



“The Prevalence of Misandry in Nursing: The Past is Still in the Present”

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INTRODUCTION

Nursing is a field vital to the proper function of society, as it aims to provide people of various origins an optimal quality of care. However, its perpetual association with femininity becomes a problem to the aspiring and current male nurses. The continuity of female saturation in the field, along with the stereotypical portrayal of the feminine nature of nursing by the media, prevents the large-scale integration of men. While nursing organizations actively promote the inclusion and visibility of men in the profession, they still fail to completely eradicate the evident shortage of male nurses. The discriminatory ideologies and challenges male nurses face become a significant deterrent to the successful recruitment and retention of men in nursing.

In the current discussion, the gendered nature of nursing has a direct association with the said shortage. The public perception that nursing is a woman's field powerfully influences the psyche of men and discourages them to pursue this profession. As strongly established by Florence Nightingale, the founder of modern-day nursing, women are perceived as fitting to be in nursing due to their innate nature of caring. On the other hand, men are expected by society to conform to and carry out the cultural standards and ubiquitous perception as exemplars of power, strength, and stoicism. In fact, since nursing is associated with femininity, men are more likely to be subjected to sexual stereotypes and accusations of sexual impropriety in the clinical settings. Male nursing students often feel scrutinized because of their clinical instructors' expectations of them exhibiting assertiveness, leadership, and willingness to take on the physical labor. Moreover, during intimate assessments, female patients have a penchant for choosing female nurses over their male counterparts due to the stereotypical view of men being naturally sexual aggressors. Most patients also tend to question the appropriateness of men's role as nurses and assume that male nurses are typically effeminate. The clinical instructors' imposition of strict

adherence to the conventional methods of providing care by women immensely contributes to these emasculating stereotypes. According to MacWilliams, et al., “unfortunately, the nursing faculty may fail to notice the different ways male and female students express caring or to recognize that male students could be marginalized by being expected to adhere to feminine expressions of caring” (43). The authors claim that men have a different way of caring for their patients, but the gender norms dictate that their expression of care should match the females’. This feminization of men’s touch ultimately deprives male nurses the freedom of expression because male caring is often recognized as less valuable than the standard female caring.

This paper’s area of focus is on the underlying reasons behind the shortage of male nurses. The construction of this paper will be primarily based upon answering the question, “How does the gendered nature of nursing affect the entry of men?” While understanding the main ordeals that male nurses experience is also important, knowing the major factor that profoundly shapes men’s behavior is crucial to explaining the real cause of the unsolvable issue of having a fewer number of male nurses. This factor that immensely influences their mentality is the need to conform to the culturally established, accepted, and retained societal standards. These standards create the concept of gender perspective, which authoritatively dictates what roles each gender should embody. Men are expected to manifest hegemonic masculinity, as coined by the theorist Raewyn Connell, in which they must assert dominance. Their decision to pursue nursing, a feminized profession, only enhances their fear of emasculation and hurts their chances of attaining status and power in the society. In addition, to describe the prevalence of gender discrimination within nursing, the legal case studies by Kouta and Kaite will be incorporated. One study, entitled as *Evans v. Principi*, involved a male student who experienced an abusive treatment from his female supervisor. The authors say that

The female supervisor told him that he did not belong to the unit. He was treated differently from female nurses and was more closely audited. He was even given a janitor's closet as his office and his former office was redone and given to a female nurse. The court also found that the supervisor was using abusive language, threats, false accusations, and was generally violating the gender discrimination law. (61)

The differences in teaching and treatment towards both genders justify the low retention rate of men in nursing. The supervisor's abusive treatment is a proof of the injustice men constantly experience in the field of nursing.

Individuals tend to orient themselves to the values and norms their community has established for everyone to follow. This type of behavior suggests that self-concept is indeed built within social settings. The ubiquitous ideology about men needing to establish their stature in the society causes them to pursue a male-dominated profession and fail to see that the benefits of nursing outweigh marginalization. People need to acknowledge and accept men in nursing and view gender as irrelevant to their nursing roles. Therefore, the feminization of nursing and the socially constructed concept of hegemonic masculinity strongly influence men's mentality. The dire need to adhere to the societal norms to prevent emasculation psychologically affects men's decisions and ultimately causes the invisibility of male contribution in this predominantly female career. Thus, the active promotion of gender diversity, inclusivity, and equality is needed to see a vast increase of male nurses.

The Lingering Feminization of Nursing

The feminine imagery associated with the nursing profession remains an obstacle to entering and staying in the field for most men. Despite the historical male contribution in the religious, military, and non-military nursing orders, its presence in the nursing textbooks is non-existent (Evans 323). This is because the information in modern textbooks is flooded with the influential works of Florence Nightingale that ushered in the period of female domination in nursing. The association of men with nursing ended in the mid-nineteenth century when she

established the field as women's work. She substantially believed that every woman was a nurse and those who entered the occupation were only doing what came naturally to them. Taking this into account, along with the historical association of women with submission to men, Evans asserts that "the belief that nursing was an extension of women's domestic roles was instrumental in establishing nursing as not only a woman's occupation, but one that was unskilled and of low value in comparison with men's occupations, particularly medicine" (323). When men participate in a lesser valued, women-identified job, they experience a lack of respect. Their association with this type of profession compromises their social status and prestige, which they find important in maintaining their established masculinity. To substantiate Evans' claim, Kimmel and his co-authors state that "the men below [the social hierarchy] will use what they have — namely, their gender. In other cases, nonprivileged men may emulate the gendered behavior of the dominant men" (24). This phenomenon reflects the psychological effect of hegemonic masculinity on men. To properly live up to the societal standards about their image of superiority, men in professions that are considered inferior are forced to imitate the behavior of those at the top of the social hierarchy by going to male-dominated jobs. Men's decision to choose or transition to medicine, a predominantly male profession, ultimately causes the failure of large-scale integration of men into nursing. This omnipresent behavior heavily influences and discourages other men to pursue nursing due to their fear of being associated with powerlessness. Most men think that while establishing their manhood in the society is difficult, tarnishing it can easily be done.

The media has always been a powerful influencer. Its continued stereotypical portrayal of the nursing profession has massively contributed to the feminization of nursing and negatively shaped the public perspective about the field. It reinforces that nursing is a female-oriented field

where nurses are perceived as self-sacrificial and sex objects. According to Bridges, nurses continue to be shown by the media as a female “naughty nurse” and the male “doctor’s handmaiden,” in which they are considered as “weaker beings with the actual nursing care being seen as simple and non-skilled whereas the doctors remain superior and in control” (852). Not only does Bridges illustrate that the media depicts nurses as “naughty” women, but also as healthcare members who lack power and autonomy, as they remain subservient to the doctors whom they get their orders from. This portrayal tarnishes the reputation of the profession, degrades the abilities of women, and inhibits the entry of men. These stereotypical images of nurses persist because they continue to be perpetuated by the media, and no extensive attempts are done to challenge them by the public, doctors, and nurses. Moreover, the persistence of Bridges’ claim of the discriminatory imagery about nurses also detrimentally affects the image and perception of men in nursing. In the case study of thirteen feature films conducted by Stanley, male nurses are mostly portrayed negatively and in ways that oppose the concept of hegemonic masculinity, such as being effeminate, homosexual, and incompetent. Only a few films show male nurses in their traditional masculine roles and as competent and confident professionals. Stanley states that “sexuality and gender issues are prominent in films where the male nurse character is clearly effeminate or homosexual; however, where the male nurse’s sexuality is clearly heterosexual (e.g. Greg in *Meet the Parents* and *Yes Man*) the male nurse’s masculinity is questioned simply because of their occupation” (2531-2532). This shows that the compliance to the standard cognizance of the features associated with hegemonic masculinity cannot be of use to prove one’s masculinity because their participation in a female-dominated profession already invalidates their manhood. This only proves that Bridges’ implication of the nurses’ lack of autonomy and power may lead to the persistence of Stanley’s claim of sexuality

and gender issues encountered by male nurses. The stereotypical views of the field not only impact the recruitment of potential male recruits, but also propagate the tarnished reputation of the profession.

The Increased Visibility of Misandry in the Contemporary Era

Male nurses are often subjected to sexual stereotypes and accusations of sexual misconduct in healthcare settings. These specific challenges reflect the workplace reality for many male nurses as they seek to navigate their professional roles. Since men are stereotypically seen as sexual aggressors, most female patients in the obstetrics and labor and delivery departments opt for female nurses. According to MacWilliams, et al., “male nursing students who had completed their obstetrics rotation reported fearing that their touch would be perceived as sexual rather than professional and said they tended to seek help from female colleagues when performing intimate assessments” (43). The female patients’ discriminatory perception causes the role strain and attrition men experience. Not only does this discrimination make them vulnerable to accusations of sexual impropriety, but also ruin their dignity and make them doubtful of their skills as nurses. To provide proof for this claim, the legal case study, entitled as *Moyhing v. Barts and London NHS Trust* (2006), shows the reality and persistence of the barriers many men in nursing face in the workplace. Kouta and Kaite evince the common assumption that while female nurses can freely give care to anyone, providing care to female patients especially in intimate cases is inappropriate for male nurses. According to them,

The student was required to perform an ECG on an Asian female patient who had been having breathing difficulties. The procedure involved touching the patient's chest, which was considered to be an intimate procedure and required him to be accompanied by a female nurse. However, female nurses performing ECGs to males were not required to be accompanied by anyone. The appellant felt like a rapist and a criminal and not trustworthy enough to fulfill this process. (61)

Male nursing students do not get equal learning opportunities as what their female counterparts get because of their vulnerability to accusations of the sexualization of their touch. These

accusations imply men's unworthiness and incompetence to be a professional nurse, which ultimately hinder their entry to the field.

Socially constructed gender norms cause inequality in opportunities in the workplace and create the concept of gender perspective that is subconsciously ingrained in people's mindset. This concept compels people to execute the designated tasks that the society assigned based on their gender. For instance, male nurses are expected to be in clinical departments, specifically emergency and psychiatric, that require their strength for physical labor and ability to pacify violent patients. However, the assignment to certain departments creates a conflict with the male nurses attempting to apply to the socially known "feminine" departments, such as pediatrics, obstetrics, and labor and delivery. According to Kouta and Kaite's legal case study, "Michael Silvka was a registered male nurse with experience in various fields including obstetric duties. He sued the Camden-Clark Memorial Hospital for discrimination when they announced that they do not hire men in the obstetric ward due to concerns for patient privacy, staffing, and quality of care" (61). Men's gender becomes a detriment to them because female patients prefer female nurses over male nurses to avoid intimacy issues. The demonstration of male nurses' lack of trustworthiness by their female patients and the hospital is degrading in nature, causing men to leave nursing and transition into another profession. However, this "patient privacy" that the hospital is trying to protect is flawed because it becomes invaded by female nurses as they provide care, which just proves the lack of equal treatment for men and women in nursing in the clinical settings. Moreover, this case study is ultimately influenced by Florence Nightingale's historical work of excluding men from the nursing roles that required the provision of female care and relegating them to restraining violent patients. In the past, men acted as hospital attendants who provided care to segregated patient populations, such as the mentally ill patients,

alcoholics, and men with genitourinary diseases (O'Lynn and Tranbarger 24-25). This historical association of men working with the society's "outcasts," specifically the patients with diseases, contributes to the current societal linking of male nurses with mental health nursing. It also explains the segregation between men and women in the nursing profession. All authors establish the persistence of the fact that in order to affirm their masculinity, male nurses prefer working in the departments that are deemed appropriate for their gender. This affirmation, however, only allows for their vulnerability to exploitation, creates greater role strain, and generates extra work. It also justifies the conventional thinking of the public that men in nursing are only suitable to work in less feminine areas where their strength will be of immense use, whereas women are often viewed as fitting to be in pediatrics and obstetrics for their innate qualities of nurturing and providing care. Thus, the inequalities in opportunities, failure of the hospitals to recognize the skills of and their constant implication of male nurses being only of use for their strength explain the failure of extensive integration of men into the nursing field.

Counter-Argument: The Appreciation of the Glass Escalator Effect

The stereotypes that damage the reputation and masculinity of men who enter predominantly female professions, such as nursing, often push them out of their jobs and to transition to a career that establishes their manhood. Regardless, some men enter these fields for believing that the concept of tokenism, the practice that shows the absence of discrimination through minimal efforts of recruiting a small number of people from the underrepresented group into the occupational settings, can make them reap the benefits of the glass escalator effect. Coined by Christine Williams, the glass escalator effect describes the rapid advancement of men in their careers, particularly in female-dominated occupations. Instead of viewing the negative stereotypes as a source of discrimination, male nurses utilize these to contribute to the glass

escalator effect. By pressuring themselves in moving out of the female-associated areas in nursing, male nurses are more likely to move up to the prestigious administrative positions. Various qualitative studies of token male nurses show that men may benefit from their numerical rarity in the clinical settings. According to Budig, fifteen male nurses in a Texas hospital found that “they experienced heightened visibility, contrast, and assimilation. They benefited from their social identification with other men in the hospital who were mostly doctors and administrators” (260). This shows that token male nurses take their gender privilege with them to increase their visibility in the workplace. This behavior easily brings their presence to the attention of supervisors and leads to greater positive evaluations than those of non-tokens. Consequently, they increase their chances of achieving promotions in the workplace. As described by Williams, “one California nurse, whose performance was judged marginal by his nursing supervisors, was transferred to the emergency room staff (a prestigious promotion) due to his personal friendship with the physician in charge” (259). This specific circumstance implies that male nurses’ close, personal ties with those “in charge” can translate into their career advancement. Both authors suggest that the scarcity of men in the nursing field most likely leads to the inevitability of their ascent into managerial roles. The likelihood of this ascent to happen indicates that the characteristics associated with masculinity are viewed as more desirable than those associated with femininity. These leadership positions highly validate men’s natural pursuit of hegemonic masculinity, which they use as an escape from stigmatization and marginalization.

However, the glass escalator effect does not always favor men in the nursing field. For instance, men in nursing academia experienced gender discrimination due to their universities’ commitment to affirmative action. According to Williams, “two nursing professors reported that they felt their own chances of promotion to deanships were nil because their universities viewed

the position of nursing dean as a guaranteed female appointment in an otherwise heavily male-dominated administration” (257). Williams implies that even the glass escalator effect that male nurses enjoy can work against them. The pursuit of administrative position proves that no matter what the profession men go into, they are pushed towards the more masculine side of it. Their pursuit of hegemony in the workplace urges them to rise through the ranks, as evidenced by their saturation in the administration. This saturation, however, nullifies the validity of the advantages that the glass escalator effect grants underrepresented men in the nursing profession. Furthermore, some male nurses find that their minority status can be detrimental. When interviewed, the students at two Canadian nursing schools felt that when their instructors tried to elicit their “male” point of view, such efforts set them apart as mere “token males” (MacWilliams, et al. 42). This illustrates how the concept of tokenism that applies to male nurses can induce a pretense of diversity. MacWilliams, et al. imply that the status of male nurses as tokens undermines their knowledge and true abilities as capable nurses. Because of men’s numerical rarity in the nursing field, some instructors can pretend that they promote inclusivity and avoid gender discrimination by eliciting “male” participation when they ask educational questions in both the clinical settings and learning institutions where men’s female nursing counterparts dominate. Therefore, all the authors show that the glass escalator effect does not uniquely identify a gender it is going to benefit. In fact, it can even further perpetuate gender inequality in the workplace: as one gender’s career advances, the other’s suffers. This only invalidates men’s pursuit of gender equality and hegemonic masculinity in the nursing profession, which ultimately justifies the shortage of male nurses.

The Importance of Promoting Gender Diversity and Equality in Healthcare Settings

To combat the well-established reputation of nursing as a woman's field, the nursing programs need to provide an environment conducive to attracting and retaining male nurses. Having a greater awareness to the needs of male nursing students can generate specific strategies targeted to lowering attrition rates. Moreover, the nursing faculty needs to be cognizant of the nuances of other cultures to prevent gender discrimination and develop teaching strategies for diverse populations of students. As what Bessent asserts, gender-neutral language should be used when referring to the concept of care and the term "nurse" to attract more potential male recruits, especially the minority students, and offset the gender imbalance in the field (183). Many people use the pronoun "she" and the phrase "male nurse" when referencing to nurses in general and a man in the field, respectively. The removal of the terms "she" and "male" when alluding to nurses is a crucial first step to promoting gender equality. Male student nurses need not feel the need to disclose their sexual orientation when attending to their female patients. Their gender should be self-evident and pointing out a male student's gender as though it is a problem only adds to the assumption that their presence in the profession is unnatural. Both male and female nurses should be simply referred to as "nurses," and their genders should never have a relevance to their roles as healthcare providers. Additionally, nurse recruitment advertisements that endorse the potentiality of men establishing their masculinity can massively influence their mindset and integrate them into the nursing field. For instance, the Oregon Center for Nursing created a recruitment campaign aimed exclusively at men in middle and high schools, as well as schools of nursing and healthcare facilities. The recruitment poster says "Are You Man Enough to be a Nurse?" to highlight gender diversity in nursing (Evans 326). This type of strategy is effective because it depicts male nurses as strong and distances them from gay stereotype. It encourages men to think that nursing is an occupation appropriate for "real" men. Advertising the

masculinity associated with nursing can also benefit men by giving them equal access to the profession and provide them recognition. Since nursing includes qualities that define masculinity, such as leadership skills, technical competence, and devotion to work, men are more likely to be encouraged to pursue the field. Demonstrating their accomplishments within the field will be a notable example in which gender becomes an ability measure. Hence, both authors strongly imply that the nursing profession's quest for a diverse workforce is truly achievable. Promoting a positive, gender-neutral image of nursing and launching a recruitment campaign and retention efforts can significantly contribute to the successful achievement of this goal. They suggest that skill should be valued over anatomy, and that people should focus on a nurse's competence instead of gender.

Career advisers in high school and universities need to develop a collaborative relationship with the students and inform them about the wide variety of career specialties within the nursing profession. The awareness of the perceptions of students, especially males, about nursing and its specialty areas that are traditionally known as "feminine" can ensure the implementation of targeted recruitment and retention strategies. These strategies will be essential to combat the persisting misandry in healthcare settings. For instance, the study conducted by Raymond, et al. consisted of providing secondary schools with a copy of the DVD to be used as "part of a career information package marketing nursing and midwifery as a viable career option" (154). This specific strategy suggests that most secondary school students hold limited ideas of the roles of nurses in "feminine" areas, as most of their knowledge was formed by the opinions of their families, friends, and the media. Additional, more detailed information from career advisers can be a significant factor in students deciding to pursue nursing. Revealing the actual experiences of nurses in the workplace and enlightening the students about the diverse

range of practice options and opportunities available can result in an increased public interest in nursing as a career choice. In addition, the most significant predictor of positive perceptions of men in the “feminine” areas of nursing is an experience of working in them. Gender bias remains a problem to men in nursing due to their lack of experience and inadequate efforts to increase their visibility in the obstetrics department. To combat this, Golden claims that “clinical instructors can help reduce gender bias in maternity units by engaging unsupportive hospital staff on the issue, advocating for their male students to have equal treatment and opportunities, and challenging gender assumptions” (370). Golden implies that although the nursing staff should completely disclose and advocate for a woman’s right to refuse care provided by men in nursing, they should examine their assumptions toward the skills of male students and ensure that their attitudes reflect confidence in men to perform the same level of care as women. The clinical instructors should also challenge the existing “gender assumptions” by promoting the act of caring as a gender-neutral concept and providing male students proper training in handling anxious, uncomfortable female patients. This way, male nurses can feel confident in their abilities, reduce feelings of role strain, and prevent accusations of sexual misconduct. The authors suggest that increasing the awareness about the nursing profession and its wide array of career paths can break the stigma and misandry many male nurses face. Taking time in the classroom and clinical settings to examine and recognize the unique perspectives and contributions males could bring to the obstetrics department could induce changes in social perception among the public and nursing students that maternity care is a feminine specialty.

CONCLUSION

The ubiquitous ideology that nursing is primarily for women generates greater misandry for male nurses in the workplace. This ordeal invalidates men’s constant preservation of their

masculinity and pursuit of hegemony in the society. Thus, the low visibility of male participation and retention rate within the nursing field, despite the existence of the glass escalator effect, require the materialization of changes that promote gender equality and integrate more men into the field. The persisting feminization of nursing by textbooks and the media and the discriminatory challenges male nurses constantly get subjected to in and out of the clinical settings provide grounds for the shortage of men in the field. To tackle these, the implementation of recruitment and retention strategies targeted on men is essential.

Hegemonic masculinity explains the propensity of men to exemplify superiority to prevent the possibility of getting subjected to stigmatization and marginalization. Failing to adhere to the societal expectations and roles imposed on their gender leads to emasculation. They refuse to pursue nursing for fearing that it would hurt their masculine nature and reputation and deem them failures in fulfilling these expectations. To accentuate their masculinity, they choose to stick to the societal standards and often find freely expressing their natural ways of caring and forming real connection with their patients difficult. The recognition of the omnipresent threat of having few male nurses, who could offer unique abilities and perspectives to improve the field, can be a stepping stone to people's more extensive attempts to eliminate gender stereotype and discrimination and promote the profession.

While feminist movements have become prominent through the years, no progressive development has occurred to address the gender discrimination men face in the workplace. The true achievement of gender equality is a two-way street: aside from tackling the concerns of women regarding employment opportunities, people also need to confront and dismantle the barriers men encounter in predominantly female occupations. People's subconscious acceptance and ignorance of how male nurses are treated need to be challenged and changed. They should

start looking at nursing roles as genderless and shift their perspectives in accordance to men's actual capabilities. After all, male nurses are as entitled to equal opportunities as their female counterparts for having the skills, knowledge, and competency to succeed in the field. On men's part, they need to develop alternative masculinities that share a common ground with traditionally female norms of caring. The progression of an evident change begins with men's courage to refuse to conform to mere social constructs – a trait that truly defines masculinity. Lastly, if the scope of this paper were to be expanded, the feminist lens would be utilized. Exploring deeply how the glass escalator effect impacts female nurses, how male nurses are treated by their female counterparts, and how female nurses with advanced practice degrees can contribute in providing a solution to the shortage of male nurses will immensely develop a more insightful and critical argument.

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