

It doesn't have to be a gender thing: Gender and the male nursing experience

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Abstract

Informed by feminism, gender equality strategies mainly focus on empowering women to take up positions and be involved in male dominated spaces. Over the years, national policies and formal regulations have been revised worldwide to eliminate all gender discriminatory clauses. Nevertheless, gender stratification still persists as men and women dominate specific spaces in society. The nursing profession is one of the sectors in which gender stratification is profound. This paper argues that any effective gender equality strategy should not only focus on changing national policies, organizational practices or formal regulations which are gender discriminatory in nature, but should also put into consideration all social practices or dimensions in which gender inequality is being produced and duplicated. By focusing on empowering women and engendering male dominated fields, for example, female dominated fields like nursing are neglected and remain gendered. Through in-depth interviews, this paper explores men's experiences of the nursing profession in Johannesburg, South Africa. The results show that male nurses undergo a gendered experience throughout their training and clinical work. Thus male and female nurses practice gender by gendering themselves and each other hence gender inequality is reproduced. Outside the workplace, the gender identity of male nurses is also affected as they are accorded stereotypes such as 'being gay' for pursuing a career in a profession which is historically and traditionally considered to be feminine.

Key words: Nursing; masculinity; femininity; gendered, male nurses.

Introduction

Over the years feminist theories have shown that patriarchy is a philosophy which privileges men and discriminates against women. Hence gender equality remains the main focus in sustainable social development programs. Gender mainstreaming has been a central approach in advocating for gender equality since the United Nations Fourth World Conference on Women in Beijing in 1995. The International Labour Organisation (2009: 6) defines gender mainstreaming as “a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of all

policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated". Accordingly, governments across the globe have come up with policies to support this cause. Given the fact that women have historically had limited access to power and opportunities compared to men, most policies attempting to address gender equality rightly focus on women. For example, the South African Women Empowerment and Gender equality Bill of 6 November 2013 encourages gender mainstreaming in public and private sectors to reduce disparities between men and women -with a strong emphasis on women empowerment and the integration of women in all male dominated sectors. This is commendable given the historical and continuing disadvantages experienced by women in patriarchal societies (Connell, 2002). However, for real gender equality to be achieved, it is important for gendered notions about work to be addressed (Walby, 2003). This is especially important because men do not benefit equally from male gender privilege (Whitehead, 2001; Connell, 2000) as factors like race, class, status, age and physical disability influence how power is distributed among men and also how they benefit from the gender privilege.

The rationale for this article stems from the observation that, where gender mainstreaming is mentioned, there is little or no indication of how to support and integrate men in the nursing profession. Gender mainstreaming should not only be about increasing women's participation but also ensure that both men's and women's anticipations, experience, knowledge and interests are included in policy planning and implementation. The continued gender stratification in caring professions like nursing coupled by the increasing demand of nurses worldwide has aroused research interests among scholars in South Africa and beyond (Marks, 2000; Lupton, 2006). While previous research focused on the genderedness of the nursing profession and how to become a male nurse, this article explores how gender inequality in the nursing profession is perpetuated and how it impacts the way in which men experience the nursing profession. An analysis of the different ways in which men experience gender and how they negotiate their identity in female dominated spaces is crucial as it informs policy in terms of identifying men's needs and areas that require intervention.

Gender and the Nursing profession in South Africa

In South Africa, gender categories of masculine and feminine are dominant and diverse in all cultures. During the colonial era, apartheid and the liberation struggle, the focus was on awareness and eradication of racial segregation (Horowitz, 2001). Little attention was given

to other oppressed groups like women, children and marginalised men. The structures of colonialism and apartheid undermined the position of women and children in society. Hutson (2007) and Khunou (2012) agree that the conceptualisation of gender in South Africa was highly influenced by the principles of colonialism, apartheid regime and the multi-cultural beliefs of the South African community. During colonialism and apartheid, written laws like labour laws defended and supported men more than women. The education system was built in such a way that it promoted men more than women (Hutson, 2007). Although women started relocating to urban areas during the colonial and apartheid systems of government in search of work, laws could not allow them to get good jobs (Hutson, 2007).

In Post-apartheid South Africa, the government committed itself to protecting human rights for all oppressed groups and the issue of gender equality emerged. The constitution was changed and the founding principles of the constitution included human rights, equality and freedom for everyone. Section 9 of the constitution provides for freedom from unfair discrimination based on gender, sex, pregnancy, marital status and many others (ANC, 2012). The call for gender equality influenced the formulation of policy and registration in key economic development areas like education and employment (Women Department, 2015). However, despite the government's efforts to combat gender inequality and all forms of oppression and discrimination, gender inequality persists in some sectors like education and the labour market. In education, for example, more women enrol at tertiary level as compared to men. But there are low numbers of women in technology and science studies. Fields of study at tertiary institutions are still gendered such that women dominate feminised courses like social work, nursing and hospitality while men dominate masculinised courses like engineering and computer sciences.

Although the number of women recruited in the labor market has improved, women still dominate the low status jobs with low remuneration as compared to men. Women dominate the caring jobs, services sector and low-skilled jobs. Due to their gender privilege, men dominate high-skilled labor with high remuneration.

Gender and the nursing profession

The caring professions like nursing, social work and primary school teaching are gendered and considered as feminine in nature. Hence nurses have battled to have their worth and specialised knowledge and skills recognised (Camilleri and Jones, 2001). The nursing profession is undervalued and hold low status in society due to its connection to feminine

attributes of caring. In a patriarchal society, women are regarded as inferior to men so anything connected to feminine characteristics might as well be considered inferior (Bryson, 1992 in Camilleri and Jones, 2001: 28). Accordingly, men would always want to distance themselves from caring work because doing so in a patriarchal society would make them look weak and more feminine.

Nightingale's principles and practice created an image of a nurse as subordinate, nurturing, humble and self-sacrificing (Barrett-Landau, 2014). Marks (2000: 1) argues that; "since the days of Florence Nightingale, the icon of modern professional nursing, nursing leaders have insisted on the intrinsic link between nursing and femininity. Not only has nursing been regarded as typically women's work". In contemporary society, the public image of the nurse focuses on those characteristics traditionally endorsed as being feminine. The gendering of the nursing profession also influences the nursing education which focuses on training women to become nurses. Nevertheless, studies (Khunou, 2012; Simpson, 2004; Williams, 1995) have shown that men have historically existed in gender atypical professions like nursing in small numbers. These studies indicate that due to their gender privilege, men in female dominated occupations are channelled into managerial positions with high remuneration packages compared to women.

The nursing profession in South Africa

The Republic of South Africa Nursing Act number 33, (2005) defines nursing as a caring profession practised by a registered person, which supports, cares for and treats a health care user to achieve or maintain health and where this is not possible, cares for a health care user so that he or she lives in comfort and with dignity until death. According to the Act, nurses in South Africa fall under three categories. First, professional or registered nurses who undergo four years of training. Midwives fall under the category of professional nurses. The second category is of staff or enrolled nurses with two years of training. The last category is of auxiliary nurses, also known as nursing assistants with one year of training (Rispel, 2015). These nurses form the largest group of health service providers in South Africa and their impact is tremendous.

However, despite the government's remarkable efforts to bring about gender equality and human rights for all, the nursing profession remain gendered. Although the number of male nurses has increased over the years, they remain very few as compared to female nurses. According to the statistics provided by the South African nursing council for the year 2015,

the numbers of female nurses superseded the numbers of male nurses by far. Table 1.1 below shows the number of male and female nurses in each category for the Gauteng province.

Gender	Registered	Enrolled	Auxiliaries	Total
Female	33308	16134	17971	67413
Male	2462	1335	1207	5004
Total	35770	17469	19178	72417

Table 1: the total number of male and female nurses in Gauteng province

South African Nursing council Website

As shown in Table 1, the total number of female nurses for the Gauteng province in 2015 was 67413 while the total number of male nurses was 5004. This confirms how gendered the nursing profession in South Africa is. Nursing in South Africa has been the main provider of employment opportunity to women both black and white (Marks, 2000). The gendered nature of the nursing profession in South Africa is one aspect that has remained unnoticed and unchallenged for centuries (Marks, 2000).

The gendered nature of the nursing profession has its own consequences, one of which is the lack of nursing personnel in hospitals. According to Rispel (2015), there is what she calls a nursing crisis in South Africa characterised by the shortage of nursing personnel. Statistics provided by the South Africa Nursing council show that the ratio between the number of nurses and the population in South Africa is too big.

Table 2: Ratio between the nursing personnel and the population in Gauteng province

PROVINCE	REGISTERED	ENROLLED	AUXILIARIES	TOTAL
Gauteng	369:1	756:1	688:1	182:1

South African Nursing Council Website

In addition, one of the reasons for the nursing crisis is gender stratification. The context of this crisis is characterised by among other things the globalisation of markets, the incommunicable disease burden which is worsened by the rise in the cases of HIV and AIDS. Hence, there is a need to transform the nursing profession beyond gender stratification in order to attract both men and women to join the profession. Nonetheless, including men in the nursing profession will not necessarily engender the nursing profession. Research indicates that the idealized features of masculinities and femininities influence social structure, interpersonal relationships and organisational structures (Schippers, 2016; Verloo,

2005). Therefore, when men enter the nursing profession they fit in the masculinised features of the nursing profession.

Methodology

The study was qualitative in nature and explored the lived experiences of male nurses to know men's position in the nursing profession, how they experience gender and negotiate their gender identity. Experiences are subjective and context-dependent, hence the qualitative research strategy was the most suitable approach for this study because it 'uses a naturalistic approach that seeks to understand phenomena in context-specific settings, such as "real world settings [where] the researcher does not attempt to manipulate the phenomenon of interest" (Golafshani, 2003: 600).

Six participants were purposively selected from the three major public hospitals in Gauteng South Africa based on their level of experience. Their ages ranged from 35 to 42 and years of working experience ranged from 4 to 8. Data from the six interviews was sufficient to provide answers to the study questions. Data was collected through one on one in-depth interviews and was captured through an audio recorder and field notes. The audio-recorded data was later transcribed and together with data from field notes was then coded and analysed through thematic content analysis. The study was voluntary in nature and participants were informed that they could withdraw their participation at any point if they deemed so. All the necessary information about the study was made available to the participants.

Results and discussion

Becoming a male nurse

Making a choice to pursue a career in nursing might not be easy for men considering the nature of the nursing profession which is dominated by women. The nursing profession has historically been perceived and stereotyped as feminine. Traditional gender role ideology and discourses perceive caring as a feminine role hence "the caring image of the profession has been used to symbolise the epitome of femininity" (Zamanzadeh, 2013:49). The study findings indicate that there is a relationship between attitudes towards gender roles and men's career choices and approach to work. This finding affirms Correll (2001) assertion that cultural beliefs about gender constrain the early career-relevant choices of men and women. She argues that "gender beliefs bias self-perceptions of competence" (Correll, 2001:1724). At

the same time cultural expectations of competence justifies inequalities in goal achievements and career choices.

“It doesn’t have to be a gender thing”

Almost all participants in this study were of the view that career choice shouldn’t be about gender. Gone are the days when professions depended on whether you are a man or woman. Although five participants were black South African men, who originally came from the cultures that value traditional gender role attitudes, circumstances surrounding their upbringing and the society in which they lived made them to embrace an egalitarian attitude towards gender roles. While the traditional gender role ideology puts much emphasis on distinct roles between men and women, the egalitarian gender role ideology accentuates no boundaries between men and women in terms of the roles they play in society. As such, they willingly accepted the challenge of joining the nursing profession despite being mostly perceived as a women’s profession. The following quote from James a 35 year old male nurse explains participants’ attitude about gender roles:

“I hold that perception because of things like, like I said my mother passed away when I was ten years. She, she was a single mother and she was holding a household of three kids. So if women can do that and men can also be heads of the house then it means we’re all equal. Because women also have a burden, am not saying there aren’t single dads out there. There are a lot, my uncle was also a single dad, and so, as much as he was a single dad, my mom was also a single mum so it means that they can both do the same job. So they are both equal. So it doesn’t really have to be a gender thing like who needs to do what and who needs to do that it needs to be about who is more capable.” (Interview with James, 27th August, 2016)

James’s quotation here raises an important point that gender is socially constructed and it varies according to the particular social context. James confirms Judith Butler’s argument about the construction of gender in her book entitled “Gender Trouble.” She argues that; if gender is not inborn but rather culturally acquired then it does not follow that gender should also be binary categorised just like sex. The cultural construction of gender means that it is “a free floating artifice” (Butler, 1990:6). Thus a man can either acquire a masculine or feminine gender identity depending on the context and circumstances and so can a woman. A woman or a man can either do roles culturally defined as masculine or feminine depending on the

context and circumstances. So work or professions should not be determined by gender. In this case nursing should not be about male nurse or female nurse.

Gender and the male nursing experience

Results from the study indicates that men undergo a gendered experience both in training and when performing their job. The idealised traditional meanings of femininity and masculinity do not just disappear by the presence of men in a female dominated profession. The hierarchical and complementary structure of the gender relations is still maintained when men enter the nursing profession. The idealised meanings of femininity and masculinity influence interpersonal relationships, social structure and organisational structure (Schippers, 2007). The study's data upholds the assumptions made by social constructionists (Risman, 2004; Martin, 2003) who perceive gender as a social institution that has a social structure with related practices, which comes with privilege, subordination, social expectations and practices. This gender institution exists and influences our daily lives and the running of social organisations. The gender institution is internalised and used by individuals to identify themselves hence it influences individual behavior, social interaction and expectations. The gender institution also has a structure that would not disappear "when men and women were distributed across the variety of structural positions that organise our social world" (Risman, 2004:439). Placing men in women's position does not take away their gendered individual selves, idealised expectations and the gendered organisational culture. Male nurses as well as female nurses gender themselves and have gendered expectations of each other. Thus, the gendering practices and practicing of gender significantly influence the way male and female nurses experience gender.

Acceptance and respect

Participants reported that their female managers and colleagues were very welcoming and supportive. Their female counterparts acted like mother figures in making sure that they were comfortable and hard working. Participants reported that female nurses were happy or appreciated their presence for various reasons. Firstly, because it was a new experience having men among them, since they were used to being exclusively females. Secondly, female nurses felt like male nurses were there to complement their work since they were able to do the tasks, which required physical strength like lifting patients. In other words, female nurses and trainers gendered the male nurses, thus they treated them like the other gender that is different and needed to be taken care of.

Commenting on his training experience, Sello, a 32-year-old male nurse from Orlando Soweto and had been working for 2 years, had this to say:

“You know what because male nurses were few, you understand, so we were like protected, we were loved yah and the females were happy to have males around them, you understand, yah you know, because now it was a new experience for them. Yah they were just happy because some of the things needed men because now there is this heavy patient, ya bona, you must lift so it was like a bonus for them, for us to lift heavy patients out of bed. So our presence was highly appreciated.” (Interview with Sello, 10th October, 2016)

Sello's quote echoes William (2001) who notes that men in female dominated occupations go through a completely different experience as compared to women in male dominated professions. Women are more welcoming of men who venture into female dominated fields like nursing. However, this can also be considered as a disadvantage if men can only be considered as extra muscles for women and are let go scot-free for everything. It can be difficult for men to learn and grow in the profession. Men are not properly initiated to the basic nursing roles, hence, gender role categorisation is perpetuated as men stick to masculine roles and choose to work in departments that do not require basic nursing skills. The way Sello described his training experience shows how he gendered himself by identifying with jobs that were masculine in nature. Jobs like lifting heavy patients out of bed, for example, requires a lot of energy and male nurses identify themselves with these kind of jobs. It was noticeable that these jobs made participants feel like men and differentiated from their female colleagues. Also commenting on his experience of the clinical training, James a 35-year-old male nurse said:

“the ladies you know how the ladies can be sometimes, they can be mother figures and can only praise you or they can be nice ladies sometimes you know” (Interview with James, 27th August, 2016).

James' experience of women being nice reaffirms Connell's concept of emphasised femininity which is defined around compliance, subordination and accommodating the interests and desires of men. Emphasised femininity is constructed in relation to hegemonic masculinity. Emphasised femininity is identified by females who desire to do what men want in order to attract their attention. “Being desirable and getting noticed by men gives women a sense of power” (Braise, 2005). The welcoming of male nurses by female nurses indicates lack of resistance to the subordinate position, which is the characteristic of emphasised

femininity. Female nurses seek the attention and approval of male nurses by being nice and acting like mother figures to them.

Gendered nursing roles

The idealised meanings of masculinity and femininity provide a rationale on how the nursing profession is structured. They justify the unequal job description and nursing departments. According to study results, it is indicated that when men enter the nursing profession they identify themselves with jobs or departments that are more masculine in nature. Participants in this study reported that most of the men in nursing prefer working in departments, which do not require basic nursing like bathing patients and changing bed linen. Men choose to work in departments like psychiatry, pharmacy and theatre where there is less contact with patients. Study results indicate that men are moved to positions where there is no basic nursing as compared to women. Thus, there is gendering of the nursing roles, departments and positions. Men gender themselves by choosing masculine roles, departments and positions and they gender women by letting them do feminine roles like basic nursing roles of bathing patients and changing linen. Female nurses also, gender male nurses by letting them do jobs which they perceive to be masculine like lifting heavy patients. Doing gender and the gendering practices are problematic because they perpetuate the genderedness of the nursing profession and hence maintain gender inequality.

The following quotes from David and Peter confirms about gendering of nursing roles. They indicated how nurses were given a chance to work in the nursing department of choice and that most of the male nurses chose to work in a department that did not require them to do roles that were considered to be feminine. These roles included bathing patients and changing bed linen among others. When sharing his experience, David and Peter said:

“Yes, we do have a choice yah, if you want to work in the ICU, you can request, ask the matrons to place you there, you understand, like me I was in casualty, when I finished I asked the matron to place me there then I requested to be placed in theatre where am currently working then they did grant me that. Then you become effective because if you place me in a department that I don’t like I won’t perform. Yah you have a choice, nursing is very broad. It is very broad, like I said you can work in a clinic, you can be in a lab, you can work in police, and so it’s very broad.”(Interview with David, 30th September, 2016)

“Most men are in psychiatry, yah most of them are in psychiatry. They don’t like bed side nursing, yah like changing bed linen and all the other kind of stuff. They perceive it as the female job. Yah bed side changing linen is part of nursing, basic nursing. They prefer to be in psych because there is no bathing of patients like bedside nursing. Those guys are just mentally sick, but hygiene wise they are good.”
(Interview with Peter, 29th September, 2016)

David’s and Peter’s argument here indicate how male nurses look for ways to elevate their “subordinated” masculinity. Research on masculinity has shown that men always aspire to achieve the status of hegemonic masculinity, which is traditionally ideal masculinity (Connell, 2005). Male nurses masculinity is perceived as subordinate due to the feminine stereotypes attached to the nursing profession. By choosing to work in departments that are masculine in nature, male nurses, to a certain extent regain the status of ideal masculinity.

On clinical work experience participants reported experiencing some kind of culture shock. Culture shock is the way of reacting after losing one’s cultural norms, values, signs and symbols due to the change of social environment or context (Oberg, 2006). The dictionary defines culture shock as the feeling of disorientation experienced by someone when they are suddenly subjected to an unfamiliar culture, way of life, or set of attitudes (Oxford Advanced Learner’s dictionary: 2006). Despite the professed egalitarian gender attitude or the feeling that men can also work as nurses, it appears that the clinic and its caring duties was a completely new social environment for some of the male nurses who participated in this study.

As African men, they grew up in a society that has always valued boundaries between men and women. In nursing, there are no boundaries between men and women when it comes to taking care of patients. So, giving care to female patients which includes touching them and seeing them naked might give male nurses a feeling of awkwardness. For James, one of the study participants, the African culture in which he grew up, for example, there are things that are considered a “taboo” which men and women are not allowed to do. For example, it is culturally not allowed for a man to see or touch a naked woman unless they are married. Consequently, participants expressed that they had difficulties working in a midwifery department for the first time. It was overwhelming for participants to see and touch a naked woman who is not their partner and help her through the birthing process. This was true for James who shared his experience as follows;

“When it comes to nursing especially the midwifery department because am as a young boy growing up I knew that there are always boundaries between males and females. Up until a certain stage which is when you either take a wife or so there are things that you’re not supposed to see because they’ll tell you that as a kid they tell you that you’ll go blind if you see a naked woman you know.” (Interview with James, 27th August, 2016)

And added that;

“in the midwifery department as a male nurse you just happen to see those things that they say you are not supposed to see. So it kind ah, kind of tampers with your beliefs that you’re raised on and also tamper with the profession that you’re in. So that’s when you need to like choose between culture and professionalism so you have to go professionalism.” (Interview with James, 27th August, 2016)

This response shows how difficult it is for men to negotiate their masculine identity while working in a predominantly female profession. O’Conner (2015), argues that it is important to understand the tensions in negotiating a masculine identity in order to come up with ways of attracting and retaining more men into the profession. Hence, there is a need of strategies that could help men deal with these kinds of situations where they experience conflict with professional roles.

Sello, one of the participants, also shared similar sentiments in terms of how challenging it was to work in a maternity ward for the first time, he said:

“it was challenging you know, for me as a male you know, first time you are taken to do your practical in a maternity ward you know you have to help a woman to give birth that day you know it’s terrifying and frightening you know but then you just, I just told myself that I chose this profession or this profession chose me I don’t know but I have to survive, I have to get used to it that am nurse and am gonna give it my best you know.” (Interview with Sello, 10th October, 2016)

Patients in the midwifery and obstetrics departments also experience this culture shock. Most of the times while working in these departments, some participants reported to have encountered female patients who were reluctant to be helped by a male nurse. Due to cultural beliefs especially among women of Indian origin, they refuse to be touched or seen naked by a male nurse. In such circumstances, it was difficult for participants to conduct their duties and help the patient.

Nevertheless, almost all participants shared a positive experience with patients whereby some patients perceive male nurses as doctors and always treat them with much respect as compared to female nurses. The study also found out that male patients especially feel more comfortable to be helped by male nurses. Studies on masculinities and health like the one by Courtney (2000) have shown that men use gendered health beliefs and behaviors to construct masculinities. Seeking medical help from female nurses is perceived as a threat to their masculine identity.

Conclusion

The study findings have brought to light some of the factors that have contributed to the prolongation of gender inequality in the nursing profession. Details relating to the factors that motivate men to enter and stay in the nursing profession have been presented. The study has also unpacked ways in which gender inequality is perpetuated in the nursing profession by gendering practices and practicing of gender and that men undergo a different (privileged) experience in female dominated occupations as compared to women in male dominated occupations. Study results confirmed that due to factors that intersect with gender, men do not benefit equally from the gender privilege, however, they do benefit more than women do and the nursing occupation is no exception. This study provides a platform for further research that could aim to explore patient's perceptions and experience of male nurses. The public perception of male nurses also needs to be explored and how the presence of more male nurses could influence the impact of the nursing profession to the society.

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