MAN ENOUGH TO CARE: EXPERIENCES OF MEN WORKING IN THE FEMALE DOMINATED PROFESSION OF NURSING IN THE STATE OF OKLAHOMA

By

DONNA M. SAYMAN

Bachelor of Career Arts in Music
Southwestern Assemblies of God College
Waxahachie, Texas
1990

Master of Science in
Teaching, Learning, & Leadership
Option: Special Education
Oklahoma State University
May 2003

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of

DOCTOR OF PHILOSOPHY

December, 2009

MAN ENOUGH TO CARE: EXPERIENCES OF MEN WORKING IN THE FEMALE DOMINATED PROFESSION OF NURSING IN THE STATE OF OKLAHOMA

Dissertation Approved:

Dr. Mary Jo Self

Dissertation Adviser

Dr. Lynna Ausburn

Dr. Lucy Bailey

Dr. Jean Van Delinder

Dr. A. Gordon Emslie

Dean of the Graduate College

Dedication

I dedicate this dissertation to my grandmother, Mary Elizabeth Plank. Thank you, Nana, for teaching me to believe in myself. I so wish we could enjoy this together.

Acknowledgements

This study has evolved through the inspiration of so many. I would foremost like to thank Dr. Mary Jo Self who encouraged me with humor, patience, and unending wisdom. I never would have mustered the courage to get this far without you. I am eternally grateful to Dr. Lucy Bailey. Thank you for your guidance and acute intellect, but especially for challenging me to think in a more profound manner. To Dr. Lynna Ausburn and Dr. Jean VanDerlinder it is with sincere appreciation that I thank you for your input and suggestions which helped to strengthen this project. I am so honored to have these brilliant women mentor and assist me.

I want to thank Jane Nelson of the Oklahoma Association of Nursing for her assistance and for allowing me to utilize the Men in nursing Calendar and to recognize the work of M.J. Alexander, photographer for the 2005, 2006, and 2007 calendar.

For the participants of this study, I especially want to give you my deepest appreciation. You are all amazing men and remarkable caregivers. I wish you always the best. To all men and women in the nursing profession, thank you for making a difference in the lives of so many.

Most of all, I would like to thank my family who provided love and support every step of the way. It has been a long and difficult road and you have all been such an awesome source of strength for me. You have let me cry, listened endlessly to my ideas, helped edit rough drafts, and diligently scooped kitty litter while I was busy transcribing.

Mary Beth, Mike, A.J., Katie, Amber, and Rick, thank you so much. You are forever in my heart.

TABLE OF CONTENTS

Chapter Page

I. INTRODUCTION TO THE STUDY....1

Introduction....1
Background of the Study....3
Shortage – Where are the nurses?....3
The miasma of quality health care....6
Job (Dis) Satisfaction....7
Manly men – Men in nursing....9
Importance of this study....14
Theoretical Framework....15
Critical Feminist Theory....15
Symbolic Interactionism....19
Statement of the Problem....21
Purpose of the study....22
Research questions....23
Limitations and assumptions of the study....24
Limitations....25
Strengths....26
Significance of the study....26
Definition of key terms....27

II. REVIEW OF LITERATURE ……..30

Overview....30
Gender and Work....32
How an occupation becomes gendered....32
Show me the money....34
It started in school....35
It continues in the home....40
Summation....43
Occupational education....44
Sex bias in career technology....44
Issues with masculinity....48
Men and masculinity....48
Hegemonic masculinity....50

Grounding the historical feminization of nursing.....53
Struggle for Professionalism 56
Handmaidens 60
Respect Issues within the Doctor/Nurse Relationship 60
Men's Struggle in Nursing.....63
Entry in the field 66
Stereotypes and discrimination.....68
Negotiating relationships 71
Nursing schools 74
The good, the bad.....74
The importance of mentoring for men……..77
Theoretical Frame……78
Critical Feminist Theory ……...78
Symbolic Interactionism ……81
Summary……...82

III. METHODLOGY……...86

General Approach: Qualitative Research.....86
A Feminist Methodology 87
Researcher Assumptions.....87
Researcher as Instrument.....89
Population 91
Data Collection 92
Instrument 92
Procedure 93
Data Analysis.....94
Open Coding.....95
Focused Coding 96
Interpreting the Data 96
Clarification of themes and categories.....96
Limitations 97
Summary 99

IV. PRESENTATION OF THE FINDINGS.....100

Descriptive Analysis of the Sample.....101
Findings.....103
Decision to become a nurse 105
Empowerment.....111
Segregated opportunities within nursing 111
I had no point of reference.....111
My initiation to female catheterization 115
Nurses eat their young alive.....117
Issues of advancement: Lessons in Contradiction 120
Expertise……. 123

The Adrenaline junkie and the go get 'um guy…… 123
Communication…… 126
It's that omission of a title…….. 126
Tupperware parties, pot lucks and baby showers …… 128
Taking me under his wing……. 133
I could go bear hunting with a switch……134
Identity……...137
I am not a doctor; I don't play one on T.V……138
Stereotypes……141
I acted like the biggest queen there ever was……141
I'm not a typical nurse: Negative patient reactions……..142
Feelings of exploitation by peers…… 145
My middle name is not forklift…… 145
Frustration at the feminine constructs of nursing…… 147
The Word 'Nurse"…….. 148
How dare they portray us like that……149
Reactions to the Men in nursing Calendar…… 151
Summary…… 160

V. CONCLUSION 162

Introduction.....162
Overview of the Study……162
Discussion of the Findings……..165
Implications for Research 177
Implications for Practice 180
Concluding Thoughts.....184

REFERENCES 187

APPENDICES 213

Appendix A: IRB Approval Form 213
Appendix B: Informed Consent Document 214
Appendix C: Interview Protocol and Questions 216

LIST OF TABLES

1. Research Outline……24
2. Characteristics of Participants…….. 102

LIST OF FIGURES

1. Largest Age group of Nurses 1980-2000…….. 6

CHAPTER I

INTRODUCTION TO THE STUDY

Introduction

The American healthcare system is facing an ominous future. Research suggests that there are current shortages in numerous areas of the healthcare sector ranging from pharmacist, radiology technicians, laboratory technicians, hospital administrators, and family care physicians (American Federation of Teachers, 2003; Devi, S., 2008; Stretton, D.V., & Bolon, D.S., 2009).

The nursing profession, specifically, is experiencing a period of crisis. Researchers and health care professionals have increasingly focused on the rapid decline of qualified nurses working in the health profession and some studies predict a catastrophic scarcity of qualified nurses by the year 2012. The low numbers of men in nursing may be a significant factor in this predicament (Brady, & Sherrod, 2003; Erickson, Holm, Chelminiak, & Ditomassi, 2005; O'Lynn, 2004). Allison, Beggan, and Clements, (2004) contended that a major factor in the severe shortage of nurses is the "unwillingness of males to pursue the profession in great numbers" (p. 162). Since men compose approximately half of the American population, dismissing the reasons for their lack in the nursing field is grossly overlooking a large potential army of employees. This estimated shortage is especially dire as the American baby boomer generation grows older and the need for quality healthcare becomes critical. The purpose of this study is to explore the experiences of men in a female-dominated occupation, specifically in the

field of nursing, in the hopes of recruiting and retaining more men into the field. It is hoped that this study will elicit information that may lead to changes within nurse training programs and at the workplace and may provide a small step in alleviation of the nursing shortage.

The researcher's interest in this topic emerged from the provocations of my son during a heated discussion about women in male-dominated careers. He posited that it is more difficult for a man to enter a female dominated occupation than for a woman to gain access into a predominately male defined job. It is true that as occupations develop a status and tradition of what is sex role appropriate, the ramifications are tremendous for both men and women (Kincheloe, 1999, Williams, 1995). While we might encourage our daughters to become doctors, overall, Americans do not applaud their sons for choosing a career in nursing (McMillian, Morgan, & Ament, 2006). To increase equity in the medical professions, researchers should examine nontraditional male career choices as well as women in male dominated occupations. Lease (2003) discovered that there is little research available about changing societal views on men in female dominated occupations. Researchers noticed that, generally, a woman entering a male dominated occupation is often viewed as making a positive career choice. The same perceptions do not hold true for a man who enters a female-dominated occupation (Lupton, 2006; Meyers, 2003; Sargent, 2004; Simpson, 2005).

In this chapter, the researcher will examine the factors involved in the current nursing shortage and how this affects the quality of American healthcare. The researcher will then discuss experiences of men within the female-dominated profession of nursing and present an overview of the issues they face. The theoretical foundation of this study

will be introduced followed by the statement of the problem and the significance of this study.

Background of the Study

Shortage-Where are the nurses?

Within the field of nursing, there exists a diverse range of job descriptions and educational qualifications that define the occupation of a nurse. These include registered nurses, licensed practical nurses, and certified nurse's aides. The largest segment of the nursing industry is comprised of Registered Nurses (R.N.s) who are primarily employed in the hospital setting (Kalisch & Kalisch, 2004). Academic qualifications for an R.N. may be obtained through a four- year Bachelor's of Nursing (B.S.N.) degree or through a two-year Associate's degree. The nurse must also pass the National Council Licensure Examination for Registered Nurses (NCLEX) (Nichols, 2001). At the time of this study in 2009, job responsibilities for an R.N. are myriad, but within the hospital setting the nurse usually provides patient care, administration of medication, and family support. R.N.'s often choose to specialize in a particular medical area of expertise.

The second largest position within nursing is comprised of nursing aides, patient care technicians, orderlies, and attendants. These job titles vary across different regions of the country, but the qualifications for employment do not require a degree and often include a training program in such facilities as a Career and Technical school, a care facility, or a community college. There are certification requirements that differ from state to state (Career Opportunities, 2007). Their job responsibilities range from lower

level duties such as housekeeping assignments to higher level duties which may include taking vital signs and assisting with the patient's basic living needs.

A Licensed Practical Nurse (L.P.N.), also identified as a Licensed Vocational Nurse (L.V.N.), is usually trained through a one-year diploma program at a Career and Technical school or through a community college. They must also pass a state certification test in order to work in the profession. While each state has specific requirements for each level of responsibility, differences in job descriptions for the L.P.N. as opposed to the R.N., are that they may not administer blood transfusions, or administer certain drugs (Career Opportunities, 2007). There exist other categories of nursing specialties within the overall continuum of the healthcare profession such as nurse midwife, medical assistants, and physician's assistants. Professionals in these positions may or may not hold a nursing degree and certification requirements differ across the nation.

Buerhaus, Staiger, and Auerbach (2009) indicated that the current nursing shortage is indicative of a systemic problem within the field of nursing. The healthcare industry is facing shortages of workers worldwide and some portentous studies have a projected deficit of one million nurses by the year 2012 (Erickson, Holm, Chelminiak, & Ditomassi, 2005). The Health Resources and Services Administration (HRSA) extended a more conservative estimate which predicts eight years longer to reach a shortage of one million nurses by the year 2020 (American Association of Colleges of Nursing, October 3, 2007). Either way, these statistics are critical because a shortage of properly trained healthcare workers may have a detrimental effect on the quality of healthcare a nation of aging baby-boomers will receive.

The nursing profession itself is also comprised of an aging population. In the early 1970's historians coined the phrase "The Graying of America" (Warner, 1973), in reference to the aging baby boomer population and projections that the median age of Americans would rise from 28.0 years old in 1970 to 35.8 years old in 2000. In fact the median age of the population in 2007 was 36.8 years old (U.S. Census, 2007) which is a striking portrait of an aging American population. According to the U.S Department of Health and Human Services (March 2004), in the year 2000 the average age of registered nurses (RN) in the United States was 45.2. Surveys conducted in 2004 indicated that the average RN age had risen to 46.8. This suggested a movement of the nursing population clustered in the older age groups. For example, the largest demographic of RNs in 1980 was 25 to 29 years of age. In 1992, the largest group of RNs was 35 to 39 years of age, and in the year 2000, it was 40 to 44 years of age. The latest statistics showed that in 2004, the age group with the largest estimated number of RNs was the 45 to 49 year group. These figures demonstrate that during a 24 year span of time, the median age of the registered nurse population increased by 20 years and is further evidence that a new and younger workforce is not entering the profession in large numbers. Another factor contributing to the nursing shortage is based on findings reported by the American Association of Colleges of Nursing (AACN) that 55% of nurses surveyed reported their goal to retire between the years of 2011 and 2020.

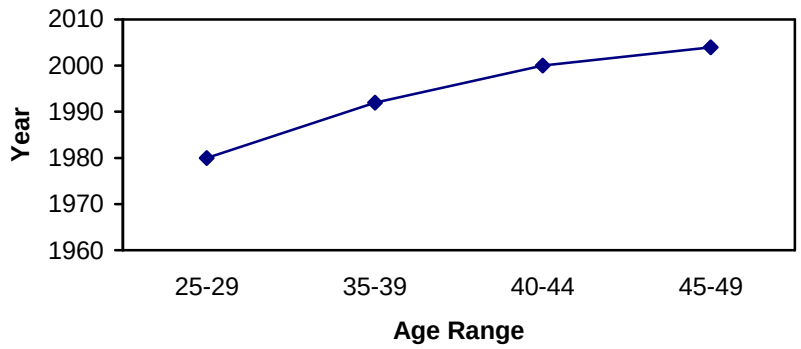


Figure 1 – Largest age group for nurses – 1980-2000

The same report also showed that while the aging nurse population is preparing to retire, there is no great influx of new nurses available to take their place. The AACN also found that nursing schools rejected 42,866 qualified applicants from baccalaureate and graduate nursing programs in 2006 due to the following factors: an insufficient number of faculty, lack of clinical sites, limited classroom space, and budget restrictions.

The miasma of quality healthcare

Current research suggested the nursing shortage may be responsible for a declining quality of healthcare. The AACN report of October 3, 2007 concluded that as many as 75% of the registered nurses surveyed believed that the nursing shortage is responsible for the deterioration of patient care. Another survey discovered that 93% of RNs claimed that the decreased numbers of qualified nurses on staff placed increased work stress on those in the field leading to emotional exhaustion and was responsible for more nurses ultimately leaving the profession (Buerhaus, Donelan, Ulrich, Norman, & Dittus, 2005). The U.S. Department of Health and Human Services (2004) indicated that

only 83.2% of the qualified RN population worked in nursing in 2004. This represents an increased number of nurses not working in their profession from the estimated 90% of RNs employed in the year 2000.

One disturbing study discovered patients in hospitals with inadequately staffed nursing levels have a 31% higher chance of dying and that an increased number of nurses in those hospitals could stop thousands of unnecessary deaths per year (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002). The authors of the study concluded that "… all else being equal, substantial decreases in mortality rates could result from increasing registered nurse staffing, especially for patients who develop complications" (p. 1991).

Confirming this disturbing trend in health care, Blendon, DesRoches, Brodie, Benson, Rosen, Schneider, Altman, Zapert, Herrmann, and Steffenson (2002) revealed that more Americans die each year from medical-related errors in hospitals than as a result of injuries in traffic accidents. This research consisted of 831 practicing physicians and 1207 members of the general public. Blendon, et al, reported that 53% of the doctors and 65% of the public that believe the nursing shortage is the leading cause of medical errors and unnecessary patient deaths.

Job (Dis) Satisfaction

Another ramification of the nursing shortage is an increased incidence of nurses leaving the profession due to burn-out, stress, and job dissatisfaction caused by the mounting demands placed on them, such as mandatory 12-hour shifts and higher nurse-to-patient ratios. A harmful cycle develops as nurses feel progressively overburdened by the soaring number of patients for whom they are responsible and the decreasing number

of healthcare professionals available to care for these patients. “Nurses report greater job dissatisfaction and emotional exhaustion when they’re responsible for more patients than they can safely care for. Failure to retain nurses contributes to avoidable patient deaths” (Aiken, Clarke, Sloane, Sochalski, & Silber, 2002, p. 1990).

High rates of absenteeism among nurses are blamed on mandatory 12-hour working shifts, fatigue, increased incidents of “failure to respond” to patient emergencies, and job dissatisfaction (Rogers, Hwang, Scott, Aiken, & Dinges, 2004). Aiken, et al (2002) also discovered that approximately one out of every four nurses under the age of 30 years old is planning to leave their job within the next year due to emotional and physical burn-out and job dissatisfaction. This crisis generates a vicious cycle of scarcity of nurses spawning even higher incidents of emotional and physical burn-out for those on the job which then results in more qualified nurses leaving the profession. Experts have suggested that nursing needs to undergo a major reconstruction that would: increase nursing pay, decrease patient/nurse ratio workload, provide a more collaborative team approach with the doctors, encourage hospitals to allow the nurses to have a stronger voice, and more authority in decision making policies (Gordon, 2005). The nursing profession must recruit and retain both women and men in the nursing profession. One promising avenue for the amelioration of the nursing shortage may be to increase the numbers of men entering the profession since they comprise approximately 5.8% of the overall nursing workforce and may represent the most promising area of growth for the profession (U.S. Department of Health & Human Services, March, 2004).

Manly men – Men in Nursing

"There's no question about the public's stereotype of a nurse: white cap, unquestioningly following doctors' orders and female" (Trossman, 2003, p. 65)

This section will address men in nursing and will specifically focus on their decisions to enter the field, experiences in training schools, and inter-personal relationships in the workplace. According to Ellis, Meeker, and Hyde (2006), the predominant face of the nursing workforce is white and female. While the number of men working as RNs increased slightly from 5.4% in the year 2000 to 5.7% in 2004, according to the U.S Department of Health and Human Services (March 2004) and at the time of this research in 2009, men only comprise 6% of the total nursing population. LaRocco (2007) discovered that when men do enter nursing, they face overwhelming frustration and lack of support. They also find a difficult process of negotiating relationships with female nurses and with both male and female doctors. The biggest problem for some men is they often sense that they do not receive adequate support in the nursing profession--from their families, from the profession itself, or from society. Too many unspoken biases and stereotypes lead to frustration and burnout for men in nursing (Burtt, 1998; Meyers, 2003; O'Lynn, 2004).

Allison, Beggan, and Clements (2004) noticed that men in nursing often experience greater stress, anxiety, and depression than their female peers. In their study of male nurses, they found that men felt excluded from their peers on social and professional levels. Men commonly found that they are overtly denied access to many areas of nursing such as pediatrics and obstetrics (Poliafico, 1998; O'Lynn & Tranbarger, 2007). They also experienced few opportunities for on-the-job mentoring and found

themselves working in a hostile workplace environment that offered fewer benefits and rewards than their female peers received such as equal facilities and equal access to hospital units. These men reported strong feelings of disassociation and isolation due to working in a female-dominated occupation (O'Lynn, 2004).

The issue of advancement for men within the profession has produced contradictory research conclusions. Some studies suggested that when men enter a female-dominated occupation they quickly acquire positions of authority over their female peers. Williams (1995) found this to be true in her studies of both the education and nursing professions. In contrast, other research has questioned whether men in nursing were able to ascend to levels of upper administration. One striking example is from Burtt (1998) and her research of men in nursing as she discovered frustration from men in their inability to obtain promotions. She cited several sex discrimination lawsuits that men have filed as evidence that men do not have an unfair advantage in nursing and rarely climb to positions of authority. Research by O'Lynn (2004), Poliafico (1998), and McMillian, Morgan and Ament (2006) also posited that men are not easily able to advance an administrative ladder in nursing and many feel they are openly discriminated against in the occupation. Porter-O'Grady (2007) discovered that men hit reverse discrimination in the "good old girl's club" (p. 145). He noticed a glaring conundrum facing male nurses in that while men may be expected to rise to a position of authority in nursing, they are also ridiculed for choosing to remain a floor nurse, "The expectation is reaffirmed by the notion that there is something wrong or suspicious about a man who appreciates and resonates with rendering good patient care and aspires to no other ambition" (p.145).

When a man does desire to move into administrative positions he finds not a glass ceiling, but what feminist researchers have termed a “concrete ceiling” (p. 143), which presumes men who rise to authority in female-dominated professions do so only due to their sex and are advantaged at the expense of women. This situation may cause animosity among women over whom the man has authority, as they may feel disenfranchised and assume that a woman who was qualified to have that position did not achieve it. This pattern is termed “tokenism” which refers to placing a minority person in a visible work position in order to appear as if the organization is diverse and inclusive (Porter-O’Grady, p. 146). This may be a factor in perpetuating an unwelcome reception for a man in a female-dominated profession and could reinforce the sex role specific nature of an occupation.

Issues for men entering the female-dominated profession of nursing begin in the schools where they receive their nursing training. There is a desperate need for same sex role models to share men’s experiences in nursing. A lack of male faculty members may foster a sense of isolation for male students (Kelly, Shoemaker, & Steele, 1996; O’Lynn, 2004). In administrative education roles, women outnumbered men as 95.8% of all full-time nursing school faculty are women and only 4.2% male (Bernard Becker Medical Library, 2004). According to the American Association of Colleges of Nursing (Oct. 3, 2007) in the year 2001 men comprised 3.5% of the full-time faculty and 2.4% of the deans in schools of nursing. By the year 2003, the percentage of male full-time faculty had only risen to 4.2%.

As a result of barriers that men face when they enter their education, nursing schools have participated in rigorous recruiting campaigns across the country to entice

more men to the occupation. This pattern began to emerge in 2002 from the Oregon Center for Nursing as they released an aggressive campaign designed to increase the diverse face of the nursing profession (Burton & Misener, 2007). Utilizing the internet with public service video clips on *YouTube*, various websites devoted to minorities in nursing, calendars featuring men and minorities, and other marketing campaigns, they endeavored to inform the public of the advantages of a nursing career and recruit men and minorities to the field. Other marketing campaigns included The *Male Nurse* (Lucas, 2007) website which has a link to recruiting videos placed on *YouTube* that offer more than 15 clips promoting nursing and men in nursing specifically. Johnson and Johnson (2007) had an aggressive campaign through posters, brochures, television advertisements, and internet sites. These recruiting endeavors alone had limited effectiveness in drawing men into nursing. Researchers argued for focus on retaining male nurses and to ameliorate roadblocks within nursing school programs that keep men from completion (Brady & Sherrod, 2003; O'Lynn, 2004). Some men in nursing schools felt frustration, isolation, and considerable lack of connection as evidenced in these words:

> For much of my program, I was the only male presence in the entire department. My male sex separated me emphatically from the others. My classmates wore blue-and-white striped jumpers with starched white blouses and white hose. I wore some sort of polyester tunic that gave me the appearance of a crazed orderly from an old B movie (O'Lynn & Tranberger, 2007, p. xv).

The authors described the uniform as a symbol of their feelings of separateness, feelings of being "other" in a female-dominated profession. These images provided tangible

evidence of how men view traditional feminine representations of what constitutes being a nurse and how they cannot identify with these patterns. This may be a strong factor which adds to the challenges of men entering the profession and contributes to the high dropout rates from nursing schools. These numbers were dramatically more pronounced for men than for their female peers since a much lower percentage of men enter nursing schools compared to women. Poliafico (1998) discovered that 50% of men who enter nursing schools drop out or fail. Research by Evans and Frank (2003) indicated that 85% of men compared to 35% of women drop out or fail nursing school. Men reported lack of enjoyment in nursing schools, frustration in communication differences, lack of male instructors, and lack of positive feedback from female instructors as the major factors in dropping out of nursing school (Brady, & Sherrod, 2003; Ellis, Meeker, & Hyde, 2006; Hart, 2005) Factors cited by O'Lynn (2004) as reasons that men do not feel comfortable in nursing school include: exclusive use of the pronoun "she" in textbooks and in lectures, disregard for men's contribution to the profession, support to bar men from obstetrics and pediatrics, tokenism, and accusations that men are advancing their nursing careers unfairly because of their sex rather than on their merit. While this is not a mirrored-reversal of the types of discrimination that women face when they enter a male-dominated profession, there are commonalities that exist in the formation of sex-specific occupations.

Nursing schools in America have a daunting task to retain men in their programs and increase graduation rates, but the profession as a whole faces the issue of retention. McMillian, Morgan, and Ament (2006) reported that, "new male nurses are changing professions within 4 years of graduation at almost twice the rate of female nurse

graduates" (p.100). Another study found that 7.5% of new male nurses dropped out of the profession within four years of graduating from nursing school as compared to 4% of their female peers and job satisfaction was considerably lower for men than women. "Among new nurses, 75% of women reported being satisfied with their jobs compared to only 67% of men; among more established nurses 69% of women and 60% of men were satisfied" (University of Pennsylvania, September 5, 2002).

In an online study that sought to understand the experiences of men in nursing the stated cause of greatest dissatisfaction with the profession was stereotypes and working in a profession that society perceives as a female-appropriate job (Bernard Becker Medical Library, 2004). This same study also discerned that men in nursing resent expectations that they should move heavy patients or restrain violent patients. They saw this as being unfairly singled out by virtue of their sex and performing more duties than their female peers (Smith, 2006). The Bernard Becker study surveyed 498 men who were registered nurses. This survey asked a variety of questions ranging from their entrance to the profession to experiences in the workforce. While this study and other quantitative research was an invaluable resource for understanding the experiences of men in nursing, it is necessary to talk to men directly through a qualitative format in order to explore and understand in greater depth their experiences as nurses.

Importance of this study

This study sought to illuminate the individual experiences of men in nursing at various levels and examined the issues facing men in nursing. This was an applied

research study. Patton (2002) described the purpose of applied research as "trying to understand how to deal with a significant societal problem" (p. 217). The goals of this study were to examine and offer possible solutions on how to recruit and retain more men into the occupation of nursing and how schools can become more welcoming of male nursing students.

McMillian, Morgan, and Ament (2006) contended that there is a need for more qualitative data concerning men who work in nursing as these may "facilitate greater insight and analysis into underlying beliefs" (p.105). Kelly, Shoemaker, and Steele (1996) described the urgent need for additional qualitative studies that "explored the needs, frustrations, and problems" (p. 171) of men in nursing. LaRocco (2007) noted that only a small number of qualitative studies on men in nursing have "allowed the participants to express themselves in their own voices" (p.120) and additional research is needed in order for these men to express their feelings and concerns.

Theoretical Framework

Critical Feminist Theory

The theoretical perspective for this research was grounded in a critical feminist framework to identify the process that leads to and perpetuates gender-based hierarchies such as those that exist in the nursing profession. A feminist critique of sex role specific occupations posited that the concept of professions as sex role specific is a socially produced ideology (Arnot, 2002; Mies, 1998). This was particularly useful when looking at the sex-dominated occupation of nursing. Humm (1995) stated that this framework

attempts to “expose dominant ideologies, practices, and beliefs which restrict woman’s freedom” (p. 51). Dominant ideologies are constructed through complex social interactions and pervade all areas of life including school, church, and the workplace. Critical theory has influenced modern feminist thought by addressing the question of inequity through both class and gender differences (Freedman, 2002). Critical theory centers on issues of power, oppression, and domination. Critical theorists seek to expose how these power relationships work in all aspects of culture and emancipate people through an awareness of that oppression. Researchers who espouse modern critical theory focus on social action along with recognition of the hegemonic issuance of oppression. This perspective endeavors to reveal true social relationships and expose false consciousness with an aspiration for change. Critical theory intends to demystify reality and expose the power structures that may be responsible for oppression of a specific group of people (Crotty, 1998).

Critical feminist theory is a rich resource for uncovering the social structures that produce a sex role specific occupation. Occupations become structured as suitable for one gender over another for myriad reasons. These structures are dictated by societal norms of what is acceptable for either sex as an appropriate occupation. For example, Maria Mies (1998) coined the term “housewifization” to describe the phenomena of portraying a housewife’s work as a natural process that is expected and normal. She stated that the concept of a biological, heterosexual family as an historical construction began to emerge during “large periods of history, including our own” (p. 46). In this construct the man is depicted as the breadwinner on whom the family has financial dependence. This ideology envisions the wife relegated to a position of economic reliance on her husband. This

construct instills an ideological control that, in turn, devalues work done by women and generates a chimera of what is natural and common sense and reverberates through many areas of society such as the church, education, politics, and business. A critical feminist framework focuses on underpinnings of these ideals and how they are developed and perpetuated in a society.

Another issue that determines how social structures deem an occupation appropriate for one sex over another is the matter of socio-economic class. Class issues within this theoretical frame examine the distribution of wealth in a culture and how this is reflected through avenues of power and knowledge. Class identities are often constructed through occupations. Class issues and perceived class identities have a strong influence on men in nontraditional occupations. Class divisions solidify and perpetuate the concept of masculinity and femininity which strongly determine occupational choice (Connell, 2002; Willis, 1977). There is enormous social pressure placed on men to be the predominant wage earner and the head of a household and a critical feminist framework can aid in understanding how class divisions are formulated and perpetuated through a sex-role division of labor.

Intrinsically bound within issues of gender and class, race plays an important role in occupational choice for young boys. A critical feminist frame was able to highlight the historical racial segregation in American society which has, in some ways, followed the same lineage as gender discrimination. Reasons to justify excluding young men of color from specific professions have been based on the pretense of biological differences, laziness, or having different aptitudes or interests (Kimmel, 2000). Conceptions of masculinity are defined by the dominant racial group in a particular culture. In America,

white middle class ideals of what it means to be a man are thought to be superior compared to constructs of masculinity applied to other races (Cheng, 1999; Connell, 1987; Williams, 1995). Researchers have noted a strong reluctance for a young man of color not to enter a female-dominated occupation for fear of being labeled as less than a man. Occupational selection for minority males is a highly complex issue.

Weber (2004) emphasized the importance of focusing on race, class, gender, and sexuality in research because these components are inter-related and embedded in power issues that strongly shape a person's identity and the social location in which they are positioned at a given time. She reminded us that these issues are contextually formed and historically located when researching a specific phenomenon. Through a theoretical lens of critical feminism it was possible to recognize the issues involved with men in nursing at a macro level of social research. This theory assumes the importance of gender, race, class, and sexuality in the construction of human relationships including nontraditional occupations such as nursing.

One key response of a critical feminist study is a call to action. Feminist research provides for change as Brisolara and Seigart (2007) contended "action and agency are morally and ethically appropriate responses of an engaged feminist evaluator" (p. 280). The imperative is an invitation to "work toward changing as well as understanding the world" (Lather, 1994, p.103) and this study of men in the female-dominated profession of nursing may guide educators and nursing programs directors to formulate a support system that will encourage recruitment of more men into the profession, strengthen retention rates for men who are in nursing and possibly assist in the nursing shortage.

Recognition of the experiences of men entering a nontraditional career is an important step to bring about equitable pay and advancement opportunities for all people. There is a need for more critical feminist studies of men and the various aspects of masculinities within education. The importance of an analysis of masculinity within a feminist framework is to achieve a complete picture of the constructs of gender. As Kimmel and Messner (2004) contended, it is a necessity to study masculinity given that for generations men have considered themselves as being without gender. By scrutinizing masculinity through a feminist framework, it is possible to gain a deeper understanding of social constructs and how it affects both sexes (Gardiner, 2002a). It may be that through a study of dominant and non-dominant forms of masculinity and its constructs throughout society, we may begin to diminish the power of patriarchy (Robinson, 2002).

Symbolic Interactionism

Another research strategy that directed this study is symbolic interactionism. This perspective placed an emphasis how "people create shared meanings through their interactions, and those meanings becoming their realities" (Patton, 2002, p. 112). By studying men in nontraditional occupations, a particularly important issue to understand was how these men viewed themselves in the context of a female-dominated occupation. Charon (2004) posited that people always see themselves through their perspective of interaction with others. Experiences are developed and constituted by words and the vocabulary that a person accrues to understand their positionality. This research orientation focused on human interaction and relationships with others and how the

individual constructs themselves in certain social contexts. It is critical for researchers to understand the meanings that people attach toward things for as Blumer (1969) articulated, “To ignore the meaning of the things toward which people act is seen as falsifying the behavior under study” (p.3). The nursing profession is laden with symbolism both for women and men working in the occupation. The images that nursing evokes may deter many men from entering the occupation (Barkley & Kohler, 1992). Symbolism, along with various levels of communication, may also be a factor of concern for men who are working in nursing.

Historically, a nurse is a pervasive symbol of femininity (O’Lynn, 2004). Therefore, how a man perceives being a “nurse”; how he interacts with other nurses, doctors, patients, and his own circle of social relationships is fundamental to an understanding of the ramifications of being a man in a female-dominated career. A symbolic interactionism framework allowed the researcher to capture these meanings.

Symbolic interactionism looks subjectively, rather than objectively at the way people interact in their social environments (McClelland, 2000). Symbolic interactionism is about meaning for a particular person and how they define reality through their relationships with others, with objects, and with symbols. As Patton (2002) illustrated a study of shared meaning of how symbols and words can influence what is important to a group of individuals may have a profound impact on the study of men in a nontraditional occupation. Since the word “nurse” and the nursing profession itself has such a long history consisting of caring, nurturing *women*, some men who work in the profession view the “word ‘nurse’ as sexist and the name of the profession itself would have to

change before true equality can be gained" (Bernard Becker Medical Library, 2004, p. 39).

Symbolic interactionism offered a rich, detailed frame for approaching how men in atypical careers locate and manage their sense of self. Critical feminist researchers have recognized that how an individual views themselves is strongly influenced by societal factors, and that "mainstream research practices are generally, although most often unwittingly, implicated in the reproduction of systems of class, race, and gender oppression" (Kincheloe & McLaren, 2005, p. 304). Through these two paradigms, it was possible to discover the dynamics of how occupations become gendered and what keeps them so entrenched along with a unique focus on how men's experience in a nontraditional occupation.

Statement of the Problem

> "*Because the nursing profession is composed mainly of women, it cannot be assumed that the experiences of men in nursing are understood by women*"
>
> Ellis, Meeker, and Hyde, 2006, p. 524

An increased understanding of the experiences of men in nursing at all levels from the nursing schools to workplace was essential in order to possibly mitigate the nursing shortage. Research has shown that occupations may be identified in gender specific terms as what is an appropriate job for a man and what is deemed appropriate for a woman. Even though tremendous strides have been achieved in workplace equality,

there are those who still have not broken through walls of sexism and stereotyping due to the problem of continued archaic practices and ideals that deem a job suitable for only one sex. This continues a cycle of culturally produced sex-role specific occupations that limit the potential of both men and women to achieve their fullest potential in the workforce.

The problem for men in nursing is that they represent a small percentage of the profession, consisting of about 6% of the overall numbers (Anonymous, 2007; Brady & Sherrod, 2003). In the face of an escalating nursing shortage and a decreased quality of patient care, attracting more men to the profession could alleviate this critical healthcare problem. Issues of working in a female-dominated occupation are not adequately addressed for men enrolled in training to become a nurse. The experience of men working in nursing is an area that is under-studied. It is imperative to understand the experiences of men in nursing across all levels of employment. Much important information can be revealed by these men as they are allowed to tell in their own words of their experiences within the profession of nursing.

Purpose of the Study

This study sought to:

- understand the experiences of men who are currently working in nursing and those who have left the field
- utilize interview data to suggest changes to provide more support for men in nursing schools and on the job

- explore how men manage their concept of masculinity in a female-dominated occupation and elicit changes that might focus on recruiting campaigns.

This study was a small effort to alleviate the disparity that men face in the field of nursing and to close the gap that may exist for them by identifying hindrances for men in the nursing schools and on the job. This information may be helpful to focus on possible changes within nursing schools and at the workplace. Understanding these factors may strengthen retention and increase participation in nontraditional career choices for both sexes. It may also increase the numbers of men in the field of nursing and help to ease the shortage of qualified healthcare workers.

Research Questions

This study was guided by the following research questions:

1.) What are the experiences of men in nursing school and how are these experiences gendered?

2.) What are the work experiences of men in the female-dominated profession of nursing and how is this personal knowledge gendered?

Table 1: Research Outline

The following table indicates the manner in which each question was pursued:

QUESTION	DATA INSTRUMENT OR SOURCE	ANALYSIS PROCEDURE
What are the experiences of men entering the female-dominated profession of nursing? How do men orient their position in a nursing school? How do men negotiate issues of masculinity within a nontraditional occupation?	Document Analysis will include: -Collection of extant statistical data concerning men in non-traditional occupations and in the nursing profession specifically. -Historical and current nursing data and documents. -Textbooks from nursing school curriculum. -Letters of application from men to nursing schools. -Recruiting documents. -Observation of nursing schools classes.	Interviews, open coding, line by line analysis, identifying categories and themes, identifying subcategories until saturation of the themes emerge, observation and field notes.
What unique conditions exist for men in the field of nursing? - Negotiating relationships - Administration - Career advancement - Patient/family interactions - Jobs within the nursing profession and sex role dominance.	-Interview protocol -In-depth interviews with men in the nursing profession - Field Notes	Identify indigenous themes that emerge through constant comparison, data coding, analytic statements, and descriptive analysis.

Limitations and Assumptions of the Study

Patton (2002) talked of "reflexive questions" (p. 66) that all researchers must ask of themselves in order to maintain validity in a study. Emerson, Fretz, and Shaw (1995) spoke of the necessity of guarding against the imposition of outside meanings into the interview process. Reflexive practices included the use of a field log, peer review, and a

member check in which the participants review transcriptions of their interviews and completed works in order to provide input into how their words are utilized (Patton, 2002).

Limitations

A potential limitation of this study may also be a particular strength. The researcher is not employed in a non-traditional occupation; the researcher is also not a man and may find it difficult to have sympathy for a sex that has so many seemingly advantages. Vivid recollections exist of a once shy, eighth grader tentatively approaching her Algebra teacher for assistance and him glibly dismissing her with the adage, "Don't worry about math; girls don't need to know this stuff." Reflection is a needed and ongoing practice for qualitative researchers especially when the researched is of a different gender (DeVault & Gross, 2007). As Appleman (2003) contemplated in her study with racially diverse adolescents, "…I wonder if my portrayal of them served only my scholarly needs and not theirs at all. In fact, I wonder if my research not only failed to benefit them, but was, in some ways, actually harmful". This quote reflects the use of traditional educational research practices that have been conducted without regard to race, sexuality, class, or ability. Such research has produced a partial and distorted view of society (Harding, 2004, p. 39).

Bailey (2007) articulated that a critical feminist framework would "assume that inquiry is not a value-free or objective process" (p. 115) and that a position of impartiality within this form of inquiry is neither "desirable" nor "attainable" (p. 116). In contrast to traditional research methods, a critical feminist study would reject ideas and

notions that the researcher be free of bias. Rather, the researcher should take care not to replicate previous social injuries and injustices that have been inflicted on the participants through the use of a paternalistic, hetero-normative Western bias that leads to limited conclusions and practices. This framework is useful because it allows the researcher to invite the participants to tell their story while understanding the value of a critical feminist frame is which the researcher rejects the idea of objectivity and welcomes the ideas and views that are brought to the study (Lather, 2009).

The workplace environment and the experiences of these men may be vastly different from those experienced by men working in nursing in other parts of the country, or in other nations of the world. The findings of a study of men in nursing in the State of Oklahoma may not be consistent with men in other parts of the country.

Strengths

There is a common socio-economic class association between nursing and education so in this way the men interviewed may not perceive the researcher as an outsider. These similarities may be strength because the participants may trust the researcher and feel as if they can open up in regard to how they feel about their profession.

Significance of the Study

In nursing schools where men receive their training they are faced with a skewed disadvantage due to the lack of male nursing faculty. Little is also discussed about dynamics which could lead to misunderstanding and frustration in their future careers.

Not only do fewer men enter the profession of nursing than women, but as a result of insufficient support, dropout rates from the nursing profession are higher for men than for women (Allison, Beggan & Clements, 2004). This is disturbing due to projections by the Bureau of Labor and Statistics which posited that of the 30 fastest growing jobs by the year 2010, 17 are in the health-care and health-care support industry (Hecker, 2001). Recognition of the experiences for men entering a female-dominated career is a step to bring about equitable pay and advancement opportunities for all people. It may also be a small step to assuage the nursing shortage crisis.

Definition of Key Terms

This study will examine the experiences of men in a female dominated occupation and may present the reader with unfamiliar terms. These words are defined in order to facilitate a more thorough understanding of these experiences. There will be two types of definitions utilized in this research: conceptual and procedural. The following definitions are included:

Conceptual definitions-

Critical Feminist Theory - "...attempts to discover and expose dominant ideologies, practices and beliefs which restrict women's freedom. Its research aim is to emancipate rather than to predict and control or simply to understand" (Humm, 1995, p. 50).

Symbolic Interactionism – Blumer (1969) defines three assertions in an understanding of this perspective:

> The first premise is that human beings act toward things on the basis of the meanings that that these things have for them…The second premise is that the meanings of such things is derived from, and arises out of the social interaction that one has with one's fellows…The third premise is that these meanings are handled in and modified through an interpretive process used by the person in dealing with the things he encounters (p. 2).

Critical Inquiry – "…views both methods- techniques for gathering empirical evidence- and methodology- the theory of knowledge and the interpretive framework that guide particular research project – as inescapably tied to issues of power" (Lather, 1994, p. 143).

Gender – "The totality of meanings that are attached to the sexes within a particular social system" (Kramer, 2005, p. 185). "But gender and sex are not equivalent, and gender as a social construction does not flow automatically from genitalia and reproductive organs…" (Lorber, 1994, p. 17).

Femininity/Masculinity – That which is "…rooted in the social (one's gender) rather than the biological (one's sex). Societal members decide what being male or female means…and males will generally respond by defining themselves as masculine while females will generally define themselves as feminine" (Stets & Burke, 2000, p. 997).

Hegemonic Masculinity – A term coined by Robert W. Connell (1987), a professor of Education at the University of Sydney in Australia, to recognize the existence of multiple masculinities and to understand how a dominant form of masculinity is enforced within a society. The term has evolved to include a "dualistic

representation of masculinities" (Connell & Messerschmidt, 2005, p. 844) which incorporate both an internal and external forms of multiple types of masculinity which are relational based on intersections of race, class, and generation.

Patriarchy – "The social domination by males over females" (Kanter, 2005, p. 15).

Emic/Etic perspectives – Terms used in qualitative ethnographic inquiry. *Emic* is used to refer to "capturing and being true to the perspective of those being studied": the insider's view, while *Etic* refers to "a degree of detachment": an outsider's view (Patton, 2002, p. 84).

Procedural definitions-

Coding - "A process that disaggregates the data, breaks them down into manageable segments, and identifies or names these segments" (Schwandt, 2007)

Open Coding – The field notes of the research are read "line-by-line to identify and formulate any and all ideas, themes, or issues they suggest…" (Emerson, Fretz and Shaw, 1995).

CHAPTER II

REVIEW OF LITERATURE

Overview

Social change does not occur quickly in any culture. Nor can change be affected by one person, no matter how dedicated they are to the cause. As the feminist and civil rights movements have demonstrated, social change is possible but may take place in small increments over a period of decades or centuries. Societies and ideological norms are evolving and changing as are the institutions that compose those communities. The defined traditional roles for women and men have greatly expanded and evolved in American culture and many more opportunities are now open for women in occupations, politics, and religion. However, gender roles and sexual identity are still staunchly defined by long-established ideals through the family, in education, and in the workplace. These roles reflect the expectations of a traditional, patriarchal society. Despite the progress feminism has achieved, a person's gender, sex, and sexual identity are still circumscribed along strict parameters of a heterosexual, Christian, monogamous family ideal. Even for same-sex families, a traditional structure is given more accepting social status as gays discover that their delineation of family must mirror that of the conventional family units in order to be more accepting and tolerated (Walters, 2004).

Yoshimura and Hayden (2007) clarified the difference between gender, sex, and sexual identity as distinct concepts. Sex is the biological difference between a male and

female body. These biological differences include “chromosomes, hormones, internal and external genitalia, and secondary sex characteristics” (p. 104). While often used interchangeably, gender is the societal suppositions, patterns, and expected behavior linked with sex. Cultural norms dictate that there are only two types of biological sex: male and female. This is considered the “natural” state of being. However, medical science has long recognized that there are many variations that compose a person’s sex. Fausto-Sterling (1993) elucidated what medical science has known for millennia that biological sex is not a clear cut male/female dichotomy. In fact, sexual difference may be categorized along a continuum that contains at least five definitive characteristics and perhaps even more.

Ideological norms are deemed appropriate for only two sexes and are embedded through our society in language, legal status, schools, the church, and the media. Macro-social levels of culture are defined as “national, multinational, and international levels” (Kramer, 2005, p.5) of interaction. A micro-social level concerns the interaction of small social groups such as the family unit. It is a truism that these levels are intertwined and interconnected to form a powerful influence that affects people’s choices in society. Government, the media, educational structures, religion, and especially the family, are all influenced by each other and through each other. Gender is not a matter of biology, but is socially constructed and how an individual determines their sex status, gender identity, or sexual identity is profoundly influenced by both macro and micro social processes. The family and the schools are powerful institutions that shape and define such identities.

How an occupation becomes gendered

Kanter (1977) defined a nontraditional occupation as one that is "skewed" (p. 208) in distribution of the sex of the employees with 85% domination by one people of one sex. The University of Hawaii (2003) determined that a nontraditional occupation employs less than 25% of one sex. Lucci (2007) posited that when a job is "70 percent or more of one sex, it is gender specific" (p. 30). Kessler and McKenna (1978) added that a nontraditional occupation refers not only to unequal sex representation, but also the occupation takes on an impression of being appropriate for one specific gender.

Martin (2006) echoed that people "do" gender in all social settings, especially in their occupations. In a process of "practising gender" (p. 258) individuals perpetuate a cycle of cultural expected forms of dress, actions, manner of speech and other actions that determine what is suitable for each gender. "Gendering practices…are the repertoire of actions or behaviour…that society makes available to its members for doing gender. They are the 'what to do/can be done/is done' relative to a particular gender status and identity" (p. 257).

The concept of "doing gender" or acting in a way that is befitting an individual's biological sex was described by West and Zimmerman (1987) in their assessment on how gender is accomplished through actions. They observed that doing gender is carried out in every day activities that perpetuate and reinforce ideological notions of what is expected from each sex. Within our culture, there are two distinct categories of being: male and female. There are clear cut differences between the two genders and decisive

expectations for each "…differences seemingly supported by the division of labor into women's and men's work and an often elaborate differentiation of feminine and masculine attitudes and behaviors that are prominent features of social organization" (p. 128).

Work provides a strong social platform where gendered differences are most glaring. The type of work, the connotation of social status, and how well the job is rewarded all are based on social constructions of gender. Leidner (1991) claimed that "gender segregation of work reinforces this appearance of naturalness" (p. 155). Henson and Roger (2004) affirmed that gender is reproduced and enabled in the workplace through interaction and identity and those men in female-dominated occupations are viewed as a challenge to the "'naturalness' of the gendered organization of work…" (p. 219). Occupations evolve as being appropriate for either male or female. In all cultures around the globe, occupational segregation by sex is pervasive and accepted (Cross & Bagilhole, 2002). This segregation is effective in relegating women and men to markedly differing types of jobs with "women overwhelmingly concentrated at the lower levels of the occupational hierarchy in terms of wages or salary, status and authority" (p. 206).

Gender and the actions that are expected of individuals assigned to either category, is an ongoing, complex process. Organizational practice reinforces the divisions of labor for each gender through control, manipulation, and action (Acker, 1990). Part of the social division of labor de-values emotional labor that women often perform. Sociologist Arlie Hochschild (1983) introduced the concept of emotional labor in her classic book *The Managed Heart: Commercialization of Human Feeling.* Emotional labor is emphasized in occupations which require the face to face interactions of

individuals “the emotional style of offering the service is part of the service itself” (p. 5). Emotional labor is often found in occupations deemed appropriate for women. It emphasizes feeling, caring, and service rather than being task oriented. Occupations that encompass emotional labor have been considered feminine due to the notion that the emotions required to perform the job well are stereotypically associated with our culture’s notion of an ideal woman (Steinberg & Figart, 1999). Women who work in these professions are expected to display feminine characteristics such as “care-giving, service orientation, and sexual availability and attractiveness” (Williams, 1995, p. 14).

Show me the money

Emotional labor that women usually perform in our culture is perceived as more natural for women than men (Guy & Newman, 2004). Caring, as an occupational description, is often accompanied by a decrease in pay and in status “labor that generates perceptions of rapport, supportiveness, congeniality, nurturance, and empathy – in other words- ‘mom’ behaviors – does not register on the wage meter” (Guy & Newman, 2004, p. 293). In the United States, occupations that are female-dominated often have lower wages and fewer rewards available (Cohen & Huffman, 2003).

Years after the Civil Rights Act and other laws to assure equality are firmly in place, American women still found themselves marginalized socially and economically. They comprised the largest demographic living in poverty (Guy & Newman, 2004; Kincheloe, 1999). Women recognize that work men traditionally perform is higher paying and has attached a higher connotation of status. Regrettably, historical evidence has illustrated that as a job becomes viewed as “feminized” it is often transformed into a

deskilled, lower paying profession (Kramer, 2005). Williams (1995) stated that historically men were paid a higher salary because of the belief that they needed more money to support their families. The cultural "norm of domesticity; duty, self-sacrifice, and maternal caring" (Williams, 1995, p. 32) that is expected from women is integral to justify lowered pay. Such a deeply ingrained devaluation of women's work exists in our culture that research by Gamble and Wilkins (1997) showed one of the strongest reasons men cited for not entering a career in elementary school teaching was the "low salary and the low prestige" (p. 190) associated with a female-dominated job. Williams (1995) noticed that men refused to enter female-dominated occupations even in difficult economic times and despite the promise of a good wage.

Cohen (1992) found that a low salary alone does not keep men from entering a female-dominated occupation, but the perceived low social status the job carried along with deeply ingrained stereotypes kept many men away from female identified occupations. Research by Decourse and Vogtle (1997) asserted that men who enter a traditionally female occupation are considered as "stepping down in status" (p. 38). These beliefs invariably shape men's interest in nursing.

It started in school

Children are socialized into the concept of gendered occupational segregation in the home and school. This ideal of sex role specific occupations is insidiously taught through all levels of public education. As early as the pre-kindergarten grade levels, children are shown constant examples of categorically gendered careers. Despite educational reforms and curriculum modifications that seek to incorporate multicultural

and gender equity, conceptions of gender difference are as glaring today as they were decades ago. Schools are still male dominated agencies where each gender knows their role (Richardson, 2004).

In American society, schools are constructed to mirror the workplace and to socialize individuals for their social and economic roles. Experiences which reinforce prescribed sex roles are confirmed both by the traditional curriculum and by teacher expectations that are a subtle harbinger of social relations students will encounter in the workforce. Concept formation of what is considered masculine and feminine is habituated in the classroom, through athletics, and in all unstructured activities. This ideal is reified for young people in the media, the home, but especially in the structure of typical schools (Kimmel, 2000).

Within education, the teacher has tremendous power to impose gender roles for his or her students. Teacher styles and teacher/student interactions are still much the same today as they were decades ago. Equal enrollment in a classroom does not mean equal experience. While there may be an integrated curriculum that portrays women as social equals to men, the subtle interactions of the teacher speak more powerfully than any textbook could portray (Thorne, 2004). The structure of the school, with males in authority as administrators and females in the subordinate teaching and secretarial positions, clearly model for students the way the world is supposed to operate and function (Kramer, 2005; Thorne, 2004). Sex role identity is strongly molded in schools and adolescence is the time when young people learn the social rules of accepted sexual behavior for each gender. Girls learn that they must silence their sexual desire. They must be sexy and attractive to boys, but it is shameful to feel desire or to act on it (Fine, 1997).

A critical understanding of the ramifications of gendered language and literacy in the classroom is necessary for educators to encourage true equality. Teachers should be aware that their interactions promote biased practices and create an environment of inequality. Many teachers are not attentive to bias and stereotypical language that enforces discrimination and endorses an inferior education for girls. Teachers may incorrectly perceive themselves as providing a fair education when they are not (Sadker & Sadker, 1994). This problem is more devastating because often educators do not consider sexism to be a problem in their classroom. They may not recognize hegemonic controls which silence girls and allow boys to be the center of the teacher's attention (Duffy, Warren & Walsh, 2001).

The National Coalition for Women and Girls in Education (2002) issued a report card to examine the progress of gender equity and the effectiveness of Title IX in advancing girls educational and social status. The learning environment they studied included factors such as: classroom interaction, curricular materials, and teacher education. These were all considered and rated as to the progress achieved. The study graded this C- indicating, "Some progress: Some barriers addressed, but more improvement necessary" (p.7). This report card indicated that schools still struggle with gender equity issues thirty years after Title IX. Teachers need to become critically aware of gendered language and biased practices that are in use and learn how to make gender equity a priority.

Boys also receive a skewed education that promotes the ideal of how a man should act, think, and become. This has a detrimental effect in behavior. Sadker and Sadker (1994) discovered that boys were more likely than girls to drop out of school.

They had a higher suicide rate than girls and represented a higher percentage of school suspensions. Boys were more likely to be referred for special needs services and within special education, African-American boys are the largest group to be identified as mentally disabled or as having an emotional disability (Banks, 2001; Ferguson, 2001).

As gendered behavior is subtly woven throughout classroom expectations for boys, girls are also expected to conform to a specific set of feminized behaviors. Paechter (1998) researched how education creates girls into an identification of Other "discounting their successes and positioning them as intellectually inferior" (p.1). Language is a powerful weapon used in this process. Words can be crafted to have a stronger meaning than any action could convey. Male educators encouraged banter between themselves and the boys in class in order to bond with them. Such banter specifically excluded the girls. Language used in the classroom mirrors that in other areas of society as girls see boys dominating conversation, making subtle sexual innuendos, and positioning the girls in inferior positions (p.24).

Orenstein (1994) found that teachers are paramount to gender role development in their classroom. Her research examined the self-esteem and confidence of young girls at two California middle schools. She asserted that although educators were attempting to create textbooks that were more inclusive of gender roles, the strongest force in a classroom is "the hidden curriculum" (p.5). The unspoken messages that constitute the hidden curriculum are conveyed through teacher interaction, tacit implication, and overt action "that cues children into their place in the hierarchy of larger society" (p.5). In several math classes she observed, the male students constantly dominated the female teacher's time and attention. The boys were allowed to shout out answers without raising

their hands, snapped their fingers at the teacher impatiently, and interrupted other students and the teacher, behavior for which the girls were openly reprimanded. This condoned intimidation was effective in quieting the girls and slowly sapped them of their confidence (p.12).

Diekman and Murnen (2004) asserted that the written curriculum is a powerful agent in the classroom which sanctions prescribed gender roles. They discovered that written narratives were strong enough to invoke change of opinion in children and adults (p.373). In a comparison between sexist and nonsexist children's literature, they discovered that nonsexist books did include more examples of women in nontraditional, masculine defined roles across several social settings; the home, occupation, and leisure. Astonishingly, they revealed that the reverse was not ever true. There were no men who were depicted as "adopting aspects of the feminine gender role" (p.381). While these books were written for young children and identified by the publishers as being nonsexist, the stories and character development depictions did little to constitute any real socially constructed change in gender behavior.

Frederickson (2005) discovered this phenomenon in her examination of United States history curriculum in which an attempt at gender equity was brought about through an "add women and stir" (p.2) concept of inclusion. She discovered that textbooks offered the accomplishments of women in segmented ways almost as an afterthought. This was consistent with the findings of Sadker and Zittleman (2005) who examined the textbooks in a teacher education classes. They stated "gender bias is very much an issue for boys and girls, an issue many educators fail to see" (p.27). Textbook producers have made an effort to integrate gender and ethnicity into curriculum materials yet texts still

portray men and women in traditional occupational roles. Texts were written from a predominantly European American, middle class point of view. Information regarding the accomplishments of women or minorities was often given in segmented and separate blocks no more than a few paragraphs in length (Commeyras, 1999).

Other teacher behaviors that enforce gender bias were treating boys and girls differently, academic expectations for boys that were higher than for girls, and encouraging an ideal of learned helplessness for young women where teachers allowed the boys to speak for girls in class, or to take over a science experiment (p. 29). When teachers are not aware of gender issues or worse "treat gender as a nonissue [they] are teaching something about gender just as much as teachers who take up gender issues" (Commeyras, 1999, p. 353).

It continues in the home

Work and gender are intertwined in a miasma of ideological expectations. Activities women perform in the home and in the workplace are difficult to separate. As DeVault (1991) observed "women are virtually always on call" (p.5). Attributes which make a woman a good wife and mother in our society are also considered essential for employment in a traditional occupation classified as feminine.

Family is the place where children are nourished and loved. It is the social unit where our identities and gender roles are most strongly identified and modeled. The current ideal of a heterosexual family unit provides clearly defined notions of masculinity and femininity. Parents subconsciously teach their children about gendered norms that are expected from our society. Kimmel (2000) discovered that parents interact with infants based on their suppositions of how each gender is supposed to act rather than on the

individual characteristics of that individual child. Toys and clothing are sold to be gender specific and at an early age, “physical appearance is tied to social definitions of masculinity and femininity” (p. 124). Boys also conceptualize what masculinity means through shunning anything that appears to be feminine. Messner (2004) recalled a soccer rally in which the four and five year old boy’s team, “The Sea Monsters”, openly mocked the girl’s team, “The Barbie Girls”, while the parents watch approvingly. Both genders are consciously aware of the pressures to conform to traditional constructs of gender behavior and are reminded of what is appropriate by their family through overt and subtle means.

The overwhelming stress on stereotypical portrayals of the gendered “traditional family life” is strongly felt in the gay community in America. In recent history, gay and lesbian couples are desperately trying to achieve the legal right to marry (Walters, 2004). The pressure has been so intense that many gay couples are embracing a conservative, traditional approach to marriage in order to gain acceptance instead of being allowed to define a new meaning of family. Gay and lesbian couples who feel the need to legitimize their relationship in a mirror image of the traditional family may make it more difficult for other gay couples who opt for alternative living arrangements (Walters, 2004). A new paradigm of family and what constitutes a family unit is difficult to identify under these circumstances.

Momentous turning points in family structure, such as a wedding, funeral, or birth, can prove to be a testing ground for levels of acceptance of each family member’s lifestyle choices which only serve to enforce societal constructs of gender roles. Naples (2004) discovered this at the funeral of her father. She was faced with ostracism and

condemnation from her conservative, religious, sister. Although she was the eldest sibling to whom everyone turned for guidance and comfort, she still felt ashamed because of her minority sexuality identity. The family did not understand her nor would they accept her gay friends whom she so badly wanted at her side during this time of grief.

Another example of the way in which families deal with gender roles in affirming heteronormativity and expect gay and lesbian families to conform to traditional family roles was made by Walters (2004) who never felt shunned by her family because she was a lesbian, yet learned that she received much more social acceptance when she was pregnant and became a mother. This elevated her status as somehow more "normal" in the eyes of her acquaintances and co-workers. Motherhood is still seen as the ultimate in feminine identity and the crowning definition of success for women. Even women of different races and cultures struggle to gain this perceived status as wife and mother as their ultimate source of fulfillment and worth (Segura, 2004; Hertz, 2004). The patriarchal pressures that dictate a woman's ultimate goal in life is to achieve a successful marriage and motherhood is a strong, subtle form of hegemony that is difficult to overcome. Women who have achieved success in their occupation still wish they had more time at home with their children (Kramer, 2005; Ehrenreich, 2004). The social pressures placed on men to achieve the ideal of the breadwinner and protector of his home is equally daunting. A study on men in a female-dominated career may uncover these similar strong expectations to conform to patriarchal, heteronormative social structures in the home and how those pressures can be reflected in the workplace.

Valdes (1995) defined conflation as the "confusion and distortion of sex, sexual orientation, and gender as social and legal constructs" (p. 3). Societal constructs of sexual

orientation are often highly gendered. This may seem like a contradiction in terms, but Kimmel (2000) explained that gay and lesbian persons often conform to predetermined constructs of behavior and character. While both men and women are socialized into specific gender normative roles beginning at birth, they are also given subtle messages about the gendering of same-sex orientation. He stated "homosexuality is deeply gendered, and that gay men and lesbians are true gender conformists" (p. 235). As lines of gendered normativity are crossed, those behaviors are then also gendered and constructed as the expected deviating behavior. For example, experts in child psychology may claim that if boys display cross-dressing behavior, they are more likely to grow up gay. Meyer (2008) stated that when boys display feminine behavior it is assumed that they are gay. This aligns with social constructs of gender and sexuality. Categorizing people on the basis of their sexuality began to emerge in the late nineteenth century when specific behaviors of sexual identity defined the individual (Hubbard, 2001). Various categories began to be attached to specific behaviors. A dichotomy began to develop between gay and straight sexual orientations. This is reinforced through constructs of behavior that label people of differing sexual orientations.

Summation

Gendered ideals of what constitutes appropriate behavior for each sex is greatly determined by both macro and micro forces in a society. Women and men feel enormous pressure to conform to societal ideals of what is prescribed as masculine and feminine. Thompson (2004) discovered the pressures faced by young girls across racial lines and

the societal pressures they feel in regard to their gender. A girl's self-esteem and sense of worth is intricately woven within their image of what is expected of them as feminine. Some are pressured into sexual activity by their boyfriends before they are ready; some are hiding feelings of bi-sexuality. All of the girls had a skewed concept of themselves and none of them felt free to explore their own desires.

Women have come a long way in achieving equality with men. In regard to gender, sex roles, and sexual identity however, women are still often relegated to the dark ages confined to mold and form themselves in accordance within rigid social roles set for them. It is equally as daunting for men to conform to the societal pressures and family expectations for their success.

Occupational Education

This next section will address how occupations are gendered in Career and Technology schools and in other training schools where nurses receive their training and how this gendered construction contributes to the continued division of sex role specific occupations.

Sex bias in career technology

Career and technical educational programs view themselves as breaking down barriers that promote nontraditional occupational choice. However, researchers have noted that there exists a strong gender disparity in career choice. Understanding factors that influence educational and occupational selections for women and men are crucial to

discovering reasons for this inequity. Statistics have shown that there exists a definitive gap in career technology education between boys and girls (Bostic, 1998-1999, Reese, 2002, University of Hawaii, 2003). These sociological impediments are as damaging to boys as to girls. Cultural traditions typically portray men working in atypical careers as weak, gay, or not intelligent enough to secure a masculine-identified job.

The problem of nontraditional career choice for boys and men are not addressed nor recognized in current regulations as an important component of sex discrimination. Studies which focus only on the barriers for girls and women fail to take into account the social and educational ramifications those same gendered dilemma hold for boys. In order to break the cycle of poverty that continues for women and children, occupational education should concentrate on eliminating issues which promote sex-role specific jobs. This would also require focusing on the difficulties boys face when they plan to enter a nontraditional career. To ameliorate gender-based assumptions for both boys and girls, it is necessary to understand the dynamics of how boys are educated and how occupations become unequally dominated by one sex group.

For decades researchers have examined how sex inequality in schools can affect academic and occupation choices for females. Jerry Trusty (2002) suggested that differences in socialization and different interaction styles of the classroom teacher may influence whether girls as early as the middle school grades will pursue Science, Mathematics and Engineering (SME) studies. When girls in the classroom are silenced, it is often due to the behavior of the boys. Often boy's misbehavior directs the teacher's attention to them, thus neglecting the better behaved girls in the room. Researchers have documented how educators can inadvertently ignore the needs of girls and fail to

recognize how the needs of boys and the social constructs of why their behavior demands attention is problematic. Rather, teachers seemed to view boy's behavior as a "natural" or otherwise biologically-based occurrence (American Association of University Women, 2000; Anderson, H., 2003; Cannon, M.E., & Lupart, J.L., 2001, April; Sadker & Sadker, 1994).

This construct instills an ideological control that, in turn, devalues all work performed by women. An ideal of sex-specific occupations is highly ingrained at all levels of education. As early as the pre-kindergarten grade levels, children are shown examples of categorically particular gendered careers. Despite educational reforms and curriculum modifications that advocate equal access to occupations and construct gender neutral occupation choices that expand both bys and girls opportunities, differences in what is expected from each sex is as glaring today as in previous decades.

Traditionally, career and technically education has offered a significant number of sex-role specific programs. Breaking through such deeply entrenched categorical barriers has been slower in the career and technology schools than in other areas of education. New York school districts failed to update curricula for female students in the city's 18 vocational-technical schools. Gehring (2001) discovered that female students were not receiving equal educational opportunities as evidenced by the fact that 13 of the city's 18 vocational-technical schools students were highly segregated by sex. These programs also reflected well-entrenched gender stereotypes. In the vocational schools that have a predominantly higher percentage of women, programs usually offered led to lower-paying jobs such as cosmetology and childcare. The predominantly male-populated

vocational schools programs offered courses that led to higher-paying careers such as engineering and technology.

Through their curricula, vocational education centers perpetuate the assumption of sex-role specific occupations. This is evidenced by a 2002 lawsuit the National Women's Law Center initiated petitioning the education department's office of civil rights for an immediate review of vocational education programs at high schools in 12 states. The charge claimed that schools funneled students into gendered, stereotypical careers and found that females made up 96% of those enrolled in cosmetology courses, 87% in child-care courses, and 86% in medical assistant courses. Males composed 94% of the plumbing classes, 93% of welding, and 92% of automotive collision programs (Cavanagh, 2002). The Report Card on Gender Equity conducted by the National Coalition for Women and Girls in Education (2002) compared the progress of educational opportunities for girls since the implementation of Title IX. It discovered the least gains were in career and vocational education.

Social impediments to equal participation in occupations were even more damaging to boys than girls. American culture typically portrays men in female-dominated careers as weak, gay or not intelligent enough to secure a masculine-identified job. For sub-baccalaureate vocational programs, women composed the largest percentage of students in the fields of health-services, dental/medical technology, and business and legal assistant. Men dominated programs in trade and industry, computers, data processing and engineering/science technologies (National Center for Education Statistics, 2000). Occupational education has not been successful in the elimination of sexism, either for women or men, and has not actively sought to reduce stereotyping.

Issues within Masculinity

Men and masculinity

Feminism, in all of its various forms, has existed for well over a century, yet women are still far from achieving parity in all dimensions of culture. A simple enumeration of the problem is not adequate to understand why gender is strongly determined in relation to a patriarchal regime. In America, gender is socially constructed around two axes; femininity and masculinity (Kramer, 2005). These definitions are powerfully perpetuated with unspoken rules that govern what is proper behavior for those classified within a specific gender complete with strict penalties for those who defy these rules (Kramer, 2005; Risman, 2004; Schacht, 2004). The most sinister aspect of genderization is the way in which the majority of the population does not recognize its intrinsic and harmful qualities but actually embrace the differences. Most women would not classify themselves as inferior or oppressed (Frye, 2004). Women fail to recognize the glaring contradictions of what is required of them in their role as feminine. For example, Frye (2004) posited that young girls are expected to be sexy, but not sexual (p.6). Past research confirmed that children cognitively develop concepts of two separate genders beginning at an early age as a strategy to "make sense of their world" (Risman, 2004, p. 170). Gendered attitudes are inculcated in the home. In fact, the home is "most important in socialization and continues to be influenced by religion, region, and social class" (Kramer, 2005, p. 58).

As is the case of femininity, masculinity is a social construct developed and perpetuated in order to dictate desired gender roles. Whitehead (2002) elucidated the following:

> At the level of, for example, biology, the brain or genetics, masculinity does not exist; it is mere illusion. Masculinity is not a product or an entity that can be grasped by hand or discovered under the most powerful microscope. No amount of cultural representation can make masculinities biologically real (p. 34).

He proposed that what constituted ideals of masculinity are in fact, fictional and contrived images that construct a deceptive account of what a man should be. There is no uniform definition of masculinity and is "a product of cultural and historical forces which assumes many dimensions" (Cross & Bagilhole, 2002, p. 208). While the notion of masculinity is a chimera, the binary production of what it means to be feminine is just as mythically embedded in societal constructs of gender. This is a hegemonic concept which works in a society as a quiet, subtle form of dominance that perpetuates the ideologies of the ruling class in an effort to maintain order and control. Hegemony is most effective when it is embraced by the majority population and viewed as natural and a common sense occurrence (Kramer, 2005).

Men are taught dominant behaviors and beliefs and given daily subliminal reminders of their elevated importance in society. Women are taught submissive behaviors and beliefs through media messages and strongly gendered occupations which guarantee a lifetime of lower pay and fewer promotions than males receive (Kramer, 2005; Schacht, 2004). In an effort to discredit any gains of equality made by women, it has recently become popular to blame the problems of young boys on the feminist movement (Kimmel & Messner, 2004; Weaver-Hightower, 2003). These claims are delivered with the weight and authority of scientific evidence to support their validity.

Societal stereotypes are founded in a dualistic conception of gender that constructs binary oppositions of what is masculine versus that which is feminine (Whitehead, 2002). Williams (1995) stated that she always defines masculinity as the opposite of femininity, "…to be masculine always means to be different from and better than women" (p. 183). Gardiner (2002a) contrasted this with her contention that the construct of masculinity is shaped by beliefs about age and development. She stated that using categories such as age can proffer "useful analogies for non-polarized ways of conceptualizing gender…gender is always understood developmentally in terms of change over the life course and in history rather than in terms of a static and binary opposition between masculine and feminine" (p. 91). Her research along with a theory of gender hooks (1995) proposed, argued that such dichotomous polarization of the genders enforces the patriarchal definition of gender.

Hegemonic Masculinity

Men who work in nontraditional occupations may feel positioned into a marginalized masculinity and may be viewed as inferior to the prescribed hegemonic concepts of masculinity (Evans & Frank, 2003). Sex discrimination can often be a two-edged sword and how these labels affect men also impact women and perpetuate stereotypes. As difficult as it is for a girl to enter an auto body repair program in a vocational school, it may be even more difficult for a boy to enter a nursing program. When a woman chooses to enter a nontraditional occupation the public generally views this choice as positive. This is not necessarily true for a man making the same decision. Men face lowered social status, decreased financial rewards, and in some cases, find their

sexual orientation called into question. It may be difficult to view masculinity as being marginalized, but there exists many groups of men who find themselves relegated to a lower perception of what it means to be masculine. These groups include minorities, the poor, gays, and non-Christians (Cheng, 1999; Lease, 2003).

In an effort to better understand social constructs of gender, R.W. Connell (1987) developed a theory called "Hegemonic masculinity" (p.184). He proposed that the dominant group of a culture determines standards of conduct for men and women along with values they must embrace to achieve the desired gender characteristics. This construct is promoted through the media, schools, churches, and work. European-American males in our culture have dictated the current model of perfection for men which includes specific traits such as domination, aggressiveness, competitiveness, athletic prowess, and control (Cheng, 1999; Lease, 2003; Williams, 1995). The concept has recently evolved into a realization of the relational reformulation of the term. Connell and Messerschmidt (2005) posited that hegemonic masculinity is displayed in multiple patterns that are dependent on the intersections of race, class, gender, and generational factors "The fundamental feature of the concept remains the combination of the plurality of masculinities and the hierarchy of masculinities" (p. 846). However, an understanding of dominance in any gender group is a complex task and it is essential to realize that gender relationships are always relational and "patterns of masculinity are socially defined in contradistinction from some model (either real or imaginary) of femininity (p. 848).

Hegemonic masculinity creates a dichotomy through emphasizing femininity as inferior which functions to enforce this masculine ideal. Also, schools strictly enforce the

overarching macro-social ideal of the heterosexual lifestyle for children (Bordo, 2004; Thorne, 2004; Tolman, 2004). Boys are teased, bullied, and ostracized for any display of perceived feminized behavior. School sports are one arena in which boys learn how masculinity is to be portrayed and exemplified in the world and how severely constructions of weakness are punished (Messner, 2004).

This scenario is promoted through all areas of culture, but particularly in gendered occupations. The consequence for men who enter a female-identified career is stigmatization from other males and, surprisingly, from females as well. Along with denigration, men encounter lack of support and a devalued sense of importance in their occupation (Evans & Frank, 2003). More disturbing was the discovery that some men in nontraditional occupations begin to doubt their own sexual orientation due to negative labeling. In research that focused on males in the nursing profession, it was discovered that some men were called derogatory names or asked why they were not training to become a doctor. Some of the men studied were too embarrassed to admit that they worked in the nursing profession (p.3).

Sargent (2004) discovered that men who work in a nontraditional occupation utilize "compensatory strategies" (p. 174) in order to present themselves as acceptable to others and to ameliorate stereotypes that may exist for them in their chosen field. However, these strategies are often a source of stress and tension for men and may lead to dissatisfaction with their occupations. In her research on males in librarianship, Gordon (2004) found that 82% of librarians were female and that men only comprised 21% of those who graduated with a degree in library information systems. The statistics were more encouraging for men in the nursing profession with numbers having tripled over the

past two decades but employment rates have remained static in the area of elementary teaching (Williams, 1995). Statistics show that the employment rate for men as librarians in 1975 was 34,000 but decreased to 32,000 in 1990 (Williams, 1995). Sargent (2001) discovered that men make up only 15% of personnel in an elementary school. This includes support staff, teachers, and administration.

It is also important to consider that not all men internalize defined notions of hegemonic masculinity. It is impossible and grossly negligent to make generalizations of any person's behavior based on categorical descriptions and social constructs. Yet they are guides for making sense of the forces men must negotiate.

Grounding the historical feminization of nursing

> *No matter how gifted she may be she will never become a reliable nurse until she can obey without question. The first and most helpful criticism I ever received from a doctor was when he told me I was supposed to be simply an intelligent machine for the purpose of carrying out his orders* (Dock, 1917, p. 394).

Piecing together a chronology of nursing is possible only through a clear understanding of the myriad connotations of the word 'nurse' and the ideological assumptions that accompany each term historically. O'Lynn (2007) stated that the formation of the profession of a nurse was a shifting description depending on historical, cultural, and societal need. The professional nurse was understood as someone who would accompany a doctor and provide assistance during medical procedures. Nursing has a long history as a domain of men prior to the mid-1800's. The caring, compassionate, woman, called 'nurse', was the one who provided medical care to her family and often in the community. Reverby (1987) argued that women were expected to

be caregivers and healers within the confines of the family home but not as a profession since they were barred from outside employment.

From the earliest recorded history, it is known that both men and women were nurses (O'Lynn, 2007; Rosenberg, 1987; Sprouse, 2008). For centuries, monasteries and convents provided for the sick and infirmed throughout much of Europe. From the Crusades up to the Crimean War, the military regarded nursing as a strong professional avenue for men because women were forbidden on the battle field and nursing care of the wounded was the domain of male nurses (O'Lynn, 2007, Sprouse, 2008).

In early American society, nursing as a profession was predominantly a male domain. Nursing as a vocation was strongly anchored in women's sphere: the home. "Nursing thus remained a woman's duty, not her job" (Reverby, 1987). Borsay (2009) stated that the notable "women worthies" that encapsulated the ideal Victorian women possessed qualities such as "self-sacrifice, to which all women were expected to aspire, along with their duty to supply physical and spiritual sustenance" (pp. 14-15). This construct of the female as caring and nurturing was not confined to the area of health alone. Tyack and Hansot (1992) chronicled that women were the moral standard bearers of the home and many believed women were innately suited to be caregivers and teachers, "…schooling would make young women better wives and mothers, adding systemic knowledge and utilitarian skills to their God-given talents in nurturing children" (pp 40-41). Hochschild (2003) defined gender strategies as a "plan of action through which a person tries to solve problems at hand given the cultural notions at play" (p. 15). Both men and women understand these gender patterns and strive to fulfill social ideals.

This is critical to understand how the construct of caring as a feminine attribute would place men squarely outside the domain of an occupation strongly associated with caring.

It was commonly assumed that the women of the home would care for the sick and infirmed. In fact, while hospitals existed in the United States since the late 1700's, the majority of the population would never enter into them as their health care would have been provided by wives, mothers, sisters, and other female members of the community (Rosenberg, 1987). In their earliest formation, hospitals were little better than almshouses which often served as asylums for the insane. Only the poorest or most destitute of the population would utilize the services of the hospital. Nursing care was appallingly inadequate and staffed by untrained, destitute individuals (Kalisch & Kalisch, 2004; Keeling, 2001; Lynaugh, 2002; Reverby, 1987). Rosenberg (1987) chronicled that these hospitals employed both male and female nurses who were considered little better than servants. It was common practice for courts to sentence prostitutes, criminals, and workhouse prisoners to duty in the hospital as a nurse and they often remained employed after they served their sentence with no other remuneration but a free supply of liquor (p. 215). In addition, nurse training was dreadfully inadequate. Qualifications that would allow individuals to acquire a job in nursing would include providing evidence of previous experience caring for a sick family member. The emphasis was on custodial care rather than any sort of medical expertise (Evans, 2004).

Medicine and the haphazard standards of care the sick received were highlighted during the Civil War. This was evidenced by the deplorable medical care soldiers on the battlefield received and the critical lack of trained nurses. There was no uniformed system of training for nurses so home remedies and dangerous cures were attempted

which sometimes caused more harm than healing. In response to sporadic training of medical personnel, the American Medical Association, in 1869, set criteria for the qualifications of a well-trained nurse. These qualities demonstrated a sharp break with previous requirements in nursing history and set an unusually high standard on women entering the profession, “the nurse possessed so many positive traits that she was virtually perfect” (Hine, 1989, p. 4).

Struggle for Professionalism

The nursing profession gradually evolved as an occupation predominantly for women in the mid-nineteenth century, but the feminized qualities that defined the job were already firmly entrenched. Training schools sought to enforce moral character rather than skills as Reverby (1987) reported “conceptions of female obligation and caring, formed in the antebellum years, were reshaped to create the ideology of training. Feminist critics of nursing have charged that the emphasis in training was on character not skills” (p. 41). She contended that women were trained to be obedient, upright, and indoctrinated into performing as good handmaidens. Gordon (2005) stated that nurses were trained such that their lives were governed by scripts of proper “behaviors and attitudes that were considered appropriate for their sex, their class, and their religion” (p. 127). This position is confirmed by Rosenberg (1987) when he showed that the student nurses of this generation “were to be ‘trained’, not ‘educated’” (p. 227).

The first non-religious training schools for nurses in the United States was established in 1873 and modeled after Florence Nightingale’s school at St. Thomas’s

Hospital in London (Keeling, 2001). This training organization was solidly based on the concept that women were “natural” nurses by virtue of their innate qualities of caring, nurturing and sensitivity. The nurse training schools were partly responsible for the rise of the hospital system in the United States. The workers in the hospitals were comprised primarily of student nurses who lived on the grounds of the facility and provided a cheap, eager, and subservient workforce (Baldwin, 2001; Kalisch & Kalisch, 2004; Keeling, 2001; Reverby, 1987; Rosenberg, 1987).

The first European-American woman to enroll in and receive an acknowledged nurse training certification was Linda Richards, who graduated from the New England Hospital for Women and Children on October 1, 1873 (American Association of University Women, 2008). Through the remaining decades of the nineteenth century, nurse training schools grew rapidly in number providing a legitimate avenue of outside employment for women and the “feminization of the profession took root” (Keeling, 2001, p. 9).

One disadvantage of the rapid rise of the training schools was inconsistent curriculum and training for the nurses that often required the student nurses to work long hours performing difficult, tedious, and menial tasks. The Johns Hopkins Hospital School of Nursing sought to provide a model of a uniform, professional training for nurses (James, 2002). At the 1893 World’s Fair in Chicago, IL, a conference of the most prominent nursing leaders of the day was held to discuss nurses concerns. Isabel Hampton Robb, the superintendent of the Johns Hopkins School of Nursing, delivered a presentation on the necessity of a standardized curriculum and set regulation of training of nursing schools. This conference lead to the formation of the American Society of

Superintendents of Training Schools for Nursing, which is now known as the National League for Nursing (Keeling, 2001).

During this same time period, monumental gains were accomplished in scientific research and medicine with discoveries of organisms that spread diseases such as cholera and tuberculosis. The recognition of the germ theory among medical practitioners lead to Lister's doctrine of antiseptic surgery (Rosenberg, 1987) and revolutionized surgical techniques and hospital governance. The developments in medical science during this time "yielded more progress toward the amelioration of human suffering than all the fumbling efforts of the preceding 1000 years" (Kalisch & Kalisch, 2004, p. 95).

World War I brought additional advances to the profession of nursing. The utilization of a female corps of nurses on the battlefield had been established with Florence Nightingale in the Crimean War and female nurses were instrumental in providing medical care to soldiers during the Spanish-American war. The early twentieth century saw a movement to provide the U.S. Army with a ready force of trained nurses. A committee on nursing was formed comprised of women from the American Red Cross and professors from several nurse training schools. The Army Nurse Corps (ANC) was sanctioned as a part of the Army Medical Department and opened in 1901 to females only (Keeling, 2001; O'Lynn, 2007). In a complete reversal of historical patterns of sexism, men were banned from serving as nurses in the military. It was not until 1955 that men were officially allowed to enter the ANC further entrenching the occupation of nursing in the twentieth century as a female-only profession. The Army School of Nursing was established in 1917 with the beginning of World War I and the urgent need for specialized nurses to serve in the military.

The flu pandemic of 1917 ushered in an era in which the public recognized the critical need for qualified, well-trained nurses. No longer was it acceptable to have a woman who could take orders well, she also had to be trained in modern medical advances (Reverby, 1987). Nursing schools began to be scrutinized for their rigor and expertise. Several states instituted their own licensure requirements, and as early as 1897, New York State determined to regulate licensure of nurses, but this measure was vehemently attacked by the nursing profession (Reverby, 1987). In 1903, North Carolina was the first State to regulate the nursing profession. New York, New Jersey, and Virginia quickly followed with similar laws (Keeling, 2001). The efforts to unionize and enact laws that would bring about a national standard for nursing schools proved a difficult battle for nurses who resented government interference. At this same time, other professions which were dominated by women saw an increase in government certification standards. Blackwelder (2003) stated that the Texas State legislature pasted the first beauty laws in 1935 which regulated the hairdressing and cosmetology industry and similar licensure standards were instituted for teachers.

The Goldmark Report of 1923 sought to address the concerns of nursing leaders about unified education within the nursing profession (Ledgister, 2003). Lack of consistent training and regulation of nursing schools produced numerous inadequately prepared nurses. The hospital based diploma programs were the predominant programs for nurse training until their dissolution in the mid-1970's (Nichols, 2001). Critics of the hospital based diploma system recognized hospitals often exploited students through working long hours with little or no pay for their labor. Other concerns were that the student nurses experienced a higher rate of illness than other working women. Besides

their nursing duties, the student nurse also had to prepare meals, perform laundry services, dust, sweep and mop, wash windows, maintain kerosene lamps, and keep the unit at a constant temperature by stoking a wood or coal stove (Kalisch & Kalisch, 2004; Lynaugh, 2001; Reverby, 1987).

The Rockefeller Foundation commissioned Josephine Goldmark to investigate the needs of nursing education. The resulting research over the course of the next thirty years of the study took on different names and funding sources but the results proclaimed the need for a consistent, university trained nurse to meet the growing expertise of the medical profession. Other recommendations were: nurses should be highly trained individuals, student nurses should not be utilized to staff hospital wards, standards should be set for the nursing profession, and all students should meet specific and standardized qualifications upon graduation from a nursing program (Baer, 2001; Nichols, 2001; Reverby, 1987). The first baccalaureate degree in nursing (BSN) was granted in 1909 at the University of Minnesota (Nichols, 2001). Several universities throughout the United States were granting a BSN degree and in 1924, following the recommendations of the Goldmark report, Yale University established the first university nursing school that was organized under its own independent department and directed by its own dean. The nursing profession began to assume greater prestige and respectability.

Handmaidens

Respect issues within the nurse/doctor relationship

The hierarchy of power, gender, and social class has a long history within the doctor/nurse relationship. For decades researchers have acknowledged the Victorian

patriarchal structure of this association (Fagin & Garelick, 2004; Rothstein & Hannum, 2007; Sweet & Norman, 1995). The emergence of the hospital system in the late nineteenth century mirrored the male dominated hierarchal structure of the home with the doctor acting as father, nurse as caring mother, and patient as child (Evans, 2004). This construction of nursing solidly blocked men from the profession as it did not align with the picture of the idea patriarchal home. This idyllic impression was captioned "The Hospital Trinity – Doctor, Nurse, and Patient" in hospital brochures at the end of the nineteenth century (Reverby, 1987).

As evidenced by the restrictions barring men from entering the Army nurse Corps until 1948, men were rapidly being pushed out of the profession of nursing through the increased notion of separation of the "sexual division of labor" (Evans, 2004, p. 323). The gender divide was most apparent with the formation of the nurse training schools and its mandatory requirement for the women to live in the hospital provided dormitories. These single-sex only residences interfered with men's pursuit of nursing careers (Bradley, 1989). The hierarchal structure of the hospital administration paralleled that of the growing feminization of the educational profession (Tyack & Hansot, 1992) with men solidly entrenched in a position of administration, and women in subordinate positions. Clifford (1982) contended that one of the reasons that men were discouraged from a career in teaching was due to the low wages that were received and this was also true of the nursing profession and worked as a subtle rendering of the feminization of the job (Evans, 2004). This hierarchy was reinforced in nursing through the use of uniforms which included pins, caps, and aprons to symbolize women's inferior position within the

hospital regiment (Baldwin, 2001). The nursing students at the hospital were also required to dine in separate facilities and had segregated entrances to the hospital.

Nurses have been viewed as subordinate to doctors since the formalization of the nursing profession (Porter, 1991). The doctor/nurse relationship was based on power dynamics that tended to reflect traditional patriarchal norms (Sirota, 2007). This relationship was complex from the inception of the hospital care system and continues to be strained even in our day. In a decisive survey reported in the New England Journal of Medicine (Stein, Watts, & Howell, 1990) 68% of the nurses surveyed reported that doctors do not understand the job responsibilities of the nurse and that only 43% of these nurses reported feeling satisfied in their relationships with doctors. Sirota (2007) discovered that some female nurses continue to "choose, consciously or unconsciously, to preserve and protect the physicians' traditionally 'superior' professional status by deferring to them at all times" (p.54). This tolls a resounding echo to the beginning of the nineteenth century when journal articles exhorted young nurses that professionalism required subservience and support of doctors,

> It is her duty to carry out his prescriptions as faithfully as she knows how…she will try to be his eyes and his memory…she will also anticipate his wishes and preferences …she will do all in her power to establish confidence in him on the part of the patient (Parsons, 1916, p. 1096-1097).

The gendered aspects of this description are clear. Current research has suggested that doctors still do not seem to understand the role of the nurse in patient healthcare. At the beginning of the century, most doctors felt, "that disciplined subordination was the essence of professionalism in nursing" (Rosenberg, 1987, p. 231). Nurses were, and still

are today, assigned smaller office spaces than doctors, have separate facilities, and there remains an all invasive perception that the "doctors' time is more valuable than nurses' time" (Fagin & Garelick, 2004, p. 282). There exists a delicate line drawn between the professions of doctor and nurse with the understanding that they are members of two distinct and separate occupations with their own, individual expertise and responsibilities (Rothstein & Hannum, 2007). As long as this dichotomous model of healthcare is evidenced, the profession of nursing will remain a feminized occupation firmly planted in the gendered role of mother within the hospital hierarchy. This Victorian ideal of the doctor-nurse-patient trinity is still evident in today's healthcare system to the extent that nurses have reported verbal, emotional and even physical abuse from doctors (Gordon, 2005). A positive and productive doctor/nurse relationship is a critical aspect of retaining nurses in the health care field.

Men's struggle in nursing

As a result of these historically gendered patterns, men have faced myriad obstacles in the nursing profession. The low pay of the profession and men's exclusion from training schools and single sex dormitories were effective barriers for men. Then in 1901 when the Army Nurse Corps banned men from enlistment, the Navy followed suit in 1908 by excluding men from the Navy Nurse Corps. Men were excluded from military nursing service until 1955 when President Eisenhower signed House Bill 2559 that allowed men to serve as nurses in the Army and Navy Nurse Corps (O'Lynn, 2007).

Nursing schools were effective at discouraging entrance for minority women as well as posing obstacles for men's enrollment. State certification requirements at the turn

of the century did not ensure consistency within the nursing schools around the country or even within each state and also acted as an effective hurdle for men. For example, in New York State, one of the requirements for certification was the person had graduated from an approved nurse training school. In order to qualify for all of the portions of the registration, the student was required to have experience in and knowledge of obstetrics. Since men were excluded from obstetrical coursework they found it difficult to pass the exam (O'Lynn, 2007). Training schools perceived men who sought entrance into nursing with suspicion why they would desire to work in the field that held such a strong feminine aura. These men were viewed as failing to live up to the masculine ideal and were assumed to possess "some overpowering failing, some inherent weakness that forbids his success in any permanent line of human endeavor" (Kalisch & Kalisch, 2004, p. 373).

At the end of the nineteenth century, the lack of qualified African-American doctors and nurses brought about a crisis in health care for the African-American population. A similar situation was recognized with men in the nation's hospitals due to the proliferation of a predominantly female nursing staff. Cultural Victorian modesty would prevent a female nurse from intimate care of the male patients instead delegating that care to unqualified, untrained male orderlies. Doctors began to notice a division in the treatment of men and women patients with females receiving much more intense, careful, hands-on patient care (O'Lynn, 2007). In January of 1941, the Men Nurses' Section of the American Nurses Association issued a statement that included, "men patients would receive much better care if attended by a graduate registered man nurse rather than by an orderly" (Kalisch & Kalisch, 2004, p. 575). The medical profession was

gradually realizing the implications of racism and sexism in the quality of patient care.

Men's struggle within the nursing profession was evident in many areas of healthcare. The division of quality care for patients was not only limited by the race and gender of the healthcare worker but also by a patient's medical condition. In psychiatric hospitals throughout the United States, patients were commonly segregated by sex. This occurred prior to the invention of the tranquilizers, so men were needed to work in the male-only wards to restrain violent patients. These men were orderlies and attendants with no medical training at all. In contrast, the female units were staffed by highly trained female nurses. Doctors and hospital administrators noticed how healthcare differed for women and men and called for a change. This brought about the establishment of nursing schools exclusively for men and provided them with an opportunity to gain recognition within the nursing profession. In 1888 the Mills Training School for Men opened in New York affiliated with Bellevue Hospital (O'Lynn, 2007; Chitty & Campbell, 2001). These schools often did not require men to serve an obstetrics or pediatrics clinical, but did offer theory classes on these subjects.

Between the years of 1886 and 1929 eight more hospital schools of nursing opened for men around the country offering increased opportunities for men to enter nursing. A graduate of Mills Training School, L. Bissell Sanford, was the first man recognized to become a registered nurse in the United States in 1903. He also served on the New York Board of Examiners of Registered Nurses established in 1905 (O'Lynn, 2007). The first African-American male to be registered as a nurse in the United States was Lawrence A. Sumler who graduated from the Mills School in 1942.

Despite these historic gains and a long history of men's accomplishment in nursing, men are still struggling against prejudice and segregation in the nursing profession. According to Ellis, Meeker, and Hyde (2006), the predominant face of the nursing workforce is white and female. While the number of men working as RNs increased slightly from 5.4% in the year 2000, to 5.7% in 2004 according to the U.S Department of Health and Human Services, (March 2004) men only comprise 6% of the total nursing population. Clearly there are historical factors at work which keep the profession of nursing a profession for females. Tremendous strides have been gained that have brought about equality within the workforce however even now, at the beginning of the twenty-first century; men who decide to enter nursing they are met with overwhelming difficulties. LaRocco (2007) discovered when men enter the nursing profession, they face overwhelming frustration and lack of support. They encounter frustration in communication with their peers and with doctors. Negative patient reactions and even refusal of medical care from some patients are a discouraging reality for many men in nursing. There exists a lack of role models for men in nursing, insensitivity to men's experience within the profession, and blatant gender discrimination which bans men from some jobs within the profession (Burtt, 1998; Meyers, 2003; O'Lynn, 2004).

Entry in the field

The decision for an individual to enter a particular profession is often accompanied by myriad influences: a high school counselor or teacher may be prominent, a parent, family member, or friends could also be instrumental in the choice. For a man to enter a female defined occupation, the option is fraught with numerous, subtle

complications. Evans and Frank (2003) contended that "the structural impediments to men 'crossing over' the gender divide may exist for a greater degree for men than for women" (p. 278). This finding is echoed in research by McMillian, Morgan and Ament (2006) who found that men who entered nursing were viewed as "having weak occupational skills" (p. 101). Aside from the societal expectations of what type of job a man should have, there is also the support, or lack of such, from his immediate social network. Opinions from family and friends may be contradictory when a man decides to enter nursing. Some of the men researched had family members or acquaintances in the field of nursing. These men reported that their families embraced their decision (Herron, 2007; LaRocco, 2007). Others faced a lack of support as their family members questioned why they would not enter medical school to become a doctor instead (Cross & Bagilhole, 2002; Fister, 1999; LaRocco, 2007).

Some men have cited their motivation for becoming a nurse was the death of close family member and the positive experience of the medical staff during that crisis (Kelly, Shoemaker & Steele, 1996; Wood, 2004). Other reasons men list as important factors in entry to nursing: job security, flexibility, a good salary, numerous career path options, and the opportunity to help people (Ellis, Meeker & Hyde, 2006; Erickson, Holm, Chelminiak & Ditomassi, 2005; LaRocco, 2007). One survey reported the overwhelming reason for men to choose nursing was the desire to help people. Additional reasons were the growth of the profession and job stability (Hodes Research Group, 2005). Miller (2004) found that several of the men in her study entered nursing following a career in the military working in a medical unit. Upon their discharge from the military, some of the men entered nursing school because they were familiar with the medical field

and saw it as a good opportunity since the military was paying for their education. A study by Hodes Research Group (2005) indicated that 17% of men in nursing had previous military experience and 44% of the men working in the field of nursing came to the profession after pursuing another career path.

A man who enters nursing is may be making an "unconventional career choice" (Williams, 1995, p. 50) however, it is often a decision they did not initially choose following graduation from high school or college, but later in life (Barkley & Kohler, 1992).

Stereotypes and discrimination

A significant factor that keeps men from nursing is pervasive stereotypes that exist about men in female-dominated occupations. Many of the men who entered nursing school did face lack of support from family and friends. The Hodes Research Group (2005) survey found that 73% of men indicated the greatest challenge for men entering nursing is stereotypes and 59% responded that nursing being perceived as a female occupation is the second greatest challenge to for men. Burton and Misener (2007) found there are four main generalizations of negative stereotypes about nursing that the media perpetuates: the "physician wanna-be", the "gay/effeminate", the "misfit", and the "womanizer" (p. 257). They claimed these derogatory assumptions have a profound negative effect on recruiting more men to nursing.

The most common theme of stereotyping found in the literature was to question the man's sexual orientation due to his decision to enter a female perceived occupation

(Allison, Beggan & Clements, 2004; Cross & Bagilhole, 2002; Fister, 1999; Floge & Merrill, 1986; Hart, 2005; Kelly, Shoemaker, & Steele, 1996; Lupton, 2006; Miller, 2004; O'Lynn, 2004; Wood, 2004). Hart (2005) found that over 40% of men in the nursing profession would not admit they were a nurse due to overwhelming stereotypes that simplistically conflate gender, sexuality, and sex-segregated occupations. This tendency is manifest in other occupations perceived to be feminine such as: elementary education, library science, social work, and clerical work. Sirin, McCreary, and Mahalik (2004) considered that the reason men are judged so harshly for transgressing into a female-dominated occupation is, "something that is perceived more negatively for men than for women in North American society" (p. 120). The negative attitude towards gays and the conflation of gender and sexuality are powerful indicators that may limit men's choice of occupation regardless of their sexuality.

In his considerable research on men in elementary education Sargent (2004) found that men in teaching often found their motives questioned in ways women rarely face in the same field. Instead of assuming the man chose a career in elementary teaching to be a good role model for young children or that he truly cares for youth, he is regarded with suspicion as a sexual predator. Sargent (2004) remarked that suspicion of being a molester the "single greatest impediment to the men's attempt to operate in the field of ECE (Early Childhood Education)" (p. 175). These stereotypes discourage men from displaying any type of caring behavior such as touching or embracing a child. Men find they must also monitor their behavior so as not to do anything that may be perceived as deviant (Cameron, 2001; Sargent, 2001). These implications are powerful motivators for men in their occupational choice.

Men in nursing combat the many stereotypes into which they are immersed by using compensatory strategies. Evans and Frank (2003) found that in order to maintain a sense of their masculinity, men in nursing often performed “manly things” (p. 280) such as assisting woman with heavy lifting and intervening when a patient became violent. This may be a source of resentment from the men as they perceived they were doing more of the heavy, physical labor share simply because of their sex. Williams (1995) discovered that men in female-dominated occupations felt the need to portray themselves as macho to convince themselves and others around them that they were “appropriately masculine” (p.110).

Stereotypes lead to blatant discrimination which can also bar men from certain aspects of nursing. The exclusion of men from an obstetrics and pediatrics is a long held discriminatory practice. David Sprouse, R.N., brought an Equal Opportunity lawsuit against a Florida hospital because they denied him employment in a labor and delivery ward based on the fact that he is a man (Burtt, 1998). While that civil action is now ten years old, men in nursing routinely report that they are denied access to certain units of a hospital based simply on their sex (O’Lynn, 2004; Poliafico, 1998; Smith, 2006). Space and the concept of space are also gendered and may keep men from choosing to enter nursing. Men are slowly being accepted into traditional female segments of healthcare. Pilkenton and Shorn (2008) discovered that men are entering the field of midwifery. Once the staunchly exclusive domain of women, men consist of 0.6% of the certified members of the American College of Nurse-Midwives. These men still face discrimination and bias, but are slowly becoming more accepted to the profession.

Cultural narratives and societal beliefs about gender, sex, and sexuality have a powerful influence on whether a man chooses a career in a female-dominated occupation and how he negotiates relationships once he is working in the field.

Negotiating relationships

As Ellis, Meeker, and Hyde (2006) asserted "because the nursing profession is composed mainly of women, it cannot be assumed that the experiences of men in nursing are understood by women" (p. 524). Some men who work in nursing feel frustration from the lack of support they receive from their peers (O'Lynn, 2004). They may find a difficult process of negotiating relationships with the other nurses and also with doctors of both sexes. Men reported communication differences with their female peers along with differing socialization expectations such as being banned from baby showers or pot luck gatherings. They felt as if they were alone to face struggles and frustrations without any one to whom they could voice their concerns.

Overt and unspoken biases and stereotypes lead to frustration and burnout for men in nursing (Meyers, 2003). One Australian study discovered that patients showed a preference for the gender of nurse depending on the degree of intimacy required (Chur-Hansen, 2002). During routine procedures, such as taking temperature or starting an I.V. line, patients had no preference. When an intimate procedure is needed, the patient preferred a nurse of their own gender. The researcher found that this was especially true for female patients desiring the services of a female nurse. This preference can be displayed in offensive ways as seen in Poliafico's (1998) research that discovered when a

patient sees a man in scrubs they assume he is a doctor. Some patients refuse to be cared for by a man in nursing and view them as inferior to the female nurses. Their assumptions are that the man is in nursing because he is too lazy to become a doctor or insufficiently skilled (p. 41). Many men have reported patient refusal for nursing care from a man (Smith, 2006).

Men in nursing also face difficulty in relations to their peers. Hart (2005) found that almost half of the men in nursing surveyed felt that they had communication difficulties with their female peers. Many men felt isolated at work and excluded from the camaraderie of their co-workers. This is consistent with Heikes (1991) research who found that seclusion is not accomplished blatantly but in exclusion from bridal or baby showers or by not being included in playful banter. Floge and Merrill (1986) observed that men may feel shut out and excluded when gender differences are obvious such as typically women's magazine littering the nurse's station, or the head nursing supervisor referring to her staff as "the girls". Polarization is the delicate result of not being included and may be detrimental to males experiences at work and sense of professional value.

Not all researchers agree that polarization is the fault of the female nurses. Some researchers concluded that men deliberately isolate themselves in order to give themselves an appearance of importance. It is contended that men in nursing aspire to positions of leadership and bonding too closely with the other workers could be a disadvantage to their goals. A more sinister theory is men may think that to socialize with their female counter-parts would be perceived as lowering their social status (Evans, 1997; Evans & Frank, 2003; Heikes, 1991).

Along with negotiating relationships with their female peers, men in nursing are faced with a two-edged sword in their relationships with doctors. There have been few studies which focused on the relationship of doctors, both male and female, and male nurses. Rothstein and Hannum (2007) conducted a quantitative survey of advanced practice nurses that attempted to discover the relationship between doctors and nurses of both genders. Their findings did not suggest any significant difference in gender. This is contradictory to research by Burtt (1998) who reported that some men who work in nursing experience more discrimination from male doctors than from their female nursing peers.

Research by Poliafico (1998) also identified a conflicting report from men working in the nursing profession as they perceive a more positive relationship with the male physician than their female nursing peers. The male nurses said they felt the doctors treated them more as equals. This perception is echoed in another study by LaRocco (2007) who discovered that men in nursing felt that their relationship with male doctors was different than that of female nurses and physicians. They responded that they were given more respect and professional courtesy than women. A survey reported in the New England Journal of Medicine (Stein, 1990) stated that 68% of nurses reported that doctors do not understand their job responsibilities and that only 43% of these nurses reported being satisfied in their relationships with doctors. This study did not differentiate between genders of either occupation. Sirota (2007) discovered that male nurses reported "physicians treat them more respectfully and with greater collegiality" (p. 54). This same study revealed that some female nurses continued to "choose, consciously or

unconsciously, to preserve and protect the physicians' traditionally 'superior' professional status by deferring to them at all times" (p.54).

Men in nursing do not necessarily benefit from traditional patriarchal ideologies that construct them as superior but by virtue of their sex, may afford them more congenial relationships with male doctors than the female nurses' experience. This was found true in research by Floge and Merrill (1986) as they noticed male doctors often treated men in nursing more as "co-workers and less as subordinate" (p. 937). This was blatantly demonstrated as the male doctors assigned more mundane tasks to the female nurses. They also socialized, both in and out of the hospital setting, with the male nurses.

The traditional doctor/nurse relationship is evolving and the profession is looking for ways to improve communication and involve both doctor and nurse in a shared treatment plan for patients. More research is needed on this gendered aspect of nursing.

Nursing Schools

The good, the bad

Nursing schools are making an aggressive effort to recruit more men, but as Gene Tranbarger, R.N. explained, "All nursing schools now accept men, but I'm not sure that all schools welcome them" (Williams, 2008). Attracting more men into the nursing profession is a futile effort if the nursing schools do not provide a welcoming platform in which to retain their male students. The research indicated that men entering the field of

nursing feel strongly segregated while in the nursing schools they attended simply on the basis of their gender (Ellis, Meeker & Hyde, 2006; O'Lynn, 2004; Smith, 2006).

Kelly, Shoemaker, and Steele (1996) detailed how men in nursing schools identified as hurdles to their success the overwhelming feelings of isolation and loneliness within the program. They felt as though the instructors were teaching to the female students exclusively but did not recognize their bias. Some examples included: the use of the word "she" when referring to a nurse, a sense that they were expected to perform extra jobs such as assistance moving a patient simply because they were men, and being assigned different clinical opportunities from their female peers. They also noticed sexist language in the textbooks with pictures of female nurses, abundant use of feminine pronouns when referring to a nurse, and no mention of men in the history of nursing (Burtt, 1998; Poliafico, 1998; Smith, 2006). This corroborates research by O'Lynn (2004) who asserted that men in nursing schools have a more difficult task than their female counterparts simply based on their gender. He claimed that nursing schools are filled with obstacles that hinder men's success. These hindrances may contribute to higher dropout rate of men in nursing schools (p. 230). Burtt (1998) affirmed this in her research which indicated some men in nursing school felt the need to prove themselves to their instructors in an effort to qualify their worth in the profession.

In research by Ellis, Meeker, and Hyde (2006) four main themes of concern were identified in their study of men in nursing schools: Survival, Differences, Requirements, and Career goals. The theme of survival was based on the men who responded that nursing school was just "something to get through" (p. 524). They cited the stress of learning medical technology, and the demanding clinical hours. Differences referred to

the communication gap that they believed existed for them as men. Some of the men were frustrated at the lack of male role models. Others saw a basic communication gap in spoken and oral language between themselves and their female instructors, peers, and clients. Fister (1999) found this evident in her research which indicated that gender differences in communication were the primary source of misunderstandings of men in nursing school. In contrast, some men felt that they could not become too close to their female peers for fear they would be accused of suspected sexual advance.

Bell-Scriber (2005) found similar conditions but quite different attitudes for men in a nursing program. The men she studied depicted themselves as bored, frustrated, and stressed with their experience in nursing school. She declared of her qualitative findings that "Generally, I describe this nursing classroom climate as warm to students who are female and cool to students who are male" (p. 52). This conclusion was based on faculty characteristics and behaviors, the students learning experience, and the factors both within and outside the classroom.

In qualitative research by Wood (2004) one of the obstacles uncovered during interviews with male nursing students was the negative attitudes of female nurses. Some of the men were encouraged by their female peers not to pursue a career in nursing. Surprisingly, some of the women in nursing schools acquiesced authority to their male peers by assigning them to leadership positions or asking them to serve as the group spokesman (Fister, 1999). This may be due to the patriarchal schooling process which tends to gives more authority and attention to boys than girls (Sadker & Sadker, 1994). It appeared that the majority of men are satisfied with their nursing school experience (Tillman, 2006) and the Bernard Hodes (2004) survey found that 83% of the men would

recommend nursing to a male friend, with 57% having successfully recruited a friend into nursing.

The importance of mentoring for men

A promising avenue for ameliorating the difficulties that men face in the nursing profession is mentoring. Mentoring and its importance to retention and satisfaction in a variety of professions have gained recognition in research studies within the past few years and one of these fields is nursing. The Robert J. Wood Foundation (Bellack & Morjikisan, 2005) conducted an extensive study which focused on advanced leadership programs for nurses in senior executive roles in health care services. These professionals volunteered for a three-year study to understand the concerns of nursing professionals in all areas of health care. Mentoring was posited as the "cornerstone" (p. 533) for success in the program. Unfortunately, gender dynamics were never studied in the mentorship programs. Scheduling, geographic limitations, and "lack of chemistry" (p. 537) were listed as potential obstacles to mentoring, but considerations of gender were glaringly missing.

Other research conducted by Shaffer, Tallarica, and Walsh (2000); Allen (2002); Fawcett (2002); Verdejo (2002); and Wilson, Andrews, and Leners (2006), have all focused on the importance of mentoring within nursing, yet none of these studies observed men specifically or the effect of gender within the mentoring programs. Researchers also discovered that men who experienced a lack of mentoring often felt they

were working in a hostile workplace environment (Allison, Beggan & Clements, 2004; O'Lynn, 2004).

It is critically important for a man to see other male role models as a means to usher them into a feeling of acceptance in the workplace. Williams (2008) interviewed a man who was an instructor at County College of Morris in New Jersey. He commented that he is often the first male nurse that his nursing students have ever known (Williams, 2008). He believed that new men entering the program felt more of a bond with him as someone with whom they can confide and he understands that it is vital to have more male role models for men in nursing. This is solidly established in research by Fister (1999) who found that of the men who had a female mentor, stated they would have preferred a male. In reflecting on his journey through nursing school Kenneth Tillman (2006) talked of the turning point in his education when a man joined the nursing faculty. He felt an instant camaraderie and connection with someone to whom he could identify.

The research indicated that retention of men in nursing can be greatly strengthened through the use of mentoring and male role models (American Association of Colleges of Nursing, 2001).

Theoretical Frame

Critical Feminist Theory

This research utilized a critical feminist foundation because critiquing gendered patterns and sex roles of occupations were the focal point of my study. The researcher

believed it was only through a critical feminist perspective that she could unravel the ideological assumptions of gender and understand in greater depth the experiences of men in nursing.

There is a need for more feminist studies of men and the various aspects of masculinities. As Kimmel and Messner (2004) contended it is a necessity to study masculinity given that for generations men have considered themselves as being without gender. Forbes (2002) emphasized that "categories of men and masculinity are frequently central to feminist analyses, but remain taken for granted, hidden, and unexamined" (p. 269). Schwalbe and Wolkomir (2003) stated that "for most of the history of social science, men were considered the standard, normal, unmarked category of human beings, and so it would have seemed odd, not that long ago, to write about interviewing men" (p. 55). By scrutinizing masculinity through a feminist framework, it may be possible to gain a more compete picture of social constructs and how they affect both sexes (Gardiner, 2002b). Potentially, through a study of dominant and non-dominant forms of masculinity and various constructs throughout society, we may begin to diminish the power of patriarchy. As Robinson (2002) believed patriarchy may harm men just as much by patriarchy as women; "Oddly, feminism and patriarchy can be seen to work hand in hand, both limiting the possibilities available to men who are forced to adhere to oppressive gender scripts" (p. 153). It is essential that feminist theory include a rich understanding of masculinity as part of the critical fibers of gender studies. The goal of feminist theory is "not only to explain the status quo of gender relations but to also gain knowledge on how to change them" (Nentwich, 2006, 500).

There have been few qualitative studies of men in nursing that utilize a feminist framework (Evans, 2001; Miller, 2004). Miller (2004) was guided by a feminist empiricist theoretical frame and her qualitative methodology was based in grounded theory. The purpose of her study was to "discover the culture of the male nurse in an environment that is predominantly female to determine whether gender differences exist in their professional role" (p. 28). Within grounded theory, she also employed the use of social learning theory, cognitive development theory, psycho-analytic identification theory, and sex role theory. Her findings indicated that men were dissatisfied with the low pay of nursing and that there were "intricate aspects of gender relations" (p. 129) as men enter into a female dominant workplace. She argued that feminist empiricist views were the most beneficial way to explore men in a female-dominated profession due to its power to highlight gender as a conceptual tool to explore relationships between men and women.

Evans (2001) also used a feminist framework and developed a methodological structure based on postmodernism, along with masculinity and feminist theories. Her purpose was to explore the gendered experiences of men in the nursing profession and how their notions of masculinity structure their work experience. She also examined how men in the nursing profession perpetuated patriarchal gender relations as well as how "relations of dominance and oppression structure unequal opportunities for women nurses and men nurses" (p. 16). She contended that when men enter a female-dominated profession they continue a system of gendered power structures that disadvantages women in the profession "predicated on separating the masculine from the feminine and valuing the masculine over the feminine" (p. 196). Her concluding premise is that a

study of men within the profession of nursing should not focus on gender disparities, but should address the gendered practices that men in the profession enable.

Symbolic Interactionism

The researcher was not able to find any studies of men in nursing that used the symbolic interactionism. Several studies were grounded in phenomenology (Fister, 1999; Grady, 2006; Tillman, 2006; Wood, 2004; Young, 2005). One research utilized masculinity theory grounded from R.W. Connell's gender framework with a symbolism component (Miranda, 2007). The purpose of her research was to understand how men in nursing negotiated issues of masculinity. Within her framework, she discussed how issues of symbolism affect how men interpret their sense of masculinity within a female-dominated profession. She stated as one example of a symbolic marker in gender relationships was clothing, most specifically, the uniform. However, this portion comprised a small component of her research. She showed men pictures of a campaign to recruit males into nursing that depicted rugged men performing stereotypically masculine activities. She then asked the men their opinion of the depictions and how accurately they thought this reflected their own situation.

This reaction to deeply embedded feminine symbolism in nursing was evident in my research with men in nursing. The participants told of "not being a typical nurse" and related stories which set themselves apart and above their female peers in both competence and ability. The men also talked about communication patterns with female nurses and with both male and female doctors and how communication was an uncomfortable area to negotiate at their place of employment and at the training schools.

Summary

Today's nurses are left with a long legacy of proud, brave men and women that have cared for the sick and infirmed through epidemics, wars, and national tragedies. Yet the healthcare system is in crisis with the persistent nursing shortage in danger of compromising healthcare for millions of baby boomers who are at the highest need of qualified individuals. In Oklahoma, the nursing shortage has reached such a critical concern that in March of 2008, lawmakers introduced Senate Bill 1687 which would provide over $7 million dollars to nursing education programs (Terry, 2008, March 17).

Nursing is plagued with many problems that may be contributing to the current shortage of professionals. The public and media image of nursing strongly reinforces an ideal that maintains the feminized status of the profession. Schweitzer, Eckstrom, Kowallek, and Mattson (1994) have proposed that there are six dominant images of the nurse in our culture:

1.) Angel of Mercy – self- sacrificing, moral, noble

2.) Girl Friday – subservient, physician handmaiden

3.) Heroine – brave, dedicated

4.) Wife/Mother – maternal, passive, domestic

5.) Sex object – sensual, romantic, promiscuous

6.) Careerist – knowledgeable, intelligent, respectful, professional (p. 88)

The authors of this study then gave nurses and non-nurses working in a hospital a questionnaire to explore their image of the staff nurse. Nurses and non-nursing staff rated their image highest in the area of Careerist image. Rated second, by both groups, was the

Heroine image. The non-nurses rated the image of Girl Friday higher than the nurses themselves, but not by a statistically significant rate. This study indicated that nurses and non-nurses viewed their image in the same manner although nurses believe that others view them in a subservient, menial role.

This cultural view of the image and perception of nursing was confirmed by Seago, Spetz, Alvarado, and Keane (2006) when they discovered the media perpetuates a poor public image of the nurse and may contribute to the current nursing shortage. A study on the media's image of nursing was conducted by Sigma Theta Tau (1997) entitled *The Woodhull study on nursing and the media: Health care's invisible partner*. This research demonstrated that there was very little positive media attention in regard to the public image of the nurse. In an examination of over 20,000 articles from newspapers, journals, and trade publications the researcher's found that nurses and the nursing profession reflected very few positive images of nurses. The key findings of the study were that nurses as medical experts were cited less than four percent of the time. No example was found where a nurse with a doctorate was referred to as "doctor" and the few references that were made to nurses came in a passing reference with one article referring to Sandra Gallegos, the nurse that discovered the cause of a deadly e-coli outbreak in 1997, as "Heroine No. 1" (p. 9).

The current nursing shortage is not the first crisis in the American healthcare industry. Throughout the century and a half since the profession became recognized there have been many crises of shortages and cries of abuse. Gordon (2005) stated the following as issues critical in the improvement of the nursing profession: staffing – reducing the patient/nurse ratio, standardized education, and universal healthcare,

reduction of workplace violence, eliminating long hour shifts, and doctor/nurse relationships that would resemble team collaboration. She found that advertisements for recruitment of nurses resemble, "a repackaging of the nineteenth-century virtue script in twenty-first-century production values…that deliver a highly gendered message" (p. 443).

Another need in the nursing profession is the recruitment of men and minorities. Gordon (2005) recognized that the "nursing profession has remained stubbornly female" (p. 443) and is also overwhelmingly White. Caring is a societal construct that has long been embedded as strong attribute of femininity. However, the racial aspects of caring have been ignored in the literature. The concept of caring as an attribute predominant to European-Americans is subtle within media portrayals of nurses and in nursing texts and the racial aspects of caring within American society has not been adequately explored. Young (2005) chronicled a history of African-American women in nursing and noticed that in nurse training schools for women of color the women were treated as "workers, not students, and nursing was perceived as a low status occupation…because it was 'classed with personal service'" (p. 80). Nursing, for the African-American woman was perceived as just another form of domestic labor, and there was not an emphasis on caring or compassion as an attribute for a woman of color to become a nurse.

Reverby (1987) posited that the crucial issue in nursing is that it is a profession that is "ordered to care in a society that refuses to value caring" (p. 1). In their compelling new book, Summers & Summers (2009) argued that the media portrayal of nurses and images that surround the American public about the nursing profession are detrimental to healthcare. They contended that image of a nice, submissive,

predominantly White, female nurse damages the profession because media images affect recruitment levels which in turn lead to lower finances available to nursing schools. The authors argued that negative media portrayals of the nurse lead to a lowered respect for the nursing profession showing them as little more than servants and housekeepers for the hospitals. In reality, this translates to a nursing shortage, less money given to training schools, and ultimately, lowered standards of care.

CHAPTER III

METHODOLOGY

General Approach: Qualitative Research

This research proposal necessitated a qualitative research design. This topic and research question required qualitative methods because this was the richest avenue to "capture the spontaneous expression of ideas that comes with a more conversational style of questioning" (Ellis, Meeker & Hyde, 2006, p. 524). The researcher felt that a qualitative methodology would allow the respondents to openly talk about their experience of working in a female-dominated occupation and allow for a deeper understanding of those experiences. How a gender minority situates themselves in an occupation is a complex topic. As Seidman (1998) elaborated, "I interview because I am interested in other people's stories; most simply put, stories are a way of knowing" (p. 1). Through interviewing, it was hoped to discover how men construct masculinity within a female-dominated occupation.

Qualitative methods served best to answer the research questions and directly supported the project by offering depth and thick descriptive answers of the research questions. Qualitative interviewing is a method that allowed the respondents to clarify and elaborate their replies to questions asked. As Williams and Heikes (1993) explained, "Qualitative interviews…allow people to negotiate their responses "(p. 286). An in-

depth, one-on-one interview allowed the participants to convey their feelings and experiences in their own voice (LaRocco, 2007). Qualitative research in nursing can fill the gap between the questions of why there are so few males in the profession and what can be accomplished to recruit and retain more men into the field.

It is imperative for researchers to recognize that no methodology is neutral or value-free, but as Patton (2002) observed, a qualitative methodology allows the researcher to develop empathy with the respondents. Through the stance of an "empathic neutrality" (p. 53) Patton asserted that the qualitative researcher is better able to both understand the feelings and emotions of the respondents in a non-judgmental and non-threatening avenue. The researcher is also able to ask probing questions for richer clarification and understanding along with a direct observation of body language.

A vital component of qualitative research is that it demands researcher reflexivity on multiple levels but total objectivity from a qualitative researcher is both impossible and undesirable. Preissle (2007) elaborated, "all feminists understand that research itself is value laden rather than value neutral and hence are attempting to realize some value through their research" (p. 520). Consideration as to who is affected and how an investigation may harm or help them needs to be foremost in thought. This chapter will demonstrate how the study was developed, the framework that supported the research questions, and how the data was analyzed and presented.

A Feminist Methodology

Researcher assumptions

This project relied on a significant body of feminist methodological research that

allowed for the voice of participant to be heard through the study. A feminist researcher is devoted to social critique and activism and often works to unveil constructs which strip people of their agency and power. Feminist researchers question the essence of truth and who is entitled to know this truth (Hesse-Biber, 2007). Haig (1999) proposed that feminist methodologies are comprised of certain characteristics which include:

- a persistent influence of gender relations
- a liberatory methodology
- a strong support of nonhierarchal research relationships

The latter theme was of interest in this study as a feminist woman researching men in a female-dominated occupation would necessitate heightened awareness of gender affiliations. To attend to aspects of difference within gender necessitates that the researcher "partially identify with the researched" (Haig, 1999, p. 224) in order to strive for equity in the research relationship. This is similar to research models DeVault and Gross (2007) proposed in their discovery that women who interview men need to be attentive to prior assumptions about the researched and that the researcher also needs to be cognizant of the informant's prior assumptions about them.

Other studies have cautioned feminist researchers to be aware of privileges of power and to recognize their part in its reproduction, "All social researchers, however, can exercise power by turning people's lives into authoritative texts: by hearing some things and excluding others" (Ramazanoglu & Holland, 2004, p. 113). This is especially important to a feminist researcher conducting a study in masculinity. Forbes (2002) advocated for the greater recognition of researcher power position in examining masculinity in its various guises within gender studies. She contended such inclusion "served to highlight women's

experiences as victims of hegemonic structures of patriarchy" (p. 270). Without this understanding, women may inadvertently reproduce hegemonic masculinity. The qualitative feminist researcher needs to recognize issues of power within the study.

Millen (1997) discussed the necessity of understanding the power of the research relationship within feminist methodologies and the difficulties she encountered with women who did not identify themselves as feminist. In fact, they actively rejected tenets of feminism because of its perceived "negative social image" (p. 5). This nexus recognizing power may cause in human research relationships is especially critical to bear in mind for feminists who are conducting research about men and masculinity.

A critical feminist methodology is vital to this study because men in nursing currently have few advocates and little voice. In the midst of a hotly debated national healthcare funding crisis coupled with negative media and public perceptions of nurses and a dangerous shortage of quality healthcare professionals we need greater information about men's experiences in nursing and we need critical research to examine the gendered aspects of this phenomenon. Ignoring such a large potential group of professionals in the midst of a nursing shortage can not be allowed. Feminist methodology can serve this need by examining power, privilege, the construct of gendered hierarchies, and the limits such constructs place on human potential. This frame allowed for the experiences of men in nursing to "create a voice of agency" (Buresh & Gordon, 2006, p. 25) and increase opportunities to bring about change for the profession.

Researcher as Instrument

In qualitative research, the researcher themselves are the instrument. As Patton (2002)

illustrated since the researcher is the study instrument "the credibility…hinges to a great extent on the skill, competence, and rigor of the person doing the fieldwork" (p. 14). The researcher needs to think critically and be aware of themselves as the instrument. This includes their credibility in the study, consciousness of personal bias, and a challenge to balance the voice of the participants and the voice of the researcher. Since this study deals with issues of masculinity and the researcher is a woman conducting research through a feminist methodology an understanding of gender dynamics in qualitative interviews is of critical importance.

Williams and Heikes (1993) reported on the importance of gender dynamics in qualitative research. They discovered a lack of research concerning the ramifications of gender dynamics within the in-depth interview. At the time of their research, they could find no studies which discussed the importance of researcher's gender in the interview process, "the question is therefore not if gender makes a difference but, rather, how does gender matter?" (p. 282). Their research involved conducting interviews with men in the field of nursing and specifically compared and contrasted how these men interacted with either a male or a female interviewer. They discovered a marked difference in the way the men presented an image of themselves to each interviewer. Men were much more direct and forceful with the male interviewer than with the female interviewer. The answers given to either researcher also appeared to be tailored to "maximize social desirability in the particular gender context" (p. 285). They reiterated the importance of recognizing gendered contexts of an in-depth interview. This article served to caution women of the difficulties they encounter when researching men.

Similar reflection is echoed in research by Schwalbe and Wolkomir (2003) who offered pragmatic advice for women interviewing men and illuminated how "men do gender in an interview" (p.55). Men "do" gender in an interview by how they answer questions and how they interact with the interviewer. The authors cautioned that if the interview is about gender, it is particularly important to notice how the respondents display masculinity (p.56). Their study also articulated how men in an interview may strive to construct a specific view of their image as male. They may become defensive when asked questions they perceived as a direct threat to their masculinity. A female interviewer may not be cognizant of these implications. In certain circumstances during an interview between a male respondent and a female researcher, the man may perceive threat or confrontation. Some constructions of masculinity stipulate autonomy, control, and risk taking (Schwalbe & Wolkomir, 2007) and men who put themselves in an interview situation, particularly with a woman researcher, may feel that they are opening themselves up to an interrogation. These cautions were of great importance to the researcher and were used in reflection during the study.

Population

The population for this study consisted of men who are now working or have worked in the past, in the nursing profession in the State of Oklahoma. The sample was composed of ten participants who were chosen based on a purposeful, snowball sample selection, which Patton (2002) described as "getting new contacts from each person interviewed" (p. 194). Snowball sampling was used because the researcher is not a nurse and thought that this was the best way for the men to take ownership of the study. They were given the opportunity to

recommend men that they felt could contribute to the research by adding their experiences in the field of nursing.

Data collection for this study occurred between August and October 2008. Demographic data was obtained from each man during the course of the interview. The instrument questions were divided into three sections:

- Decisions to enter the nursing field,
- Education experiences,
- Experiences in the workforce.

The age range for the participants was between 23 years to 58 years. Experience in the nursing profession of the participants spanned from less than two years to just over thirty years. Only one of the interviewees was previously known to the researcher and the remaining nine men were recruited through recommendations from other participants.

Data Collection

Instrument

Instrumentation consisted of interviews and documents. The interview guide can be found in Appendix C. The questions developed for this study were semi-structured and focused on each man's entry into the field of nursing, his experiences in nursing school, family reactions to his decision to enter nursing, experiences on the job, communication with both his peers and with male and female doctors, perceived positive and negative discrimination factors, reactions to various recruiting materials, specifically focusing on the *Men in nursing* calendar that was issued by the Oklahoma Nursing Association, and statements about his perceptions of the nursing profession. The interview guide was

developed by the researcher and field tested during the course of two pilot projects which spanned a two year period. This study itself evolved over the course of several years. The researcher's dissertation committee also reviewed and made modifications to the questions prior to the interviews.

Procedure

Institutional Review Board approval was obtained in June of 2008 from the Oklahoma State University, Stillwater, Oklahoma. A copy of the approval is found in Appendix A. Informed consent was obtained from each participant and is found in Appendix B. No monetary compensation or any other incentives were given to participants.

Telephone contact was made to the participants by the researcher to explain the purpose of the study and to ask if they would be willing to be interviewed. These interviews were held at a location that was mutually agreed upon by both the participant and the researcher. Five of the participants asked if they could conduct the interview in the researcher's home. Four interviews were conducted at the man's place of employment, and one interview was conducted on the patio of a fast food restaurant. Prior to the interview, the researcher gave a copy of the consent form to the participant and explained it to them. They were also verbally asked for permission to audio-tape their interview.

Each interview was approximately one hour to one hour and a half in length. The interview was audio-taped and numbered in sequential, chronological order by the researcher. The interview followed the general format of the protocol instrument; however, additional probing questions were asked for clarity or to gain a richer meaning of the response. At the end of the interview, the researcher then gave a copy of Oklahoma Nurses

Association (O.N.A.) *Men in nursing* calendar to each interviewee in order to:

- Discern their perceptions of the men portrayed in the calendar
- Observe reactions to the images used within the calendar
- Promote further discussion about how men in nursing are perceived by others

Permission was granted to utilize these calendars in this study from Jane Nelson, the Executive Director of the ONA. Copyright permission was given to publish pictures in the final study.

Each of the men appeared to be relaxed during the interviews and also seemed eager to relate their experiences to the researcher. At times, the re-telling of past events was an emotional experience for some of the men. It was evident to the researcher that most of the men were enthusiastic for the opportunity to share their experiences. One man made the statement that for years he was frustrated in nursing and was so thankful that research was being conducted concerning men's experience in the profession.

The audio taped interviews were then transcribed verbatim and a copy was sent to each interviewee to read for accuracy and validity as a member check. Researcher transcription offers an opportunity to become immersed in the data and also provides an opportunity to listen to the audio tapes as they are transcribed and become immersed in the data. Preliminary data analysis was conducted through an initial reading of each transcript for accuracy of transcription. Peer check was also utilized for validity of the data.

Data Analysis

Patton (2002) described the process of content analysis as a "sense-making effort that takes a volume of material and attempts to identify core consistencies and meanings" (p.

453). The first step in data analysis for this study consisted of organizing the material. The transcribed interviews were numbered according to chronological date in which the interview was conducted and the researcher chose and assigned pseudonyms for each participant. The transcriptions were then line –numbered through the use of Microsoft Word, printed, and placed in a binder to begin the analysis. Field notes and transcribed interviews were analyzed in tandem in order to provide validity to the interview.

Open Coding

The process of *open coding* as identified by Emerson, Fretz, and Shaw (1995) was conducted through a second reading of each transcript during a line-by-line analysis for the purpose of identifying preliminary categories, themes and events. It was at this stage of the coding process that the researcher underlined statements using different colored markers. This color-coding process was used in order to recognize patterns or similar themes within each interview (Rubin & Rubin, 2005). The researcher looked for common words and concepts used by the participants to relate their experiences in the nursing field. Incubation time was given to allow for thoughtful reflection of the data. Similar themes, words, and expressions were recognized along with indigenous contrasts (Emerson, Fretz, & Shaw, 1995, p. 122) in order to unlock member's meanings. Preliminary categories were defined in correlation to the interview questions and were then organized and labeled together until immersion of that topic was achieved.

During the course of the interviews, questions were often answered by the participants in the form of stories and personal vignettes. These stories were also labeled into data sets according to their themes. Rubin and Rubin (2005) detailed how participant stories

are powerful tools for pursuing member's meanings. A "constant comparative method" as described by Creswell, (1998, p. 57) was used in which information is constantly compared to emergent categories until saturation is achieved.

Focused Coding

The next step in the coding process was *focused coding* which is defined as "fine-grained, line-by-line analysis on the basis of topics that have been identified as of particular interest" (Emerson, Fretz, & Shaw, 1995, p. 143). Through this immersion of the data process, the original twenty categories and numerous sub-categories were collapsed in order to provide meaningful categories which would answer the research questions. Preliminary analytic statements were isolated by the researcher and placed into the specific categories. These categories were identified through the outline of the interview questions through which the over-arching specific trends of the men's negotiation within nursing began to emerge. From these trends surfaced the major themes and sub-themes.

Interpreting the Data

Clarification of themes and categories

Rubin and Rubin (2005) suggested finding themes through the interview questions, concepts and themes frequently mentioned and those indirectly revealed. Themes are disclosed through the retelling of participant stories and common trends that surface throughout the interviews. During the interpretation phase of the analysis, the researcher first sought common phrases, words, or slogans across the participants' responses. The second stage was comprised of connecting those words, common themes, and issues to the

theoretical frame of the study. The goal of this research was to discover the experiences of men working in the female dominated occupation of nursing and a critical feminist framework was determined the best foundation to discern the processes that embed a gender as appropriate for specific occupations. Analysis was conducted through this lens.

Symbolic Interactionism was employed as a means to frame how individuals view themselves through shared experiences and interactions. Blumer (1969) believed that commonly accepted symbols and their meanings are powerful indicators of how people create meaning and act in all relationships of their lives, "human beings act toward things on the basis of the meanings which these things have for them. (p. 2). These meanings and how a person views them within a societal context, not only can influence a person's behavior, but may influence individual and group identity. The researcher looked for themes and issues that spoke to symbols and assumptions of identity for a man in a non-traditional occupation and grouped them into specific themes.

Limitations

Patton (2004) talked of "reflexive questions" (p. 66) that all researchers must ask of themselves in order to maintain validity in a study. Emerson, Fretz, and Shaw (1995) spoke of the necessity of guarding against imposing outside meanings into the interview process and for the researcher to journal, use peer review and other procedures in order to allow the voice of the participants to resound clearly through the study. Richardson (1997) posited that the researcher is ever present through their writings through their unique backgrounds and their individual experiences which all combine and illuminate themselves through our

writing, “as we write about ‘social worlds’ into being, we write ourselves into being” (p.137). Gunzenhauser (2004) also spoke of the importance of giving voice to those represented. With these cautions ever present, this researcher was cognizant of the fact that she is not employed in the nursing profession, is not a man, and is not working as a gender minority in her chosen profession. These issues may have led the participants to view the researcher as an outsider. Of critical concern was that the researcher would not have an in-depth understanding of the interviewee’s emic language and experiences to truly hear what they were saying. The researcher reflected on this through the lens of a critical feminist framework to assure that the voice of the participants rang clear through the data.

Embracing the researcher and participant difference was critical in this study. DeVault and Gross (2007) suggested that it is significant for feminist researchers to debate who should research which issues and “which researchers should interview which participants” (p. 180). Hesse-Biber and Yaiser (2004) emphasized the importance of researching across differences, “Difference is critical to all aspects of the research process. It is important to incorporate difference into our views of reality, truth, and knowledge” (p. 117). Feminist researchers must consider how our study of men and masculinities can increase understanding of gender construction and to ameliorate bias and prejudice which perpetuates the problem of gendered occupations. Within the scope of this limited project, there seemed to be an urgent need for more studies conducted into the implications of feminist research in masculinity.

Another possible limitation of this study was that direct observation was not utilized to observe the participants in their work environment and offer triangulation for validity. The researcher relied on documents and interviews with the respondents to generate findings.

Future research may involve observations of nurses daily work lives to provide additional information on how nurses' experiences are gendered.

Summary

The purpose of this study was to understand the experiences of men in the female dominated occupation of nursing and to elicit information that may focus on changes necessary in nursing schools and at the workplace. This chapter outlined the methodology that was used and possible limitations were discussed.

CHAPTER IV

When… I am asked the question "What do you do?" I say "I am a nurse!" My wife will nudge me and "Say you're a doctor!" I don't care where I am, I'm a nurse! I am proud to be a nurse! You can put all kinds of names on it, but I'm a nurse.

Kendall

PRESENTATION OF FINDINGS

The purpose of this study was to explore the experiences of men working in the female-dominated field of nursing in the State of Oklahoma. This study was guided by the following research questions:

1.) What are the experiences of men who enter the female-dominated profession of nursing while in nursing school and how are these experiences gendered?

2.) What are the work experiences of men in the female-dominated profession of nursing and how is this personal knowledge gendered?

This chapter provides demographic and background information of the participants along with the findings from interview questions and concepts and themes which emerged from the inductive and deductive analysis directly and indirectly. According to Rubin and Rubin (2005), one way in which themes emerge through the data is by comparison of the interviews. The researcher looked for frequent phrases and indigenous themes that were

repeated often included figures of speech, slogans and symbols.

Descriptive Analysis of the Sample

The Participants

The men who participated in this research study were currently employed or had been employed in the field of nursing in Oklahoma. Two of the men were sons of nurses and one man was the son of an Army medic. Eight of the ten men identified themselves as married and two of those participants had children under the age of eighteen living in their household. Five of the ten men were married to a nurse. Two of the men described themselves as being single, never married, and not in a steady relationship. At the time of the interview, eight of the men were currently employed in the nursing profession. One had left nursing completely and was working in finance; the other man was working in a health related industry.

Education levels for the men ranged from a hospital training program graduate, community college Associate's degrees, state university conferred baccalaureate degrees, Career and Technology school L.P.N. program, to those who held Master's and Doctoral level degrees. Just one of the men reported being the only male in their nursing education classes. Nine of the ten men were in a profession other than nursing prior to their entrance into the occupation. Six out of the ten men worked as a patient care technician (P.C.T.), an orderly, or a nurses' aide prior to or while in college to earn their nursing degree. Only one of the ten men did not graduate from a nursing degree program in the State of Oklahoma. Only one of the men had served in the military, but not as a medic or in any other healthcare field.

Nine of the men were of European-American descent and one was African-American. Practice areas included working in an emergency room (E.R.), as part of a helicopter response team, in a burn unit, cardiac intensive care, elderly care center, psychiatric care, Medical/Surgical unit, Intensive Care, Rehabilitation Center, and in teaching positions at various educational institutions. Pseudonyms were assigned to each participant. Table 2 presents the ages of the men along with their years of experience in the nursing profession. The years of experience in the profession from the participants were a decided strength of the sample.

Table 2 - *Characteristics of the participants*

Pseudonym	Age at interview	Years Experience In Nursing
Hank Jennings	55	10
Lou Gregory	58	35
Bill Kelley	50	25
Don Jackson	50	18
Bob Phillips	49	14
Tom Feldman	55	30
Chris Sampson	24	2
Greg Richards	23	2
Kendall Andrews	51	25
Kurt Josephson	40	15
Participant Averages	45.5 years of age	17.6 years work experience

Findings

In the first stage of organizing the data from the interviews the researcher transcribed the audio tapes. Transcription is a form of immersion in the data as the researcher is able to spend a great deal of time reviewing the participant's words. The researcher then analyzed the data in conjunction with the outline of the interview questions and the field notes. The researcher began to look for concepts and themes through the interview questions (Rubin & Rubin, 2005). Data units were coded and then blocked together for analysis. Probing questions and additional clarification questions were also noted. Categories that suggested common themes began to emerge from researcher immersion in these data units and labels were assigned to those categories. The findings then began to reveal two over-arching trends in relation to the theoretical foundation:

1.) The sample revealed some men who seemed content with the nursing profession and embraced the social construction of nurse as compassionate, caring, and sacrificing professional.

2.) Other men expressed frustration and felt depressed in the profession and searched to situate their masculinity as separate from their female peers.

These responses also disclosed four major themes, which contain several sub-themes:

1.) Empowerment (segregated job opportunities within nursing and issues of advancement)

2.) Expertise (adrenaline junkie, go-to guy, perceived as expert)

3.) Communication (with family, peers, mentor relationship, and doctors)

4.) Identity (Issues with being confused with doctor; feelings of exploitation by others, reactions to overt and subtle stereotyping, frustration at feminine conceptions of nursing)

Not all of the participant comments are stated here. These have been grouped together by themes and the researcher has included only the statements that best illustrate given themes. In line with critical methodological framework, every consideration has been made by the researcher to represent the participant's meanings and perspectives. The researcher made a methodological choice to use large data units in order to capture the voice and intent of the participants. Men in nursing are a member of a marginalized group within the nursing profession and within society and it was felt that their voice and perspectives should be emphasized in this study.

The researcher's overall impressions with the interview process were that the majority of the men were comfortable talking about their experiences in nursing. Only one of the men, Kurt, cancelled or re-scheduled the original time of the interviews. The choice of interview location was given to the participants and half of the men chose to come to the researcher's home; Bill, Tom, Chris, Greg, and Kurt. Four of the men opted for the researcher to come to their place of employment: Hank, Lou, Don, and Kendall. One man, Bob, wanted to meet at a fast food restaurant in a town that was located between his home and the researcher's. It is interesting to note that he also unexpectedly brought his wife to the interview. The researcher felt that this may have been because he was uncomfortable meeting with a woman although it was in a public location. Since this was a restaurant, we all ordered a meal; however, he ate very little during the time of the interview. While he initially appeared

apprehensive, during the course of the questions he began to relax and his wife also interjected comments during the conversation.

All of the interviews conducted in the researcher's home occurred in the dining room area of the house. Tom seemed most comfortable as he sat at the head of the large, oak table and during the course of the interview swung his leg over the arm of the Captain's chair and leaned back to relax. The interviews that took place in the participant's place of employment were located in a private office or a conference room.

Decision to become a nurse

The majority of the men interviewed entered the nursing field from a different profession. Only two of the men, Lou and Greg, enrolled in nursing school following completion of high school. The researcher wished to understand why the men decided to enter the profession of nursing as these choices may shed light on their pre-conceived conceptions of nursing and their experiences within the profession. Additional probing questions concerned previous jobs in which the men were employed. All of the men were enthusiastic about their decision to become a nurse, but six of the ten men described their decision into the field as happening by accident, surprise, or by chance. The initial decision to enter nursing spoke to either of the two over-arching patterns noted among the participants: Those who understood the feminine social constructions of the nursing profession and embraced those ideals and those who sought to situate their concept of masculinity within and apart from traditional conceptions of a nurse.

The first interview with Hank was conducted in his office. It was a spacious room adorned with a heavy mahogany desk and a plush leather chair. The walls displayed his

diplomas and certificates along with framed photographs of happy people on a beach, perhaps a family outing. The researcher sat across the desk from Hank and he seemed a little reserved at first. As the interview progressed, he relaxed noticeably and made more eye contact with the researcher. Hank Jennings had attended college following high school, to become a Veterinarian. Hank's decision to enter the nursing field later in life is not unusual, and he recognized that many men do enter nursing as a second career. He also identified an issue that was familiar in many of the interviews, that prior to entering nursing, the men did not fully understand what the job of a nurse entailed,

> My idea of a nurse at that time was like what so many people have; the lady that works in the doctor's office and gives you a shot or gives you a bath in the hospital. And that didn't sound like a real masculine kind of job that I would want to do. But once I looked into it and found out how much was involved in nursing, I realized that I had a misconception of the field.

Similar to Hank, Don Jackson worked in several factory assembly line positions. He owned his own business at one time and worked as a plumber. Don also elected to have the researcher come to his place of employment for the interview. He is a large, imposing man with a quick smile and a warm laugh yet he appeared a little reluctant to participate in the interview. He was recommended to the researcher by Hank. The conversation was situated in his small office and as his desk faced the wall, he set two chairs in the room across from each other. His interest in nursing came about through a community need for the volunteer fire department in his city organizing an Emergency Medical Technician (E.M.T) program. The company in which Don worked was relocating out of state and he then made the decision to become a nurse through previous experience in a volunteer fire department. However, Don originally entered college right after graduation from high school to become a medical doctor,

> I originally was a pre-med major when I was fresh, young out of high school going into college. Went three years into college and decided, well, didn't decide, my grades decided that I didn't want to continue in that field. So my grades failed me, or I failed my grades, I should say.

In comparison to Hank's experience, Don's exposure to nursing was quite limited and only through his volunteer work did he appreciate the job of a nurse, "I got to see what nurses and the emergency room and critical care areas usually did". It was during this time that he developed an appreciation of the nursing profession, "Seeing what a nurse did as an ambulance attendant, as an EMT, that kind of fired me back up to go in that direction".

Bob Phillips also decided to become a nurse later in life after he graduated from college with a Bachelor's degree in music education. His father had been a medic in the Army during World War II and often talked to Bob about his experiences, so he had a curiosity about nursing, but dismissed it as being too difficult. He was 35 years old when he was laid off from his job at a steel factory and made the decision to go back to school to become a nurse. His exposure to nursing came about through the illnesses of his parents, "Mom and Dad both spent a lot of time in the hospital and I guess it just sort of, it was just sort of put there and was just grown from there".

Bill Kelley was one of the two men whose mother had been employed as a nurse which seemed to influence his own choice, "I always had an interest in the medical profession growing up …While a lot of kids were out playing during the summer, I would stay inside and read my mom's textbooks and became interested that way". He did not originally intend to enter college to become a nurse; he worked as an E.M.T. prior to applying to nursing school, "I started as a paramedic. I actually worked as an EMT for a couple of years. Then got a job as an extern in the emergency room and that's what geared me toward switching over into nursing". Bill described the job of an extern as similar to the

job responsibilities of a nurses' aide. In the E.R. he encountered several men working in the nursing profession and developed a strong attachment to them, "The one, I affectionately called my Uncle and the other took me as a mentor, and I ended up doing most of my shifts with him, and developed a very strong relationship or bond with these two gentlemen".

Bill opted to have the interview at the home of the researcher. We had met on a previous occasion and he seemed comfortable although he had never been in my home prior to this experience. Bill seldom made eye contact during the course of the interview. He looked at the ceiling and at the pictures on the wall. He was careful in considering his responses.

The decision to enter nursing for Chris Sampson was based on pragmatic employment realities, "there was about four pages of ads in the paper. Plenty of jobs; really being able to move, pretty much any where you wanted to go". He also did not understand the job of nurse and had not been in a hospital in many years, "I hadn't even stepped foot in a hospital. When I went to clinical is the first time I had ever stepped foot in a hospital in over 10 years". Nursing was also not the first career Chris pursued as he had graduated with an Associate's Degree in Criminal Justice and was working for a contractor at Tinker Air Force Base when he chose to return to the same college and enter nursing school. Chris also came to the home of the researcher for the interview. He was recommended by Bill, with whom he worked. Chris is a young man and seemed hesitant to talk about his experiences. He sat at the dining room table as if anticipating a meal; chair close to the table, arms on his lap and sitting straight. As the conversation developed, he did relax a little; however, he did maintain a reserve that could have been due to the interview process, gender differences, being in a strange home, or age differences.

Tom Feldman came into nursing later in life also, but his motivation was not financial. When the researcher asked him what factors led him into nursing, his reply was, "Curiosity. And I had a GI bill and couldn't think of anything else to use it on at the time. I was married to a nurse and she was going to school for nursing". His wife was going back to school to become a registered nurse and Tom discovered, "there was an LPN school there and it had a slot open and being a man and having my GI bill, they opened it up. So I mainly took it out of curiosity". Tom had been an electronics technician in the Air Force and was about to enter the seminary when his then fiancé was accepted into nursing school,

> There were a couple of male students that had been in the RN program. Technically, that's why I got her to marry me before she got out of the hospital to work the next year, because I didn't want her going down there to be around these pre-med and nursing students that might screw up my engagement.

Tom is in his 50's, originally from the South and speaks with a slow Southern drawl. He came to the home of the researcher and was quite at ease with the interview process. He had told the interviewer that he was overjoyed to communicate his experiences as a nurse because he felt that it was an important issue.

As with Bob and Don, Kendall Andrews also chose to enter nursing subsequent to a lay off from his factory job. Once Kendall started working as an orderly, he discovered that he really enjoyed working in the profession,

> I had always considered nursing as a profession for women and I came from a culture that did not believe too much in male nursing. I was looking for something different from nursing totally different. So…it kind of surprised me that I found it to be something that I enjoyed.

Kendall is an exuberant man, with a ready smile and a warm, welcoming personality. He is originally from Africa and while his English is impeccable, it is honeyed with a soft accent that allowed him to articulate his words slowly. We met at his hospital in a conference room.

It was a sunny, summer day and the room is warm. He placed his cell phone on the table and it rang constantly during the course of the interview. He apologized profusely, but did not turn it off and answered every call.

As with Don, Kurt Josephson had entered college to become a medical doctor. He earned his bachelor's degree and applied to graduate college for physical therapy, but did not want to dedicate the time to earn that degree. He had a family then and wanted to start working rather quickly, "I wanted to try to pursue something in a medical based field that would not require the lengthy education time but would afford me to be autonomous and would lend a wide array of educational field opportunities".

Kurt also opted to be interviewed in the researcher's home. He had originally scheduled an interview time and did not show up. He called and re-scheduled for a few days later and did keep that appointment. Kurt is a tall man, muscular and imposing, but has gentle, brown eyes and a quiet demeanor. He was articulate and precise in his answers to the interview questions.

Only two of the participants entered nursing school following graduation from high school. Lou Gregory had worked summers as an orderly in a hospital near his home,

> …and I decided I liked it pretty well. I considered several different fields… and there was a career fair. Advisors from various departments were there and I was filling out an enrollment form and I saw nursing and I said, okay…I'll do nursing.

Lou elected to have the interview conducted at his place of employment. The meeting took place in his office at a round conference table. He seemed to be most apprehensive about the interviews and was concerned that anonymity be clearly established as he did not want his peers to recognize him in any publication. His answers were short, direct, and to the point without much elaboration.

Greg Richard also entered nursing school upon graduation from high school to become a nurse. His mother is a nurse and this had a powerful effect on his decision to enter the profession. When the researcher asked him how his mom felt about his decision he answered, “She was actually really excited. She had been pushing me towards nursing, probably about when I was 16 and trying to figure out what I wanted to do …so she was pretty excited when I decided to do nursing”. Greg came to the researcher’s home and was the youngest participants. He was an enthusiastic young man with short spiked hair. As the interview was conducted prior to his shift at the hospital, he wore royal blue scrubs and had a stethoscope around his neck. Greg seemed comfortable, but talked quickly and shook his foot in apparent pent-up energy.

Empowerment

The first theme, empowerment, emerged through the telling of life stories and events as how the men conveyed ways in which they seemed to make sense of their position and masculinity within nursing. Participants conveyed to the researcher their efforts to find purpose and a sense of empowerment through their occupation. This was revealed through several common subthemes:

- segregated job opportunities within nursing
- issues of advancement

I had no point of reference

This theme began to emerge with the men’s experience in nursing school and

continued as they entered the workplace. Bob's words, "I had no point of reference" concerning how to care for post-partum women were a resounding chorus to many participants' sentiments as they began to feel alienated within the profession due to their gender. Relationships with nursing instructors, female student peers, along with the demands of the courses and clinical schedules combined in the development of how the men began to view themselves and situate their masculinity within a female dominated profession. Clinical experiences in nursing school illustrated for the men how the nursing profession is segregated by gender with specific fields of nursing and medical procedures deemed appropriate for one gender.

The participants discussed frustrations within the nursing education program. Many of the men commented about the grueling task of juggling clinicals, academic class work, family obligations, travel time, and cost, often in addition to a full-time job. The clinical portion of the nursing education program is not compensated monetarily. In fact, all of the men were required to pay for those hours themselves as part of tuition. Kurt put it most eloquently,

> I not only paid for them, but I was responsible for the transportation to and from the hospital, a uniform, which the uniform at that time was solid white. A man of my size in white slacks that was a joke! I pretty much had to contract with Omar the Tentmaker to make that happen!

There may be a daunting amount of travel necessary in the rural schools of Oklahoma, coupled with travel time to and from the various clinical sites. This seemed to be the proving ground for men in recognition of the segregated opportunities and feelings of alienation within the profession of nursing. It is in nursing school where these men first encountered stereotyping through interactions with their instructors, peers, and clinical supervisors. It is also the arena where they began to situate themselves and their concept of masculinity. The

most horrific example of this initiation came from Tom during a class demonstration about massage, “I did have one embarrassing aspect, when they did massages. They thought it not appropriate for me to see any of the girls getting a massage, so I was automatically drafted, instead of volunteered, to be the massage example”. He retold of this painful experience slowly, with many long pauses,

> I was told that I just had to reveal my back and as it turned out, that wasn’t the case. So personally, I felt like I got as humiliated as any girl would have been. And that was done at the very last second and they said, ‘Well, normally this should include the buttocks’ and the teacher said, ‘that’s okay…go ahead…’ and I just faced the chalk board the whole time.

The instructor had pulled down his pants without warning and without permission. Tom retold this event quietly, “the girls were all laughing and stuff”. While Tom was telling this story to the researcher, he did not make eye contact instead looked at the ceiling. This was obviously an uncomfortable retelling of a horrid memory.

Greg did not experience an embarrassing situation like Tom did, but he also found an icy reception from his female nursing instructors,

> They didn’t like me. They weren’t big fans of me. They were primarily female based; they felt that females needed to be nurses not men. Actually at one point one of them made that statement. They gave us guys a considerably harder time than they did the women.

This data suggested that women are sometimes deeply invested in maintaining nursing as a ‘women’s profession’. A clear example of how students are initiated into the segregation of specific nursing jobs is seen through Hank’s clinical experience. He was not the only participant to dislike the idea of working in obstetrics, but he was the only man given the prerogative to opt out of the clinical,

> I was given the option in nursing school to skip the OB and do a double shift in the ER if I wanted to. And I didn’t like women having babies, so I really like ER. Lots of nurses don’t, but I really liked the ER.

His words rang true of the participants as they revealed they did not enjoy working clinicals in obstetrics, however, Bob was most descriptive in summarizing the reason why he disliked this particular segment of nursing,

> …sometimes I had a really hard time understanding some of the things because I had no point of reference. Like once we were talking about whenever a woman has a baby, you have to count pads…you always have to check for quantity, color, smell, and everything like that. And so I'm going 'Smell?' And so I raised my hand and said, 'Excuse me, but …' And the answer I got was, 'Well, the normal musty smell of menstrual blood'".

He paused and looked at the researcher in bewilderment for a few seconds and said, "Beard!" (Demonstrating a beard on his face)…uh, my name starts with Mister". Bill was not given the option to eliminate the O.B. clinical, but he found a means to decrease the amount of time he spent in obstetrics. He also seemed to intuitively understand the implied segregation of the O.B. ward while doing his clinicals,

> We were always stuck back in a corner. I mean we were never assisting with deliveries, but in terms of like post-partum checks, post delivery, post-partum care, a lot of the patients didn't feel comfortable with a man basically, having to have the woman expose herself and do visual checks or do palpations in the general area. And I'll be honest; I didn't feel comfortable doing that myself. So we didn't have a lot of the exposure that, or hands-on that some of the women had.

Kurt also recognized the gender disparity while working his O.B. clinical rotation and resented the unequal treatment between the male and female nursing students,

> …every single patient that I was going to be given the opportunity to work with, I had to pre-context with them when I introduced myself and say, 'I'm a nursing student. I'm studying to be a registered nurse and these are my qualifications because I don't want you to feel in any way awkward or uncomfortable all you need to do is notify a member of my faculty and they will quickly change me with someone else'. I had to do that spiel every single O.B. rotation.

He also firmly told the researcher that female nursing students did not have to make the same speech prior to providing care for a patient. Feelings of discomfort and unease were

evident for Don during his O.B. clinical rotation; however, in contrast to Kurt and Bill he did not resent this disparity, but seemed to take it as a "natural" course of gender relations,

> It was uncomfortable, my OB rotation. I remember we had to find a patient that would agree to let us. And we had to as students ourselves approach these mothers, new mothers to be and say, 'Do you mind if I'm in the room? I'm a nursing student' and they agreed or disagreed. If they said, no…you went and find somebody else and it was their right. They didn't want a man taking care of them, we'd go find a different one.

He stated that this was a matter of "common sense" and that some of the hospitals even had a policy of female nurses only working with ob patients.

My initiation to female catheterization

The title of this sub-category emerged from an interview with Tom when he recalled his first time having to perform a catheterization on a female. Many of the participants talked about this medical procedure as being an area of nursing care that presented the greatest acknowledgement of gender segregation. The participants felt uncomfortable performing catheterization and also were viewed suspiciously by their female peers, the family, and the patients as is recalled in Tom's words,

> I still remember this horrendous experience where I was being oriented... An elderly lady needed catheterized and then they made me stand at the end of the bed. This little old lady is laughing and said something like, 'You really like that don't you' or something like that. And it was really embarrassing and everyone was laughing at me and that was my, that was my initiation to female catheterization.

The nursing school where Tom had graduated had never even taught him how to do the procedure properly. The first time he had to perform it, he needed to call his wife who is a nurse and ask her to talk him through the process.

Bob also had a humiliating experience in his initiation to female catheterization,

> We had had a young lady come into the ER with a gunshot wound to the chest. This girl came in and they needed a catheter put in…I explained to the young lady very quickly what I was going to do, set up my sterile field, did my cleaning and was just getting ready to insert the catheter, and the nurse manager happened to walk in at that time, jerked the catheter out of my hand and told me that was not proper. There were two nurses and a doctor standing there. I mean then she proceeded to put the catheter in after she had contaminated my sterile field. But that's probably the only time that I ever really think about being disrespected…. because of my man-ness.

This striking example demonstrates gendered ideas about propriety that can shape male nurses' experiences.

Swapping out duties or trading favors with female peers were common practices when having to perform this medical procedure. Part of the fear was that they would be accused of inappropriate behavior simply by performing their job. Bill stated this eloquently,

> If there has to be a Foley catheter placed on a young female, I basically ask one of the ladies to take care of it for me, because I don't want to put myself in that position. I have never been put in that position, but I do know male nurses that have; 'He touched me inappropriately; he never let me know he was going to do that'. I just didn't want to put myself in that position and have tried to be very careful.

Don also understood the risk involved in this medical procedure and recognized that it was based on gender,

> We didn't do a whole lot of female private care without somebody there with us. If you're going to go in and put a catheter in somebody, we try to get a female to take care of the female patients and a male to take care of the male patients. If we get a 16 year old female in here, I'm not going to send one of my big burly guys in there to catheterize her, or give her a bath or anything like that. That's just… common sense and basic…comfortableness. I wouldn't want some burly guy to come in and bathe my 16 year old daughter.

Greg expressed concern that performing certain procedures put him in physical jeopardy from family members,

> Intimate procedures; they find that very offensive, so I back away from those. I stay clear of those, I'll grab a female nurse and say, 'Hey, I need this done…can you do it for me?' and vice versa. If they have some old pervert that has to have a Foley or something, I don't have a problem going in there and doing it, you know?

The men actively negotiated through different expectations for men and women in nursing. Tom also mentioned the importance of "swapping duties" in order to make the patient feel comfortable, "…extremely rare that I ever had to do it though because, although it wouldn't be in the policy necessarily, to keep the patients comfortable…we agreed to swap catheterizations. Even if that meant me going to another floor, we'd swap". The patient's comfort and the nurse's comfort both shaped the practice of swapping duties.

Nurses eat their young alive

The phrase "eating their young" signified a powerful ideal that shape the nursing profession for both men and women. It points to a system of fear and intimidation to which new nurses are indoctrinated. Several of the participants echoed Kendall's words in which established floor nurses were not receptive to new nurses of either gender. This may be a small factor contributing to why gendered jobs exist and are perpetuated within the nursing field. These occurrences were best summarized by Lou,

> One of my colleagues once was studying the decision to go into maternal/child nursing. Sometimes it is obviously the patients, the patients always have the choice, but more often than not its nurses who work in those units that also hinder a male student's full inclusion into that learning experience.

Kendall saw the difference in treatment from the established floor nurses and new students as a harsh introduction to the social constructs of nursing,

> I had a lot of push back from the regular nurses. Rather than embracing the students, and helping them to be comfortable, they treated us like, 'Oh, so you want to be a nurse? Well, let's see how we can do it!' You know that type of attitude. And so, there was some tacit and open hostility. There were times when I didn't feel comfortable going on the floor more because of the reception that I had from the seasoned nurses. There is a saying, I don't know if you heard it, that nurses eat their young alive and it's still there.

Bill also discovered that other nurses reinforced the hegemonic ideal of the feminization of the nursing profession while in nursing school,

> The strengths were…my teachers. They were extremely supportive. Weaknesses, there again were the teachers. One teacher was rumored that just didn't like men in general but did not like men in her nursing program. She was an instructor and a clinical instructor and at some point in time everyone rotated or had this instructor. It was very hard to, as a male, to do anything to please her.

Bill was aware that his gender made a difference in how he was treated. Tom was sensitive to the segregation immediately upon entrance into nursing school,

> I couldn't help but feel like maybe they were stricter on me…I felt like I was under more pressure as a male than what the females would. That maybe they were holding me a little more responsible for some things. Like several of the girls made the stupidest mistakes and it would just kind of be overlooked and there was one time that I forgot something or said something that didn't seem totally appropriate and I was threatened with the possibility of being kicked out. It was the first and only incident and yet I was confronted rather harshly.

Bob also mentioned the phrase of "nurses eat their young" as a part of his nascent experience as an instructor in a nursing education program,

> It really bothers me, but you see nursing is sadly very much known for…nurses eat their young, and I don't understand why. It's like, nursing school was always such a horrible, terrible thing in the past and it seems like nurses feel like they have to repay that to the people as they come in.

He went on to describe the conditions that existed in the school where he taught,

> Before I got there, students were still wearing white dresses, white caps and little blue and white pinafore aprons. And they had to wear panty hose or knee highs; they could not wear socks under any circumstance. They had to weigh on a weekly basis in front of the whole class.

Female nursing peers contributed to the shape of gender segregation within the profession for these men. A clear example of this was a heart-breaking story that Tom related to the researcher, "I had a teenaged female I was forced to take care of against her will. And that was an uncomfortable situation for me and for her. There was no way she wanted a male

taking care of her". The young girl had told him several times to leave her alone and not to come in her room so he notified the floor nurse, "I tactfully told the charge nurse…'you're her assigned nurse and she's just going to have to tough it'. I went to the director of nurses and explained the situation and said…there was nothing could be done about it" Tom told the researcher that the girl had gonorrhea and when asked if he thought the floor nurse was punishing the girl, he responded,

> I felt more like she was persecuting me as a guy. I really did. I felt like she had a thing against male nurses and she was…she was making me go, she was showing me the disadvantages of being a male nurse. That's what I really felt like. You know, if I wanted to be a nurse then I had to do exactly everything a female nurse would do and if I didn't like it, well, then maybe I was in the wrong place. That's the way she was coming across to me. Because I vaguely remember her making comments to that degree.

This story unmasks the constructs of appropriate gendered behavior that some expect and the consequences for those who blur the lines. In terms of this study, a critical feminist frame highlighted the gendered challenges that exist for men in nursing. Tom understood that the seasoned female nurse was challenging his right to be in the profession. It was curious that all the men mentioned the close camaraderie with their female peers while in nursing school. The men found their peers to be wonderful source of support for them in handling the stress of the school schedule. Kendall had begun nursing school and was called back to his factory job. He found it quite difficult to juggle his work schedule, school, and clinical hours. He initially dropped out of the program. As he was considering leaving again it was his female peers who interceded on his behalf,

> They were very, very helpful. In fact it was a couple of them who revealed to the instructor what I was doing and I think that was very good of them because that is what led her to ask me first; and then decided that I should stay.

However, once in the workplace, the men were faced with a different relationship. New nurses, of both genders, are indoctrinated into their role as submissive and passive servants. They are subtly taught that they have no voice in the hospital hierarchy and that if they dare to speak up or to over step their boundaries, they will face a harsh penalty of fines, warnings, or even dismissal from their jobs.

Issues of Advancement: Lessons in Contradiction

The researcher discovered that of the ten participants, seven worked as orderlies, externs, or technicians prior to or while in nursing school. As Kendall pointed out, there does seem to be a hierarchical order within the nursing profession and these jobs would lie at the bottom tier of that subtle class system. It seemed contradictory to established notions of hegemonic masculinity for these men to work in these menial jobs, often under the supervision of women. This was observed by Gamble and Wilkins (1997) that men usually shun jobs that are esteemed lower on the ladder of eminence.

The review of literature disclosed contradictory information about advancement for men in nursing and the researcher also found contradictions from the participants about their chances of advancement within the profession. Bob is one who found that it was difficult for a man to advance into management. At one point he angrily expressed to the researcher, “because I found out that for a guy to get ahead in nursing, to impress female superiors and there have been times that I had to go way above and beyond in terms of being the ‘yes’ person”. It is interesting that he felt that subliminal pressure to be twice as good at his job as

his female peers. He also mentioned that he felt like an outsider in relation to his female peers,

> I don't fit in with them. She's [the Director of Nursing] going down the hall talking girlie girl stuff with…the other ladies and it's like she can't get to me on that level as she can with them. So I'm already at a disadvantage because there is kind of a standoffish thing that I don't feel approachable or that she can talk to me or whatever.

In comparison to women's experience in a male dominated occupation, Bob echoed frustration that he is unable to compete with his female peers due to differences in socialization outside of work, "But then there's a lady that's vying for the same position and they're going out talking, having margaritas with the girls after work, and I can't compete with that. She got the job". This echoed what women have expressed in male-dominated professions for decades.

Don also felt restricted in his opportunities for advancement; however, he did not directly say that he felt it was because of his gender that he was refused a manager's position,

> The first time I applied for it, I was a fairly new nurse. The second time, they had been grooming somebody for the position. It's like, when the first time didn't surprise me at all, the second time I'd applied for it, I was disappointed and left shortly thereafter. Not because of that but because I couldn't get off of night shift. So I left the facility… it came back around and I got it the third time.

In contrast, Tom felt that he was given preferential treatment in being raised to positions of authority by virtue of his gender, "there were times that being a male seemed to be to my advantage. I became a director…I really feel like it was the authority aspect as well as my skill that gave me a shoe in for that". He observed that due to his gender, he was automatically given preferential treatment in terms of advancement opportunities,

> More often than not, I was looked at more as an authority figure rather than my counterparts were. I felt like, the way I was looked at, and I believe partially because I was a male as well as a nurse…came into play there. You know, more often in this facility they would have a male in that position.

Kurt's statements were consistent with Tom's in that he perceived that he was given more opportunity for advancement due to his gender, "Every job that I have been in, I was either hired in to be a charge nurse or given the opportunity to be a charge nurse shortly after orientation was done". His female peers noticed this preference and were resentful of the favoritism they observed,

> There were comments by fellow co-workers. Nurses that I was working with who were furious that I was going to be their charge nurse. There's this inherent assumption that because I'm male, I've got the qualities built in genetically to be a good leader and that's just not true.

Kendall did feel some pressure to advance in his profession not only from upper management at his place of employment, but also from his wife. He addressed the issue of advancement with mixed emotions, "There is the pressure to move up. They came to me! I said, 'No, I just want to come to work and do my 8 hours and do my patient care, because I love my patients and go home'". He would have been content to stay in his position as a floor nurse, but faced pressure to accept a higher position from his wife,

> But my wife said 'Do it! Do it! Do it! I will support you! Do it!' and so for a week, that's all I heard! And I said, 'If I didn't take care of this business, I don't think I can survive!' So I came back and I asked my boss, 'Is the position still open?' and she started jumping, 'Do you really want it?' And that is how I started.

These participants conveyed contradictory information about the issue of advancement for men in nursing. Some of the men felt that they had to work harder than their female peers in order to get recognized, while others saw that they were advanced quicker than their peers by virtue of their sex. It was curious to note that Bob's words about a man in nursing having to work twice as hard as a woman to get the recognition that he deserved has been a phrase echoed by women for decades as they struggle to advance within a male-dominated field. However, unlike half of the participants in this study, rarely have women bemoaned that they

got ahead in a male-dominated field by virtue of their gender. It is clear from the participant's words that sex role expectations shape men's experiences in nursing school and in the workplace in various, complex ways.

Expertise

The Adrenaline junkie and the go get 'um guy

The majority of the participants used word like: 'adrenaline junkie' or 'go- to guy' to define their experiences as standing out or excelling within the female majority. Research had indicated that men in female dominated professions are more apt to display strategies that highlight their competence and expertise (Evans& Frank, 2003; Sargent, 2004). Many of the participants related incidents in their job in which they held expertise apart from their female peers in the profession. These expressions of competence and assurance of skills may be a way that the men were declaring they are not a part of marginalized masculinity. One example is from Bill when he told of the difference of his experiences working in the E.R. of a busy metropolitan hospital,

> The two men that I routinely worked with were very aggressive and very 'go get 'um' type attitude and work ethic. I don't think I would have been as an effective ER nurse if I didn't have that kind of attitude fostered in me.

He even contrasted the type of nursing performed by his male mentor and himself in relation to his female peers,

> …we stood toe to toe against the trauma demons… I did see some of my peer's kind of fade back into the corner and not be up there to do the hands on stuff and kind of fade into the background and I certainly didn't want to be somebody that was known as someone that kind of faded into the background.

The participants may have felt that because they were a marginalized group within nursing, they needed to be better than their peers. Tom intuitively knew why he sought to excel at his craft,

> …being a guy and having the…some prejudice that I realized, I tried to be the best at everything I did. I think kind of like women, they go for lawyers and stuff like that. I tended to be seen as real good at everything I did.

Even with simple procedures, Tom seemed to feel the need to be better than his peers,

> I think I had once or twice that young adult was a little leery for me to give a shot and when I told them I was going to do it, well then they acquiesced to me, let me give the shot and then they were happy they did because I was well known for good shot giving!

Men in nursing may feel that they need to prove themselves as professionals within the profession. Hank also recounted events that highlighted his expertise,

> It was good; it was exciting. I worked the crisis unit and I dealt with suicides, schizophrenics, a little bit of everything. If you heard something on the news, if someone had their family held hostage, the police was going in taking them in for evaluation; I was next the person that they were going to see.

It was convincing to see that these men were referring to gendered masculine expectations concerning their job performance and how they sought to live up to certain ideals of the construct. Don had originally gone to college to become a doctor. It was clear that he was content in his profession of nursing, but there was still a sense of pride that may be bolstered by his male gendered expectations of himself in his desire that physicians recognize him as having a particular expertise, “I’ve had doctors …bring their new docs through and say, ‘If you need anything, go get him…he’s been through everything. He can tell you how to do it”. Don still adhered to the patriarchal construct that the doctor was in charge and the nurse was to follow his orders, yet he did convey a sense of autonomy within his job duties,

> The nurse can’t work without the doctor’s guidance, but the doctors aren’t doing it most of the time. At least the 24 hour, round the clock care. A surgeon is a little

> different. They go in there and do their cutting and their work surgically and then they drop them off here and it's up to us to stabilize them and bring this chunk of meat back to life.

This data points to the daily challenges nurses face and their important role in healing. Bob is now working as an instructor in a nursing school and he also re-lived some experiences as a floor nurse where he situated himself as excelling in a particular area. In this story, Bob recalled a time when he was left alone on the floor and how he handled the situation:

> I was running from room to room, losing IV's right and left, people pulling things out and just going crazy. I'd been a nurse two weeks. And I literally ran out, stopped in the middle of the hallway, unclenched my fists, closed my eyes and thought, 'you idiot! What have you just done! You have made the biggest mistake of your entire life.' I took a deep breath and I kept on running. I had to kind of pull myself back to center.

Chris also gave an account of being left alone to care for patients quite early in his career and how he was able to successfully overcome the situation. Being left alone on the nursing floor can be unnerving and dangerous situation for a new nurse, but Chris talked about his ability to rise above the situation based on his competence and skill, "and my 8th day I was on my own. So I was like (shudders) …so that was kind of rough, but … I got through it. My first day off orientation, I had 6 patients".

Greg started his career as an L.P.N. then furthered his education to obtain his R.N. Greg started his career in nursing but is now in school to become a doctor. He frequently interconnected vignettes that highlighted his competence and gained physician respect,

> … in these critical situations; I usually take charge of it, the sick, sick patients. The doctor stands at the foot of the bed and watches what's going on and he gives orders left and right. They don't just automatically assume you know what you're doing you have to prove to them at some point. On the other hand, the females that I worked with haven't been in those situations, *I'm* the one that's running that situation, from the nursing side of it.

He also utilized emic phrases that other participants used to describe their expertise,

> I'm known as an 'adrenaline junkie'… I get very intense patients. I get the young 13 –year olds that have over-dosed or come in drunk and obnoxious, you have to tie them down. The patients that are hard to handle, I take.

What is clear from Greg's narrative is that he was quite assured of his skills and has a strong sense of competency in nursing. Like Greg, Kurt had also been in college with the intention of becoming a doctor. He worked as a flight nurse for many years which is a highly gendered male identified job within the field of nursing. He also worked in critical care and inner city Emergency rooms. These are traditional areas where men in nursing cluster as they are perceived as being more skill oriented and more masculine jobs. Kurt also told how he would direct the actions of the doctors,

> I can't tell you how many times when I was working with brand new residents where I was reminding doctors, 'You've got to wear gloves when you work with patients... Don't forget to wash your hands, doctor' or 'you in this room, you wear a mask or get out!' Because, I've said it to the particular resident, *nicely*, 5 or 6 times already! And they just don't get it.

Nurses, in these accounts, are clearly knowledgeable, competent professionals. These narratives spoke to the internalized notion of masculinity and how men seemed to feel the need to convey strength, competence, and assurance in a profession that often marginalizes them. The participants gave the impression of defining themselves and situating an importance for their role within a female dominated profession. This is a clear way the data speaks to research questions investigating gender.

Communication

It's that omission of a title

Many of the men talked about reactions with their family members, peers, mentor relationships, and doctors. The participants shared a variety of experiences with family

members. Some of the men reported that their families were overjoyed that they chose to be nurses. Others reported ambivalence or even conflict with parents, girlfriends, or wives concerning their career choice. The researcher expected to hear responses from the participants about family support while in school. What was not expected was that several of the men reported that their wives did not support them, emotionally, while they were in nursing school. The researcher felt that it was critical to understand the support systems available to the men while in school and many of the participants noted that they formed strong cohort groups with fellow nursing students.

The most extreme experiences of family rejection came from Kurt and Kendall. Kurt's words concerning his father's reactions to his career choice were visibly an emotional topic for him to recount,

> But closer relatives… who simply will not use the word 'nurse' in context with my role. 'Oh, Kurt works in medicine' or 'He works in healthcare'. My father has yet to say, 'My son is a registered nurse'. There's that omission of a title.

This omission of a title meant lack of recognition for a career that meant much to Kurt. It was clear that he wished that his father approved of his choice of occupation but was not receiving it. For Kendall, the decision to enter the nursing profession was met with open resistance from his wife,

> I had just met my… wife, and our relationship was developing to the point of commitment to marriage. I told her my intention to go into nursing that almost changed everything! Because she also came from the same culture and she definitely did not like the idea of me going into nursing. She felt it wasn't manly, and then she also thought it wasn't a rewarding profession, you know, financially.

He is originally from Africa and also had to face strong culture taboos concerning nursing as a profession for men, "I had always considered nursing as a profession for women and I came from a culture that did not believe too much in male nursing".

Family reactions for the other participants were not quite as extreme. In Lou's family, his father had arranged for him to take a job as a hospital orderly while he was in high school, but when Lou entered nursing school in college, there seemed to be a neutral response, "He didn't push me into it, but he personally didn't have any problems with it". Kevin's and Greg's mothers were working in the nursing profession. These two men had strong support from their mothers when they entered nursing school. While Kevin's mother was supportive, his nursing school experience did contribute to the end his first marriage,

> I was married at the time and it ended my first marriage because I spent such an exorbitant amount of time studying and being with fellow students. It just became that I was at school more than I was at home and it just put such a strain on relationships.

Greg said that his mother was his strongest support person while he was in nursing school, "I could bounce ideas off of her and she knew exactly what I was going through because she had gone through it herself. So she was undoubtedly the one I went to with any questions or problems". Don also found a source of strength and encouragement from his parents when he told them of his decision to become a nurse and his response indicated that they felt nursing was a stabilizing occupation for their son, "Mom and dad were all excited about it! At least their son finally quit digging ditches for a living and did something other than common labor jobs".

Tupperware parties, potlucks, and baby showers

Communication with female peers in the workplace generated a variety of experiences and these data units indicated that communication and relationships with their female nursing peers on the job was an uncertain road to tread. The majority of the

participants mentioned differences in communication topics, patterns, or styles with their female peers. Some found that it was a mild annoyance while others vocalized frustration because of it. Tom stated that communication with female peers was a resounding factor in his decision to leave nursing,

> I became aware… that what it was the female environment, female talk, and the women talk different, women act different. The lack of male interaction started giving me an uneasy; I don't know how to put it. I began missing what I could get in a more male environment.

He conveyed that his favorite place to work was the county jail where he, "had plenty of reason to enjoy being a man as well as a nurse…." When asked what made him more comfortable in the jail situation he replied,

> It's social conversation; when you are talking about the gossipy type of thing, the subject of the day, whatever, just stuff that I really wouldn't relate to or I think is kind of silly or whatever, you know and that's all I'd hear! It's just whatever women liked, but I didn't.

His emphasis on differences in topics of conversation may reveal the expected gender interests that societal constructs place on men and women, "I literally got tired of the conversation I was always hearing…to some degree it was making me irritable…I felt the need of male support. I think I really wanted something to uplift my masculinity once in a while". A female dominated environment provided little space for his interests and personality.

Hank also found much of frustration in the difference of communication with his female peers, "It's very difficult in today's society, males and females trying to get along, understand the boundaries. What I would say to one of my male friends, a co-worker, might be misconstrued to a female co-worker". He saw these boundaries as representing the line of

appropriate behavior among co-workers and it made him uncomfortable that he had to be on guard with his words,

> So I try to be careful what I say and how to say it. And most of the people I work with realize the same thing and both of us stick our foot in our mouth every once in a while and we both just kind of wink at each other when we do it.

Lou could also sense the communication differences between himself and his female peers, but he could not completely understand the source and impact of those differences,

> I was chairing a meeting and I don't remember what I said or did, it was something in my perception that I did whatever I thought was necessary at the time to move the discussion forward. This person called me and… she was crying! I apologized in my part in the actions, but I did what I thought was best. My point being that I don't always think about processes and decision making that may frustrate my female counterparts.

Workplace interactions and relationships seemed to be predicated upon specific understanding of gender interactions also. Bill was the only man to talk about competition with other men in the profession as he told of his experience working as a floor supervisor, "Sometimes the guys in management, it's a urinating contest as to who's got the most push, who's the biggest whatever in the group. The women don't seem to be that way".

Perceived conversational differences are not the only barriers that the participants recognized as different from their female peers. The majority of the men did not join in social gatherings at work. The reasons for non-participation were varied. Some of the participants indicated that the differences in conversation topics were the reason for opting out of social gatherings as Don summed up, "The baby showers, the lunch parties, pot luck lunches; they go out and eat Sushi together…guys don't seem to get into those little group hug things that go on. They do their job and go home". He also referred to a common societal construct that men enjoy interaction with other men, "…guys like to work with guys. It's just we do our job and there's not so much the female idiosyncrasies, the, 'I'm mad at this one' or 'I'm dating

this one's boyfriend'. We don't care". Chris also did not participate in work place social functions based on pre-conceived interest in expected social norms, "They have some …female type stuff… They have their little 'toy' parties and I say, 'I'll be down here at this end of the counter; get away from ya'all'". It is clear that several participants believed men and women had different communication patterns, behaviors, and preferences, which at times men disliked. These differences shaped their experiences at work.

Kurt did not socialize with his female peers, but not because of disinterest. His reasoning was the appearance of propriety. He was cautious with his interactions among his female peers,

> …as a general rule, when invites were posted up on the door, I would make an excuse. Because, A.) I knew I would be the only guy there or B.) It just made me feel uncomfortable to think about going to that particular nurse's house outside of work. I really tried hard, because I saw lots of things happening to co-workers.

As a married man, he felt that it was inappropriate to allow even the appearance of suspicion in regard to his relationships with his female peers. This is intriguing as his wife is a nurse,

> I really tried hard to maintain a level of unquestionable integrity; that there was never going to be an opportunity where I would be compromised to the point where it was going to be my word against someone else's.

Kurt categorized his female nursing peers into two distinct groups and "not necessarily a whole lot of other folks stuck in between". His groupings did not allude to an overall favorable impression of female nurses,

> There were the nurses that just because I was man and I was a nurse, there was an inherent respect there. There was another whole coalition of folks who… felt threatened or they were jealous or they were irritated, they could be vindictive and conniving.

These are strong words that indicate a level of animosity from Kurt about his peers.

Kendall was the only participant who actively enjoyed workplace socialization with his female peers,

> When you talk of pot luck, participation has been wonderful, because each culture wants to bring something different from their culture. You have people from different cultures put on their different national attires and then they set a day for food tasting for different kinds of food. So, we do that a lot here. We do a lot of pot luck and participation is good.

Kendall even initiated many of the impromptu social gatherings of his staff that took place at work or even during off-duty hours.

The participant's words in relation to communication with their female peers demonstrated an attempt to make meaning from the actions of the women (Blumer, 1969). The appearance of men in a predominantly female atmosphere had a profound effect on the participants and also on their peers. Chris was one of the youngest participants in the study, however, he made an astute observation about male/female working relationships within nursing,

> There was a lot of younger nurses that kind of had little cliques and one of the older nurses, says, 'I wish [you] was here all the time because of the way they act. It makes the other girls act different. They're not near as 'cliquey" when you are there.

It seemed that when the men were working on the floor, the actions of the females toward one another changed, as Chris retold, "Groups of girls would really bond together and really pick at others. When we were there they didn't do that". When the researcher asked him to posit why the female nurses acted differently when the men were present, he responded, "I don't know if they're just trying to not look a certain way in front of males, I don't know". Gender seemed to shape behavior and the dynamics men experienced.

Taking me under his wing

None of the participants were formally assigned a mentor either during their clinical experiences or on the job. The majority of them developed close relationships with more seasoned nurses and bonded with them quickly. They then referred to these men and women as their mentors. Some of the men became quite close with other men, but some chose a female mentor. Bill tells of his first E.R. position and the importance of the man who befriended him,

> It was the mentor, the nurse that I worked with, was very instrumental in taking me under his wing. He was a very unique individual, but he knew his stuff and if things went bad fast in the ER that's the person they always wanted there. And I wanted to be of a similar thinking.

All of the mentors that the participants chose displayed a level of skill and expertise to which the men aspired, "So whenever it was really, really bad, he pulled me in there and I stood next to him and you know as he said, we fought the trauma monsters and the trauma demons and those type things". This bonding served as a source of support.

Identifying with a male nurse did not seem to be the predominant trend for these men. They saw expertise in their female peers also. Bob found a mentor relationship with both a male and female nurse, "I had 2 LPN's, Jim and Carol and they said, 'Come on little RN, we'll show you how to be a nurse'. And they were great. They really helped me through a lot and they taught me a lot".

Kurt had worked with Bill at the beginning of his career and they both had close friendships with other males in nursing who worked in the E.R. Bill had related to the researcher about a nurse who had committed suicide. He had been a mentor to Kurt,

> I miss him a lot. He was a big influence in my nursing. He took me under his wing and purposely gave me the sickest of the sick patients in the middle of the night in the emergency department. You know, would drag me out and say, 'There's an

> ambulance coming and they've got so and so and so and so on it, and you need to work that!' I owe a lot to him.

Both Chris and Greg mentioned casual relationships with other nurses that they considered a form of mentorship although they did not choose one person with whom to follow or emulate. As Greg said,

> I was just kind of tossed in there and expected to figure it out as I go. Every where I work I latch on to probably the most experienced nurse and I just inquire and question and use them as a mentor without them actually knowing it, because their skill level is just amazing so I want to know everything they know.

Experience and skill level mattered in their decision more than gender.

I could go bear hunting with a switch

Participants shared similar stories regarding relationships and communication with both male and female doctors. Some of the men had better relationships with male doctors because they were able to bond with them on a masculine social level or felt able to intimidate the doctor using their size and strength. Bob recognized that nurses sometimes utilized intimidation to get their way thus conveying an understanding of the hierarchical order within the health care system, "I've always been treated well. I can't really think of any doctor who's ever treated me badly. Of course, I could also go bear hunting with a switch so maybe that had something to do with it". Bob, along with a few of the other participants, utilized their size to influence the doctors. Many of them had a similar story to Bob's, "…this one doctor …had to yell at me and he had to make sure he understood that he was the doctor that was just the testosterone being spilled so he could show me he was the Alpha Male". It is interesting that Bob did not feel animosity toward the female doctors with whom he worked,

> I happened to call this one lady who was a doctor and I'm thinking that she was notorious for eating nurses. And she told me, 'Nice catch', and went her way. The

> simple fact of the matter is, you will find doctors that have a lot of respect for nurses. They have a lot of respect for good nurses.

Bob's remarks suggest that competence, rather than gender, seemed more important to some doctors.

Hank related that physicians reinforced the traditional patriarchal structure of medicine by taking an authoritarian rule over nurses, "'I'm the man!' more so than, than the females. The good doctors would ask for your opinion. And the problem with doctors is probably not a gender thing; it's just a doctor thing". He stated that he got along better with the female doctors as he worked in a psychiatric hospital and recognized that there were much fewer female physicians than male, "I seem to have a better working relationship with female doctors and some of the female doctors appeared to be more real in the world; where some of the male doctors came in with more 'God like' attitudes".

He also utilized a more persuasive, even passive/aggressive method for "training" doctors and earning their respect,

> Give them about two months and we'll teach him what he needs to do because we can call him at 2:00 o'clock in the morning and say 'We have a patient here do you want me to take care of him and you can see him when you come in at 8:00?' After about four days in a row of two or three hours of sleep a night then I say 'You really look tired! If anyone else comes in tonight why don't I just give them some medication and let them sleep until you show up in the morning?' 'That's a good idea!' So, it worked. But when they first started a lot of them wanted to be in charge, show their authority.

Sometimes nurses felt they had to battle for the right to do their jobs without the interference of the doctor.

Greg also indicated that he had better professional relationships with female than male physicians, "Female doctors almost automatically respect me... almost all automatically

assume that I know what I'm doing". He also noted that as a man, he received more of an instant respect from the male doctors than did the female nurses,

> A woman [nurse] will suggest something and they just absolutely oppose it. I walk in the room and suggest the exact same treatment and I get what I want. These women have been nurses for 10, 12 years longer than I have, but I go in tell what I want and I get it. And they have to fight, beg, and plead to get what they want.

Greg suggested that for some doctors, gender matters a great deal and these doctors seem to show more respect to the male nurses than female. This recognized difference in the way that the male doctors treated them as opposed to their female nursing peers was evident in the interviews from Lou, Bill, Don, Kendall, Chris, and Kurt. These men all suggested that they developed a better working relationship with male doctors due to their gender. Lou stated, "I can think of relationships that I had with male physicians… in which they actually viewed me as maybe more credible than my female counterparts".

This difference could be due to socialization as noted by Bill, "I probably chit chat about different things with them that some of the females [nurses] don't, for instance talking sports". Don echoed this when he said, "I think I was probably respected and some of it I think is male. You have a lot of doctors that looked at you as authoritarian. They could tell you something and you took care of it". Kendall recognized that male doctors sometimes treated male nurses differently, "A couple of times they have been a little less harsh to me, a male than to the female". Chris also noticed that the male doctors treated him with more civility than his female peers,

> I think I'm treated a lot different. A lot of the other girls would, you know they would call the doctor and they would give them grief. I never got a single bit of that because I think they were kind of like, 'Oh hey'… I think I got treated way better, because all the other doctors were men.

Kurt experienced friendly relationships with both male and female doctors, however, he indicated that it was easier to get along with the male physicians based on his skills as a nurse, “There was more of a camaraderie and an understanding that, I was going to take good care of the patients that they were responsible for, kind of a “you watch my back, I watch yours” type of thing”. He noted that he was also able to achieve that level of friendship with females, but not as easily, “I felt a lot of that camaraderie with a lot of the female doctors that I worked with, but not necessarily as quick or as open as I did with a lot of the male physicians…”

Data from the participants seemed to indicate that male nurses had better rapport with male doctors based on shared social interests and mutual communication. The research participants perceived that at times they received more respect and were treated as more credible than women in nursing. The doctor/nurse relationship has traditionally been based on power and gendered practices in this traditionally female dominated occupation may be an under recognized aspect of these power relations. To several of these men, gender sometimes mattered in their daily working lives.

Identity

The category of identity concerned how the men viewed their self-image within the profession of nursing. The workplace is a strong arena where the men “do” gender (West and Zimmerman, 1987). The review of literature referred to practices of people who attempt to negotiate their sense of what is appropriate for their sex by their behavior and actions. The researcher believes that men in nursing fully comprehend that they are not fulfilling societal

constructs of what is an appropriate occupation for a man. They are daily reminded of images that dominate representations of the field of nursing such as mother, the angel of mercy, and the servant in white. They also experience a strong hegemonic occupational hierarchy in their contact with their families, peers, and doctors. All of the men in this study have experienced negative stereotypical comments in their profession. These data units are examples of the men searching for their voice; their unique place in a feminized arena.

I'm not a doctor; I don't play one on T.V.

All of the men in this study have been confused with being the doctor and all of them have adamantly expressed resentment of that confusion. Some have faced it with a mild degree of annoyance, while others expressed outrage when others labeled them as doctors. The complexities of the MD/RN relationship have been well documented in the literature. The medical trinity that firmly entrenched the doctor in a paternalistic role of authority rang clearly through the words of the research participants. Women, as well as men, perpetuated the cycle of dysfunction (Gordon, 2005) when they passively comply with doctor's commands or perform a subtle dance in which they lightly hint at a diagnosis or cure rather than stating their opinions directly. They robe themselves in a cloak of submission and passivity. This behavior is passed onto novices from seasoned nursing peers.

The researcher was curious as to this frustration from mistaken labeling from all of the participants. Bill may have summed up their feelings about it most persuasively, "The doctor is the brotherhood; nursing is the sisterhood. That's one of the old things that my mentor always told me". As with many of the other participants, Bill was quite assertive in expressing dislike of being identified as the doctor, "There's been times when I've identified

myself as their nurse, and they just assume I'm their doctor on a daily basis. I said, 'No, I'm the nurse'". Bill also speculated that as much as the men in nursing detested being confused with the doctor, female doctors faced a similar predicament,

> The female doctors that we have working in the ER sometimes walk in, because they're in scrubs, and it's like, 'Oh, nurse' and it's like, 'No, I'm the physician. I will get a nurse for you', and they seem to take very *BIG* offense at being called a nurse.

This speaks to strong gender components within the medical profession.

Hank was confused with being the doctor so many times that he just made it part of his introduction to specify that he was their nurse,

> I was confused as a doctor, more so, that I would have to correct people. I got to the point in my bedside behavior techniques …I just generally come in now and say "Hi, I'm Hank and I'm going to be your nurse today.

Don mentioned that even if he corrected the patient or family members, they would still insist on calling him doctor,

> The patients would call you doctor. And the families would call you doctor… I constantly battle it, 'No I'm a nurse'…'Okay doctor!' (Laughs) and you know, so that's when I saw something, saw the gender issue …more blatant than anything was from the patients and the families…

Tom also said that patients confused him with being the doctor by virtue of his sex, "I'd automatically be assumed I was the doctor, because I was a man". Like Don, Greg discovered that even after he corrected the patient and family members about his job title, they would still identify him as the doctor,

> It doesn't matter how many times I walk in and say "I'm your nurse" they still call me doctor…you correct them and correct them and then at a certain point you just take a break and they can call you whatever they call you.

Bob was the only participant to disclose that a female peer took offense to him being labeled as doctor,

> There was one lady that I worked with at the prison, when the inmates would call me doc, it would just irritate her to death. I mean, make her mad. In fact, one time she just blew up at this one inmate, 'He is not a doctor!'

He also strongly resented being acknowledged as a doctor. Discussion of this topic during the interview brought up an angry incident with an administrator of the school where he teaches,

> We have a CFO at the school, when I first went to work over there would call me Dr. and would go, 'Hey, Dr.!' I said, 'I am not a doctor, I am a nurse, how dare you insult me like that'. And he did it two or three times and I would always respond the same way. So now when he sees me he calls me *Nurse*.

How the men were labeled seemed to be an important part of their sense of identity. They had all worked diligently in the nursing profession and seemed to be offended at not being recognized as a nurse. Kurt also conveyed a sense of irate emotions when he told about dealing with the confusion of being labeled a doctor, "There have been many times that I've had to quickly correct a patient or family member and say, "No, I'm not a physician. I'm not the P.A. I'm your nurse".

Kendall offered a unique perspective about racialized and gendered patterns in the medical profession as he was the only African-American interviewed and when asked if he was confused with being the doctor, his response was strikingly different from other White participants, "…rather a few of them thought I was the janitor. I come in and I'm in scrubs and they say, 'Will you come and clean my room for me?'". This speaks to a preconceived notion of race along with gender in the nursing profession.

All the men in this study seemed to be battling against family, friends, and patients in regard to their identity as nurse. In addition, they seemed to battle with societal expectations of who is and who should be a nurse. The participants have negotiated this frustration in a variety of ways, but they all recognized that as men, they have a constant struggle to re-define traditional norms of masculinity in the profession of nursing.

Stereotypes

I acted like the biggest queen there ever was

The participants talked candidly about stereotypes that they perceived encountering in the workforce. In this area, the researcher expected to hear stories of discomfort at being labeled as gay because of the social conflation of sex, gender, and sexuality but while the majority of the participant's had encountered such labels, none of them reacted to the incidents as strongly as they did at being labeled a doctor. Bill had the strongest reaction to being called gay, "I had a comment made… 'You must be gay, you're a nurse'. Even hit on by gay men that just assumed I was gay because… I was a nurse. I just thought it was funny that people just assumed". When the researcher asked him how he dealt with it, his response was, "I went with it… played it up… just let him think what he wanted and I acted like, like the biggest queen there ever was. That patient rolled out and it was just the most hilarious thing for me". His reaction to questions of his sexual orientation was countered with his acting out his concept of a stereotypical gay man. Lou did not experience being labeled as gay, but seemed to take it as a matter of course for his profession, "Of course there are common stereotypes related to sexuality and sexual preferences and all I have not really experienced that".

In contrast to Bill's reaction, Tom chose to deal with others misperception that he was gay with gentle correction and humor, "I had a gay patient. While I was taking care of this person, that person [the patient's boyfriend] was flirtatious with me". When asked how he dealt with the situation he responded,

> …I kind of chuckled and said, 'Well, I don't fly that way…sorry' And actually we both got along there. We both kind of chided each other a bit and there were no problems. I felt kind of flattered but it was weird.

Greg stated that others assumption in labeling him as gay didn't bother him; however, his body language and tone of voice were markedly different when this topic was broached,

> I've been called "fag" I don't know how many time, usually by older men that have been exposed to only women in their situation. It's just hilarious to me and sometimes I go with it. I just smile at them and go with it.

The lived experience for these men indicated that they were faced with labeling and misperception due to social expectations concerning gender and occupational status from many different sources. The men dealt with this in a variety of ways. Some of the men did not understand the conflation of gender and sexuality and played into mainstream stereotypes as a means of joking or teasing. Others didn't mention the issue at all. For some, humor may have been their way of displaying societal expectations of masculinity rather than causing tension and strife in the workplace by discussing the issue directly.

I'm not a typical nurse

Many of the participants described themselves as being different from the typical nurse. Some vocalized this sentiment in strong words, while others simply told of stories in which they performed their job duties differently than their female peers. It may be that the significance of these descriptions is the men are rebelling against the traditional stereotype of the female nurse and the societal constructs and feminine qualities associated with nursing. They may be vocalizing that they are not typical in an effort to maintain their masculinity and perceived attributes that they believe are specific to male gender roles. Since nursing and qualities that comprise a competent nurse are feminine characteristics deeply embedded in

cultures, these men may feel compelled to state that while they are masculine, they are also competent at what they do.

Two of the men portrayed themselves as atypical from other nurses when talking about nursing and seem to do so because they themselves did not understand the conflation of gender and sexuality. This suggested that they wanted to display expected acts of masculinity but deny the caring, loving, patient aspects of nursing that deems them as having feminine attributes. An example is from Hank who stated, "I live on a farm, cattle ranch, ride horses, got cows, and build fence and stretch wire, so I'm probably not the, you know, typical nurse anyway". Bob summed up his feelings in regards to being different from the typical nursing ideal in reference to his appearance. He relayed a story about a patient reaction during his early years as a floor nurse,

> I had a full beard; my hair was to my shoulders. I looked more like Grizzly Adams than Florence Nightingale. And when it comes time for me to do my assessment, the patient basically kicked me out of his room. So my teacher came down and talked to him. The patient said 'What I just wanted to make sure he wasn't some psycho who just wandered off the street! Let's face it; he doesn't look a whole lot like a nurse!'

Greg described himself as not an atypical nurse, but talked about in terms of his youth,

> I catch a lot of flak for being as young as I am. You see female nurses and you think male nurse and I fall outside kind of both those boundaries. Because I am a YOUNG, atypical male nurse. I'm what you would consider an atypical male nurse. I kind of fall outside that boundary, and being as young as I am, patients tend to seem uncomfortable because I am so young.

Patient reactions to the men seemed to support their descriptions of themselves as nonconforming and may contribute to their identification as "different" than "normal" nurses. Some of the men experienced rude behavior in the workplace due to their being male, their age, or their race. Others felt that they were under more suspicion when performing medical procedures on women. Bill stated, "I've always felt in the back of my mind, I've always had

to have a female chaperone so just so nobody accuses me of doing something inappropriate, just because I'm a guy". He recognized that the same was not true of his female peers in that when they performed their duties, they are often not accused of inappropriate behavior, "I need a female chaperone because I've got the ladies' husband sitting there giving me the evil eye saying 'What are you doing to my wife?'". Greg echoed these feelings of being under suspicion,

> I have young men who are married, who automatically assume I'm trying to make a connection with their wife while I'm in there treating a patient and they get very, *EXTREMELY* defensive over it. I mean to the point where I've had, I've had people trying to fight me in the E.R. before over that. I try to tell them that is NOT what I'm trying to do here. It gets so annoying, you know? I'm here to help; I'm not here to try to take your wife away, buddy.

This is clearly a frustrating area for male nurses, where gendered suspicion overrides their professional role. Patient suspicion of inappropriate behavior was not the only concern for these men. Kendall discussed incidents in which patients refused to have him administer care based on his race,

> I've been treated rudely… I don't think it was more because I was a male; it was more because I was Black…we work with a generation of patients, who had lived in an era where they weren't very used to Blacks taking care of them. So it was difficult for some people.

In their reactions to stereotypes from both peers and patients, the participants seemed to react through claims that they were not "typical" of the traditional, societal concept of what is a nurse. They stated these differences through their age, their appearance, and in their skill level. All of the factors indicated a recognition that they were not fulfilling, what they deemed, are the understood characteristics of a nurse.

Feelings of exploitation by peers

My middle name is not 'forklift'

Don's words "my middle name is not 'forklift'" resounded through many of the other participant interviews. The majority of these men resented being pulled away from their regular assignments to assist their female peers in moving a heavy patient. Don told of the turning point in his career where he realized he could no longer assist in moving every patient. He conveyed this with a smile, but it was clear that his female peer's requests to move heavy patients concerned him,

> …you're always lifting and pulling and tugging on people. And I ended up lifting and tugging and pulling on people all the time and I finally reached the point where I said, 'My middle name is not 'forklift I cannot pick up everybody that you call me for'. I got down in my back a little bit and that's when I said I can't do this, it's killing me.

In this case, gendered expectations had an effect on his health.

Kurt was deeply offended that his female peers utilized his strength and size to deal with violent or obese patients and listed it as a motivating factor in leaving floor nursing,

> Invariably, I got the biggest, heaviest patients…I either was stuck in triage, where you first meet people, so if there was going to be somebody belligerent walking through the front door, I was going to be the first person they had to deal with. Or stuck in the area where there was going to be a lot of family coming and going, a lot of chaos, a lot of movement of people. They see somebody large, such as myself, maybe it would help calm the masses.

He recognized that if there was a need for brawn, he was the first called on. It was also an unspoken expectation that he would assist his female peers,

> If they're ever abusive or physical altercations with patients involved, there was an expectation that since I'm a man I was supposed to be involved with that supposed to quote/unquote "protect the female nurses" that are involved in that. I'm supposed to step in and become, no longer be a *nurse* but a *security guard* at that point or *police officer.*

He resented his peers' assumptions that he would leave his regular duties to assist them simply due to his size and gender. When asked how he felt about assisting with these patients, he responded,

> To be quite candid with you, rather used and abused. There was very little time for me to get *MY* job done because I was so busy, being expected to help other people move their patients around to get *THEIR* job done.

The more he talked about this issue, the angrier he became, "that was an unwritten expectation. That happened…. *A LOT*! Whole, whole, lot… it would not be an exaggeration to say that happened once a shift- every shift that I can ever probably remember". As stated earlier this was a factor in his decision to leave nursing, "It's not the main reason, but it's definitely one of the top reasons why I chose to actively avoid bed side care, if at all possible. It's when I sought out other nursing opportunities".

Contradictory feelings of assisting female peers with lifting heavy patients came from Greg who saw part of his responsibility in assisting and protecting his female peers, "…the women I work with, I respect and I don't want them hurt so I'll take the patients that are hard to deal with because I don't mind it". However, sometimes this involved a trade with the women for medical services, "…it's tit-for-tat. It's a give and take situation… I use my female nurses for the intimate side of it when I can". Although he perceived his duty to assist his female peers as a natural course of events, and even used these opportunities as a trade for services, he still resented the idea of being called to handle a difficult patient because of gendered expectations of men, "Yeah, if I' m extremely busy and they ask me to do something like that, then it irritates me". Similarly, Hank responded that he was not troubled about helping his female peers and viewed this as a natural job responsibility for a man in nursing,

> …the female nurses like to see men on the floor. If you've got a violent patient, someone that big and that strong…keep the person off them… if need be. When I was at the psych facility, most of the time…they was glad to see me.

The men in this study had mixed feelings about helping their female peers to restrain a violent patient or move heavy patients. Some saw it as a natural, common sense thing to do because they are men and that is what a man does: protect the women around him. But others resented this and viewed requests for help as a burden on their already over burdened work load.

Frustration at feminine concepts of nursing

This finding concerned how the participants felt about the nursing profession overall, the word *nurse*, and if they would recommend nursing to a young man. Participant reactions from *The Men in Nursing* calendar and other recruitment images were also included under this theme as these responses reflected raw, honest emotions concerning gendered images of the profession. This section includes issues related to how the participants felt about the field of nursing and their contentment in the field. The researcher also asked the men how they felt about the word *nurse.* During a pilot project a participant had mentioned that the word was troubling for him because of the overt feminine images that he felt it conveyed. Images of nursing and symbols utilized by those in the profession are powerful representations of feminine qualities that have been embedded in the profession. It was important to gain an understanding of the men's perception of these images. The title "nurse" for some of the men conjured up specific social constructs. The question was only asked as a probing question to

the last seven participants. As the researcher began to become immersed in the data, this question arose as one that needed to be asked of the participants.

The word "nurse"

The image of a nurse within this theme included how nursing is portrayed in movies and on television, advertisements for recruiting nurses, and societal conceptions of nursing in general seemed to emerge as a powerful concern. Issues related to clothing, the uniform, caps, and aprons are also included in this section. The researcher did not ask the specific question of how they felt about the word "nurse" until the interview with Don which evoked an overwhelming positive, "I'm proud of it! I worked hard to get where I am. I don't think of this as a woman's profession". Kendall also had a positive response,

> I had a definition; the nurse is the care giver, the psychologist, the social worker, the occupational therapist, the physical therapist, the nurse is the carpenter, is the …um, the reverend minister, the masseuse, the go-getter, the nurse is everything. So I think the term 'Nursing' involves *SO* many things, it is all the professions.

Their enthusiasm for the word 'nurse' was contrasted by Chris, who would not use the word to describe his job position,

> If somebody asks me what I do… I say R.N. I don't say I'm a nurse, I say I'm an R.N. … when you think 'nurse'; you think…woman, wearing white, you know, white stockings and her hat. That's what you think of so R.N. seems a little more updated, a little more wide-ranged.

Greg also does not identify himself as a nurse, "I usually go by "murse". You know, male nurse. I'm comfortable with that; it doesn't bother me at all". For most men in nursing, the word "murse" is a pejorative or an ugly slang. It was telling that Greg used this to define his job title, however, he elaborated,

> I'm there for the patients and any word that is being attributed to me being a male nurse is just a word. And it's simply that and I can see how people might get aggravated with it, it doesn't bother me at all though.

Tom perceived the word to be rich with feminine qualities and contains "a little bit of a gender statement to it. I feel it still has a little bit of a feminine connotation. It might have been nice if there had been a word for male nurses other than 'nurse'". He also pointed out that many other professions have changed their names to more gender neutral connotations,

> In this day and age, we've gotten to where we would say, mail person or postal person instead of postmen, police person instead of police men and police woman and so forth. So in as much as they are going to that effort in all of these other occupations, 'nurse' itself does have a connotation for most people, so maybe it would be good if they came up with more politically correct, but not so obvious. Say something that is more generic all the way around.

Kurt spoke about the word nurse as a job title and the conflation of personal characteristics,

> I am a nurse by choice. There are many of my fellow nurses that say they were born to be a nurse; they felt called from the get-go. I didn't feel those sorts of things. I didn't necessarily feel that lifelong calling to be in nursing. The title for me exemplifies a lot more than just helping someone and the typical one-on-one patient/nurse care that you see…For me, nursing is more of a state of mind.

Men recognized the feminine connotations of the term and some rejected it, while others redefined it for themselves.

How dare they portray us like that?

These responses emanated from issues of media representation. Gordon (2005) observed that advertisements to recruit nurses are actually harkening back to the time-honored "feminine" roots of the occupation. These advertisements highlight care, concern, and self-sacrifice instead of focusing on the medical and technological competence required of today's nurses. This strategy persists to maintain the unbreakable patriarchal hierarchy that exists in healthcare. As Hank so eloquently stated,

> Everything you see doctors do on TV- Nurses do in real life. A doctor NEVER runs out to the ambulance to get the patient, the doctor NEVER sits by the bedside of a patient, it's the nurses who do that. But if they made a television show called "Nurses" no one would watch it.

Nurses are sometimes invisible in the media. Lou also noticed the slanted media emphasis and television shows which depict doctors performing jobs that, in reality, are done by nurses is detrimental to the profession. He stated, "Hospitals exist because people need *nursing* care. Hospitals don't exist for medical care…medical care is given in a lot of places…hospitals are just one of those". Kurt put the problem into perspective when he stated,

> A perfect example is the billboard you can see in Oklahoma City for Midwest City hospital or Edmond Hospital where 'Great physicians practice great medicine'… you don't have hospitals for physicians! You have great hospitals because you have great nurses because you get great nursing care. You don't see the physicians in there walking the patients; you see them at their desks writing the order saying 'Walk this patient'. The nurses are what makes the care happen, makes the improvement happen.

Unfortunately, television shows portray pretty, intelligent doctors performing duties that, in reality, are always the job of the nurse. This distorted picture of the profession of nursing demeans the important role nurses play in health care. The tactic also may lead to reluctance for men to enter the profession as Bob noted,

> It's never really been considered to be a manly thing to do. You know, because nurses have feelings and they aren't supposed to….Some of the stuff in the popular culture does not lend itself well to great respect for us. I'm pretty laid back, but when I saw *Meet the Parents*, that I just about had a fit over *Gaylord Focker*. It's like, how dare they portray us like that?

The reference to "Gaylord Focker" is to a nurse who is a bumbling, foil character in a movie in which his weakness is portrayed as comical. This is an exact opposite of the competent professionals in this study.

Bill also observed that the slanted view from the media distorts the public's image of nursing,

> We do a lot of the leg work and a lot of the things for the doc. You watch *ER* and all of the stuff that you see them doing, well, it's the nurse putting the defibrillation paddles on the chest shocking the patient…it's not the doc. The doc's standing in the corner with his arms crossed saying, 'Okay, what do we want to do now?' There's not a whole lot of hands on doc stuff that you see.

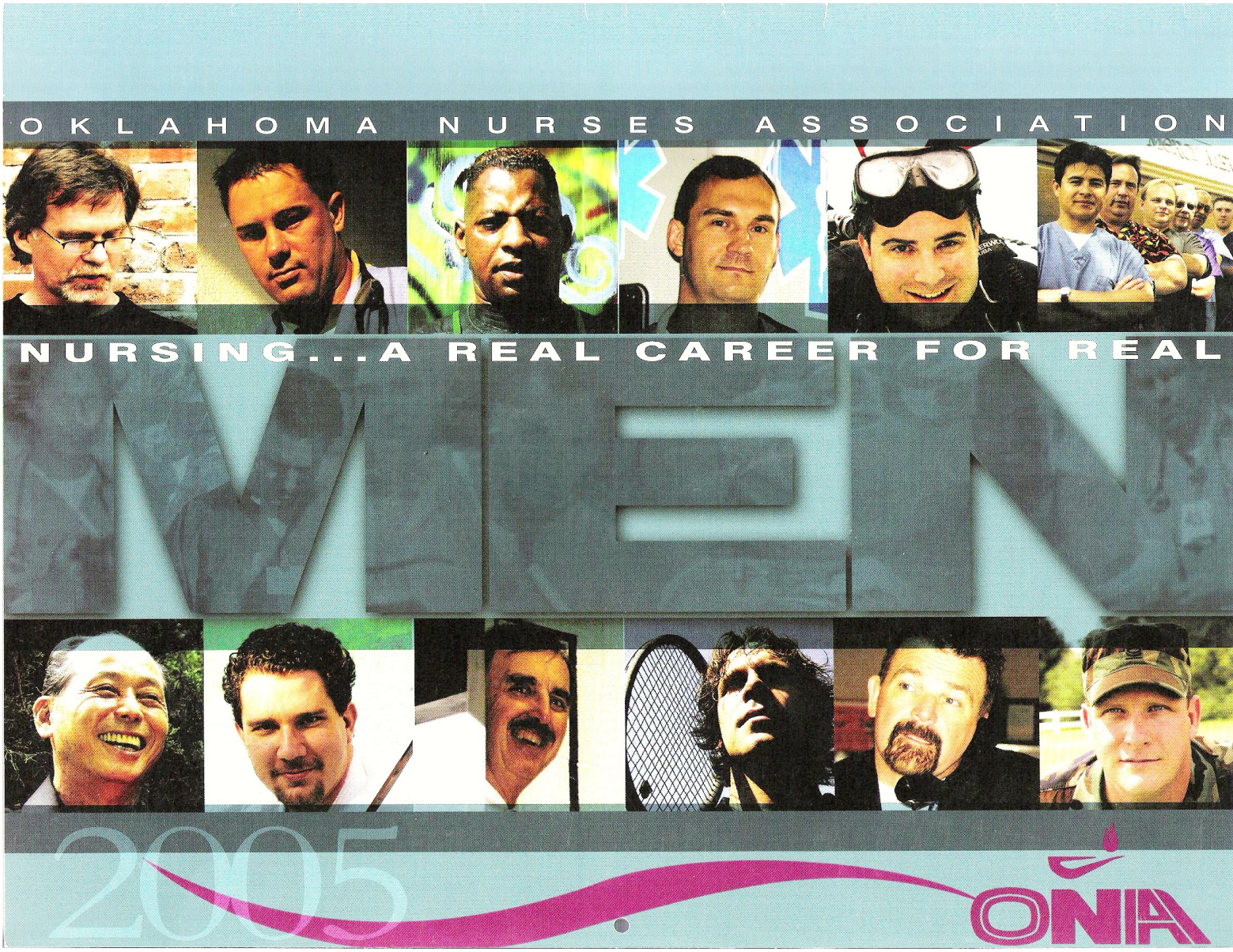
In their analysis of media images of nursing, Summers & Summers (2009) revealed that the majority of the doctor centered television shows hired a registered nurse consultant to teach the actors how to provide realistic medical care. This sends a tragic message to the American public who assumes all hands-on care is really performed by doctors. Media perception is a powerful indicator of how people view specific professions and if nurses are portrayed as insignificant handmaidens this may keep recruiting numbers low.

Reactions concerning the "Men in Nursing" Calendar

The Oklahoma Nursing Association calendar was published for three consecutive years: 2005, 2006, and 2007.Only one participant in this study posed for the calendar. Reactions to the calendar were mixed. Some of the participants enjoyed looking through them and thought it was a wonderful idea while others seemed quite offended at the prospect of their fellow peers posing for this calendar. Hank was not impressed with the calendars, "These aren't as risqué as the firemen". When asked what he would change about the calendar, he told the researcher about a summer camp for middle school boys called *Camp Scrubs*. This camp is sponsored by Oklahoma State University's Health Science Center and is specifically designed to orient young boys to nursing. He has been an integral part of the camp since it's inception in the late 1990's. The camp started as an exploration and awareness program to recruit more males into nursing, but they do accept girls and often have a long waiting list for spaces. The four day program is conducted by men in nursing and

includes tours of local hospitals, basic first aid instruction, observation of surgeries, and hands-on activities with simulated patients in a clinical setting at Tulsa Community College (Oklahoma State University, 2009). He proudly showed the researcher several articles that have been written about him and the *Camp Scrubs* program. He believed that this is a stronger recruiting tool than the calendars for a young boy who may not have previously considered nursing as a career for men.

Lou had never seen the calendars prior to the interview but he recognized that this type of recruiting may play to traditional masculine stereotypes. Portraying muscular, handsome men in the field of nursing is unlikely to entice more men into the field and does a grave injustice to the profession. Lou recognized this, "My response is kind of tempered by the responses I saw with some similar types of emotional materials for men in nursing, that they are playing on the energy of macho men in the images of nursing…" Kurt's reaction to the calendar was similar to Lou's in that he distinguished the marketing technique of sensationalizing nursing for men, "This just sends …'you can be hot and sexy too' type message; kind of glamorizing the sex, if you will, almost as if it's a swimsuit model thing for Sports Illustrated type of deal". He felt that it sent the wrong message about the nursing profession, "We're really presenting this image that if you're a male nurse, you're hot and you're sexy….is he a nurse? Or is he a football player?"



Bill confessed that he received an application to appear in one of the issues of the calendar.

When asked if he responded to it, he replied,

> No, I did not! I thought it was kind of like a nursing beefcake type thing. See with stuff like that! (He is pointing at a very muscular man in a tank top posing with his arms crossed). It showed all these buff guys, it's like, uh, No, I'm not going to send that in…and *NO* I am not even going to respond to it. I threw it in the trash.

He also did not feel that the calendar was an effective recruiting tool,

> It would not recruit me…if I was a guy who looked like that… (Holding up the calendar) and I don't look like that…you think they were trying to pick stereotypically good looking people… I kind of thought that was kind of sexist and appealing to a different aspect that to me is not a part of nursing, I mean, it shouldn't matter what you look like.

Including images of stereotypically good looking people may emphasize the wrong aspects of the profession. It is a profession of caring, not a beauty contest.

Don had also worked at the *Camp Scrubs* program, and while he did not seem offended by the calendars, he did not think they were an efficient recruiting aid,

> I think it makes people recognize that there are men in nursing. Do I think it's a good recruiting tool? Probably not, I mean, it's swimsuit models…the same way, or Playboy might…okay…if you're into that okay, but do I think it's good recruiting tool, probably not. Do I think it hurt us any? The same with the firemen; you see firemen in calendars too and I…I don't think it hurt terribly, but did it help? No.

Bob was a friend of Don's and had also participated in the *Camp Scrubs* program. His reaction to the calendar was conflicted,

> Oh, (sighs) (10 second pause) I don't know that they'd make me want to run out and be a nurse. I think that… if somebody was on the cusp of wanting to be a nurse and not sure if it's manly enough…it might work. But for somebody that, you know, decides that they want to be a nurse, I don't really think that it would make a lot of a difference.

Tom had a decidedly positive view of the calendars and he thought the traditional masculine images would appeal to a young man considering entrance to the field,

> It helps to look at it in a different picture. You're stepping into a predominantly female role…this picture… shows this guy with a football, and you see he's got his arms crossed in a masculine way…I mean once they get in the field, it'd take more than a calendar to offset the reality. But if it's something they're considering, they think they might want to be, but yet they have this female environment staring them in the face something like this might give them a little bit more of a nudge…Help them to realize that there is a place for them.

Although Tom responded positively to the *Men in Nursing* calendar, he admitted that he could only identify with one of the men in all three issues, "…there's only one here that looks like he could be …I might have related to him".

Chris also responded favorably to the calendars, "It looks like you'd be famous in there!" When asked if he thought it would be a good recruiting tool, he said,

> I would say so. If somebody, a 12, 13 year old would say, 'Here's a normal looking guy' they're not going to go 'Hey, look at that gay male nurse!' We're just normal, old people. So I would say it would be pretty well. They don't show anybody quilting though.

His reaction does conform to mainstream constructs of men and expectations of what characteristics and behaviors define a man. He contrasted this with his statement about women in a male-dominated field, and what would define a 'normal' man,

> It would be just like a book on women diesel mechanics or something that would show. 'Look they're pushing their baby on a swing and then they're working on a fuel injector!' You know, it would be kind of the same deal. See? They are normal guys. They're not at the ballet, normal stuff. So… yeah I think that'd be good. Like I say, if I was 13 or 14 it may be good.

Only one man in this study appeared in the calendar and he talked about the experience. Bill recommended him to the researcher after recognizing his picture in the calendar. He thought it was a wonderful opportunity for him to be in the calendar and to bring about more coverage of men in the profession,

> I think it was a good thing to expose the men to nursing. For a long time, you know, people thought of nursing, still think of nursing and it's still true to that is a female, predominantly female area, and, is good for the exposure to know that there are some men in nursing in a female occupation.

His enthusiasm was apparent about the calendar and when asked if people recognized him from his picture, he said, "Yes! I've had that! Yes, I've had comments and, in fact, people bought a bunch and gave them out and people were happy to see them in the offices! Oh! It's

nice to see this again!" The enthusiastic comments may speak to the visibility such marketing tools bring to men's presence in the profession.

Since men in nursing are a marginalized group, the researcher was curious to understand if these participants would recommend for other men to enter the profession. Respondent answers were contradictory. The majority of the participants, seven out of the ten, would recommend to a young man to go into nursing, such as Hank, "I would encourage him greatly". Lou even stated that his son is a registered nurse,

> He works in the ER. I would say the same thing to a young man who wanted to become a nurse as I would say to a young lady. Nursing is a field that has a lot of opportunities. Nursing is a tough profession; it's very hard work, it's stressful, but it's also very rewarding.

Bob was the most enthusiastic supporter for men in nursing when he replied,

> Jump in… the water's fine. I would encourage it. You have to like people. You have to care about what happens to them. You have to have some compassion and you have to be able to empathize. I think it, you know, it's a great profession.

Don would also recommend for a man to enter the profession, with the disclaimer that he would need to be a particular personality,

> Nursing's been very good to me and it depends what kind of person they are. Would I recommend it, it just depends on the personality you have and the type of person. I think it takes a special person…male or female to be a nurse. You got to be a compassionate, caring person.

Chris would recommend for men to enter the field of nursing based on the availability of jobs and also advancement opportunities,

> If you want to escalate right on up to… education you can do all kinds of stuff. It pays decent, so you're not going to get super rich, but you know, if you know how to manage money you can retire pretty decent. I would say to anybody, it's a good field to get into. Then if you're a man, there are lots of girls! (Laughs) It's not that bad of a deal!

Greg has also persuaded other men into the field of nursing based on the amount of opportunities within the field,

> I've encourage guys to get into nursing all the time! I'm trying to push all my friends to it. I'm pro-nurse. I think it's an awesome career. Male and female, I encourage to go into nursing. I've got a couple friends who graduated nursing because I pushed them so hard to do it. There are so many opportunities out there.

In comparison with Don, Greg added a disclaimer that the profession requires men to perform tasks they may be uncomfortable doing,

> The wiping parts, there are times when you have to feed patients… You do have to adapt some of that *mother role* with patients. And if they're not comfortable with that, I encourage them to choose a different career because it's something I wasn't comfortable with that when I chose nursing! I kind of had to adapt to that and work really hard to get used to that.

He used the term "mother-role" in describing the caring, hands-on aspect of nursing care which may indicate that he sees this part of nursing as a feminine construct and indeed, Greg's mother is a nurse.

Kendall would enthusiastically recommend nursing to any young man based on the reward factor of the profession and in helping others,

> Yes, the money is good sometimes, when compared to other professions, but I know that for the things that we do in nursing, I don't think you can pay anybody enough. So I tell people if you are looking for just money to work, then you are not in the right profession; because there is a world that is beyond the money tree. And it's like, nothing beats somebody comes and you look in their face and you can see it…and they say, 'Thank you and I appreciate what you do'. It stays with you forever.

There is a strong benefit of nursing that transcends gender or race.

Three men would not recommend nursing to a young man, or would recommend it with reservations. When asked what he would say to a young man thinking about entering nursing, Tom stated, "Think twice!" He elaborated that if a man was to go into nursing that it would be beneficial for them to become an R.N. as they would have more opportunities

available to them as opposed to an L.P.N. Kurt also stated that he would recommend nursing with cautions, "Do not get into nursing if you feel that your calling is to do one-on-one direct patient care and nothing else. No question". He warned about the physically demanding aspects of the job and also about the high rate of accountability, "…it's back breaking work. It's high stress. It's a ridiculous amount of accountability…the snowball rolls downhill and the nurse is at the bottom, not the physician".

Bill was the only participant who stated that he would not recommend for a man to go into nursing,

> I've said it frequently over the past two years…don't…Everybody wants to be in the ER, everybody wants to be a flight nurse. They want to fly on the choppers and go pick people up and that kind of stuff and that's exciting and I understand that. But…is it something you can settle into and really make a big career out of? I say no.

When asked if he had counseled men against the nursing profession he stated that he had told several young men not to enter the profession. These are important comments to consider in a nursing shortage.

Summary

The findings of these interviews indicate similar experiences in the occupation of nursing for the men. Comparable experiences were noted in regard to stereotypes. All of the men had encountered questions of their sexual orientation. Along with this, all of the men had been confused with the doctor by patients. Contrasting statements were experienced by the men in relation to career advancement. Some of the men indicated an advantage in obtaining a promotion. Other men saw that their gender was a distinct disadvantage to being able to advance into administration.

This study showed a great diversity among the men in relation to family reactions to their occupation. One man suffered a divorce while in nursing school; another man's wife tells friends and acquaintances that her husband is a doctor rather than confess that he is a nurse. Themes that emerged from the data: Empowerment (segregated job opportunities within nursing and issues of advancement), Expertise (adrenaline junkie, go-to guy, perceived as expert), Communication (with family, peers, mentor relationship, and doctors), and Identity (Issues with being confused with doctor; feelings of exploitation by others, reactions to overt and subtle stereotyping, frustration at feminine conceptions of nursing) were discussed.

CHAPTER V

CONCLUSIONS

Introduction

The purpose of this study was to explore the experiences of men in the female dominated occupation of nursing in Oklahoma. Using a critical feminist perspective coupled with a symbolic interactionism frame, the researcher examined the experiences of ten men working in the profession of nursing through direct, face to face interviews. This chapter will provide an overview of the study, address the research questions, further examine the findings, and discuss the implications for future research and practice. The rich nature of this issue discovered that the findings are all deeply intertwined as men in nursing related their lived experience. Inductive and deductive analysis revealed significant intersections. The implications of findings for practice and research are also multi-layered. It is productive to discuss these implications because they are entangled and interdependent upon each other.

Overview of the Study

Critical feminism and symbolic interactionism were the conceptual frames for this study. Critical feminist research highlights processes that lead to and perpetuate gender-based

hierarchies. This perspective is also useful for exposing the specific characteristics, beliefs, and practices that become linked to each gender as appropriate and "natural" throughout all areas of life, including occupations. Gender is also constructed and reinforced in sex specific occupations such as nursing. Using a critical framework allowed the researcher to highlight power, inequalities, and hierarchies and suggest avenues for change. A symbolic interactionism framework focuses on the meanings that people attach to their interactions with others in society. Blumer (1969) stated that a person's behavior is conducted in relation with the behavior of others around them. These behaviors are "constructed by the actor on the basis of what he notes, interprets, and assesses" (p. 49). Researchers using this perspective observe how people identify with images and symbols as indicators of how they create meaning to these objects. An understanding of the first-hand experiences of men in a female-dominated profession is critical to exploring the gendered processes that create and maintain sex-segregated occupations. Increased recognition of issues and concerns of men who work in nursing and those who have left the field may help facilitate increased entry rates and retention. It is clear that men's experiences are gendered in various, layered ways. What emerged from inductive and deductive analysis were a broad range of men's gendered experiences including factors leading to their decision to enter nursing, issues with both peers and instructors in nursing education programs and factors that shape daily nursing life.

This study elicited information on both of the research questions: 1.) what are the experiences of men who enter the female-dominated profession of nursing while in nursing school and how are these experiences gendered? and, 2.) what are the work experiences of men in the female-dominated profession of nursing and how is this personal knowledge gendered?

A particularly striking finding that emerged from this study was the discovery of how men managed their concept of masculinity in a female-dominated occupation. Recognition and understanding of these impressions were significant in order to determine how to provide more support for men in nursing.

A qualitative design provided a detailed understanding of the lived experiences of the participants through their own voice. A review of the literature revealed gaps due to the few qualitative studies in nursing particularly the necessity of qualitative research concerning men in the nursing field. A qualitative design was also the most appropriate avenue for a female, feminist researcher to capture the rich, in-depth experiences of men in a female dominated job. Sex role specific occupations are a complex issue and understanding the experience of these men in the profession can best be realized through face to face interaction and one-on-one interviews. The utilization of an audio taped interview also allowed for probing and follow-up questions and allowed for clarification of issues and concerns.

A review of literature detailed how occupations become gendered, sex bias that can surface within professions, issues within masculinity, men in nursing, brief discussion of nursing schools and their historic views of men, critical feminist theory, and symbolic interactionism. The population for this study was comprised of ten men who are currently or have worked in the nursing profession in Oklahoma. The participants were selected through the use of a purposeful, snowball sample. They ranged in age from 23 years old to 58 years old with a median age of 45.5 years old. Their years of experience spanned between just less than 2 years to over 35 years working in the nursing profession.

Through inductive and deductive analysis, four major themes emerged: “Empowerment”, “Expertise”, “Communication”, and “Identity”. Two sub-themes

associated with “Empowerment” were: 1.) Segregated job opportunities within nursing, and, 2.) Issues of advancement. Four sub-themes were also associated with “Identity”: 1.) Confusion with being the doctor, 2.) Feelings of exploitation by peers, 3.) Reactions to overt and subtle stereotyping, and, 4.) Men’s frustration of pervasive feminine concepts of nursing. It is important to note that themes emerged not always as separate and distinct categories but often blurred together and overlapped. Many of these themes reflected gendered identities in occupations.

Discussion of Findings

The findings suggested that nursing is saturated with particular gendered beliefs and processes that can shape nurses’ experiences. As recognized through a critical feminist frame, participant’s initial choice of occupation was consistent with societal expectations of what is considered an appropriate job for a man. The majority of the participants in my study did not enter nursing as an original career choice. This suggested that these men originally felt a need to comply with normal gendered expectations in their choice of employment as 8 of the 10 men had not considered nursing following graduation from high school while only 2 of them enrolled in nursing school immediately following completion of a high school diploma. The other participants pursued occupations which society constructs as gender appropriate for a man: doctor, veterinarian, physical therapist, plumber, police officer, and factory worker.

Critical feminist researchers have shown that along with gender suitable occupations there follows an unspoken understanding which devalues labor that is performed in female-

dominated occupations. The majority of the men interviewed in this study discovered this harsh reality as they struggled to situate their masculinity within the feminized nursing profession. Critical feminist researchers seek to expose broader social and institutional expressions of power and how that power is expressed in gendered ways. My research study confirmed that the lived experiences of these men in nursing reflect institutionalized and occupational power struggles between themselves, doctors, their female peers, and their families. Their lived experiences may be an expression of how they attempt to situate themselves as a marginalized population, perhaps for the first time in their working lives.

A striking example of how the men endeavored to make sense of their position in the profession is demonstrated through their work relationships. The majority of the participants named their female peers as a strong source of support while they were in nursing school, yet the men experienced much chillier conditions in their peer relationships on the job. Nurse theorist Suzanne Gordon (2005) stated that nurses indoctrinate each other into their submissive role within the healthcare system. It is a domain nurses rule through innuendo, power, fear, and manipulation. My study also reflected this pattern. Critical feminist theory unveils issues of power and patterns of subordination and my study worked fluidly within a critical feminist frame to identify this area of concern as the participants reported experiencing discrimination from their female instructors at school. All of these female faculty members that the participants mentioned were seasoned nurses. The phrase often used in nursing indoctrination, “eating their young”, signaled a threatening aura of instruction into the healthcare field. This troubling phrase was repeated by several of the participants as they conveyed their own experiences entering the workforce. The review of literature indicated

that both male and female nurses use this term to describe the disrespectful, abusive, and cruel treatment they received as novice nurses from those established in the profession.

The nursing field is composed of a tightly structured hierarchy where everyone knows their place. At the top of this patriarchal system is the doctor. Nurses are expected to be competent, invisible, submissive, and follow the doctor's orders without question. Although nursing positions have changed over time, the ranks of nurses are tightly ordered with R.N.'s being on the top, and then L.P.N.'s in the middle, and the orderlies firmly entrenched at the bottom. Kendall described this situation eloquently since he began his career as an orderly, "I noticed that in the healthcare world we have this hierarchy, if you are low on the totem pole, you are the nursing assistant. Everybody dumped on you! You know all the hard work…" The men in this study realized that this hegemony is a passive/aggressive play acted out on the hospital floor daily and their roles are assigned and passed on from the older nurses to their rookies. New nurses are treated harshly, rudely, given the more difficult or dirty jobs to perform, as Hank revealed, "…now that I have been here a while, the new people came on, I'm able to give bowel elimination…to them. (Laughs) …and that's just that the new person…kind of gets what everybody wants to give up". This situation may represent what Freire (2000) described as how members of marginalized groups treat their own in the same manner that their oppressors had treated them. In the hospital setting, the doctor is the oppressor who wields power over the nurses and they in turn oppress those who they deem lower in status.

The trajectories of this finding led to and unearthed a critical issue for the men in this study: the relationship between nurses and doctors. Some of the participants had difficulties with male doctors while others found they were able to form bonds with men in medicine on

the basis of shared gender more quickly than their female peers. My study highlighted the social patriarchal structures which persist in most American healthcare systems. The doctor/nurse relationship has historically mirrored the husband/wife roles of the home. Nurses have been trained to be compliant and subservient to doctors and indeed, the participants in this study reported incidents in which some doctors humiliated them or treated them with disrespect. Gordon (2005) showed that some doctors continually devalue the work done by nurses and in turn, the nurses promote an environment where doctor's orders are never questioned. This is true for both female and male nurses, as "many nurses tend to embrace the stereotypes of angels, saints, and martyrs that are used to legitimate poor treatment" (p. 134). Gordon elaborated that this oppression also perpetuated a cycle of dysfunction that is taught from one generation of nurses to the next. Ironically, some nurses enable doctors to maintain their superior status in the healthcare system. Nurses often acquiesce to doctors' mistreatment and dismissal of their expertise and silently allow verbal and sometimes physical abuse. It is when nurses remain silent that these gendered power issues became more embedded in the healthcare system. The nursing profession may be more successful in recruiting and retaining men through an ideological shift in the relationship between doctors and nurses that is supported through nurses training. Research indicated that the doctor/nurse relationship plays a critical role in job satisfaction for nurses and inadequate communication between them was found to be a crucial factor for nurses leaving the profession. This continues the cycle of shortage of nurses which in turn has a negative effect on patient care (Gordon, 2007; Rothstein & Hannum, 2007).

These same patterns emerged among the participants in my study. For example, when the researcher asked Kurt how he could make nursing better, he responded, "It would require

a paradigm shift. First and foremost the whole idea of the hierarchy, this hen- pecking hierarchy where the physician knows all, does all, writes all, and is God in the situation, has got to stop". A healthcare model which visualizes the doctor as superior to nurses must be abolished. Kurt recognized the caste system which perpetuates an unhealthy power relationship within healthcare. His solution to a better work environment between the doctors and nurses was,"…removing of the hierarchy. It needs to be a partnership, collaboration. It has to be a collaboration or partnership. And, in my opinion, the patient needs to be involved in the collaboration. Again, it's a paradigm shift". In this view, all healthcare workers are contributing to the common good and nurses shift from passive and submissive to active and engaged agents.

The roots of this finding can be traced directly back to the nurse training school. Responses from this study exposed a vast disconnect between the nurse training school and the real world of the nurses' workplace. Embedded within the symbolic interactionist framework is the supposition that individuals define reality in context to their social interactions (Blumer, 1969). This theory stated that people act in specific ways in relation to the actions of others and that these interactions "influence one another as they act back and forth" (Charon, 2004, p. 28). When a man in nursing first enters the real world of work, it is often a shocking experience. The participants in my study noted that the seasoned nurses treated them in a disrespectful, rude, and inconsistent manner and they were given significant patient responsibility while they were still in an orientation phase. Although nursing schools have a regimented system of clinical assignments, role playing scenarios, and work in simulation labs, issues of gender differences are rarely discussed.

The findings of my study also revealed that images of the profession are still solidly feminine which shaped men's experiences in the profession. The capping ceremony is the pinnacle of graduation from nursing school. Since men do not wear a traditional nurses' cap, they are handed the cap or given some other token to replace it. Giving the graduates a long-stemmed rose is also part of a graduation ceremony. Receiving a rose was interpreted by some of the men in this study as something a man gives to a woman he loves, not something that a man would receive. Another powerfully gendered symbol abundant in the profession is the white dress and practical white leather shoes. Blumer (1969) claimed that symbols are meaningful and people create understanding of their reality through what the symbol represents. The nursing profession desires to recruit more men, however, in action they expound as ideal all of the feminine images of the Victorian nurse. A recent article in a health journal announced the necessity for nurses to abandon the habit of wearing scrubs and return to the white uniform of the past (Thrall, 2005). Burns (2006) promoted an experiment of a nurse who wore the complete white uniform daily and discovered that she was treated in a more professional manner by her peers and by patients.

In terms interpreted through symbolic interactionism, the traditional images of nursing represent an apparent barrier for men and emit a strong message of the deeply feminine character of the profession. Contradictory messages are repeated in the nursing profession. The nursing industry advocates recruiting more men but underscores this through ties to an idealized gendered past. For example, when the *Men in Nursing* calendars were released by the Oklahoma Nurses Association, an article in *The Oklahoma Nurse* newspaper heralded the project as "an awareness campaign …aimed at making more men and minorities aware of the possibilities within the nursing profession" ("Men in nursing", p. 10). On the

very next page was an article which emphasized the importance to welcome new nurses in the profession entitled, *To the nurses in the 'real world': Let's be our sisters' keeper.* Although the concluding sentence of the article did interject "Maybe the profession should consider the end result of being 'their sisters' (and brothers') keepers" (Emory, 2005, p. 11). The inclusion of *brothers*, complete in its segregation of parenthesis, almost seemed like an afterthought.

When the men in this study graduated from nursing school and entered the workplace, they often felt overwhelmed and alienated. All of the participants in my study recollected incidents of stereotyping from their families, peers, patients, and doctors. The men expressed frustration at gendered work assignments, feelings of exploitation by their peers, dysfunctional working relationships with doctors, and sometimes a dangerous work environment. Men's gendered experiences in the work place were myriad and may contribute to the high dropout rate of men from the profession. Some of the nurses felt out of place and others grew tired of women's topics of conversation. The findings from this study suggested that mentoring could be a means of connecting the men from the school environment to the work place. None of the men in the study were given a mentor, but instead self-selected a person whom they trusted and identified as a role model. Research indicated the nursing profession does not have a consistent or formalized mentoring program in place for new nurses of either sex.

Research indicated the success of mentoring for new nurses, but implementation has been slow and sporadic at best (Allen, 2002; Fawcett, 2002; Smith, 2006). Some studies suggested that almost 50% of new nurses leave the profession within their first year of employment, (North, Johnson, Knotts, and Whelan, 2006) and it would seem cost effective

for the profession to initiate a strong mentor program. Nursing research also recognized that mentoring is valuable in the recruitment and retention of a diverse population (Wilson, Andrews, and Leners, 2006). A mentor can assist with communication issues in the workplace. My research also discovered contradictory experiences with advancement that may be gender-related as some men found an advantage in their gender and others faced a barrier into what they perceive as an all-girls network. A mentor may help in advocating for their trainee and in turn teach the new nurse to advocate for themselves. Abriam-Yago (2002) illustrated three levels of mentoring within the profession: professional nurse mentors, faculty mentors, and peer mentors. Mentors can also improve patient care by teaching their protégés how to cope efficiently with a patient caseload, deal with stress, and significantly improve job satisfaction. Current research showed that the turnover rate for employees at U.S. hospitals has more than doubled from 12% in 1996 to 26.2% in 2000 (Wieck, Dols, and Northam, 2009). It is possible that a strong system of mentoring incorporated within the nursing schools and continuing to the work place could alleviate some of the barriers for men in nursing.

The findings of my research unveiled two over-arching patterns in men's gendered working experiences in relation to power and gender issues. The first pattern was: *Men who are contented to embrace the typical societal gendered constructs that form the image of a nurse such as caring, compassion, and sacrifice. These men seemed satisfied with the nursing profession.* The second pattern was: *Men who were searching to situate their masculinity as distinct from their female peers and felt frustrated and sometimes despondent in the nursing profession.*

According to Gordon (2005) nurses have a tendency to either adjust to the constructs of nursing or resist them. My study evidenced this trend among the participants. Of the 10 men, 5 responded positively to the nursing profession overall and claimed that they were content with their jobs. These men may be viewed as those who have adjusted to the "status hierarchies" (Gordon, 2005, p. 19) of the profession over the years, found ways to navigate gendered aspects of their profession, and are content in their role within the occupation. Don's words suggest he has been able to situate his masculinity within a female-dominated profession and is content with his role in nursing, "It's just excites me to take care of a really sick person and be successful". He does recognize that nursing may not be a socially appropriate profession for a man, "It is shift work… They call it a profession and yet you don't necessarily get treated like a physician or an attorney… you are looked at as more of a shift worker than you are as a professional". These 5 nurses' issues and concerns would indicate that they have accepted, to some degree, the social hegemony of the field. Kendall expressed enthusiasm about working as a nurse. He said of his job, "Nursing is a gift which can only be given without expecting any reward, yet the reward that it brings is extremely gratifying". Although he is the director of a rehabilitation unit, he greatly misses the day-to-day interaction with his patients. He mentioned regret at taking a promotion to administration because, "It takes me away from the patients… nothing beats just coming in and rubbing a patient's back and talking to them. A patient that has pain, they call you to come do something…"

It is compelling to note that 3 of these 5 who expressed contentment within the gendered constructs of nursing, Hank, Lou, and Bob, are now working as nurse instructors at various levels of the education field. This poses the question of whether being in nurse

education signifies some type of resistance because they are no longer working in a direct patient care capacity. They also do not have to deal with their peers or have to negotiate physician interactions to the same degree. Does entering the educational setting for a male nurse signify a small act of resistance? Does it indicate an act of claiming gendered power? Or does this mean that they have given up the struggle to gain satisfaction as a floor nurse? Both Hank and Bob talked about how much they enjoyed *teaching* nursing, rather than finding contentment as a floor nurse in the hospital. When the researcher asked Hank if he ever considered leaving the profession, he responded, "No…never…never doubted it. We just hired a new nurse [instructor] here last year that said 'Oh my God, I've died and gone to heaven!' And I said, yeah it's kind of the way we all feel". Bob responded eloquently, "You know, it's kind of like when I found nursing I found a home, when I found nurse instruction, I got a vacation home". He then elaborated about how much he enjoyed his students and his work in nurse education, "But, it's the best thing I ever did as far as job wise. I couldn't think of anything else I'd rather do".

The second pattern represented those men who are discontent with their profession and have difficulty dealing with the heavily feminine gendered nature of the occupation that leaves little room for their masculinity. Half of the participants resisted traditional roles of nursing and have either left the profession entirely, moved away from floor nursing, are in school for another career, or are depressed and despondent while still working in the profession. Bill continues to work in a small town emergency room; however, he is bitterly discontented with the nursing profession. As the sole source of income for his family, he felt as if he had no choice but to continue working in a profession he no longer enjoyed. His words carried a depth of sadness and despair,

> I'm dealing with depression. I don't go to work with a smile. I go to work with a nauseating feeling in the pit of my stomach. Instead of thinking 'What can I do to help somebody today', I walk in thinking 'Oh, 11 hours and 59 seconds left on shift'. And that's frustrating to me too that I am nearly a 50 year old gentleman, devoted 20 years to nursing and I don't know what else I can do.

He stated that he was not able to advance easily in the profession and viewed the gendered nature of nursing as keeping him entrenched in his current position with no options. He stated, "It's kind of depressing because I don't feel like I have a whole lot of avenues and I feel trapped".

Tom is no longer working in the nursing profession. After thirty years as a licensed practical nurse he felt that he could no longer stay in the field, "I had started getting this uneasiness. I had become more and more uncomfortable with administrative politics and institutions. And I don't know if the male factor was a part of any other or not". He had also stated that the feminine gendered nature of the occupation was a strong barrier that prevented him from working in a doctor's office which was his goal upon graduating from nursing school, "I was really shooting… to work in doctor's offices... all of the male doctors wanted a female nurse so the female nurse could be with a female patient. The only problem is the female doctors…preferred female nurses themselves".

Chris had mentioned that he liked working as a nurse and would recommend for a young man to enter the profession. However, he does not tell people that he is "nurse" even though his family is quite supportive of his decision. At the end of the interview he stated that the profession is not what he thought it would be and even talked about going to school to become a nurse practitioner, "If I go to practitioner's school I'd still be in the clinical setting, but once you get a Bachelor's you can go into an administrative type deal. And they are just…. It's just different". Greg also voiced how content he was in the nursing

profession, but he also expressed frustration at certain aspects of the field. This frustration seemed to be focused on the caring, compassionate aspect of the profession,

> I'm not a 'comfort type nurse' as you would expect nurses to be. I am very medically inclined. I treat problems, I feel like that's what I'm there for, you want a back massage, your grandma over there in the corner, she'll give one.

He contrasted the gendered stereotype of the comfort-type nursing as it related to women in opposition to the clinical, medically inclined aspects of the profession which he translated to mean would make him a better doctor, "I'm actually in [medical] school. I have decided after two years of nursing, I love nursing, I love what they bring to the table, but since I am so medically inclined, medicine is what I want to practice".

Kurt is no longer working as a floor nurse nor is he working in a hospital. He works with nursing informatics which assists in the implementation and transition of electronic medical records. Through most of his career, he worked in the strongly gendered areas of nursing that often are composed of high concentrations of men; helicopter response, inner-city trauma, and burn intensive care units. He told the researcher that he is frequently questioned about his job in relation to its perceived status,

> I've often been asked 'Why aren't you a doctor? Why didn't you go to medical school? Why did you *just* become a nurse?' and so, if the time allows, I try to sit down and say, I didn't *just* become a nurse, I *chose* to become a nurse, it's not *just* nursing.

Kurt chronicled that a major factor for leaving the floor nursing care was his perception of being utilized as a workhorse by his female peers to lift heavy patients or restrain the violent ones. He resented being viewed as a security guard and being taken away from his regular responsibilities to assist female nurses. He identified many problems with the current paradigm of healthcare and linked present day issues with past gendered concepts, "You have to wonder if that's why nursing is in the state that it's in now, because it was viewed as a

female, trampled upon thing…you know the history of nursing; prostitutes and all that other stuff". His statement links the effects of the occupations feminized status with the current problems the nursing profession faces.

These findings are intertwined and connected to form a web of gendered power relations within the nursing profession. These factors are woven together in a tight mosaic that allows for little change or dissent. Issues for research and practice are also complicated and are knit within the findings as research emphasis and monies are not equally distributed thoughout the healthcare system. Herron (2007) discovered that the current nursing shortage is tightly related to the gendered occupational status of nursing. This in turn influences funding for nursing research and "resource allocation in higher education" (p. 158). Recognizing these factors may contribute to concrete changes that could help alleviate the nursing shortage.

Implications for Research

The findings identified in my study contribute to the research on gendered occupations as it relates to gendered marginalized populations. My research also illuminated past findings in the review of literature which support the participant's experience working as a gender minority in the nursing profession. This study may be useful to expand the conversation between stakeholders about more effective means to recruit, support, and retain men in the nursing field. While the gendered character of jobs has been evident for decades, putting this research into practice and making jobs more gender neutral has been difficult. This gap between research theory and actual practice was detailed by Wootton (1997) who

claimed that although there has been a vast improvement in the desegregation of gendered occupations since the 1970's, the actual integration of both sexes into gender-specific identified jobs had been limited. For example in 1995, men continued to dominate the police service jobs by an 84% majority while women composed a mere 1% of auto mechanics (p.16). This implies that more change is needed as to how occupations are perceived as being gender appropriate. Equal opportunities will never truly be equitable until the construction of sex-role specific occupations has been abolished.

Specific to nursing, the findings of my study indicated that additional research needs to be conducted concerning the doctor/ nurse relationship in regard to gender. Currently there exist a limited number of qualitative studies which specifically examine relationships between the nurse and doctor focusing on gender constructs (Rothstein & Hannum, 2007). Further studies which center specifically on men in nursing and their collaborative relationships with both male and female doctors merits investigation and this includes effective models of nurse-doctor collaborative partnerships. Nurse/doctor collaboration has been studied extensively in nursing theory, but the medical profession also needs to recognize nurses as equal and vital partners. The perception of the nursing profession may be greatly elevated if the construct of the subservient female nurse is replaced with the technologically savvy, medically knowledgeable partner in the health care field. As Hank elaborated, "The good doctors would ask for your opinion". He recognized that competent physicians need to utilize the experience of the floor nurses instead of attempting to usurp their authority, "because they were new there and you had been there for several years 'Have you seen this before?'". He indicated a good doctor would ask the nurse, "'let's talk about this'…both the nurse and the doctor go back together…and we would talk about it".

Findings from my study also demonstrated that research is needed to focus on the hierarchy that exists within the profession of nurses and its effects on the lived experiences of nurses. As Kendall pointed out when he worked as an orderly, he noticed that class structures of various nurse certifications with orderlies and L.P.N.'s being at the bottom of the tier and R.N. at the top layer were detrimental to a collaborative system of partnership. They instead spotlight status and power domains and keep the nursing profession locked in bitterness and resentment instead of improvement and growth. More research needs to be conducted about nursing hierarchies, nursing certifications, and the intersections of social class and gender.

The results of my study also highlighted the need for more research concerning men in nursing and mentoring. Similar programs that exist for women entering a male dominated profession such as *Girls in Technology* have not been effective models for integrating women into a male occupation. It is essential to evaluate programs that have shown success and determine what makes them successful in regard to dealing with the specific needs of men in nursing and how the effectiveness of the program is measured. One promising example may be the British model, *Working in Partnership Programme,* a healthcare initiative which centers on nurse-physician partnership and creates a more autonomous nursing team (Working in Partnership Programme, 2009). Research is needed to investigate partnerships that recognize the influences of gender constructs to break through traditional hierarchies and create a more mutual model of healthcare. My research highlighted participant concerns with doctor/nurse communication. First year medical students need to be introduced to the concept of gender issues in healthcare and this includes collaboration with nurses. A true collaboration can begin with an inter-disciplinary partnership between medical schools and nursing schools. Communication issues between doctors and nurses need to be addressed and

can be improved through cooperative medical staff meetings and open feedback. Increased opportunities for continuing education for nurses needs to be a priority in order for them to acquire and maintain up-to-date medical expertise. Participation in medical conferences and clinical research are also opportunities for nurses to develop a stronger collaborative relationship with doctors (Sirota, 2007). To collaborate effectively, hospital administrators must develop and enforce codes of conduct which demands respect for all nurses, and create a climate in which the expertise of each nurse is welcomed. Nurses need to feel that they can report incidences of abuse from doctors and from other nurses to administrators without fear of reprisal.

Implications for Practice

This study contributed to an understanding of the influence of gendered constructs on the nursing profession and the impact it has on practice and policy within the healthcare field. The findings of this study indicated that many men chose nursing as a second career later in life. Recruiting campaigns might find targeting displaced workers and promoting the nursing the profession a viable option. Several hospitals across the country are instituting a *Camp Scrubs* type program for adults and this may be an avenue to reach a segment of the population who might not otherwise consider nursing an occupation for a man. Some of the participants in this study were enthusiastic about the *Camp Scrubs* program as an effective means to expose young men to nursing as a career choice and talked about the need to have more of these programs available to reach a wider audience. Expanded programs for young children such as *Camp Scrubs* could be utilized to depict for children the technological and

medical expertise necessary to become a nurse. These programs are needed throughout the state to reach a larger demographic. Educating both male and female children at a young age to the realities of the nursing profession and promoting the field for what it truly is: a complex profession that requires an extensive extent of medical competence and technological training may attract more young people to the profession. This would also require more middle and high school counselors to be aware of the need to expose young men to the possibility of a nursing career. Boys and girls as early as the elementary grades need to perceive nursing as a gender neutral occupation, and that caring, compassionate, professions are appropriate for both sexes.

The participants in my study indicated that marketing the nursing profession requires a deeply needed overhaul. Current campaigns are saturated with traditional, stereotypical images of the nurse: angel of mercy, self-sacrificing caregiver, and the eyes of the doctor. These campaigns only serve to embed the social constructs of a feminized occupation deeper as societal constructs. By harkening back to the subservient Victorian image of the nurse, the profession is certainly ensuring that men will not be attracted to the field. Marketing strategies which emphasize the technical and medical expertise of a nurse, not the superficial traditional symbols and images, should be put into practice. The current recruiting campaigns that appeal to gendered stereotypes of both men and women and display the female nurse as a caregiver, angel of mercy, and dispensing endless love and sacrifice, while the male nurse is depicted as the muscular hulk, fail to promote the technological aspect of the profession and ignores the requirement that nurses need a vast range of knowledge of medicine. The symbolic interactionism frame provides the opportunity to consider how these campaigns further entrench the connection to feminized symbols of nursing and how they impact lived

behaviors. The overt feminine symbols of the nursing profession are effective in keeping men from the occupation.

Additional findings from this study showed that much improvement is needed in nursing schools. The participants stated that nursing schools need to initiate discussions of gender differences within the profession. It is imperative to have open dialogues about gender with all students and role-play various scenarios that may occur in relation to gendered stereotypes with peers, doctors, and patients. Nursing schools are already equipped with a clinical system that transitions the students into the real world of nursing and this would be an ideal opportunity for them to demonstrate and discuss situations where gender could be a barrier. Kurt said that he would have appreciated talking with a man in nursing about gender issues while in nursing school, "There wasn't even any significant… informal conversations". He would have welcomed hearing of the experiences of other men in nursing,

> I would have appreciated an opportunity to dialogue with some career pathway nurses, not faculty, but actual professional nurses who would be able to sit down and be candid with me and say, 'Here's some things you can probably expect being a man in the profession. And here's some things to look out for, and here's some things you should avoid'… the whole stigma.

Research has continued to demonstrate that a consistent negative factor for men in nursing schools is the lack of male instructors (Ellis, Meeker, & Hyde, 2006; O'Lynn, 2007; Shellenbarger, 1993). None of the participants in my study had a male instructor. Kurt commented that he has been invited to become an instructor at the nursing school where he graduated but the large cut in pay was the main issue for him not considering that option. Bob also talked about the high turnover rate of nursing instructors at the school where he is teaching along with the comment that if he were still working as a floor nurse, he would earn

considerably more money. In order to recruit and retain more qualified nursing faculty, it is necessary for schools to make salaries commensurate with that of the workforce.

Many of the participants of this study talked of incidents in nursing school which made them feel isolated or as standing apart from their female peers. Since the majority of nursing schools instructors are women, it is important for these women to recognize subtle incidents of bias in their lectures and in classroom materials. Shellenbarger (1993) discussed three important sources that perpetuate sexism in a nursing schools classroom: written materials, language, and classroom behavior. For nursing school faculty to understand and eliminate sexism, they must first recognize what it looks like. Lather (2004) discussed a goal of feminist research for "making gender a fundamental category for our understanding of the social order…" (p. 192). Gender differences must be discussed with students in a nursing school and examined as a part of their curriculum. Female nursing students need to recognize the impact they have in assuming men in nursing are the workhorses of the profession and utilizing them for strength in moving a heavy patient or restraining a violent patient. There are lifts and hoists available for proper movement of heavy patients in hospitals and while they take extra time to utilize, it is worth the effort as all nurses are in danger of harm from the physical requirements of the job.

The nursing profession may continue to experience severe shortages as long as it remains firmly entrenched in social consciousness as a gendered female-dominant occupation. Barriers that keep the profession feminized and construct male nurses as *Outsiders* must be abolished. Female nurses need to be aware of the history of nursing and the gendered constructs embedded within that legacy.

Concluding Thoughts

It was such an indescribable honor to have met and interviewed these ten courageous men. They are truly profiles in courage as they work in a demanding occupation that saves lives every day and are committed to their field because they recognize that the positive factors outweigh the negative. Every aspect of their lives are affected because they work in nursing from relationships with their families, to struggles with peers and doctors, and conflicting societal messages of masculine identity. These factors demonstrated the powerful gendered messages in nursing that limit men's potential. This study demonstrated that men who enter the field of nursing do so because they want to make a difference in the lives of others. They desire to heal, to reach out to hurting families and bring comfort. This study investigated how men chose their occupation and reasons why they continued to remain employed in the field or provide explanations of why they chose to leave. The researcher's discoveries fall within the frame of critical feminism and symbolic interactionism which uncovered the societal constructs faced by men in a female-dominated profession and the patriarchal hierarchies embedded in nursing. Images, inter-personal relationships, and symbols of nursing were demonstrated to be strong factors in the perpetuation of a feminine identified job and how the men felt about those symbols is critical in an understating of their perception of nursing.

During the writing of this dissertation, a national political debate rages concerning healthcare. Efforts to craft a healthcare plan that will benefit segments of the population who cannot afford insurance are hotly debated, yet the reality is there are not enough healthcare workers to meet the current demand for quality medical care. As we are almost a decade into

this new century, it should be noted that the present shortage of nurses is not new in American history. Problems within the nursing profession have been studied extensively for decades and yet no solution has been achieved which recruits more people to the profession, creates an equitable workplace, or stems the high turnover rates. This study reveals that the experiences of men in a female-dominated profession are strongly influenced by the gendered construction of nursing.

The participants conveyed that changes they would make in order to improve nursing would be a greater emphasis on patient care. The men seek to be seen as professionals with vast medical knowledge and as partners with doctors and other healthcare workers. Kendall conveyed that his work experience was the most enjoyable because of the collaborative environment of all professionals in providing patient care. These men are aware of the detrimental impact of hospital policies which focus on the economic bottom line and insurance companies which dictate medical care based on cost. The "wallet biopsies" Bill described in which a doctor determines whether to admit a patient to the hospital based on insurance considerations was a disturbing reflection of our current healthcare system. These men in nursing want respect. They want recognition that they are highly-skilled professionals and not just "service workers" as Don related. They want to be able to be seen as men *AND* nurses.

In the 2009 television season, three new shows which focus on nurses were premiered: *HawthoRNe* on TNT, *Nurse Jackie* on Showtime, and *Mercy* on NBC. While these television series do not focus on men in nursing, they are unique to the genre since most medical dramas of the past featured doctors and downplayed the role of nursing care. This may be a first step in changing the media image of the nurse.

It is this researcher's sincere hope that changes will occur in the healthcare system. As I grow older and become more dependent on cutting edge medicine to provide me with quality healthcare, I have a vested interest in assuring that there are enough qualified nurses available should I have need of hospitalization, home health, long term care, or hospice. Understanding the experiences of men in nursing and exploring areas of needed change while breaking through gendered constructs which are detrimental to both men and women will create a stronger healthcare system. This current nursing shortage is not a new crisis. Throughout the century or so that nursing has been established there have been many periods of lack of qualified professionals. It is no longer possible to ignore the abundant research available. Too many decades have come and gone with no significant change and we, as a nation, can no longer afford to be content with the status quo. As a society, we must engage and work together with all partners to create a nursing profession that welcomes and values qualified, competent people of any gender, sex, or sexual identity. As a society, we need to recognize that there is no common definition of masculinity and occupations that focus on caring and compassion are appropriate for all individuals.

Reference:

Abriam-Yago, K. (2002). Mentoring to empower. *Minority Nurse*, Retrieved from http://www.minoritynurse.com/nursing-students/mentoring-empower.

Acker, J. (1990).Hierarchies, jobs, bodies: A theory of gendered organizations. *Gender & Society*. *4* (2), 139- 158.

Aiken, L., Clarke, S., Sloane, D., Sochalski, J., & Silber, J. (2002). Hospital nurse staffing and patient mortality, nurse burnout, and job dissatisfaction. *Journal of the American Medical Association. 288* (16), 1987-1993.

Allen, S (2002).Mentoring - The essential component. *Association of Operating Room Nurses*. *75* (3), 440-444.

Allison, S., Beggan, J., & Clements C. (2004). Derogatory stereotypic beliefs and evaluations of male nurses. *Equal Opportunities*, *23* (3-4), 162-179.

American Association of Colleges of Nursing, (October 3, 2007). Nursing shortage fact sheet. Retrieved January 12, 2008, from American Association of Colleges of Nursing Web site: http://www.aacn.nche.edu/Media/pdf/NrsgShortageOct07.pdf.

American Association of Colleges of Nursing. (2001). *Effective strategies for increasing diversity in nursing programs.* Retrieved July 6, 2006, from http://www.aacn.nche.edu/publications/issues/dec01.htm.

American Association of University Women, (2008). Linda Richards: America's first trained nurse. Retrieved November 24, 2008, from Women of Courage Web site: http://www.northnet.org/stlawrenceaauw/richards.htm

American Federation of Teachers, (2003). Empty hallways: The hidden shortage of healthcare workers. Retrieved February 11, 2009, from AFT Healthcare Web site: http://www.aft.org/pubs-reports/healthcare/Empty-Hallways.pdf.

Anonymous, (March 2007). DVD recruits male nurses (Strategic Notes). *Healthcare Strategic Management, 25, 3*, Retrieved Oct. 20, 2007, from http://www.accessmylibrary.com/coms2/summary_0286-29939061_ITM

Appleman, D. (2003). "Are you makin' me famous or makin' me a fool?" Responsibility and respect in representation. In S. Greene & D. Abt-Perkins (Eds.). *Making race visible: Literacy research for cultural understanding.* (pp. 1-34). New York, N.Y.: Teachers College Press.

Arnot, M. (2002). *Reproducing gender? Essays on educational theory and feminist politics.* New York, N.Y.: Routledge/Falmer.

Baer, E.D. (2001). Aspirations unattained: The story of the Illinois Training School's search for a university. In E.D. Baer, P. D'Antonio, S. Rinker, & J.E. Lynaugh, (Eds.). *Enduring issues in American nursing*. (pp. 150-164). New York, N.Y.: Springer Publishing Company.

Bailey, L.E. (2007). Feminist critiques of educational research and practices. In B.J. Banks (Ed.) *Gender and education: An encyclopedia*. (pp. 107-116). Westport, CT: Praeger Publishing.

Baldwin, D. O. (2001). Discipline, obedience, and female support groups: Mona Wilson

at the Johns Hopkins Hospital School of nursing, 1915-1918. In E.D. Baer, P. D'Antonio, S. Rinker, & J.E. Lynaugh, (Eds.). *Enduring issues in American nursing*. (pp. 85-105). New York, N.Y.: Springer Publishing Company.

Banks, J. (2001). *Cultural diversity and education: Foundations, curriculum and teaching*. (4th ed). Needham Heights, MA: Allyn & Bacon.

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.

Bell-Scriber, M. (2005) The nursing classroom climate: Cooler for traditional-age students who are male. Ph.D. dissertation, Michigan State University, United States – Michigan. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3189611).

Bellack, J., & Morjikian, R. (2005). The RWJ executive nurse fellows program, Part 2: Mentoring for leadership success. *Journal of Nursing Administration*. *35* (12), 533-540.

Bernard Becker Medical Library, (2004). Men in nursing, occupational therapy, and physical therapy. Retrieved January 12, 2008, from Washington University School of Medicine Web site: http://beckerexhibits.wustl.edu/mowihsp/stats/men.htm

Blackwelder, J. K (2003). *Styling Jim Crow: African American beauty training during segregation.* College Station, TX: Texas A & M University Press.

Blendon, R. J., DesRoches, C.M., Brodie, M., Benson, J.M., Rosen, A.B., & Schneider, E., Altman, D.E., Zapert, K., Herrmann, M. J., Steffenson, A. E.

(2002). Patient safety: Views on practicing physicians and the public on medical errors. *New England Journal of Medicine. 347* (24), 1933 - 1940.

Blumer, H. (1969). *Symbolic interactionism: Perspective and method.* Englewood Cliffs, NJ: Prentice Hall.

Bordo, S. (2004). In hiding and on display. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 306-311). New York, NY: McGraw Hill.

Borsay, A. (2009).Nursing history: An irrelevance for nursing practice? *Nursing History Review*. 14-27.

Bostic, M. (1998-1999). Unsuitable job for a woman? Women at work, status and issues. *Journal of Industrial Technology, 15*(1), *1-6.*

Bradley, H. (1989) Medicine. In H. Bradley (Ed.) *Men's work, women's work. A Sociological history of the sexual division of labour in employment.* (pp. 188-202). Minneapolis, MN: University of Minnesota Press.

Brady, M.S., & Sherrod, D.R. (2003). Retaining men in nursing programs designed for women. *Journal of Nursing Education*. *42* (4), 159-162.

Brisolara, S. & Seigart, D. (2007) Feminist evaluation research. In S. Nagy Hesse-Biber (Ed.) *Handbook of feminist research: Theory and praxis.* (pp. 277-295). Thousand Oaks, CA: Sage Publications.

Buerhaus, P. I., Staiger, D. O., & Auerbach, D. I. (2009). *The future of the nursing workforce in the United States: Data, trends and implications*. Sudbury, MA: Jones and Bartlett Publishers.

Buerhaus, P., Donelan, K, Ulrich, B., Norman, L., & Dittus, R. (2005). Is the

shortage of hospital registered nurses getting better or worse? Findings from Two Recent National Surveys of RNs. *Nursing Economics*. *23* (2), 61-74.

Buresh, B. & Gordon, S. (2006). *From silence to voice: What nurses know and must communicate to the public. (2nd ed.).* Ithaca, N.Y.: Cornell University Press.

Burns, J. (2006). An experiment in white. *American Journal of Nursing.* 106, (3), pp. 64A- 64C.

Burton, D.A. & Misener, T.R. (2007) Are you man enough to be a nurse? Challenging male nurse media portrayals and stereotypes. In O'Lynn, C.E. & Tranbarger, R.E. (Eds.). *Men in Nursing: History, Challenges, and Opportunities*. (pp. 255-269). New York, N.Y.: Springer Publishing Company.

Burtt, K (1998).Male nurses still face bias. *American Journal of Nursing*. *98* (9), 64-65.

Cameron, C. (2001).Promise or problem? A review of the literature on men working in early childhood services. *Gender, Work and Organization*. *8* (4), 430-453.

Career Opportunities, (2007). Different types of medical nurses. Retrieved February 11, 2009, from Career-opportunities.net Web site: http://www.career-opportunities.net/articles/view/different_types_medical_nurses

Cavanagh, S. (2002). Advocates call for breakdown of gender barriers in vocational education. *Education Week, 21* (40), 9-14.

Charon, J. (2004). *Symbolic interactionism: An introduction, an interpretation, an integration.* 8th ed. Upper Saddle River, NJ: Prentice Hall.

Cheng, C. (1999). Marginalized masculinities and hegemonic masculinity: An introduction. *Journal of Men's Studies*, 7 (3), 295-312.

Chitty, K. & Campbell, C. (2001). The social context for nursing. In K. Kittrell-Chitty (Ed). *Professional nursing: Concepts and challenges* (pp. 640100). Philadelphia, PA: W.A. Saunders Company.

Chur-Hansen, A. (2002).Preferences for female and male nurses: The role of age, gender, and previous experience - year 2000 compared with 1984. *Journal of Advanced Nursing*. *37* (2), 192-198.

Clifford, G. J. (1982). "Marry, stitch, die, or do worse": Educating women for work. In H. Kantor and D.B. Tyack, (Eds). *Work, youth, and schooling: Historical perspectives in vocationalism in American education.* (pp. 223-350). Stanford, CA: Stanford University Press.

Cohen, D. (1992). Why are there so few male teachers in early grades? *The Education Digest*, *57* (6), 11-14.

Cohen, P. N., & Huffman, M. L. (2003). Individuals, jobs, and labor markets: The devaluation of women's work. *American Sociological Review*, *68* (4), 443-457.

Commeyras, M. (1999). How interested are literacy educators in gender issues? Survey results from the United States. *Journal of Adolescent & Adult Literacy*, *42* (5), 352-363.

Connell, R. W. (1987). *Gender and power*. Stanford: Stanford University Press.

Connell, R. W. (2002). *Gender*. Cambridge: Polity Press.

Connell, R. W. & Messerschmidt, J. (2005). Hegemonic masculinity: Rethinking the concept. *Gender & Society*, *19* (6), 829-859.

Creswell, J. (1998). *Qualitative inquiry and research design: Choosing among five traditions*. Thousand Oaks, CA: Sage Publications.

Cross, S. & Bagilhole, B. (2002). Girls' jobs for the boys? Men, masculinity and non-traditional occupations. *Gender, Work and Organization*, 9 (2), 204-226.

Crotty, M. (1998). *The foundations of social research: Meaning and perspective in the research process*. London: Sage Publications.

Decourse, C. J., & Vogtle, S. P. (1997). In a complex voice: The contradictions of male elementary teachers' career choice and professional identity. *Journal of teacher Education, 48* (1), 37-46.

DeVault, M. (1991). *Feeding the family: The social organization of caring as gendered work.* Chicago, IL: University of Chicago Press.

DeVault, M. & Gross, G. (2007). Feminist interviewing: Experience, talk, and knowledge. In S. Nagy Hesse-Biber (Ed.) *Handbook of feminist research: Theory and praxis.* (pp. 173-197). Thousand Oaks, CA: Sage Publications.

Devi, S (2008).New York moves to tackle shortage of primary-care doctors. *Lancet. 371* (9615), 801-802.

Diekman, A. B., & Murnen, S. K. (2004). Learning to be little women and little men: The inequitable gender equality of nonsexist children's literature. *Sex Roles, 50* (5/6), 373-385.

Dock, S. (1917). The relation of the nurse to the doctor and the doctor to the nurse. *American Journal of Nursing, 17,* 394-396.

Duffy, J., Warren, K., & Walsh M. (2001). *Classroom interactions: gender of teacher, gender of student and classroom subject. Sex Roles, 45* (9/10), 579-593.

Ellis, D., Meeker, B, & Hyde, B (2006). Exploring men's perceived educational

experiences in a baccalaureate program. *Journal of Nursing Education, 45* (12), 523-527.

Emerson, R. M., Fretz, R.I., & Shaw, L.L. (1995). *Writing ethnographic field notes*. Chicago: University of Chicago Press.

Emory, J. (2005, September, October, November). To the nurses in the 'real world': Let's be our sisters' keepers. *The Oklahoma Nurse.* p. 11.

Ehrenreich, B. (2004). The mommy test. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 259-261). New York, NY: McGraw Hill.

Erickson, J., Holm, L., Chelminiak, L., & Ditomassi, M. (2005). Why not nursing? *Nursing, 35* (7), 46-49.

Evans, J. (1997).Men in nursing: Issues of gender segregation and hidden advantage. *Journal of Advanced Nursing, 26,* 226-231.

Evans, J. A. (2001) Men nurses and masculinities: Exploring gendered and sexed relations in nursing. Ph.D. dissertation, Dalhousie University (Canada), Canada. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT NQ66632).

Evans, J., & Frank, B. (2003). Contradictions and tensions: Exploring relations of masculinities in the numerically female-dominated nursing profession. *Journal of Men's Studies, 11*(3), 277-288.

Evans, J. (2004).Men nurses: A historical and feminist perspective. *Nursing and Health Care Management Policy, 47* (3), 321-328.

Fagin, L., & Garelick, A. (2004). The doctor-nurse relationship. *Advances in Psychiatric*

Treatment. *10*, 277-286.

Fausto-Sterling, A. (1993). The five sexes. *Sciences, 33* (2), 20-24.

Fawcett, D (2002).Mentoring - What it is and how to make it work. *Association of Operating Room Nurses*. *75* (5), 950-955.

Ferguson, A. (2001). *Bad boys: Public schools in the making of Black masculinity.* Ann Arbor, MI: University of Michigan Press.

Fine, M. (1997). Sexuality, schooling, and adolescent females: The missing discourse of desire. In M. Gergen & S. Davis (Eds.) *Toward a new psychology of gender* (pp. 375-402). New York, N.Y. : Routledge Press.

Fister, S. (1999) Men students' experiences in nursing education. Ph.D. dissertation, University of Kentucky, United States -- Kentucky. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 9957032).

Floge, L., & Merrill, D. M. (1986). Tokenism Reconsidered: Male Nurses and Female Physicians in a Hospital Setting. *Social Forces*, *64* (4), 925.

Frederickson, M. (2004, August). Surveying gender: Another look at the way we teach United States history. *The History Teacher*, 37. Retrieved Apr 20, 2005, from http://www.historycooperative.org/journals/ht/37.4/frederickson.html.

Forbes, D. A. (2002). Internalized masculinity and women's discourse: A critical analysis of the reproduction of masculinity in organizations. C*ommunication Quarterly*, *50* (3/4), 269-285.

Freedman, E.B. (2002). *No turning back: The history of feminism and the future of women.* New York, New York: Ballantine Books.

Freire, P. (2000). *Pedagogy of the oppressed*. (30th anniversary ed.) . New York:

Continuum.

Frye, M. (2004). Oppression. In L. Richardson, Taylor, V. and Whittier, N. (Eds.), *Feminist Frontiers* (pp. 6-8). New York, NY: McGraw Hill.

Gamble, R. J., & Wilkins, J. (1997). Beyond tradition: Where are the men in elementary education?. *Contemporary Education*, *68* (3), 187-194.

Gardiner, J. K. (2002a). Introduction. In J. K. Gardiner (Eds.), *Masculinity studies & feminist theory: New directions* (pp. 1-29). New York, NY: Columbia University Press.

Gardiner, J.K. (2002b). Theorizing age with gender: Bly's boys, feminism, and maturity Masculinity. In J. K. Gardiner (Eds.), *Masculinity studies & feminist theory: New directions* (pp. 1-29). New York, NY: Columbia University Press.

Gehring, J. (2001). New York City vocational programs shortchange girls, women's group says. *Education Week*, *21* (1),

Gordon, R. (June 15, 2004). The men among us. Retrieved October 15, 2006, from Library Journal.com Web site: http://www.libraryjournal.com/article/CA423789.html

Gordon, S. (2005). *Nursing against the odds: How health care cost cutting, media stereotypes, and medical hubris undermine nurses and patient care.* Ithaca, N.Y.: Cornell University Press.

Grady, C. A. (2006) Faculty notions regarding caring in male nursing students. Ed.D. dissertation, Utah State University, United States -- Utah. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3246336).

Gunzenhauser, M. (2004). Promising rhetoric for post critical ethnography. In G.W. Noblit, S.Y. Flores, and E.G. Murillo (Eds.) *Post critical ethnography: Reinscribing critique* (pp. 77- 94). Cresskill, N.J.: Hampton Press.

Guy, M. E., & Newman, M. A. (2004). Women's jobs, men's jobs: Sex segregation and emotional labor. *Public Administration Review*, *64* (3), 289-299.

Haig, B.D. (1999). Feminist research methodology. In J.P. Keeves and G. Lakomski (Eds.), *Issues in educational research* (pp. 222-231). Amsterdam: Pergamon.

Harding, S. (2004). Rethinking standpoint epistemology: What is "strong objectivity"? In S. N. Hesse-Biber and M.L. Yaiser (Eds.) *Feminist perspectives on social research.* (pp. 39-64). New York, N.Y.: Oxford University Press.

Hart, Karen A. (2005).What do men in nursing really think? *Nursing*, *35* (11), 46-48.

Hecker, D. E. (2001). Occupational employment projections to 2010. *Monthly Labor Review*, *124* (11), 57-85.

Heikes, E.J. (1991).When men are the minority: The case of men in nursing. *The Sociological Quarterly*. *32* (3), 389-401.

Henson, K. & Roger, J. (2004). "Why Marcia you've changed!" Male clerical temporary workers doing masculinity in a feminized occupation. In M. Kimmel & M. Messner (Eds.) *Men's lives,* (6th ed.) (pp. 289-304). Boston, MA: Allyn & Bacon.

Herron, L. (2007) Gender, practice, and policy: A feminist perspective of the nursing faculty shortage. Ph.D. dissertation, The University of Mississippi, United States -- Mississippi. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3282836).

Hertz, R. (2004). Working to place family at the center of life: Dual-earner and single-family strategies. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp.250-258). New York, NY: McGraw Hill.

Hesse-Biber, S., & Yaiser, M. (2004). Difference matters: Studying across race, class, gender, and sexuality. In S. Nagy Hesse-Biber & Yaiser, M. L. (Eds.), *Feminist perspectives on social research* (pp. 101-120). New York, NY: Oxford University Press.

Hesse-Biber, S. N. (2007). Feminist research: Exploring the interconnections of epistemology, methodology, and method. In S. Nagy Hesse-Biber (Ed.), *Handbook of feminist research: Theory and praxis.* (pp. 1-28). Thousand Oaks, CA: Sage Publications.

Hine, D. C. (1989). *Black women in white: Racial conflict and cooperation in the nursing profession, 1890-1950*. Indiana University Press: Bloomington, IN.

Hochschild, A.R. (1983). *The managed heart: Commercialization of human feeling*. Los Angeles, CA: University of California Press.

Hodes Research Group, (2005). Men in nursing study. Retrieved January 12, 2008, from American Assembly for Men in Nursing Web site: http://aamn.org/MenInNursing2005Survey.pdf

hooks, b. (1995). *Killing rage: Ending racism.* New York, N.Y.: Holt Publishing.

Hubbard, R. (2001). The social construction of sexuality. In P.S. Rothenberg (Ed.) *Race, class, and gender in the United States.* (pp. 64-67). New York, N.Y. : Worth Publishers.

Humm, M. (1995). *The dictionary of feminist theory*. Columbus, Ohio: Ohio State

University Press.

James, J. W. (2002) Isabel Hampton and the professionalization of nursing in the 1890's. In E.D. Baer, P. D'Antonio, S. Rinker, & J.E. Lynaugh, (Eds.). *Enduring issues in American nursing*. (pp. 42-84). New York, N.Y.: Springer Publishing Company.

Johnson & Johnson Services, Inc., (2007). Campaignfornursing.com. Retrieved January 15, 2008, from Discover Nursing Web site: http://www.discovernursing.com.

Kalisch, P.A., & Kalisch, B.J. (2004). *American nursing: A history*. Philadelphia, PA: Lippincott, Williams & Wilkins (Original work published in 1995).

Kanter, R.M. (1977). *Men and women of the corporation.* New York: Basic Books.

Keeling, A. W. (2001). Professional nursing comes of age: 1859-2000. In K. Kittrell-Chitty (Ed). *Professional nursing: Concepts and challenges* (pp. 1-32). Philadelphia, PA: W.A. Saunders Company.

Kelly, N., Shoemaker, M., & Steele, T. (1996). The experience of being a male student nurse. *Journal of Nursing Education, 35* (4), 170-174.

Kessler, S. & McKenna, W. (1978). *Gender: An ethnomethodological approach.* Chicago, IL: John Wiley & Sons, Inc.

Kimmel, M. (2000). *The gendered society*. New York, N.Y.: Oxford University Press.

Kimmel, M. & Messner, M. (Eds.). (2004). *Men's lives* (6th ed.). Boston, MA: Allyn & Bacon.

Kincheloe, J. (1999). *How do we tell the workers? The socioeconomic foundations of work and vocational education.* Boulder, CO: Westview

Press.

Kincheloe, J. & McLaren, P. (2005). Rethinking critical theory and qualitative research. In N. Denzin & Y. Lincoln (Eds.) *The Sage Handbook of Qualitative Research* (3rded). (pp. 303-342). Thousand Oaks, CA: Sage Publications

Kramer, L. (2005). *The sociology of gender*. (2nd ed). Los Angeles: Roxbury Publishing Company.

LaRocco, S. (2007). A grounded theory study of socializing men into nursing. *Journal of Men's Studies, 15* (2), 120-130.

Lather, P. (1994). Critical inquiry in qualitative research: Feminist and poststructural perspectives: Science "after truth". In B. Crabtree, W. Miller, R. Addison, V. Gilcrest & A. Kuzel (Eds.) *Exploring collaborative research in primary care.* (pp.103- 114). Thousand Oaks, CA: Sage Publications.

Lather, P. (2004). Issues of validity in openly ideological research: Between a rock and a soft place. In Y.S. Lincoln & N.K. Denzin (Eds.) *Turning points in qualitative research: Tying knots in a handkerchief.* (pp. 185-217). Walnut Creek, CA: Altamira Press.

Lather, P. (2009). Getting lost: Feminist efforts toward a double(d) science. *Frontiers, 30* (1), 222-230.

Lease, Z. H. (2003). Testing a model of men's nontraditional occupational choices. *The Career Development Quarterly, 51* (3), 244-254.

Ledgister, M. (2003).The nursing shortage crisis: A familiar problem dressed in new clothes: Part I. *International Journal of Health Care Quality, 16* (1), xi-xviii.

Leidner, R. (1991).Serving hamburgers and selling insurance: Gender, work, and identity in interactive service jobs. *Gender & Society, 5* (2), 154-177.

Lorber, J. (1994). *Paradoxes of gender.* Yale University Press.

Lucas, J. (2007). YouTube videos. Retrieved January 15, 2008, from Male Nurse Magazine Web site: http://www.malenursemagazine.com/

Lucci, W. (2007). Changing traditional roles in the world of work. *Techniques, 82* (1), 30-34.

Lupton, Ben (2006).Explaining men's entry into female-concentrated occupations: Issues of masculinity and social class. *Gender, Work and Organization, 13* (2), 103-128

Lynaugh, J.E. (2002). Nursing's history: Looking backward and seeing forward. In E.D. Baer, P. D'Antonio, S. Rinker, & J.E. Lynaugh, (Eds.). *Enduring issues in American nursing*. (pp. 10-24). New York, N.Y.: Springer Publishing Company.

Martin, P. Y. (2006).Practising gender at work: Further thoughts on reflexivity. *Gender, Work and Organization, 13* (3), 254-276.

McClelland, K. (2000). Symbolic interactionism. Retrieved Feb. 25, 2006, from Introduction to Sociology Web site: http://web.grinnell.edu/courses/soc/s00/soc111-01/IntroTheories/Symbolic.html.

McMillian, J., Morgan, S., & Ament, P. (2006). Acceptance of male registered nurses by female registered nurses. *Journal of Nursing Scholarship, 38* (1), 100-106.

Men in nursing targeted by the Oklahoma Nurses Association. (2005, September, October, November). *The Oklahoma Nurse.* p.10.

Messner, M.A. (2004). Barbie girl versus sea monsters: Children constructing gender. In M. Kimmel & M. Messner (Eds.) *Men's lives,* (6th ed.) (pp. 87-102). Boston, MA: Allyn & Bacon.

Meyers, S. (2003). Real men choose nursing. *Hospitals & Health Networks, 77* (6), 72-76.

Mies, M. (1998). *Patriarchy and accumulation on a world scale: Women in the international division of labour*. New York: St. Martin's Press.

Millen, D. (1997). Some methodological and epistemological issues raised by doing feminist research on non-feminist women.. Retrieved May 10, 2007, from Sociological Research Online Web site: http://www.socresonline.org.uk/2/3/3.html.

Miller, R. J. (2004) Men in nursing: A grounded theory study. Ph.D. dissertation, University of Idaho, United States -- Idaho. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3127609).

Miranda, D. J. Y. (2007) "W"-men: Male nurses' negotiation of masculinity in a predominantly female profession. Ph.D. dissertation, Mississippi State University, United States -- Mississippi. Retrieved June 25, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3296218).

Meyer, D. (2008). The intersection of gender and sexuality: Homophobic violence as a social control mechanism. *Paper presented at the annual meeting of the American Sociological Association Annual Meeting, Sheraton Boston and the Boston Marriott Copley Place, Boston, MA Online* <PDF>. 2009-05-23 from http://www.allacademic.com/meta/p242094_index.html.

Naples, N. (2004).A member of the funeral. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 296-299). New York, NY: McGraw Hill.

National Center for Education Statistics. (2000). *Vocational education in the United States: Toward the year 2000.* (Publication No. NCES 2000-029). Retrieved April 3, 2005 from NCES website via GPO Access: http://nces.ed.gov/pubs2000/2000029.pdf

National Coalition for Women and Girls in Education. (2002). *Title IX at 30: A report card on gender equity.* Washington, D.C. Retrieved January 30, 2004 from the World Wide Web: http://www.ncwge.org.

Nentwich, J. C. (2006).Changing gender: The discursive construction of equal opportunities. *Gender, Work and Organization, 13,* (6), 499-521.

Nichols, E. F. (2001). Educational patterns in nursing. In K. Kittrell-Chitty (Ed). *Professional nursing: Concepts and challenges* (pp. 33-63). Philadelphia, PA: W.A. Saunders Company.

North, A., Johnson, J., Knotts, K., Whelan, L. (2006). Ground instability with mentoring. *Nursing Management*, pp. 16-18.

Oklahoma State University, (2009). Research and policy Center. Retrieved February 25, 2009, from Oklahoma State Center for Health Sciences Web site: http://www.healthsciences.okstate.edu/research/ahec/regional_ne.cfm

O'Lynn, C. (2004). Gender-based barriers for male students in nursing education programs: Prevalence and perceived importance. *Journal of Nursing Education, 43* (5), 229-236.

O'Lynn, C.E. & Tranbarger, R.E. (Eds.). (2007). *Men in Nursing: History, Challenges, and Opportunities*. New York, N.Y.: Springer Publishing Company.

Orenstein, P. (1994). *Schoolgirls: Young women, self-esteem, and the confidence gap.* New York: Random House, Inc..

Paechter, C. (1998). *Educating the other: Gender, power and schooling.* Washington, D.C.: Falmer Press.

Parsons, S. E. (1916). The student nurse. *American Journal of Nursing, 16* (11), 1094-1098.

Patton, M.Q. (2002). *Qualitative research and evaluation methods* (3rd ed.) Thousand Oaks, CA: Sage Publishing.

Pilkenton, D., & Schorn, M. N. (2008). Midwifery: A career for men in nursing. *Men in Nursing, 3* (1), 29-33.

Poliafico, J (1998). Nursing's gender gap. *RN, 61* (10), 39-42.

Porter, S. (1991).A participant observation study of power relations between nurses and doctors in a general hospital. *Journal of Advanced Nursing. 16,* 728-735.

Porter-O'Grady, T. (2007) Reverse discrimination in nursing leadership: Hitting the concrete ceiling. In O'Lynn, C.E. & Tranbarger, R.E. (Eds.). *Men in Nursing: History, Challenges, and Opportunities*. (pp. 143-149). New York, N.Y.: Springer Publishing Company.

Preissle, J. (2007). Feminist research ethics. In S. Nagy Hesse-Biber (Ed.) *Handbook of feminist research: Theory and praxis.* (pp. 515-532). Thousand Oaks, CA: Sage Publications.

Ramazanoglu, C. & Holland, J. (2004). *Feminist methodology: Challenges and choices.* Thousand Oaks, CA: Sage Publications.

Reese, S. (2002). Breaking the stereotype. *Techniques, 77* (1), 24-26.

Reverby, S. M. (1987). *Ordered to care: The dilemma of American nursing, 1850-1945.* New York, N.Y.: Cambridge University Press.

Richardson, L. (1997). *Fields of play: Constructing and academic life.* Piscataway, N.J. : Rutgers University Press.

Richardson, L. (2004). Gender stereotyping in the English language. In L. Richardson, V. Taylor & N. Whittier (Eds.), *Feminist Frontiers* (pp. 89-93). New York, NY: McGraw Hill.

Risman, B. (2004). Ideology, experience, identity: The complex worlds of children in fair families. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 169-180). New York, NY: McGraw Hill.

Robinson, S. (2002). Pedagogy of the opaque: Teaching masculinity studies. In J. K. Gardiner (Ed.) *Masculinity Studies and Feminist Theory: New Directions.* (pp. 141-160). New York, N.Y.: Columbia University Press.

Rogers, A.E., Hwang, W., Scott, L.D., Aiken, L.S., & Dinges, D.F. (2004). The working hours of hospital staff nurses and patient safety. *Health Affairs, 23* (4), 202-212.

Rosenberg, C. E. (1987). *The care of strangers: The rise of America's Hospital system.* Baltimore, MD: The Johns Hopkins University Press.

Rothstein, W.G., & Hannum, S. (2007). Profession and gender in relationships between

advanced practice nurses and physicians. *Journal of Professional Nursing, 23* (4), 235-240.

Rubin, H.J., & Rubin, I.S. (2005). *Qualitative interviewing: The art of hearing data*. Second Edition, Thousand Oaks, CA: Sage.

Sadker, M., & Sadker, D. (1994). *Failing at fairness: How our schools cheat girls*. New York: Touchstone.

Sadker, D., & Zittleman, K. (2005). Gender bias lives, for both sexes. *Education Digest, 70* (8), 27-31.

Sargent, P. (2004). Between a rock and a hard place: Men caught in the gender bind of early childhood education. *Journal of Men's Studies*, 12 (3), 173-187.

Sargent, P. (2001). *Real men or real teachers? Contradictions in the lives of men elementary school teachers*. Harriman, TN: Men's Studies Press.

Schacht, S. P. (2004). Teaching about being an oppressor: Some personal and political considerations. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 24-29). New York, NY: McGraw Hill.

Schwalbe, M. & Wolkomir, M. (2003). Interviewing men. In J. A. Holstein & J.F. Gubrium (Eds.) *Inside interviewing: New lenses, new concerns.* (pp. 55-71). Thousand Oaks, CA: Sage Publications.

Schwandt, T.A. (2007). *The Sage dictionary of qualitative inquiry, 3rd edition*. Thousand Oaks, CA: Sage Publications.

Schweitzer, S. F., Eckstrom, B., Kowallek, D., & Mattson, K. (1994). The image of the staff nurse. *Nursing Management, 25* (6), 88-90.

Seago, J.A., Spetz, J., Alvarado, A., & Keane, D. (2006). The nursing shortage: Is it really about image? *Healthcare Management, 51* (2), 96-108.

Segura, D. (2004). Working at motherhood: Chicana and Mexicana immigrant mothers and employment. In L. Richardson, Taylor, and N. Whittier (Eds.), *Feminist Frontiers* (pp. 261-275). New York, NY: McGraw Hill.

Seidman, I. (1998). *Interviewing as qualitative research: A guide for researchers in education and the social sciences*. New York: Teachers College Press.

Shaffer, B, Tallarica, B, & Walsh, J (2000). Win-win mentoring. *Nursing Management, 31* (1), 32-35.

Shellenbarger, T. (1993). Eliminating sexism in the classroom. *Nurse Educator, 18* (1), 17-20.

Sigma Theta Tau. (1997). *The Woodhull study on nursing and the media: Health care's invisible partner* [Brochure]. Indianapolis, IN: Nancy Woodhull.

Simpson, R. (2005).Men in non-traditional occupations: Career entry, career orientation and experience of role strain. *Gender, Work and Organization, 12* (4), 363-380.

Sirin, S. R., McCreary, D. R., & Mahalik J. R. (2004). Differential reactions to men and women's gender role transgressions: Perceptions of social status, sexual orientation, and value dissimilarity. *Journal of Men's Studies, 12* (2), 119-130.

Sirota, T (2007).Nurse/Physician relationships: Improving or not? *Nursing, 31* (1), 52-55.

Smith, J (2006).Exploring the challenges for nontraditional male students transitioning into a nursing program. *Journal of Nursing Education, 45* (7),

263 - 269.

Sprouse, D. O. (2008). Historical perspectives of men in nursing in relationship to the current nursing shortage and nursing education. Retrieved November 22, 2008, from Oklahoma CareerTech Web site: http://www.okcareertech.org/health/Workforce/HistoricalPerspectivesofMeninNursinginRelationship.ppt.

Stein, L., Watts, D., & Howell, T. (1990). Sounding board: The doctor-nurse game revisited. *The New England Journal of Medicine, 322* (8), 546-549.

Steinberg, R.J., & Figart, D. M. (1999). Emotional labor since The Managed Heart. *Annals of the American Academy of Political and Social Science,* 561, 8-26.

Stets, J. E. & Burke, P.J. (2000). Femininity/Masculinity. In E.F. Borgotta & R.J.V. Montgomery (Eds.) *Encyclopedia of Sociology, Second Edition.* (pp. 997-1005). New York, N.Y.: MacMillian.

Stretton, D.V., & Bolon, D.S. (2009). Recruitment and retention of rural hospital administrators: A multifaceted approach. *Hospital Topics*, 87 (1), 10-13.

Summers, S. & Summers, H.J. (2009). *Saving lives: Why the media's portrayal of nurses puts us all at risk.* New York, N.Y.: Kaplan Publishing.

Sweet, S. & Norman, I. (1995). The nurse-doctor relationship: A selective literature review. *Journal of Advanced Nursing, 22* (1), 165-170.

Terry, L. (2008, March 17). Recent bill could ease Oklahoma nursing shortage. *Oklahoma Nursing Times*, Retrieved November 28, 2008, from http://www.ohcwc.com/files/newsArticles/March%202008/Nursing%20Times%2003-17-08.pdf

Thompson, B. W. (2004). "A way outa no way": Eating problems among African-American, Latina and White women. In L.Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 353-362). New York, NY: McGraw Hill.

Thorne, B. (2004). Girls and boys together…but mostly apart: Gender arrangements in elementary schools. In L.Richardson, V. Taylor, & N. Whittier (Eds.) *Feminist Frontiers.* (6th edition, pp. 154-165). New York, N.Y.: McGraw Hill.

Thrall, T. (2005). Back to basics. *Hospitals & Health Network, 79* (2), 27-28.

Tillman, K. R. (2006) The meaning of masculinity for male baccalaureate nursing program graduates. Ph.D. dissertation, Louisiana State University and Agricultural & Mechanical College, United States -- Louisiana. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3244998).

Tolman, D. L. (2004). Doing desire: Adolescent girls' struggle for/with sexuality. In L. Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 312-323). New York, NY: McGraw Hill.

Trossman, S. (2003).Caring knows no gender: Break the stereotype and boost the number of men in nursing. *The American Journal of Nursing, 103* (5), 65-68.

Trusty, J. (2002). Effects of high school course-taking and other variables on choice of science and mathematics college majors. *Journal of Counseling and Development, 80* (4), 464-474.

Tyack, D. & Hansot, E. (1992). *Learning together: A history of coeducation in American public schools*. New York: Russell Sage Foundation.

University of Hawaii (2003). Nontraditional training and employment. Retrieved

Nov. 10, 2004, from Career and Technical Education Center Web site: http://www.hawaii.edu/cte/98_PDF/tools_for_teaming/nontrad3.pdf.

University of Pennsylvania, (September 5, 2002). Study of U.S. nurses find young leaving the profession; Nursing shortage may reach crisis sooner than thought. Retrieved January 12, 2008, from Research at Penn Web site: http://www.upenn.edu/researchatpenn/article.php?435&hlt.

U.S. Census Bureau, (2007). U.S. Fact finder. Retrieved September 9, 2009, from U.S. Census Bureau. Website: http://www.census.gov.

U.S Department of Health and Human Services, (March 2004). The registered nurse population: National sample survey of registered nurses. Retrieved January 12, 2008, from Health Resources and Service Administration Web site: ftp://ftp.hrsa.gov/bhpr/nursing/rnpopulation/theregisterednursepopulation.pdf

Valdes, F. (1995). Queers, sissies, dykes, and tomboys: Deconstructing the conflation of "sex," "gender," and "sexual orientation" in Euro-American law and society. *California Law Review*, *83* (1), 1-377

Verdejo, T (2002).Mentoring: A model method. *Nursing Management*, *33* (8), 15-17.

Walters, S. D. (2004). Wedding bells and baby carriages: Heterosexuals imagine gay families, gay families imagine themselves. In L.Richardson, V. Taylor, & N. Whittier (Eds.), *Feminist Frontiers* (pp. 286-295). New York, NY: McGraw Hill.

Warner, E. (1973, September 17). The Graying of America. *Time*, Retrieved from http://www.time.com/time/magazine/article/0,9171,907909,00.htm

Weaver-Hightower, M. (2003). The “boy turn in research on gender and education.

Review of Educational Research, 73 (4), 471-498.

Weber, L. (2004). A conceptual framework for understanding race, class gender and sexuality. In S. Nagy Hesse-Biber & Yaiser, M. (Eds.), *Feminist Perspectives on Social Research* (pp. 121-139). New York, NY: Oxford University Press.

West, C., & Zimmerman, D.H. (1987). Doing gender. *Gender and Society, 1* (2), 125-151.

Whitehead, S.M. (2002). *Men and masculinities: Key themes and new directions.* Malden, MA: Blackwell Publishers.

Wieck, K.L., Dols, J., & Northam, S. (2009). What nurses want: The nurse incentive project. *Nursing Economic$, 27* (3), 169-201.

Williams, C.L. (1995). *Still a man's world: Men who do women's work.* Berkeley, CA: University of California Press.

Williams, C. L., & Heikes, E.J. (1993). The importance of researcher's gender in the in-depth interview: Evidence from two case studies of male nurses. *Gender & Society, 7* (2), 280-191.

Williams, D. (2008). Looking for a few good men. Retrieved June 16, 2008, from Minority Nurse Web site: http://www.minoritynurse.com/features/nurse_emp/05-03-02a.html.

Willis, P. (1977). *Learning to labor: How working class kids get working class jobs*. New York, New York: Columbia University Press.

Wilson, V, Andrews, M, & Leners, D (2006). Mentoring as a strategy for retaining racial

and ethnically diverse students in nursing programs. *Journal of Multicultural Nursing &Health, 12* (3), 17-24.

Wood, T. L. (2004) Males in nursing: Perceptions of their educational experience. Ph.D. dissertation, Saint Louis University, United States -- Missouri. Retrieved May 17, 2008, from Dissertations & Theses: A&I database. (Publication No. AAT 3154283).

Wootton, B. H. (1997). Gender differences in occupational employment. *Monthly Labor Review, 120* (4), 15-25.

Working in Partnership Programme (WiPP). (2009). *Reducing GP workload using a model of nurse-doctor collaboration.* Retrieved November 8, 2009 from http://www.wipp.nhs.uk/uploads/gpdb/reducing_gp_workload.pdf.

Yoshimura, C.G.. & Hayden, S. E. (2007). The effects of gender on communication and workplace relations. In C.E. O'Lynn & R.E. Tranbarger (Eds.), *Men in nursing: History, challenges, and opportunities.* (*p*p. 103-120). New York, N.Y.: Springer Publishing Company.

Young, J. (2005). Revisiting the 1925 John's report on African-American nurses. *Nursing History Review, 13*, 77-100.

APPENDIX A: IRB APPROVAL FORM

Oklahoma State University Institutional Review Board

Date:	Monday, July 21, 2008
IRB Application No	ED08113
Proposal Title:	Man Enough to Care: Experiences of Men Working in the Female Dominated Profession of Nursing in Oklahoma
Reviewed and Processed as:	Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 7/20/2009

Principal Investigator(s):

Donna M. Sayman
36904 West 45th St.
Shawnee, OK 74804

Mary Jo Self
261 Willard
Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

[X] The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval.
2. Submit a request for continuation if the study extends beyond the approval period of one calendar year. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of this research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Beth McTernan in 219 Cordell North (phone: 405-744-5700, beth.mcternan@okstate.edu).

Sincerely,

Shelia Kennison, Chair
Institutional Review Board

APPENDIX B: INFORMED CONSENT DOCUMENT

Consent Form

Man enough to care:
Experiences of men working in the female-dominated profession of nursing in the State of Oklahoma

This research project is being conducted by Donna M. Sayman, a graduate student, at Oklahoma State University to study the experiences of men in nursing.

1. To gain insight into men entering a female-dominated profession, specifically the field of nursing. The study will seek to answer the following questions: How do men negotiate issues of masculinity within a nontraditional occupation? What challenges exist for men in the field of nursing?
2. The study will utilize a qualitative research design that will incorporate in-depth, one-on-one interviews. These interviews will be audio taped and then transcribed. Analysis will be conducted through identifying emic themes that emerge through data coding, analytic statements, and descriptive analysis.

You will be asked to participate in a one-on-one interview in which you will be discussing personal beliefs and experiences involving men working in the female dominated occupation of nursing. This interview will be tape recorded for accuracy and subsequently transcribed for analysis

Your participation in this research is completely voluntary and there are no special incentives in your participation and that there are no negative consequences in declining your participation and that you have a right to ask for a copy of any material that is to be part of the research before it is released.

You are free to withdraw your consent for participation at any time by contacting the principal investigator.

The purpose of this research is to help the researcher learn more about experiences of men in nursing.

You understand and agree to the following conditions regarding your voluntary participation in this research:

- You will be participating in an audio taped, one-on-one interview.
- Your participation will take approximately one hour of time.
- Information you provide will be anonymous and treated with complete confidentiality.
- Information you provide will be secured at all times by the principal investigator. All data will be secured in a locked cabinet until it is transcribed and analyzed.

- You may request a copy of the transcribed interview and have the right to request that some information be changed or removed at my discretion.
- The audio recording and the transcribed interview are completely anonymous and participants are identified only by pseudonym. No real names will ever be used.
- The audio tapes will be retained for a period of three years by the principal investigator. After this time the tapes will be destroyed.

Any data from this research used in presentation and publication of professional literature and reports will be anonymous and reported only in aggregated and/or only in codes. No specific reference to my name or personal identity will be made at any time.

All records of this research will be kept solely by the principal investigator and will be maintained under locked security and destroyed as detailed above.

The records of this study will be kept private. Any written results will discuss group findings and will not include information that will identify you. Research records will be stored securely and only researchers and individuals responsible for research oversight will have access to the records. It is possible that the consent process and data collection will be observed by research oversight staff responsible for safeguarding the rights and wellbeing of people who participate in research.

There are no known risks associated with participating with this research beyond this encountered in daily life.

If you have questions, you may contact the principal investigator, Donna M. Sayman by phone at (405) 659-4411 or by email at dm.sayman@okstate.edu.
If you have questions about the research and your rights as a research volunteer, you may contact Dr. Sheila Kennison, IRB Chair, 219 Cordell North, Stillwater, OK 74078, 405-744-1676 or irb@okstate.edu

To give your consent to participate in this research and submit your data to the research team for inclusion in analysis and use in professional education literature, please sign this Consent Form and proceed with the research procedure.

_____
Signature of Participant

_____
Signature of Researcher

APPENDIX C: INTERVIEW PROTOCOL AND QUESTIONS

Interview protocol

a.) Greet the subject and thank them for taking the time to be interviewed. Tell them that the discussion should take about 30 minutes.
b.) Tell the subject that for accuracy, you will record the interview. Only the researcher on the project will be privy to the tapes which will be eventually destroyed after they are transcribed. Tell the subject that they may have a copy of the transcribed interview. Remind them that anything they say is confidential and no one will be advised of their specific comments. Rather, their discussion will be combined with the comments from others that are interviewed in order to protect everyone's identity.
c.) Tell them that you will be taking additional notes on paper during the interview.
d.) Ask if they have any questions before you start the interview. Start the tape recorder and make sure the tape is working properly.

Interview Questions

These are the proposed questions for the qualitative interviews. I may ask additional questions as probes in order to obtain in-depth information from the respondent.

Career Decisions

1.) What factors did you consider before choosing to become a nurse?

Education

2.) Did the school have any special incentive programs to attend? Was the incentive given to both men and women?

3.) What were the entrance criteria to the nursing school?

4.) Was there ever a time when you considered leaving the program?

5.) What did you like the best and the least about the program?

6.) What were the strengths and weaknesses of this program in assisting men in their occupation? Did you have a class on gender relations?

7.) Who were your support people? Who did not support you when you were in the nursing program?

8.) Did you have a smooth transition from the nursing school to the actual world of working in nursing?

In the Workplace

9.) Now I want to ask you questions about what it is like in the workplace. Our society tends to portray men in nursing in a negative or comical slant. The movie, “Meet the Parents” and some episodes of “Scrubs” have not showed men in nursing in a positive light. Have you experienced any stereotyping? How did you deal with it? How did it make you feel?

10.) Are you treated differently than women in the nursing profession?

11.) How do you relate to both female and male doctors?

12.) What are some reactions you have received from patients, both men and women?

13.) Now that you are working in the field, is the nursing profession what you expected it to be?

14.) On a scale of one to five, how well do you think your training prepared you for the gender relations in your job and why?

15.) What would you say to a young man considering a career in nursing? Would you recommend for your son to become a nurse?

16.) My final question to you is: If you could create an ideal world for men in nursing what would that look like? How would you make it a perfect profession?

VITA

Donna M. Sayman

Candidate for the Degree of

Doctor of Philosophy

Dissertation: MAN ENOUGH TO CARE: EXPERIENCES OF MEN WORKING IN THE FEMALE DOMINATED PROFESSION OF NURSING IN THE STATE OF OKLAHOMA

Major Field: Occupational Education Studies

Biographical:

Education: Graduated from Wheatland-Chili High School, Scottsville, N.Y. 1977; Graduated from The Hochstein School of Music, Rochester, N.Y. 1980; Received Bachelor of Arts in Music, Southwestern Assemblies of God College, 1991; Alternative Certification, Laredo State University, Special Education, May 1992; Master of Science in Special Education at Oklahoma State University, Stillwater, Oklahoma in May, 2003.

Experience: Special Education Teacher, Oct. 1997 – June 2001-Capitol Hill High School, Oklahoma City, OK. Special Education Teacher: July 2001 – Current -Tecumseh High School, Tecumseh, OK
Emphasis on teaching children with learning disabilities and emotional disorders. Doctoral Teaching Assistant: Fall 2008 – Current Oklahoma State University, Stillwater, OK
SCFD 3223: Role of the teacher in American schools, Fall 2008 & Fall 2009; SCFD 5913 – Introduction to Qualitative Research – July 2009.

Professional Memberships:
American Educational Research Association (AERA); American Educational Studies Association (AESA);Phi Kappa Phi Association; Society of the Philosophy and History of Education (SOPHE); Omicron Tau Theta (OTT) Oklahoma State University Phi Chapter; Council for Exceptional Children (CEC).

Name: Donna M. Sayman Date of Degree: December, 2009

Institution: Oklahoma State University Location: Stillwater, Oklahoma

Title of Study: MAN ENOUGH TO CARE: EXPERIENCES OF MEN WORKING IN THE FEMALE DOMINATED PROFESSION OF NURSING IN THE STATE OF OKLAHOMA

Pages in Study: 217 Candidate for the Degree of Doctor of Philosophy

Major Field: Occupational Education Studies

Scope and Method of Study: The purpose of this study was to understand the experiences of men in the female dominated profession of nursing in the State of Oklahoma. This study sought to: understand the experiences of men who are currently working in the profession and those who have left the field, utilize interview data to suggest changes to provide more support for men in nursing schools and on the job, and explore how men manage their concept of masculinity in a female-dominated occupation and elicit changes that might focus on recruiting campaigns. The methodology employed was a qualitative design grounded in a critical feminist and symbolic interactionism frame. The scope of this study included 10 men who are currently or who have worked as nurses in the State of Oklahoma.

Findings and Conclusions: The findings suggested that nursing is saturated with particular gendered beliefs and processes that can shape nurses' experiences. This study elicited information on both of the research questions: 1.) what are the experiences of men who enter the female-dominated profession of nursing while in nursing school and how are these experiences gendered? and, 2.) what are the work experiences of men in the female-dominated profession of nursing and how is this personal knowledge gendered? A particularly striking finding that emerged from this study was the discovery of how men managed their concept of masculinity in a female-dominated occupation. Recognition and understanding of these impressions are significant in order to determine how to provide more support for men in nursing. Through inductive and deductive analysis, four major themes emerged: "Empowerment", "Expertise", "Communication", and "Identity". Two sub-themes associated with "Empowerment" were: 1.) Segregated job opportunities within nursing, and, 2.) Issues of advancement. Four sub-themes were also associated with "Identity": 1.) Confusion with being the doctor, 2.) Feelings of exploitation by peers, 3.) Reactions to overt and subtle stereotyping, and, 4.) Men's frustration with pervasive feminine concepts of nursing. Many of these themes reflected gendered identities in occupations. It is hoped that this research may assist nursing education to recognize the unique needs of men in nursing and for the profession to be able to recruit and retain more men into the field of nursing.

ADVISER'S APPROVAL: _____Dr. Mary Jo Self _____