Challenges for Men in a Female Dominated Environment

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Abstract
Florence Nightingale’s perception and feminisation of nursing into a female only profession has resulted in fewer men pursuing nursing as a career, with men in contemporary society making up only 10% of nursing professionals. Stereotyping and gender bias of men has helped create a less than inclusive, sometimes isolating and challenging experience for men in nursing, who are frequently treated differently to their female counterparts. It is important particularly for male nursing students to learn about men’s contribution to the history of nursing.

Keywords
History, Perceptions, Nursing, Men, Gender

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Introduction

Florence Nightingale’s perception and feminisation of nursing into a female only profession has resulted in fewer men pursuing nursing as a career, with men in contemporary society making up only 10% of nursing professionals. Stereotyping and gender bias of men has helped create a less than inclusive, sometimes isolating and challenging experience for men in nursing, who are frequently treated differently to their female counterparts. It is important particularly for male nursing students to learn about men’s contribution to the history of nursing.

Florence Nightingale

Florence Nightingale’s perception of nursing as a career for women only is decreasing as more men enter the nursing profession. However, her 19th century ‘feminisation of nursing’ into a caring female only profession is still prevalent in contemporary society (Masters, 2009). There is a widespread assumption that while female nurses are suitable to provide intimate care for both male and female patients it is deemed inappropriate for male nurses to provide intimate care, such as inserting a catheter on a female patient (Harding, North and Perkins, 2008). Florence Nightingale perceived men to lack the capacity to be caring and empathic and saw nursing as suitable for women. It was an ‘extension of their domestic roles’ as nurturers and caregivers: theorising that nursing was not a place for men because their rough hands were ‘not fitted to touch, bathe and dress wounded limbs’ (Brown, Nolan and Crawford, 2000). This type of prejudice and gender stereotyping helped establish the discrimination of men in nursing which persists today.
Many in modern society view men who enter nursing as unmanly because they think male nurses don’t conform to the traditional, heterosexual, patriarchal role. According to (How, 1995; Brown, 2010) prejudice has its roots in individual and social psychology, concealed until they surface in the process of furthering tradition. Consequently, male nurses continue to be discriminated against on the basis of ‘socially constructed gender roles and norms’ which initially prevented and now deter men from entering what many in society still consider a female only profession (Evans, 1997; Meadus, 2000).

**History**

Historically nursing has not always been a predominately female career. Prior to the 1800s and Florence Nightingale men significantly represented the nursing profession, mainly because of the association between nursing and the military (Office of Medical History, OMH, 2016). The first nursing school in the world, which included men only, was established as far back as 250 B.C. in India, were only men were considered ‘pure’ enough to become nurses (Vallano, 2011). Men’s long history of being involved in nursing carried on to 330 A.D., in the Byzantine Empire (Bullough, 1994). During this era hospitals were one of the major institutions where nursing emerged as a separate occupation, primarily for men (Bullough, 1994; White, Duncan and Baumle, 2011). Male nurses also cared for the sick and injured during the Crusades in the 11th century and they staffed field hospitals during the Franco-Prussian War (1870-1871) where it was noted that the mortality rates amongst the troops were kept ‘abnormally low’ (Evans, 2004).

In World War I (1914 – 1918) male nurses served on the front line caring for the injured. They were known as ‘orderlies’ even though they had the same training and held the same diplomas as their female counterparts. They were paid about half of the salary of a
female nurse (OMH, 2016). In Great Britain, the Nurses Registration Act was passed in 1919 (Sweet and Dougall, 2008). Although this act granted legal recognition to male nurses only female nurses were granted full membership on the registry. Male nurses were placed on a separate registry. Female nurses were often hostile to male nurses, re-enforcing negative stereotypes of men in nursing and often creating obstacles to their employment (Mackintosh, 1997). Consequently the Society of Registered Male Nurses was formed, in the 1930s, to encourage the professional training, conduct and tradition of men in nursing (O’Lynn and Tranbarger, 2007).

During World War II (1939 – 1945) many male nurses worked on the battlefield where female nurses were not allowed. In 1947, the sex segregation of nurse registries ended and men were allowed education and employment equity by the 1960s. In the US, to meet the needs of army personnel, the Army Nurse Corps (ANC) actively recruited male nurses, a segment of the nursing population that had previously faced stringent restrictions to stop them joining the ANC. Male nurses became a vital part of the ANC and in some cases military officials tried to maintain men only medical staff.

Male nurses in Vietnam worked alongside their female counterparts treating massive trauma injuries, displaying immense skill, compassion and professionalism. Few records of valour and dedication to duty by male nurses were kept and another part of the history of men in nursing was lost (Combs, 2012); leaving male nurses with little information about their professional background and historical position.

**Barriers to men entering the nursing profession**

The biggest barrier to men entering nursing is gender itself (Keogh and O’Lynn, 2007). Over the last 60 years or more many barriers to men entering the nursing profession have
been removed. In 1951, the relaxation of registration laws which excluded men from entering nursing were removed and male nurses were allowed to join the main nursing register (O’Lynn, 2004). Worldwide the numbers of men entering the nursing profession remains generally low, with men, in the UK, comprising 10.6% of the nursing workforce (Regan, 2012). Hodes (2005) and Stanley (2012) argue that aspiring male nurses have few role models to look up to on television or in films where they are mainly portrayed as gay or comical characters.

As well as being viewed as unmanly, male nurses also have to challenge the stereotypical view that they are unsuitable caregivers, incapable of providing compassionate and sensitive care. Prevailing definitions of masculinity and the questioning of their ability to provide appropriate care have undoubtedly acted as powerful barriers to men crossing the gender divide and entering the nursing profession (Halloran and Welton, 1994).

While the use of touch is even more challenging for male nurses because of the feminization of touch (Evans, 2002). Society has normalized touch as a caring behaviour in women while sexualizing it in men. The result is that men feel vulnerable and cautious about providing intimate care, particularly to women, as their care runs the risk of being misinterpreted. This is undoubtedly one reason why men move away from direct care.

The fact that male nurses are faced with the reality of defending their career choice, their contribution to nursing and their sexuality is reflected in the specialties male staff choose to work in (Black, 2014).

Management, education and technology dominated roles attract much larger numbers of male nursing staff thereby allowing them to distance themselves from the feminine image of nursing by moving into ‘high tech, low touch’ specialties (Evans, 1997). Unfortunately
this also takes men away from the caring aspect of nursing.

**Women overcoming prejudice and discrimination**

Women have successfully overcome the widespread stereotypical belief that many professions are suitable only for men. Medicine was a male only profession until campaigning and lobbying of Parliament by Sophia Louisa Jex-Blake (1840-1912) resulted in the first female medical students entering the University of Edinburgh between 1869 and 1874 (Murdoch, 2014). However, the University refused to award female medical students degrees and it was not until 1876 when Russell Gurney’s Bill was accepted by Parliament that British examining bodies were permitted to include women (Crowther, 2002). According to the latest statistics the overall increase in women joining the profession means that in just a few years there will be more female than male doctors on the medical register (General Medical Council, GMC, 2016). Compare this to the to the latest figures for men in nursing which shows that just over one in ten nurses are men; compared with one in a hundred in the earliest days of the National Health Service (NHS) more than 60 years ago (Walsh, 2016).

**Common perceptions regarding male nurses**

A common perception regarding male nurses is that they earn more money than their female counterparts. Newly qualified male and female nurses earn the same starting salary, with London nurses getting an increased cost area supplement (Prospects, 2016). As nurses advance in their careers and apply for more senior positions in a hospital or out in the community there is naturally an increase in salary. Male nurses who work in the
private sector generally earn a higher salary than their female counterparts. One reason may be that men unlike women do not take career breaks; to have children or have to work part-time to accommodate their family (Vallano, 2011). Men are assumed to be leaders and can be judged negatively when they do not hold a senior position. However they can also be judged negatively when they do hold a senior or management position as their peers perceive that they got the position on gender rather than merit. This is supported by McMurry (2011), who argues that men are given preferential treatment in hiring and promotion decisions. I disagree with this point of view as there is a strong evidence base to show that men in nursing do not make up a disproportionate number of higher positions of authority (Villeneuve, 1994; Anthony, 2006; Nelson and Belcher, 2006).

Male nurses are usually perceived to fall into one of four roles: the ladder-climber, because two thirds of the top jobs in nursing are occupied by men (Randstad UK, 2016); the trouble maker, with men supposedly socialized to be more assertive; the he-man, because of their greater physical strength men are expected to do all the heavy lifting, when in reality male nurses use lifting aids as often as female nurses (Evans, 1997); and the homosexual, if a man displays empathy and caring, he is assumed to be gay. The first three roles are imposed by their female counterparts, the dominant group in nursing, and the fourth is imposed from outside nursing by men rather than women (Neighbours, 2016).

**Patients’ perceptions of male nurses**

Patient perception of being cared for by male nurses refutes the belief that patients prefer
female nurses to male nurses. Patients in a study by Landry and Tillman (2000), said they saw no significant difference in the care provided between male and female nurses. They also said that they had no problem with male nurses providing intimate care and that they actually preferred male nurses because they were ‘more gentle, concerned and compassionate’ than their female counterparts who could be ‘moody, harsh and didn’t always take their time’. Further research showed that most of the time patients seem to be open and non-discriminatory towards male nurses (Cude and Winfrey, 2007). A positive view of male nurses by patients is very important to men in nursing. Rochlen, Good and Carver (2009), supports this view arguing that social support is positively correlated to work and life satisfaction, particularly for men.

Patients often mistake male nursing students and qualified male nurses for doctors, based solely on their gender (Meadus and Twomey, 2011). This can be disconcerting to men as they have to explain that they are not doctors but nurses and very annoying to female nurses. Similarly, some patients direct questions at the male student or nurse bypassing the female nurse, which can also be a bit awkward and embarrassing as most often the senior nurse is female.

**Personal Experience**

In my experience, as a student nurse, I have occasionally felt discriminated against because of my gender, not by patients but staff. The fact that male nurses face gender-based barriers, even during their training was highlighted in research by Keogh and O’Lynn (2007). On my previous placement, I had just finished recording a patient’s observations in a bay when a female student, returning from refilling a patient’s water jug,
called me over and asked me to get the female staff nurse. I informed the nurse and followed her back into the bay to carry on with the observations. The student then asked the staff nurse to help her put the female patient on a commode. Later on I asked the student nurse why she didn’t ask me to help and she replied that it was ‘personal care’ and walked away. I felt I got on well with her so I don’t think it was personal. This action may be linked with some deep-rooted prejudice and preconceptions (Davidson, 1996) about males providing personal care influenced the way she acted. A view supported in research by Robertson (2008), who theorised that there does seem to be an undercurrent amongst female colleagues as to what is and isn’t appropriate for male nurses.

I understand that personal care can have an intimate, psychological, emotional or spiritual element to it and that it is extremely important for all nurses carrying out personal care to be aware of this and to pay close attention to the effect this has on the patient. I appreciate that we must abide by patients’ wishes and I would never want a patient to feel uncomfortable by my presence and I would never be offended if a patient said she preferred a female nurse to attend to her as that is the patient’s choice, according to NMC Code (2015), to avoid assumptions, recognise diversity and individual choice. However, the patient had never objected to me helping her onto the commode before and I never heard her object on that occasion. It is surprising that this type of culture still persists in nursing, amongst colleagues. I have heard qualified nurses ask patients, do you mind the male student staying in while you are examined. Patients generally look puzzled that they are asked such a question. I feel this is an example of double standards as male patients are not given the option to refuse nursing care from a female nurse.

The only time I was asked to step out of the room was for cultural reasons. The patient
was a Muslim lady and both the female staff nurse and I were asked, in a very courteous manner, to leave the room while a family member provided personal care. Perhaps I have been fortunate but no other patient has ever asked me to leave or refused help from me. I have never heard a nurse ask a patient if they object to being attended to by a doctor of the opposite sex and doctors provide much more intimate care than nurses yet they always ask if it is alright for a male student or nurse to attend to them. My experience is supported by Kermode (2006) who used quantitative research methods to explore discriminatory attitudes and behaviours toward male nursing students.

**Men’s experience of nursing**

Men’s experience of nursing differs from their female counterparts (O’Lynn, 2004). Florence Nightingale, although she made major contributions to the development of modern nursing, effectively removed men from nursing by affirming that nursing was a female only profession. As a consequence, men in nursing encounter challenges such as, being stereotyped and gender biased. According to research by Evans (2004), male nurses compromise their reputation and social status in patriarchal culture. The main stereotype they encounter is about their sexuality, with the assumption that they are gay or sexual predators but the majority of men in nursing are heterosexual (Davies, 1995). However, public perception is that most male nurses are gay. The stereotypical prejudice that nursing is a profession for women only and that it is somehow abnormal persists, but only in general nursing whereas in mental health nursing it is deemed an acceptable occupation for men (Harding, 2007).

According to Evans (2002), this type of preconception can make it difficult for men to
interact with patients and inevitably makes them cautious care givers. According to Leidner (1991), men in nursing struggle looking for ways to reconcile the work they do with an identity they can accept and that is why many men moving into administrative or technical roles. Uhlimann and Cohen (2005) offer a slightly cynical view of why men enter female dominated occupations such as nursing: either they assume they will succeed in terms of obtaining jobs and faster promotion than their female counterparts or, although not intentionally seeking this by virtue of being men, it happens anyway. Sargent (2005) offers an alternative view; that men who enter occupations such as nursing experience the same prejudice as women in male dominated careers and they must learn ways to manoeuvre through the gender environment. I think men enter the nursing profession for the same reasons as women do; mainly because they have a caring nature and want to help people. It is also a relatively secure job that offers job diversity, career advancement, job satisfaction and the chance of earning a good salary. The challenges men experience in a female dominated profession are different to those experienced by women, in a male dominated profession, because unlike male nurses, the sexuality of female engineers, bankers and doctors is not questioned and they are not perceived as inferior when they do the same job as men.

Conclusion

In conclusion, the perceptions of men in nursing shows that overall, although negative societal, stereotypical views still persist these views are slowly changing. Men continue to face challenges in nursing but perhaps as more men assume positions of leadership it will help start the reversal of the gender bias found in nursing among the dominant gender.
Patients, especially when they have been cared for by a male nurse, have proved much more accepting of male nurses than their female counterparts. In order to address the future healthcare needs of UK residents it is important that nursing is representative of the people it cares for.
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