceptions of nursing education held by male nursing students. Western Journal of Nursing Research, 16 (1), 94-107.

Orner, M. (1992). Interrupting the calls for students voice in "liberatory" education: A feminist poststructural perspective. In C. Luke, & J. Gore (Eds.), Feminisms and critical pedagogy (pp. 74-89). New York: Routledge.

Palmer, I. (1983). Nightingale Revisited. Nursing Outlook, 31 (4), 229-233.

Paterson, B., Tschikota, S., Crawford, M., Saydak, M., Venkatesh, P., & Aronowitz, T. (1996). Learning to care: Gender issues for male nursing students. Canadian Journal of Nursing Research, 28 (1), 25-39.

Perkins, J., Bennett, D., & Dorman, R. (1993). Why men choose nursing . Nursing and Health Care, 14 (1), 34-38.

Petersen, A. (1998). Unmasking the masculine. 'Men' and 'identity' in a skeptical age. London: Sage.

Pleck, J. (1992). Men's power with women, other men, and society. A men's movement analysis. In M. Kimmel, & M. Messner (Eds.), Men's Lives (2nd ed., pp.19-27). Toronto: Maxwell Macmillan Canada.

Poliafico, J. (1998). Nursing's gender gap. RN, 61 (10), 39-42.

Pontin, D. (1988). The use of profile similarity indices and the Bem sex role inventory in determining the sex role characterization of a group of male and female nurses. Journal of Advanced Nursing, 13, 768-774.

Porter, S. (1992). Women in a women's job: The gendered experience of nurses. Sociology of Health and Illness, 14 (4), 510-527.

Porter-O'Grady, T. (1995). Reverse discrimination in nursing leadership: Hitting the concrete ceiling. Nursing Administration Quarterly, 19 (2), 56-62.

Quebec may approve male nurse licenses. News. (1966). The Canadian Nurse, 62 (3), 8.

Quota Remains the same for male nurses in Canada's forces. News. (1970). The Canadian Nurse, 66 (2), 10.

Rallis, S. (1990). I want to be a nurse, not a stereotype. RN, 53 (4), 160.

Ramazanoglu, C. (1989). Feminism and the contradictions of oppression. New York: Routledge.

Ratcliffe, P. (1996). Gender differences in career progress in nursing: Towards a non-essentialist structural theory. Journal of Advanced Nursing, 23 (2), 389-395.

Ratcliffe, P. (1999). Geographical mobility, children and career progress in British professional nursing. Journal of Advanced Nursing, 30 (3), 758-768.

Rode, M. (1989). The nursing pin: Symbol of 1,000 years of service. Nursing Forum, 24 (1), 15-17.

Rogness, H. (1976). A student surveys his classmates. Nursing Outlook, 24 (5), 303-305.

Rutledge, A. L., & Gass, G. Z. (1967). Nineteen negro men. Personality and manpower retraining. San Francisco: Jossey-Bass.

Ryan, S., & Porter, S. (1993). Men in nursing: A cautionary comparative critique. Nursing Outlook, 41 (6), 262-267.

Ryder, V. (1953). Male nurses. The Canadian Nurse, 49 (9), 719.

Scheurich, J. (1995). A postmodern critique of research interviewing. Qualitative Studies in Education, 8 (3), 239-252.

Schoenmaker, A., & Radosevich, D. (1976). Men nursing students: How they perceive their situation. Nursing Outlook, 24 (5), 298-303.

Segal, B. (1962). Male nurses: A case study in status contradiction and prestige loss. Social Forces, 41 (1), 32-38.

Seidler, V. (1997). Introduction: Hopes, dreams and uncertainties. In Man enough: Embodying masculinities (pp. 1-14). London: Sage.

Simpson, O., & Green, Y. (1975). Androgynous nurses. The Canadian Nurse, 71, (12), 20-21.

Skelton, C. (1991). A study of the career perspectives of male teachers of young children. Gender and Education, 3 (3), 279-289.

Skevington, S., & Dawkes, D. (1988). Fred Nightingale. Nursing Times, 84 (21), 49-51.

Smith, D. W. (1965). Deterrents to quality. The Canadian Nurse, 61 (6), 458-460.

Smith, D. E. (1987). The everyday world as problematic. A feminist sociology. Toronto: University of Toronto Press.

Stanley, L., & Wise, S. (1990). Method, methodology and epistemology in feminist research process. In L. Stanley (Ed.), Feminist praxis: Research, theory and epistemology in feminist sociology (pp. 20-59). London: Routledge.

Stone, R. (1983). Men in nursing: Expectations and role conflict. Unpublished master's thesis. DePaul University, Chicago, Illinois.

Streubert, H. (1994). Male nursing students' perceptions of clinical experience. Nurse Educator, 19 (5), 28-32.

Squires, T. (1995). Men in nursing. RN, 58 (7), 26-28.

Taylor, E., Dwiggins, R., Albert, M., & Dearer, J. (1983). Male nurses: What they think about themselves - and others. RN, 46, 61-62, 64.

Tokar, D. M., & LaRae, M. J. (1998). Masculinity: Vocational interests and career choice transitionality: Evidence for a fully mediated model. Journal of Counselling Psychology, 45 (4), 424-435.

Tong, R. (1989). Feminist thought: A comprehensive introduction. Boulder Colorado: World View Press.

Trandel-Korenychuk, K., & Trandel-Korenychuk, D. (1981). NAQ legal forum. Restrictions on male nurse employment in obstetric care. Nursing Administration Quarterly, 6 (1), 87-90.

Trudeau, R. (1996). Male registered nurses, 1995. Health Reports, 8 (2), 21-27.

Usher, R. (1996). A critique of the neglected epistemological assumptions of educational research. In S. Scott & R. Usher (Eds.), Understanding educational research (pp. 9-32). New York: Routledge.

Villeneuve, M. (1994). Recruiting and retaining men in nursing: A review of the literature. Journal of Professional Nursing, 10 (4), 217-228.

Watson, C. (1983). These men worry me. Nursing Mirror, 156 (10), 32.

Wedgery, A. (1956). A new deal for male nurses. The Canadian Nurse, 52 (8), 636.

Wedgery, A. (1966). The will to match our opportunity. The Canadian Nurse, 62 (6), 35-39.

Wheeler, D. (1991). Men in nursing: Nursing's liberators? The Canadian Nurse, 87 (6), 29.

Williams, C. (1989). Gender differences at work: Women and men in nontraditional occupations. Los Angeles: University of California Press.

Williams, C. (1993). Introduction. In C. Williams (Ed.), Doing "women's work": Men in nontraditional occupations (pp. 1-9). London: Sage.

Williams, C. (1995). Hidden advantages for men in nursing. Nursing Administration Quarterly, 19 (2), 63-70.

Williams, R. A. (1973). Characteristics of male baccalaureate students who selected nursing as a career. Nursing Research, 22 (6), 520-525.

Wootton, B. (1997). Gender differences in occupational employment. Monthly Labour Review, 120 (4), 15-24.

Zurlinden, J. (1998). Are men a step higher on the nursing ladder of success? Nursing Spectrum, 10A (11), 4-5, 12.