

# **Navigating into Nursing School & the Gender Gap: Second Choices, Second Careers and Second Incomes**

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## **Abstract**

Nursing is a care giving career, and one that has been numerically dominated by women. The purpose of this qualitative study is to examine whether the current social requirements of masculinity and femininity enhance or diminish entry into nursing. This study looks at gender through an analysis of the similarities and differences in the narratives of nursing students. These students ranged in age from early 20s to 50s and differed in years of nursing school completed. Twenty-five nursing students (17 female and 8 male) responded to poster advertisements or personal recruitment efforts and completed a semi-structured interview. All interviews were tape recorded and fully transcribed for analysis utilizing grounded theory methodology. While the common themes of desire to care, nursing as a second choice, practicality in career choice, financial compensation as both incentive and concern, and educational barriers united the male and female participants, some themes were unique to each gender. For women, the theme of combining career and family was predominant, and nursing seemed to offer an opportunity to do so. The central theme for men was additional barriers to entry, based upon gender stereotyping and stigma. Factors seen as influencing the number of men in nursing include the economy and societal acceptance of men as nurses. These results suggest that while the current social requirements for feminine behavior support the entry of women into nursing school, the requirements for masculine behavior continue to make entry into nursing school a difficult choice. The social construction of gender impacts career choices today in complex ways, and the interrelationship of current gender requirements to work choice needs to be a continuing topic of study.

Nursing has been considered a female occupation for over a century, and it is still disproportionately comprised of women. Similarly, nursing schools are also currently populated by an overwhelmingly female majority of nursing students. A series of interviews with male and female nursing students was conducted for this study, focusing on how the students decided to enter nursing<sup>1</sup> as a field of study. As a gender

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<sup>1</sup> Navigating into Nursing was the official research protocol title.

minority, males entering nursing school and who volunteered to be interviewed offered thoughtful perspectives on what it means for a man to enter a “care” profession. The way in which men and women nursing students talked about nursing and their beliefs and opinions were more similar than different, but differences did emerge. These points of divergence and commonality, considered from a gender perspective, are the subject for this paper.

The foundation for this study is based upon the considerable body of research that has documented that it is primarily women who engage in care-based tasks, both in paid and unpaid endeavors. Further, it has been observed that care-tasks are devalued in our society.<sup>2</sup> This phenomenon of women performing devalued care has run parallel to women having both fewer opportunities than men to engage in leisure activities, and continued lower participation rates in some job groups, such as engineer or architect, that are disproportionately held by men.<sup>3</sup>

As our population continues to age, our society will need even more care givers in the future, and it is equitable that more men are recruited to perform care work. One way of examining how men enter care work is exploring the entry process of those that already have made the choice. I selected nursing as a place to explore some of the

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<sup>2</sup> See Francesca Cancian, and Stacey J. Oliker. Caring and Gender. Walnut Creek, Ca: Alta Mira Press, 2000, for documentation of this observation.

<sup>3</sup> There is ample research to show that occupational sex segregation is a marked phenomenon in certain jobs. See Elvin K. Wyley, Local Labor Markets and Occupational Sex Segregation in an American Metropolis, *Journal of Urban Affairs*, Mar 99, vol. 21, p1-33. Joyce P. Jacobsen, Sex Segregation at Work: Trends and Predictions, *Social Science Journal*, 1994, vol 31 p. 153-170.

boundaries surrounding gender and care because it is a job predominantly held by women, yet men do engage in this work and it is a comparatively well-paid caring career. Thus the potential barrier of inadequate wages (as would be found in some other care careers, such as children's day care worker) is minimized and allows a focus on gender issues.

In an occupation with rising wages relative to education and projected ongoing labor shortages, it is interesting to explore how ideas of masculinity affect men's interest in the profession. Ideas, images and stereotypes distinguishing masculinity from femininity can include qualities such physical strength, dominance, emotional distance, technological competence and ability to be a "breadwinner." Do these qualities affect the decision process to enter nursing, and if so, how? Does the historic female imagery and dominance of the nursing profession still emerge as a consideration, and does it pose a significant barrier for male students to enter nursing? Are there different meanings of care that are distinct by gender?

The original goal of this research was to establish whether there is a masculine ethos regarding care exhibited within this group, and to investigate how men combine notions of masculinity and caring. A secondary question of whether the gender composition of nursing is likely to change has emerged. Further, the underpinnings of the

feminine ethos of care can also be reviewed in light of the interviews conducted.

Masculinity and femininity are both fluid and complex constructs, and pieces of individuals' larger social identity. Because of this, many disciplines are represented in the discourse on gender, including sociology, psychology and history.

R. W. Connell, an Australian sociologist widely cited in gender work, extended the understanding of masculinity. Connell acknowledged that due to various differences across groups, the "masculine identity" is actually comprised of multiple "masculinities." Connell further pointed out that even within the same social group, multiple masculinities appear. However, there is a broadly held socially accepted form of masculine behavior, and this is referred to as hegemonic masculinity. Connell stated that hegemonic masculinity is that "configuration of gender practice which embodies the currently accepted answer to the problem of the legitimacy of patriarchy... guarantee(ing) the dominant position of men and the subordination of women."<sup>4</sup> Contemporary hegemonic masculinity, according to Connell, is based in heterosexuality and is tied to marriage.<sup>5</sup>

However, dominance in the hegemonic ideal is not limited to subordination of women. "Hegemony relates to cultural dominance in the society as a whole. Within that overall framework there are specific

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<sup>4</sup> Connell, R.W., 1995, p. 77 – crediting Antonio Gramsci for the concept of hegemony

<sup>5</sup> Connell, R.W., 1987, p. 186.

gender relations of dominance and subordination between groups of men.” Within this framework, Connell states that the “most important case” of subordination in Western societies is homosexual men, but other types of masculinity are also outside the hegemonic ideal. Outside the mechanisms of economic dominance, the mechanisms become more interpersonal. Connell noted that the terms applied to the subordinated individuals include “wimp, nerd, sissy, lily liver, dweeb, geek” and others.<sup>6</sup>

The exact nature of this hegemonic masculinity is subject to change over time, and may be changed as a result of gender relations. Nevertheless, subordination of women is maintained. For example, Connell notes that the women’s suffrage movement produced a visible conflict of interests. The structures of patriarchy defended the interests of men. “Men gain a dividend from patriarchy in terms of honour, prestige and the right to command. They also gain a material dividend.<sup>7</sup> In the rich capitalist countries, men’s average incomes are approximately double women’s average incomes.”<sup>8</sup> The current hegemonic masculinity still provides an economic dominance of men over women.

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<sup>6</sup> Connell, R. W. 1985, p. 78-79.

<sup>7</sup> This “material dividend” Connell identifies may be a reflection of institutional sexism analogous to “public and psychological wage” attributed to “whiteness” that David Roediger outlined in *Wages of Whiteness*. See *The Wages of Whiteness: Race and the Making of the American Working Class*, New York: Routledge, Chapman and Hall, 1991. Also note: “public and psychological wage is attributed to De Bois.

<sup>8</sup> Connell, R.W., 1995, p. 82 – noting that comparisons of “wages for full-time employment” minimize the actual differences.

Connell is not the only voice in discussions of gender. Sociologist Michael Kimmel adds a focus that is more particularly U.S. American, and rooted in historical research. Kimmel noted that the theme of “proving manhood” has surfaced numerous times in American history. Yet, the details of the ideal image of manliness have changed.

“Over our two centuries of history, American manhood became less and less about an inner sense of self, and more and more about a possession that needed to be acquired.”<sup>9</sup> This implies that some qualities formerly seen as inherent in the individual became instead something that had to be earned or possibly defended. Kimmel also believes, “American men define their masculinity... in relation to each other.”<sup>10</sup> However, manliness is also rated as a counterpoint to femininity. That is, manliness is being not like a woman. Toby Ditz writes that Kimmel’s main contribution was the addition of the word “crisis”<sup>11</sup> to the discussion of masculinity. Because of the shifting nature of masculine requirements, these changes instilled a feeling of anxiety and crisis in men that has been ongoing.

The combined ideas of Connell and Kimmel provide a framework of multiple masculinities, subject to ongoing change and thus producing “crisis” for men. Yet the hegemonic (dominant) masculinity maintains a hierarchy (albeit a shifting one) insuring the subordination of women and

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<sup>9</sup> Kimmel, p. ix

<sup>10</sup> Ibid p. 7

<sup>11</sup> Ditz. Toby L. 2004, *The New Men’s History and the Peculiar Absence of Gendered Power: Some Remedies from Early American Gender History*, *Gender & History*, 16. #1, pp1-35, p.6

groups of men, both economically and socially, to men with more power. Men are judged both in relation to other men, and as a counterpoint to women. Homosexuals are one group with an automatic basis for subordination.

From another perspective, Sandra Bem, a psychologist who has focused on gender identity, made the following synopsis of the psycho-sociological thought on gender.

The collections of masculine or feminine traits that constitute the gendered personality have long been seen as representing two important, if complementary, modes of human functioning. According to Talcott Parsons, masculinity is associated with an 'instrumental orientation, a cognitive focus on getting the job done... whereas femininity is associated with an "expressive orientation, an affective concern for the welfare of others...'

Similarly, Bem credited David Bakan for the comparison between a masculine "agentic orientation, a concern for oneself as an individual" and a feminine "communal orientation..." And lastly, Erik Erikson used the phrase "inner and outer space" which translated to a masculine "fondness for what works" ... and a more ethical feminine commitment to "peacekeeping... and devotion to healing".<sup>12</sup>

Bem theorized there are two complementary and socially accepted ideas influencing the male and female roles. These are: gender polarization (which artificially emphasizes the biologic difference between men and women), and androcentrism (a use of men as the basis for

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<sup>12</sup> Sandra Lipsitz Bem, *The Lenses of Gender: Transforming the Debate on Sexual Inequality*. New Haven: Yale University Press, 1993, p. 152

comparison and valuation) act together in producing the gender roles we observe.

“Care” is a word most closely associated with those activities that have been thought to be ideally suited for women, rooted in their “expressive” and “communal” orientation. The word, “care”, is used both within and apart from medicine and can mean multiple things. Care can refer to the physical assistance and monitoring given to children, the disabled, the sick and elderly. However, the word, “care” is connected to the notion of some degree of emotional involvement. Francesca Cancian and Stacey Oliker, whose work focused on care, utilized the following definition of care, “a combination of feelings of affection and responsibility, with actions that provide for an individual’s personal needs or well-being in a face-to-face interaction.”<sup>13</sup>

These distinctions about care are important to nursing when considering gender issues because women have been so predominantly involved in care activities of all kinds. In fact, the feminine ideal since the 19<sup>th</sup> century included inherent caring abilities combined with an emotional connection.<sup>14</sup> Further, as a counterpoint, hegemonic masculinity does not prescribe caring – indeed, it could be seen as

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<sup>13</sup> From “Paid Emotional Care: Organization Forms that Encourage Nurturance” – definition credited to Finch and Grove 1983 – in *Care Work and the Welfare State*, ed. Madonna Harrington Meyer, NY:Routledge, 2000.

<sup>14</sup> This point of history has been discussed by numerous authors, including Denise Bielby (“Gender and Family Relations” from *The Handbook of the Sociology of Gender*. Philadelphia: Temple University Press, 1991, p. 395) or Cancian and Oliker (esp. p. 27-33), or Emily Abel, (*Who Cares for the Elderly?*)



contraindicated, as it is so closely associated with the feminine/caring connection.

Caring is a large part, if not the overarching duty, of a nurse's job. Thus, ability to project "care" to the patient is fundamentally important. While Okrainec<sup>15</sup> reported that about 25% of the male and female nursing students studied in Canada believed women were superior to men in caring, research by Ekstrom on the patients' perspective suggests patients perceive no difference in their care whether they have a male or a female nurse.<sup>16</sup>

Certain nursing tasks and specialties are highly technological, such as in ICU. Other settings can be less so, such as hospice. Whether good care can be rendered in some part automatically, via technology, is not a central focus here. Although there has been some suggestion in the literature that men tend to be found in higher concentrations in certain nursing specialties (such as ICU), there does not appear to be any evidence suggesting it is because male nurses actually care differently. However, it has been well documented that control and production of technology has a history of being defined as masculine terrain.<sup>17</sup> This raises the question of whether male nurses disproportionately select

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<sup>15</sup> Gary D. Okrainec, Perceptions of Nursing Education Held by Male Nursing Students, *Western Journal of Nursing Research*, 1994, 16, 1, 94-107

<sup>16</sup> David Ekstrom, Gender and Perceived nurse caring in nurse-patient dyads. *Journal of Advanced Nursing*, 1999, 29, 6, 1393-1401.

<sup>17</sup> That is to say, men have strategically kept themselves closely associated with technology development, by denying entry, or minimizing and suppressing contributions by women, as discussed by Ruth Oldenziel in *Making Technology Masculine*. Whereas, mastery of the technology, as in the case of nurses, has not really guaranteed increased status, as shown in *Devices and Desires*.

rendering “technological” care because of some sense of being a more “masculine” pursuit.

Christine L. Williams compared and contrasted the nature of occupational segregation for men and women in Gender Differences at Work, a study of both women in the Marine Corps and men in nursing.<sup>18</sup> Citing the psychoanalytic work of Chodorow, Williams made a case for understanding the under-representation of male nurses as a result of “men’s reluctance to enter a ‘feminine-identified’ occupation.”<sup>19</sup> This reluctance of men is a product of child rearing practice. Essentially, because women raise both infant boys and girls, there is a psychological necessity for boys to differentiate themselves from their primary care givers in a way that girls do not. This differentiation is still active in adults’ choices such as career decisions. Thus, William states, “in general men do not want to be nurses – including the men who *are* nurses” (p. 140) And those men who do enter nursing “strive to set themselves apart from female nurses... Some men identify themselves as essentially different in temperament from female nurses...” (p.135) Williams’ male nurse participants suggested nursing would be able to attract more men if it were split from notions of femininity.

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<sup>18</sup> Williams experienced difficulty locating male participants. (The Marines Administration was very eager to help locate female Marines for Williams to interview, in contrast.) Hospitals would not disclose their employees’ names without a lengthy Review Process that Williams did not pursue. Snowball methods were not producing an adequate number of participants. Eventually, she attended “American Assembly for Men in Nursing” annual meetings to recruit additional volunteers.

<sup>19</sup> Christine L. Williams, Gender Differences at Work. Berkeley: University of California Press, 1989. p. 140

Williams' research was conducted in 1984-86, and it is possible gender requirements have since changed with the new generation, as masculinity and femininity are fluid. Since that time, for example, women have undertaken new roles within the military that were not possible when Williams interviewed her participants. There have been suggestions in the popular media that the gender gap in employment is closing, or that gender roles are changing.<sup>20</sup> If the requirements of masculinity and femininity have changed since Williams' research, this should become evident in the narratives of those people who intend to "care".<sup>21</sup>

## **METHODS**

The field of nursing was chosen because it is a care profession and exhibits marked occupational segregation. But, it does attract a group of males large enough from which to recruit participants. Further, it is a field that seems to pay enough wages to be attractive in the overall job market. Nursing students were chosen over practicing nurses to insure that if men dropped out of nursing school before graduation for some reason relevant to this study, they could still be included in the sample.

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<sup>20</sup> Beth Montemurro has noted that labor-force participation statistics, showing higher percentages of women in more occupational groups might (mis)lead one to conclude that gender barriers are breaking down. See "Add Men, Don't Stir: Reproducing Gender Roles in Modern Wedding Showers" *Journal of Contemporary Ethnography*, vol 34, 1, 2005, 6-35.

<sup>21</sup> The group that Williams studied was nurses. Nursing students may respond differently due to different levels of socialization into their profession.

Participants' interviews were listened to for evidence about how gender impacts individuals' ideas and beliefs that influence career choice. Interviews were used so that participants' answers could be both clarified and expanded, which would be difficult to accomplish using other methods. The interviews were semi-structured to give participants considerable choice of response, since this research was exploratory and inductive.

The questions asked were primarily about career choice, and not specifically gender-focused so as to not impose a gender framework where there may have been none. Instead, responses were listened to for evidence of gender. This evidence included word choice and content analysis.<sup>22</sup> I anticipated finding certain "hegemonic masculinity" themes because the literature supported their importance. Interview transcripts were checked for evidence of these themes. These themes were: identification with productive paid work,<sup>23</sup> dominance, technological competence, physical prowess<sup>24</sup> and emphasized heterosexuality.<sup>25</sup>

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<sup>22</sup> Since my analysis consisted of transcribed conversations and notes, I am looking at language versus observed behavior or other possible units of study. In defining what is evidence of masculinity, I tried to distill the ideas contained by this language, and find those that were common across gender. I classified these common ideas as the larger beliefs of future nurses. If an idea was unique or common to only two or three individuals in their gender group, these ideas were more tentatively labeled as great insights concerning a larger group, individual personalities, or evidence of alternative masculinities/femininities. If an idea emerged repeatedly in a gender group, this strongly suggested it was part of the group's masculinities or femininities.

<sup>23</sup> Productive paid work, or "breadwinner" status, has been a "masculine requirement" historically, and has been mentioned as important in working or middle-class masculinity in the 1970s-80s in books such as Townsend's *The Package Deal: Marriage, Work and Fatherhood in Men's Lives*, 2002.

<sup>24</sup> Some of the literature suggested that physicality could be an issue for male nurses. See E. Joel Heikes, "When Men Are the Minority: The Case of Men in Nursing," *Sociological Quarterly*, 1991, 32, 3, 389-401 or Gary D. Okrainec, *Perceptions of Nursing Education Held by Male Nursing Students*, *Western Journal of Nursing Research*, 1994, 16,1.

This work was influenced by feminist research and philosophies. It was intended to be consistent with feminist methods, as discussed by DeVault and others.<sup>26</sup> Part of this effort included maintaining the speaker's voice (using verbatim quotes) in the transcriptions and in the results as much as possible. Another factor included remaining sensitive to the observation that language does not always offer a complete description of the interviewee's experience, and thus any interpretation should be grounded in the standpoint of the speaker, and being mindful that people's social locations will vary.

### **Recruitment of Participants and Interviews**

The interviews that supplied the data for this study began early in 2004, continued into 2005, and typically occurred in offices or common spaces on campus. In all cases the interviews were tape-recorded, and back-up notes were taken. Steps were taken to preserve confidentiality.

A semi-structured interview guide<sup>27</sup> was used along with one picture, that being a poster produced by the Oregon Center for Nursing, which was shown to participants to introduce the subject of male nurses.<sup>28</sup> The intent was to learn if the image that portrayed all five masculine themes I had identified was seen as a positive or negative, and

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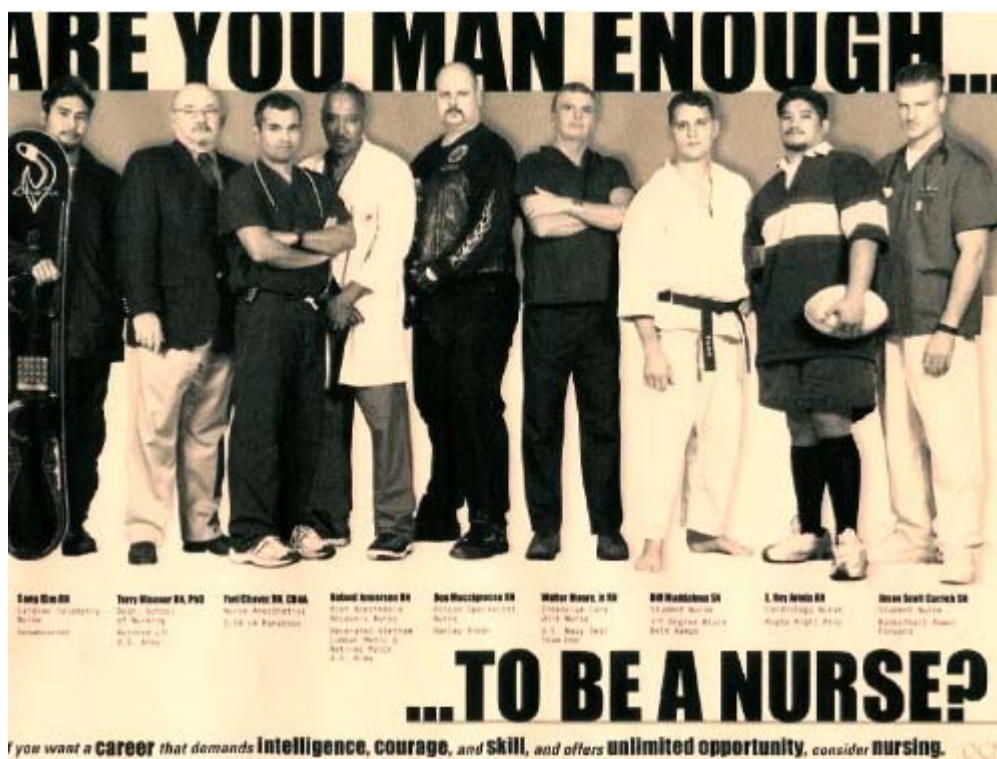
<sup>25</sup> Both dominance and sexual preference were selected due to Connell's work in masculinities.

<sup>26</sup> See "Talking and Listening From Women's Standpoint" in *Feminist Perspectives on Social Research*.

<sup>27</sup> See Appendix A for a copy of the interview guide.

<sup>28</sup> Although I expected male nursing students to mention their male-ness to me, I did not know if female nursing students would comment on the subject of male nurses without prompting.

if it would inspire any “gendered” language.<sup>29</sup> The picture was presented near the end of the interview, after questions concerning the nursing shortage and how to recruit more nurses generally. The question posed to participants when showing them a copy of the following poster was, “What’s your reaction to using methods, such as this attempt by the Oregon Center for Nursing, to specifically recruit male nurses?”



Grounded theory methods<sup>30</sup> were used as a basis for analysis. All of the tapes were transcribed verbatim.<sup>31</sup> The interviews ranged from 20 minutes (two female students, both in pre-nursing, that is, freshmen or

<sup>29</sup> I see “dominance” and “emphasized heterosexuality” as presented by the subordinate camera angle, and bodily gestures— see Goffman, Gender Advertisement. Other themes were included in the text.

<sup>30</sup> Strauss & Corbin

<sup>31</sup> A few tapes completed mid-study had background noise that affected parts of the tape, and these parts were reconstructed based on the notes.

sophomore year) to in excess of two hours (a male nursing student). The modal interview length ranged 35-40 minutes. All of the female participants were enrolled in a Bachelor of Science in Nursing program. Seven of the men were enrolled in the B.S.N program, one was pursuing an advanced nursing degree. Each participant was offered a \$10 gift certificate as a thank you. Two participants (both males) declined.

Recruitment posters for this study were placed in high visibility areas in one metropolitan university school of nursing, along with circulation of e-mails to students advertising the project (sent by one of the nursing department staff). The posters and e-mails indicated the project was focused on the decision to enter nursing, and did not make mention of a gender component.<sup>32</sup> A minority nursing association was contacted, which may have prompted some female participants. After the first round of interviewing, 17 female and 2 male participants had been interviewed. A number of female volunteers had been “turned away” as the original target number for female participants had already been exceeded.<sup>33</sup> Because recruitment of male participants became

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<sup>32</sup> At first, no mention was made on the poster regarding gender in any way. Later, when I was trying to recruit only additional male volunteers, the poster was changed to indicate that the only additional male participants were being sought, since enough female participants had already volunteered.

<sup>33</sup> It was my hope to interview nearly as many men as women, but that was not possible. However, I was able to over-sample, with approximately 1/3 of my participants were male, (approximately 1/10 of the nursing students at the principal site were male).

problematic (as also occurred in Williams' research <sup>34</sup>) I made more attempts to increase the number of male participants. <sup>35</sup>

I estimate that the modal age of female participants was the early 20s, quite consistent with literature on nursing students.<sup>36</sup> Also, consistent with other reported patterns, male nursing students who participated were older. Some of the questions used in the interview guide were specifically included because they replicated some questions used in other research. In this way, it could be established whether the participants' responses seemed consistent with the results from the previous research.

Participant age varied from late teens to late 50s. Although participants were not specifically asked their ages, a number volunteered this information. Other statements made during the interview also provided approximate age. The men were older than the women overall. While the vast majority of female participants were within a decade of high school graduation, this was only true for two of the male participants. <sup>37</sup> All male participants appeared to be Caucasian, two

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<sup>34</sup> Williams, Christine, *Gender Differences at Work*, p. 17-19.

<sup>35</sup> At this point, I expanded to other local college campuses to recruit more male participants. Only one male student from another college responded to a poster at his school and was interviewed. An appeal was also made to the original site to re-send another e-mail recruitment advertisement, and a member of the nursing school staff also began to speak to male nursing students personally, to encourage their participation. This last strategy seemed to ultimately be most effective in securing more interviews of male nursing students.

<sup>36</sup> Gary D. Okrainec, *Perceptions of Nursing Education Held by Male Nursing Students*, *Western Journal of Nursing Research*, 1994, 16,1

<sup>37</sup> Only two of the female participants were over 30.



female participants appeared to be members of a racial/ethnic minority. One individual volunteered that she was an immigrant to the U.S.<sup>38</sup>

### **Discussion of Potential Interviewer Bias**

Since qualitative research can be affected by the interviewer - interviewee relationship, and any biases the researcher has can “color” the data, it was important to identify any issues that could impact the results. Every attempt was made to ask questions in a neutral fashion to all participants, and to engage in active listening without steering the direction of the participants’ responses. The possible increase of men in nursing, while egalitarian in most respects and a possible plus for some patients as well as male nurses, might in some way reduce female advancement opportunities. This would be an unfortunate outcome, but I believe my concern about the outcome did not affect the interviews.

There is some possibility that my status as a female may have affected the discussions, that is, communication styles between participant-researcher of the same gender may differ from communication that is cross-gender. However, as discussed by Christine Williams and Joel Heikes in “The Importance of Researcher’s Gender in the In-Depth Interview,” gender is not an “insurmountable barrier to

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<sup>38</sup> See Appendix B for a chart of demographic information and result patterns.

establishing rapport and achieving reliable results in in-depth interviewing.”<sup>39</sup>

## **RESULTS**

Many of the themes emerging from the interviews were universal, while just a few represented points of divergence. Overall, commonalities between the male and female nurses far outweighed the differences. Commonalities provide important comparisons for the differences. Only half of the masculine themes originally expected emerged in the results. The anticipated themes were: identification with productive paid work, emphasized heterosexuality, technological competence, dominance, and physical prowess. They are listed here roughly in descending order, with the theme of paid work most evident in the narratives, and physicality the least evident. Reference to these themes will be included within the context of the identified broader themes.

There are many traits, qualities, opinions and experiences that united this group of nursing student participants. That is, there were no distinguishable differences that occurred along gender lines for these topics. These were commitment to helping others, practicality in career choice, desire for choice and options, exposure to nursing, and desire for nursing salaries to be both an incentive and disincentive. This will be discussed in turn.

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<sup>39</sup> Gender & Society, 1993, 7,2, June, 280-291

The material that follows shows that universally, commitment to helping others drove the participants. This desire to care helped to overcome the barriers of difficult admission requirements, coursework and the financial constraints involved in student life. In addition, these individuals could also be described as “practical” people since they appeared to weigh career possibilities carefully and chose ones that seemed to be likely to work best. For the most part, nursing was not the first career participants considered or entered. Yet, nursing offered freedom through options and choices, as well as job security and portability, the preference for which tended to vary by age. Many (17/25) had some exposure to nursing either through a close family member or friend who was a nurse, or a significant medical event where they were introduced to working nurses. <sup>40</sup>

Money was a factor in the decision to become a nurse to a point. The opinions regarding money could almost be seen as a combination of the “practical” and “care” themes. The participants felt there should be adequate money to provide a reasonably comfortable lifestyle and recruit good nurses; “comfortable” meant that they could support themselves and their dependents, be able to travel, etc. However, of those participants who chose to raise salary issues, some of them expressed concern that salary should not be such an incentive that it attracted or

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<sup>40</sup> See page 2 of Appendix B. In one case, there were friends who were physical therapists. Not counted in the total - although the participant said grandma was a nurse, she also said it didn't influence her.

retained those who were not good nurses, to discourage those who would not give good care.

The differences between the two genders occurred in relation to other issues. For all the men, it was clear that there were barriers produced by social pressures surrounding an atypical career choice. Although these participants had overcome barriers, the barriers were substantial and could discourage men with less dedication. Women particularly noted that nursing offered alternate and part-time shift options. They felt these options would facilitate childcare obligations. Further, they believed nursing honored their family commitments and simultaneously offered them the chance to grow in nursing as a career. It is important that women included part-time work, for example, as a career because it signifies a departure of the possibilities suggested by men. All of the men discussed nursing in terms of nursing as a full-time career, and 75% planned to pursue advanced degrees. Just under half of the women expressed interest in pursuing advanced degrees, and over 75% cited flex time as important in their career selection.

Women wanted geographic mobility to accompany their families or fiancés in their moves. For example, Katie (a pseudonym) thought she would not be staying in her current location because, “I have a pretty long term boyfriend who will be graduating... and I know he wants to go to grad school, so I’ll probably go where he wants to go...” The two youngest male participants wanted geographic mobility to see the world.

Jake noted his sister, an ICU nurse, has lived in a number of places, “and that’s what I want to do. I want to be able to travel, I want to change my career, like change my career but still have the same career, and nursing gives me that opportunity.”

Technology in nursing was a topic that yielded some small but interesting differences between male and female students. Men appeared to be both more critical of technology, and more likely to select a specialization that utilized high levels of technology. Women were more accepting of technology on average, and cited examples such as needleless systems as safety enhancements.

Overall, participants seemed to be describing distinct tracks in nursing; one representing a primary commitment to nursing as a full-time career, although it was most likely a second choice or second career, while another track saw nursing as a solid second income, with the theme of balancing career and family as the most salient feature. Regardless of track, these participants agreed that delivery of quality care was the essential in nursing.

**“I’ve been coming home from work... feeling great that I helped someone.” [Kurt]**

Overarching the narratives was the dominant theme of concern for others. This was consistent across the participants, regardless of age, gender, or race. It is important to keep this theme as a foundation for

the other themes that rested upon it. Whether in definitions that equated care with competent technical skills, or emotionally connected compassion, these nursing students repeatedly stated their commitment to improving the health and comfort of the patients in their care.

The varied ways these students described what caring means showed considerable diversity. Most used words similar to “empathy” to describe what a nurse should feel.<sup>41</sup> Some stated caring was evidenced by making sure the patient had what they needed, including having the doctors orders correctly followed, and two said caring included critical thinking conducted under time pressures to keep patients alive.<sup>42</sup> This sentiment effectively equated competence with care. Both men and women discussed caring in this way. However, the idea that nurses should provide comfort was more prevalent. Kurt, the male nursing student quoted in the beginning of this section, stated, “Give me a ‘C’ student who will sit down and hold my hand – that’s the nurse I want.” A few other men also expressed a preference for a caring style that took into account the patient’s emotions, as did some women. For example, Paula, whose narrative appears in more length later said, “watching my mother-in-law and father-in-law die of cancer and seeing what they went through... how the nurses related to them, made them more comfortable or made them uncomfortable, thinking, well, I could do something like

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<sup>41</sup> 4 used empathy, 2 sympathy, 3 compassion, 1 said “I feel for people, 7 said “demonstrate concern” or “desire to help” or “keep comfortable.”

<sup>42</sup> Additional information about nursing students’ ideas on care are in Appendix B, pages 1 – 2.

that...” Another student, Marcie, said, “I want to know that I’m making a difference in patient’s lives, and ... I don’t want to be spending all of my time charting and giving medications, which I sometimes feel like I’m doing, and I don’t get the chance to spend some quality time with the patient, ease their fears and help them get through...” Donna thought emotional warmth was therapeutic, “If I had someone cold who was about to walk into an office and give me a shot, you know, it almost seems it would hurt more, whereas, if you have someone who comes in and maybe pats you on the back... and talks to you face-to-face... and even... has a sense of humor, ... I think you’re not going to notice the pain as much.”

These nursing students sought to demonstrate their concern for others in a very hands-on, direct care way. They saw their roles as nurses as being “patient advocates” (Stephan), “promoters of health” (Cara) and “doing what the doctor can’t” (Alex). A genuine feeling of empathy for the human condition was apparent. Kurt, who entered nursing after a work-related illness ended his former career, stated the essence of nursing was “people.”

It’s really people. If you want to go into medicine, be a doctor. If you want to know people, and “go into people,” be a nurse... You have to be a people person. You have to be able to know people. You have to listen to ‘em. You have to be able to see what they’re thinking. It’s entirely people.

A few female nursing students specifically mentioned a fine line between caring and “burn-out,” that is, too much emotional caring can

lead to burn out. Cara said specifically in reference to women, “women are more compassionate people, think more emotionally, they can get more caring... which is more stressful... we think about other’s feelings.” Diane said, “I’m nervous that sometimes I might take the feelings back home with me because I do that at times... I don’t want to go home feeling sad... or worrying about it all night.” Isabella wanted to engage her feelings, even at a cost, “It’s not healthy, but I get emotional with people, and caring, and that’s what I like.”

Men did not express these concerns so directly. A few did state, as did a small number of women, that there needed to be a boundary maintained (an emotional distance) between themselves and the patients. Alex said that he wanted patients to experience nursing at its best, and wanted his patients to see his human side, “but they’re not going to see me break down... I mean you need to maintain that, that emotional distance.” Bill expressed this requirement for caring, “caring is to me, caring is a state of mind that, ah, shows concern on your part, but not to the point where you lose yourself.” While nearly all participants expressed their desire to work in a profession that helped people, a few participants expressed the satisfaction they experienced from helping others was a primary reason for joining nursing, and that it outweighed any costs associated with nursing. Bill, the only graduate student interviewed stated, “the most rewarding thing that I would experience being a nurse is the reaction of the patient...”



### **“I Always Wanted to be a Teacher...” [Abby]**

The path to nursing was not a straight shot. That is, only one of the few people that indicated that nursing was one of their top career choices went from high school directly to nursing school. Most considered or engaged in other professions and fields, from teacher to doctor, engineer to business, before nursing. The first student interviewed, Abby, told the story of how she decided to enter nursing school and it set the tone for the interviews to follow.

It’s really complicated because ever since I’ve been little I always wanted to be a teacher, originally. And, that was just my thing. I did volunteer work, and I loved it, and I loved the kids being near, and helping them, and through all this my grandma and I had always been very close, and she got sick...

Through the unanticipated experience of a loved one’s illness, Abby’s idea about her career began to change.

It was kind of through her that I got to see the medical aspect and it was like... some nurses were so good to her and were wonderful, and others of them I got into arguments with. They tried to force food down her throat... and it was kind of through her that I saw what a difference a nurse could make in the life of a patient and the family. And so it was kinda there that I started to think that I had strong opinions on nursing and health care and how things should be done and how patients should be treated that I decided, well, maybe I needed to put those feelings into a career and that’s kind of how I decided.

Donna similarly started out planning to be a teacher.

I started off in – boy, this is actually my third major now, I’ve decided on nursing. I’ve been in school for six years, ‘cause I’m 24,... started off as an education major... transferred back home, went into social work, honestly, went into social work because it was a low GPA (requirement), and I figured that was all I was

capable of until one day I woke up, and realized that I need to be at the solution of the problem. Where, as social work to me was just a band aid... And so I figured that nursing was good for me 'cause I wanted the challenge.

Alex narrated a longer story, and it has been abbreviated here.

I was 17, I started developing grand mal seizures, just out of no place... It was kind of a scary time and there was a nurse that I dealt with... a nice guy... and I would ask him questions because I was kind of interested in the medical field... and I'd ask him questions on what it's like, to be a guy... and this was back in '87... He said there was some good points and bad points... It kinda started me thinking.. and I would take a few classes in nursing and then bow out... (and then I) decided to go into truck driving...

Although truck driving was an activity that Alex enjoyed for some years, he began to question how well he fit. For example, except for football, he was not a major sports fan, and sports were a major component of driver's casual conversations. Alex also thought he wasn't using his full intellectual capacities.

So, 9/11 happened, and then I really started questioning, you know, what's the big plan for me... (after 9/11) production started going down, and as a consequence... I am out on the pavement... And I'm not keen on another trucking job, you know... so, I started (nursing courses) at tech school and transferred here.

Of 25 interview participants, only 5 indicated nursing had been either their first choice, or one of a few competing first choices. And, 4 of those 5 postponed the decision to enter nursing school in lieu of other activities.

The theme of postponement of nursing school refers to an individual having the idea to start nursing (regardless of whether it was their first choice or not), but then doing something else instead. The

stories of Paula and Paul, included later in the “matched pair” section, demonstrated this theme.<sup>43</sup> While both were attracted to the idea of becoming a nurse in their early adulthood, neither began nursing school for decades. Two female students (of 17 females interviewed) started nursing school some years after they identified that nursing might be the best career for them (although not necessarily their first choice).

Sally was one of the few who always wanted to be a nurse. Her comments have been shortened.

I guess I just assumed I was going to be a nurse when I grew up... but when I... graduated high school... I guess I felt maybe I wasn't ready for the big four-year college scene and so I shied away from... any kind of university... so I went to (technical college) and I did their medical assistant program there. So, I went through that, graduated with that, and then was working for like six months or so... I liked what I doing at the doctor's office, but I felt like, “this is it – this is all I'm going to be for the rest of my life?”

Sally ultimately decided to enter nursing school, and said she did not regret the delay because she feels she became more mentally prepared. Another woman, Paula, delayed her start, became a full-time homemaker and raised her children first. Three of eight male nursing students delayed entry. Two male students out of eight interviewed started nursing school much later than the original thought occurred to them (Paul, over 30 years later, Alex, over 10 years later). Bill began studies a year or so after some friends who worked as physical therapists suggested nursing. Thus, a higher proportion of men delayed (3/8 vs

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<sup>43</sup> The matched pair section will include the narratives male and female nursing students at similar life points/ages, and will aid in the comparison of “masculinities” and “femininities.”

2/17), and they did so for different reasons than the women did. These reasons, in part related to concerns regarding stigma, will be detailed later.

### **The “Practical Decision”**

“(W)hen I was younger I always wanted to be a doctor, but since you know, I was already married, and planned on having kids pretty soon, it seemed like kind of an impractical decision.” (Beth)

The content of nursing students’ responses also demonstrated a common “practical” theme. That is, they weighed a lot of factors in reaching their decisions, and chose one that seemed likely to work. For example, Jane stated while she was in high school, she had taken an “Employabilities Skills” class. Jane discovered through the class work that she might possess strong skills in math and science, and combined with her tendency to “like people,” nursing might be the right choice. “In high school, I did go to have my ... nursing aid certification, just to be 100% sure that if I would go into nursing this is something I would enjoy. And so I did that, and I liked it.” Similarly, Paul indicated he entered C.N.A work (Certified Nursing Assistant) as a form of checking out what nursing might be like. Alex had also worked as a Certified Nursing Assistant. For other participants, Katie and David, having first become a C.N.A. before ever considering nursing nevertheless provided

exposure, and they felt more comfortable with choosing nursing as a career since they could manage the C.N.A. position.

Other practical commonalities, such as having a portable job, a job that you could take with you anywhere, surfaced repeatedly in about half the participants, across both gender and age. Nursing was also often mentioned as a career that provided a great deal of options for specialization and advancement. In this way it was a practical choice; even if your interests changed later – your job could change with you. There did seem to be differences between male and female participants around specialization and advancement that will be discussed in more detail later. In this group, advancement into management as a long-term goal was seldom mentioned. However, Donna was very pointed that her ultimate goal was to be a Director of Nursing.

### **Money is not “a good reason”... to become a nurse.**

The topic of money generated some rather complex ideas about balancing expectations for a decent lifestyle with the need to recruit nurses who are dedicated. Nursing was viewed as an occupation that paid “enough money” for a decent standard of living. For a few, the salary was thought to be enough to support dependents.<sup>44</sup> One young woman, Tammie, said she originally thought of becoming a teacher because she liked kids and wanted to work with them, but then she

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<sup>44</sup> Alex, a man, implied he believed nursing, particularly nurse anesthetist, would supply adequate family wages, Betsy and Tammie stated they needed to support their children and believed nursing would allow this. Diane indicated her predicted nurse salary would support 2 children – see “matched pairs.”

considered the salary aspect, and observed teachers don't earn that much, and she would like to earn "good enough money to support a family." So, she thought labor and delivery would be a good choice. This comment was somewhat atypical, as only a few students spoke about nursing as a career that would support their children financially.<sup>45</sup>

Approximately one-half of the female participants mentioned salary, and while five women said nursing paid well or enough, two thought nurses should earn more for the responsibilities they have. Beth said her income would "subsidize" her husband's. Jake, a 20-ish male nursing student said a nursing salary provided a "decent living" – one where he knew he "would be very comfortable."

However, Jake has also considered becoming a doctor, and observed that doctors make a lot of money – certainly much more than nurses. In making the decision to become a nurse, he also made the following evaluation, "I don't think that's a good reason to become a doctor, because 'I want to make a lot of money,' - you know?" In this statement, he signaled another value stated by participants; they wanted peers in nursing whose primary motivation was in being good nurses.

These comments particularly emerged in discussions of the reported nursing shortage. Diane, a nursing student who had switched from pre-med to nursing school, expressed concerns about raising the nursing salary just to fix any possible shortages.

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<sup>45</sup> Refer to Appendix B, page 1 for general and miscellaneous comments regarding salary/income.

You hear people say... I don't get paid enough to do this, and I think that people who say that, I think maybe are kinda in this for the wrong reason... when you hear people complain about money, if you're just going to your job because you're trying to get as much money as you can, they you're never going to be fully happy.

Jane spoke about the economics of nursing in this way.

Nursing salaries are improving, but historically over the last 50 years they were crap. You barely got over minimum wage. Now that has improved, but even so if you just let's say, added \$10,000 more, there wouldn't be a nursing shortage. But then, ... would they be money driven, or would they actually want to go into nursing?

David, a young man, was the only one to verbalize a different angle. He felt if the person was doing a good job, it was all right if their motivation was primarily monetary, and he thought that more men would enter nursing if salaries remained competitive.

Jane's comment regarding the history of nursing salaries can be verified as basically true. In 1955, general duty nurses' monthly earnings were \$235, below that of draftsmen, teachers and secretarial workers. "The average factory worker earned about \$70 more per month than the average nurse." During the 60s, nursing salaries also lagged those in many job groups, but by the 1970 "moderate gains" were made in nursing starting salaries.<sup>46</sup> Today, the salaries are clearly more competitive relative to other jobs. Three participants made these relative observations (e.g. good salary for amount of education required, compared to other jobs, etc.), four students thought the salaries were good or implied they were adequate although they did not make

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<sup>46</sup> Michael N. Wolfe, Nursing Compensation: A Historical Review, Hospital Topics, Spr. 97, vol. 75 27-31

comparisons, and half the participants did not comment on salaries at all, despite a question concerning “what would you do to reduce a nursing shortage?” Anecdotally, one of the nursing school administrators said that a few years ago, both male and female students were “older” because only those who most wanted to be there entered, whereas now, with the salaries becoming more competitive, the ages are dropping.

### **“I think one of the biggest things was... taking Chemistry”: Common Barriers to Nursing**

The difficulties of nursing school emerged as a theme that many students experienced. It was mentioned frequently that nursing is not an easy curriculum. The person quoted at the beginning of this section continued in the identification of her principal barrier to nursing this way, “I was thinking wow, at a college level... it’s just going to be really tough and I don’t know how good I can do it.” Another echoed these sentiments, “Everyone told me that nursing was hard. They were like, ‘My gosh, the classes, and everyone is so smart, and the GPAs are high to get in.’” One man who switched to nursing in mid-life told the same story, “[My family] thought I was a little out of my tree... ‘You got D’s and C’s in high school, what makes you think – you’re going to have to take Chemistry!’” Another man said his college, “has plenty of opportunities for tutoring and I took advantage of that, all of ‘em. And if it wasn’t for those opportunities...I probably would not have made it.” Certainly, in



balance, a few of the nursing students knew they excelled in math and science and chose nursing because of those abilities.<sup>47</sup> However, the coursework was still seen as difficult, and there was no difference between males and females as a group regarding coursework difficulties.

There were other difficulties and barriers mentioned universally across sub-groups. The cost of school and the difficulties of balancing school with work were often cited. While some of the students had received financial help from their families, many did not, or did not receive enough - so they had to work while in school. A number of individuals mentioned that since they had financial responsibilities to a family or a child, these were foremost in their minds and planning.

**Women in Nursing: Not “refrigerator nurses”** numerous chgs. here

[A]lot of the girls<sup>48</sup>, they just want to finish up nursing, be nurses, and all the girls are really smart, so they’re not really like going to be like refrigerator nurses.

*Interviewer: What’s that?*

Nurses that... just go to work to pay off their refrigerator and ah, let their husband bring home the money, or go to work full-time. They don’t really care about their job.

[David]

Two sub-themes are suggested by David’s quote. First, the nurse who “doesn’t care” is likely to be a woman, since a “refrigerator nurse” is someone who is financially supported by another. This idea persists despite what appears to be a highly motivated and caring approach to

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<sup>47</sup> One male and one female specifically mentioned their strength in science and math. Another woman implied she had strengths; she said she had a 4.0 grade point average.

<sup>48</sup> Referring to his classmates

their work evident in the female nursing students' narratives. The second theme translates into a larger question about whether it is possible for a woman to balance work and family and still consider her work a career.

While David implies there are two types of female nurses, "refrigerator" nurses and nurses with caring and career commitment, it may be that there are other possibilities. Aside from "refrigerator" nurses, one might also distinguish "careerists" (who plan to keep their career as their primary concern - essentially what these men expressed), and "jugglers" who are dedicated to both their family and their career, and have the expectation that they can succeed at both.

Refrigerator nurses, along with "bad" nurses more generally, defy the standards future nurses believe are important. One way to identify these beliefs is through descriptions of "bad" nurses given by the students. Female nursing students described these nurses, the "nurses that shouldn't be nurses" (Cara), as those who "seem like they show up just for the paycheck" (Sally). They "don't do their job... they'll have a patient for three days straight, [another] nurse will come in... and it will be clear that something wasn't done" (Cara). Clearly, both motivation and completion of expected work activities define good nursing for these women. Two male nursing students described nurses unfavorably when

they had lost their “spark”<sup>49</sup> or “spark of passion,”<sup>50</sup> while another said poor nurses were those who had “become callused toward some people.”<sup>51</sup> It was not only men that spoke in this way. Christy noted in a different context, regarding what she needed in a job, “I need to work with people that want to work there. That have the same passion I do. And I don’t know if that’s unrealistic.”

Although this was a small sample and the results are only suggestive, what stands out as “bad” appears to differ by gender. These female students expressed more concerns about lack of technical performance, and the male students expressed concerns either about emotional performance, or about emotional motivation (“the spark of passion”) in defining bad nursing. Conversely, both male and female students made similar statements that “good” nurses were empathetic, on top of things, responsible, good listeners, and took pride in their work.

Very few of the female nursing students could be described as likely careerists, that is, only two mainly focused their interviews strictly on their career. Isabella and Sue made no references to children or other significant family commitments. These interviews stood out from the rest. Another female student, Jane, spoke about her desire to eventually

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<sup>49</sup> Alex said, “If you don’t have that spark inside, you ah, kinda don’t want to get into nursing ‘cause probably the work is going to be tainted ‘cause you’re doing it for the wrong reasons. I’m going to school with these people... I work with nurses that were those type of students, they were bad nurses.”

<sup>50</sup> Ron said, “But you can’t lose that, you can’t lose that spark, you can’t lose that spark of passion. Once you lose that, it’s time to move on to a different career.”

<sup>51</sup> Kurt said, “I’ve met people already, nurses, that just can’t stand going to work ,um they’ve become callused toward some people...I noticed some of the old-timers (nurses) are just “cold” toward them (patients/veterans who keep appearing with problems the nurse believes are their own making). And I can understand their point of it, but they can’t forget this guy needs help.”

have children, but a careerist orientation was implied based upon her desire to revolutionize nursing and increase professionalism.

Most of the women in this study expressed beliefs that tend to be consistent with “traditional” female roles, such as primary child caretaker, and explained how nursing would fit with the other people in their lives. Two women implied personal obligations were as important, if not more important, than their careers. Beth stated this most directly, “my priorities are more to my husband and family, and school is below that... and my career too. I don’t really plan on working full-time.” Nevertheless, Beth considered nursing a career, was adamant that academic standards for nursing students should remain high, and claimed to have a 4.0 grade point average.

Nursing has been largely comprised of female professionals for a long time and the typical female participant in this study did not find that history to be problematic. That is, when asked about this pattern of occupational segregation, the majority did not feel any discomfort about embarking on a career that has been numerically dominated by females. They said it would attract them more than deter them.

Nearly all of the female participants were in their early 20’s. I would estimate 14 of 17 were under age 25. The future goal (and current condition) of having children resonated within this group. Overall, 75% of the females specifically mentioned that nursing was a good career for

(potential) mothers, and this was a factor that attracted them. Nursing is a career that allows parents to “juggle.”

“Jugglers” are committed to nursing; they plan to advance in nursing, while combining parenthood, additional training (often including graduate-level coursework) and working as a nurse by using various strategies. These strategies include shift-work, part-time schedules, and staging work (that is, being absent from the workforce for particular periods, such as when children are very young) and all these strategies are possible in nursing. Of the 13 women who mentioned children or family as part of their potential or current life equation, 6 also indicated they hoped or planned to obtain a graduate degree. While some students discussed “staging” or shift work (for example, working 3<sup>rd</sup> shift) however, their answers did not make the details clear. (Although there was no probing into this area, none of the female participants mentioned whether they anticipated their partner would similarly reduce or change their work hours for child-care commitments.)

The female nursing students implied that care would be a more significant part of their life responsibilities than the male students did. That is, most seemed to expect that caring for children would be a major component in their life. Some entered nursing because of experiences caring for relatives. While a few of each gender noted the knowledge gained in nursing made them a good resource for their family, either for direct care (women said having nursing training would make them a

better mother, for example), or as a resource regarding the navigation of the medical system for their friends and family, there were subtle differences. Male participants responding to the question, “How does nursing fit with your family or personal life?” were able to share knowledge or advice with their family and friends. For female participants, this same question was answered with a reply about the flexible hours available to benefit childcare. The time it takes to give advice or first aid, versus the time it takes to provide the care implied by the female students, varies considerably. Clearly, the female participants are preparing for a far greater demand on their time, and the care they plan to render is more physical and taxing.

What these women did not address, and perhaps what they might be unaware of is the career cost of assuming primary care-giving responsibilities. Some research suggests that in nursing, as in other professions, this career cost is comprised by both lessened salaries and lack of promotional opportunities; justified by their having spent fewer actual hours in the paid work setting and attending fewer training and development opportunities. Further, the potential exists for management bias against part-time employees impacting salaries. The “traditional motherhood” role that is effectively supported by “family friendly workplace policies” typical in many medical settings, combined with a

goal of career achievements, may be more difficult to balance than these participants suggested.<sup>52</sup>

The youthful aspect of the pool of nursing students was mentioned by two of the male nursing students as less than ideal. Alex stated his concern that many of the youngest recruits might be naïve and likely headed for career disappointments in this way, “these 18-year-old girls don’t have it pieced together yet, they think it’s [the actual role of working as a nurse] going to be wonderful.” Paul also mentioned maturity, and his comments are included in the following section.

### **Matched Pairs Narratives**

Because the sample sizes in qualitative research are small, and because the participants are often volunteers or individuals recommended by others (“snowball method”) I have limited ability to generalize about my results. Gender comparisons are difficult because the men who volunteered were somewhat different from what the nursing literature indicates is generally true of nursing school enrollees. That is, while the average age of nursing students is generally in their 20’s, (women often are clustered in the early 20’s while men are in their late 20’s) the average age of men who volunteered for this research was considerably higher than that average (although consistent with the trend that men are older when they start nursing school). The women

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<sup>52</sup> For an interesting treatment of these issues written in the U.K., see Wittock, Edwards, McLaren and Robinson, “‘The tender trap’: gender, part-time nursing and the effects of ‘family-friendly’ policies on career advancement. *Sociology of Health and Illness*, 24, 3, 2002, 305-326.

were close to the average. Women who volunteered seemed to constitute a more representative sample in relation to average female nursing student ages.

To help minimize the possibility for age differences or generational cohort differences in producing what appear to be gender differences, this section of the results will compare men and women at similar ages or stages. In this way, the narratives will be more clearly comparable across gender. What follows are the stories of Paul & Paula, entering nursing school in their 50's; Sue & Stephen, entering nursing during a mid-life career evaluation; and Jane & Jake and Diane & David – entering nursing school in their early 20's. Jane and Diane were selected from the other young female nursing students because their interviews provided rich detail, as well as served to contrast with each other. Jane exemplified some “careerist” ideals. Diane was much more emphatic about her intentions to juggle career and the responsibilities of motherhood.

### **Paul & Paula: Starting in their 50's.**

Paul and Paula both entered nursing school in their 50's. Each had given serious consideration to nursing long before making the final commitment and entering school. For Paula, nursing had considerable appeal while she was in high school, but she became a stay-at-home mom and raised her children. Volunteering at her children's school through Red Cross, and subsequently helping other family members



receive cancer treatments, Paula felt she had abilities, but was not certain that she could actually get through the math, science, and general school workload. Now, after three semesters of Chemistry, she feels like she can get through anything. However, since her husband is planning to retire soon, she believes she may primarily work part-time as a nurse. Also, they're planning a move to another state within the next few years, but Paula is confident that the job is portable.

Paul thought about nursing school when he was in his 20's, but wasn't sure it was a good career choice. The wages were not particularly enticing at that time, and the stigma surrounding males, and the lack of male peers in nursing was off-putting. Instead, he pursued another major and career, but found himself downsized years later. Switching then to Information Technology, he worked through the "Y2K" boom, but again found himself unemployed when the "tech bubble burst." Paul has found trying to support his family a challenge, and he hopes nursing will afford him security as well as "right work." Deeply religious, and supported in his career choice by his wife and sons, Paul is concerned at this point in his career that his job meshes with his beliefs, and he feels that his former concerns about too-low of salary and stigma are no longer issues.

Paula noted, in response to the Oregon Center for nursing poster, that more men in nursing is a great idea, but "a lot of times, men hang back from going to nursing school because people [say] it's a woman's

job... but I think more men should be there because they're doing many of the things doctors do, and I think that nurses are often trusted more than doctors by patients, they're more willing to open up to nurses... so I think they need to get into that field, and then maybe more men would go and take better care of themselves.”

Paul was less enthusiastic about the poster. He questioned what group of potential male nurses Oregon Center was trying to recruit. When I said I thought it was targeted to high school, Paul replied he felt nurses need to be grown-up; in order to care, one could not be selfish, immature, or an egomaniac. Thus, he felt the ad might be targeting the wrong age group, and he felt the image of the guys portrayed was not that good. For example, none of the men in the poster smiled. Nevertheless, Paul felt that role expectations were loosening up, and with more women policemen, doctors, etc., “people are a lot more relaxed about gender expectations now than they were twenty years ago.”

Paul and Paula seemed similar except for the extreme economic burdens Paul felt that Paula did not. This burden manifested itself in Paul's stated need to turn this education into a full-time career, while Paula felt that part-time work might be more in line with her other goals and responsibilities. Both had experienced significant health concerns for family members. Both believed men in nursing could be beneficial.

**Sue & Stephan: What I want to do now**

Sue and Stephan were not quite as close in age, but being approximately one decade apart, what linked them together were their reasons for leaving their current careers. Sue had gone into Finance, but, 8 years into her career, she found herself “wondering what I really want[ed] to do with the rest of my life.” When Sue’s father entered the hospital and she became involved in his care, her sister commented that Sue would make a good nurse. Other people said similar things. She had to overcome her fears about going back to school and fitting in, issues of how to pay for school, lack of family support – with her family (parents, siblings) concerned she was giving up security for the unknown. So, Sue has been working full-time and going to school.

Stephan had already completed an advanced degree in a medical specialty. It was so specialized that he was tired of treating basically only one small part of the patient. He originally hoped he could become a Physician’s Assistant, however, that program would require him to attend school full-time, and his family financial commitments did not allow that degree of freedom. He found he could attend nursing school part-time because many of his credits transferred, still maintain his practice on a part-time basis, and also work in a surgical setting at the hospital to augment his income, hence meeting his financial obligations. Stephan’s wife supported his move to nursing, but hoped he could complete the program quickly.

In response to a question posed about balancing work and family, Stephan indicated that nursing does offer a variety of schedules and flex shifts.<sup>53</sup> After a probe regarding whether these flex shifts might be used to care for an ill parent, for example, Stephan said he saw flex time “as trying to find something that works for my family schedule, which includes my wife’s schedule because she works... we just work around each other’s schedule and the kids schedules. My sons are teenagers.”

Sue and Stephan also had similar views of what nurses do. Sue felt a nurse played an interpretive role between the doctor and patient; Stephan stated the nurse is the patient advocate. Stephan believed caring is trying to focus more on the person than their illness. Sue stated that caring included having the patient’s best interests in mind. Their opinions regarding males as nurses showed some ambivalence. Sue saw no reason why men can’t be nurses.

But I think that additionally, you’ve got a pretty strong notion of what a nurse is. They’re even introducing, isn’t it, they call male nurses “murses,” they’re coming up with different terms, ... I don’t know, I wonder, too, if going back to the caring thing, is there something more innate in women, they bring up the children, is there something innate ... that allows them to be more caring? But then, on the flip side, you have more men in this day and age who are taking care, they are the primary caregiver in the family, so,... if that gender role can be broken down, then I think nurses could too.

Stephan said he needed nursing to be “a professional career that continues to be well respected [and] recognizes that more men gradually

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<sup>53</sup> Stephan was the only male participant to reply to this probe in this way. Alex, for example, stated he was a workaholic, and his family was used to his lengthy absences.

will become nurses, it won't be just a woman's role, and that's happening, but it's slow." Stephan liked the Oregon poster because he thought it spoke to the "male ego." "You do have to get beyond the 20-something year old macho mentality. There's a part of every guy that's still stuck there... that's reality, that's our culture." This notion of different requirements of masculinity at different ages is consistent with developmental psychology's theorized stages, such as those proposed by Levinson, which state that a middle-aged man for example, "develops a greater capacity for intimacy and integrates more fully the tender "feminine" aspects of himself."<sup>54</sup>

Stephan, however, was not making a strictly "developmental argument" because he believed more men would join nursing because of the various options for career change. Although it may be that "options for career change" is a salient concern for men at certain parts of their life more than others, both men and women in the youngest age group often cited that flexibility and career change options were a factor in their choice for nursing. Thus, career change options do not seem to be a concern limited to an older group of nursing students.

This pair seemed similar in many respects: as career changers they felt the economic issues of school, yet they were motivated by doing something that was more in line with their changing interests. Both felt

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<sup>54</sup> p.25 in *Seasons of a man's life*.

there was some loosening of gender boundaries, but were not clear on how far these changes went.

### **Jane & Jake & David & Diane**

The largest group of nursing students volunteering for interviews were female students in their early 20's consistent with what might be expected based upon nursing demographic literature. Only two men in their 20's volunteered and the differences and similarities they demonstrate, both in comparison to each other and the older men, help define the masculinities of male nurses. Similarly, comparing these men to women their age helps differentiate the small but important differences in masculinities from femininities.

Two interviews that demonstrated some of the range of the ideas of young women were Jane & Diane. Jane's comments were very atypical compared to other women in respect to the professionalization of nursing and her desire to change nursing. Her comments regarding males in nursing were also somewhat atypical, but were similar to two others. Nevertheless, Jane's remarks are included because they contrast with the majority of other interviews, and in part, they clarify some of the differences in the women.<sup>55</sup>

Jane noted that her grandfather said, upon hearing Jane was planning to be a nurse, "Well, women either become nurses or teachers." Upon probing how she felt about her grandfather's remarks, she replied,

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<sup>55</sup> In a sense, Jane's interview functioned as a "negative case analysis" because only a few women spoke about women in a non-traditional way.

I always have arguments with him, and that's part of the reason why I don't just want to stay in nursing (is considering medicine or PhD), because it's so 'the typical society's view' that only women can be nurses, only pretty women can be nurses, and all they do is get the doctors coffee... that they don't have a brain – that they're just an object... I don't think I could ever convince him otherwise, though.... (m)y goal was to change the whole society's image of nursing.

Despite what seemed very much like an overriding career orientation Jane mentioned later, while discussing why nursing was a good career, that the flexibility in hours lent itself to having children, "You could do third shift if your kids are in school..."

For Diane, nursing was all about babies and mothers. Originally entering school as a pre-med major, she planned to be an Ob-Gyn, but reconsidered when she began to factor in how this would impact her desire to have her own children.

Because I just decided after calculating everything, I still had like two more years of undergrad as a pre-med, and it was so competitive that, assume that I got in on my first time, I would have four years of med school, and then I wanted to be an Ob-Gyn, so then you have to do a 4 year residency, and then lots of time, a lot of different hospitals prefer for you to do like a fellowship, or something like that, and I thought well, that's really good... but I wanted to be a mom, and like I've always wanted to be a mom... I wanted to be there for like my kids birthdays and field trips...

She did some research, "shadowed" a nurse practitioner who specialized in Ob-Gyn, and decided that this nursing specialty would allow her to have the best of both worlds, an active role in parenting her own hoped-for children, and her own clinical practice with meaningful patient relationships. Yet, Diane also detailed what she anticipated as the

economic cost of the decision. “I said, if I’m going to be a doctor, I want at least five kids... and knowing that now I wouldn’t be making that salary... now, two is fine.”

Diane was supportive of men going into nursing. “I like the idea of men nurses... like in geriatrics, I think it’s little bit different for a man... to have a woman come in and give him a bath and things like that... I think it’ll definitely bring diversity.” Jane expressed some concerns. “The one problem that I have with men in nursing... the percentage of men that go on for higher up positions such as nurse manager... is so much higher than women...” However, aside from beliefs about skewed advancement potential, Jane felt there was no difference in how men and women nurse. Although both Jane and Diane expressed the intent to attend school beyond completing the B.S.N, this same intent was expressed by just under half of the female participants.

The comparison that seems most relevant to the notion of whether the concept of masculinity is changing, and if this change has the potential to affect careers such as nursing, can be found in the responses of two male nursing students in their early 20’s, Jake and David. Attending different schools in the same metro area, they each had some exposure to nursing from their families.

Jake indicated that he entered school declaring a pre-med or chiropractic intention, but his main influence in changing majors was his two sisters. “One is a nurse and the other one is in medical school



right now, so I had both views... what it was like to be a nurse, and what it was like to be a medical student.” Observing the opportunities and outcomes his nurse-sister experienced swayed him to change to nursing – although he wanted to keep his options open down the road. He noted that his sister in medical school has amassed a very big debt. Jake felt that due to financial constraints, length of medical education, and a desire to travel, nursing was the best choice for him now. And, Jake felt he could continue on and complete a nurse anesthetist program at a later date. Although he also has a brother who is an accountant, this career held no appeal; Jake wants to help people in a more direct and interactive way. He even reflected that the help received from nurses might be something an individual would remember at the end of their life.

David entered school in Bioengineering. His mother was a nurse, and he recalls sitting in an office as a child and “play[ing] with all the knee replacements and stuff. I thought it was kind of cool when I was little.” Later, due to a service-learning requirement at his high school, he had assignments at a home for the mentally handicapped, and as a Certified Nursing Assistant. As he entered college, his experiences helped to mold his choice.

“I didn’t like Bioengineering ‘cause I didn’t like doing all the math and computer work, so I left to go do... electives [elsewhere]... and started, you know, doing anatomy and physiology... and [then] signed up

for nursing school.” He also felt nursing was a match because he said he always empathized with people. “[W]hen I’m working, I always look at people in the beds and try to imagine what’s hurting them and I’m always the one putting pillows under ankles and stuff like that...”.

Similar to Jake, David planned to keep his options open. There were technical specialties through the Allied Health Program that he wanted to pursue at the master’s level. He also thought he would like to travel. “My girlfriend is in the same program that I am. And we talk about moving away somewhere warm.”

Jake did not mention any personal attachments, and indicated that he believed that his career would need to be his primary concern. David, on the other hand, did indicate that although he did not know if he would make a good father, and he wasn’t sure if he would ever be a father. Yet, he still felt if parenthood happened for him, that would be very important. “I’d have to be a good father, or else I’d be a scum bag.” He implied parenthood could impact his career or personal goals, but did not detail specific changes he envisioned.

Each also expressed confidence that when they graduated, they were going to be able to get a job. Jake intended to go into ICU first, and indicated that compared to a similarly qualified woman, he would be the one to get hired. He believed that since he was in the minority [male], and companies are all promoting diversity, he would be a sure pick. Although Jake indicated it might be nice to have more men in nursing

from the standpoint of additional male peers, it is also fine to not have more men in nursing, as it helped maintain this diversity edge. David did not make a comparison to similarly qualified women but simply said, “There’s a [nursing] shortage – [They’re] going to hire me.”

When asked if more men were going to be entering nursing, while Jake and David agreed that it was difficult for men to make that choice, they ultimately had very different opinions. Jake said,

“I always think nursing is going to be a female dominated profession, ... unless you change the name, physically, of nurse. Because it’s so ingrained in our culture, ingrained in the history of nursing, the history of nursing is female... I think, ...when you say you’re a nurse, you think of more a mother-like figure, and I think that’s maybe more where the male population doesn’t really want to go into it. Who took care of you when you were sick, well, your mom did, so that’s what a nurse should be, you know, it has that mother perception of... caring and things.”

David explained why more women are entering the medical profession, while more men aren’t yet entering nursing.

Doctor is kind of complimentary to [a woman] because she must be smarter than that, she’s not doing this, but when you hear a man’s going into nursing, it’s like, oh, you should have been a doctor – you’ve taken a step down. So I think it’s in the back of the typical American’s mind...[the job is a measure of] intelligence.

David saw an economic linkage that would increase the number of men in nursing. “It’s just going to take some time [for more men to enter]... especially since that’s where the money is now, like, friends that graduated with computer software, they’re trying to get a job... as soon as people find out the money’s there... making money is more important than what people think.

**“Are You Man Enough To Be A Nurse?”** – [caption from a poster<sup>56</sup>]

**“My friends started to call me Gaylord from ‘Meet the Parents’”:  
Barriers unique to male nursing students.**

For half of the eight male student nurses, a stigma somehow connecting homosexuality to male nurses was mentioned in a variety of ways, and often with some hesitation. One participant said, “traditionally nursing is a female role, and more men, men who are looked at as nurses, are looked at as gay – they think you’re gay – which I am not.” Another noted that he would not feel comfortable disclosing to his former work-place peers that he was now in nursing, and made a limp hand-wrist gesture to signal why. He also mentioned that the media had “gotten away from the gay male nurse image not a moment too soon.” One male nursing student stated that when friends first suggested nursing, it sounded “gay” to him, and he thus delayed further consideration for over a year.

There was not only a homosexual stigma mentioned, but also a stigma surrounding male predator issues mentioned by two male participants. That is, male nurses are seen as more likely to be the perpetrators of sexual and other violent assaults against patients. These remarks were made in a context that appeared to conjure up a very disturbing image for the individuals that mentioned it, but their remarks were brief. These concerns were consistent with what Evans found and

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<sup>56</sup> From the Oregon Center for Nursing poster, available at: [www.oregoncenterfor nursing.org](http://www.oregoncenterfor nursing.org)

placed within the broader concept of “spoiled masculinity.”<sup>57</sup> Spoiled masculinity refers to the association of stigma with components of the masculine identity. Evans stated “spoiled masculinity” in nursing was “compounded by the stereotype that men are sexual aggressors, and in the case of gay men, sexual deviants.”<sup>58</sup>

Less overtly disturbing, but still uncomfortable, were Ron’s experiences of being mistaken for a doctor when he worked at the hospital, a mistake presumably made on the basis of his gender. While Stephan liked the more neutral garb of scrubs, Ron was less enthusiastic about his identification as something other than a nurse. It reinforced a sense of being out of place.

The Oregon Center for Nursing poster stimulated a variety of responses between both the male and female nursing students. Some liked the poster and what they thought it implied, while others did not. For example, Bill said it reminded him of the Village People, a gay music group that parodies hyper-masculine poses, which he felt was not a good strategy due to the homosexual stigma problem. Donna described the overall image as “hyper masculine.” Other comments were included in the preceding “matched pairs” section. The poster also served to open up more dialog from the women regarding male nurses. Most of the women, but not all, were favorable to the idea of recruiting more men for nursing.

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<sup>57</sup> Evans, Joan, *Journal of Advanced Nursing*, 2002, 40, 4, 441-448...& *Journal of Men’s Studies*, 2003, 11, 3, 277-

<sup>58</sup> Evans, 2003.

Two had concerns that men in nursing seem to advance at a higher ratio. Another female participant specifically mentioned she did not believe male nurses were as competent as female nurses, although it is possible others felt this way and simply did not choose to share this opinion.

On the topic of why there were not more men in nursing, women also spoke about stigma. Audrey made this comment, "I think we need more men nurses and a lot of times men don't go into nursing because they think it's just a women's job, and other men will be calling them like wusses or whatever." Sally said, "I'm thinking that maybe sometimes guys think that it's this tip-toey kind of thing, but it's not – it's hard."

However, a few women mentioned the belief that male patients might relate better to male nurses. Abby said, "I know that there are some male patients that I have had, that if I would have been male they would have reacted much better to me because they come from an earlier generation where they don't really listen to women because that's just how they were brought up." Tammie had a slightly different angle, "I think men can help just as much, and... males relate to males more... so if you have male patients male nurses would be a good thing..."

Bill observed the word "nurse" is tied to breastfeeding, and he felt it was a particularly inappropriate job title for males. Jake implied that men would not increase in the nursing profession unless the name was changed. In the matched pair section, Susan was quoted as saying she heard they were calling male nurses something different. Jane also

sought a name change, but for different reasons. She observed that nursing was comprised of individuals at so many different levels of training that it effectively reduced the importance of her B.S.N compared to an Licensed Practical Nurse or other designation. Jane felt professional recognition would be more likely with a different name to distinguish a four-year graduate. Overall, however, women did not raise issues with the title “nurse”.

Since a higher percentage of men indicated they intended to continue their education with advanced degrees, and many of the job titles change with advanced education (for example, nurse anesthetist or nurse practitioner), it may be that men are simply choosing a title that goes beyond nurse in their choice to pursue an advanced degree. However, this group of men did not express a plan to enter administration as a preferred means of career advancement. This suggests their vision of masculinity does not rest upon supervision of others, or domination of others more broadly.

Christine Williams suggested in her book, comparing male nurses to female Marines, the men who are nurses do not want to be nurses. In this study, both the younger male nursing students were keeping their options open to move into specialties where they would no longer be called (just) nurses. I would argue that male nursing students do want the job duties assigned to various nursing specialties, but they do not want the feminized title or the stigma associated with being a male

nurse. These connotations feed into a lack of respect and acceptance for men in nursing.

### **Respect & Acceptance**

“I spent 8 years in the army, came out as a Captain, also served during the Desert Storm/Desert Shield... [As] a Captain, you get the respect of a Captain, and here [civilian life] as a nurse, doctors are not respectful of you...”<sup>59</sup> [Bill]

Bill, the graduate nursing student, began his army service after completing his RN, and observed that respect was an issue for nurses. Although, some female nursing students felt that some male patients or doctors were not “respectful”, “respect” was not a word used frequently. Men over age 30 used the word “respect”, at a much higher rate, while age made no difference in “respect’s” use by women.<sup>60</sup> “Respect” can be an ambiguous word, but it certainly seems clear that there is something referring to social stature that leads to older men being more likely to mention respect.

Acceptance as a male student nurse also proved to be more problematic. Not only did one student observe that he felt at least one professor “did not like men in nursing,” another observed that while the

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<sup>59</sup> The army was a subject that was raised by half the male participants in the sample, but was not raised by the women. Two of the male nursing students had served in the army, one before starting school, another after. Another indicated he was planning to join the reserves at a later date. For one, the Oregon recruitment poster reminded him of army posters he had seen. He did not express any interest in joining, however. The quote suggested that the army is one place that a male nurse would feel both respected and accepted.

<sup>60</sup> 3/17 of the women used some form of the word respect – 2 indicating nurses did not get enough respect. 4/8 of the men used the word respect, (the two younger men did not); 3 of the 4 using the word indicated it was something that they needed or valued, and their ability to find it in nursing was still questionable. One stated he felt he got more respect from his family as a nurse.



climate in school was receptive toward men, he felt there was a higher standard for the men in school than for the women. On another front, a different male student observed that not all hospitals he spoke to as potential employers seemed to embrace the idea of hiring men. Yet another male noted that some of his clinical patients have expressed discomfort at being assigned a male nurse, although they generally warmed up to him eventually. The women did not express concerns regarding acceptance of female-nurses, although some female nurses did indicate they were aware of acceptance issues for male nurses.

There were some differences in the specialties people discussed as future possibilities for themselves.<sup>61</sup> There were also some references made to certain specialties, such as Ob-Gyn, as places that seemed to be “more appropriate” or acceptable for female nurses. A handful of women and one man said Ob-Gyn in particular is better suited for women due to the obvious biological differences and perceived comfort level of patients.

This research was begun with the idea that notions of physicality (or superior strength) would somehow enter the discussions of male nurses. Isabella and Beth suggested that male nurses bring physical strength to the job. None of the men interviewed indicated this was a personal attribute, but Kurt described himself as a “burly” man – and expressed this made him different from what one might expect in a nurse. Jake recollected a story regarding a female patient’s bias that

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<sup>61</sup> See appendix B.

seemed contradictory. “I was in a room with all my fellow students, and I [said to a patient]... let’s get you up,... and... the girl [student] that was next to me was actually bigger than me, and [the patient] said, “Oh, good, I’m glad you’re here, a nice strong man.” So, physical strength did not seem to be a salient concern or advantage perceived by the male nursing students, although it seems that there was some implied significance for some female nurses and one female patient.

### **The future of men in nursing as seen through technology, career goals etc.**

Woven into the stories these nursing students told about their lives were not only reflections of the broader society, but also their personal beliefs and philosophies. The men spoke from their own experiences, and to some extent generalized on this basis, and thus perhaps contradictory reports and predictions did emerge. For example, while Paul and Alex thought gender expectations were relaxed compared to years past, and this allowed them to enter nursing now, Stephan thought gender expectations were different for young men even now than for older men, and he seemed unconvinced whether nursing would be fully open to him. Bill said he suspected stigma was still an issue for men starting nursing. Jake and David made different predictions about the likelihood of more young men joining them in nursing, with one emphasizing economic issues as a likely stimulus for increased male nurses, and the

other cited social factors as reasons why males would not become nurses.

While none of the female nursing students debated the continued viability of women in nursing,<sup>62</sup> the men believed that their place was contested space. In this regard, the future of men in nursing is much less clear. However, factors such as technology, the economy, and the nature of hegemonic masculinity will mediate what transpires.

The role of technology in nursing has been evolving, but also appears to be disputed by those inside and outside medicine who believe that caring consisting of human touch and interaction is fundamental to health. Because technology in a broad sense has been seen as a largely male pursuit, and since there was a possible connection suggested by the literature between male nurses and participation in technical specialties, I wished to explore whether men would speak more highly of technology, or express more confidence in its use. Participants were asked one question regarding the role of technology in nursing and it stimulated an interesting series of replies.

This group of men did not express more faith in medical technology than the women; half of the male group mentioned that there were both negatives and positives surrounding the use of technology in nursing. Slightly more than half the women (10 of the 17) mentioned only positives; three mentioned “needle-less systems,” for example, as being a

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<sup>62</sup> There was a young woman who spoke about nurse-robots, which she did not think would replace human beings; however, there was an element of concern in her delivery.

great safety boon. Thus, overall, women seemed less critical of technology. However, none of the men gave solely negative responses regarding technology (nor did any mention topics like needle-less systems). Yet, despite the belief that technology brought both positives and negatives, proportionately more men than women expressed a preference for jobs that required use of high levels of technology<sup>63</sup> (nurse anesthetist/ICU<sup>64</sup>) or extreme satisfaction with gadgets such as a Palm Pilot. Kurt used one to manage his extensive reference materials.

I carry one of these. (Shows Palm Pilot.) I have I don't know how many medical books on there, nursing books on there, drugs books on there and they all link to each other. And this has helped me so much. In my practice, it's a great tool. Every nurse should have one.

On the surface, the intention to pursue highly technical nursing specialties could be interpreted as a simple result of a higher level of confidence using technology. However, when considering further the implications of the stigma these male nurses discussed, via the “spoiled masculinity” theme discussed by Evans, the simple explanation becomes less convincing. Evans reports that there is evidence in the literature that men “gravitate to low touch specialties.” This can be seen both as a strategy to sidestepping the thorny vulnerability issues (due to “uncomfortable” situations in which accusations of inappropriate touch can not be easily defended) as well as a way of maintaining masculine

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<sup>63</sup> The number of those mentioning the specialty over total number of gender group.

<sup>64</sup> The role of Nurse Practitioner was the advanced degree goal cited most often overall, across gender although the specialties varied. See appendix B for a listing.

privilege (in well paid specialties more separate from the traditional, feminized nurse role).<sup>65</sup>

Technology can also become incorporated into less technological specialties. For example, consider the use of computerized medical records throughout medical practice. Four participants cited “electronic medical records” as an example of technology, 3 of the 4 were men. Both of the younger men in their early 20’s mentioned EMR. This seemed a curious finding – namely, that the youngest men mentioned EMR while young women, with only one exception, did not.<sup>66</sup>

Both young male nurses noted they were able to master the technology of EMR, due to being raised in the computer-literate generation. David went on to say that he was able to help the older nurses in this aspect of nursing. Jake said, “every nurse is going to learn or will be forced to learn these technologies and become a part of it, and use it,” and implied technology would help reduce nursing shortages through higher efficiency. I interpreted these statements as a way of favorably distinguishing themselves from experienced (female) nurses who might otherwise seem to possess the most nursing skill.

Hegemonic masculinity and femininity are buttressed by stereotypes, and impose considerable social constraints. Whether the current hegemonic masculinity has changed enough to allow many

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<sup>65</sup> Joan A. Evans, see both “Cautious caregivers” p. 445 and Contradictions and tensions,

<sup>66</sup> Marcie liked computerized medical records because they were time savers. She no longer had to go “digging every day, searching for the (paper) chart.” Ron, another student at mid-life, did not like EMR because he felt the time it took to maintain the data, as well as the cost, was diminishing patient care.

young men to enter the field is certainly not clear from these interviews. Although these men did overcome the barriers to entering nursing, they implied it was a difficult process. Whether there is a different masculine standard for older men allowing them more freedom to pursue nursing is not definitive, although, it is suggestive. Perhaps, as developmental psychologists maintain, there are different tasks for mature men to accomplish and these include interpersonal and emotional intimacy.<sup>67</sup> Or perhaps they are simply less concerned with stigma. Ron, for example, indicated he made the decision to enter nursing despite the stigma, which he thought might have decreased, but is still present.

Paul attributed his postponed start in nursing school, a phenomena that was much more likely for men than women, to two reasons. The first was financial. That is, the wages paid to nurses in past decades, compared to the cost of the education, were not rated as favorable before and thus were cited as a reason that nursing was not pursued. This economic reason is likely to fade away as long as nursing salaries continue to be competitive in the overall labor market, a prediction echoed by David. The second reason was the sense or fear that men might not be welcomed either into nursing, or not be accepted without stigma as a male nurse in the broader society at the time he first considered nursing.

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<sup>67</sup> See Levinson – Seasons of Man’s Life.

This second reason can be separated into two further possibilities. The participants suggested both of these possibilities, and either possibility could explain the increased number of older men in nursing. One possibility is that the broader societal expectation regarding masculinity has recently changed and thus men are now more willing to enter nursing. This would bring in a large group of older men, who previously considered and decided against nursing due to the barriers. It would also imply that increasing numbers younger men would join nursing without postponing entry; male nursing student ages would eventually become younger. The alternate possibility is that hegemonic masculinity is different for men at different ages and stages, or that men at different ages respond differently to the requirements of masculinity. Stephan made this observation when he stated there was a “macho” requirement that was especially strong for young men in our society. This possibility would maintain older average male ages.

Hegemonic masculinity excludes homosexuality, particularly overt “feminine” manifestations. Men emphasized heterosexuality in their interviews while women did not. Nearly all the men made some reference to a female partner, “not being gay” or concerns about the connection of nursing to gay-ness. While many women did talk about boyfriends, husbands, etc., not all did. Yet, none of the women made a direct comment about their own sexual preference, or expressed concerns about any perceived connections of nursing to “gay-ness”.

Overall, these transcripts contained more evidence of female students' adherence to "traditional" gender-based dichotomies than men's. The women were particularly traditional in their nearly unilateral acceptance of primary responsibility for childcare and other family care. However, most of these women also expressed the belief that nursing was a career. They expected that nursing would offer opportunities, and the flexibility they required to achieve their goals.

There were some indications of traditional masculine roles as well. For example, the masculine role has traditionally been seen as agentic – concern for oneself as an individual. This concern could be seen in what the young men stated regarding the importance of geographic job mobility. Both young men wanted to be able to travel according to their own desires. Numerous women, in contrast, expressed their plan to move based more often upon the relocation plans of their husbands, future-husbands or parents. (One older man wanted to be able to find a job closer to home to minimize his commute time, but did not indicate how he would spend the time he saved, so concern for self was not obvious.) The connection of men to full-time work was strongly maintained in these results, and was also evidenced in their discussions surrounding the loss of full-time work. None of the men indicated they intended to pursue nursing as a part-time endeavor.

If hegemonic masculinity includes "right to command," there is little opportunity for dominance in nursing. It might be effectively limited



in lived-experience to right to command one's self via autonomous positions, or jobs that offer upward mobility. While this group of men did not mention strong desire for advancement into management positions, freedom to change career direction was widely cited. However, lateral and upward job mobility and choices were expressed as important ideas for men and women alike.

The economy, however, and the masculine requirement for identification with productive paid work exerts considerable pressure on career choice for these male students. Connell did not suggest a hierarchy of components for hegemonic masculinity, but it is possible that paid work is the core masculine requirement for the men who volunteered for this study. That is, economic privilege, or maintenance of a "good wage" seems more important for these male nursing students in negotiating the demands of hegemonic masculinity than avoiding work historically associated with women.

Job loss was a theme that recurred in half of the men's narratives (and none of the women's) and did help to stimulate entry into nursing school by two individuals who had postponed it. That is, these men had experienced the loss of a job – they were not merely afraid of the possibility. These losses tied into broad issues (the post - 9/11 economy that significantly affected the transportation sector for example), and personal changes (such as developing work related disabilities). Job security, as a broader topic, did occur in the interviews of both men and

women, and participants unilaterally perceived nursing as a recession-proof occupation.<sup>68</sup> Thus, the evolving global economy will certainly play a role in the future of nursing for men and women alike, and in the event of greater job losses in other sectors, could stimulate a much higher interest in nursing across gender.

However, there are also likely limits to the growth of nursing salaries, as could be inferred from some participant's comments. First, the nurses themselves worry about demanding such high wages that the recruitment of dedicated caregivers is compromised. Further, recent nurse politics, e.g. in California, continue to emphasize working conditions that affect care rather than economic issues.<sup>69</sup> Second, if the female majority continues to value flexible scheduling to accommodate work and family balance this may come at the cost of higher wages.

There is little in this research to suggest that the men who contemplate nursing have less ability or desire to care than the women, or that they intend to do it differently.<sup>70</sup> However, there is considerable evidence to suggest that women plan to render unpaid care to a large personal network of parents, siblings and children, in addition to their career. Thus, whether intentionally or by default, women are far more likely to experience the effects of multiple competing responsibilities or

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<sup>68</sup> The accuracy of this notion of "recession-proof" is debatable, but the participants did express it.

<sup>69</sup> Nurses in California have begun a protest campaign regarding increased patient care loads they believe will lead to unsafe practices..

<sup>70</sup> The practicing male nurses in Williams' research suggested that men nurse somewhat differently than women, or "men and women bring unique abilities" (p. 115)– This distinction no longer appears to be in place for the men I spoke to, but was suggested by a few women.

comparatively less financial gain (through decreased job opportunities). Men, on the other hand, are committed to full-time nursing as a primary responsibility, but are likely to experience some stigma. Higher salaries would likely offset some of the barriers for men, but may only be possible by movement into “low-touch” specialties. With hegemonic masculinity in its current configuration, choosing nursing will continue to be a difficult choice for men, even for those with the utmost dedication and motivation. And, nursing for most women will be a balancing act of competing personal and career choices and responsibilities. Nursing schools and various employers of nurses should be aware of the existence of these factors when planning their efforts to recruit future nurses.

Further, while it would be inappropriate to generalize these results to other fields, these interviews certainly suggest gender construction may still be a significant factor in career choice and success for other types of careers and professions. Recent sociological work supports this suggestion.<sup>71</sup> Gender construction (hegemony) may be subject to change, but still appears as a barrier to career choices. Future research on how gender related barriers can be overcome successfully, or on where they do not appear may be also be productive areas for inquiry.

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<sup>71</sup> For example, Carrie Yang Costello showed how class, race and gender norms interlocked to produce what she called “identity dissonance” in students attending professional schools (law and social work). This dissonance clearly impacted (both negatively and positively) students’ performance.

## **Appendix A**

### **Interview Guide for “Navigating into Nursing School and Beyond”**

Key factors, thoughts, occurrences, or connections that influenced the decision to enter nursing school...(What is the story of how they entered NS.) When they “knew” they were going to apply to NS...

Counterbalancing forces opposed to nursing school that needed to be addressed or overcome - (buyer’s remorse?) identify and discuss...

Reactions of family, friends, others to the decision to enter nursing school...

“What you need from nursing, as a job, to do for you”...

Perception of personal acceptance in school and comfort as a nursing student – i.e., “to what extent do you feel you are accepted in this nursing school, and who is providing the support? Who is not providing support that you wish was?”

Difficulties experienced (and anticipated) in finishing the nursing program and joining nursing practice...

Anticipation of career path... List of factors felt to be important, and discussion of each.

What qualities/skills/abilities do they anticipate using in nursing practice - ‘unique qualifications’\*

Discussions had regarding various nursing specialties, with whom, and to what effect...

Identification of the components or “nature” of nursing, i.e., what is the essence of nursing – regardless of specialty, what does nursing include?

The understanding of the meaning of “caring” as it applies to nursing... “Technology”?

How does nursing fit with the rest of your life?\*

Did media representation and information from other institutions affect your decision to enter NS.... \*

Recent media coverage has described a “nursing shortage”. “What is your impression of a “nursing shortage”? If you feel we are destined for a continuing nursing shortage, what would be your solution to recruiting more qualified nurses?”

Some of the nursing literature has noted a numeric domination of female nurses. What do you attribute this to? \*

There have been campaigns by various groups and schools to specifically recruit more males (show Oregon recruiting poster). What is your reaction to a strategy like this, and the idea of recruiting more men to alleviate potential nursing shortages ...

(\* questions that evolved over the course of the interviews)

## **Appendix B**

### **Interview Participants Demographic and Quote Comparison**

Pseudonym; gender/visible minority status; age/estimate; comments regarding pay, salary or cost of school; references to caring/competence; references to flexibility for their own children/family [listed by gender, in order interviews were conducted]

Abby; f; e20; should be paid more; caring is also giving meds; "at same time, want to be a mom"

Paula; f; e50; pay is good; caring is the hands on things nurses do; wants flex for spouse

Katie; f; e20; -; someone's life in your hands; Yes, for future

Liza; f; e20; -; patient should have what they need; wants to have kids

Betsy; f; min.\*; e20; wants salary to support son; nursing is about caring & sympathy; didn't say flex hrs were a factor in choice

Isabella; f; e20; cost of nursing school less than med school; care for emotional needs;

Sally; f; e20; -; doing duties is caring; "clinic job hours are better with kids"

Marcie; f; e20; -; help patient understand their illness; -

Beth; f; e20; pays well for amount of education; knowledge helps patients; can work part-time when you have kids

Donna; f; "24"; -; nursing is building a relationship; can be home with kids

Jane; f; e20; salary on low side; nursing is caring and knowledge of resources; would be no problem to be part time

Sue; f; e30; had to leave security of former job to go to school; balancing what patient will do vs should do; -

Cara; f; e20; shortage is tied to pay; care is teaching how to self-care; wants to be able to work when parenting

Audrey; f; e20; -; job satisfaction=knowing I cared; wants to have a family

Tammie; f; e20; teachers don't make enough money - implied nurses do: "if patient knows you care, it helps heal"; wants to spend time with (future) kids

Christy; f; e24; benefit emphasis; women are more caring; scheduling of nursing allows work and family to be combined

Diane; f; min\*; e20; money won't make one happy; caring is empathy; wants to be an involved Mom

Alex; m; e30; nursing is economy proof/sky's the limit re: salary; offering people the best care; is a "workaholic" - family aware  
 Bill; m; e50; emphasis on job; caring is sharing concern; -  
 Ron; m; "42"; "C.N.A pay is too low; "calling" caring is a passion; -  
 Kurt; m; e45; what nursing does for me: I feel good I helped; -; -;  
 Paul; m; "57"; salary was too low in 1970s; nursing promotes wholeness and health; -  
 Stephan; m; e40; must work while in school; person (not disease) focused care; flex hour possibilities helps family schedule  
 Jake; m; e20; make a decent living; care focused on nursing diagnosis, work within realm of nursing diagnosis; -  
 David; m; e20; money not a real priority; link of empathy and care; -

\*African American Minority status; e = estimated age

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