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Student nurses' gender-based accounts of men in nursing

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Abstract

Stereotypes of nursing as a female profession and of male nurses as gay can limit male recruitment. This UK-based focus-group study examines whether student nurses reproduce or challenge such views. Using discourse analysis, discussion transcript segments dealing with male nurses' gender or sexuality were examined for turn design, sequential organization, and procedural relevance. Results showed participants characterized such stereotypical constructions of male nurses as held only by other people. They themselves, however, used gender-based distinctions to problematic male nursing. These findings indicate nursing students would benefit from training which emphasizes the positioning of men and women within society.

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1. Introduction

In the United Kingdom (UK), nursing is a female-dominated profession, with latest available figures showing that men represent only 10.7% of the nursing workforce (Nursing & Midwifery Council, 2008), although within the UK there is a perceived need for a more gender-balanced workforce. Such figures indicate that men are somehow excluded from taking on this occupational role. Research in this area to date has mainly focused on the historical attitudes to men in nursing and on their experiences of working in a female-dominated profession. Overall, findings from this work show that nursing is still seen as primarily a female domain and that men choosing to work within this domain live with, and have to negotiate, negative stereotypes that cast them as effeminate, predatory and/or aggressive. To date there has been little research conducted on how male nurse identities are constructed by nurses themselves or by those training to enter the nursing profession. Clearly, this is likely to be an important factor in understanding the position of men in nursing.

One of the most fruitful approaches to the study of identities is discourse analysis. Sacks, in his *Lectures on Conversation* (Sacks, 1992), provides a list of category sets that are available for identifying any member of a given population. Among the examples that he provides are those of 'sex' and 'perhaps occupation'. The category to which an individual is allocated within these routinely occurring sets immediately makes available to a listener a

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range of inferences about the individual who is categorized and the activities in which he or she is engaged. Thus, a gender-based categorization can make available inferences about the activities that are relevant for an individual categorized as man or woman. Similarly, a description of a particular occupation makes available inferences about those involved in that occupation and about other aspects of social arrangements. As Sacks observes, however, these processes are matters of negotiation for members and do not reflect categories that have self-evident bases lying beyond the context within which they are located. In respect of gender, these issues are drawn out by Stokoe (2006) in a discussion of the ethno methodological background to the study of gender and feminism. In particular, she draws attention to the ways in which gender-based identities are negotiated in talk: ‘This means that the gendered properties of social life, routinely taken-for-granted as natural and trans-situational, are best understood as situated accomplishments of local interaction’ (Stokoe, 2006, p. 468). In respect of occupation, a number of writers (Scheuer, 2001; Watson, 1997) have pointed to ways in which the meanings of certain forms of occupation and those of organizational practices become participants’ concerns and can be seen to be worked out in everyday interactions. The performance of occupational practices thus commonly requires the ascription of identities to those who are routinely engaged in these occupations (Morales-Lopez, Prego-Vazquez, & Dominguez-Seco, 2005). Such negotiations of identity may be associated with broader social considerations of prejudice. Contemporary researchers have noted the ways in which prejudiced formulations are often produced by means of characterizing ‘the other’ in very specific ways: the act of categorizing people as belonging to a particular group may, at the same time, establish the blameworthiness of the actions in which they may be engaged (Tileagă, 2005). However, research also indicates that speakers often display a refined sensitivity in the deployment of talk, which is potentially hearable as prejudiced (Figgou & Condor, 2006).

In the present paper, we seek to explore these issues of gender, occupational identities and prejudice by employing discourse analytic methods to study the ways that groups of student nurses talk about the role of men in nursing. In particular, the purpose of the current work is to explore how student nurses formulate male nurses’ identities in talk and how these may work to either include or exclude men from the nursing profession.

2. Method

A series of five focus group discussions (total female $n=15$; total male $n=2$) involving third-year student nurses undertaking a pre-registration nursing degree program in one Scottish university were conducted. The discussions took place on university premises and, on average, lasted approximately 45 minutes. At the beginning of each discussion, participants responded to an initial question about their views of men in nursing. Thereafter, the discussions that took place approximated to naturally occurring conversation with minimal intervention from the focus group facilitator. All interviews were tape-recorded with the interviewees’ consent. Transcription was carried out broadly in line with the conversation analytic notation system developed by Jefferson (2004). Pseudonyms were later substituted for participants’ names to preserve anonymity and confidentiality. Extracts for analysis were selected in the following way. Complete transcriptions of all interviews were read in order to identify those sections of interview in which participants could be seen to orient to issues of identity. Coding was conducted to identify from the transcripts passages in which concerns of gender and occupation appeared particularly salient to the participants, especially those descriptions of men in nursing that emphasized specific features of male nurses. This was done inclusively, with all passages of potential interest being selected for further analysis. These passages were then analyzed broadly in line with the discursive psychological approach (Potter, 2005). In particular, analytic attention was paid to the category memberships deployed by the participants in their talk and to the ways in which they oriented to the inferences made available by such categorizations. Attention also focused on the sequential organization of the talk and how the participants took up, challenged or reworked the categories on offer in making sense of male nurse identities in the local context.

3. Results

The following extract occurs at the start of one of the focus groups, immediately following from the question ‘How do you feel about men in nursing’.

Extract 1

- 1 K Well, I thought it was good to have different genders in nursing because it helps the patient to feel
 2 more at ease I think.
- 3 L: Well, I have no problem with it at all, but some people do. But some of the opinions on them wards are
 4 He's a wee nursie, so he must be gay. Not in the sense of mental health nursing because they are seen
 5 as big and macho and the men are needed more there to control the aggressive patients.
- 6 C: That's taken from the patients' point of view rather than the nursing staff.

It is noteworthy here that all three participants co-construct three different versions of men in nursing. At line 1, K's initial positive evaluation indexes the extent to which this description of the helpfulness of nurses represents her own thoughts. This personal voicing is echoed at line 3 in L's relatively strong formulation of the extent to which she views the unproblematic status of male nurses. However, in what follows, two further representations of male nurses are introduced. The second version, at line 4, associates male nursing with being gay. The use of the Scottish colloquialism 'wee', which indicates smallness, together with the identification of the nursing role via the child-like category label 'nursie', indicates a relatively low status attribution. This description of male nurses, which is framed to emphasize a critical stance towards them, is treated as being a causal antecedent to the conclusion on offer, which is that any man who adopts such a restricted role must be gay. The third version of male nurses that is produced, which by contrast specifies categorical features such as bigness and being macho, is treated in a less critical way, in that the description includes reference to a specific way in which male nurses meet a need in this particular health context – they can control aggressive patients. However, this third version is produced in a manner which limits the range and extent of its applicability. Firstly, such features are said to be true only of mental health nurses. Secondly, this category of nurses is treated as merely one 'sense' which stands in exception to those other nursies who are gay.

However, K is careful to distance herself from authorship of such views. They are, instead, attributed to other, vaguely identified sources: 'some people' and 'some of the opinions on the ward'. This particular attribution is taken up by C at line 7, who highlights that such views are derived from patients rather than from nurses. By restricting reference to these vaguely specified groups, both K and C are able to present their views in a manner that is relatively difficult to undermine, since such views are not attributed directly to any specific person who might be in a position to challenge the claim made. It is noteworthy here that L's critical formulation of men in nursing as 'wee nursies', and the precise relationship between such a status and the sexual orientation of men in this role, is not made explicit. This also makes the critical nature of this claim difficult to challenge, since the exact nature of the argument being advanced is left unstated. What this extract shows, then, is that the student nurse participants are able to reproduce, but also disown, culturally available formulations of the identity of men in nursing, which describe such men as gay or attributes to them only a circumscribed role in one particular area of nursing.

But at other points in the group discussions, participants can be seen more directly to draw upon issues of gender and gender role expectations in the way they talk of men in nursing. In the following pair of extracts, extract 2 occurs towards the beginning of the relevant focus group at a point in which the participants have been discussing stereotypes of male nurses as gay. Extract 3 arises at a point towards the middle of the focus group where participants have been discussing the role of male nurses in surgical wards.

Extract 2

- 1 S: I think there is still the opinion that men that come into nursing are effeminate. I would say they are
 2 more ambitious than most female nurses. Most females are happy to stick to the grass roots of patient
 3 care.
- 4 I: Why do you think that is?
- 5 Y: I am not sure whether it is just that they want to earn more and have a higher status.

Extract 3

- 1 I: Have you ever noticed on surgical wards what the male nurses do?
- 2 R: Yeah. Women go away and get people up, whereas men do all the drugs. You wonder why that is and
 3 why they came into nursing in the first place, as everyone thinks of nursing as hands on care, whereas a
 4 lot of the guys are not as hands on care as everybody else.

In extracts 2 and 3, the participants develop particular versions of the male nurse identity which are designed to make relevant one particular feature of nursing as an occupation, that of caring for patients. In extract 2, S begins by making the same sort of vague attribution in respect of male nurses being gay as seen in extract 1. However, S then goes on to provide two characterizations of approaches to nursing. The first of these makes relevant issues of personal career ambitions, a concern which is attributed to male nurses. The second, caring for patients, is presented as being more fundamental to nursing through the expression ‘grass roots’ and is attributed to female nurses. When this is questioned at line 4, Y responds by grounding male nurses’ career ambitions in terms of their desire for financial benefits and ‘higher status’. In extract 3, male nurses are characterized as concerning themselves with drug administration in contrast to women who ‘get people up’. The problematic character of this state of affairs is unpacked in the rest of R’s turn. At lines 3 to 4, R produces a particular description of nursing in terms of ‘hands on care’. Once again, the issue of caring for patients is presented in a way that emphasizes the central nature of such practice to the nursing occupation, in that the fundamental nature of caring is described as a view of nursing which ‘everyone’ holds. R then indicates that male nurses are deficient in caring practices, a claim whose extent of application is emphasized by attributing such shortcomings to ‘a lot’ of male nurses and by the fact that men differ from ‘everybody else’ in this respect. That this stands as a criticism of male nurses is emphasised by R’s claim at lines 2 to 3 that men’s behaviours are questionable to the extent that their underlying motives for entering the nursing profession require explanation. What both extracts 2 and 3 reveal, then, is a form of talk in which caring for patients is described as a fundamental aspect of nursing, and yet is a categorical feature which characterizes only female nurses.

At other points, the participants make relevant a different feature of nursing practice in drawing distinctions between men and women: the potentially unpleasant nature of nursing practice. In the following pair of extracts, extract 4 occurs at a point in the focus group where participants have been discussing male nurses’ ambitions, while extract 5 follows on from a discussion of male recruitment into nursing.

Extract 4

- 1 T: I think that for a very long time to come it will be a female profession. It will never be fifty-fifty
 2 because of the work that it involves.
 3 I: Why is that then?
 4 T: It is hard to change people’s beliefs and attitudes even the males themselves. It can be dirty work and
 5 some people are just not up for that

Extract 5

- 1 F: You have to be a certain kind of person to come into nursing
 2 N: I think there are a lot of younger guys who want to call themselves a nurse but they don’t realise that
 3 you are pulling your sleeves up and you are mucking in and getting your hands dirty like everybody
 4 else

In extract 4, T introduces the claim that nursing cannot be a profession in which men and women are equally represented. The rhetorical impact of this claim is strengthened through the temporal framing within which it is set, in which the initially indicated extensive period of time is upgraded, at line 1, from ‘a very long time’ to ‘never’. The warrant for this claim is supplied at line 2 in terms of features of nursing as an occupation, although the precise nature of these features is not made clear. At line 3 the unstated nature of this claim is treated by I as standing in need of further explanation. But T then continues by providing a description of people and events in which the nature of her initial claim is further unpacked. She frames the issue a difficult one because it is grounded in the relatively stable cognitions of an unspecified group of people, although the precise nature of these ‘beliefs and attitudes’ is left unstated. This vagueness, although indicating the universal applicability of the claim to ‘people’ in general, counteracts potential detailed rebuttal. However, once the claim is established, her description becomes more specific. At lines 4 to 5, ‘beliefs and attitudes’ is reformulated as a particular disinclination among ‘people’ to pursue ‘dirty work’, while at line 4 it is the beliefs and attitudes ‘males themselves’ that are made relevant. Thus the inference which is made available from this account is that it is men who have a disinclination to perform dirty work. In extract 5, F and N also jointly work up a description of the nature of nursing and of men in which the unsuitability of men is made clear. At line 1, F indicates the restricted nature of that set of individuals who are able

to enter nursing. In following, N provides an account of how other individuals, ‘younger guys’, may lack the appropriate properties for inclusion within that restricted set. These are described in terms of motivation to exert effort and willingness to engage in work that involves ‘getting your hands dirty’. The persuasive nature of this claim is strengthened in two ways. First, the truthfulness of the claim that these are features which typify nursing is established through N’s suggestion that young men do not ‘realise’ that these are aspects of nursing. Second, the all-pervasive nature of these particular aspects of nursing is emphasized in N’s claim that ‘everybody else’ has to be involved in work which results in their hands becoming dirty. Thus in both extracts, the potentially unpleasant nature of nursing practice is made relevant, and men’s unsuitability for that profession is formulated in terms of their aversion to such unpleasantness.

4. Conclusion

So at least part of the explanation for the relative scarcity of male nurses may lie in the identities that are available to them. As previous research (Harding, 2007) has pointed out, there are culturally available representations of male nurses as either gay or, in the restricted case of mental health nursing, ‘macho’. In this study, the participants display awareness that such social constructions of men in nursing are socially prevalent. However, they are careful, when re-producing these sorts of formulations, to distance themselves from such views and, to re-produce such formulations in ways designed to undermine potential challenge. This might indicate a relatively positive outcome, in that student nurses appear to reject prejudiced formulations of men in nursing. And, indeed, at a number of points in the discussions the participants articulate positive views on men’s employment in nursing. However, the evidence presented here shows that student nurses adopt other forms of gendered talk in which men are positioned in particular ways in relation to nursing practice. Nursing is constructed as a profession that involves caring for patients and being willing to tackle unpleasant tasks. But it is in respect of precisely these features that men are described as being deficient. Thus, although ‘gay’ or ‘macho’ identity ascription is avoided by the current participants, alternative identities for male nurses which are constructed around the deficiencies of men take their place. It is, perhaps, not surprising that men’s shortcomings as nurses are characterized in terms of lack of caring and unwillingness to tackle unpleasant chores. For, like the ‘gay’ and ‘macho’ representations, the characterization of men in comparison to women as relatively uncaring and unwilling to tackle mundane and unpleasant chores draws upon available cultural formulations of men in general as less sensitive and less willing to engage in cleaning or other tasks of the ‘housework’ variety. Thus, it would seem that the participants in this current study have rejected one pair of prejudiced formulations of the identity of men in nursing only to adopt another pair of equally prejudiced identity formulations. This outcome indicates that future training for student nurses might well benefit from a greater focus on having student nurses explore and understand more deeply how it is that they are relying on cultural representations in their positioning of men and women within the context of the nursing profession.

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