

Molloy University

DigitalCommons@Molloy

Theses & Dissertations

5-2019

Male Nurses' Experience Of Gender Stereotyping Over The Past Five Decades: A Narrative Approach

Michael W. Finnegan
mfinnegan@molloy.edu

Follow this and additional works at: <https://digitalcommons.molloy.edu/etd>



Part of the [Nursing Commons](#)

This Dissertation has All Rights Reserved. [DigitalCommons@Molloy Feedback](#)

Recommended Citation

Finnegan, Michael W., "Male Nurses' Experience Of Gender Stereotyping Over The Past Five Decades: A Narrative Approach" (2019). *Theses & Dissertations*. 76.
<https://digitalcommons.molloy.edu/etd/76>

This Dissertation is brought to you for free and open access by DigitalCommons@Molloy. It has been accepted for inclusion in Theses & Dissertations by an authorized administrator of DigitalCommons@Molloy. For permissions, please contact the author(s) at the email addresses listed above. If there are no email addresses listed or for more information, please contact tochter@molloy.edu.

Molloy College
The Barbara H. Hagan School of Nursing
PhD in Nursing Program

MALE NURSES' EXPERIENCE OF GENDER STEREOTYPING OVER THE PAST FIVE
DECADES: A NARRATIVE APPROACH

a

dissertation by

MICHAEL W. FINNEGAN

Submitted in partial fulfillment of the requirements
for the degree of
Doctor of Philosophy

May 2019

© Copyright by MICHAEL W. FINNEGAN

All Rights Reserved

2019

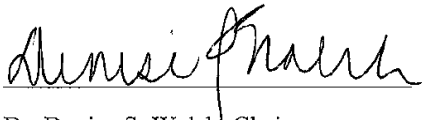
MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING

The dissertation of: Michael Finnegan

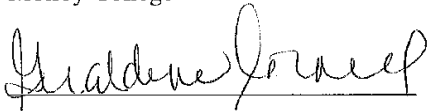
Entitled: Male Nurses' Experience of Gender Stereotyping Over the Past Five Decades: A Narrative Approach by in partial fulfillment of the requirements for the degree of

Doctor of Philosophy

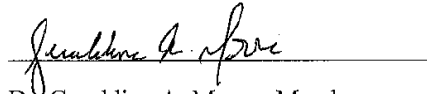
in The Barbara H. Hagan School of Nursing has been read and approved by the Committee:



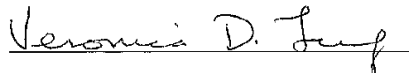
Dr. Denise S. Walsh, Chairperson
Professor, The Barbara H. Hagan School of Nursing
Molloy College



Dr. Geraldine L. Cornell, Member
Associate Professor, The Barbara H. Hagan School of Nursing
Molloy College



Dr. Geraldine A. Moore, Member
Professor, Department of Nursing
University of Delaware



Veronica D. Feeg, PhD, RN, FAAN
Associate Dean and Director
PhD Program in Nursing

Date: April 25, 2019

Abstract

Negative stereotyping of men in nursing has been a chronic problem that has a direct effect on males and detracts from efforts to recruit and retain them. At this time in American history (2018), traditionally male-dominated professions are making significant progress toward the goal of a gender-balanced workplace. However, the opposite is not true. Traditionally female-dominated professions are not attracting or appealing to men. In the nursing profession, the number of male nurses is relatively small and has remained relatively fixed over time. Estimates vary between 6-15 percent, with the current average being approximately 11 percent (American Nurses Association, 2014). The aim of this qualitative narrative study is to explore the perception of stereotyping by male nurses over time and to ascertain if there has been a change in the male's perception of the phenomenon.

To this end, the research question is as follows: What are the effects of stereotyping on the perceptions of male nurses from the years 1970 through 2017? The purpose of this qualitative exploratory narrative analysis is to examine the phenomena of male nurse stereotyping as experienced by men in nursing within the context of time. Using a narrative approach, a snowball sample of male nurses was applied. The nurses related their personal recollections and experiences of being a male in a female-dominated profession. Each interview used a narrative approach to elicit the stories from the participant's career progression. Participants were specifically recruited from careers that spanned five decades. The men were asked to focus on what was occurring in society from their point of entry into the profession and to compare it to 2019. The selection of participants was divided into ten-year increments starting from 1970-1979 and ending in 2017 (seven-year increment for the last group). Three men were interviewed from 1970-79, 1980-89, and 2010-2017 cohorts; four men were from the 1990-1999 and 2000-2009 cohort. A total of seventeen nurses were interviewed.

The interviews were recorded and transcribed. A narrative analysis using Catherine Riessman's (1993) method of thematic analysis was applied to identify patterns of the lived personal positive and negative experiences of male nurses.

This study was conducted to determine if the perception of gender bias and stereotyping for males has changed over time. Although present in each of the decades, there was some variation. Regardless of the decade analyzed, the effect of stereotyping varied from male to male. As an example, in some of the participants from the older cohorts, bias was not perceived at all whereas, in some of the younger participants it was. There were two notable findings. First, as time went on, there were fewer vocalizations of stereotyping, and when it did occur, it was often in the form of "joking or teasing." Most of the men agreed that gender bias and stereotyping has become less of an issue or not a factor at all. Secondly, some of the issues that the men spoke of have a historical connection to the literature on male nurse stereotyping. These issues were echoed in the interviews of the men in this study.

Some of the issues revealed have more significance than others. Some of the more serious issues include males feeling inadequate or fearful in caring for females, particularly younger females. Male treatment by faculty or staff during their obstetrical rotations was an issue for the older cohorts more than the younger ones. Males being asked to lift and move patients more often than their female colleagues occurred across the continuum. Males were considered professionally misplaced, often asked, "Why are you not a doctor?" Some unanticipated findings were in regard to the male's female colleagues. The men vocalize their observation of biases against female nurses, noting how providers often spoke differently (negatively) toward female nurses. Furthermore, men were often assumed to be in charge because of their gender and traditional societal gender roles, which could be advantageous.

Dedication

I am dedicating this dissertation to my wife Eileen who has been the major support person in my life. Without her support, encouragement, and selflessness, this dissertation would not have happened. What can you say to someone who constantly places your needs, your dreams, and ambitions before their own? It is simply not enough to say I love you and I thank you. I am a success not for achieving a PhD, which is a wonderful achievement, but it is to be fortunate enough to find a person to share unconditional love.

Acknowledgements

I would like to acknowledge my dissertation team Dr. Denise Walsh, Dr. Geraldine Cornell, and Dr. Geraldine Moore for all the support, direction, and unfailing encouragement for which I am most grateful. To Dr. Rose Schechter and Dr. Veronica Feeg who both played crucial roles in my professional growth as a nursing educator and of a nurse scientist. Also Dr. Maureen Moulder who as my advisor was always there to support and encourage me; she is truly a hero. Finally, I am grateful to my friend Dr. Keith Weiner, for his help and support on this journey.

Table of Contents

| | |
|--|-----|
| Abstract..... | i |
| Dedication..... | iii |
| Acknowledgements..... | iv |
| Chapter 1..... | 1 |
| Introduction..... | 1 |
| Statement of the Phenomenon | 3 |
| Background of the Problem | 3 |
| The History of American Nursing (1600’s-1700’s) | 4 |
| Education and Preparation of Nurses..... | 7 |
| Nursing (1800-1900)..... | 7 |
| Social Conditions..... | 9 |
| Education and Preparation of Nurses..... | 9 |
| Licensing and Regulation | 9 |
| Important Dates/Events for Nursing (1800-1900) | 10 |
| Nursing (1900-1920)..... | 11 |
| Social Conditions..... | 11 |
| Education and Preparation of Nurses..... | 13 |
| Licensing and Regulation | 14 |
| Important Dates and Events for Nursing (1900-1920) | 14 |
| Nursing (1920-1940)..... | 15 |

| | |
|--|----|
| Social Conditions | 15 |
| Education and Preparation of Nurses..... | 16 |
| Licensing and Regulation | 17 |
| Important Dates and Events for Nursing (1920-1940) | 18 |
| Nursing (1940-1960)..... | 18 |
| Social Conditions | 19 |
| Education and Preparation of Nurses..... | 21 |
| Licensing and Regulation | 22 |
| Important Dates and Events for Nursing (1940-1960) | 22 |
| Nursing (1960-1980)..... | 22 |
| Social Conditions | 23 |
| Education and Preparation of Nurses..... | 24 |
| Licensing and Regulation | 25 |
| Important Dates and Events for Nursing (1960-1980) | 25 |
| Nursing (1980-2000)..... | 25 |
| Social Conditions | 26 |
| Education and Preparation of Nurses..... | 27 |
| Licensing and Regulation | 27 |
| Important Dates and Events for Nursing (1980-2000) | 27 |
| Nursing (2000-Present)..... | 28 |

| | |
|--|----|
| Social Conditions..... | 28 |
| Education and Preparation of Nurses..... | 29 |
| Licensing and Regulation | 30 |
| Important Dates and Events for Nursing (2000-Present)..... | 30 |
| Historical Contributions of Men to Nursing | 31 |
| The Feminization of Nursing | 35 |
| Barriers to Male Acceptance | 37 |
| Current Status..... | 38 |
| Chapter 2..... | 40 |
| Literature Review..... | 40 |
| Caring and Emotional Intelligence | 40 |
| Problems With Use of Touch and Intimate Care..... | 42 |
| Cross-Cultural Issues | 44 |
| Media Depictions | 45 |
| Education and Employment Issues | 46 |
| Unexpected Benefits | 49 |
| Chapter 3..... | 50 |
| Introduction..... | 50 |
| Research Questions..... | 51 |
| Narrative Inquiry Methodology | 52 |

| | |
|---|----|
| Narrative Analysis: Method | 53 |
| Data Analysis | 53 |
| Study Setting..... | 55 |
| Sample..... | 55 |
| Inclusion Criteria | 56 |
| Recruitment Strategy | 57 |
| Benefits | 57 |
| Risks..... | 57 |
| Ethical Approval and Consent | 57 |
| Data Management | 58 |
| Rigor | 58 |
| Chapter 4..... | 61 |
| Data by Decade (1970-1979) Nursing: A Curious Choice..... | 61 |
| Gary D’s Story | 62 |
| Frank R’s Story | 67 |
| Harry W’s Story | 72 |
| Society’s Changing Perspective | 75 |
| Data by Decade (1980-1989): The AIDS Crisis | 76 |
| Pat S’s Story | 77 |
| Ken L’s Story | 79 |

| | |
|---|-----|
| Mike R's Story | 82 |
| Society's Changing Perspective | 85 |
| Data by Decade (1990-1999): Changing Times..... | 85 |
| Ben D's story..... | 86 |
| Glen D's Story..... | 90 |
| Kevin N's Story..... | 95 |
| Carl R's Story..... | 98 |
| Society's Changing Perspective | 100 |
| Data by Decade (2000-2009): Turning Point..... | 100 |
| Paul B's Story | 101 |
| Walter D's Story..... | 102 |
| Mark N's Story..... | 106 |
| Vince B's Story | 109 |
| Society's Changing Perspective | 112 |
| Data by Decade (2010-2017): A New Hope | 112 |
| Don A's Story | 113 |
| Sam M's Story..... | 118 |
| Ed A's Story..... | 120 |
| Society's Changing Perspective | 123 |
| Meta-Story | 124 |

| | |
|--|-----|
| Sexual Biases | 126 |
| The Wrong Profession..... | 128 |
| Male and Female Nurses..... | 129 |
| Career Advancement..... | 130 |
| Caring for Young Females | 131 |
| Obstetrical Nursing Education Experiences | 131 |
| Benefits of Being a Male Nurse..... | 132 |
| Chapter 5..... | 135 |
| Introduction..... | 135 |
| Relevance | 136 |
| Implications for Nursing Education..... | 137 |
| Implications for Nursing Practice | 140 |
| Implications for Nursing Knowledge Development..... | 141 |
| Limitations of this study | 142 |
| Future Research | 142 |
| References..... | 143 |
| Appendices..... | 150 |
| Appendix A: Institutional Review Board Approval..... | 150 |
| Appendix B: Recruitment Letter..... | 151 |
| Appendix C: Informed Consent for Interview | 152 |

| | |
|---|-----|
| Appendix D: Informed Consent for Recording | 153 |
| Appendix E: Executive Summary for IRB | 154 |
| Appendix F: Definition of Terms | 155 |
| Appendix G: Leading Interview Questions | 156 |
| Appendix H: Participant Demographic Details | 157 |

Chapter 1

Introduction

The negative stereotyping of men in nursing has been detrimental to the individual nurse and to the nursing profession. To address the nursing issues of the future, many healthcare experts believe that a more inclusive approach be placed on the recruitment of males and minorities. Stereotyping is a social injustice and should not be tolerated in a society that values cultural pluralism. Current events have called attention to gender issues in general and gender equality in the workplace specifically. Gender-based stereotyping has the potential to disrupt the interaction of male and female nurses in hospitals and is also harmful to the affected man. According to the Oxford Dictionary (2019), a *stereotype* can be defined as “a widely held but fixed and oversimplified image or idea of a particular type of person or thing.”

This widely held but fixed, oversimplified ideal affects how individuals view others through this stereotypical lens for both genders. The phenomena of male nurse stereotyping are a well-documented issue easily found in nursing literature. While it is true that male nurse stereotyping has been a problem for many years, the question remains: *Has the male nurse's experience of stereotyping changed over time?* Do men entering the nursing profession today perceive the same level of stereotyping as their peers from prior generations? These questions warrant exploration in a systematic manner to trace the sources and evolution of fixed and potentially negative views of men within the setting of time.

In selecting a vocation as a nurse, a male makes a conscious decision to enter a profession that is overwhelmingly female dominated. His career choice has several challenges that his female colleagues do not have to negotiate. In a recent nationwide study on the demographic breakdown of nursing in the United States, the number of males in the nursing profession was estimated to be approximately 9.6% (U.S. Census Bureau, 2017). In this U.S census report, the government

points out that the number of men entering nursing is increasing and although encouraging, there remains a large numerical gap separating the number of male and female nurses. It is too early to determine if this is a sustained upward trend; other sources have displayed conflicting demographic data. As an example, the American Nursing Association (2014) places the number of males in nursing at approximately 11%.

The lack of men in nursing is not just evident in the United States but is a worldwide phenomenon. Cheng, Tseng, Hodges, and Chou (2018) reports males representing less than 10% of the global nursing workforce. Likewise, O'Connor (2015) cites the number of male nurses worldwide at approximately 10%. Periodic nursing shortages are a public health issue. As stated in *A History of American Nursing Trends and Eras* by Deborah Judd and Kathleen Sitzman (2014), by the year 2025, America will require 500,000 more nurses than will be available. The American Association of Colleges of Nursing (2019) has issued statements indicating that the problem will be compounded by an anticipated shortage of nursing faculty. Future nursing shortages can be alleviated if more males were enticed into the profession. According to Ashkenazi, Livshiz-Riven, Romem, and Grinstein-Cohen (2017), there is currently a worldwide nursing shortage. The lack of male representation denies the nursing profession access to a significant portion of the population. This restricts the nursing profession's development in several ways.

If nursing is to advance as a profession and be a co-creator with equal power in the design of future healthcare systems, then solving nursing's internal problems must be the top priority. Any proposed solutions must include the prevention or minimization of a future nursing crisis. Nursing crises endanger public health. Fewer nurses threaten nursing education standards, quality measures and erode public confidence. The future crisis can be avoided by diversifying the nursing workforce. Diversification must include a significant effort at attracting more males into

the profession. Convincing more men to study and become nurses on a large scale will benefit college nursing programs, health care employers, and the profession itself.

After an examination of the statement of the phenomenon, an American history of nursing and a history of men in nursing will be presented. Chapter 2 examines the relevant literature of the effect of male nurse stereotyping on the individual nurse and on the nursing profession; chapter 3 outlines the research design and methodology; chapter 4 presents the results of the study; and chapter 5 will lay out a discussion of the findings and relevance to the nursing workplace issues.

Statement of the Phenomenon

This study seeks to examine the experiences of men who chose a career in nursing during the years 1970 to 2017. Through the process of narrative inquiry, the experiences of male nurses in a female-dominated profession will be discussed.

Background of the Problem

Male nurses are exposed to stereotyping and have been since the end of the 19th century, which is considered the dawn of modern nursing. Males in nursing are guarded in their nursing practice and must contend with perceptions that they are somehow professionally misplaced. Often, men in nursing are portrayed as either homoerotic, hypersexual, ambiguous about career choice, unintelligent or as a failed medical school applicant. Males are faced with the stigma that they cannot adequately take care of female patients. Male nurses are often depicted as being unable to control their own sexual impulses and at risk for sexually assaulting young women. In addition, male nurses have been thought of as being incapable or incompetent in providing intimate care particularly to young female patients (Cottingham, Johnson & Taylor, 2016). These unsubstantiated perceptions negatively affect the number of men who might be considering nursing as a career. The Institute of Medicine report as cited by Kovner et al. (2018) calls on the

nursing profession to increase diversification. The report recommends including more members of minority communities as well as increasing the number of men.

The transformation of nursing into a profession started in the Victorian period of Florence Nightingale. Beginning about the year 1865 and continuing over the next several decades, economic and social factors combined resulted in the virtual expulsion of men from nursing. The way back to acceptance has been beset with multiple social and legal obstacles that continue to this day. The history of men as caregivers as a historical fact is often overlooked and is considered one factor that restricts the recruitment of younger men into the nursing profession (Zhang & Liu, 2016). In fact, males have contributed to the early development of nursing and caring, a detail that is sometimes debated due to the ambiguous roles that early caregivers were required to perform.

The History of American Nursing (1600's-1700's)

Nursing in America has a history, which has its roots in the European countries that founded culturally distinct settlements. American nursing has been shaped by many factors and will continue to do so as we adapt to emerging changes both in society and in health issues. During the early period of American History (1600-1700), European countries founded settlements, which later went on to become colonies. The new American colonies were reflective of their founding country's culture. This included the beliefs and customs of the parent nations as well as the cultural mores regarding caregiving (nursing) or health. To fully appreciate the early American colonies' concepts regarding caregiving, some historical context is required. The mindset of the colonists in that period toward the care of the sick was reflective of the negative European viewpoint of the public hospital system. That opinion was very poor. However, just fifty years earlier in Europe, there was a different attitude toward the care of the sick.

European countries in the pre-colonial period regarded caregiving as part of religious charity work. That altruistic viewpoint encompassed over 800 years of history from

approximately 700 to 1500 C.E. (Common Era). Caregiving during that time was work that was not done in the home but in a religious monastery ward setting. Caregivers (nurses) were Catholic monks and nuns and the provision of care was divided along gender boundaries. The male monks took care of sick or injured males, and nuns who were females took care of women. The care in these wards focused on basic hygiene and the healing methods of that era. In general, the facilities that provided care were sanitary, well equipped, and efficient. They were viewed by European society as favorable. However, the pre-eminence of the monasteries as a caregiving model was about to be shattered (Judd & Sitzman, 2014).

In Europe at the start of the sixteenth century, the Catholic Church held a monopoly on Christian religious doctrine. The church was a powerful institution and exerted a great deal of influence upon the European nations. Part of that influence extended to the provision of healthcare. Over several centuries, an elaborate network of monasteries developed, which met the healthcare needs of most Europeans. In 1517, Martin Luther, a disgruntled Catholic monk, disputed the church's teachings and its claims of inherent authority. Martin Luther's ideas and teachings led to the protestant reformation movement. Conflict between the Catholic Church and protesting Christians (Protestants) became increasingly hostile. Eventually, tensions arose to the point where a war occurred. The conflict is known as the Thirty Years' War. This struggle caused widespread devastation and a virtual collapse of the Catholic Church monastic caregiving system. Most of the male religious orders that offered care succumbed to the elimination of their monasteries, leading to the effective elimination of men from the caregiving role. The few remaining religious orders that provided care were run exclusively by nuns. The belief that nursing care was to be provided by women originated during this time; the social exclusion of males as caregivers would continue over the next few centuries. The collapse of the monastic system in Europe led to the creation of a state-run public hospital system. In contrast to the

monastic archetype, the public hospitals were squalid facilities, disordered, and often poorly staffed.

The public hospital's workforce was often filled with unsavory characters. Poverty-stricken women who had no way of supporting themselves were often employed by public hospitals. In addition, a detrimental legal practice developed wherein women who were convicted for crimes of indecency could have their jail sentences commuted by assignment to a public hospital. The hospitals during that time were staffed by nurses who stole, accepted payment for sexual favors, and provided services in exchange for alcohol. This was a stark contrast to the care that was provided by the monastic system wherein the staff were the religious who viewed caring as a virtue. The public hospital nurses were not motivated by moral ideals and often were forced conscripts who were unmotivated and incompetent. As a result, patient care was predominantly insufficient and dangerous. The patients who went to a public hospital for care were either the destitute or dying. The few patients who were fortunate to escape the public hospital had family with the ability to provide care or had the financial resources to afford private attention. The image of nursing dramatically deteriorated. Whereas the earlier monastic tradition of care was honored and respected by the public, confidence in the new public hospital system was virtually nonexistent. Caregiving in the public sector was often provided by people inclined to criminality and incompetence. The new American colonies' rudimentary healthcare system did not carry any of the monastic tradition, which had collapsed prior to the colonies' independence. The colonists relied on either private care provided by family or the public institutions. The public opinion about caregivers and care practices in America during the 17th and 18th century closely resembled those of the European nations (Judd & Sitzman, 2014).

Education and Preparation of Nurses

Educational preparation for caregiving during this time was based on the caregivers' (nurses) individual experiences in caring for the sick and injured. Most caregivers were illiterate. Those who could read were in an environment in which only a few books existed with even less so dedicated to health and caregiving. There was no recognized education preparation, nor was there licensing or accrediting. Women who wished to make extra money for themselves could do so by caring for friends and relatives without the standardization and regulation of caring practice (Judd & Sitzman, 2014).

Nursing (1800-1900)

The twenty years between 1840 to 1860 have often been referred to by nursing historians as the "dark period" of nursing (Judd & Sitzman, 2014). Nursing practices were inadequate and the public's perception of nurses was unfavorable. The popular authors, poets, and cartoonists of this period depicted nurses as incompetent and vile people. Sadly, although hyperbolic, the caricatures represented an amalgam of negative traits, which were based on truth. The depictions resonated with the public's experiences, which further denigrated nursing's status in society. Charles Dickens, an accomplished writer from that era, introduced two loathsome characters into his novel *Martin Chuzzlewit*: a private duty nurse Sairey Gamp and a hospital nurse Betsy Prigg.

Dickens's *Chuzzlewit* novel was enormously popular and those two characters were the best know literary representatives of nurses during that time in nursing's history. Both characters reinforced the public perception of nurses as being "illiterate, rough, inconsiderate, immoral, or alcoholic." The societal view of nursing and nurses was such that no respectable woman would consider becoming a nurse as a viable option (O'Lynn & Tranbarger, 2007). "When a woman could no longer earn a living from gambling or vice, she might become a nurse. Nurses were drawn from among discharged patients, prisoners and the lowest strata of society. There was little

organization associated with nursing and certainly no social standing (Judd & Sitzman, 2014, p. 70).

In America, the dark period of nursing was a low point for nursing both in terms of social standing and practice. Fortunately for the nursing profession, a young, highly intelligent leader was beginning a career that would change the way nursing was taught, practiced, and perceived. By 1856, Florence Nightingale was the pre-eminent nurse leader of her time. She utilized statistical testing to transform nursing and nursing practice. She worked tirelessly to improve working conditions and advocated for nursing with health leaders, lawyers, and politicians. She introduced new standards for nursing care, established education criteria, and worked to change the public perception of nursing. Her groundbreaking book titled *Notes on Nursing* (1860) is one of the earliest books on how to provide nursing care.

She is considered the founder of modern nursing (Miracle, 2008; O'Connor, 2015). The timing of her work coincided with significant changes in health care. In terms of scientific understanding, the early decades of the nineteenth century were virtually non-consequential. Charlatans and opportunistic individuals motivated by greed often caused more harm than good. However, the mid-nineteenth century scientific contributions were vibrant. Innovations occurred in many areas of healthcare such as anesthesia, x-rays, stethoscopes, thermometers, and a variety of new diagnostic tools. In fact, during the nineteenth century, nurses were the primary providers of anesthesia. With these developments came a need to increase the knowledge base of nurses especially regarding infection. "Every nurse should wash her hands very frequently during the day. If her face too, so much the better" (Nightingale, 1860, p. 53). Nurses today face similar challenges insofar that new technologies and advances in health and medicine will always challenge nurses to increase the scope of their practice.

Social Conditions

The beginning of the nineteenth century was a time of uncertainty and unpredictability. The U.S. population enlarged dramatically. The economy was unstable. Many people migrated westward in search of a better life. This led to numerous conflicts and wars with Native Americans over land rights. During the nineteenth century, America was involved in five wars, all of which influenced healthcare practices. The country's sovereignty was threatened in 1812 by war with England and then again during the Civil War from 1861-1865. During the first half of the nineteenth century, healthcare and care practices went essentially unchanged. In the last 20 years of this century, immigration primarily from Europe caused widespread social change to American institutions and society (Hirschman, 2005).

Education and Preparation of Nurses

In the mid-1800s, the nursing profession began to formalize the way new nurses were trained. Starting in England at St. Thomas Hospital, Florence Nightingale opened a modern training program. The school became a blueprint for other training programs. American hospitals replicated her approach. Training involved a one-year probation period, which was followed by a three-year commitment as a staff nurse to an approved hospital (Judd & Sitzman, 2014). This innovative and new way of educating nurses was known as the Nightingale method and was soon held in the highest esteem. Nightingale's strong admission criteria to her programs established nursing as a respectable middle-class career option. The changes she originated effectively eliminated the "conscriptio" of women with dubious character traits.

Licensing and Regulation

In this period, there was no formal licensing or regulation of nurses. Schools of nursing continued the practice of keeping records of their graduates. Thus, nurses were considered certified by their individual nursing programs. Graduates from nursing schools were often

employed as private-duty nurses. Outside of the private sector, nurses who worked within the military health system were expected to carry nursing identification papers. These papers included a photograph, name, pertinent information, and a descriptor, that identified the woman as a nurse or aide (Judd & Sitzman, 2014).

Important Dates/Events for Nursing (1800-1900)

- 1800-1850: Most nurses are untrained
- 1830-1850: Nursing school in Kaiserwerth, Germany, sparks the nursing education movement. Florence Nightingale trains there to be a nurse.
- 1840-1865: Dorothea Dix promotes mental health.
- 1844: Sairey Gamp nurse and midwife appears in Charles Dickens's novel: *Martin Chuzzlewit*.
- 1854-1856: The work of Florence Nightingale begins.
- 1861-1865: U.S. Civil War
- 1858-1860: Florence Nightingale is formally accepted as a member of the London Statistical Society; she is the first female to achieve this honor. Ms. Nightingale publishes *Notes on Nursing*, opens a nurse-training school in London and writes extensively on nursing care. She promotes the nursing profession for the remainder of her life.
- 1862: New England Hospital for Children opens and has a nurse-training program.
- 1868: American Medical Association (AMA) advocates training for nurses.
- 1873: Nursing schools open in Boston, MA, New York, NY, and New Haven, CT.
- 1879: Mary P. Mahoney is the first black to graduate nursing school. The first all-black nursing school opens.
- 1886- 1898: Five schools dedicated to the education of male nurses open. (Judd & Sitzman, 2014).

Nursing (1900-1920)

The early 1900s was a time of positive political and social change. Major legislation and constitutional reforms, including the passing of the 17th and 19th amendments, began to change America in fundamental ways. Society enacted child labor laws and promoted legislation for the protection of women and children. Social concerns gained traction and the nursing profession began to benefit from the work of the leaders from this period. Charismatic independent forward-thinking women like Eleanor Roosevelt expanded the thinking of the populace. Many of the current opportunities afforded to women had their origins from the changes enacted during this period.

Nursing practice in the early 1920s was administrated and controlled by the hospital. The education, training, and employment of nurses was the province of the sponsoring hospital, nursing supervision, and attending physicians. Moreover, the scheduling, uniform and level of autonomy were determined by the supporting hospital. “In 1916 a standard uniform was proposed by the American Nurses Association (ANA) members appearing in public activities” (Judd & Sitzman, 2014, p. 119). The image of nursing was greatly enhanced, as the professional nurse had a uniform that was very distinctive and epitomized the positive values associated with being upright and moral. Nursing in this period was an extension of the Christian value system. Almost all nurses were female. Males and other minorities had very few training opportunities available to them and were excluded from most programs. The American public conception of nurses was single, white, and female (Judd & Sitzman, 2014).

Social Conditions

Immigration had dramatic effects on the United States. The late nineteenth century and the early part of the twentieth century was a time of massive immigration. Millions of people came to the United States. The new arrivals were mostly poor and had little in terms of personal resources.

The expectation of the new arrivals far exceeded the actual capabilities of America's economic and social resources. There were shortfalls in sanitation, housing, employment, and health services. However, that did not matter; immigrants came anyway. The opportunity to improve one's life by coming to America was a powerful lure. Millions of people came to the United States primarily through Europe. Those who originated from Europe tended to settle along the eastern part of the country. The new arrivals were often faced with discrimination and isolation. This rapid influx of new citizenry often settled in large urban cities. The large increase in population created a demand for increased social, health, and support services. The new arrivals quickly outpaced the affected city municipalities' ability to provide services (Hirschman, 2005; Judd & Sitzman, 2014).

Public health issues like housing, health, and sanitation problems increased so quickly that city resources were unable to keep pace. Social interests such as the health and well-being of women and children became major public health concerns. Child labor laws were enacted to protect children from exploitation by unscrupulous manufacturers. The political climate was also clouded by some representatives who were corrupt and manipulated the new immigrants for political and personal gain. Although there were multiple hardships, there were some positive developments in industry and science. The industrial revolution was providing innovation and new mechanical innovations that promoted economic freedom. Air travel was now possible. In Central America, the Panama Canal was constructed. These innovations permitted quicker transportation of goods and people from coast to coast. Developments were occurring in medicine and nursing that led to the improvement of health for everyone. Nevertheless, despite these advances in science and economics, most of the country was not benefiting and remained in poverty (Judd & Sitzman, 2014).

Education and Preparation of Nurses

In this period, nursing leaders identified the need for a more scientific and academic approach regarding the education of nurses. Despite objections from physician groups, nurse leaders pushed forward the idea that if nursing was to develop scientifically, a greater emphasis on education was required. Nursing leaders understood that hospital-based programs would not be able to provide the needed didactic academic rigor required to advance nursing practice.

Physicians groups disagreed with that ideology claiming that it was an error to elevate nursing academically and doing so would lead to inferior patient care. As a group, doctors ascribed to the general belief that the nurse's role was to support the physician while maintaining a clean environment. The skill set of hospital nurses during this era was rudimentary, involving primarily domestic competencies with a focus on serving physicians. Nursing leaders disagreed with their physician counterparts and felt that the opposite would be true—that by improving a nurse's knowledge and understanding, a patient's care would be improved. Early leaders of the nursing profession pressed physicians, hospital administrators, and political representatives of the day to expand nurses training and education.

Nursing leaders understood that the addition of college-based courses with advanced skill training were prerequisites if nursing were to establish its own professional identity. The new education initiatives would be integrated with the domestic-training measures that were part of that period's hospital-based nursing programs. Nursing leadership grasped that modern advances in healthcare were causing a diversification in services. These changes required a nursing workforce whose members would be educationally and technically prepared to meet the emerging challenges of providing care in a variety of complex settings. Nursing was beginning to establish itself as a profession despite physician and hospital leadership's opposition (Judd & Sitzman, 2014).

Licensing and Regulation

As nursing grew in scope and reputation, nursing leaders recognized the need to standardize the educational process and to address other important aspects regarding regulation and legal concerns. Several groups working on these two different problems eventually coalesced into two major organizations. The National League of Nursing (NLN) was developed to ensure the standardization of curriculum and the accreditation of nursing programs. The American Nurses Association (ANA) was created to address legal concerns and to develop standards of care, as well as to ensure acceptable practice. Both groups remain active today. As standards rose, it became evident that some formal control was required. Unregulated programs led to inferior care and enabled individuals to become nurses without the necessary checks and balances to ensure quality and safety. Many states created nursing boards to help standardize entry into the profession (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (1900-1920)

- 1900: Mary Adelaide Nutting introduces science and theory prior to clinical practice.
- 1901: The Army Nurse Corps was established.
- 1902: Lillian Wald forms New York public school nursing program
- 1905: The American Journal of Nursing was published for the first time.
- 1907: The Navy Nurse Corps was developed.
- 1908: National Association of Colored Graduate Nurses is formed.
- 1909: The first nursing school program associated with a university is founded.
- 1910: Florence Nightingale dies.
- 1911: The American Nurses Association of nurses is formed (ANA).
- 1912: The National League of Nursing is formed (NLN).
- 1920: The 19th Amendment is ratified; women are now allowed to vote (Judd & Sitzman, 2014).

Nursing (1920-1940)

Nursing leaders in this era continued to fight for nursing to be recognized as a separate profession. Ann Goodrich, Lillian Wald, and Mary Adelaide Nutting crusaded continuously for the advancement of nursing practice. Nursing training in the hospital setting still focused heavily on task-oriented skills that were not accompanied by a thorough knowledge of science. The hospital systems relied so heavily on nurses and nursing students that the academic ability to join knowledge with skill was virtually unattainable. Nurse leaders lobbied vigorously against the restrictive thinking of hospital leadership as it pertains to the education of nurses. There was great emphasis placed on the uniform and caps worn by the nurses during this time. Many considered their cap and uniform as having symbolic significance, as it identified them as coming from a specific school. The social expectation during this era was that a nurse be single, white, and unmarried. If a female nurse got married, most left nursing after their training for the traditional roles of wife and mother (Judd & Sitzman, 2014).

Social Conditions

This twenty-year period saw the end of one world war and the beginning of a second world war. At the end of World War I, America emerged as a world power. American deaths in the war were approximately 110,000. As in previous wars, many of these deaths were caused by secondary disease as opposed to direct combat causes. Although Americans fought in the war, the conflict took place completely on European soil. That fact meant that American cities and infrastructure were untouched by hostile military activity. On the other hand, European cities, infrastructure, and industrial centers were devastated during the war. The desolation of European industry put America in a position of advantage and the American economy started to grow and expand. The industrial workforce needed additional labor. The new promise of high-paying jobs drew large segments of the population into the cities. Many of those were blacks and other

minorities who were fleeing the South to escape widespread poverty and racism. Labor unions began to organize. The movement of large segments of minorities into the cities placed enormous pressure on city services such as sanitation, housing, and health care. Moreover, large numbers of minorities were now living near non-minority populations. This brought about feelings of mistrust and tension as different groups struggled to coexist. The League of Nations began as the world attempted to ensure that “the war to end all wars” would never have to be refought. Sadly, this was to be proven untrue (Judd & Sitzman, 2014).

Immigration continued but at slower pace than previous years. The economy continued to expand, and the newfound financial gains created an atmosphere of positive feelings. The restrictive social code from the Victorian era gave way to the roaring twenties. This created new opportunities for many women to explore career and social opportunities that were previously denied. The optimism of the 1920s was short lived. The great depression of 1929 collapsed the American economy. Large sections of the population were out of work. Shortly thereafter, the nation’s farmlands experienced a widespread drought, which further damaged the economy and caused famine. Also affected were the vast industrial network and social systems that supported the nation’s farming communities. As a result of the famine, those interdependent networks and supportive systems also collapsed. This was a time of economic calamity and social upheaval (Judd & Sitzman, 2014).

Education and Preparation of Nurses

Nurses during this time were better prepared and educated than the previous generations. Standardization in the education process was now expected and closely monitored by the individual state board of nursing. Nursing school applicants were now required to have a high school education and diploma. Prior to acceptance into their programs young applicants were expected to take an admission examination. The purpose of the testing was for applicants to

demonstrate proficiency in their elementary studies. In preparing for clinical training, the nursing curriculum preparative course work required a laboratory-based skill validation. Students were required to take formal classes in all the nursing disciplines. Initially, this included training in the care of patients with medical and surgical problems. As time moved forward, schools added obstetrical, pediatric, and psychiatric refinements. Programs that did not fulfill all the didactic requirements did not receive accreditation. Male nurses faced difficulties in fulfilling the obstetrical requirement, as most programs restricted males from this experience. Some schools that were specifically developed for men to study nursing permitted males to substitute urology for obstetrical nursing (Judd & Sitzman, 2014).

Licensing and Regulation

Nursing leaders struggled with having nurses accept the idea that registration and licensing were necessary steps that would greatly enhance the profession. Nursing training programs had been unsystematic and varied in quality. Nurses were poorly trained and imposter nurses were not uncommon. Many honorable practicing nurses did not comprehend the implication that these measures were needed to establish nursing as a profession. In addition, nursing had the problem of inadequately trained nurses who were already in practice. Nursing leaders believed the problem was so widespread that an intervention by state or the federal government was required. Funding would be essential. Indeed, most nurses in practice had already paid for their own training. The idea of enticing them to return for additional or remediation education would not be easy. Nursing was competing for government resources that were limited. During this time in America, there were many social issues and all those problems needed funding. Moreover, the country was still recovering from the effect of the Great Depression (Judd & Sitzman, 2014).

Despite the obstacles, most states adopted formal licensing. State boards of nursing had practicing nurses as part of their composition. Most state boards of nursing agreed that a licensing exam was a needed goal. The exams were drafted by the individual states and were an insufficient tool to measure knowledge. The exam's content and level of difficulty varied from state to state. Leaders recognized that a national exam with a scrutinized criterion would be the best indicator of a nurse's educational preparation. Progress for nursing had been made and the profession was moving to standardize education (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (1920-1940)

- 1920: The nineteenth amendment passes, allowing women to vote.
- 1922: Sigma Theta Tau formed.
- 1930: Association of Collegiate Schools of Nursing is formed.
- Midwifery programs are organized and training is standardized.
- Educational reform lead to the grading of nursing schools.
- Licensing exams refined.
- 1932-33: Nursing schools adopt a standardized curriculum.
- 1940: National League for Nursing proposes a national nursing exam
(Judd & Sitzman, 2014).

Nursing (1940-1960)

At the start of World War II, the need for nurses in the military and private sector was so acute that United States Congress passed the Nurse Training Act. This important piece of legislation provided free tuition for nurses' training and authorized the USPHS to create the Nurse Cadet Program (History of Women in the USPHS). The Cadet Program was charged with developing a nurse's training program that could be completed by qualified candidates within a three-year period. The initiative was ambitious. The curriculum design enabled coordination

between the individual state boards of nursing. The Nurse Training Act provided free funding for training, but the new nurses had to serve for the duration of the war. Nurses had a choice of either serving in the military nurse corps or civilian practice. Qualified candidates were between 17 and 35 years old. Although nursing was still viewed as a white female profession, minority blacks and small numbers of male nurses were beginning to join the profession (Judd & Sitzman, 2014).

In the early 1940s, opportunities for male nurses were limited. At the beginning of the decade, there were only four schools in America that exclusively trained men for a nursing career. Moreover, one of them was run by a religious order and expected the men to commit to a religious vocation after graduation. Programs that educated women for nursing were commonplace and few admitted males. In 1940, the percentage of males who graduated from nursing school was slightly below three and a half percent. Men who did become nurses faced employment limitations and were limited in their choice of practice. Up until the early 1940's, care in the public sector had been along the gender lines. That restriction started to change for women as it became increasingly acceptable for females to care for males. However, the reverse was not true; males were not allowed to care for female patients. Male nurses had major obstacles to education and training. In limiting scope of practice, education, and training males were deliberately denied full professional acceptance. Ironically, many of the men who were interested in nursing as a career were veterans of military service and had served honorably during wartime. The lack of acceptance for males in nursing continued through the 1960s. Only one percent of nurses in 1960 were men (Judd & Sitzman, 2014, p. 205).

Social Conditions

The Second World War was a cataclysmic event of the twentieth century. The United States entered the war with the Japanese attack on Pearl Harbor. The war decimated Europe and Asia, causing the death of tens of millions of people. Approximately 60,000 nurses served in the

Second World War; women were influential in the war effort working in American factories manufacturing war materials. The contribution of women toward the war effort cannot be overemphasized as hundreds of thousands filled the workplace vacancies left by the men who went to fight in the war. The war ended America's great economic depression and triggered a wave of industrial growth. As in the First World War, the Second World War was not fought on American soil. European, Asian, and Russian cities and their supportive industrial bases were significantly reduced or destroyed by war. America emerged from the conflict with no damage to its industrial base. This left America in position as the world's premier political, economic, and military power (Judd & Sitzman, 2014).

In this period, many important developments occurred for nursing and medicine. Antibiotics had been discovered. Doctors were curing patients with infectious diseases who in previous generations would have died. Medical and surgical breakthroughs were happening at an unprecedented rate. Advances in medicine presented physicians with a range of effective medications and interventions, which saved many lives. Likewise, the nursing profession had reason to be hopeful. Prior to the war, being a nurse was not viewed by society as an appropriate profession. The Second World War transformed nursing into an established career. Nurses were portrayed in recruitment posters wearing uniforms and serving the war effort. Nurses were needed for the war and thousands of them served. In fact, many nurses were either on the battlefield or in close proximity to it while providing care. Anynes (1973), as quoted by Judd and Sitzman (2014), provides one soldier's account.

They were 24 hours with plenty of things dropping all around—planes being shot down. Let me tell you they quickly learned to dig foxholes. I have seen them digging them with a spoon-two thing [sic] they soon learn to do—wear helmets and dig foxholes... They had no water except in their canteens when unloaded.

[When I arrived] they welcomed me with food and equipment. They had no tents. Each nurse was given one blanket and a half shelter tent, his or her “B” and “C” rations and a musette bag. They were wearing fatigues and steel helmets. They used the ground for their bed—but they were ready to go and waiting for us when the situation demanded it. (p. 198)

World War II ended and less than 10 years later, the Korean War began, with nurses again serving with honor and distinction.

Education and Preparation of Nurses

This twenty-year period was a time of great change for nursing. Nursing advancement was influenced heavily by war. The Nurse Training Act was an enormous success but after the war, many nurses did not return to nursing practice. This created a renewed need for bedside nurses. New advances in all the health-related professions occurred rapidly in this twenty-year period and nursing was no exception. The nursing profession adapted to the changes in science and technology. As medicine and health care evolved, the role of the nurse also changed, becoming increasingly more sophisticated and intellectually challenging. Nursing education was now available through hospital-based training programs, associate degree programs, and baccalaureate pathways. Hospital-based programs, also known as diploma programs, started to decline during this time. Nursing practices and leadership evolved as required by the advancements in healthcare. Complex hierarchical systems and new relationships between professions were needed to meet the new challenges. Many nurses moved from the bedside and into areas of management. All these factors combined would contribute to a shortage of bedside nurses (Judd & Sitzman, 2014).

Licensing and Regulation

The earlier efforts of nursing leadership and nursing organizations were showing real progress in the areas of standardized education and licensing. Regardless of the pathway a student chose for his or her nursing education, there were now systems in place to verify measurement and specific learning criteria. These systems coordinated a standardization of education, which was now recognized by the individual state boards of nursing. Nursing leadership began to develop goals and objectives to enhance the workplace and lower barriers for minorities (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (1940-1960)

- 1942: Federal training funds for nurse approved.
- 1943: Nurse Training Act passed.
- 1943: First class of Army Nurse Corps flight nurses graduate.
- 1945: First mobile Army Surgical Units (MASH) were established.
- 1949: Association of Colored Graduate Nurses joins with the American Nurses Association.
- 1950: National Division of Nursing established.
- 1952: Associate Degree in Nursing program trialed.
- 1955: Males commissioned into the Army Nurse Reserve Corps (Judd & Sitzman, 2014).

Nursing (1960-1980)

In the first part of this period, hospital nurses' uniform was a source of pride and honor. Nurses' uniforms were a way of distinguishing a nurse by educational preparation. As nursing evolved through the 1970's and into the 1980's, nurses began to regard the traditional uniform as being a static representation of their past. Uniforms began to change as nursing tried to establish itself as an independent profession. Over time, nurses abandoned their caps and began to wear

white uniform pants with a white top. The presence of male nurses in the hospital setting contributed to the changing uniform customs. Uniforms became more casual, exchanging the use of pants as opposed to a white dress uniform. Uniforms began to vary in color arrangement.

Social Conditions

The 1960s were a time of many political changes and social challenges, some of which continue up until today. America ended its military conflict with the North Korean government but soon became embroiled in the Vietnam War. The latter conflict lasted twenty years and ended in 1975. On November 22, 1963, President John F. Kennedy was assassinated in Dallas, Texas. He was a popular president for many younger Americans and many still feel remorse that his time of influence was too short. Social conflict over racial lines culminated in the passing of the Civil Rights Amendment. The leader of that movement, Dr. Martin Luther King, was murdered in 1968. Similarly, Robert Kennedy, another advocate for racial justice and social causes, was also killed as he campaigned for the Democratic Party nomination for president. In 1969, America fulfilled President John Kennedy's 1961 prediction that a man be put on the moon and brought back successfully. America became embroiled with the Soviet Union in a geo-political military deadlock, which became known as the "Cold War." The decade of the 1960's was a turbulent period with many changes in healthcare, which affected nursing and medicine.

Congress passed the Social Security Act, which created two programs that offered healthcare to the poor and elderly. America had implemented a widespread public health initiative using vaccinations as a preventive measure against infectious diseases with enormous success. The Vietnam War became a divisive focal point and the social backlash introduced a series of changes in the American social structure. This included the encouragement of sexual expression, recreational drug use, and reproductive issues like abortion and contraception use. President Nixon was forced to resign from office for his attempted cover-up over a politically motivated

failed break-in at the Watergate Hotel. In 1976, “Jimmy” Carter was elected president of the United States. Although many Americans were prospering financially, others were not. Poverty and healthcare disparities were racially skewed, disproportionately affecting blacks and other minorities. Largely, this continues up until today (Judd & Sitzman, 2014).

Education and Preparation of Nurses

Nursing leaders continued to advocate for the advancement of nurses through specialization and advanced training. In 1966, The American Nurses Association adopted the standard that the entry point of nurses into the profession should be a baccalaureate education. In addition, nurse practitioner programs were initiated and implemented to better address the healthcare needs of the populace. As America passed from the 1960s to the 1970s, the nation’s healthcare needs were becoming more complex and healthcare costs began to rise exponentially. Healthcare costs had always increased but at a consistent and modest rate. With the advent of specialization and major medical breakthroughs, that would change. In 1970, the United States spent approximately 74 billion dollars on healthcare; by 2016, that cost had escalated to 3.3 trillion dollars (Kamal & Cox, 2013).

To contain healthcare costs, governmental leadership began to look at ways in which the scope of practice for nurses could be expanded. Even though there was a demand for more and better-educated nurses, men continued to experience societal resistance to their inclusion into nursing. Even though men had served as caregivers in many American wars, males trying to enter nursing faced open discrimination. Males were not permitted to work as nurses during either World War and were only recognized by Army Nurse Corps in the mid 1960’s. This began to change in 1960-1980. Males began to find inclusion into nursing primarily through the efforts of the ANA. Males were starting to be accepted as competent nursing professionals. Males were proving to be as capable as females in the practice of nursing. Male nurses were meeting the

educational and performance standards outlined by the nursing profession (Judd & Sitzman, 2014).

Licensing and Regulation

Individual state boards of nursing working in conjunction with nationally recognized nursing associations mandated that all registered nurses have a nursing license. Schools of nursing were required to design curriculums that were reflective of national standards and to implement testing to meet those standards. This culminated in just the first National Council Licensure Exam (NCLEX). This remains the standard test for undergraduate nursing students' entry into the nursing profession (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (1960-1980)

- 1962: First research field office for the Department of Nursing opened.
- 1964: Army Institute of Nursing created at Walter Reed Hospital.
- 1964: Nurse Training Act added to Public Service Act.
- 1966: American Nurses Association resolution regarding nursing education at institutes of higher learning.
- 1966: Males fully commissioned into the Army Nurse Corps.
- 1972: Equal Rights Amendments passed by Senate—has yet to be ratified.
- 1973: Nursing Diagnoses national conference (Judd & Sitzman, 2014).

Nursing (1980-2000)

The profession was changing. Minority nurses and male nurses were becoming more commonplace. Nurses uniforms continued to evolve as nurses chose non-traditional uniform attire. Scrubs, multicolored uniforms, and uniforms with cartoon characters gained acceptance. Not everyone was in favor of these changes and some viewed them as confusing for patients.

Many nursing leaders felt these new changes were damaging to a nurse's professional image (Judd & Sitzman, 2014).

Social Conditions

As we move closer to current times, the pace of technological advancements and changes in how health services are delivered became faster and more complicated. Equally dynamic were the political and social changes of this time. The fear of Soviet expansionism and the dignity of human rights were two challenges of this period. The Vietnam War and the Watergate crisis were over, but their effects lingered on in the memory of the American people. A peace agreement was negotiated between Egypt and Israel which was enabled by President Jimmy Carter.

However, his presidency was also negatively affected by global events beyond America's control. His administration faced an energy crisis wherein for the first time a president urged conservation as part of a strategy to reduce America's dependence on foreign oil. Then, the American embassy was seized in Tehran, and Americans working at the embassy were held against their will for over 400 days (Iran-US Hostage Crisis 1979-1981). These issues led to the defeat of Jimmy Carter by Ronald Reagan in the 1980 presidential election.

Ronald Reagan's presidency followed, and the country shifted to more conservative policies, both fiscally and socially. There were several global conflicts that resulted in the United States using its military power to defend American interests. In 1987, the stock market experienced large losses, which triggered a worldwide economic slowdown and persisted for several years. In 1995, Timothy McVeigh shocked the nation by carrying out an act of domestic terrorism in Oklahoma City. Mr. Reagan's presidency was succeeded by George H.W. Bush, who in turn was succeeded by William Clinton. HIV infection was identified as a major health problem. Although antiviral therapy has saved millions of lives, HIV remains a global health concern (Judd & Sitzman, 2014).

Education and Preparation of Nurses

During this time, the baccalaureate degree became the most popular means to educate new nurses. Prior to the 1960's diploma schools had been the primary means of educating and preparing nurses. However, by the end of the century, most of those programs had gone out of existence. Associate degree programs continued to provide a significant number of new nurses. However, as healthcare has become more complex, higher level of thinking is needed; this requires nurses who are baccalaureate prepared (Judd & Sitzman, 2014).

Licensing and Regulation

Each state is now following its respective nurse practice act, which outlines the scope of practice for the individual nurse. The law is based on the dual principles of common law and legal law. The individual states determine the lawful restrictions and protocols governing nursing practice. The NCLEX is now the required standard exam for practice as a nurse. Nursing care has evolved to become highly specialized, and certification of a nurse in their specialty is seen as desirable. Hospitals frequently seek Magnet certification to distinguish their organization from competitors. Magnet certification is managed by the American Nurses Credentialing Center (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (1980-2000)

- 1980: Diagnostic-related groups (DRGs) are established.
- 1980-2008: Advancement of nursing technology and theory.
- 1990-2000: Advanced practice registered nurses (APRN) and Nurse Practitioner (NP) role differentiation.
- 1990-2000: Medical ethics: end-of-life and palliative care advancement.
- 1990-2000: Professional responsibility; patient autonomy; human rights.

- 1990-2000: Outpatient services and specialty clinics replace traditional hospital Services.
- 1990:2000: Nurse Specialty certifications increase; new nurse specialties emerge (Judd & Sitzman, 2014).

Nursing (2000-Present)

In 2017, a Gallup poll was conducted on the public's perception of which occupations are the most ethical and honest. Nurses were at the top of the Gallup poll list and have been there every year for the past 16 years (Brennan, 2017). According to Judd and Sitzman (2014), the nursing profession has an opportunity to change the way nurses are portrayed and the way patient care is delivered. Nurses have made tremendous progress and can be seen in areas of healthcare and industry that are outside the historic hospital setting. Increased education and specialization have facilitated this progress. The portrayal of the nursing profession is now the responsibility of the nurse. Practitioners on all levels should embrace the ideal of promoting the profession by telling the American public what they do and how they do it (Judd & Sitzman, 2014).

Social Conditions

In January 2001, the second term of President William Clinton ended, and George W. Bush became president for two terms. Mr. Bush would be in office on the day of September 11, 2001, when Islamic terrorists launched an attack against America by using four passenger jetliners as weapons. Around three thousand Americans were killed in the attack (Plumer, 2013). America was changed by that terrible event, which continues to exert influence over current American policymaking. This event connected America to the global community, a situation that many Americans debate. Mr. Bush's presidency was succeeded by Barack Obama who served two terms. President Obama is perhaps best known for the Patient Protection and Affordable Care Act (ACA). This initiative was designed to address the problem of access to health care and address

the problem of being uninsured. The new Republican administration tried to repeal the ACA, but they were unsuccessful. However, the current administration has cut funding to various aspects of the law. This severely limits the ACA's effectiveness and casts doubt over the bills' long-term survival. America continues to evolve socially and politically. Likewise, the county's health patterns are changing (Judd & Sitzman, 2014).

American dietary and activity habits have changed; cheap, low-nutrient, high-calorie food combined with a decrease in physical activity levels have caused many to become overweight. Obesity rates have increased dramatically. This is a threat to all members of society. Weight gain among children has contributed to the development of diseases that historically occurred primarily in adults. Mental health issues, prescription drug, and illicit drug use are increasing in frequency and are thus major concerns. In addition, Americans are getting older. The baby boom generation has started to retire. This large number of new retirees will influence health-policy decision making and healthcare will be compelled to adjust. Technology has changed how people get information and how healthcare is performed. The introduction of the 24-hour news cycle and the electronic medical record are two examples. Health access and disparities remain a social injustice and a great concern (Judd & Sitzman, 2014).

Education and Preparation of Nurses

The requirements that are being placed on the registered nurses of today are more complex and demanding than the challenges of previous generations. Nurses must be masters in a wide range of skills and possess a broad knowledge base from which to apply nursing science. Health care has reached a high degree of sophistication, which requires highly educated nurses who are committed to lifelong learning. The healthcare environment is in a state of flux and nurses have the opportunity to influence the future of healthcare. The medical profession is seeking the nursing professions input toward healthcare redesign. This has been outlined in the Institute of

Medicines (IOM) report on the future of nursing. In the future of Nursing Campaign for Action (2011), nursing should pursue four major objectives:

1. Nurses need to practice utilizing the full extent of their education.
2. Nurses should obtain higher levels of education through seamless education systems.
3. Nurses have an obligation to collaborate with other healthcare professionals to redesign and implement best U.S. health care.
4. Workforce planning entails data collection and enhanced information infrastructure.

(Battie, 2013)

Licensing and Regulation

Changes in healthcare have created the need for highly educated nurses. The specialization of healthcare services has created a need for nurses who are becoming more sophisticated and specialized. The American Nurses Credentialing Center (ANCC) oversees many nursing certifications and specializations. Most of the specialty-trained nurses have educational and or work-hour requirements to keep their certification. Hospitals also benefit from Magnet Certification, which is a coveted award-recognition for hospitals that demonstrate high nursing education standards and low nurse turnover rates. The change to electronic health records (EHR) has led to another certification: the Technology Informatics Guiding Education Reform (TIGER) award. Both the Magnet Certification and TIGER awards are supervised by the ANCC. An individual nurse's education level remains as an ongoing discussion. The IOM has recommended that the number of nurses with baccalaureate and doctoral degrees be encouraged and promoted (Judd & Sitzman, 2014).

Important Dates and Events for Nursing (2000-Present)

- 2000: 5% of nurses are male and 12% are non-white.
- 2000 - 2008: Nursing organizations restructure.

- 2000 - Present: Ethical advances about right-to-die issues, expansion of home health care, cost containment, insurance exchanges, Further expansion of outpatient surgery/clinics healthcare reform.
- 2003: Center for American Nurses founded to promote healthy work environments.
- 2005: Doctor of Nursing Practice programs started.
- 2010: Patient Protection and Affordable Care Act passed.
- 2011: Internet expansion and social networks influence healthcare education and delivery in novel ways (Judd & Sitzman, 2014).

Historical Contributions of Men to Nursing

Historical records on what constitutes nursing and what separates nursing from other job classifications are difficult to interpret. Research into the early development of the role males played in patient care is sometimes unclear. Many of the records have been lost to time, and the available documents often poorly differentiate male nurses from other roles such as a combatant, attendant, or orderly. Early historical records identifying males as caregivers exist as far back as 1600 BCE, (Kenny, 2008). In 250 B.C., the first nursing school in the world opened in India and was exclusively dedicated to training only men. Women were not allowed to attend because they were thought of as “less pure” (O’Lynn & Tranbarger, 2007).

The period of time just prior to the First Council of Nicaea (325 A.D.) is known as the early Christian era. Approximately one hundred years prior to the council, a group of men known as the Parabolani were formed. This group of men was organized specifically to care for plague victims (Kenny, 2008; O’Lynn & Tranbarger, 2007). The Middle Age or the Medieval period has many examples of males acting in the capacity of caregivers. In the 5th century, a group of devout men was organized by St. Alexius to care for victims of the plague. The legacy of this group of religious brothers continues up to the present time and bears the name of its founder: The Alexian

brothers (Kenny, 2008; O'Lynn & Tranbarger, 2007). Men were very active in the caregiver role through much of the Middle Ages. Almost all the care provided in the Middle Age period was divided based on the patient's sex. Thus, males cared for males and females for females. In that era, care was often provided by religious orders of monks and nuns. Other religious orders comprised by men who functioned in this dual role included: The Order of Saint John (AKA the Knights Hospitallers), the Knights of Malta, and the Teutonic Knights (Ashkenazi et al. 2017; Kenny, 2008). Moreover, the Catholic Church has recognized eight nurses as saints, four of which are men (O'Lynn & Tranbarger, 2007).

The influence of men in caring for the sick and injured has been documented throughout human history. In addition to the nursing school in India, there are other examples of males being involved in caregiving. One of the earliest pieces of evidence to support this comes from the Hippocratic era of the Greek empire. There is evidence to support the standardized training and supervision of males by physicians in providing care. Social customs during that period limited women's roles to the home. Historians acknowledge that the early history of men as caregivers is confusing and conflicting. Some of that early confusion was in defining who was and who was not a nurse. Another early factor was the wartime practices of mixing the males roles between caregiver and combatant (O'Lynn & Tranbarger, 2007). Nonetheless, the historical inclusion of men as caregivers seemed to be an accepted role. Men continued to care for the sick without preconceived restrictions up until the mid-nineteenth century.

In October 1853, the Crimean War broke out in Europe. The conflict would last for two and a half years, ending in February of 1856. This European clash ushered in Florence Nightingale who is the founder of modern nursing. Although her contribution to the profession of nursing was instrumental in its development, Ms. Nightingale is widely considered the first nurse scientist to contribute to the feminization of nursing (Fenkl, 2006; O' Lynn & Tranbarger, 2007).

In the practice of her work as a nurse, Ms. Nightingale recognized that most deaths during the war were not due to battlefield injuries but of secondary infections and poor sanitary conditions. Her initiatives and reforms transformed the understanding of infectious disease (Steele, 2017) and formalized nurses training, which evolved into modern nursing.

The American Civil War (1861-1865) had many men who served in the nursing role, the most famous being the poet Walt Whitman (Kenny, 2008). The carnage of this war took more lives than all of America's previous wars combined. As in the Crimean conflict, most of the deaths in the Civil War were attributed to secondary infections and not actual battlefield injury. In fact, for every three soldiers who died in battle, five died from disease (American Battlefield Trust). Prior to the Civil War, soldiers who were recovering from battle injuries were assigned nursing duties during their convalescing period (Toler, 2016). This was a customary practice during this time. However, that was soon to change. Florence Nightingale's accomplishments during the Crimean War were eventually noticed by American civilian and military personnel. These leaders recognized the importance of her work and sought to duplicate her successes.

The reforms Nightingale implemented illustrated that a more serious and standardized level of nursing care was required. For example, Ms. Nightingale's theory on the environment as well as the relationship a setting plays on a patient's recovery is as applicable now as it was during her era (Ali Pirani, 2016). Her observations and interventions were a dividing line separating effective from deficient early nursing practices. Nightingale's theory outlined thirteen principles and fundamental public health initiatives, which entailed considerable domestic skill. In an era where male and female roles were clearly delineated, males were not characteristically socialized in those skills. Nightingale's visionary success encouraged young women to become nurses (Toler, 2016).

The American Civil War was an important event for American nursing. Strong-minded, capable women had a dramatic effect on the care of the soldiers and began to standardize the way nurses were taught, trained, and how they would practice. One of the more successful and influential nurses to come to forefront of nursing's 19th century development was Dorothea Dix. Prior to the Civil War, Ms. Dix had acquired a reputation as a humanitarian and an advocate for the mentally ill. In a radical move to standardize nursing, Ms. Dix proposed to the Union military command the establishment of an army nurse corps. Ms. Dix was a strong believer in the nurse's training and methods created by Florence Nightingale (Toler, 2016). Initially resisting her efforts, the War Department eventually acquiesced and accepted her proposal. With her appointment, women were to be substituted for male nurses where or whenever practical (Toler, 2016).

The mid-nineteenth century was a period of several social changes, which contributed to the departure of most men from nursing. Prior to the mid-nineteenth century, hospitals had been staffed by religious orders. The middle of the century faced a decline in the number of male monasteries and an increase in female monasteries dedicated to caring for the sick. Also, in England, the care in public hospitals had become known as unreliable, unprofessional and was staffed in some cases by forced conscription. This led to a hospital system that was served by an ethically and socially compromised nursing workforce, precipitating a dramatic loss in nursing's prestige as well as pay.

Perhaps the most significant factor for the decline of men in nursing was the Industrial Revolution. This phenomenon produced a powerful new labor force. The Industrial Revolution caused a dramatic and sustained improvement in nineteenth century economies. Well-paying manufacturing jobs were readily available in the new industrial era. These jobs often entailed heavy physical labor, required no formal education, and paid high wages. Large numbers of men

gravitated toward them and away from lesser-paid jobs (O' Lynn & Tranbarger, 2007). The combination of these factors influenced men away from training and a career in nursing.

The Feminization of Nursing

Florence Nightingale was a remarkable nurse, highly intelligent and extremely energetic, and one of the first scientists to use statistics to improve public health. She developed nursing curriculums and programs to formalize nursing training. In the nineteenth century, her “Nightingale Method” of teaching became the dominant method of education for training nurses. She is also cited by numerous authors as the person most responsible for the rapid decline of men in nursing (O'Lynn & Tranbarger, 2007). Ms. Nightingale was very explicit when developing the admission criteria for her nursing programs. Part of the criteria specified “unmarried or widowed women of strong moral character.” This expectation was reflective of the Victorian era in which she lived. However, it did exclude men from her nursing education programs, which shortly became the preferred program for training nurses (Kenny, 2008, p. 4). Ms. Nightingale held the position that women were natural caregivers and that males were considered to lack the capacity to care and were not suited for the role (Kouta & Kaite, 2011). Although her conviction is severe insofar that it effectively eliminated males from nursing, judgment must be suspended. The influences and variables that shaped Ms. Nightingale's perception of men as nurses occurred in a social context that cannot be fully appreciated by observers outside the Victorian era.

Ms. Nightingale recruited young women from the upper and middle classes of Victorian society. The Nightingale method was extremely successful and produced a high demand for nurses trained under her system. This led to the development of additional schools using her model. Those newer schools also excluded males from entry. Subsequently, males were unable to access advanced training and education and thus lacked the desirability of a “Nightingale trained nurse.” The lesser-trained males were unable to compete for nursing jobs and were soon relegated

to the roles of orderly and attendants. According to Judd and Sitzman (2014), the Nightingale method also discriminated against black women who sought admission to nursing schools. Blacks found it difficult to obtain positions due to racial prejudice in the South and the lack of training facilities and restricted admission policies of schools in the North.

During the twentieth century, both medicine and nursing were developed on a historical household model division of labor, with males becoming physicians and women consigned to the role of nurses. This categorization of labor along gender lines also contributed to the ostracizing of men from nursing. The social pressures during that time were so strong that legislative statutes soon followed. Several legal initiatives in both the United States and Great Britain contributed to the restriction of males and gender discrimination. It is worthwhile to note that these initiatives were supported by prominent female nursing leaders of that era (O'Lynn & Tranbarger, 2007). These factors legitimized the hypothesis that only females should be nurses.

In the United States, the gender bias against males in nursing continued through most of the twentieth century into the 1990s (O'Lynn & Tranbarger, 2007). Arguably, in some areas of the world, gender bias against males endures to this day. As an example, in a 2016 study of "Novice Male Nurses in Taiwan," the authors report that upon graduation from nursing school, male nurses must complete a year of military training. This is a requirement that is not a prerequisite for new female nurses. The military training is specifically oriented toward a combat role and delays the graduate nurse acclimation into nursing (Cheng, Tseng, Hodges, & Chou, 2018). The first year of nursing is an important step in the career of all nurses. The authors are convinced and report that the delay hinders the male nurses' integration of theory and knowledge. The males are further hindered in developing time management and psychomotor skills. The authors report that the year of delay and subsequent acclimation into nursing has a deleterious effect on the male nurses in Taiwan.

Barriers to Male Acceptance

In 2010, the Institute of Medicine (IOM) issued a report about the future of nursing. Several important objectives pertaining to nursing were identified in that report. The IOM called for nursing to participate in full partnership with physicians in redesigning healthcare. One issue identified as a goal was to move toward gender diversification by including more males and minorities as nurses (Kovner et al., 2018). The IOM has recognized the need for nursing to be more reflective of the population it serves. The IOM report identified several barriers for men in choosing a nursing career. The difficulties included stereotypes, academic acceptance, and role support. The IOM has called for the removal of these obstacles (Sayman, 2014).

The goal of increased diversification can be accomplished if more minorities and males can be enticed to enter the nursing profession. School enrollment of men into nursing programs should be made a high priority by the academic community. Several factors have been identified in the literature that contribute to the low enrollment rates for males, such as low retention rates and higher than average rates of career abandonment for males in nursing. Historically, many nursing programs have placed restrictive barriers for males in nursing school, which include the purposive limiting of males from obstetric assignments (Keogh & O'Lynn, 2007). Frequently cited are studies that report both student and practicing male nurse feeling "fear of touch," especially with young female patients. Males often describe fear and role strain in the provision of intimate care to female patients (Codier & MacNaughton, 2012) and are frequently concerned about being accused of sexual behavior regarding the provision of intimate care. In two separate qualitative studies, six male psychiatric and five male registered nurses were interviewed regarding their experiences in caring for female patients. The men in the studies often were uneasy in using physical touch. These men used coping strategies of either avoiding situations where physical care was to be provided to females or insisting on a chaperone when providing

direct care. The men in the study expressed fear over accusations of sexual impropriety (Keogh & Gleeson, 2006). Other gender bias issues include the concern over the wording utilized in nursing textbooks. Nursing textbooks often refer to the nurse using the pronoun “she” to the exclusion of gender-neutral language (Ashkenazi et al., 2017). Males also identify with the feeling of being isolated during their training. Part of this is the lack of male role models and advisors. Having male faculty is believed to be an important factor in attracting more male students into nursing programs (Hodges et al., 2017; Sayman, 2014).

Stereotypes are erroneous assumptions attributed to an individual or group, which are often based on a falsehood and are damaging to the person or group being categorized. Marketing and media portrayals of nurses have influenced the public’s perception of the nursing art. Male nurses are depicted in movie and television shows as a failed medical school applicant or males who are homoerotic, ambivalent about masculinity, predatory, incapable, and incompetent. Males are also portrayed in the entertainment sector as being professionally misplaced regarding career choice or marginalized into obscure roles. Males are rarely depicted as highly skilled, intelligent, admirable figures with a strong sense of self and a strong commitment to nursing values (Stanley, 2012; Valizadeh et al., 2014; Weaver, Ferguson, Wilbourn & Salamonson, 2014).

Recruitment and retention rates of male nurses are stymied by persistent negative imagery that are not based on facts. This stereotypical imagery is often difficult to eradicate and may require a multidisciplinary strategy to effectively counter the effects.

Current Status

In America, males remain a small minority in nursing, comprising approximately 10% of the nursing workforce. Misconceptions and stereotypes persist, with the misperception being identified in many cultures around the world. This suggests several questions that arise related to this topic. What are the sources of gender stereotyping, and are there any patterns of stereotyping

of males in nursing that have perpetuated a problem? The often inferred and sometime explicit societal acceptance of male nursing stereotypes continues to be a problem in attracting men into nursing. While these misconceptions and stereotypes persist, we do not know if they are consistent or changing over time. More issues warrant further questioning such as will gender bias continue to be a problem in attracting and retaining males? In examining this group of males, did their responses indicate a diminished perception of stereotyping? If true, this may indicate the time is suitable for academia and healthcare to develop initiatives supporting males to study and become nurses. If, on the other hand, stereotyping continues to be perceived negatively, then male nurse advocacy should be promoted to enhance public perceptions and improved imagery.

What we do not know is if the perception of male nurses regarding stereotyping has changed over time. Is the perception of male nurse stereotyping by the men who are nurses less of an issue today than it was ten, twenty, or thirty years ago? To address this knowledge gap, this study utilized a qualitative approach. Narrative inquiry allowed the male nurses to share their lived experiences of their perceptions of stereotyping over time (based on year of licensure). In analyzing their stories, it is hoped that stereotyping is becoming less of an issue and that society is moving toward the goal of eliminating stereotyping. Using Riessman's (1993) thematic analysis method, themes and patterns were identified and coalesced into a meta-story.

Chapter 2

Literature Review

Caring and Emotional Intelligence

The concept of “caring” for patients encompasses a range of knowledge, ability, and skill. Caring is a primary core value and an underlying construct of nursing. To be able to provide “care,” a nurse must possess a high degree of emotional intelligence (EI). According to Lewis, Neville, and Ashkanasy (2017):

Emotional intelligence is generally described as the ability to manage own and other emotions to guide thoughts and actions. Specifically, EI includes the ability to perceive, to interpret, to generate, and to understand emotions. Additionally, EI may help individuals cope with emotional demands thereby promoting physical and psychological well-being. (p. 4)

Nursing care occurs in a variety of clinical settings, each of which has its own specific principles and characteristics. Certainly, nursing care often occurs in a high consequence and emotionally charged environment. The demands required from the nurse requires a high degree of emotional intelligence.

Caring is a basic tenet of nursing. It is a nebulous concept to define, as it combines two separate but essential components. In nursing, caring is both an attribute and a skilled set of actions. Male nurses are often stereotyped as deficient in one or both of those qualities (Zhang & Liu, 2016). According to Codier and MacNaughton (2012), in performing nursing care, a nurse must possess a caring mindset and the emotional ability to act on it. The authors assert that emotional intelligence is demonstrated by both a caring attitude (experiential caring) and the skill of caring (instrumental caring). In 2012, a study was conducted in Hawaii that reviewed and summarized three prior studies correlating nurses and student nurses’ emotional intelligence. Two

hospitals and one university were the study groups. The participants were entry-level nursing students. The researchers measured EI using the MSCEIT, version 2. The MSCEIT has been utilized for over two decades and is psychometrically sound. The MSCEIT version 2 measures the variables of emotional intelligence, instrumental intelligence, and four related sub-groups. There was no appreciable difference between the EI of male and female nurses or students. The study found no statistical difference between males and females in their ability to care (Codier & MacNaughton, 2012). Although this study demonstrates that caring can be accomplished by either sex, societal norms have a strong tendency to associate caring with females.

According to Jordal and Heggen (2015), the Western world assumption that caring is strongly associated with being female impedes the progress of the nursing profession and is stereotypically harmful to men. The authors conducted a narrative study about masculinity and nursing care. This study was a qualitative analysis that followed six females and three males' experiences in a Norwegian nursing program. This study acknowledges that the traditional view that caregivers are female and that males face exclusion are still very strong. The authors believe that the narrative storytelling was helping the male students understand the meaning behind being a nurse. The authors believe that the traditional portrayal of nursing must be altered if nursing is to grow. The authors' conclusion is that the process of broadening out the concept of caring should start in new curriculum development that includes students telling their caring experiences through narration.

Adeyemi-Adelanwa, Barton-Gooden, Dawkins and Lindo (2015) conducted a cross-sectional study in a hospital in Jamaica and found that 51% of patients at that hospital perceived male nurses negatively. However, when cared for by a male nurse, only 10% of patients had negative perception of the care that was provided by the male nurses. The stereotype that care can only be given by a female is very strong and is present in many social cultures around the world.

In a review of literature regarding demonstrating caring by males in clinical practice, Zhang and Liu (2016) reported that gender may be irrelevant in terms of caring and that males can provide care as competently as females. The reviewers did note that male students, when compared to female students, were more restrained in caring and tended to use more humor in building trust. In addition, the reviewers found that regarding touching female patients, male nurses are fearful of potential allegations and being thought of as a sexual predator.

Problems With Use of Touch and Intimate Care

The core of this problem is centered on touch, the social meaning of touch and the training involved in providing it. Male nurses are often typecast as unable or unwilling to deliver more care that is private to women. The literature identifies males as not having enough education and preparation in caring for young female patients. The lack of formation centers around the use of touch during personal care. Males struggle with the anxiety of being accused of inappropriately touching a patient in a sexual manner. In a study of mental health nurses, every male in that study vocalized concern over his touch being sexually misinterpreted (Whiteside & Butcher, 2015). In this regard, males often feel isolated and experience role strain. In the qualitative study, *Heteronormative labor: Conflicting accountability structures among men in nursing*, the authors assert that our culture has a heteronormative view that considers a woman's touch to be soothing and comforting, while a man's touch is often interpreted as being "hypersexual." Male students and nurses must resolve the conflict between the care-work requirements endemic to nursing against both male-associated norm expectations and heteronormative stereotypes (Cottingham, Johnson, & Taylor, 2016).

Male students can often be overlooked, blocked, and prevented in learning how to deliver nursing care. This issue is salient for men during their obstetrical training, as many are felt to be unwanted, unwelcomed, and excluded (Sayman, 2014). In some cases, male students were

exposed to outright hostility from hospital staff nurses, and in some situations, the student's faculty (Cottingham et al., 2016). Males also struggle with a lack of reference when it comes to providing personal care to a female. A lack of training for males specifically directed toward the personal care of females can be a source of anxiety and concern. Historically, males have been prevented or limited in the clinical area of obstetrics. This gender restrictive omission of learning can have dramatic consequences affecting male student turnover with a higher rate of attrition. In some cases, male students leaving school or the profession (RN) due to stereotyping have resulted in litigation (Kouta & Kaite, 2011).

Kouta and Kaite (2011) examined gender stereotypes in relation to men in nursing. A retrospective case study reviewed male nurse/student nurse discrimination and reported three legal challenges. In the first dispute in England, it was ruled that a male student was the victim of discriminatory action. At his institution, a culture existed that prohibited his caring for female patients, especially when it involved personal needs. The court found he was prevented from learning the skills of his profession and had the right to expect training. His case was supported by the Equal Opportunities Committee of London. In the second example that occurred in the United States, a male nurse in West Virginia brought a suit against a hospital for denying him employment in an obstetrics ward of an area hospital. Although he was qualified, the hospital maintained that they had a legal right to protect patients. His case moved through the court system and eventually came before the U.S. Supreme Court. The court determined that gender discrimination is unlawful unless it can be established that doing so protects patient rights. In his case, the court supported the hospital's decision. However, the hospital had the responsibility for proving this claim. In the third case, also in the United States, it was determined that a female supervisor exercised gender discrimination when she was supervising a male student. In this lawsuit, transcripts reveal the supervisor repeatedly told the student he did not belong working on

the unit. Moreover, testimony exposed the supervisor's use of abusive language, overtly stated threats, and false accusations directed at him (Kouta & Kaite, 2011).

Cross-Cultural Issues

The phenomenon of male nurse stereotypes crosses international boundaries. One study conducted in Ireland and repeated in the US, concluded that male students experience similar negative encounters. In the comparison of both countries, the male students' fears, staff perceptions, and the students' experiences were striking in negative similarities (Keogh & O'Lynn, 2007). The Irish study cited the students as not being made to feel welcome during obstetric placements. Male students expressed fear that in providing care to females, they could be accused of sexual impropriety. Irish students were also mistaken for orderlies and were used mainly for heavy lifting. Similarly, the American male nursing students worried about being accused of sexual impropriety. The American students also perceived negativity by staff and by their faculty. American male nursing students, like their Irish counterparts, felt that they were often presumed to be orderlies and were thus used primarily for their physical strength. In Iran, a qualitative study of male students was conducted to explore those students' experiences of bias. Men in Iran face a cultural and social stigmatization and experience high rates of job frustration, abandonment of career, and high rates of negative public perception. In Farsi, the word "parastar" is used to describe anyone who provides any level of care. Thus, nurses in Iran are referred to using the same word to describe an orderly, nurse's aide, or someone at home caring for a family member. The Iranian culture views a "parastar" as an individual who lacks education (Valizadeh et al., 2014).

The problem of male nurse stereotyping is not limited by geography. Male nurse stereotyping occurs in many countries around the world. The issue has been documented in the literature and appears to be embedded in some form within many societies around the globe. The

issue of male nurse stereotyping and negative treatment can begin early in the education process. Problems encountered by males during the education process has a damaging impact on retention of males in nursing programs. Furthermore, there has been a disproportionately higher number of male nursing students who abandon nursing during the education process (Keogh & O'Lynn, 2007; Sayman, 2014). On the other hand, the literature also identifies that males who continue in nursing often benefit from their minority status. In an inexplicable reversal of the logically anticipated conclusion of stereotyping, many men who continue with a career in nursing often profit professionally in several ways.

Media Depictions

Male nurses are displayed in a negative manner in the media and television industries. Television and movie businesses have a dramatic influence in American culture and in influencing the future choices of viewers. In a *NY Times* article from April 13, 2003, an author wrote in support of nursing to become more inclusive of men. The article described challenges of recruiting males by explaining the bias present on television toward male nurses. The author described a story line from an episode of "Scrubs" in which a male nurse and a female doctor were establishing a romantic relationship. In the beginning of the storyline, the doctor was unaware that the man was a nurse and abruptly terminated the relationship once she found out. Later in the episode when explaining her decision, the physician refers to the man as a "murse." The blending of these two words in the opinion of the author the term was deliberate and pejorative. That type of negative imagery reaches a great many viewers and discourages young men from considering nursing as a career (Tahmincioglu, 2003).

A qualitative study reviewed the portrayal of male nurses on television over the years between 2007 and 2010. *Grey's Anatomy, Hawthorne, Mercy, Nurse Jackie, and Private Practice* were reviewed and examined for evidence of stereotyping. The findings were typical of the

stereotyping involving men as nurses. In these programs, male nurses' characters were repeatedly portrayed as professionally misplaced with features of borderline masculinity and themes of unclear sexuality. Moreover, in the television role as nurses, the males were often depicted as marginalized characters lacking influence and/or skills (Weaver et al., 2014).

In a similar, study *Celluloid Devils: A Research Study of Male Nurses in Feature Films*, by Stanley (2012), a group of thirteen films with men portrayed as nurses were examined. Using an interpretive qualitative methodology and guided by the concepts of hegemonic masculinity, Stanley found comparable negative stereotypes. In his analysis, he found few examples of male nurses being depicted as either clinically competent or self-confident professionals. Moreover, in the study, most of the films assigned the male nurses into thematically typecast roles showing them as either homoerotic, feminine, dangerous, unethical, or inept. The role of the media as enabling this type of male stereotyping is only part of an overall larger problem regarding the stereotyping of all nurses.

Education and Employment Issues

Male nurse stereotyping has several negative consequences for men and the profession. The literature cites negative stereotyping as a major factor in discouraging young males from considering a career in nursing. In failing to address the problem of male nurse stereotyping, gender imbalances within nursing will persist, ensuring that recruitment and retention will remain low. The implications for the individual male can be personally damaging. Stereotyping is often perceived and acted upon by the individual practitioner in a self-destructive manner, leading to higher rates of turnover and job abandonment. Statistically, more men enter and leave the profession as opposed to females, and male students leave nursing programs at a higher rate than female students (Mac Williams, Schmidt, & Bleich, 2013). According to Carrigan and Brooks (2016), there are several reasons why men have difficulty acclimating into nursing programs.

Males continue to have negative experiences in pediatric and obstetric clinical rotations.

According to these authors, there are still programs that consider male clinical placements into these areas to be improper. The lack of male faculty and role models help young men acclimate, network, and develop as professional nurses. The absence of courses specifically dedicated to male health has also been noted.

Moreover, men leave at a rate that is double to that of female nurses, and men leave earlier in their careers (Keogh & O'Lynn, 2007; Kouta & Kaite, 2011; Valizadeh et al., 2014). Males have been found to experience higher rates of stress, anxiety, and depression as compared to female nurses (Allison, Beggan, & Clements, 2004). Males have also been found to experience higher rates of role strain (Mac Williams, Schmidt, & Bleich, 2013). Role strain is an inability to meet the responsibility of a role in life. When men are viewed by peers, superiors, or instructors as not having this skill set (caring), the result often is role strain.

Stereotyping stymies the recruitment of men into nursing programs (Allison et al., 2004). According to Anthony (2004), males experience nursing schools quite differently from female students. Males feel isolated, express surprise at the academic load, and feel that the expectation of them by faculty is different. One of the ways nursing programs can become more accommodating for males is for schools to become more sensitive to the challenges faced by their male students. Anthony illustrates that the communication and learning needs of men are different from that of females. Although schools of nursing have become more accepting of males, Anthony maintains that further effort is needed (2004). As a general concept, males and female nursing students are treated equally. However, nursing programs and their faculty should develop a deeper awareness of the unique socialization and learning needs of men. Three positive effects are anticipated. One, increasing awareness will benefit the individual program. All colleges have the universal goals of increasing enrollment, retention, and completion of all students' education.

Successful programs have high graduation rates. Second, changes in awareness benefits the male student directly. A change in faculty awareness is needed to help the male students begin socialization into the nursing profession. Lastly, if healthcare is to avoid a future nursing crisis, a possible solution to that is getting more men interested in the nursing profession.

Overlooking approximately 40% of the population as a source of potential students and future workers is a mistake. The ability for healthcare industries to respond to future nursing shortages can be enhanced if more males can be recruited into nursing (Weaver et al., 2014). Sayman (2014) identifies men as a possible long-term solution in averting future nursing crises, stating the issue is critical for nursing education. Achieving gender balance in nursing should lead to increased diversity, which is a goal cited in the IOM (2010) report. Achieving gender balance, increasing the number of men as nurses, and decreasing the impact of future nursing shortages are all laudable goals. Why do men not want nursing jobs? In a *NY Times* article “Jobs Men Don’t Want” by Susan Chira (June 25, 2017), the author writes about some of the problems in attracting men into nursing. Despite the need for more nurses and an economy where traditional factory work employment appears to be drying up, males avoid jobs that have historically been female dominated. The author believes that males view those jobs as demeaning or unmanly. Part of the problem is that long-established societal notions of what it means to be a man are preventing change. According to Assistant Professor of Nursing at University of Wisconsin-Oshkosh Jason Mott (as quoted by Chira, p. SR3), male nursing students are sometimes the target of jokes made by female classmates. “Males sometimes face teasing from their female peers; this prompts the males to stress athletics as a means to express the student’s manhood.” University officials are focusing on millennials as a possible source for future students. Their belief is that millennials are less bound to traditional male expressions of manhood and may be a source for additional students.

Unexpected Benefits

According to Kleinman (2004), many males in nursing often benefit by receiving preferential treatment in hiring, promotion, and in disproportionately higher salaries. This is an important finding as it infers a greater complexity to include the issue of gender equality and balance. What are the underlying variables that contribute to the dichotomy between the acceptance of males as nurses and their seeming advantage once established within the field? According to Wilson, Butler, Butler, and Johnson (2018), careers with disproportionately large numbers of women have lower wages than traditional male occupations. However, many males in nursing benefit professionally and financially by working in the profession of nursing. The phenomena identified in the literature as the “glass escalator” (Wingfield, 2009) that permits white males to advance in female-dominated professions but paradoxically does not extend reciprocally to blacks nor to women within male-dominated professions. Often in male-dominated professions, women are stymied by a “glass ceiling” in which a female’s opportunity for advancement are unfairly restricted. The hope of this research is that by examining stereotyping over time, a greater understanding of stereotyping will result. It is hoped that the findings will encourage further studies aimed at eliminating barriers to both sexes as individuals endeavor to apply their unique skills and abilities in the workplace.

Chapter 3

Introduction

The purpose of this qualitative narrative inquiry was to examine the experiences of male nurses regarding gender stereotyping over time. In this chapter, an examination of the research design and methodology is presented. The proposed study follows a narrative inquiry methodology and analyzed the participants' stories applying a thematic analysis approach. Men in nursing are subjected to a wide range of difficulties in their choice of nursing as a career. There are strong social mores and norms that inform individuals in a society as to what behaviors and actions by that individual are socially acceptable and what is not. Many of life's decisions are straightforward and do not require too much forethought in terms of social implications. The choice of a career is more consequential and requires more contemplation and reflection. In choosing nursing as a career, men are picking a vocation that is not traditional. By doing so, the men are selecting outside societal norms and will be exposed to social repercussions.

A qualitative study using a narrative analysis approach allows the nurses to tell their nursing story. A narrative approach was preferred in this study as it permitted the men to tell their individual story. When individuals share the telling of an experience, the narrator needs to frame that experience using storytelling. Narrative analysis in this case is preferable as it keeps their stories focused on the specific constructs of time, bias, and stereotyping. The men in this study shared the challenges they faced as nurses and related it to time. In selecting men based on the decade of licensure and allowing those to tell their story, a thematic analysis of the data was possible. Once identified, those themes were compared to the political, social, and historical period in which the men became nurses. Participants in this study are male nurses from 1970 to 2017 (a seven-year increment for the last group of participants). A sample of three to four nurses from each grouping were interviewed. Participants were selected until data saturation occurred.

The sample, setting, and procedures are described in detail. The chapter concludes with a discussion of the analytic process and a description of how the rights of the participants will be safeguarded.

This study is a qualitative research project. A narrative method was applied. This approach and method are crucial in capturing the emotions, context, and consequences for these nurses. The stories from these men are their individual nursing journey. The perceptions they felt are their reality and contribute to their professional and personal evolution. In examining their individual journey, it is anticipated that the individual experiences can be linked to the social, political, cultural, and economic events unfolding during the specific periods. All stories occur in the context of a culture across a period of time. In a profession where many nurses often describe nursing as a calling, it is a peculiarity that these men would select a career that would expose them to stereotyping. Identifying how society changes over time is a necessity if nursing is to attract more men into nursing.

Research Questions

The research questions asked of the participants included:

1. What are the perceptions of nurses who are males working in a profession that is primarily female dominated?
2. What were the perceived reactions of the males' career choice from their family, friends, colleagues and from the larger society as a whole?
3. Were the perceptions of the men during their training and socializing into the nursing profession indicative of any type of biases?
4. Do the men perceive any changes over time from the greater society regarding their role as nurses and for the future of men in nursing?

Narrative Inquiry Methodology

Storytelling has been an accepted method of transferring knowledge, understanding, and giving meaning to both individual and group experience. According to Levesque (2014), the use of stories to convey knowledge begins very early in life. Stories are rich with meaning and provide context, understanding, and value to the individual. Indeed, the concept and significance of storytelling can be dated back as far as ancient Greece. The use of narrative enables the reader to capture the significance of the event and to better retain the information (Levesque, 2014). Narratives are the stories of individuals, which allows them to communicate their experiences while assigning value to how they see themselves within the larger reality (Creswell, 2013). According to Riessman (2008), stories are a key resource that enables an individual to understand personal, social, cultural, and group experiences that can rally action toward social change. Narratives are the individuals' stories and how their experiences are perceived, felt, and incorporated into their interpretation of their specific reality. A person's story includes more than their individual experiences; it may be influenced by contributory factors such as other individuals, the setting, time, social interactions, and social mores.

The methodology chosen for this study was narrative inquiry and the method chosen narrative analysis. The men and their experiences occurred in the context of time and within the natural flow of societal change. According to Kruth (2015), narratives can involve a single individual or a group story. Qualitative research attempts to understand phenomena by identifying individual experiences. During interviewing and analyzing participant's stories, narrative researchers are called upon to make interpretative choices and in that sense are part of the story. The challenge in presenting narratives is for the researcher to "not merely refer to past experience but create experiences for their audience" (Reissman, 2008, p. 40). Other gains from a qualitative inquiry include the promotion of nursing as being more inclusive and the enhancement of

healthcare and the greater social good. It is hoped that this research will aid in the development of strategic plans to address the phenomena and identify a practical application for future quantitative studies.

Narrative Analysis: Method

In this study, Catherine Riessman's narrative analysis research method was utilized. According to Sandelowki (1991), the desire to narrate allows us to tell our story and gives our lives order and meaning. The data collection for this study were direct interviews, observations, and the use of field notes. The researcher personally conducted all interviews. Interviews were recorded and sent to a transcription service for a written copy. A thematic analysis approach was utilized to analyze the stories. Stories were listened to a minimum of four times. Transcripts were analyzed for themes and reassembled into a meta-story reflecting the collective experience of the men within the context of their time of licensure.

In her book, *Narrative Methods for the Human Science*, Catherine Riessman (2008) describes four separate approaches for the analysis of narrative data. Riessman outlines the four narrative methods as thematic, structural, dialogic/performance, and visual analysis. The approaches allow researchers to utilize different tactics in addressing an analysis of narrative data. Riessman acknowledges that the four approaches are distinct but somewhat fluid insofar as some crossover between the divergent typologies is possible and often likely. Of the approaches, Riessman recognizes that a thematic approach is the most often used analytic method. This approach examines the "what" of the spoken as opposed to the "how" a story is told (Reissman, 2008). In this study, the design utilized a thematic analysis approach.

Data Analysis

Reissman's approach of thematic analysis allows the researcher to conduct oral interviews and identify the themes that the men experienced. To analyze the narratives of the men, this

researcher utilized a four-part technique described as a listener's guide from Brown and Gillian (1992). To assure completeness, the audio recordings of the men were examined four times. This technique is from the book: *Meeting at the Crossroads* and is recommended by the authors Mikel Brown and Carol Gillian (1992) as a structured way to approach the analysis of interviews and the identification of themes.

According to Brown and Gillian (1992), when listening to an interview for the first time, the researcher is actively present for both the plot and psychological context of the story. The objective of this phase is to gain an appreciation for what is occurring. The researcher is identifying the who, what, when, where and why of the story. These questions help gather information into a format for further analysis. It also orients the researcher to the complexity involved in analyzing another person's story. The second interview is an attempt by the researcher to find the essential "I" in the interview. It is an attempt to bond the examiner's "psyche" to the interviewee to understand how the interviewees think of themselves. The researcher hopes to be able to know the examinees on their terms. In the third and fourth interviews, Brown and Gillian focus on how interviewees vocalize their understanding of themselves in relationship to the panorama of life. Attention is focused on relationships that foster genuine expression as well as those cultural norms that constrain free expression. Through this framework, relationships distorted by stereotyping can be further explored and themes be identified.

According to Polit and Beck (2012), an analysis of qualitative data typically involves the search for themes. Qualitative researchers should differentiate between the ideas that affect all from the few individuals in a study group. Themes emerge from the data and then need to be coded. The themes are then compared to the social-historical records from the decade of licensure from which the men first became nurses. The next step in the research process is to create a meta-story of the men within the context of their entry into nursing. Looking back at the historical-

social roots of what was transpiring in America during the men's youth is essential to understanding the degree and context of bias or discrimination.

Study Setting

The interviews took place in the location of the participant's choice. Sites included the participant's home, restaurant or at the public library. The choice of location was specifically selected to ensure privacy. When meeting in person was not possible, the interviews were obtained by telephone. The tristate area (New York, New Jersey, and Connecticut) was the setting for this study.

Sample

The selection method for this study was a snowball sample. Participating male nurses were selected by decade of licensure. Five decades of time was the scope of this study. Starting with the years 1970-1979, four ten-year time increments and one truncated seven-year period (2010-2017) was studied and analyzed. Initially, the researcher estimated that a minimum of three participants from each interval would be sufficient. However, additional participants were included as data continued to be collected until saturation occurred. According to Polit and Beck (2012), sample size in a qualitative study is based on informational need and is guided by the principle of saturation.

1. The study sample was obtained by snowball sampling. Male nurses were known to the researcher as well as from college faculty colleagues and the researchers' hospital co-workers (nurses). Males with varied levels of educational preparation, work experiences and career levels were selected from the referrals. The study includes men who had different careers before nursing as well as those who served in military and law enforcement.

2. An information letter containing the purpose and rationale for the study was provided to each of the participants (Appendix B).
3. Two separate consent forms were signed by the participants. The first form is acknowledgement of the participant in giving consent to be included in the study (Appendix C). In this form is a provision for the participant withdrawal should he change his mind about participation. The researchers contact information was provided for any questions. Also provided were the contact telephone numbers for Molloy College's Institutional Review Board should a participant need to ask additional questions or if they believe that some impropriety by the researcher occurred. The second consent form (Appendix D) permits the recording of the participants' voice for transcription, analysis and allows the findings to be used in research.
4. It was explained to the participants that the interviews were not anticipated to take more than one hour. It was explained to the participants that a follow-up interview may be required to clarify participant's statements or meanings. The length of time anticipated for a follow-up interview is less than 15 minutes.
5. Recorded interviews were sent to a transcription service and afterward studied for themes that were then assembled into a meta-story.

Inclusion Criteria

All the participants were male registered nurses. Each one practiced nursing in a hospital as staff nurses for a minimum of one year. Many of the nurses did go on for advanced degrees. All the participants were born, raised, and educated in the United States. The requirement of having the nurses raised and socialized in the United States was crucial as the expected stereotypical experiences occur in the context of a society.

Recruitment Strategy

Participants were selected by word of mouth and referrals. A typewritten letter providing information regarding the study with the researcher's contact information was given to potential participants. A subsection of that letter was dedicated for the participant's contact information should he decide to participate. A return envelope with postage was provided along with the information letter. Participants in the study were given a twenty-dollar AMEX gift card for their participation in this study.

Benefits

There are no direct benefits. The possibility did exist that the participants could express feelings of camaraderie with the researcher as both are male nurses (a minority in the profession) discussing a shared lived experience. In addition, the participants may experience some validation of feelings of stereotyping they had felt prior to the interview but had not verbalized or reflected upon them.

Risks

No anticipated risks are expected or anticipated. Participants' names were coded to protect their anonymity. Pseudo-names were assigned to protect identity. In addition, the names of hospitals and other institutions were given generic names to obscure identity. Before starting the interview, participants were asked if they were feeling well and are up to being interviewed. Interviewees kept their appointments, appeared in good health, and at the time of their interviews vocalized feelings of well-being.

Ethical Approval and Consent

Approval of the study's protocol, including consent forms for participants, was obtained from Molloy College's Institutional Review Board (see Appendix A). According to Roush (2015), consent includes:

- The purpose of the study with the researcher and committee members' contact information
- What the participants are being asked to do and how long it will take. It is anticipated that the interviews will take approximately one to two hours. Participants will be free to withdraw from the study at any time.
- The risk to participants, which in this case is minimal. Benefits include the knowledge toward contributing to the understanding and progress in ameliorating and eliminating stereotyping.
- Subjects will remain anonymous. Transcripts, field notes, and recordings will be kept in a locked safe in the researcher's home for a five-year period after which they will be destroyed.
- Contact information for the IRB: irb@molloy.edu or call (516) 323-3000.

Data Management

The interviews were recorded and sent to Rev-transcription services. During the interview process, the interviewees were referred to using only their pseudo-names. Transcripts were reviewed, and clarifications were made where the audio transmission was unclear to the transcriber. The recorded interviews are on a memory stick, which is kept in a locked safe in the researcher's home. The written transcripts have been coded to maintain anonymity and are likewise locked in the same safe in the researcher's home.

Rigor

Honesty, truthfulness, and integrity of the data are key principles that all researchers must keep in mind when conducting research. This is particularly true in qualitative research where the researchers' interpretation plays such a significant role. The application of these principles must be traceable from the beginning design of the research project through the writing and

conclusions. Validity and trustworthiness of the data can be ensured by following several important guidelines. A researcher must be consistent in following the outlined research plan, exhaustively examining the data utilizing an iterative process, and following all ethical guidelines. Lincoln and Guba as presented by Polit and Beck (2012) described four principles to be applied in the preservation of trustworthiness.

First, is the information credible? Specifically, does the researcher have confidence that the interviews, interpretations, and themes extrapolated are the actual representations of the interviewees? Also, has the study been carried out in a manner that enhances believability? The interviews were obtained in person or by telephone and each interviewee was given an introduction letter and was required to fill out a demographic form and two consent forms. Each of the participants was given an opportunity to review the transcripts and interpretations. Second, is the data dependable? In reviewing the individual stories, the men expressed some variations but also voiced many of the same themes. Those common notations occurred in large teaching hospitals, small community hospitals, and other healthcare facilities. The similar experiences of the men were not linked to their level of achievement or their work titles. Third is confirmability. This was safeguarded by sharing the raw data and interpretations with a qualified researcher who has experience with qualitative research and methods. Fourth, is the information transferable? Once saturation of the data was achieved, a detailed analysis of the interviews was undertaken utilizing the analytical method described by Brown and Gilligan (1992). Finally, was the research carried out in a manner that reflects authenticity? Authenticity is a concept that invites the reader to a higher level of understanding of the participants' lives. This study achieves authenticity by providing the numerous examples of male nurse stereotyping and gender bias, both the negative as well as the positive. It enables readers to expand their own understanding of how gender bias and stereotyping can be detrimental.

As proposed by Creswell (2013), validity can be established by triangulation.

- 1) A peer-review of the study is to be repeated at various points in the study. A doctoral-trained professor at Molloy College with an expertise in narrative analysis fulfilled this requirement.
- 2) Participants were allowed to review the content of the interviews for accuracy. All data, analysis, and finding from their individual stories were reviewed with the participants to ensure that the research is “their story.”
- 3) Researcher bias is a threat as the researcher is a male nurse. Comments on experiences, biases, and orientations were clarified to maintain objectivity.

Chapter 4

Data by Decade (1970-1979) Nursing: A Curious Choice

The 1970-79 period was a time of great social change. This period was in many ways a continuation of the issues from the 1960s. Social injustice based on race and gender discrimination were major political issues. Women were beginning to enter professions that up until that time were male dominated. More women were entering universities and were choosing to become doctors, lawyers, and businesswomen. On the international front, the Vietnam War continued. Even in the face of increasing opposition, the fighting continued until 1975. Sexual mores were changing and the traditional values toward sex, sexuality, and marriage were becoming more liberal. Abortion became legalized as *Roe v. Wade* was decided in favor of Roe. In 1973, the American Psychological Association removed homosexuality from its list of psychological disorders. In October 1979, the first national march for gay and lesbian rights occurred. Politically, the president of the United States, Richard Nixon would win re-election but would be forced to resign from office over his role in the Watergate conspiracy. It was the first time an American president had ever done so. Jimmy Carter would become the 39th president of the United States. President Carter's administration facilitated a peace agreement between Israel and Egypt. However, his presidency lasted only one term as it was negatively affected by the capturing and holding of American hostages by Iranian revolutionaries. The Iranian hostage crisis, inflation, and domestic energy problems led to the 1980 election of Ronald Reagan. In healthcare, continued specialization toward illness became more common and healthcare costs began to rise.

Gary D's Story

The three men in this decade were influenced by the war and by the changing social mores of the decade. In the case of Gary D., he became a nurse in 1974. He was a veteran of the Vietnam War. Gary began his interview with the statement that his nursing journey started in a convoluted way. He mentioned his military experiences and an early car accident as significant occurrences, which started him out on the path of nursing. His military experiences helped form him in a way that only wartime military experiences can. Military training supplied comradery and discipline as well as a practical degree of self-reliance. Historically, war has always increased the demand for more nurses to meet the military requirements of war (O'Lynn & Tranbarger, 2007).

***Gary:** First of all, it was during the Vietnam War, towards the end of it, I guess, of the Vietnam War. A lot of people were in medics and stuff like that went into nursing. Then, and policemen and firemen. Bellevue Hospital had a program for them, at the time. They had a nursing program. They had a special niche for these guys to go into nursing.*

After the war, Gary was in a bad car accident, so severely injured that he was given the last rights of his church. When he was discharged from the hospital and past his recovery phase, he began to search for a career option. His girlfriend at that time was in school studying to be a nurse. She encouraged him to study nursing as well. At that juncture, he was without employment and his goal was to find some type of job. She suggested that he apply for a job as an orderly at the hospital she worked at and he was hired as an orderly.

Gary enjoyed his work in the hospital. Through work, he was exposed to many other professionals and hospital employees who saw something in him. He was fortunate insofar as his hospital orderly experiences exposed him to other male nurses. These other men were encouraging him to consider nursing as a career. Having males as mentors is crucial in the career progression of men and has been cited in the literature numerous times.

Gary: *I was working about a year, and people talked to me, and they wanted me to go into nursing. There were some guys that actually worked there. It was in 1972-1973. Kind of like role models, I guess, you know you work with them.*

He investigated how to become a nurse and enrolled in a diploma school at Roosevelt Hospital. His classmates were mostly women and he estimated that of the one hundred students, five were men. Three of the five (including himself) had something in common: military service. The commonality of similar past experiences can bond individuals together as a team in a manner that facilitates future individual success. The fact that their remaining two classmates were openly homosexual did not matter to Gary; he described it as just an observation more than anything else did. He did not sense any gender bias or discrimination in his education. There was one prohibition: that he could not live in the nurses' dormitory. At that time, many nursing diploma schools had hospital dormitory residences for their student nurses. He lived across the street in the SRO Henry Hudson Hotel. Although he did not sense any gender bias or stereotyping, he was aware of a larger societal view of sexual bias during this time frame.

Gary: *Where I felt a little uncomfortable, myself, was with my friends, you know, like, what would they say? There were no obvious issues with that. I do find annoying, what I always found annoying, I still find annoying, is that, "He's a male nurse" I find that annoying... You don't say a woman, she's a female nurse... Even my wife goes, "He's a male beautician." It's obvious that he's a man when you see him, you know, pretty obvious. I think there's gender biases in a lot of positions. I think nursing, and I think maybe teaching, I don't know how it is in teaching, like in the community level, you know, grammar school and high school, but I would imagine it would be similar for a man to be teaching kindergarten, you know, that kind of...*

He graduated and got married. His wife was working as an assistant nurse manager with every other weekend off. Being a newly married man, he wished to be off as much as possible with his new wife. He had heard that a prestigious local hospital was offering positions with every other weekend off. He took a job at that hospital—a decision that he considers to be one of the best decisions he has ever made. According to Gary, that workplace environment was encouraging

to all nurses, both male and female. Gary described the work environment at this hospital and spoke in general about his understanding of nurse bias.

Gary: *Then, when I started to work at *** hospital, pretty much, there was a long history of men working there, but there weren't a lot... *** hospital was a unique place in the sense that nursing and medicine really got along well, universally. It was almost never, you know, "He's just a nurse," or ... Matter of fact, when residents and fellows came from the outside, they were shocked by the culture. Like, I would go up to the Chief Surgeon and call him *** (providers first name), you know. Like, "How can you ..." That's the way it was. Historically, there was a reason for that (acceptance of nursing as peers by physicians). Anyway, basically, I think, sometimes the biases that nurses feel is based on other...are magnified by sexual biases, but I think it's also biases about position, power, you know.*

Gary spoke about the importance of being on a team and how his hospital fostered and sustained teamwork in the workplace. He also spoke candidly about the public's impression about nursing. He believes that the society does not understand how multifaceted the practice of nursing can be.

The public assumes that nurses just take orders and do rote work. In Gary's opinion, the nurse is the main pillar of the hospital. He spoke about his family and their acceptance of what he chose. Gary never really cared about what others thought about his nursing choice. He speaks highly of nursing and has always considered it a great career choice. Gary has had a long and successful nursing career and has a Ph.D. He has been a staff nurse and has held several nurse manager positions, including being a nursing director. He is currently a nurse practitioner and college professor. He never felt any strong biases and does not regret his nursing choice.

Gary: *Well, it's very similar, except that it's ... I think what people on the outside looking in on nursing, it gives the impression that it has to do with at least taking orders, and doing rote work, and so on, and so forth. Meanwhile, in reality, nurses run hospitals. You know? That was startling to me, but you know ... Like, when I first became a nurse, the night supervisor was ... Two nurses on the night ran the whole hospital and they ran the whole thing. A lot of \$500,000 administrators waiting for them to decide what to do. It was always an interesting profession. I enjoyed it immensely. I guess, whatever biases I ran into, I put aside. My family, my father and mother, my father thought it was fine. He was happy that I found something that I seemed to like to do. Everybody was*

becoming a cop or fireman. My brother was a policeman. I thought about being a fireman, and one time took the test, but I just liked working in a hospital too much and doing what I was doing. I didn't really care, to be honest with you, what people thought.

Most males who are nurses are asked why they did not become a doctor. It is as if the choice of a nurse is somehow a mistake or is thought upon as being a lesser career. Gary has had this experience as well. In fact, aside from the differencing term “male nurse,” Gary finds this mischaracterization to be annoying as well as perplexing. In one patient care situation, Gary took the time to explain to a male patient what was going on with that patient’s complex medical problems. At the end of the conversation, the man smears Gary’s choice of nursing. This man’s opinion was Gary should be more than a nurse. Most men in this study have all been asked why they did not become a doctor. It is as if the choice of being a nurse is an unsuitable one and should only be a stepping-stone for a man to the more prestigious career in medicine.

Gary: *Yeah. He said, "You know why you didn't become a doctor?" I said, automatically, "I've got my cockles up." I said, "No, why? Tell me," he goes "Because you're lazy." I said, "Really?" I said, "That's pretty significant observation for somebody that doesn't know me."*

Gary elaborated a little more on the influence of mentors in his life. He spoke of a rabbi who was an employee of the pastoral care department at the hospital. The rabbi was a spiritual man and was very important to Gary’s future. Both had worked at the hospital and were involved in the chaplain development education program. Gary would train the chaplains who needed help in understanding things involving patient contact. Gary describes the rabbi as a kind, gentle, “New York Jewish guy,” which he meant in a positive way. He also considered him a trusted friend. The rabbi was an older gentleman. As a child, he was in a terrible accident, which left him as a bilateral amputee. In Gary’s opinion, this tragedy facilitated the rabbi’s ability to identify with and offer consolation to the sick. One day, the rabbi announced that he was retiring and moving to Israel. As

the day of retirement came closer, the rabbi asked Gary what his plans were. At the time, Gary was very happy in his current job.

Gary: *He said, "Oh no." He says, "No. There's more important things for you to do." I said, "Really?" He said, "Yes. There're more important things for you, and you have to move yourself in that direction." It was very endearing, fatherly advice, you know? Coming from a culture where my father never graduated from high school and, you know, smart man, but just... This chaplain, Jewish chaplain, took the time to try to guide me in my life. That was a great, you know, you were talking about with act of manhood, that's a great act of manhood.*

Gary considers his career as an unbelievable journey, which he is still living. He does recall one negative instance with a senior-level management nurse. Gary had written a research paper with the assistance of a senior research nurse. He was lead author on the published study. At that time, Gary had not advanced in education and was still a diploma nurse. After publication, he was called into the director of nursing's office and was accused of taking credit as though he did not do the research. He was asked "how do we know that you really wrote that paper?" The director was implying that the research director wrote the paper and that Gary had misrepresented himself as lead. This was a hurtful thing to Gary and he did consider it a bias incident, but he was not sure if it was based on his being male or being a diploma graduate.

He did vocalize a belief that a couple of times his successes were being interpreted by senior nurses as his being a male and not based on his ability. This bothered Gary, as he considers himself a people person.

Gary: *I became a director, and, you know, all of these things that I attributed to my abilities, but also, luck, being in the right place at the right time. I never attributed it to my gender; never. I'm always, I'm an affable person. I like to talk to people. I like people. I like guys and girls, and I like everybody. To me, it was an unimportant issue that I was a guy, you know.*

Gary believes that the most important thing that he can do as a teacher is to be who he is and not have any biases. Gary runs a veteran not-for-profit that trains healthcare organizations on how to take care of veterans. He has designed a tool for working with veterans, which an outside

corporation wants to license. The company is headed by a retired female navy physician and a male graduate of West Point who was a basketball player. Gary works alongside men and women of all races, creeds, religions, and sexual orientation. Gary believes that he was always treated well because of the environment that he worked in, and stereotypes are somebody else's problem.

Frank R's Story

In the interview of Frank R., he identifies himself as a homosexual male. Frank's youth was difficult as he came of age in an era that had very little tolerance for alternative sexuality. Frank believes that gender bias and stereotyping has decreased since the 1970s. He attributes this to the numerous social transitions and crises that society has gone through. Unlike many gay males in this era, Frank never tried to cover or hide his sexuality. Frank reflects on that time as being very difficult and blatantly unfair. The prejudices that he was exposed to would not be tolerated today. He experienced outright discrimination from employers and personal attacks from patients and co-workers that were never addressed and, in some cases, encouraged. At the time of his licensing, every male nurse that he knew personally was homosexual. In fact, he denies knowing any heterosexual male nurses from the early part of his career. He does acknowledge that has changed and there are many men entering nursing today who are heterosexual. Frank originally entered nursing with an associate degree, eventually obtaining a master's degree as a nurse practitioner. In the 1970s, sexual mores were changing; women's rights and the women's liberation movement were started. In the 1970s, gay and lesbian rights were just beginning to be spoken about. A great deal of bias and discrimination faced the gay community, and Frank was subjected to that.

As a young man, Frank found himself thinking about a career in healthcare and happened to call up a school of nursing. He was 17, without a job, had no money, and considered himself

poor. The nursing school he had chosen offered him a full scholarship, which for him was a financial windfall.

***Frank:** Where do I start? I kind of fell into nursing very haphazardly. I didn't have any real plans to become a nurse. I graduated high school went to college a couple of semesters and hated it. Just started to think about health careers in general. I happened to call up a what was then a hospital school of nursing. The next thing you knew, I had an application, I filled it out and got in with a full scholarship. It wasn't a choice; it was just this opportunity that presented itself. I was poor, I was 17. I was living on my own. I had no job, no nothing, no skills. Along comes this full scholarship with room and board.*

Frank was one of two males in his nursing program. His nursing program “lumped” them both together. The school was unprepared to deal with males and at that time believed it logical and reasonable to place them together. Being a minority male, Frank initially felt relief having another male to go through the program with him. That was short lived. Unfortunately for Frank, his new “twin” was in Frank’s own words a “psychopath.” Nonetheless, they were paired together since day one. Males often feel isolated in their training programs. The literature identifies one way to improve retention and success in keeping males as students is to have more males both as students and as faculty. The rationale behind this is that it improves socialization into the profession and enhances learning.

***Frank:** We were buddied together for everything. Again, this was in the 70's. When I was in the program, you did everything to each other in lab, before you did it on a patient. That meant injections, catheters, everything. You were not allowed to touch a patient until you did that skill on another human —that was always this guy and I.*

Frank attended a diploma school. Under supervision, students were required to practice nursing skills on each other before they could bring that skill into the hospital. Frank fell in love with nursing very quickly a sentiment he prized, as he could not imagine having to do something that you did not love to do. After his graduation, he was the only new nurse hired by his hospital. He felt this was unfair to his female counterparts. Because of this, Frank became in his own words a “feminist.” He stated there were only three reasons why he was hired: he was male, he was interested in pediatrics, and he was strong.

Frank: *Because I was a guy and I was interested in pediatrics. The reason they were thrilled about me being in pediatrics was that I've always been a jock and muscular. And so I was this 18-year-old little hunk of muscle, was going to work nights in pediatrics and that meant I would move all the kids for surgery. So I mean, yeah I guess I was hired because I was a guy and I got hired because I was muscular, but I got hired because I was a guy who was muscular, who could push heavy shit. Not because I was this great nurse.*

Frank believes there have been many times in nursing where he has been utilized for his physical strength and ability—a constant reality that for him continues to this day.

Frank: *It happens today I'm 6. , I'm still muscular, and I do addictions in psych. And any time there is any problem in clinic, suddenly I'm the go-to guy... And it's sort of like weren't we all trained in de-escalation and doing all this stuff and that's all very nice, but when you have somebody who is tweaking on you, on meth, and they're ripping apart in an exam room, they send in the 60-year-old man with muscles, and not the 22-year-old female with a DNP. I'm like "Really? Shouldn't she be in there? She's supposed to be as smart as a whip like little cracker jack. Who am I doing peeling people off of the ceiling at my age?"*

Frank was exposed to a good deal of sexual harassment. He said he experienced outright discrimination from employers and personal attacks from patients and co-workers. The attacks were never addressed and, in some cases, encouraged.

Frank: *Patients would come right out and ask you...well, no one said, if you were a homosexual or use a derogatory term, which was never corrected in their clinical area, are you a faggot? And no one ever said to a patient like that's a little line there. I mean I could tell you story after story of how my career has been affected by that because I was assistant medical director at a community health center in Cape Cod, and they brought in this medical director who was just.... he made Donald Trump look like Mother Theresa, and he called me every derogatory name in the book. I filed complaint after complaint, with Cape Cod Healthcare and in the end the result? I was fired.*

Frank talks about the changes that have occurred in the way people think about sexuality. He has some problems with the way millennials act; in fact, he says they drive him crazy. However, one thing that he praises them for is that they are not caught up in other people's sexuality. Race, gender and sexuality do not seem to be a significant factor and if it is then it does not show. Frank reflected on his own life and his interaction with some prejudiced people in the heterosexual world, but he said he does not take it to heart.

Frank: *I just don't care at this point in my life. If you're really going to get all *** weird because I'm a gay man. Have at it, enjoy, see ya later, I mean I'm not gonna waste my*

time and get into your bullshit. I did that, and it was a waste of time when I was 20. Why would I do it now?

Frank: *I think there is something remarkable about millennials. And I say this in parenthesis, normally they would be spending their time worried about millennials, they drive me crazy. They can't do some things. But what they do really well is not get tied up in people's sexuality. But as far as race, gender, sexual orientation, whatever you want to call it, those issues just don't seem to really be a significant factor and if they are for people, it doesn't show.*

Frank believes there is less gender bias and stereotyping, but his statements carry the residue of hurt and social misunderstanding. Frank continued to talk about his nursing career and some of the social things that were happening in America. He believes that stereotyping and gender bias are better now than they were in the 1970s. The reason for his thinking is that so many social issues that came to the forefront of society peaked at that time period. The Supreme Court decision on *Roe v. Wade* gave women the right to have an abortion. Although still contested today this decision was considered a watershed moment for a woman's right to choose.

Frank: *We've been through so many crises as a society since the 70s and so many transitions. Again, when I became a nurse, abortion was just becoming ... just ... so I mean if you just were to work from that philosophical paradigm, when I went into nursing school, women had no right over her body. None, none whatsoever. Unless she wanted to go to a back-alley abortionist. But men controlled her body. And still do. But now, at least for the time being, *Roe v. Wade* is still the law of the land. But so, we went through that, we went through ... now, HIV, and Vietnam, and everything else, there have been so many social ... tidal waves.*

Frank: *Stereotyping is less of an issue. And again, and I think that is largely important to the evolution of societal norms. I mean everything from *Roe v. Wade* or women's rights, just the big deal of the very big deal of same sex marriage... As opposed to total strangers feeling comfortable with ... if I was an African American back in the 70s, most people wouldn't be using the N word about me. But every other derogatory term you could think of, about me, as a man, in nursing, I mean no hesitation.*

From the beginning of the AIDS crisis, Frank was at the forefront of the epidemic. He believed that the crisis brought a great deal of attention to the nursing profession largely because everyone who was infected with HIV died. In his mind, this made AIDS more of a nursing issue

than a medical one. He took a job in AIDS care and felt that as an “out” gay male, he became the nurse guru on how to care for the victims.

Frank: *Yeah, that's what I thought for years. I was in ... and that's how I actually got into AIDS care. Because I was an out gay man, back when no one was an out gay man. AIDS crisis hit, the gay guy showed up in the ER, sick or dead, or they would die, and so someone got the idea, go get that gay critical care instructor, he'll know what to do.*

Being a gay male, the AIDS crisis was particularly difficult for Frank. He believes that the initial reaction from society and the healthcare community was insufficient regarding people who were dying from AIDS. There was a lack of knowledge on how to handle the epidemic.

Frank: *Well and I got there and I realized no one knew what to do. I figured, well I didn't know better or learn what to do. Because there are a lot of people just dying ... I mean it was horrible, you remember... All right so, you know it as well as I do, everyone died. I mean I can remember my first job in AIDS care, was essentially meeting with people in Greenwich Village, in this little storefront clinic and saying "Hi, you tested positive, you have six months to live. Go home, get your affairs in order, come back in a week, and we'll discuss how you want to die. How much morphine do you want me to give you?"*

Like many men, Frank was asked why he just did not go to medical school. It is as if society, at least for a male nurse, cannot understand why a man would pick nursing for a career. Frank loved being a nurse and never considered a career in medicine. Nevertheless, about five years into his nursing career, he did apply for medical school. To his surprise, he was accepted into Harvard, which he turned down. He thought to himself *I just turned down Harvard*. He had only applied as a joke. One night out drinking with a group of male nurse friends, they were expressing their mutual dislike in being asked the question: why aren't you a doctor? Are you not smart enough? Apparently, this occurred so often to this group they decided to apply.

Frank: *I did and that ... and I thought "Holy ****." And it was like Harvard, I mean it was a joke, I got drunk one night, with a group of buddies and we all decided we were going to apply for medical school. Just because we hated getting the question. You weren't smart enough to go to med school? So, we did it and I got the hell in.*

Frank and his friends decided not to go to Harvard Medical School, but they proved to themselves that they were smart enough to get into medical school.

Harry W's Story

Harry W. graduated from nursing school in 1974. He had an aunt and a cousin who were nurses and thought that becoming a nurse might be a good career choice. Growing up in the 1970s, he believed there was a lot of gender bias in many things. He was 19 years old and had no real plans for his future. A friend of his, another male, had applied for nursing school. Harry thought, "If he can do this, maybe I should be able to do this as well." This friend set the example of what Harry needed at that time.

Harry: I graduated from high school in 1972. It took a couple of years. We all did, or most of us did back then, to find myself and I found myself a 19-year-old with no plans and a friend of mine had just applied to nursing school and he set the example for me.

Harry attended a "straight laced" nursing program at a diploma school. He was not allowed to study with his classmates in the open activity rooms because that would involve mixing males and females together. The restrictions against mixing males and females in nursing school were common at this time. Harry considered his first year of nursing school to be difficult because of the restrictions that were placed on him strictly based on his sex. The academic restrictions were particularly hard for him as it meant that he would have to study on his own and not benefit from studying with his peers.

Harry: The first year I got there, I wasn't allowed to go to the basement where the vending machines were without a female escort. There was fear that I would go up the back stairs and ravage and pillage the students in the dorms. So that was kind of uncomfortable. I wasn't allowed to study with my classmates in the rooms, the open activity rooms on the floors because that would be mixing males and females together. This was 1974-75. They didn't really take to that, so I had to do all my studying on my own.

The other realization was that his school was not designed to accommodate commuter students. Being a guy, and not being allowed to dorm at the hospital, his school had to make an adaptation in the program, allowing him to commute. The following year, things changed

for Harry. A second male student was offered a dorm space across the street. Like Gary, Harry came into nursing at the end of the Vietnam War.

Harry: *The other thing that I realized.... I was living on my own independently and they hadn't allowed any commuters at the nursing school yet and I was the very first one... The following year, there was one other gentleman in my class with me. The following year, things changed dramatically. The other guy who was in my class was a former marine gunnery sergeant. He was offered a dorm space across the street. It was a multi-room apartment with a lock on his door and the girls could stay in his apartment and the rule was that they could share the apartment together, which was completely different than it was the year before. Something had happened in that period between 1974 and 1975 and it was for the better. Still, I wasn't allowed to go up to the dorm to study with my classmates, although I could go to the apartment. That, in my early years, was the only thing that I could ever remember standing out that affected me in a gender way.*

Sexual mores had been changing since the 1960s, with many factors combined in a way to facilitate a change in thinking regarding sexuality and sexual expression. Harry enjoyed his time with his classmates. He made many friends and expressed that he was accepted as being one of the girls, which he did not mind. In his own words, he was considered *genderless*.

He was considered by his female peers to be OH, which meant Only Harry.

Harry: *Okay, I never really had a problem with anything gender-based at all, ever, in my career until later in my career, but at that time, early on in my career, they considered me what they called OH or 'Only Harry'. They could talk to me about anything and my colleagues at my job, they included me in everything. I was just ... I don't want to say this ... I was one of the girls, one of the guys. I was just genderless, in a way and that was perfect.*

In general, Harry has only minor experiences and perceptions related to gender bias and stereotyping. He went onto a successful career as a staff nurse. He specialized in pediatrics and thoroughly enjoyed working as a nurse. He did express some role strain issues when it came to the care of female patients. At the same time, he acknowledged how agitated patients are often given to the male nurse. These two phenomena are also featured in other interviews. The men interviewed for this study, including Harry, are very appreciative when female nurses step in situations where female patients are not comfortable with a male. In this study, many men do not seem to mind if an intimidating or unruly patient was assigned to them as opposed to one of the

female nurses. It is as if there is a tradeoff between those males and their female colleagues that is based on a patient's need and the nurse's (male and female) safety.

Harry: *I would, of course, as I began to take care of females that were in my age group or females that I felt that were uncomfortable with having a male care for them at certain times, I would back off and I would always assign them to a female. Females really don't have that issue as much. They have no problem taking care of a male, no matter what it is, what's going on, but if there's a guy acting out or something, that's a tougher situation; they don't always go for that.*

Harry spoke of being uncomfortable in his caring for young female patients. This is a common concern among men and is present in the literature. He reiterated a story of his nursing training during which he was caring for a young woman who was post-partum. With his obstetrics instructor at his side, Harry was examining a woman who had just undergone vaginal birth only a few hours before. He was completing the nurse's obstetrical examination when mid-way through the exam, the woman's husband came from behind the curtain to be with his wife. Harry felt uncomfortable, but it was not with the husband's entry; it was more his own internal response. The feeling was momentary and soon passed. However, it is reflective of how many male nurses are unsure and cautious in the care of young females.

Harry: *I was checking everything about her and I had the curtains pulled and I was checking her fundus and I was just doing everything. My instructor was available, was there, and the curtain was pulled and husband came in the room and saw this 20-something there with his wife and, you know, he didn't bat an eye... he did not think anything different of it, and I felt uncomfortable because he was there, but when I saw that he understood what it was all about, I was fine with it. That's the only other time.*

Harry did have a possible experience related to gender bias that occurred a little later in his career. He simultaneously believed that there was evidence of gender bias but also explained that he was not sure. Working at a facility that he liked being an employee, he felt himself restricted from roles that he had been doing throughout his nursing career.

Harry: *I was working in a facility, which I loved very much, but at the time, it was more cliquish, and it was cliquish with a definite gender bias, although nothing was ever overtly said. You could actually feel that things were done in a way that I was excluded from*

certain things, like being in charge of the unit which I had done for 30-some odd years and it was because of my gender. I can't say that for sure. It just made me uncomfortable.

Harry states that he has enjoyed his nursing career. He also believes that in general, he was not exposed to gender bias and stereotyping. He is grateful for the friends he has made and is still working as a staff nurse. Both Gary and Harry believe the impact of male nurse stereotyping and bias were minimal in their nursing career. The few complications that either nurse came upon were successfully navigated. However, Frank tells a different story; his journey was filled with examples of negative bias based upon his being a nurse but more importantly of being a gay male. The 1970s brought about significant social change. The Vietnam War, women's rights and changing social values were significant social issues that influenced the times in which these men became nurses.

Society's Changing Perspective

All the men in this decade enjoyed being nurses and have had rewarding careers. All three referred to the Vietnam War, which ended in 1975. Gary served and had veterans in his class. Neither Harry nor Frank served, but Harry had a veteran buddy in his class. Frank was harshly treated, insulted, and fired for being gay. He said patients, coworkers and doctors did very little to stop it. Society in this time was blatantly anti-homosexual. All three acknowledged social bias as a problem. The legalization of the pill for all women, regardless of marital status, occurred in 1972. Women were entering the workforce, making inroads into traditionally male jobs. Contraception and abortion rights were two colossal social changes and young people's attitudes toward traditional marriage and sexual expression were changing. At the end of the decade, the first cases of AIDS were being diagnosed. Health care cost were increasing faster than ever before.

Data by Decade (1980-1989): The AIDS Crisis

The 1980s began with the election of Ronald Reagan to the office of president. The Iranian hostages were freed just hours before he was sworn in. Large tax cuts greatly increased economic productivity but also cut deep into poorer Americans' safety net. Sandra Day O'Connor became the first woman justice to the Supreme Court, and Sally Ride became the first woman astronaut to go into space. President Reagan announced the "Star Wars" missile defense program and the first space shuttle flight was launched. The telephone company AT&T settled a monopoly lawsuit. Consumerism and consumer spending increased dramatically, replacing the 1970s theme that smaller was better. The Vietnam War memorial was dedicated. Acquired immune deficiency (AIDS), homelessness, and child abuse became public health issues. In 1982, Wisconsin became the first state to prevent discrimination based on sexual orientation.

In 1983, Lambda (a non-profit legal organization for gay and lesbian rights) was successful in defending a physician whose neighbors tried to have him evicted for treating AIDS patients (LGBT Rights Milestones Fast Facts, 2019). Five million people held hands and formed a human chain across America to express the need for addressing increasing hunger and homelessness. In 1984, Democratic presidential nominee Walter Mondale picked Geraldine Ferraro as his running mate, a historic first for women, and a first for either political party. Ronald Reagan and George H.W. Bush would win the fall election. Four years later in 1988, Mr. Bush would go on to win the presidency. The first version of a windows operating system was introduced. In 1987, the first drug to combat HIV was approved for prescription/distribution. The biotechnology industry was born, and a patent was issued for the first genetically engineered animal at Harvard University. Colin Powell was the first black male elevated to the position of Chairman of the Joint Chief of Staff (America's Best History, 1980).

Pat S's Story

Pat S. graduated as a nurse in 1983. His early life was affected by the death of his father at the age of 15. Due to this loss, he left school and got a job delivering meat for a meat market. Pat went into the army at 18 and came out at 20. He married and has remained married to the same woman for 62 years. He was good at the "butchering trade;" it was hard work and he did not make a lot of money, but he did provide for his family. At the age of 46, he came to the realization that the physical strain of being a butcher was adversely affecting his body. He took an aptitude test to ascertain what jobs or skills he would most likely be suited. The test identified either radiology or nursing. His initial reaction was "you've got to be kidding."

He was accepted at his local community college and completed his nursing training in 1983. His first nursing job was in a hospital in the Bedford-Stuyvesant section of Brooklyn. He had been told by his former nursing instructors not to take a position at that hospital. He was treated very poorly by the staff and considered his treatment as being racially biased. In his exit interview with nursing leadership, he shared that felt he was the victim of reverse racism. During this time in the NY metropolitan area, neighborhoods tended to be divided by race with a defined social inequity resulting in racial division, poverty, and frustration.

Pat went to work in another hospital in Queens, and on his initial interview, he told the recruiter that he would only work in the intensive care unit. He was hired and considered it a "great position." He was exposed to gender bias as evidenced by being used for his physical strength. This same issue occurred with Frank R. from the 1970-79 group and will reappear as a theme in all the decades.

Pat: *I ran into some situations where when somebody died or passed away, they (other units in the hospital) expected me to take the person down to the morgue. I had my own patients. We did our own blood gases. We did our own blood. We made up our own medications during that time. Everybody was intubated, and it was a lot of work. We had patients on the bypass machine. Assisted left ventricular pump was a busy unit. We had 24*

beds. She went to the head supervisor and after, they said, "That's it. You don't have to take any more patients to the morgue. You've got your own patients to take care of."

Within a year, Pat was promoted to assistant nurse manager and became certified in critical care nursing (CCRN). A surgeon from the surgical intensive care unit approached Pat and inquired if he would like to open a vascular lab. This meant that Pat would have to step away from his current role and extend himself by learning all the various aspects of vascular studies. He took the job and stayed in that role for approximately 10 years. Like many of the men in this study, Pat was often misidentified by patients as a doctor.

Pat: *I had people when I was on the unit, the ICU that thought I was a doctor because I had a coat on. I'd have to keep telling them, "No, no, I'm an RN. I'm an RN." They still say doctor, doctor.*

Pat experienced a gender bias in his obstetrical training as well as the occasional rebuff from female patients in later roles as a registered nurse. His female colleagues were always supportive and would switch assignments. He understood that some female patients wanted a female nurse. In his nursing training, he paid homage to one instructor whom he called an "excellent instructor." She did in fact intervene on Pat's behalf when it had become apparent that his nursing schools clinical site leadership nurses were intentionally preventing Pat from getting a post-partum assignment.

Pat: *When we did OB/GYN, we had an Indian, a midwife, excellent instructor. We did it at xxx hospital on xxx. Most of the nurses were nuns there. I guess about eight of us went through at a time, OB/GYN... I'm waiting to get a patient. I'm waiting. I'm waiting...Finally she came in and said, "I got you a patient. She's a registered nurse and is postpartum" ... I said, "Fine." I didn't realize until later that she threatened to sue. She said, "You're going to get a lawsuit if you don't let this male nurse have a patient." I didn't find that out until probably near graduation that it was a big problem...They were dead set against me working with any female on the floor postpartum or whatever. Yeah. A few times, I'd have a female patient. With examination in ICU when they came in and everything, they didn't want a male nurse. I said, "Fine. I'll get you a female nurse." It didn't happen a lot. I've had even people that I knew from a social environment that came in and I would ask them point blank, "Does it bother you that I'm going to examine you and take your vitals and check you out?" A lot of them said, "No. No, it's fine." A few said, "Yeah, it would bother me." I said, "Fine. I'll get you a female nurse."*

Pat developed relationships with providers, which provided him with opportunities to deepen relationships that were built on knowledge and trust. For example, as a new inexperienced RN in the intensive care unit, he was given a “hard time” by a female resident. He stated, “we straightened it out; eventually it passed.” What he did was “dive into the books,” reading everything he could on critical care nursing; he read on his break time, devouring books, and journals. He studied every diagnosis or scenario that could present in his unit. In his unit, the nurses instructed the residents on obtaining blood gases and the calculation of various specialty medication doses. His motivation and commitment to excellence was noticed by providers when he was handpicked to start the vascular lab, which he managed successfully. Finally, there was a cardiologist who would regularly ask Pat for his assistance in setting up swan-ganz catheters and arterial lines. The provider would always turn to Pat for help, even when Pat did not have that cardiologist’s patient. Pat is now retired and enjoyed nursing. He looks back on his nursing career with nostalgia and pride. Aside from a few instances of bias, Pat did not look back on his time as a nurse with any strong belief that he was mistreated based on his sex. Becoming a nurse, returning, and finishing his education was important to him. He reflected that his early life was missing some of that and he considered the opportunity to re-educate himself, a gift he termed “like regrouping.” To him, nursing was more than a job; it was intellectually stimulating, challenging, and a perfect fit.

Ken L’s Story

Ken L. became a nurse in 1989. There were approximately 50 students in his class, five of whom were male. One of the first instances of bias came about at the beginning of his nurse’s training. When people would come into the classroom, they would say “good morning ladies.” This took Ken and the other men by surprise because they were a small group but he and the small group of men sat together in plain view. In his own words, “they just took it. You could see

us; we were sitting right there. But we were just lumped in.” Later in his career working as a specialty oncology nurse, he was exposed to a similar deliberate mischaracterization of his gender.

Ken: *So, after the IV team, I transitioned into working with oncology patients because I realized that that was my calling, was to work with people facing life-threatening, life-changing diseases and helping them get through it as easily as they could. To this day, right up until the time that I retired, there were people all the time that would come back and like I said, would just say hello to the ladies and I was the one that was sitting the closest to anybody who came back because my desk was right on the hallway. And sometimes I thought gee, I'm a big guy but I must be invisible because they're not seeing me here. I know it was just one of those things that people do in nursing.*

When he started his nursing career, the AIDS/HIV epidemic was wreaking havoc on the gay community and was spreading into the larger heterosexual world. His first job was taking care of patients with AIDS. He did not sense any gender bias or stereotyping when working with that population. However, in later nursing jobs when exposed to the larger population, he heard some stereotypes expressed in a variety of ways. First, he heard from patients a question that is very often asked of male nurses: “are you going to be a doctor?” The inquiry belies a hidden premise—namely, that nursing is or should be considered as no more than a stepping-stone for a man. A man who is a nurse cannot be content to remain one. He must be on his way to what the questioner believes is a more appropriate or higher role. Another issue for male nurses is that they are often seen as gay or less masculine. Ken believes this is one of the more persistent stereotypes.

Ken: *I think the biggest stereotype as far as male nurses now is everybody thinks if you're a male nurse you're a gay man and I've worked with both gay men and heterosexual men as nurses, but you kind of get lumped into that. You know, all florists, all hairdressers, all nurses are, if they're men, they're gay. And that's a strange concept for me, but I understand it, I guess.*

Ken also believes that stereotyping is less now than what it had been: “now it seems as like it’s nothing for people to see a male nurse come into the room.” In his obstetrical training, Ken expressed that he had no interest in ob-gyn, but he acknowledged an understanding that his presence could make maternity patients feel uneasy. Although female patients expressed concern

about being cared for by a male nurse, the female staff appreciated his assistance. Ken did refer to his being asked to move and lift patients more than his female colleagues. He always helped, but he would joke with his coworkers about it: “I will help you move your patient but I’m going to take a little of your paycheck because you get the same thing I do.”

Overall, in thinking back on his career as an aggregate, Ken believes that he has benefitted from being a male in nursing. He concedes that there were times he felt bias and he acknowledges that stereotyping does exist, but he has always felt respected. In fact, in many instances, he believes he has been afforded more credibility than his female colleagues, especially regarding his relationship with providers. Starting from the time he was a student, through his early involvement with AIDS/HIV and throughout his nursing career, he has felt valued. He attributes his acceptance to a combination of factors: knowledge, self-confidence, and relationship building over time.

Ken: *But as far as with my colleagues, I can honestly say that I have been well respected most of the time even through school. I helped them make programs up for nurses working with people with AIDS because I was very knowledgeable in that subject in the beginning and most of my colleagues weren't, so they would turn to me for help in symptom management, which was what that disease was when I was in the hospital. It was much more a nursing disease than it was a doctor disease, medical disease.*

Ken: *So, I appreciated the doctors asking my advice and accepting it. That was a good feeling. I don't know if I've really noticed that a lot with my fellow colleagues who have been female, so I guess there's a gender bias there and it kind of leans towards the male as opposed to the female that had been in the profession for time and memorial... No, I think what I was meaning is I think the doctors were more apt to give me more autonomy than I saw them give other people, the female nurses. The patients were the same way. There was a certain respect that they gave males that they didn't give to females.*

Did this sub-group of patients present differently from other groups in Ken’s other nursing experiences? Ken did not believe so. In his oncology experiences, Ken noticed that he continued to have additional autonomy that his female colleagues were not afforded. Ken thinks that his enhanced standing was possible due to several qualities that he possessed, provider trust in him

built over time, assertiveness, and confidence. Ken was not 100 percent sure why this was so, but he noticed that the female nurses were often shy and timid in their practice.

Ken: *It's like I used to tell people all the time. You know what you're doing, you're a good nurse, you understand all this. Don't be so shy about what you want. Just talk to the doctors on their level.*

Ken loved his career as a nurse but is now retired. He spent over thirty years as a nurse working primarily in oncology nursing, intravenous therapy, and early HIV care. He achieved an associate degree in nursing. Although he believed that bias exists and that males are exposed to unique aspects of it, he also believes that biases exist for females as well. The overall balance favored him.

Mike R's Story

Mike R. became a nurse in 1986. He initially started out majoring in aerospace. He attended a local state university but did not excel. At that time, he did not have the right mindset for studying. His family encouraged him to consider nursing as a career. He changed majors and the following year was one of two males accepted into the 1984 nursing class at the same state college. He graduated with an associate degree and was hired by a local hospital where he worked as an RN float. He worked as a staff nurse in the coronary care unit (CCU), obtained his certification in critical care nursing (CCRN), and completed a baccalaureate in nursing. Mike became a nurse manager at that same hospital and stayed there for ten years. He continued his education and obtained an advanced degree as a nurse practitioner.

Mike did express the belief that he had experienced some gender bias during his nurses undergraduate training. Several of his nursing instructors were older diploma nurses who could not understand why a man would want to become a nurse. He did not go into detail but stated that he and the other male in his class “continued to endure it.” Rising above the bias, he received several awards from his school when he graduated.

One of his clinical instructors went on to become the dean at another college. He stayed in touch with her. With her assistance, he was accepted into the baccalaureate program at that college. She was very encouraging of bringing men into the profession. She believed that men would bring positive attention to nursing. It was uncommon for him to hear that men may bring some good to nursing. Mike would hear this sentiment expressed again. About eight years into his nursing career, a female administrator said to Mike “What do you think is wrong with the profession of nursing?” He was not sure of how to answer or where she was going with the question. She answered, “Nurses do not take care of each other; they are biased against each other and women are the reason why nursing was a mess.” These were hard sentiments for Mike to understand and to put into perspective; he concluded that men do have something to contribute.

When Mike started as a nurse in the CCU, some of his nurse managers expressed the view that they did not understand why a man would want to be a nurse. He believed that they probably felt threatened. He was typically given assignments that were not overly challenging and after about six months, he complained. Throughout his nursing program, he succeeded by doing, and he started to ask for the most complicated cases. He really enjoyed working and was doing well until one night the nurse manager approached him.

Mike: *Okay, why are you doing this? What are you doing? What are you trying to prove?" All this other stuff. And I was just wanting to learn."*

Mike elaborated on some of his nursing school experience, commenting on the instructors who did not understand why a man would want to study nursing.

Mike: *So, there was some bias. There was not as much I would have expected. But there were a couple of instructors that didn't quite understand what I was doing there. They were not in favor of my continuing my education. But thankfully, they were spoken to by some of their peers. One person who's actually a patient here, who was one of the instructors, said to this instructor, "Loretta, leave him alone. Leave him alone. Men are here. They're going to be here. And it's going to be good for the profession." So, there was some bias but nothing as severe. Nothing was directly said to me. It was more undertones of it.*

Mike did not feel any outward bias during his obstetrical or gynecology training. He does recall his own internal feeling of discomfort while going through the training for obstetrics. The theme of men feeling anxious or fearful when caring for young women is very common and is present in the literature.

Mike: *Wasn't really very long— my clinical hours were one day a week, maybe for eight weeks. There was some patient concern. More of the concern was for me. My own fear, my own anxiety of it. Having to walk in ... and remember, I was 19 years old. Fresh out of high school. Having to go to a 28-year-old woman saying, "Okay, now I need to check your lochia."*

Mike reported a few instances of female patients refusing his care. He understood and would ask one of his female colleagues to step in. It was never a big issue.

Mike: *So, it was more awkward for me than it was for them. I didn't have many patients that said, "No don't take care of me." There are very few as far as bathing, taking care of. I've had nurses that have stepped in and said, "Why are you catheterizing a female patient when there's female nurses here?" Well it's my patient." There was more of my ability to take male patients and certain male catheters. If there was a patient with HIV or infectious disease, I would typically be assigned that person because women didn't want to bring the disease home to the kids. I'm a single guy. And then after a certain period, I just volunteered to do it. Because it was ... nurses have this duty to others. I said, "Okay, I'll see the patient. I'll take care of the patient. You've got kids; it's fine, don't worry about it." You know. That kind of thing.*

Like many of the men in the study, he did more than his share of lifting and helped with physical tasks but did not see this as too much of an issue. He viewed it from the perspective that this is what needed to be done and he had the physical strength and stamina of a 20-year-old man. As an example, if a patient went into cardiac arrest, he would be called over by the provider and take on the responsibility of chest compressions. He ended up getting the nickname "Thumper." He vocalized a belief that his relationship with the providers was different from that of his female peers.

Mike: *I guess, you know it was a little more understanding. I would think if a doc was at 3:00 in the morning and I called him and said, "Listen, the patient's going bad." And he would say, "Oh, you know," with a profanity. He was sort of okay. And then we just move on. Where I don't think that would be accepted from the female nurses.*

Mike has been a nurse, nurse manager, and a nurse practitioner. Over the last 30 years, Mike has been part of a thriving medical practice. He has enjoyed his nursing journey and even though there were some bias incidents in the early part of his career, he believes the overall effect to be minimal. In fact, like Ken, he believes that he has benefitted from being a man in nursing.

Society's Changing Perspective

Sexual mores continued to become more liberal, and the AIDS crisis increased in scope and would begin spreading into the heterosexual community by mid-1990s. Scientists warned that the virus was more likely to be spread by high incidences of promiscuity. More young people were engaging in sexual freedoms that were much more liberal than previous generations. The men of this decade all state they have been used for their physical strength and are asked to move and lift more often than their female colleagues. They all assert that bias does exist but express that it sometimes favors them.

All participants from the 1990's enjoyed being nurses. Like the previous decade, two of the three mentioned being referred to as a doctor, even though they identified themselves as a nurse. In Ken's case, he was asked, "when is he going to become a doctor?" Isolation during their training was noted and nursing continues to have low enrollment rates for men. Also, they were called "ladies" as if the males were invisible. Sexual stereotyping still exists, and one of the males believed that the public perception is that all male nurses are gay. Two of the men expressed some ambivalence in taking care of young females. Two men stated that doctors treat male nurses better and one thinks it has to do with the projection of confidence.

Data by Decade (1990-1999): Changing Times

This decade started out with a Republican president, George H.W. Bush and ended with a democrat, William J. Clinton. The Cold War between the United States and Soviet Union ended. In 1990, the Hate Crimes Sentencing Enhancement Act was passed, allowing judges to impose

harsher sentences if a victim was targeted because of race, color, religion, national origin, ethnicity, gender, disability, or sexual orientation. In 1990, the Gulf War started when Iraq invaded neighboring Kuwait. The United States and a coalition of nations forcibly removed Iraq, in 1991 thus ending the conflict. In 1991, despite claims of sexual harassment initiated by Anita Hill, Clarence Thomas was confirmed to the Supreme Court. However, Hill's testimony and other women's claims brought the issue of sexual harassment to national attention. In 1996, William J. Clinton defeated republican Robert Dole to become president for a second term. Foreign terrorism became a reality when the World Trade Center was attacked for the first time in 1993.

Domestic terrorism occurred when Timothy McVeigh and Terry Nichols blew up a bomb outside the Alfred P. Murrah Federal Building, killing 168 people (Americas Best History.com, 1980). On the gender front, the Violence Against Women Act was passed. This made crimes against women be treated as federal violations. Technology continued to evolve as Intel shipped the first Pentium chip. Dolly the sheep was cloned. A multi-drug resistant strain of tuberculosis was isolated. The Center for Disease Control (CDC) established a fetal alcohol wing. The first case of West Nile Virus was reported and detected (Centers for Disease Control and Prevention, 1990). The Euro was introduced, and the Dow Jones Industrial Average closed over 10,000 for the first time ever.

Ben D's story

Ben D. did not start thinking about a nursing career until he was in his late twenties. However, in his own words, many of his life experiences "led him to that point." Ben was just 16 when he helped take care of his nonagenarian grandfather. He was helping his grandfather with personal care, more in the capacity of an orderly as opposed to a grandson and considered it an act of love. As a young man, Ben was an ocean lifeguard and became certified in both basic first aid and basic life support (BLS). In college, he majored in English, but when he graduated, he

discovered that he really did not enjoy teaching. He found employment doing contracting work. He continued to work in that capacity for a six years until an economic recession hurt the construction business. Ben decided he needed a new career. Earlier, he had taken an elective course in college on community service and developed a program with one of the area nursing homes. It was a success. That introduction to nursing homes led him to volunteer as a physical therapy aide. He really enjoyed helping others and applied to nursing school. During his interview process, Ben felt he was unfairly probed, and he believed that questioning only occurred because he was a male.

Because of an ongoing nursing crisis, the late 1980 and the early 1990 years were when nursing salaries rose quickly. This caused some concern in nursing leaders that people would be going into the profession for money and not altruism. During Ben's admission interview, he was repeatedly asked by the school's dean why did he want to become a nurse? She badgered him with a direct insinuation that Ben was doing it just for the money. He was courteous and forthright, reciting his previous experiences in healthcare. He believed she wanted to evoke a response from him that would exclude him from entry into the program. Finally, he responded in a more direct manner.

Ben: *“Do you really think that \$17 an hour is a good salary?” And I said, “I have a friend who is an investment banker who makes ten times that much.” And that was sort of the end of the question. But that was my first introduction where I really don't think if there was a female nurse going to the same interview, or she interviewed anybody that day who was a female, they were asked the same question. In fact, I'm 99.9% sure that they didn't.*

Ben completed his initial nursing education, earning an associate degree, and was hired at a local community hospital. Ben's first nursing job was less than ideal. On his floor, the unit demographic was split in two equal halves. He was always assigned to the busier half. He was harassed by an older, more experienced nurse who made sure that Ben got all the heavy assignments. She would then tell him that he had poor time management skills and that he was

not a very good nurse. Like Pat S., he did not retreat but studied everything he could about the types of patients and the types of therapies that were frequently performed on his unit.

Ben: *I was harassed on a regular basis. Was written up multiple times. So, my start was a bit rough, but I knew why I wanted to do the job. So, I really ... I'm not someone who quits. My father always taught me you see things through. So that's what I did. And I'm also someone who's not shy to speak about things or fight back, and that's what I did.*

Ben thinks that he was treated unfairly by a more experienced nurse but instead of internalizing it, he “fought back.” This was not a fight in a literal sense, but it was a challenge to be met on the intellectual, time management, psychomotor skill level. Ben did not allow another nurse to dictate his own internal dialogue. A nurse’s first job is an important one and can be associated with workplace bullying. A new nurse is not in the best position to differentiate between bullying and the experiences that are necessary to promote growth. Ben’s approach for improving his performance was very similar to the efforts taken by Pat S. (1970-79) and Mike (1980-89). Looking back on the experiences he said, “It probably made me a stronger person and a better nurse.”

Ben believed that he had to overcome the perception that men cannot perform as well as female nurses. The theme that men do not care as well as female nurses has been cited in the literature as one of the problems that men face.

Ben: *That was a stereotype that I thought I had to overcome. ...men don't care. Men can't possibly do this job as well as we do (females), et cetera, et cetera. And these are just the obstacles of being a nurse.*

Ben heard or felt the same biases and difficulties that most men face when they become nurses. Ben was the object of teasing and joking by friends. Also, he was asked by patients and their families, “Why didn’t you become a doctor?”

Ben: *Oh, the other end of it was the public's sort of stereotype toward male nurses. Kind of the goofy outfit. Didn't make much money back then. Not a very well-respected profession as a man, when I started. Sort of the butt of jokes. The other end of it is the public's view of you and at that time ... And this is 24 years ago, it's much different than it is now. There was much less respect. Everybody wants to know; why do you do this? Or*

the main question I encounter is, why aren't you a doctor? I was often barraged with that question and eventually I just told them that ... I decided I would make them feel uncomfortable and tell them I wasn't smart enough. That seemed to work. Changed the topic of discussion.

The other issue that Ben was exposed to was the assumption that he was gay or less of a man. In this period, people were much less likely to accept men and women crossing accepted career paths. Females were beginning to make inroads into professions that were typically male dominated, but males tended to avoid female-associated work. Society in the 1990s maintained a general objection to homosexuality that bordered on hostility. Despite some inroads, some people still associated males within the nursing profession to be gay.

Ben: *The other thing, that it was assumed, even if you had a wedding ring on, that you were gay or not as much of a man as other people. And you were sort of looked down upon as being more feminine.*

During Ben's undergraduate training, he was exposed to one bias incident in obstetrics, but in general, he did not sense gender bias. During his obstetrics rotation, he was the only nursing student out of sixteen not to see a child being born. Ben, however, placed positive spin on it. In not having this experience, he believes the birth of his son was that much more meaningful. Even though he did not have the opportunity to learn in the OB clinical setting, he did excel in the classroom setting, and he did not allow this negative experience to upset or bother him. Rather, he used it as a motivator; he studied obstetrics and knew the didactic material better than any other student in his class.

Ben: *Obstetrics, I was the one nurse out of 16 that did not get to see a child being born. I was always put at the end of the line and that was something I wasn't exposed to. That was certainly because I was a man. I don't think there would've been an issue with that today if there was a male nurse. Or a much less of an issue.*

At his first job in nursing, he was asked to help move large patients and was assigned the bigger, more aggressive patients. As with many nurses, Ben has had his fair share of back injuries, some of which he links directly to being asked to lift and pull more because he was stronger.

Ben: *The only other negative was that I did every male Foley in that hospital, on my floor, for those seven years. The other negative is that I was apparently Super Man and could lift anyone. I was often called to the emergency room, once, with a 360-pound gentleman who had taken PCP and I was to administer the shot, even though I didn't even work in the emergency room.*

Ben believes that the situation today for males is much less stereotypical. He cites improved salaries and room for professional growth as encouraging influences. In the end, he believes that once a patient and/or their family trust the nurse and see that the nurse is working hard to make the patient better, there is respect regardless of gender.

Ben: *Over the years, that is really what you ... That's what I've aspired to be. That is my goal is to take care of people. If ... And this, basically, overcame all of those obstacles because once you start taking care of them, they forget that you're a man. And they just, all they see, is someone who is on their side... The stereotyping now, this is 24 years later, the view of the public, the view of other nurses, the view of management toward me is much different. And toward other male nurses are much different. I think they're given much more of the benefit of the doubt. I think they are more respected. The job is obviously more respected by the public because of the salary.*

Ben believes that nursing is a very good job and has been a rewarding career. He thinks the socialization needed and the education provided are making things better for men coming into nursing today, and he believes stereotyping is less. However, he recognizes that young boys or young adolescent men are not socialized to the possibility that nursing is a possible career choice. Ben is an accomplished nurse. He has worked as a critical care nurse for many years and has obtained certification in critical care. He furthered his education by obtaining a baccalaureate degree in nursing and then just last year a master's degree as a nurse practitioner.

Glen D's Story

The next participant, Glen D., began with a personal story about his father. Apparently, his father was not comfortable with Glen becoming a nurse. However, his father did keep his feelings to himself and Glen did not find out about his father's feelings until after he had become a nurse. His father did confide his doubts and concern to his sister, Glen's aunt, who

is a registered nurse. The aunt told her brother “remember when you were in the ICU and the nurses that took care of you, which is what Glen will be doing.” His father started to cry. Later in the interview, Glen was trying to explain his father’s feelings, and he was not embarrassed that his son wanted to become a nurse; he did think that Glen would have a rough life in doing so.

Glen believed that he was treated differently because he was a man. He sees a direct link between him being male expressing confidence and being assertive, and his relationship with the providers. In Glen’s opinion, he received a lot less “abuse garbage” from providers than his female counterparts did. He would have greater leeway with them. In one instance, a physician who had a reputation of being difficult to deal with had completed a spinal tap on a patient. The physician went to leave, and Glen said, “Excuse me you did not clean up.” The physician said, “Nurses clean up” to which Glen replied, “I do not know where your needles are.” The physician said, “Okay that makes sense, no problem,” and he cleaned the bed. Apparently, he was an old-school doctor that the nurses could not speak to or ask questions of without being verbally assaulted.

Glen attributes this to being confident and being an advocate for his patient’s welfare. Glen never said to a provider, “I’m sorry to bother you.” He has the conviction that he is not bothering the doctor but performing his job. Glen has always had the characteristics of being confident and assertive. Before becoming a nurse when he worked in a hospital as an orderly, his demeanor often misled providers to think that he was a nurse and was in charge. The providers would give instructions and orders to Glen even though there were nurses present. This would infuriate the nurses who would tell the providers, “Do not speak to him; he is my orderly.” Glen felt he was given more responsibility in nursing because he was a man. He believed the increased responsibility contributed to his being thought of as the nurse

in charge. Many research articles have made the claim that male nurses advance faster in supervision than female nurses (Wilson, Butler, Butler, and Johnson, 2018). In this study, several of the participants vocalized that they were often assumed to be in charge. In explaining this assumption, several participants said the idea was often just inferred and in some cases perpetuated by the female nurses.

Glen: *I just think as a male nurse, you stand out more. So, if you do your job correctly, not even fantastic, if you do your job correctly, you stand out and you get in line for promotions.*

Glen: *I've had the house supervisors, even when there's a charge nurse, who will ask me what's going on when I wasn't in charge. It's almost the females - the ones who keep the stereotypes going about males in charge. For me, I think a male in nursing has been very good.*

As a new nurse, Glen believed that he was often given the toughest assignments, and he was often selected to be in charge even though he did not have a great deal of nursing experiences. In one job, he was just off orientation when he was placed in the charge role. He was not 100 percent sure that these occurrences were based on his gender and freely admits that his strong personality may have been the deciding factor.

Glen has some strong opinions about how nurses present themselves and the belief of the potential benefit that males could possibly do to enhance the profession. Once at a student nurse's convention, he expressed the following.

Glen: *I spoke at Nursing Association Convention and we were talking about nurses' salaries. One of the things is ... Sometimes my mouth gets the better of me. You know, I said, "The reason why the nurses are paid so poorly, it is our fault." Everyone looked at me and it was like woooo. I'm like, "No," I said, "Hospitals, doctors ... It's business. At the end of the day, they're there to make money."*

Glen: *We need to hold ourselves to a higher standard and be pushier about our salary. I said, "you know, nursing is seen as a female-dominated profession and at the time, we're looked at as the second income of the family, not the primary ... We need to change that."*

Glen believes that if there are more men involved, then salary and work conditions would be better. He thinks the healthcare industry, in particularly hospitals, have taken advantage of nurses.

Glen: *I think if there's more males involved in the profession early in the profession, there would have been a lot higher salaries because honestly, males wouldn't have put up with it so long. I've had diploma nurses tell me the stories of how they used to live at the hospital. They couldn't be married. They ... And I was like, "Martha, why did you do this?" And said, "Well, that's what we did. We dedicated our lives to the job."*

Glen has always felt that he has had excellent camaraderie with providers. He believes that his college education gave him the confidence and encouragement to represent nursing. Glen thinks that his self-confidence propelled and subsequently separated him from the other nurses but did so in a progressive way. If there was a team lead in a class, he got elected to spearhead it. He was acting class president for his school of nursing and managed to get the budget for the school's student nurses' association increased. He did not experience any gender bias during his education and, unlike some of the other men in this study, had a positive rotation through obstetrics and gynecology. After graduating and working in an emergency pediatric setting, he did experience some push back from mothers who were concerned over his placing a urinary catheter into their young daughters. Glen would talk to them and explain that he could defer to the female provider, but he also shared with the moms that he was better at catheterizing than the physician. Most of the time, the moms would agree. He believed this expression of mistrust was based on his gender because his female nurse counterparts never had that problem vocalized by any child's mothers.

Glen did express a fear of being accused of or thought of as a sexual predator. He would always have a female with him when he was doing anything intimate to a female patient. His female counterparts could catheterize alone, but he would not do that. Glen did have a complaint of a sexual nature lodged against him. Fortunately, he had a female nurse with him.

The nurse validated Glen's story, which if it had been taken at face value, could have had a devastating effect and possible legal implications for Glen. The theme of male nurses expressing a fear of being accused of sexual impropriety is documented in the literature.

Glen: *I kind of learned early when I was a brand-new nurse, I had someone with me, because I had to listen to this woman, and I was still on orientation, and it was my first nursing job. And then I got called in and ... She was an old asthmatic lady, and I got called, well, not old, but at the time she was older. I was twenty, she was forty. Now she looks whatever. But I got called in to my managers. "Just so you know, a patient complained that you were inappropriate with her." And I said, "What? What did I do?" And she tried to explain, and I said, "No, I had a nurse with me at the time." And that nurse backed me up and said, "No. He listened to lung sounds. How do you listen to the breath sounds?" And then the manager ... It quickly got dismissed. But after that I always felt like patients saw me as a sexual predator. Parents saw me as a sexual predator.*

Glen had the experience of being used for his physical strength, a fact which he acknowledges that over time is tough on your body. Glen did not mind being used for his physical skills; in fact he supported it. His wife is a pediatric nurse, who still practices at the bedside; he hopes that if a combative kid came onto her unit and there was a male there, the male would take the patient.

Glen: *I had the physical skills. I know a lot of times, nurses use me to lift bodies and roll and so we always had a great teamwork that way. If we had a combative kid, I would take him 100%...It's not like when we go there, we're going to fight, but my wife is a pediatric nurse, and she had an autistic kid grab her, break her stethoscope. He threw a water bottle and hit another nurse in the head. But like he wouldn't have the power to manhandle me, as such...so, in some sense, like I'm not looking to be combative. I'm not looking to put myself in danger, but yeah, I would take, if we knew ... and if there's a tough case? Medically wise, I'd always get assigned that one as well.*

Glen is on occasion the object of some teasing by his friends and he has seen negative imagery of male nurses on the television. He believes that the stereotyping on television has diminished over the last five years. He does believe that there are more guys coming into the field. He absolutely loved being a nurse. He met his wife through his job, his current position is away from the bedside, and he expressed that he sometimes misses that.

Kevin N's Story

Kevin N's story starts back in 1992-93. He was in the military and had an accident in which his hand was lacerated seriously enough for him to require treatment. Seeing how military hospitals operated and how the people working there performed, he thought that becoming a military medic was a good idea. At the same time, he viewed the medic training as a precursor to a possible career in nursing. He completed his time in the military as a medic and upon discharge, was hired as an orderly in a hospital. He obtained an associate degree and worked as a nurse in the same unit he had been an orderly. In the beginning, he had a rough transition from orderly to nurse. Like Ben D from the same decade, Kevin had trouble differentiating if his early experiences could be classified as bullying or mentoring. Bullying in nursing is cited in the literature and is detrimental to the nurse and to the nursing profession. In time, Kevin found himself being more comfortable with the responsibilities and duties of being a nurse.

Early in his career, he often found himself being assigned to the "charge nurse" role. He does not know how or why that happened because he was a new nurse without any nursing experience. He felt that his being male and having a military presentation might have factored into that management decision. Kevin's early nursing experiences were typical insofar as he found himself and a few other men in a classroom overwhelmingly dominated with females. In his nursing courses, he estimates that there were only two to three other men per class. What he sees now is that when student nurses come through his hospital for clinical rotations there are more and more men.

Kevin: *But what I have seen over late is that while it's not 50-50 in the classes, you see a lot more male nurses in the classroom setting coming through for clinical, so it's definitely growing significantly. Even people I speak to who either have sons or nephews, et cetera, are considering going into or have gone into the nursing profession.*

Kevin would recommend nursing as a career for young men. The flexibility is what primarily appeals to him. Kevin sees a big change in the presence of male nurses since his

nursing career began. He believes that the stigmas are changing for the better and society is becoming more accepting of men in nursing.

Kevin: *Oh, without a doubt. Even patients that are older and have lots of experience being in ... a hospital setting or just frequent doctor visits. Just how the multiple comorbidities and the need to go to hospitals and doctors' offices, they've seen ... I've heard them talk about it on a pretty frequent basis that they're seeing a lot more male nurses.*

What Kevin did notice was that as a male there were certain things that were different in how he was utilized and perceived. One of the ways he was perceived differently was regarding physical strength. Like other men in this study, Kevin found himself being asked to help pull, lift, and move patients more often than female nurses. This did not seem to bother him, but it was frequent enough where he felt it was a difference. However, he understood it as being part of a team and helping each other perform the job of a nurse while keeping everyone safe.

Kevin: *But I do notice, or have noticed in the past, is that many times, because we are looked upon, we, the male nurses, are looked upon as having more physical strength being utilized frequently to take care of certain things, whether they be moving somebody heavy or maybe even fixing something that ... or handling a patient that might be unruly. Definitely felt that there was more of a need to come to myself or one of the other male nurses just because of our stature.*

Kevin also believes that providers speak and act differently toward male nurses as opposed to how those same providers speak and act toward female nurses.

Kevin: *Definitely noticed, can attest to the treatment and/or the way you are spoken to and looked upon by doctors. There's no doubt a stigma I'm told, probably unintentional that you see how certain doctors, particularly the male doctors would respond to a male nurse versus a female nurse. I don't know if that's because of the camaraderie, or if it is truly a gender thing. But there's definitely a difference, not across the board, but there's a difference in the way some people handle some doctors and others might handle dealing with a male nurse versus a female nurse.*

Another way in which Kevin perceived a difference in how he is seen or treated is in his caring for female patients—particularly, young female patients. He admits there are times when he senses an “unsaid discomfort” that a female patient has with him as a male. Kevin acknowledges that it is possible that the discomfort is more of an expression of his concern.

Regardless, there are just times when he will ask a female nurse to take care of a female patient.

He does not feel the same level of discomfort with older female patients.

Kevin: *I sense that a younger female patient might have a little more apprehension towards being taken care of by a male. It has on occasion come up over the years where the female patient had preferred a female nurse, and I try to respect that as much as possible.*

In school, Kevin did not feel any stereotypical treatment and believed that he and the other males at his school were treated the same way as the female students. Kevin did make mention that all his instructors in nursing school were female and wonders if there had been a few males would his experiences be any different? The literature shows that one way to improve in the retention rates of men is to increase the number of male faculty. Kevin's family was very supportive and encouraging, and he thinks his military corpsman training was a natural precursor to his becoming a nurse. He did not feel any backlash or negativity and that times were changing, becoming more accepting. Kevin points to the women's rights movement and other social changes that have occurred over the last forty years.

Kevin: *Changing of attitudes. Women's rights back in the '60s and '70s leading towards this acceptance of being different yet the same, being treated the same... In a relatively short period of time, going back to both the equal rights movement and HIV and so on and so forth that was a relatively short period of time. We're only talking about 30, 40 years overall, where there's been a dramatic change. Forget about it, the past 5, 10 years have just been wide open in terms of being accepting of anything.*

He also believed that the HIV/AIDS epidemic opened people's eyes to a social injustice that had been directed toward the HIV/AIDS community. Kevin believed that was a watershed moment leading to a lowered social resistance for a male going into nursing.

Kevin: *I would have to throw HIV in there as well. Just because the HIV scare brought the whole gay community to the forefront, and when that happened and then we became ... We embarrassed ourselves as a society with regards to how we treated them like they were somebody different and had disease.*

Kevin presents a powerful narrative pointing to the social changes that were occurring and continue to occur. He spoke insightfully and was candid in his dialogue. He has been a nurse since

he left the military over 16 years ago, working at the same hospital in the intensive care unit, and the cardiac catheterization lab. Upon completion of an associate degree, he continued and did go on to obtain a baccalaureate degree. He is married and has three sons.

Carl R's Story

Carl R. is a nurse anesthetist at a local hospital. Originally, he wanted to be a physician, but he was not academically focused, and a little irresponsible; as a result, his grades suffered. With a little more discipline, he reapplied himself to his studies. However, his GPA made his acceptance into the medical program unlikely. He did not want to waste time taking meaningless courses to raise his GPA. He wanted to take something meaningful and enrolled in nursing courses. Carl graduated with a degree in biology and decided to go on with his nursing education. He enrolled in a baccalaureate nursing program. Along the way, his interest in medicine waned and his interest in nursing grew. He had always liked helping people, and nursing seemed to provide that personal touch that medicine lacked. Carl worked as a nurse in the intensive care unit for twenty years. He had a wide range of critical care experiences. He decided to become a nurse anesthetist (CRNA) and was successful in reaching that goal. He has been working in that field for eight years.

Carl: I felt like I got a lot more respect since I have become a CRNA. I feel like the doctors treat me on a different level than when I was a staff nurse in the ICU. I love it, it was a perfect fit. I get to help people; I get to connect with people. Literally, I have their lives in my hands daily.

Carl had several offers to go back and start medical school, but he declined. He had found his niche. He likes what he does, feels that he is helping people, and is still able to connect with patients as a nurse. "Nurses provide something that doctors just can't." Carl does believe in gender bias and felt it when he was a staff nurse.

Carl: I think growing up, most of us have been conditioned to believe by society that it is a female role. I did experience a lot of people asking me with a quizzical look on their faces "nursing why nursing?" You're a nurse? I felt very funny. You could tell the

difference in people's voices when they heard that you were a nurse...I do not know if it was disapproval, or if it was just wondering why I didn't go further.

Carl has had the experience of walking into a patient's room with a female anesthesiologist and the patients will call the female doctor a nurse and Carl the doctor. Carl says that it happens a lot. He states that he is constantly called doctor. In general, Carl thinks that things in today's hospitals are better for male nurses. He believes that many female nurses like working with men, which changes the environment. Carl stated that sometimes women can be a little rough on each other and that males take that pressure "down a notch."

Carl believes that men are being accepted by society as nurses. When he is in a social situation and tells people he is a nurse, people are more accepting. He does not lead with revealing that he is a nurse anesthetist. When he first became a nurse, there was a bit of joking around from friends at his expense. Carl thinks that the advanced salaries and benefits of being a nurse have silenced some of those humorists.

Carl: *But, I think they also know, especially as nurses have advanced in salaries. They see how much nurses make...we work three shifts a week and have the rest of the week off. They are not laughing so much.*

Carl thinks that things are better for men than they had been in earlier decades. He said it used to be a "freak thing" to see a male nurse but now he is seeing more and more of them. Male nurses are not judged the same way they had been in the past. Carl closed his interview with one final observation. Carl believes strongly that providers speak differently to female nurses as opposed to male nurses.

Carl: *A good example which just happened as recently as this week is that I went to relieve a female CRNA who was in a room with a notoriously difficult surgeon who has had a tendency not to speak so nicely to the staff, especially females. In fact, he rarely does lash out at the males. And to show the differences, I went back behind the drape and he was involved in his procedure. He didn't know that we had switched staff. I quietly sat down behind the machine. Everything's going fine, and he decides to snap. Basically, something he did wrong, but he was the type to try to ... He likes to blatantly spread the blame to everybody else rather than to take, to own it. So, he snaps at what he thinks is a female anesthetist on the other side and said something to the effect, "Ah, is the patient*

paralyzed?” and not in a very nice tone. He was very nasty. So, I popped up. As soon as he saw me, you could see the change on his face and his voice got a lot nicer. “Oh, I didn't know you guys switched. Is the patient paralyzed? Could you give her a little bit more paralytic?”

Carl believes that most men will not tolerate verbal abuse and will go back at the provider. He also believes that there are some women who will do the same, but he thinks that those women are in the minority of females.

Society's Changing Perspective

All the men in this decade of study were exposed to some degree of stereotyping, but they do not believe that it has negatively impacted their acceptance as nurses by the profession. Any bias that did exist at the start of their nursing career has become less and less noticeable over time. The men who started their nursing careers in this decade believe that there were changes within the society that made a nursing career choice more acceptable for males. They cite improved wages, flexibility, and career growth opportunities as part of reason for this change in thinking. Each of the participants from this decade throughout their careers have felt the support of family and friends.

Data by Decade (2000-2009): Turning Point

At the beginning of the new millennium, a Republican George W. Bush was president. In 2001, Islamic terrorists attacked and destroyed the World Trade Center in New York City. Iraq in 2002 refused to allow weapon inspectors into their country. On the suspicion of Iraq having weapons of mass destruction, the United States led a coalition in a second Iraq War. The Iraqi military was defeated, and that country's leader Saddam Hussain was captured and later executed. The weapons of mass destruction were never found. In 2001, there was the first case of inhalational anthrax. HIV infections for newborns dropped 80% since 1980. Rubella was eliminated from the United States. SARS was first discovered in Asia. There was a multi-state outbreak of mumps involving over 6,500 people. The CDC identifies H1N1 as a new serotype for

influenza. In April 2000, Vermont became the first state to legalize gay marriage. In 2006, the Supreme Court in New Jersey ruled that state lawmakers must provide the same rights of marriage to gay and lesbian couples. This is the decade where the first millennials turned 18.

Paul B's Story

Paul B. graduated from nursing school in 2006. He is a staff nurse at a local hospital and has just graduated, receiving a master's degree as a nurse practitioner. He has always liked helping people and considered medicine as a career, but the amount of time required to complete medical training was always a concern for him. He saw nursing as an opportunity to help others and make money. He started his nursing career as a cardiac stepdown nurse working on a telemetry unit for two years. Paul then transferred to the intensive care unit where he has worked for several years. Paul does not believe male nurse stereotyping to be a major issue, but it still occurs. He recalls being out with friends, and what their reactions were when he first told them of his intention to study nursing.

Paul: *Stereotyping, okay. So, when I originally went into nursing, I remember we were out, with my friends, we were at a bar. I told them I wanted to be a nurse, and they looked at me like, "You want to be a nurse? You know, you're a guy. What do you mean you want to be a nurse?" There was definitely cracks and jokes. There were definitely comments directed towards me, like, "Oh, this fancy boy, he wants to be a nurse." Stuff like that. Murse was said, so definitely heard it all.*

The term "murse" is a derogatory term combining the words "male" and "nurse." Despite his friends' teasing, Paul continued in his studies and became a nurse. He was exposed to some of the same stereotypes that were vocalized by the participants from the earlier decades.

Paul: *In my career, definitely I've experienced some stereotyping. You know, not being able to take care of certain patients. And male biased, coming to the males to either boost the patient right away. That happens often. We're just always looked at as kind of the workforce, the strength in the group. But other stereotyping that I might have experienced as well is that we could take any patient in terms of acuity. They're like, "Oh, just give it to Paul. He's a guy, he won't complain." And I've heard that often.*

Paul believed that he was passed by in his obstetrical rotation, but he was not too upset by that. Paul declared that he was not inclined to do that sort of work. Because of being passed by, he did not have a good obstetrical rotation. Paul understands why some female patients would prefer a female nurse and he works with his female colleagues to accommodate the patient. He thinks males bring the right attitude to the job. He states, "Males are here to do a job." He did not feel as if stereotyping has been a major factor in his nursing career and considers it to have been a minor problem.

Walter D's Story

Walter D. considers his entry into the United States Army as a medic as his entry point into nursing. Although he spent time as a medic and then as an orderly before becoming a nurse, the military was his starting point. From the time he was a young man, Walter was drawn to helping others and was always attracted to television shows that had medical themes. He was very excited when his military tests indicated that he would be an ideal candidate to go into military health care. He thought becoming a MASH medic would be "cool." His training was in his own words "incredible." Skills were practiced every day and if they were not performed correctly, were followed by fifty push-ups. He completed his training and was stationed on the Korean peninsula. Walter worked around a lot of nurses and doctors, all of whom were very encouraging. There was one male nurse with the rank of colonel, who completed a couple of tours in Vietnam and Desert Storm and at the time, he was one of the most highly decorated officers. He was instrumental in setting up Walter for success. Walter left the military and worked briefly as a coordinator in a developmentally disabled home. He left that job and became an orderly. He worked full-time, supported his family, and went back to school to become a nurse.

One of Walter's first experiences with gender bias and being a male in nursing came after his discharge from the army. It was personal in nature. Up until this point in his life, he had never encountered bias toward him as a nurse.

Walter: *I was dating a girl and at the time, her Dad was a New York City detective. Her brother was NYPD and the whole family you know, and there were a lot of jokes. There were a lot of misguided jokes about that and everything else about me becoming a nurse and everything and I up until that point, I never thought about that because when I was in the military, I worked around a lot of male nurses, men that were nurses.*

Walter hates the term *male nurse*. It's not as if we say *male doctor or female doctor* and he describes this as a stereotype. He went onto explain that in the military, no one would joke with the men who were nurses about them being nurses. They were soldiers first and then a nurse. DW went onto explain, you just would not mess with these guys. Many had combat experience and saved many lives.

Walter recalled one experience post military as an orderly where he was offended by a comment that insinuated that being a male nurse was a gay or less than a masculine profession. He took offense to that. Walter's military experiences as a nurse did not prepare him for the stereotyping that existed in the private sector. He found it perplexing because in his nursing school, there were a lot of retired New York City cops and firemen who were studying nursing and considered it a natural progression. To use Walter's own words, "they worked around this field by design" because of what they did, and they thought it was a great profession to get into. Like the soldier nurses, Walter said these were students you would not want to mess with. As a clinical group, several of the men including Walter were often asked by patients, "So are you guys going on to become doctors?" That was a comment that none of the female students was asked. In the same light, Walter was asked by a patient, "How does your wife feel about your becoming a nurse?" Walter recognized that it was not said with an encouraging connotation, but he handled it diplomatically "She thinks it's great."

Walter said that his instructors were all very constructive and encouraging to him and the other men in his class. The instructors tried to pre-warn them about some of the biases but also some of the advantages that men experience.

Walter: *But they also said some the advantages, you know, as women nurses, they would ... how they got beat up by the doctor and they said being a male you're not going to experience that as much.*

Walter elaborated on that last statement. In his experience as a nurse, he found that providers were overall less respectful to the female nurses as opposed to the males.

Walter: *I did find that to be true a lot of the times. I would watch the encounters with the doctors. I was a little more in tune now watching the way some of the doctors would talk to some of the women nurses and then the way they would talk to some of the male nurses. Not to say that they wouldn't go 15 rounds with the male nurses the way they would, but I remember one of the nurses, she said, "Oh is there anything I can do for you and help you out?" and he's like "Yeah, you can get me a cup of coffee.." I just thought that was so offensive and I had said something to him too. How offensive that was and that that wasn't right and I did ask him I was like, "Would you ever say that to me?" He just turned around he's like No...you got a good foot on me and I'm like yeah exactly why would you say that you know. But then there were other doctors you know that it didn't matter. They would just say what they would say and the way they would talk to you.*

Walter did not experience any bias or gender discrimination from his nursing instructors, and he was supported by friends and family. No one made *Focker jokes*, from the movie *Meet the Parents*. He did have a negative interaction after moving and meeting a new circle of friends and new neighbors.

Walter: *I've had people I've never met before and within 20 minutes they find out what they do and they're making stupid jokes. Oh, Focker... and this and that and I've told them, I've come straight out and told them that, that's not acceptable and I don't appreciate that. You know, I challenge them on that. I think it's just ... and I try to ask them where does that come from? At three in the morning, if I'm taking care of your loved one in the ICU, does it really matter if I'm a guy or a girl?*

Walter has had his fair share of raised eyebrows in response to his telling new acquaintances what he does for a living. However, in general he does believe that the bias and stereotyping are better than they had been, especially among younger people about the age of 20. He attributes that to education.

Walter believes that if you ask younger school aged children, there is less chance of stereotyping. Nevertheless, just six months ago, he was the nurse representative at a high school job fair. Two things from that experience stuck out in Walter's mind. First, the young people that came to the booth would ask if Walter was going on to become a doctor. The second was that not one young male came up to the booth to inquire about nursing. The table that represented medicine attracted a fifty-fifty mix of young boys and girls.

Walter has gone on in his career to become the nursing cardiology director at his hospital. His organization is in the process of picking a manufacturer/supplier for new electric beds. Built into the side-rail of the bed is a nurse call bell with the image of a female nurse displaying a nurse's cap.

Walter has experienced several of the same issues that previous participants had incurred, specifically the physical act of moving patients. Even in a management role, he finds himself being paged from his units that some help is needed moving a patient. Another similarity is that like several of the men in this study, Walter is acutely aware of allegations involving sexual misconduct. Walter provides the study with an example of the reality of this issue.

Walter: *There was a patient that we had and every male that had encountered this woman was questioned by the local police department, because she had made an allegation that somebody had ... she was on a ventilator at the time, she was on Propofol, and Fentanyl, and Versed and she had received several suppositories during her fevers and then she said that a male came in and was digitally penetrated her and everything else and that what has happened you know. He had done that and there was another person in the room when he was doing it just to help him turn the patient but all the men had that ... anybody that went into that room during her stay were questioned by the local police department. I just felt like, wow that's double-edged sword. You know, that really ... it really opened my eyes to the risk as a male that we're put at and there's not a whole lot in play at our facility currently. We made our concerns known but not a whole lot changed.*

Walter felt that the facility supported the men, but at the time of the investigation, he did not feel that way. Walter does not think that the industry does enough to help protect the men.

Walter believes that stereotypes are out there and that the investigation became an interrogation.

One thing that disturbed Walter was that during the investigation, only the male nurses were investigated. Not one male doctor that went into that room was ever questioned.

Walter is proud to be a nurse. Walter knows a lot of men who are nurses; he states that most of them are both great nurses and great people. All these guys are proud to be nurses. “We (males) tend to go in for critical care nursing because that’s the way we are wired.” Walter thinks men do a great job. He thinks that men bring a lot to the table with the same skill sets of compassion and caring that women bring. Walter believes that men can mitigate some of the problems that are in nursing.

Mark N’s Story

At 20 years old, Mark N. found employment in a physician’s office. He managed the provider’s private practice office and was exposed to medical diagnoses, triaging, and billing. The work interested him, and he started to develop an interest in a health career. The nurses who worked in that office were in Mark’s words “great mentors.” He found himself admiring the way the nurses conducted themselves, he appreciated their qualities, and he believed he possessed the same characteristics. He started to think about nursing but did not act immediately on his thoughts. By the time he had reached his mid-twenties, he was not settled on a career path. He applied to a local college for nursing and was successful in achieving his goal of getting accepted. He went to work at a regional hospital and was a critical care nurse for the first eight years of his career. He believes that men who become nurses are dedicated to the profession. He mentioned two role models, older males to whom he looked for guidance as a young nurse.

His family and friends were surprised by his choice to study nursing. Prior to his studying nursing, Mark had spent more time hanging out with friends, listening to music. His family’s surprise changed to total acceptance after his grades came in and he graduated with honors. His

family was happy that he had found something he liked and was good at. His friends did tease him.

Mark: *But you know, you get all the jokes. The male nurse jokes. Meet the Fockers and, you know, all that stuff. I think I had a graduation party when I graduated nursing school. One of my friends bought me a provocative women's nursing outfit as a gag. But you learn to just kind of go with it.*

Mark took the joking in stride. In his college's nursing education program, there were male nursing student symposiums where he was able to meet male nurses who were leaders and collaborate with other male nursing students. These symposiums happened on a regular basis and always had male nurse leaders. He found that mentoring concept very supportive. This is a progressive idea that will help young men navigate through the instances of gender bias and stereotyping. The concept of mentoring is essential for all nurses but is vital for young males who benefit from the experiences of older male nurses (Carrigan & Brooks, 2016).

Mark: *They had people come from all over the country that were in all different kind of roles in nursing. They were hospital administrators. Some of them were NPs. Some of them were just staff nurses. Talking about all these stereotypes and different things that they'd overcome in their career...it was very interesting. I think that was helpful. I don't know if they still do that, the college. But I felt like, as a male going into a female-dominated field, that was a good thing for me.*

Mark has advanced in his education and is now a nurse practitioner. He was the recipient of some of the same biases that the participants of earlier decades vocalized. Some examples include the label "male nurse," which many of the participants take exception to and the assumption that because he is male that he is a doctor. That assumption would occasionally happen to him as a staff nurse. Now, as a nurse practitioner, it is a regular occurrence.

Mark: *Now that I'm an NP, I get a different type of thing where nobody thinks I'm a nurse. They think I'm a doctor. Because I wear a lab coat and I wear scrubs on the weekends, but usually I'm not wearing scrubs. Now it's almost like I have to tell people, "No-no-no, I'm a nurse."*

The other stereotypes that he discussed were the occasional sexual orientation inquiry type, which some patients feel very comfortable asking. Thankfully, this seems to be less of an issue over time but sporadically reoccurs.

Mark: *I have very few problems as a male in nursing. You're always going to get an ignorant patient. I had a patient one time ask me if I was gay. She assumed I was gay because I was a male. I had to correct her that I wasn't. Not that it would matter, but you're always going to get people with belief systems that are just bizarre.*

The other issues that Mark mentioned as stereotypical are the concerns that many of the participants have mentioned. First, concerns males have in taking care of young female patients and how to care properly for them. Second, the fear of being accused of sexual misconduct. Third, being asked to move and lift more than female nurses. Finally, the assumption that males should be in charge. Mark worked as a nurse in an open-heart surgical unit and most of the time the patients were advanced in age. Occasionally, there would be a young female patient. Mark's female peers often arranged the assignment so that he did not have to care for the infrequent young female patient. Rearranging the assignment never became an issue, as there were always enough patients to accommodate this practice. Nevertheless, it was a concern that Mark always had in the back of his mind. The second matter is regarding many male nurses' fear of a sexual allegation.

Mark: *It happened one time where I had a patient that was completely delirious when me and another nurse was cleaning her up. The next day, I found out there were accusations that we were taking pictures of her when she was naked. All this stuff. It was kind of bizarre and off the wall. But that's when I realized, I was like, "Oh wow." You must really be careful because ... Like I never brought my phone around. Because you never want to look at your phone because the patient could think that you're taking a video of them.*

The theme of being asked to help lift on a more frequent basis based on upper body strength continues to appear. Like many of the men in the study sample, he vocalized the feelings of a partnership with his female colleagues; even though the request to lift more is present, he does not seem to mind. It is appropriate to note that Mark is a young man who appears in his mid-thirties. His thinking might be different if he were a nurse for a long time or had back injuries.

The final issue is the assumption that men should be in charge. If a male in nursing is inclined to advance further than the bedside, the belief works to the male's advantage. However, the supposition can have a negative personal component. A successful male in nursing may have

to reconcile a paradoxical thought, that his success is based on gender and not ability. Mark's observation that some men who were not the best nurses move up faster were also present in the Glen D. interview (1990-1999). Mark believes the mindset that males should be in charge is an injustice to female nurses who may want to consider management as a career path.

Mark: *I felt like, as a male working on the unit, I was constantly pushed into more of a management role. I had done management when I was younger, and I really felt strongly that it wasn't for me. It didn't fit my personality. But there wasn't a six-month period that didn't go by that my manager wasn't trying to get me to be one of the assistant managers. Other units were trying to recruit me to come manage. I had seen some guys who weren't the best nurses, to say it pretty frankly, get management jobs pretty easily and move up. I do think that's kind of a benefit of being a male in nursing. Maybe a little bit unfair to the females. It's the perception that ... and I had a lot of people tell me, too. It's like, "Oh, you're a male. Oh, you're going to go far in nursing." I had a lot of people say that kind of thing to me.*

Mark has been a successful staff nurse and is now a nurse practitioner. He teaches as an adjunct professor at a local college. He met his future wife on the open-heart surgery unit where he had worked for several years. He stated that he does miss the bedside aspect of nursing and sees teaching as a similar pathway. He is happy about his career choice and believes that there is more support and less bias for young men who are nurses.

Vince B's Story

Vince B. was a police officer for four years before transferring to the fire department where he worked for over 21 years. One of his friends in the fire department was a nurse and would talk to Vince about nursing. Vince's sister was already a nurse and she also spoke with him about nursing. Vince had always enjoyed helping people. Still a few years away from his retirement from the fire department, Vince went back to nursing school. With one exception, his nursing school experience was unremarkable.

Vince was one of the top students in the class. However, one clinical instructor treated Vince in a manner that Vince said was unjust and unprofessional. He believed the treatment was based on his being a man.

Vince: *With her, she berated me week after week. She put me down in front of my classmates week after week. I had classmates come to me that told me to my face that they would go to the head of nursing at Nassau if ... she tried to kick me out of the program. She was obviously being unfair to me. That is my one negative problem I had with a female professor as a male nurse.*

The instructor told Vince that he was not cut out to be a nurse; she told him to get a new profession. The experience was in Vince's own words:

Vince: *I never had a problem in nursing school since, but it was horrible. It was every week after week, every clinical day. I was sick to my stomach. I knew it was coming.*

Vince's obstetrical rotation may have contained elements of bias; however, in his description of that rotation, he is a little vague. The concept of limiting males' exposure during obstetrical rotations is a theme that has come up several times. It appears to have lessened over time, but it has not disappeared completely.

Vince: *Oh, you couldn't do anything being a man. They wouldn't let you do anything. Yeah, they, I think you felt the stomach through fundus, if I remember correctly. You stood around, and we got to watch a baby being born. I was with the other male nurse together, and we barely did anything. I don't even know what they (the female nursing students) did or didn't do, but they were in there a lot longer with the female patients and stuff.*

Vince's family and friends were mostly supportive and gave him a lot of credit for becoming a nurse. His friends did tease him a little bit calling him a "nurse" from the *Meet the Fockers* movie. Vince has been exposed to many of the same stereotypes that previous nurses had been exposed to.

Vince: *They always get the male nurse to help with the patients, which I don't mind, because I'm a team player. But they'll walk down from one end of the hallway to the far end to grab me when they pass four other nurses to help them with a boost. They come and get me every time, but I just do what I got to do, because I know they'll help me when I need help. I just find it pretty funny, like what do you do when I'm not working, or the other male nurse isn't working?*

Like the other male nurses in this study, Vince is mistaken for being a physician on a regular basis. Even after he tells the patient, he is the nurse the patients still revert to referring to him as the doctor. Vince has the same fear as many of the men of being accused of sexual

misconduct. On his nursing unit, most of the patients are having their cardiac status monitored. If a patient is a young female, Vince will ask one of the female nurses to apply the monitoring stickers to the patient's chest. Vince recognizes that there are female patients who are uncomfortable with men providing intimate personal care and, in those situations, a female staff member will help.

Vince has seen and listened to providers act and speak to the female nurses. Vince believes that the providers often act and speak differently to the females. On occasion, he has noticed the same behavior from male patients toward female nurses. This does not happen as often to a male nurse.

Vince: *I think some do. Some do...like they were mad about something. Why was this like that? Like, they don't raise their voice to you, I think. Whereas a woman, they may raise their voice. Like some patients, they'll raise their voice to the girls or yell at them. They won't yell at a male nurse. Whether you're bigger than them, or I'm like, I'm not a little guy. So, it's like maybe they're afraid to say something to me. I'm not going to hit them or anything, but just maybe they're afraid to say something to a male, I think. They can push women around, they think. So, it has its pluses and minuses being a male nurse.*

Vince believes that being a retired firefighter gives him an edge with patients. He seems to gain an extra measure of respect from his previous career.

Vince: *Patient-wise, I get a lot of, I'll be talking to patients about being a male nurse, or they ask me what I did before. I tell them I was a firefighter and a cop. They think I'm wonderful without even doing anything. So, it does have its pluses too. Everybody out there got a cop or a firefighter in the family, and I kind of use it to my advantage too. I want them to ask me what I did before, because I'll be in the hallway, and I'll hear the lady on the phone, "Brenda, you wouldn't believe it. My nurse was a city firefighter. He's wonderful."*

Vince does think that people still have the general impression that if a man is a nurse, he must be on the feminine side. He thinks that bias comes from male patients more than female and from older patients. He does not get too much of that, as his patients usually know his work history. He regularly shares his work history with patients, who almost always "do not think that

I'm like feminine.” Vince believes that males are an asset to nursing. He believes that the females like having men as nurses, as it changes the character of the floor in a proactive manner.

Society's Changing Perspective

The 2000-2009 decade is somewhat of an affirmative turning point at least from the perspective of the men. The nurses from this decade do not cite any strong feelings about themselves or other male nurses being stereotyped. The exposure to stereotyping and gender bias has greatly dissipated. The men do not see it as a problem and view the perpetrators as outliers. Male nurse stereotyping still occurs, but the significance to the affected nurse is negligible. As society has changed and become more accommodating, there appears to be an appreciation for and not a judgment over differences. In general, the stereotypes do continue, but they have waned.

Data by Decade (2010-2017): A New Hope

In January 2010, Scott Brown stunned the nation by winning a Senate seat in a special election in Massachusetts. With his victory, the Republican Party was able to stop the Democratic super-majority, preventing Democratic leadership from pushing future legislative votes past a Republican filibuster. Later this same year, the Republicans took control over the House of Representatives. The Affordable Care Act's (ACA) final legislative version was passed (The Affordable Care Act, 2010). A British Petroleum oil rig accident caused the biggest oil spill in US history. In May 2011, Osama Bin Laden was killed in a covert military mission. The Occupy Wall Street Movement was started by regular Americans who felt Wall Street was greedy, corrupt, and used influence peddling to manipulate the government. The war in Iraq ended. Hurricane Sandy devastated the coastline of the upper Atlantic states. In 2012, Barack Obama was re-elected to the presidency. The Boston marathon was attacked by Islamic extremists. The Internal Revenue Service came under scrutiny for targeting “tea party” supporters. Under the ACA, millions of Americans became eligible and began signing up for healthcare insurance (ACA, 2010). In 2013,

the Black Lives Matter movement was started with the death of Trayvon Martin by George Zimmerman. In, 2014, the ACA went into law (ACA, 2010). In 2016, Donald Trump stunned the United States political system by winning the presidency. North Korea launched a nuclear missile and the United States withdrew from the Paris Climate Accord. Technology continues to extend into everyday life.

Nursing is facing some major challenges. Many nurse leaders are predicting a nursing crisis by the year 2025 (American Nursing Association, 2014). In a very real way, that crisis may be even more acutely felt as many bedside nurses have left to pursue advanced education and training as nurse practitioners. The last group of men in this study come from a diverse background of nursing experiences. One of the participants is a certified obstetrics nurse, the other is a staff nurse, and the third is the only front-line nurse manager at his hospital (also one of the youngest).

Don A's Story

Don A. is young man and has been a nurse since 2012. He did not come to nursing as a first career but was compelled to break free from his first career choice. As a young man, he had dreamt of becoming a manager in the food service industry but over time, he became disenfranchised with the work. In his own words:

Nursing is a second career for myself. I originally worked in management hospitality, fine dining management in development and training, and found myself at a crossroads in that career with really going home at the end of the day wanting more out of my work day. It seemed to be an area where I worked with a few mentors and people that were a bit older in the career that I was, and they just seemed to be unhappy with work every day. I knew that that's not what I wanted to be. I needed to make a change.

As a teenager, Don had a good friend whom he had known for several years. This friend's mother was a high-ranking nurse executive at a regional hospital. She believed that Don should become a nurse. She suggested to him to consider a nursing career; he stated, "Oh no, it's not something I don't think I want. I want to be in business. I want to be in management." Don's

internal dialogue continued to direct him toward a business career. He put off the idea but eventually did decide to leave business. When he decided to change careers, he began to seek a career that would combine an unrecognized love of science with helping others.

Don started to read and gather information on what a career in nursing was and what it could offer. He came to the realization that in becoming a nurse, he could serve others and be intellectually stimulated. He called his friend's mother who called the dean of a local college's nursing program and he was enrolled for the following semester. During the time Don was researching a possible nursing career, he perceived a theme, which soon became common to him. When shared his intention to begin studying to become a nurse many people told him "you will go far." He specifically remembers being told: "Don't worry about being a man in nursing; you'll be in charge of a hospital before you can know it." That thought was verbalized to Don on multiple occasions by numerous professionals at various levels and it perplexed him. The impression was that his leadership success was a forgone conclusion and that his advancement in nursing was expected. He believed that others saw his being a staff nurse as "not good enough." This appeared to disturb him. In his retelling of his story, his body language and facial expression indicated a previously undetected tension. The commentators had no knowledge of Don's individual talents and were basing their opinion specifically on his male gender. In fact, Don does have the long-term goal of being a senior nurse executive (CNO) but wants that honor to be based on ability and talent.

Don: *It seems to be something that's followed me throughout my career, is that whatever I was doing at that moment was almost not good enough because I could be doing more. A lot of that was tied to being a man working in nursing. When I started out in obstetrics and GYN, maternal child, neonatal area, women's health services, we'll call it then.*

Don began his career in woman's health services and believes that he was thought by other obstetrical nurses as being misplaced. In one instance, a senior obstetrical female nurse with 35 years of nursing experience told him that he did not belong in maternity but belonged in ICU. "I

was told that you're real smart. You belong in the ICU. You're too smart for here." To support his choice, Don challenged his senior colleague, "Doesn't that say something about you that's been here?" To which she responded, "Well you know, I'm not going to be offered the same opportunities you are. You're white and you're a man." Don also sensed a negative bias regarding his capability as an obstetrical nurse. Nevertheless, Don became certified in obstetrics and began to develop leadership skills by establishing himself as a charge nurse and served briefly as his unit's acting manager. In addition, it was suggested to him by former college instructors and then current nursing colleagues that to be a senior executive or CNO that he needed to develop a more diverse background of administrative experiences.

Don: *You can become the director of a service line for a health system in women's health if you want to stay in that area, but you really should start to think about moving around into another area.... That was always told to me as a manager—as a man, I'm not going to take things personally. I won't let things bother me as much. I'd be maybe more apropos to speak up in situations... Working now in the field for a while but that was always something that was kind of thrown at me, that it would be a little bit, almost you would draw conclusion that I would have an easier time being a manager or in a management position as a man, as a male nurse, than a female would.*

The inference that Don took from his initial exposure to management was that he would be viewed as being less likely to "take things personally" and he would have an easier time in management because he was a male nurse. Don believes that the strongest bias against him as a male existed in the clinical area of obstetrics. The obstetrical nurses at his hospital gave him the impression that he could never be as good in obstetrical nursing as a woman could because he was not a woman.

Don: *The bias existed more prevalent clinically in obstetrics than not with the notion that because I had never delivered a child myself, due to anatomy, that I was not going to be as good at taking care of a woman who is giving birth to her child.*

That notion would be challenged. In one notable patient care situation, Don obtained both internal validation as an obstetrics nurse by the hospital. He was nominated for the parent organization's coveted Presidential Award. Don was the obstetric nurse assigned to a Muslim

woman who was at his hospital for an abortion secondary to an intrauterine failure. The woman's blood pressure was extremely high, and it was a life-threatening situation. The patient's mother-in-law and her husband both felt that Don should not be caring for the patient because he was a man. Recognizing the woman had the right to refuse and her strict religious background, Don withdrew himself from the case. About a half hour later, Don was stopped in the hall by the patient's husband. The husband motioned for him to come into his wife's room. Once inside the woman began speaking to Don and the husband acted as translator. The patient wanted Don to take care of her.

Don: *His wife spoke to him in another language. He translated that she felt a connection with me from when she walked in the door; and that she'd like for me to come back and take care of her; and that she was putting aside at this moment her religious beliefs because she believed that Allah put me there for a reason, she kept saying it.*

Don was very happy to return to her case and he helped to stabilize her and care for her in the immediate post-procedure period. This case was one of the proudest moments of his obstetric career for Don.

Don: *The story was quickly kind of ran through the health system. I was nominated for a presidential award for service excellence as a result of this story. I guess that's where my gender and cultural difference in itself that existing obstetrics kind of collided.*

At this point, Don returned to talking about his role as a manager and his perception of his junior nurses when he was attempting to direct them.

Don: *In the manager role, I think there were certain, well there was a few instances where I was referred to as threatening, aggressive, assertive because I spoke with conviction. I felt that, I don't know if I think that that was attributed to my personality, not so much me being a man, but I have been told that previous managers to that unit spoke a little softer. Or when there was disciplinary action, it didn't come across as being so, and the words kept being used as aggressive. When I think really what I was being was assertive.*

When asked to elaborate further on management experiences, Don spoke about his perception of having an undeserved unsolicited gender advantage. His opinion was formed in managerial meetings and conferences, some of which were organization-wide sessions. Multiple

nursing managers and leaders expressed to him that he had an edge in advancement based on his gender. His tone, countenance, and demeanor indicated a puzzlement and apprehension over this perception of unwarranted advantage. The genesis of his internal tension appears to be based on a personal desire to achieve based on merit and not gender.

Don: *Even being a manager, now opening up different meeting scenarios, conferences with people across the hospital and into the health system, it was always kept, being told to me that you'll move up quick. You'll get promoted faster. Everyone knows that any man that works in nursing has high positions.*

Don wants to succeed, and he believes he has the talent, drive, and ambition to do so. He was surprised at the number of times he was told, or it was implied that his success was a foregone conclusion. He is grateful for the opportunities that have been afforded to him, but it bothers him that his successes may have a gender component.

Don: *I don't know if, looking back now, I think that it was to some, looked at as a number. Where, well everyone wants a man sitting on their executive team that happens to be a nurse, compared to an academic, I was told that well, you'll have your PhD fast. You'll have a doctorate fast. You'll have a master's fast. You'll just be able to; it seems that men move quicker through the field than women do.*

Don returned to school and has achieved a double concentration master's degree in nursing. During his time in school, he temporarily left full-time in nursing leadership but remained as a part-time nurse. During this period, he transitioned in and out of several nursing positions: part-time charge nurse in ICU, staff nurse in ICU, telemetry charge nurse, bedside nurse in a community setting. With all his experiences, he was utilized as a specialty float but eventually transitioned to a dual ICU-telemetry charge nurse role. He reflects on his interaction with the same OB nurse who said he belonged in ICU and ironically, that is where he wound up.

Interestingly, Don in his discussion of being both an ICU nurse and a labor and delivery nurse found both to be equally challenging and difficult. He does believe there is less gender bias in ICU than in obstetrics. He does not understand why more males are not interested in obstetrical

nursing. During his undergraduate training, he did perceive some bias during his obstetrical training, not from his instructor but from a fellow student.

Don: *I remember discussing once that I, after my labor and delivery clinical, that this would be an area that I may want to work in. I remember in class, not by professor at all, but by other students, is that I, specifically one person saying is that there are no men that work in labor and delivery.*

Don reflected on the high representation of men in the intensive care unit and the underrepresentation of men in maternity services. Don has both ICU and obstetrics experience and can state with full conviction that on busy days with sick patients, they rival each other in terms of acuity. In that regard, he does not understand why more men are not interested in that specialty of nursing.

Don: *So, it's interesting to see how the area of critical care was 50 percent, yet there are other areas where it seems that men in nursing have not really broken through. Or is it that it's not as attractive as a critical care area?*

Don reflected on his successful completion of his master's degree and thought about the number of men in nursing who were graduating that day. His perception is that the number of males entering nursing is increasing and that men are now picking nursing not as a second but as a first career choice. He is optimistic when he speaks of men in nursing for the future. The college where Don completed his master's degree is the same college where he completed his undergraduate degree. He is encouraged because he sees increasing numbers of men who graduate. He also has noticed that there seems to be younger men who have picked the career out of high school.

Don: *I believe that there's some dynamic change that's in progress where the class pictures will start to change to see more men that are graduating at a younger age, meaning first career.*

Sam M's Story

Sam M. is a young nurse working in a cardio-thoracic intensive care unit at a local hospital. His family is a well-accomplished group of professionals. His dad is a dentist, his mom

is a nurse, his brother is a physician, and his sister works as a physician's assistant. He had completed a year as a pre-med student. Unsure about his choice, he took off for a year. At the urging of his mother, he decided to try nursing school with the eventual plan of obtaining an advanced degree. His family was totally supportive. He did not feel any discrimination or bias during his undergraduate training. He met his wife who was in his nursing school during this time.

He did mention that his maternity experience was possibly biased, but for the most part, he understood that in that situation, women would prefer a woman as a caregiver. Since graduating, he advocates openly for males to go into nursing.

Sam: *Nowadays it's like a common thing. I try to tell people, too. I tell all patients. I tell family members. I say, "You know what? What other job can you work three days a week, work twelve-hour shifts, or thirteen days a month and get paid a decent salary." You know?*

Sam could not see himself going back to a 9-5 job. He experiences gender bias from his friends in the form of teasing. In his describing the teasing, Sam's tone and words indicate that his friends are not sincerely deriding his choice.

Sam: *Friends are always a ... They joke around. They, of course, your friends are going to bust your chops a little bit. So, yeah, why I have a few friends. One's in sales. One's military police. The other one's a firefighter. So, we actually joke around with each other. But yes, at a certain time, you're like a male nurse, Focker sort of thing... You've got to spike the ball Focker."*

Sam tells people without reservation that he is a nurse. When he and his wife were buying their house, he told the realtor about being a nurse. He believes that men are respected for this choice.

Sam: *So many more males are coming into these fields. It's not even that they see males, especially when you say an ICU nurse, they look at you like you're almost like, wow, you do a lot. They respect you. But any type of nurse, they respect you.*

Sam does not see gender when caring for patients in the hospital; he sees patients who need to be cared for. He is glad that he studied nursing and not medicine. He does acknowledge

that as a man he is called upon to lift turn patients more. Sam believes that if more young men knew about nursing, they would consider it as a career option.

Sam: *You know what? I think not enough people (males) know about what's going on ... About nursing, to be honest with you. You know what? I was, thankfully my parents told me about it, they educated me on it. But I don't think enough people know what kind of a gig it is, to be honest. You get to care for people. You get to make people feel better. You get to really do something, but you also make a good living at it, too.*

Sam thinks that it is like what women go through when a female picks police work as a career. He thinks that female police officers struggle to find their right place. It's a little different working in a hospital, but for the most part, Sam does not see any gender bias at all. Even when meeting people in new social situations Sam is proud to tell them he is a nurse.

Sam: *Even meeting people at, outside, socially, like at bars, wherever. Wherever you go, parties, family functions and you tell them you're a nurse and they go, "Wow, Oh my God. My dad was in the hospital." They always feel like; they feel almost like secure.*

Sam has no reservations in suggesting a nursing career for men. Aside from some minor teasing from his friends and the occasional extra request to help turn and move patients, he thinks nursing is a great career choice.

Ed A's Story

Ed A. is a young nurse manager on a general surgical floor. His nursing career started after his grandfather became sick. The care he witnessed nurses giving his grandfather deeply impressed Ed, which compelled him to change his major. When he told his family and friends, he received two totally different responses. His family was very happy and congratulated him for making a great choice. On the other hand, his friends thought he was crazy and stupid. They called him gay and asked him why he would want to go to school with a bunch of girls. His friends were very critical.

During his education process, Ed believed that he was often assigned sicker and more physically challenging patients. Overall, he did not believe that there was any bias in his

education. He did suspect one clinical instructor may have been biased against him and another male student. In all his clinical experiences, Ed was usually the only man; however, one semester, he was paired with another male. After each week of clinical, the instructor would keep the two men behind to tell them what they were doing wrong. What struck him as odd is that the focus of the observations was on things that could be considered superficial. He recognizes that their interpretation is subjective.

Ed: *We talked to the patients too much and we smiled with the patients too much. It was always something, and it was only just me and him. But I don't know if that means anything. But I always had that in the back of my head, maybe it was because we were the two guys in the class, or maybe at one time something had happened with her that she now has this bias towards us because we're men. I don't know what it is. I don't have anything to back it, but I always felt that way.*

After graduation, Ed got a job in a hospital as a staff nurse on a telemetry floor. His friends still did not understand why he would want to be a nurse.

Ed: *They thought, "What are you doing over there? You just clean patients up, putting people in bedpans, throwing around medications." They had no idea what a nurse did. No clue. I think that that shows really a random sample of what people truly think nurses do, especially for my age group. There's a lot of naivety around the idea, and there needs to be more education out there about what we do every day.*

While as a student, he had heard that when he became a nurse he would be used for his physical strength "because he was a man." Once he became a nurse, Ed took a different approach to lifting and pulling. He used the opportunity to make connections and get to know people. However, it soon became a problem insofar as he was passing over time with his patients because of all the help he was giving to others.

Ed: *Everybody else wanted me to do something for them because I was a guy. I did it. I was young. I did it. I probably put myself in some situations that I could have got hurt, but I did it because I just thought that's what I should have been doing.*

One year into his nursing training, he started going back to school for leadership. Soon after starting back, he took an assistant nurse manager position on a different floor. He absolutely feels that his being a man helped him get into that position. The reason he feels that way was that

the questions on the interview were in his opinion odd. The questions had to do with social situations. Several questions asked by the nurse manager had to do with how to handle drama, hearsay, and people talking about one another. He responded by saying everyone had a personal life and that we do not need to get involved with the drama at work. He got the job.

Ed: *The manager told me straight out that she likes hiring guys into her assistant nurse manager positions because they more easily stay out of the drama. Apparently at that time, on that floor... that was a huge issue and concern for her.*

Now that Ed had a leadership job, his salary increased quite a lot. His friends were naturally curious and when he shared with them what his salary was, they stopped making fun of him. After about a year of being an assistant nurse manager, he interviewed for a nurse manager position that had become vacant.

He was interviewed by multiple people within his organization. Surprisingly, he faced the same social inquiry type questions that he had faced when he interviewed for the assistant nurse manager position. He gave similar answers and was given the position.

Ed: *I got to speak with my director for the first time after being hired; she told me how happy she was to hire a male into the position. I never asked her why. It didn't matter to me. I knew I was going to give 100% and do the best I could. But I always found that interesting. I'm the only male nurse manager in the hospital, so I think that it's interesting when I go to the meetings that are nurse manager meetings and I'm the only male there.*

Ed is hopeful that he can continue to advance in nursing. He wants to be part of the future and change the way society sees nursing. He would like to see the profession advance in status. He wants to change the way society thinks of nurses, especially males.

Ed: *I'm here to help change the profession and hope that one day, if my child wants to go back to school for nursing, they're not told that they're gay or that they're not going to make any money or that they're just going to wipe butts and pass out medications for the rest of their lives. That's why I'm in leadership, is to change that view across the spectrum.*

Ed volunteers at a local college leadership class and speaks to young people about being the only male nurse to be a manager at his hospital. He is hopeful that his volunteer work will

inspire the young people and especially the young males who might be thinking “Hey, did I choose the right thing?”

As the interview ended, Ed spoke about bias, but in these two cases, it was against women. On two separate occasions, he was in his office doing work and had the door closed. He rarely closes the office door when he is in, but he was working on things that required his close attention. On these two separate occasions, he overheard a male physician “getting loud” in the corridor with one of Ed’s staff nurses. The area where this took place was one of two main hallways on that nursing unit and is lined with patient rooms.

Ed: *The surgeons did not know that I was there, right behind the door, and they were getting loud with one of my nurses on the floor. I immediately stopped what I was doing in the office and I stepped outside, and I said, “Excuse me. Is there a problem with the nurse? Because if you're going to talk to anybody that way, it's going to be to me in the office. I can tell you right now, my dad never spoke to me that way and neither are you.” Instantly the conversation changed. I used that line both times. I use that often if somebody decides they want to talk loudly to me.*

This example is a continuation on the theme that providers speak differently to female nurses. Ed is continuing his education and one day hopes to be a professor in a university setting.

Society’s Changing Perspective

Gender bias and stereotyping is not a significant issue for the young men who are entering nursing. Society has changed, and gay and lesbian couples are legally allowed to marry. The men in this decade cite the gender bias as minimal that often presents itself as teasing. Their friends use lines from the movie *Meet the Fockers* to express their humor. Like the men in the previous decades, these men are called upon to lift and move patients on a more frequent basis than their female counterparts. This group is very sincere in their belief that male providers speak differently to male nurses as opposed to females. They also believe that their healthcare organizations looked at them as future managers and believe that males are considered over females for those roles. Inexplicably, the promotions to management positions in this group came from female executives.

Meta-Story

Since the mid-nineteenth century, males in nursing have had to struggle to find acceptance as nurses. Prior to that time, males were caregivers with a historical record to substantiate that claim. The modernization period for nursing practice coincided with the value system of the Victorian Era. In that time, social mores dictated a strict division of responsibilities by gender. This led to the virtual elimination of men from the profession. Strong anti-male stereotypes developed and flourished. In addition, professionally supported restrictions on males and minorities limited their access and education to a career in nursing.

In the twentieth century, men and other minorities struggled to find acceptance and inclusion. The situation started to improve starting in the 1960s. America was deeply involved in the Vietnam War and huge changes were occurring that would reshape society. There are many factors, mostly social ones, that brought change over time. In general, the changes facilitated a more liberal view of sex, sexuality and are inclusive individual choice without judgment. One of the more significant events was the improvement in the way society treats women. The women's movement and the advancement of women's rights contributed to the acceptance of women as doctors, lawyers, and businesswomen. Birth control and abortion rights gave women the choice of when to become or not become pregnant.

Gay and lesbian rights and the legalization of same-sex marriage came about over time. Other dynamics contributed including the AIDS crisis, terrorism, bioengineering, and genetics and increasing healthcare costs. Finally, nursing itself has become more consistent and accepting in the treatment of males. The earlier time periods expose instance of bias in employers and nursing education. Even here, however, there is some inconsistency. Some members of earlier decades report no evidence of bias and some from later decades indicate bias. In a summary statement for this dissertation, males continue to have some difficulty with gender bias and

stereotyping. The level of incident varies from nurse to nurse and does appear to be based on the decade of entry.

In selecting nursing as a career choice, a male makes a conscious choice to enter a profession that is overwhelmingly female dominated. In this study, the men who became nurses came to that decision for a variety of reasons. Some of the reasons these men gave in the decision to become a nurse included: “prior military experience as a medic, caring for a grandparent, enjoy helping others, my family encouraged me, mentors, and another guy at the firehouse was doing it.” Many of the men spoke about their late adolescent and early adult period. Each male revealed that he had not found a career that was compelling. The men were seeking an occupation to focus attention on. Notably, the men came to the decision to study nursing as young men.

Most of the men did not think about a nursing career until their late teens or early twenties. Two were in their mid-forties before they thought of a nursing vocation. One had worked his whole adult life at taxing, hard physical jobs, which had taken a toll on his body. That fact led to an investigation for a less physically harmful career. He took an aptitude test at the age of 46. When the test results came back and indicated that he was suited for a nursing career, his initial response was, “You have got to be kidding me.” Most the men (probably all of them) in this study did not give serious consideration to their nursing career until they were young or middle-aged adults. Why is that so? A career that has great opportunity for growth, has a good salary, is intellectually stimulating, and is always in demand should be at the top of every young person’s career consideration. It is with young women but not with young men. The answer to that is that nursing has enduring male nurse stereotypes.

All the men in this study thought of nursing as a great career choice. Some remained as staff nurses and many went on for advanced training. In general, after analysis, the effect of stereotyping over time is less noticed by the men. The stereotypes do continue but occur less

frequently or in a weaker form (teasing as opposed to slurring). It is not as relevant to the younger men. The stereotyping has digressed to the point of teasing and joking directed toward the male. The analysis did show some variability in the decades of analysis. For example, there were men in the early decade that experienced very little stereotyping. Two out of the three for that 1970-79 period articulated that stereotyping was not a big issue for them. This finding seems counterintuitive, as one would expect the opposite. However, there are certain factors such as personal resilience and leadership in the workplace that play a key role in mitigating the consequences of stereotyping. Also, there was difficulty in obtaining participants from the early decades as many nurses from the first decade (1970-79) have retired. In their interview, these two participants were very confident and self-assured. One of them (Gary) was a veteran of the Vietnam War. Gary's first nursing job was in a facility that was a strong supporter of nursing. In his words, it was "a unique place to work." The hospital was known for an inclusive supportive philosophy of staff that extended toward male nurses. That should be the way it is for all hospitals regarding their nurses.

Sexual Biases

Frank from the 1970-79 period was verbally abused by staff, patients, and sometimes by providers due to his sexual orientation. He stated that his abuse was frequent and encouraged by co-workers, patients, families and the occasional provider. In one example, an attendant was berating Frank for being gay in front of others. When Frank tried to report his abuse to his hospital's human resource department, Frank was fired. Don from the 2010-2017 decade is also a homosexual male; he is married to another man and did not have the same experience at his hospital. In comparing the experiences of the two, Don has had a very different experience than Frank. Don never experienced any abusive or negative behaviors directed to him based on his sexuality. He does think that a small group of co-workers, emigrants from another culture talked

privately about his sexuality, but it is never to his face and never outside their confined group. To Don, his sexuality is not an issue at work. Don is quick to point out that his organization has a strictly enforced anti-discrimination policy, which promotes the acceptance of others without regard to race, religion, nationality, and sexual orientation.

In the past, a good amount of literature about male stereotypes refers to implied male nurse homosexuality. Related to that bias are the connected serious labels of male nurses being less masculine, sexually ambiguous, and being perceived of as less of a man. Sadly, some of this thinking still occurs, but that mindset is becoming less common as time goes on. When it happens now, it seems that the form the 2000-2010 decade and on, it often takes the form of teasing and usually it is from friends. On the rare occasion that it comes from patients or others outside their personal lives, they view the person as bigoted or and consider it inconsequential. In the early decades, the sexual mores were more traditional. Those traditions applied to male and female relationships so men like Harry (1970-79) were not allowed to go into the dormitory and needed an escort to go to the vending machines in his school's basement for fear that he would go upstairs. Unfortunately for him, these types of restrictions extended to not being able to study with his peers. This impacted on his ability to bond with his classmates and may have negatively affected his grades. Ken L. reported he felt like a non-entity when in class with his nursing student peers he and the other men were "being lumped in with the girls" the group being referred to as "ladies."

Walter (2000-2010) terminated a romantic relationship with a woman in part because her family was always making fun of his career choice. As a military man, he was a medic and the male nurses he knew were decorated combat nurses, so this bias experience from that young woman's family was foreign to him. Gary (1970-79) is also an ex-military man, married to a woman and does not have any negative bias toward gay males or any minority group; he just

accepts everybody as equals. He thinks that nursing biases toward men and women nurses are magnified by sexual bias but also by power. Nine of the men referenced the public had the preconceived idea that male nurses are viewed as gay. This perplexes them as the men in the study view gender and sexuality as non-issues. They also see their work as so essential. As Walter said in his interview: “At three in the morning if I am taking care of your loved one in the ICU, does it really matter if I am a man or a woman?”

Changes in society’s view of sex, sexual mores, changes to the family, the women’s rights movement and abortion rights all caused massive changes leading to today’s society. There is greater acceptance of non-traditional sexuality and individual choices. Frank (1970-1979) attributed this change to the millennial generation. According to Frank, millennials do not judge others based on sexuality; it is completely a non-issue for them. In examining the data from all the male nurses in this study, the younger generations (2000-2009 and 2010-2017) do not express any negative treatment toward them as male nurses. The rare times that homosexuality is implied or inferred by a patient or family member is seen as that person’s problem, not internalized by the male nurse. Sexual stereotyping does occur, but it has become less of an issue over time. In general, it takes the form of teasing from friends and family. When new male nurses are faced with teasing from friends, they often recite the benefits of being a nurse: good pay, work three days a week and room for growth and fulfillment.

The Wrong Profession

The male nurse is often confused with a physician. On a regular basis, nine out of the seventeen male nurses report being mistaken by patient or patients’ families as a doctor. The literature has identified media images on television where males are depicted as being professionally misplaced. None of the men in this study believes they have made the wrong decision in becoming a nurse. However, nurses was asked why they did not become doctors. This

bias was evident in all the groups except for the 2010-2017 group. Several variations of the same question were reported by nine of the men. When are you going to be a doctor? What does your wife say about you becoming a nurse? When are you guys going on to become a doctor? There is a social bias that the man who becomes a nurse is professionally misplaced. It is as if the man who chooses nursing is underachieving as a nurse. This hints at a more general bias whereas nursing is seen by some members of the society as a good choice for a woman but not a man. Other examples of this theme are the intentional blending of the word nurse and male to make “nurse.” This term is used in the movie *Meet the Parents*, which garnishes most of its humor by satirizing a man who is a nurse.

Society still has a way to go in the acceptance of males as nurses. Nevertheless, all the men in this study are happy with their career choice. The younger men are especially optimistic and encouraging. They see the future being rich with possibility of their own success. The men see males as offering something constructive to the nursing profession. In the words of Paul B. (2000-2009), “men come in with the right attitude.” Vince B. (2000-2009) expressed a similar sentiment: “I think the female nurses like working with the guys; it kind of breaks things up.”

Male and Female Nurses

The men in this study do enjoy their work as nurses. Twelve of the seventeen acknowledge that they were asked to lift and pull more than their female colleagues. This holds true through each generation examined. This is a form of bias because it places an additional responsibility on the man. The earlier generation of men, Pat S. and Ben D. (1980-89), vocalized that they would be pulled from their unit to go to other units to deal with morgue duty, heavy or disruptive patients. One nurse Frank (1970-79) has always been used for physical attributes on a more frequent basis. This continues up until today. Because he works in psychiatry, the patients are often young and violent. Even though Frank is into his sixties, he is still utilized in this way.

As the men age, this does become more of an issue as injuries happen to accumulate over time. This worry was expressed by Frank R. and Ben D. who are 62 and 56 years old, respectively. The younger guys are asked to do it, too, but, in their cases, they see it as being part of a team. All the men do see it as part of a team but aging factors into the older males' concern over injury. In fact, the female nurses reciprocate by adjusting assignments to accommodate the occasional female patient who does not want a male caring for her.

Career Advancement

The literature suggests that men who persist in nursing will advance quicker than female nurses. Four of the men in this study talked about this assumption. In the case of Mark, he found it upsetting. He was asked on a regular basis to consider a leadership role a position that he did not covet. He had management experience before becoming a nurse and did not feel particularly drawn to that aspect of nursing. He did not understand why he was being pressured toward a role he did not covet. As a new nurse, Kevin also found himself being asked to be in charge, which he could not understand since he felt he lacked the nursing experience necessary to do that role effectively.

Don was told repeatedly from the time he studied nursing and through the first several years of his career that he would rise quickly because he was a man. This upset him because although he does have career goals and ambition, he wants success based on skill and ability not on gender. Glenn felt the bias too and remarked that when a nursing supervisor came on his floor, they would almost always come to him and ask what was going on in his unit. This surprised him because often he was not in charge. He felt as if this "male in charge" roles was being perpetuated by females.

Caring for Young Females

Nursing care will sometimes involve intimate patient contact. That facet of nursing care involves private areas of the human body and often requires helping a patient with bodily functions. There are strong practical mores and rationales reinforced over a lifetime defining this as personal and private. When a patient requires this type of care from a nurse, their self-perception is often one of anxiety, embarrassment, and possible vulnerability. In that regard, nursing care is unlike medical treatments and exams, which are very specific for therapy and/or diagnostic purposes. It is this inherent intimacy in providing personal care particularly to a woman that presents a challenge for the male nurse. The male nurses' fear of being charged with sexual misconduct is present in the literature and is identified as common. Four of the men in this study mentioned this as a problem. In separate instances, two had the experience of being accused, but in both cases, the charges were refuted by other nurses. The third is an administrative nurse; he was part of an investigation at his facility, which proved the allegation to be unfounded. However, the whole process left him with the idea of just how at-risk a male nurse can be. The fourth man, Vince B. has never been accused of impropriety but is mindful of the possibility. As a nurse in a telemetry unit, patients under his care require cardiac monitoring. When a new patient is admitted, he needs to apply monitoring electrodes to that person's chest. If it is a young female that is admitted, Vince will ask one of the female nurses to apply the electrodes. He vocalized that he is always concerned that a woman may make an accusation and particularly if the woman is young. He is aware of the possibility of being accused.

Obstetrical Nursing Education Experiences

Nine out of the seventeen men in this study commented on their obstetrical-gynecology educational experience. One went on to work in obstetrics as a staff nurse and later an instructor. He was the only male obstetrical nurse in his corporation, which has several hospitals. Eight of

the nine remarked that their obstetrical experiences were biased. With the exception of Don (2010-2017) who is a certified OB nurse, the last instance of gender bias that involved obstetrical training was Vince from the 2000-2009 decade. The men from the earlier decades were exposed to a more severe bias; Pat and Ben were purposely excluded from participation in their clinical rotation. Pat eventually was given an assignment, but it took his instructor to argue the merits with that hospital's nursing leadership. Ben was excluded and blames bias. The other men felt excluded but either did not care or understand why a female patient would not want a male nursing student caring for her. In their cases, the bias seemed more indirect than direct.

Don's case is different insofar as he went on to work in obstetrics and became certified. He believes the strongest anti-male bias he experienced in his being a nurse was when he practiced in obstetrics. He now works in one of his hospital's ICUs. Mike from 1980-1989 felt no difference between his experience and the female students. The other men from the last decade of analysis did not mention their OB rotation but in general did not express any strong bias in their nursing classes or clinical rotation.

Benefits of Being a Male Nurse

Communicating information to a provider is more than a skill; it is a fundamental part in providing safe and effective patient care. One of the benefits of being a male is an enhanced communication with providers, particularly if the provider is also male. Five of the men in this study noticed a significant difference. The male providers trust what the male nurse is saying and are likely to respond in a more even tone. The men are from different hospitals perform different jobs. Three are from the 1990-99 decade, one from the 2000-2009 decade, and one from the 2010-2017 decade. The men gave different rationales why this occurs. Two men believe it is due to them being more assertive and that the females come across as shy or unsure of their own opinion.

Male nurse gender bias and stereotyping have improved over time. The data show a dramatic improvement in the male's overall acceptance by society, peers, and educational institutions. In the 1970 group, Frank believes stereotyping has improved markedly and attributes it to the enormous social and political movements that occurred in that era. Sexual mores were changing. Harry from the same group was prohibited from studying with his female peers. Also, when going down to the school's basement to the vending machines, the school policy was for him to be escorted. Some of the early group's obstetrical experiences would face legal challenges if they occurred today. As in the case of Pat and Ben from the 1980, group they were restricted in their obstetrics rotation. Pat's instructor threatened the sponsoring clinical hospital leadership with the possibility of a lawsuit. Mike also from the 1980 group faced discrimination from his nursing faculty who "didn't quite understand" why men would be in their program.

Ben, Glenn, Kevin, and Carl from the 1990 group all interpret the climate today as being much more accommodating to the male. The men see nursing as becoming a more popular choice for all males. Kevin believes that the women's rights movement and the HIV scare played significant roles in society's overall acceptance of diversity, which includes men as nurses. Carl thought that rising salaries and career advancement have made nursing more acceptable for men. In the 2000 group of men, the sexual stereotyping had significantly diminished and had digressed to mostly "joking." All references to faculty being negative toward accepting males had disappeared. In the 1970s, Frank was verbally abused by his superior for being gay. When Frank complained, his employer fired him. Don in the 2010 group is gay, married and has two children. He has never felt any discrimination by anyone in his organization. He cites his employer's firm anti-discrimination policy of no tolerance toward employees who violate it. Maybe Sam (2010) sums it up best. He is proud to be a nurse and feels society admires him for his choice. He thinks

that there are many more men coming into the field and that he has never experienced discrimination.

Chapter 5

Introduction

The gender bias and stereotyping of men in nursing is a long-term problem with implications for men, the nursing profession, and for the health care industry. The United States is predicting that the future need for registered nurses will outpace supply (American Association of Colleges of Nursing). According to Haryanto (2019), within ten to fifteen years, nursing will face a real crisis of available nurses with several contributing factors. Some of this will be triggered by lower nursing school enrollment rates, higher patient acuity levels, and a nursing workforce that has many nurses at retirement age. Other factors include the lack of qualified nursing faculty and the movement away from the bedside by nurses becoming nurse practitioners. America will need more nurses. Attracting more men into the profession will have several benefits. Females comprise approximately 90% of the nurses and males roughly constitute the remaining 10%. Future nursing shortages are anticipated, and to meet the healthcare needs of the nation will require new ideas, new care models, and creative solutions.

Nursing should be a significant part of a future health care re-design as recommended in the 2010 Institute of Medicine Report (IOM). To safeguard nursing's voice during that re-design process, it will be necessary to keep the workforce stable, meet the needs of patients, all while maintaining professional standards. One answer in addressing the future shortages and need is to increase the recruitment of men into the profession. Ignoring a potential recruitment base of nearly 40% of the population as a potential solution to a problem is a serious oversight. The mismatch in the number of females to males in nursing impacts on the principle of diversity. This concept has been identified in the IOM report, which has recommended increasing diversity to meet the healthcare needs of the nation; part of that strategy is to attract more males into nursing.

Historically, education and health care have depended upon generation after generation of young women to fill these roles. Due to prejudice and social constraints placed on previous generations of women, females were primarily restricted to only those vocations. Sadly, it did not matter if a female possessed the temperament or proclivity toward either of those professions. Thankfully, social changes over the last sixty years have opened opportunity for women in once exclusively male-dominated professions. Although freeing for all women, the nursing profession can no longer depend upon a socially enforced construct that guaranteed large numbers of females to fill the upcoming need for nurses.

Relevance

Enticing men into the profession should be a primary goal of nursing education and nursing leadership. The literature shows that males and females have unique skills and abilities that are gender specific. Males and females are equal but not the same. The abilities and aptitudes of men are different and can contribute to the advancement of the profession. Men may help generate new solutions for future problems. Attracting more men into nursing will create a workforce that is more reflective of the population nursing serves. Approximately 40% of the population is male. Men are more likely to express health concerns to other men, particularly if their problem involves an issue that is difficult to share with a female. At a time when other professions are moving toward gender balance, nursing is not. Gender bias and stereotyping in nursing is harmful and leads to increased dropout rates from schools and early career abandonment.

Historically, males have contributed to and have always been nurses up until the mid-nineteenth century. At that time, social conditions divided the caring professions along gender-specific lines. Those divisions were shaped to reflect a nineteenth century classic home model with males taking the lead (father) roles of medicine and pharmacy and women the home keeper

(mother). Strong social mores and economic conditions combined in such a way as to effectively eliminate males from the nursing profession.

Males do present different challenges for nursing programs. Males and females are socialized by a society through complementary yet different pathways. The social mores through which all human beings pass from their infancy to adulthood are supported with acceptable behaviors, customs, and principles that have evolved over time in any given culture. This is a necessary process that all humans go through to become active members in any given society. The process extends itself into the various systems and institutions that are used by a society to maintain vibrancy. In jobs and professions that have been historically gender based, this presents a challenge: how to encourage and support gender equality while overcoming the strong social tendency favoring one sex role over another?

Over the last sixty years, changes in society have opened the doors of career choices that were previously not accessible to women from previous generations. Women have made outstanding progress and have proven the position of early feminists' leaders that women are just as capable as men are if given the opportunity. Although women have made significant progress, there are future challenges ahead for women to truly achieve gender equality. Part of that test is to ensure marginalized groups are not restricted from professions that have been historically viewed as the province of females. This includes the addition of more men and minorities into nursing as outlined in the 2010 Institute of Medicine report (IOM).

Implications for Nursing Education

Currently, nursing education should be developing programs to attract more men into nursing school and ensure their success once they're enrolled. This can be promoted through several specific interventions. First, increasing scholarship monies geared toward the recruitment of men into nursing programs to facilitate enrollment. Second, developing and creating a

curriculum with several courses that are designed to cover topics that are physiologically, psychologically, and socially related toward men. This should include a course of the historical contributions of men. A general education class should focus on the history of men in nursing and workplace interactions such as workplace bullying and building teamwork. Third, conduct a feasibility study to ascertain if retiring police officers would be interested in studying nursing as an alternative career after retirement from police work. If it is feasible, then design a program like the Hunter-Bellevue program that was utilized in Manhattan during the 1970s.

Many men undergo “role strain” as it relates to the care of young women. This leaves men feeling that they are unable to carry out the expectation of the role. The failure creates internal conflict and increased stress, which affects overall job performance. The males in this study reported patient care situations where female patients sometimes refused their care. This must remain the choice of the patients. There will always be female patients who are not comfortable with a male nurse. However, there are female patients who will let a male nurse care for them. In this case, there may be some discomfort from the male as to his ability to provide intimate care to females-particularly young women. Efforts to alleviate the unfamiliarity of the male nursing student should include additional instructions or classes specifically designed for males on how to provide intimate care to a female with gentleness and respect. Included in that effort should be instruction and guidance for the male in dealing with the fear of being accused of sexual impropriety. This problem may require specific strategies by faculty such as a female student with the male during times where the male is providing personal care.

The literature recommends that males need distinct training and attention to socialize into nursing school and later acclimate into the nursing profession. Males have trouble adjusting to the expected requirements that are inherent to nursing education and nursing care practices. The stressors and strains of nursing school are a challenge for both sexes. However, males have the

additional strain of being placed into a learning environment that is both attended and taught exclusively by women. Probably this will be the first time in his life that he is in a non-social high consequence classroom experience for which he has little or no prior socialization. The novice male student should ideally be prepared for this new experience. His socialization from boyhood to manhood is different from his classmates' social passage from girl to woman.

He must understand and learn the academic-social context in a way that enables him to successfully acclimate. Also, he must acquire the technical nuances of caring for the sick while interacting with peers, patient families, providers, and other members of the healthcare team. These competencies have two broad components. Part 1 is aptitude competency, which is teachable and demonstrable. These skills lend themselves to laboratory simulation. Part 2 involves the acquisition of people skills. It is the latter that many males in nursing struggle with to obtain mastery. This requires emotional intelligence, sensitivity, and the ability to prioritize in conjunction with high-level communication skills. Nursing program should have in place orientation programs for incoming males that involve upper classmen of junior or senior rank. These upper classmen students will act as mentors to help the novice male student acclimate. In addition, college programs should develop and support a men's nursing group in the form of a club with a formalized budget. Some organizations are already doing this. Male students should be encouraged to join the American Association of Men in Nursing (AAMN). Membership dues for students are 30 dollars per year.

Males need mentorship, and it is necessary to have more male professors to act as role models for male students; this has been clearly supported in the literature. This problem must be addressed by hiring more qualified male instructors. Central to the problem is finding enough numbers of eligible instructors. This problem of finding, recruiting, and retaining qualified nursing instructor of male or female is one of the challenges currently facing the nursing

profession. Some college programs are turning nursing students away from university settings because of the lack of qualified teachers (American Association of Colleges of Nursing). This is an important public policy precedent. This must become a top priority for nursing education and leadership as the resolution of the impending shortage is dependent upon increasing the supply of registered nurses. The anticipated negative gap between supply and demand can be improved or minimized if the profession can facilitate the education and credentialing of new faculty.

Implications for Nursing Practice

Nursing leadership should continue to lobby state and hospital governance to increase salary compensation for bedside nurses. Part of the salary structure should include developing a leadership ladder programs to facilitate advancement into supervisory roles. In addition, hospital nursing leadership working with their nursing education resources should develop clinical advancement programs that have part of their focus on high school events that typically have males. As an example, during springtime, high school sporting events provide hydration or cooling booths for athletes. These booths would be staffed by male nurse volunteers. In cold weather, the same strategy can be applied by using warming stations with hot beverages. Ideally, these events would feature male nurses in the role of providing health information while showing young males that men can be nurses. Male nurses from varying practice levels such as nurse anesthetist and nurse practitioners could also be included in the process. Community hospitals should encourage male nurses to attend community events, career days, and build this into their clinical advancement programs. Furthermore, as part of their program, hospital leadership could reach out to high schools and develop programs that allow students to follow or shadow nurses for a day. Many schools have community service responsibilities for their students and this could fulfill that school requirement. Nursing leaders should reach out to the entertainment and advertising business community to encourage the portrayal of male nurses in a constructive light.

Implications for Nursing Knowledge Development

The nursing workforce of the future must be more representative of the populace that it serves. This includes men and other minorities. America's future health care system will be challenged to change and adjust to ever-increasing levels of complexity. This requires nurses who are highly skilled, educated, and capable of acclimating to this nation's future healthcare changes. In a real-world sense, the provision of nursing care does not happen in isolation but as a group endeavor. A nursing unit is a collection of nurses, ancillary help, and managers that are focused on the goal of beneficial patients' outcomes. To achieve this goal with the highest degree of professionalism requires that a unit function as a team. Hospitals should examine the influence of male nurses on specific unit-identified indicators and correlate those findings with unit-identified patient outcomes. Possible benefits include decreased length of stay with less morbidity, less staff turnover, improved morale, and improved financial margins.

The narratives of the participants suggest that the professional dialogue between male nurses and providers is highly respected versus those of female nurses. Hospitals should examine this closer to ascertain if it is an isolated observation or a reoccurring phenomenon. The data may influence the design of programs to improve communications between nurses and providers. This may include assertiveness training for nurses as well as joint provider nurse communication initiatives. According to Rogers (2015), the highly complex nature of healthcare involves an integrated approach to communication. Ensuring that communication is optimized is essential for optimal patient care while failing to do so can result in poor patient outcomes.

In conclusion, the data indicates that male bias and stereotyping still exists but has decreased. The younger cohorts from 2000 on experience very little gender based stereotyping and when it occurs, do not consider it to be a problem. All of the men in this study regardless of

their year of entry are glad and proud to be nurses. More work needs to be done but gender bias and stereotyping appears to be less of an issue for today's males.

Limitations of this study

- 1) The study was conducted in the Tristate area of the northeastern part of the United States.
- 2) The participants in this study were Caucasian males and did not include minority representation.
- 3) The available participants from the 1970-79-time period was difficult to obtain as the nurses within that decade are near retirement.

Future Research

- 1) This research should be replicated in other parts of the country to ensure validity of the findings.
- 2) Once it has been substantiated that gender bias and stereotyping for the male in nursing has decreased a future idea for research would be to only study men who are nurses who have less than five years of experience to ascertain what role, if any, bias and stereotyping had in their career.

References

- Adeyemi-Adelanwa, O., Barton-Gooden, A., Dawkins, P., & Lindo J. L. M. (2015). Attitudes of patients towards being cared for by male nurses in a Jamaican hospital. *Applied Nursing Research, 29*, 140-143.
- Ali Pirani, S. S. (2016). Application of Nightingale's theory in nursing practice. *Annals of Nursing Practice, 3*(1), 1040.
- Allison, S. T., Beggan, J. K., & Clements, C. (2004). Derogatory stereotypic beliefs and evaluations of male nurses. *Equal Opportunities International, 23*(3-5), 162- 178.
[doi:10.1108/02610150410787783](https://doi.org/10.1108/02610150410787783)
- American Association of Colleges of Nursing. (n.d.) Retrieved from <https://www.aacnnursing.org/News-Information/Fact-Sheets/Nursing-Shortage>.
- American Battlefield Trust. (n.d.). Retrieved from <https://www.battlefields.org/learn/civil-war>
- American Nursing Association (2014) Fast facts. Retrieved from https://www.nursingworld.org/~4afac8/globalassets/practiceandpolicy/workforce/fastfacts_nsgjobgrowth-salaries_updated8-25-15.pdf
- America's Best History. (n.d.). Retrieved from <https://americasbesthistory.com/abhtimeline1980.html>.
- Anthony, A. (2004). Gender bias and discrimination in nursing education: Can we change it? *Nurse Educator, 29*(3)121-125. <https://doi.org/10.1097/00006223-200405000-00011>
- Ashkenazi, L., Livshiz-Riven, I., Romem, P., Grinstein-Cohen, O. (2017). Male nurses in Israel: barriers, motivation, and how they are perceived by nursing students. *Journal of Professional Nursing, 33*(2), 162-169.
- Battié, R. N. (2013). The IOM report on the future of nursing: What perioperative nurses need to know. *AORN Journal, 98*(3), 227-234.

- Brenan, M. (2017, December 26). Nurses keep healthy lead as most honest, ethical profession. Retrieved from <https://news.gallup.com/poll/224639/nurses-keep-healthy-lead-honest-ethical-profession.aspx>.
- Brown, L. M. & Gillian, C. (1992). *Meeting at the crossroads: The landmark book about the turning points in girls' and women's lives*. New York: Ballantine.
- Carrigan, T. M., Brooks, B. A. (2016). Q: How will we achieve 20% by 2020? A: Men in nursing. *Nurse Leader*, 14(2), 115-119.
- Centers for Disease Control and Prevention, (n.d.). CDC Timeline 1990s. Retrieved from <https://www.cdc.gov/museum/timeline/1990.html>.
- Cheng, M.-L., Tseng, Y.-H., Hodges, E., & Chou, F.-H. (2018). Lived experiences of novice male nurses in Taiwan. *Journal of Transcultural Nursing*, 29(1), 46–53.
- Chira, S. (2017, June 25). Jobs men don't want. *New York Times*.
- Codier, E., & MacNaughton, N. S. (2012). Are male nurses emotionally intelligent? *Nursing Management*, 43(4), 1-4.
- Commissioned Corps of the U.S. Public Health Service. (n.d.). *History of Women in the USPHS*. Retrieved from <https://usphs.gov/newsroom/features/action/usphs-women.aspx>
- Cottingham, M. D., Johnson, A. H., & Taylor, T. (2016). Heteronormative labour: Conflicting accountability structures among men in nursing. *Gender, Work & Organization*, 23, 535–550.
- Creswell, J. W. (2013). *Qualitative inquiry and research design: Choosing among five approaches*. Sage Publications.
- Fenkl, E. A. (2006). Where are all the men? *Men in Nursing*, 1, 37-41. doi: 10.1097/01244664-200612000-00009
- Haryanto, M. (2019). Nursing shortage: Myth or fact. *Orthopaedic Nursing*, 38(1), 1-2.

Hirschman, C. (2005). Immigration and the American century. *Demography*, 42(4), 595-620.

History of the American Civil War. (n.d.). Retrieved from <http://www.civilwar.com>.

Hodges E., Rowsey P., Gray T., Kneipp S., Giscombe C., Foster B., ...& Alexander, G. R. (2017).

Bridging the gender divide: Facilitating the educational path for men in nursing. *Journal of Nursing Education*, 56(5), 295-299.

Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*.

Washington, DC: The National Academies Press. <https://doi.org/10.17226/12956>.

Jordal, K., & Heggen, K. (2015). Masculinity and nursing care: A narrative analysis of male student' stories about care. *Nurse Education in Practice*, 16(6), 409-414.

Judd, D. M., Sitzman, K. (2014). *A History of American Nursing: Trends and Eras* (2nd ed.).

Burlington, MA: Jones & Bartlett Learning.

Kamal, R. & Cox, C. (2013). How has U.S. spending on healthcare changed over time? Retrieved from *Peterson-Kaiser Health System Tracker*: https://www.healthsystemtracker.org/chart-collection/u-s-spending-healthcare-changed-time/#item-on-a-per-capita-basis-health-spending-has-grown-substantially_2017

Kenny, P. (2008). Men in nursing – A history of caring and contribution to the profession (Part 1), *Pennsylvania Nurse*, 3-4.

Keogh, B., & Gleson, M. (2006). Caring for female patients: The experiences of male nurses. *British Journal of Nursing*, 15(21), 1172-1175

Keogh, B., & O'Lynn, C. (2007). Male nurses' experiences of gender barriers: Irish and American perspectives. *Nurse Educator*, 32(6), 256-259.

Kleinman, C. S. (2004). Understanding and capitalizing on men's advantages in nursing. *Journal of Nursing Administration*, 34(2), 8-82.

- Kouta, C., & Kaite, C. P. (2011). Gender discrimination and nursing: A literature review. *Journal of Professional Nursing, 27*(1), 59-63.
- Kovner, C. T., Djukic, M., Jun, J., Fletcher, J., Fatehi, F. K., & Brewer, C. S. (2018). Diversity and education of the nursing workforce 2006–2016. *Nursing Outlook, 66*(2), 160-167.
- Kruth, J. G. (2015). Five qualitative approaches and their applications in parapsychology 1. *The Journal of Parapsychology, 79*(2), 219-233. Retrieved from <http://molloy.idm.oclc.org/login?url=https://search.proquest.com/docview/1776152718?accountid=28076>
- Lévesque, S. (2014). Why tell stories? On the importance of teaching narrative thinking. *Canadian Issues, 5*-11.
- Lewis, G. M., Neville, C. & Ashkanasy, N. M. (2017). Emotional intelligence and affective events in nurse education: A narrative review. *Nurse Education Today, 53*, 34-40.
- LGBT Rights Milestones Fast Facts. (2019, August 20). Retrieved from <https://www.cnn.com/2015/06/19/us/lgbt-rights-milestones-fast-facts/index.html>.
- MacWilliams, B. R., Schmidt, B., & Bleich, M. R. (2013). Men in Nursing. *American Journal of Nursing, 113*(1), 38–44. doi: 10.1097/01.NAJ.0000425746.83731.16
- Miracle, V. A. (2008). The life and impact of Florence Nightingale. *Dimensions of Critical Care Nursing, 27*(1), 21-3.
- Nightingale, F. (1860). *Notes on Nursing: What It Is, and What It Is Not*. New York: D. Appleton and Company.
- O'Connor, T. (2015). Men choosing nursing: Negotiating a masculine identity in a feminine world. *The Journal of Men's Studies, 23*(2), 194-211. <https://doi.org/10.1177/1060826515582519>

- O'Lynn, C. E., & Tranbarger, R. E. (Eds.) (2007). *Men in nursing: History, challenges, and opportunities*. New York: Springer.
- Oxford Dictionary. (2019). <http://enoxforddictionaries.com>.
- Plumer, B. (2013). *Nine Facts about Terrorism in the United States since 9/11*. Retrieved from <https://www.washingtonpost.com/news/wonk/wp.2013/09/11nine-facts-about-terrorism-in-the-united-states-since-911>.
- Polit, D. F. & Beck, C. T. (2012). *Nursing research: Generating and assessing evidence for nursing practice*. Philadelphia, PA: Lippincott, Williams & Wilkins.
- Riessman, C. K. (1993). *Narrative Analysis*. Thousand Oaks, CA: Sage.
- Riessman, C. K. (2008). *Narrative methods for the human sciences*. Thousand Oaks, CA: Sage.
- Rogers, C. (2015). Communication. *Nursing Standard, (2014+)*, 30(8), 55.
doi:<https://dx.doi.org/10.7748/ns.30.8.55.s48>.
- Rosenthal, J. , DeNiro, R., Roach, J. (Producers), & Roach, J. (Director). (2004). *Meet the Fockers* (Motion picture). United States: Universal Pictures.
- Roush, K. (2015). *A Nurse's Step-by-Step Guide to Writing Your Dissertation or Capstone*, AJN Award Recipient. Sigma Theta Tau.
- Sandelowski, M. (1991). Telling stories: Narrative approaches in qualitative research. *Journal of Nursing Scholarship, 23*(3), 161-166.
- Sayman, D. M. (2014). Fighting the trauma demons: What men in nursing want you to know? *Nursing Forum, 50*(1), 9-10.
- Stanley, D. (2012). Celluloid devils: A research study of male nurses in feature films. *Journal of Advanced Nursing, 68*(11), 2526–2537.
- Steele, N. M. (2017). A time to celebrate: Florence Nightingale. *Urologic Nursing, 37*(2), 57-59.

- Tahmincioglu, E. (2003, April 13). Men are much in the sights of recruiters in nursing. *New York Times*. Retrieved from <https://www.nytimes.com/2003/04/13/jobs/men-are-much-in-the-sights-of-recruiters-in-nursing.html>.
- The Affordable Care Act. (2010, March 23). <https://www.healthcare.gov/where-can-i-read-the-affordable-care-act/>
- The History Guy: *Iran-U.S. Hostage Crisis* (1979-1981). Retrieved from https://www.historyguy.com/iran-us_hostage_crisis.html#.W-Cgd3tKipo.
- Tenenbaum, N., Roach, J., Rosenthal, J. , DeNiro, R. (Producers), & Roach, J. (Director). (2000). *Meet the Parents* (Motion picture). United States: Universal Pictures.
- Toler, P. D. (2016). *Heroines of Mercy Street: The real nurses of the Civil War* (1st ed.). New York: Little Brown Company.
- US Census Bureau. (2017). Male nurses becoming more commonplace, Census Bureau Reports. Retrieved from <https://www.census.gov/newsroom/press-releases/2013/cb13-32.html>
- Valizadeh, L., Valizadeh, L., Zamanzadeh, V., Fooladi, M. M., Azadi, A., Negarandeh, R., & Monadi, M. (2014). The image of nursing, as perceived by Iranian male nurses. *Nursing and Health Sciences*, 16(3), 307-313. doi:10.1111/nhs.12101. PMID: 24636021.
- Weaver, R., Ferguson, C., Wilbourn, M., & Salamonson, Y. (2014). Men in nursing on television: Exposing and reinforcing stereotypes. *Journal of Advanced Nursing*, 70(4), 833–842.
- Whiteside, J., & Butcher, D. (2015). ‘Not a job for a man’: Factors in the use of touch by male nursing staff. *British Journal of Nursing*, 24(6), 335-339.
- Wilson, B. L., Butler, M. J., Butler, R. J., & Johnson, W. G. (2018). Nursing gender pay differentials in the new millennium. *Journal of Nursing Scholarship*, 50(1), 102-108.
- Wingfield, A. H. (2009). Racializing the glass escalator: Reconsidering men’s experiences with women’s work. *Gender & Society*, 23(1), 5–6. doi:10.1177/0891243208323054

- Wingfield, A. H. (2010). Caring, curing, and the community: Black masculinity in a feminized profession, In C. L. Williams, & K. Dellinger. (Eds.), *Gender and Sexuality in the Workplace, Vol. 20, Research in the Sociology of Work*, (pp. 15-370). Bingley, UK: Emerald Group Publishing Limited.
- Zhang, W., & Liu, Y. (2016). Demonstration of caring by males in clinical practice: A literature review. *International Journal of Nursing Sciences*, 3(3), 323-327.

Appendices

Appendix A: Institutional Review Board Approval



Institutional Review Board
1000 Hempstead Avenue
Rockville Centre, NY 11571
www.molloy.edu

Tel. 516.323.3801
Tel. 516.323.3711

Date: April 16, 2018
To: Michael Finnegan
From: Kathleen Maurer Smith, Ph.D.
Co-Chair, Molloy College Institutional Review Board
Patricia Eckardt, Ph.D., RN
Co-Chair, Molloy College Institutional Review Board

SUBJECT: **MOLLOY IRB REVIEW AND DETERMINATION OF EXPEDITED STATUS**
Study Title: **Male Nurses' Experience of Gender Stereotyping Over the Past Five Decades: A Narrative Approach**

Approved: April 16, 2018
Approval No: 13060914-0416

Dear Michael:

The Institutional Review Board (IRB) of Molloy College has reviewed the above-mentioned research proposal and determined that this proposal is approved by the committee. It is considered an EXPEDITED review per the requirements of Department of Health and Human Services (DHHS) regulations for the protection of human subjects as defined in 45 CFR 46.110 (6) and (7) and has met the conditions for conducting the research. Please note that as Principal Investigator (PI), it is your responsibility to be CITI Certified and submit the evidence in order to conduct your research.

You may proceed with your research. Please submit a report to the committee at the conclusion of your project.

Changes to the Research: It is the responsibility of the Principal Investigator to inform the Molloy College IRB of any changes to this research. A change in the research may change the project from EXPEDITED status that would require communication with the IRB.

Sincerely,

Kathleen Maurer Smith, Ph.D.

Patricia Eckardt, Ph.D., RN

Appendix B: Recruitment Letter

Hello,

My name is Michael Finnegan. I am a registered nurse and I am in the process of obtaining a PhD in nursing research. I am interested in the topic of stereotyping, specifically male nurse's perceived experiences with stereotyping as it happens over time. I am seeking male registered nurses with a minimum of one year of hospital employment experience to participate in this study. I am looking for men who were born, educated and practiced nursing in the United States. As you know stereotyping is a behavior that impacts on the individual. I am interested in studying the phenomena and need your help. If you can participate please return this letter in the attached self-addressed envelope. If selected, you will receive a \$20 AMEX gift card. I will be recording your interview and taking field notes. All materials will be kept confidential. All notes and transcripts kept in a locked safe for 10 years after which they will be destroyed. Thank you for your consideration.

Sincerely,

Michael Finnegan, MSA, CCRN, RN

Appendix C: Informed Consent for Interview

I _____ give my consent to be a participant in a study on male nurse's perception on the experience of stereotyping to be conducted by researcher Michael Finnegan, RN. The purpose of this study is to gain an understanding of the male nurses' perception of male nurse stereotyping over time. This study is expected to last for approximately 6-12 months. I give my consent to the recording of my voice and the use of field notes (handwritten notes) by the researcher. I also agree to have those notes and recording analyzed and be presented as part of a dissertation study. I understand that my name will not be used, and that the researcher will know my true identity which will be protected by the selection of a pseudonym. It has been explained to me that I am free to withdraw from the research at any time during the research process. If I chose to withdraw from the study my taped interview and the researchers written field notes will be removed and destroyed. I acknowledge that my interview notes will be kept by the researcher in a locked safe for a period of ten years. I understand that my interview will take approximately one to two hours and may need a follow-up interview to clarify details and to gauge accuracy.

I understand the purpose of this research is exploratory and educational and that the findings may be used or published at a later date. There are no expected adverse or negative consequences that are anticipated. I have had an opportunity to ask questions and to seek clarification regarding my participation in this research process. For my services I will receive a \$20 AMEX gift card from the researcher. Additionally, it has been explained to me that if I have any concerns or questions regarding this research study and the protection of human subject rights, I will contact the Molloy IRB at irb@molloy.edu or call 516-323-3000. I have also been informed that I have the right to review study records, but confidentiality will be maintained as allowable by law. To ensure that this research activity is being conducted properly, Molloy College's Institutional Review Board (IRB), whose members are responsible for the protection of human subjects' rights for all Molloy-approved research protocols, have the right to review study records, but confidentiality will be maintained as allowed by law.

Participant: _____.

Researcher: _____.

Michael Finnegan, MSA, CCRN, RN
T: (516) 492-0225 (Cell) / (516) 323-3688 (Office)

Appendix D: Informed Consent for Recording

I _____ give my permission for Michael Finnegan, RN to record my voice and my verbal narrative responses for his study “Male nurses’ experience of gender stereotyping over the past five decades: A narrative approach”. I realize that my recorded interview will be transcribed onto paper which will analyzed and presented as part of a dissertation project and possibly used and published as future research. I have been made aware that the recorded interview will be heard and transcribed by an independent transcription service. I have the right to stop the interview at any time by withdrawing have my recorded voice tapes and transcribed notes destroyed. I will receive a \$20 AMEX gift card for my participation in this project.

Participants consent signature: _____.

Appendix E: Executive Summary for IRB

My dissertation title is: Male nurses' experience of gender stereotyping over the past five decades: A narrative approach. When a male picks nursing as a profession he is purposely selecting a profession that is overwhelmingly female dominated. Estimates slightly vary but approximately 10% of registered nurses are male. While most male dominated professions are moving in the direction of gender balance, female dominated professions especially nursing is not. Stereotyping has been identified in the literature as a primary reason for the lack of male nurses. The IOM has identified gender imbalance as a problem and has recommended that nursing take steps toward a balanced workforce. Many experts predict that there will soon be a future nursing shortages. Relying on half of the population to provide the needed workforce is a social, educational and economic mistake. If coming shortages can be averted by enticing more males into the profession both the academic and professional organizations will benefit. Also, males and females are equal but not identical in their thinking and problem-solving skills. This is important as new nursing models and new health delivery systems are urgently needed to meet future healthcare needs. Including more males into the future design processes makes sense for the profession and the society.

A narrative approach will allow the participants to tell of their experience of stereotyping over the context of time. Participants in the study will have given written consent allowing their interviews to be audio recorded for analysis. In examining their individual stories for themes (both positive and negative) within the circumstance of the American culture will enable insight into the current state of the phenomena. Thematic analysis will allow the participants "meta-story" to be told. Storytelling has long been identified as a source of understanding of personal, social and cultural phenomena and can mobilize action toward change. Thematic analysis is one of four methods of narrative analysis and will permit the researcher to focus on "what" is being said.

Appendix F: Definition of Terms

Nurse: A male who was born, raised and educated in the United States. He is a registered nurse currently in practice with a minimum of one-year hospital-based experience.

Decade: A ten-year period including the first year of the decade and concluding with the ninth (1970-1979; 1980-1989; 1990-1999; 2000-2009).

Truncated Decade: The years between 2010 and 2017.

Appendix G: Leading Interview Questions

- (1) What are the perceptions of nurses who are males both positive and negative of working in a profession that is primarily female dominated?
- (2) What factor contributed to your selection of nursing as a career and what was your perception of your decision on family, friends, professional associates and society of your decision?
- (3) Some people have said that men in nursing are exposed to stereotyping and that it will always be that way. What has been your perception of the changes that have occurred regarding males as nurses as reflected by our society, the healthcare system and people in general from the time of your licensure till now?

Appendix H: Participant Demographic Details

| Participants | Year Licensure | Highest Degree | Current Professional Status |
|---------------------|---------------------------|---------------------------|--|
| 1 | 1974 | Doctorate | College Professor |
| 2 | 1974 | Masters | Nurse Practitioner |
| 3 | 1978 | Diploma | Staff Nurse |
| 4 | 1983 | Diploma | Staff Nurse |
| 5 | 1989 | Associates | Staff Nurse |
| 6 | 1986 | Masters | Nurse Practitioner |
| 7 | 1994 | Masters | Staff Nurse |
| 8 | 1999 | Bachelors | Administration |
| 9 | 1999 | Bachelors | Staff Nurse |
| 10 | 1997 | Masters | Nurse Anesthetist |
| 11 | 2007 | Bachelors | Nurse Leader |
| 12 | 2009 | Masters | Staff Nurse |
| 13 | 2008 | Bachelors | Nurse Practitioner |
| 14 | 2009 | Associates | Staff Nurse |
| 15 | 2012 | Bachelors | Staff Nurse/Manager |
| 16 | 2014 | Bachelors | Staff Nurse |
| 17 | 2014 | Masters | Nurse Manager |