Men in nursing: Re-evaluating masculinities, re-evaluating gender

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ABSTRACT

This paper critically interrogates and re-evaluates the notion that it is somehow difficult being a man in nursing and suggests some ways forward which will allow us to gain a more politically astute purchase on gender, nursing and the socio-political context in which the profession operates. Men appear to be well served by a career in nursing. Despite their lesser numbers they are likely to earn more and be promoted into leadership roles more readily. Yet there is a pervasive sense in the literature on men in nursing that they feel unhappy as a minority in a predominantly female occupation and feel a disjuncture between masculine identity and the nursing role. The genealogy of this idea can be traced to a more extensive literature in the 'men's movement', in sex role theory and masculinity studies which has tended to focus on the putative hurts that men suffer as they are socialized into the male role. This is itself informed by experiences and discourses from therapy, and privileges these kinds of experiences over and above more sober consideration of the respective powers of men and women and the sociopolitical context of the profession. This 'poor me' discourse deflects attention away from the business of tackling material inequalities and enables men to encroach further into the agenda of nursing discussions. Instead, a view of men and women in nursing is proposed which is attentive to the historical and political operations of power and which sees subjective experiences as the effects of power rather than as a starting point for analysis. We must place individual experience coherently and exhaustively in the material environment of social space and time. It is in this way that we can genuinely advance the interest of men and women and build an effective profile for the profession as a whole.

KEYWORDS: masculinity; nursing; men; inequality; power; professionalism

INTRODUCTION

In this paper I interrogate and re-evaluate the pervasive notion that it is somehow difficult being a man in nursing and suggest some ways forward which will allow us to gain a more politically informed purchase on gender, nursing and the socio-political context in which the profession operates.

Relatively few men compared to women seek a career in nursing. Men only make up between 5% and 10% of the workforce in the UK, USA and Canada (Mullan & Harrison, 2008). Evans (2004) for example writes of barriers to men '*crossing the gender divide and entering the profession*' (p. 321) and of men having to '*struggle to practice nursing*' (p. 324). Reading these kinds of statements it is tempting to conclude that the difficulties faced by men in nursing are somehow equivalent to those of women.

It is as if the hurdles faced by men somehow mirror the last century and an half's struggle of women

to join the professions, enter universities, gain the vote and achieve recognition for their role in the workplace. On the face of it, the notion that there are significant difficulties faced by men in working life might seem a little difficult to sustain. In the labour force as a whole, the UK's Equalities and Human Rights Commission (EHRC) reports a continuing gender pay gap of around 17% in favour of men (EHRC, 2008) among full time workers and among part time workers this rises to nearly 37% (EHRC, 2009). The rapid ascent of men in nursing into management positions is well noted (O'Lynn & Tranberger, 2006) as is their greater propensity to pursue career-enhancing postgraduate qualifications (Marsland, Robinsion, & Murrels, 2003) and their tendency to earn more, particularly in senior positions (Hader, 2005). Their rise is also disproportionately fast in relation to their qualifications and experience (Finlayson & Nazroo, 1998). So why is it so difficult being a man in nursing?

Certainly, there is no shortage of documentation of the alleged difficulties faced. This commences relatively early in the process of becoming a nurse, and is evident on both sides of the Atlantic. In a survey for the US National Student Nurses Association, Hart (2005, p. 33) reports that:

> Fifty-six percent of those surveyed experienced difficulties in their nursing education, noting that they were often perceived as 'muscle' by women colleagues and even uncaring, assumptions purely made on the basis of their gender. Fifty percent also experienced difficulties in the workplace, again because they were seen as 'muscle,' were a gender minority in the field, and found communication with women colleagues difficult at times.

We will return later to the question of how men in nursing may feel themselves to be slighted by the perceived assumptions and attitudes of others. For the moment let us consider how a group such as men, in what is widely agreed to be a relatively privileged position, can be repackaged – re-branded if you will – as somehow disadvantaged or even 'oppressed'. This is an intriguing piece of argumentative, epistemological and political work in its own right and one which attempts to overturn our understanding of massive and well-documented inequalities. If we succeed in elucidating how this reversal is done, we will have found the key to much of the discourse surrounding the idea of men in nursing.

THE MISERIES OF MASCULINITY: MEN'S MOVEMENTS, SEX ROLE AND MASCULINITY STUDIES

One of the first observations to make is that the idea of the downtrodden and unhappy man is not confined just to nursing. There is clearly a surfeit of both popular and academic literature expounding the view that it is somehow difficult being a man *per se*. The idea of a men's movement struggling with the notion of masculinity, searching for meaning or recovering some half imagined archetypal past is by now a familiar one. It has been popularized by writers such as Robert Bly (*Iron John* 1990), David Deida (*Way of the Superior Man* 2004), Robert Moore and Douglas Gillette (*King, Warrior, Magician, Lover* 1992) and Sam Keen (*Fire in the Belly* 1992), to name only the most usual of the usual suspects. Replete with mawkish accounts of father–son relationships, romantic reconstructions of a fantasy past, and corny stereotypes (who, after all, could talk about 'warriors' with a straight face?), such books have nevertheless often held sustained positions on bestseller lists. Being a man then, is reprised as a struggle.

This popular efflorescence has had many willing academic shield-bearers. Within the academy, the curiously decontextualized notion that men were suffering from gender divisions too gathered pace. In the 1970s, scholarly preoccupations with sex role theory lent early support to the idea that men are somehow psychologically damaged within the gender order. This purported oppression was theorized in terms of the then modish notion of social learning (*inter alia* Pleck, 1976). As Lynne Segal sums it up:

> Men were… conditioned into competitive, inexpressive, restrictive masculine roles which

were both physically and psychically damaging, inhibiting expression of their authentic selves (Segal, 1997, p. 68).

Later, the 1990s saw sex roles superseded by discussions of 'masculinities'. Rather than patterned role systems, these were seen in terms of representations and styles of being a man and associated systems of gender practices which could be damaging to men as well as women (see, for example, Harris, 1995). This varied scholarship attempted to show how masculinity is not a uniform concept, nor does it represent an 'essence of man' (Collinson & Hearn, 1996) but is, instead, a varying product of historical and cultural processes. In this formulation of the issue, masculinity can take different forms, depending on the circumstances. Despite this diversity however, masculine discourses in contemporary social life share some common meanings (Knights, 2000). For example, a concept which has been explored in a number of accounts of the construction of masculinity is that of mastery of others and of self. Even this, though is seen as a somehow irrational need (Hollway, 1996) originating in an attempt to protect the inherent vulnerability of one's gendered identity and maintain the valued sense of masculinity (Collinson & Hearn, 1996). As Bennett (2007) adds, control of a man's emotions is part of a masculine notion of mastery of self. Even apparent powers and capabilities then are reconstructed and reformulated as if they too were symptoms of some inner vulnerability or pain. As Connell put it, 'oppression… appears as the constricting pressure placed by the role upon the self. This can happen in the male role as readily as in the female' (1995, p. 25).

At this stage in the debate, masculinity and growing up as a man were formulated as burdens or forms of oppression by particular kind of maneuver. As Caroline New put it, the 'masculinities paradigm' was infused by a focus on subjectivity and representation rather than institutional power and material outcomes' (New, 2001, p. 738). Thus those working within it were hamstrung by their inability to explore broader social inequalities or the marked differences in material powers, access to decision making processes or even well paid jobs that existed – and continue to exist – between men and women.

This was not simply an accidental oversight. Whilst not entirely coextensive with the Iron John-style of mythopoeic groups drumming and camping in the woods, masculinity studies owed a great deal of its substance to the kinds of introspective 'discoveries' about the self found in the encounter group, the counselling session or what we may call, following Foucault, 'the clinic'. Indeed, it is not unusual to find the masculinity studies of this generation interanimated with 'co-counselling' or 're-evaluation counselling' (Jackins, 1970; New & Kauffman, 2004; Rosen, 1977). The preoccupation with 'past hurt' in this approach and the insistence upon the value of recapitulating these experiences in the hope of obtaining discharge or catharsis has prompted an enduring fascination with the unhappiness of growing up. It is as if writers are seduced by a notion of emotionality that sees feelings in curiously hydraulic terms such that there is a necessity to release the pressure. In the efforts of men to overcome sexism, or repudiate their socialization as men, there is talk of a 'release' (Shamir & Travis, 2002). Moreover, in this framework, the reprise, catharsis and re-evaluation of past hurt is a necessary precursor of any kind of political change. Of course, catharsis leads to no such thing. Far from discharging a toxic emotional pressure, so-called cathartic experiences tend to make people more upset or angry (Bushman, 2002; Bushman, Baumeister, & Stack, 1999) thus perpetuating the perceived need for such experiences ad infinitum.

Thus, as a result of such exploration, in search of a largely illusory relief through catharsis, the area of emotional expression has come to be one in which men are alleged to have been particularly damaged by early childhood experience. Male human beings are believed to be potentially capable of as much emotional richness and interest in relationships as are women. They are said to possess similar capacities to express and reflect on their emotions, and a similar need to do so. However, it is the cultural structures of masculinity and the relationships and

practices they influence which inhibit the development of these potentials in men. This is said to frequently yield defensive emotional strategies, limited capacity for empathy, and discomfort with intimacy (Hearn, 1993; Parkin, 1993; Pleck, 1989).

> Although men's tears flowed freely right up to the breakthrough of the bourgeois morality and code of behavior, from the end of the nineteenth century, it became impossible for men in good social circles to shed as much as a single tear… To display too much emotion was no longer socially acceptable. Emotions were cut off along with the umbilical cord and were thereafter punishable in the name of good upbringing (Lorentzen, 2007, p. 73).

Hence men's studies are apt to offer accounts of families and schools as 'sites *where styles of masculinities are produced and used*' and where identities are negotiated (Haywood & Mac an Ghaill, 1996, p. 52). Boys in Western societies, at least, are said to be systematically restricted in their access to affectionate physical contact, especially with other boys or such contact is sexualized and remains furtive. They are discouraged from the expression of grief and upset through tears, and encouraged to suppress emotions, except anger, and to ignore physical and emotional pain. They are misinformed about their own and girls' and women's sensuality and sexuality, and offered a limited version of heterosexuality as the only permitted form of sexual expression and intimacy (Snodgrass, 1977).

In connection with this, explorations of masculinity and nursing in the1990s were apt to focus on the dilemmas and difficulties of being a man in the profession, as manifest for example in MacDougall (1997). This included, apparently, a sense of conflict between their '*presence in a female dominated occupation and the maintenance of their masculinity*' (MacDougall, 1997, p. 812). Nursing, and more particularly femininity, '*with its stress on dealing with dependency, acknowledging emotions and intimacy and nurturing others – comes to represent qualities that are feared and denied in masculinity*' (ibid, p. 812). Thus men's involvement in nursing itself is

formulated as some kind of wound, as if the proximity of men to caring or femininity would activate a fear response or a psychodynamic process of denial. This underscores the presumed delicacy of men, and their vulnerability when confronted with anything that might impugn their maleness.

FROM MASCULINE MISERY TO THE 'OPPRESSION' OF MEN?

This sense of vulnerability and fragility, and focus on the putative inner psychic world rather than a focus on material or social powers is extremely helpful when authors wish to construct men as an 'oppressed group'. As Caroline New maintains in discussing the alleged difficulty of men with intimacy, this '*failure to develop could be seen as the loss of men's potential, and therefore as mistreatment*' (New, 2000, p. 740). On the same page we are told that '*masculinities may be oppressive*' to men. In this context '*men's loss of powers and the evidence of their suffering makes this mistreatment, and therefore oppression*' (New, 2000, p. 740). Concerning popular images and stereotypes of masculinity '*masculinities may be oppressive.… the misrepresentation of men's needs and capacities becomes part of the self*' (New, 2000, p. 740). This story of oppressed men might seem a little hard to sustain. Of course there is often evidence of some jockeying for position among men themselves, which often leads to casualties, but there is little evidence of systematic gain on the part of another separate power bloc. But, counsels New, '*the oppression of men is not only disciplinary or psychological. It also involves material effects of men's positioning which we only fail to see as oppressive because of the lack of an obvious agent or beneficiary*' (New, 2000, p. 741). This bears repeating. We are being told that men can be oppressed even if there is no obvious agent or beneficiary.

Stated so directly, this seems at odds with many years of hard labour in feminist scholarship on oppression, uncovering inequality, violence and systematic disadvantage directed at women; but hold on, the oppressors are fragile, delicate and, themselves, oppressed. The claim to be a member of an oppressed group can be seen as '*the ultimate*

legitimizing move' for straight white men '*donning the mantle of victimhood for the sake of maintaining hegemony'* (Yudice, 1995, p. 272). This brief but insightful comment from Yudice (1995) can perhaps help us place in context the outpouring of accounts of men's suffering. Additionally, the cynic might argue that positioning oneself as a victim helps to deflect any suggestion that one might, if one is a man, be a member of an oppressor class or have banked what Connell (1995, p. 82) has called the '*patriarchal dividend'.*

A few examples should suffice to sketch the contours of the misery that accompanies masculinity. This selection is by no means exhaustive, but will give a sense of how writers on the subject have often seen men as fragile beings whose tenderness is systematically flayed out of them through experiences in the family, the school, the military, and by their peers. Pollack (1995) argues that boys are taught to repress their yearnings for love and connection and build a wall of toughness around themselves to be accepted as men. He feels that they don a '*mask of emotional bravado which leaves them isolated. All their vulnerable, empathic, caring emotions which they show from birth until we push it out of them, get repressed and pushed down as a result of being teased or shamed'* (Pollack, 1995, p. 42). Boys' training in masculinity is explicitly antiempathic, as Eder, Evans, and Parker (1995) found in her study of boys' teasing in middle school and as Collinson (1995) discusses in his observations of working-class men's joking on the job. Beneke (1997, p. 41) asserts that modern manhood requires resisting empathy with those weaker or in pain, remaining '*cold-blooded when confronting suffering or horror'.* Even when men do not appear to be disturbed by their experiences, this is taken as further evidence of just how damaged they have been.

This putative damage therefore lies behind the insensitivity, numbness or indifference to the suffering of others which are said to be prerequisites for men's domination of women (Middleton, 1992, p. 194) Men's stoicism prevents them from being fully aware of their own suffering and also the suffering of others. Without being fully aware

of the consequences of their actions, men can act in sexist ways without question. Moreover men's stoicism facilitates a tough appearance, because it prevents others from having access to information which might make men vulnerable (Middleton, 1992, p. 121). The masters of the universe, poor things, are crying inside.

Indeed, through the 1990s this misery was believed to have potentially lethal consequences. Scase (1999) suggested that the internalization of macho stereotypes was a contributing factor in the 60 per cent increase in male suicides between 1991 and 1997: '*some men face an increasingly sad and lonely existence, being unable to cope physically, emotionally or psychologically with their isolation'* (Scase, 1999, p. 90). Rather than the creeping influence of globalization, neoliberalism, structural readjustment, the restricted job opportunities available within an increasingly 'flexible' and service-oriented labour force, or the progressive limitation in opportunities for social mobility, the distress is to do with some sort of truncation or denial of a purported inner self. Seidler (1992) formulated this in terms of a luxuriant interior jungle of psychological constructs – fear of rejection, vulnerability, wariness, guilt, low self-esteem, or emotional illiteracy – which meant that many men appeared unable to expose their 'inner selves'. Also in the 1990s, a Samaritans' (1999, p. 62) study of depressed and suicidal young men identified a paradox about emotional expression: they had a profound wish to be heard yet feared revealing their vulnerability. One young man said, '*Nobody asks me how I feel but I would rather smash something up than talk about my feelings'.* As Evans and Wallace (2008, p. 487) comment '*in internalizing what it means to be male in our society, this man has understood only too well what is required of him: suppress your emotions and fear to such an extent that they may leak out as anger and violence (which is then punished)'.* As Lewis, Hawton, and Jones (1997, p. 352) say, '*It is no wonder they try and solve this problem by turning off their feelings altogether'.* This groundwork to establish the traumatized male psyche is important because it enables the situation of men

to be seen in primarily psychological rather than, say, social or political terms. Even the efforts of men to maintain privilege are seen as sequelae of their vulnerability rather than strategic consolidations of their power.

The applicability of all this to nursing and the situation of men in the profession can be seen when we revisit the kinds of statements which are made about how they feel, and how they respond to everyday workplace situations. The kind of thinking we have reviewed above helps to explain the focus on the delicate sensibilities of men once the authors have imbibed the heady brew of Connell, Seidler, Hearn or Collinson. These intellectual tools are more than mere heuristic devices. They also construct and render legitimate a view of men that foregrounds psychosocial ideas like 'masculinity' at the expense of broader structural inequalities or more politically incisive constructs such as power or patriarchy. Even the once evocative notion of oppression has, in New's work, been de-clawed to refer to something that amounts to little more than a vague sense of unease.

THE TRAUMA OF FEMINIZATION: MEN IN WOMEN'S JOBS

This denaturing of the concept of oppression however makes it much easier for commentators to concentrate on the psychosocial aspects of being a man in a predominantly female occupation. For example it becomes possible to concentrate on the effort men must expend to negotiate the gender assumptions inherent in the work as they face a range of challenges to their 'masculinity' (Lupton, 2000). They may undergo role strain, which has implications for their career aspirations (Simpson, 2005) and which may explain why men in nursing are more likely to have leadership aspirations. As well as the putative challenges to their masculinity, Simpson (2005) claims that men in nursing experience the loss of both pay and status.

This, then, says Evans (1997) relates to the way that male nurses organize their work roles so as to exhibit more 'masculinity' by downgrading people-oriented activities and focusing instead on

task-oriented aspects of the role. However, there is still a pervasive challenge to masculinity inherent in the pursuit of the profession, it is argued, because, to be a good nurse, many of the attributes required are similar to those of the female gender role more generally, such as subservience, caring, kindness, and compassion (Hicks, 1999). As Wingfield (2009, p. 5) continues:

> Jobs predominantly filled by women often require 'feminine' traits such as nurturing, caring, and empathy, a fact that means men confront perceptions that they are unsuited for the requirements of these jobs.

Indeed

> In encounters with patients, doctors, and other staff, men nurses frequently confront others who do not expect to see them doing 'a woman's job' (Wingfield, 2009, p. 11).

Moreover, men are seen as having to work quite hard to distance themselves from the supposedly feminizing, emasculating nature of work in nursing and to retain the privilege of 'hegemonic masculinity' (Connell, 1989).

Even more, men in nursing may report themselves as being the victims of homophobic abuse: '*I've been called awful things—you faggot this, you faggot that*' (Wingfield, 2009, p. 23). This view is explored further by Harding (2007) who explores '*discourses which stereotype male nurses as gay and conflate homosexuality and sexual predation*' (Harding, 2007, p. 636). Whilst psychiatric nursing was seen to be redolent of both heterosexuality and masculinity, other specialisms were viewed as somehow compromising the post holder's identity as heterosexual. As MacDougall (1997) and Williams (1989) describe, there are even reports of men in nursing who feel disadvantaged because they are in a profession dominated by women, which consequently confers a lower status upon them.

So not only is there something burdensome about masculinity itself, but the practice of a career in nursing places additional burdens upon the man as if these fragile structures of personality

required additional effort to sustain in the face of 'low status' and anticipated homophobic jibes. Men in nursing are thus constituted as victims.

This itself is consonant with a limited view of the human condition which pervades the literature on masculinity, men in nursing and which can increasingly be found in many fields of public life. It has been described as '*cultivating vulnerability in an uncertain age*' (Furedi, 2003, p. 1). In this view, it is as if human beings are perpetually vulnerable, incapable of coping with their own affairs, and in need of ever increasing therapeutic intervention. A whole variety of experiences, even that of belonging to a privileged gender class, can be reformulated as traumatic. Certainly, the preoccupation with the hurts and harms of being a man in nursing seems at odds with the evidence of men's advantage and rapid advancement. Perhaps the difficulties encountered as a student or as a novice in the workplace could equally easily be seen as educational, inasmuch as they teach us about identity formation, about how to build solid and sustaining friendships and collegial relationships, enable us to learn how to deal with conflict, how to negotiate similar situations which arise in the future, and so on. It is the failure to accommodate human resilience, resourcefulness or the sustaining features of everyday. as opposed to professional, relationships that renders the picture of men and human beings more generally, impoverished and misanthropic.

The focus on the hurts of men in nursing has, as outlined, a specific genealogy. Commencing from a point of view that foregrounds men's subjective experiences of distress, rather than sociological or political factors, has enabled scholars to formulate the issues in social-psychological terms. This has enabled many commentators to see masculinity as if its owners were permanently in need of therapy or re-evaluation counselling to relive and achieve catharsis of these hidden injuries. This has led a good deal of the material published about men in nursing to under-theorize broader social structures and processes.

But there is even more. Bell Hooks (1992, pp. 111–117) comments disparagingly on the idea of the '*sensitive new age guy*' who, under the guise of developing more intimate ways of relating, retains and reinforces the privileges of hegemonic masculinity, augmenting them by deploying his sensitivity to seize ever more attention and deference from those around him, to dominate the emotional agenda and elicit support from women (Segal, 1993, p. 634). If discussions of gender in nursing become congested with accounts of how hard it is to be a man, and how, if you are a nurse, people might think you are gay (Evans, 2004; Harding, 2007), then this absorbs time and energy that might more usefully be spent challenging inequality, building the profile of the profession and attending to the substantive divisions of gender that still remain in health care. Understanding gender in nursing is not advanced by swallowing the 'poor me' discourse of men's studies. As Connell himself admits, these approaches '*give no grip on issues about economic inequality and the state*' (1995, 2005, p. xix).

GETTING A GRIP: POLITICIZED APPROACHES TO THE DELICATE INTERIOR

If we are indeed to get a grip on questions relating to '*economic inequality and the state*', or gain any analytically insightful or politically effective purchase on the situation, we need to throw off this interior view of masculinity and men in nursing. This must be accompanied by a vision of humans as capable, rather than the currently modish zeitgeist which sees us as weak and in need of professional intervention. Capable, that is, of developing political awareness, working together, debating robustly, tolerating dissent, campaigning and organizing without needing recourse to incessant 'counselling' to assuage the imagined slights to their 'self esteem' from discovering that others disagree with them or because they have been teased over their choice of occupation. Indeed, one could go further and take Occam's chainsaw to what Smail has called the '*luxuriant interior jungle*' (2001, p. 165) of proliferating entities – fears of rejection, emotional illiteracy, low self esteem and the like, which obfuscate the view. It must be possible to think about inequality,

oppression and gender and their relation to nursing in a way that does not filter them through a black box which translates them inexorably into personal experiences and motivations.

Differences in groups of people's capabilities in exploiting opportunities can be accounted for parsimoniously by attending to the *historical* and *political* aspects of the operation of power. This will lead to a more effective roadmap for change than could ever be drawn by postulating an internal world of psychic injury. The kind of benefits that seem to stem from 'self-esteem', 'emotional literacy' achieving 'catharsis', and so on, whilst they are *embodied* in individuals, result from the provision of powers and resources, from outside, in the person's social milieu or in their past.

As Smail (2001, p. 165) reminds us, subjective *senses* of this and that, empowerment, hurt, motivation, self image and so on, have very little potency, and it would certainly be a mistake to see them as causal entities. Rather, they are *the phenomena which power in the external word gives rise to.* Our motivational notions or personal recollections of unhappiness are not themselves the interior sources of our conduct, but instead form what Smail (2001) calls a kind of '*running commentary*' that accompanies our action. The error of masculinity studies, and many accounts of men's experience in nursing, is to take experience of the operations of power as the force that moves us rather than concentrating on the influences that give rise to that experience in the first place. What we need, rather, is an adequately political language of the experience of men and women in nursing that places individual experience coherently and exhaustively in the material environment of social space and time. It is in this way that we can genuinely advance the interest of men and women and build an effective profile for the profession as a whole.

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••• CALL FOR PAPERS •••

MEN'S HEALTH

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Editors: Gary Dowsett (La Trobe University), Victor Minichiello (University of New England) and John Scott (University of New England)

DEADLINE FOR PAPERS: 14TH APRIL 2010

The Federal Government's *National Men's Health Policy* (www.health.gov.au/menshealthpolicy) was launched in November 2008 and its implementation is important to monitor. In recognising that health is affected by social and policy circumstances, sociology has an important role to play in the process of better understanding and addressing men's health issues. It is not enough to say that different health problems disproportionately affect men. We must recognise the specific needs of communities of men and the complex relations that exist between such communities, including differences among men and boys.

We invite contributions from researchers and scholars working in any discipline but who utilise sociological theories in their work on men's health. Papers can be empirical, theoretical, methodological, or policy-oriented. Topics may include any of the following: sexual health and men; ageing in later life; rural/urban issues in men's health; Indigenous men's health; mental health; accessing health care; health care promotion; young men and boys; living with a disability; masculinity, the workplace and occupational health and safety; and men's health policy.

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