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# Men Choosing Nursing: Negotiating a Masculine Identity in a Feminine World

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**Men choosing nursing: Negotiating a masculine identity in a feminine world.**

**Tom O'Connor**

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In the nursing profession across the Western world women outnumber men by a ratio of 10 to 1. The profession is often seen as being synonymous with being female and with femininity. This study aimed to illustrate the gendered aspects of career choice for men who choose to nurse and how a masculine identity can be negotiated within the profession. Using a qualitative interpretive approach, interviews were carried out with 18 male nurses. The findings indicate contradictions and difficulties for men in identifying with the profession and as men. Little encouragement is given to men to join the profession and for men who have chosen to nurse there is an attempt to distance themselves from traditional motivations for choosing nursing such as caring and vocationalism. This has implications for the recruitment and retention of men into the profession and also points to a need to examine the relationship of nursing to gendered concepts.

Keywords: Masculinities, nursing, caring, career choice

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Nursing as a profession has traditionally, and continues to be, largely dominated by females both in terms of the demographical profile and the common perception of nursing being a job for women (Maggs 1983; Macintosh 1997; Evans 2004; O'Lynn 2007). The minority of men within the profession face not only issues of numerical disadvantage but also issues of gender identity in that their chosen profession is commonly equated with women and femininity. The complexity of how individuals identify with gender is a subject which in recent times has become more open to debate (Whitehead 2002; Connell 1994; 2005; Mac An Ghail & Haywood 2007,). The creation of modern nursing, by Florence Nightingale and others, as a suitable occupation for young women has led to the modern distinctly feminine view of nursing as an occupation (Maggs; Villeneuve 1994; O'Lynn 2007; McLaughlin, Muldoon & Moutray 2009). Nursing has provided a rich ground for gender based

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research, particularly of a feminist hue (Glazer 1991; Porter 1992; Williams 1992; Walter, Eyles, Lenton, French and Beardwood 1998; Simpson 2009). The more recent focus of gender research based on profeminist analysis of masculinities (Connell 1987, 2005; Haywood and Mac An Ghail; Petersen 2003; Seidler 2007) has not been widely carried out in nursing. This paper describes the perceptions and views of a group of men in Ireland and how they accommodate a masculine gendered identity while choosing to nurse.

## Background

Male nurses number around 10% or less of the total population of nurses in most developed countries. In Ireland men make up 7.8% of the total number of nurses (An Bord Altranais 2014), in the United Kingdom that number is 10.7% (Nursing and Midwifery Council 2008), wider EU state numbers range from 2 % to 15% (Salvage and Heijnen 1997) and the United States 9.1% (Health Resources and Services Administration 2013). From a historical perspective nursing is also strongly associated with women, however as Nuttig and Dock (1935), O'Lynn (2007) and Mann (2009) argue this view may ignore the role that men have played in the profession through the ages. Thus notable individual and collective nursing contributions from men such St Ephrem (circa 350 C.E.) and St

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Basil (circa 370 C.E), the Knights Hospitallers of St John of Jerusalem in the middle ages and in modern times the Alexians and the St John of God Order, have been largely overlooked.

The formation of the modern profession around the Nightingale model is seen by many to be the principle reason that nursing has been portrayed as being the preserve of women (Macintosh; Brown, Nolan and Crawford 2000; Evans 2004; O'Lynn 2007). This feminisation of nursing stemmed from Nightingale's belief that men were not suited to nursing and that it was a natural disposition for a woman to be a nurse (Macintosh et al.). Nightingale is quoted as commenting that men's 'hard and horny' hands are not suited 'to touch, bathe, and dress wounded limbs, however gentle their hearts may be' (Nightingale cited in Summers 1988). Much of her doctrine on nursing commented not only on the abilities necessary to make a good nurse but also the personality and ladylike qualities required. It is worth remembering that Nightingale saw the formation of a properly regulated nursing profession as a political project which could demonstrate that women could be equal as professionals and as such she may not deliberately have set out to sideline male nurses.

Nightingale's views, though undoubtedly influential, may not sit comfortably with men or women in the plurality, individualism and consumerism of contemporary societies. Feminists have, with some success, argued that there is nothing inherently male or requiring of

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masculinity about professions which have been traditionally male dominated, such as medicine and law. Yet despite the shifting narratives and histories nursing remains firmly aligned with being feminine, pointing to other modern narratives being at play. The continuing association with concepts such as caring, altruism, domesticity and nurturance (Miers 2000) provide some explanation although as Rolfe (2009) and Twigg (2000) point out many of these concepts have been widely debated and professionalised. The fact that nursing work involves both emotional labour (Bolton 2000, 2001; Henderson 2001; Gray 2009, 2010) and body work (Twigg; Shakespeare 2003; Fisher 2009) may be more significant in its continued association with femininities and distancing from notions of masculinities. Seidler (1994, 2005) highlights how masculine identities have been shaped around unemotionality and disconnection from bodies in a modernity project of rationality much to the detriment of men and women. The converse of this is the assignment of emotionality and embodiment to women providing a key to why nursing continues to be considered women's work.

As a consequence there is a widespread recognition of the difficulty for men in choosing nursing as a career and of the lack of encouragement men and boys receive to enter the profession (Whittock and Leonard 2003; Evans and Blye 2003; Stott 2004; La Rocco 2007). Poole and Isaacs (1997), Inoue, Chapman and Wynaden (2006) and Chou and Lee

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(2007) point to how men are discouraged by the feminine connotations of nursing. Consistently over time and across international borders there would appear to be consensus that the primary motivating factors in the decision to become a nurse is the desire to care, nurture and advocate for others, altruism, and the desire to fulfill a childhood dream (While and Blackman 1998; Beck 2000; Rheaume, Woodside, Gautreau and DiTommaso 2003; O'Connor and Kelly 2005; Romen and Anson 2005; Newton et al 2009; McLaughlin et al 2009). Recent research assessing the Millennial generation's motivation to nurse by Price and colleagues confirms that these themes have remained constant (Price, McGillis, Hall, Angus and Peter 2013). These concepts, equated as they are with femininity, present a significant barrier for men in choosing to be nurses. Portraying a desire to care, nurture or be altruistic is particularly difficult for boys of school leaving age. Men choosing to nurse can therefore suffer from stigmatisation (Whittock and Leonard) and have a perception of spoiled masculinity (Evans and Blye).

A further theme, often linked to the difficulty for men and boys choosing to nurse, revolves around assumptions about sexual orientation and of male nurses being homosexual by default. This is closely aligned to perceptions of effeminacy stemming from the female image of nursing and the linking of effeminacy to homosexuality and hence suitability for nursing. This issue that has been to the fore in much of the research

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around men in nursing over time and across cultural boundaries (Heikes 1991; Williams; Villeneuve; Evans 1997; Meadus 2000; Miers; Harding 2007). The implication of the construction of male nurses as gay is variously thought to impact on the recruitment of men to the profession (Villeneuve; Meadus 2000) and to marginalise or stigmatise those in the profession (Heikes 1991; Evans 1997).

For men who have entered the profession, research shows that their motivations tend to deemphasise caring, nurturance and altruism (Evans and Blye). Men tend to emphasise the career prospects and job security offered by nursing, the influence of family members and the technical professional elements which drew them to nursing (Romen and Anosn; Chou and Lee; La Rocco; Kulakac, Ozen, Özkan, Sucu and O'Lynn 2009; Ierardi, Fitzgerald and Holland 2010). Yet a number of authors counter that men are motivated just as much as their female colleague by a desire to care and work with people (Ekstrom 1999; Boughn 2001; Ierardi et al.) but that they are impeded by cultural norms of masculinity and the female perceptions of nursing from expressing this. On a practical level a number of authors have also pointed to the lack of male nurse role models and the failure of career guidance in school to promote nursing to boys as being key factors in making it difficult for men to choose to be nurses (Whittock and Leonard; O'Lynn 2004; La Rocco; Curtis,

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Robinson and Netten 2009). Thus choosing a career in nursing for men remains difficult.

Analyses of gendered identities are a relatively recent addition to social science research and while nursing has attracted analyses from a feminist standpoint, less attention has been given to masculinities. Thus the important development of gendered analyses of men brought to fore by authors such as Connell (1987,1994, 2005), Hearn (1987,1992, 1994), Seidler (1994, 2005, 2007), Kimmel (2000) Mac An Ghail (1994) and Whitehead (1999, 2002) amongst others have not been widely applied to nursing. Beasley (2005) contends that the dominant approach in the contemporary studies of masculinities have a structural, Marxist background influenced also by psychoanalytic theories. The important concept of hegemonic masculinity as described by Carrigan et al (1985), Connell (1987, 2005) and Connell and Messerschmidt (2005) could be categorised as such. Dissatisfaction with the essentialist nature of these viewpoints has however led a number of authors (see e.g. Pease 2000; Whitehead 2002; Peterson 2003; Philips 2006), drawing on poststructural theorists such as Foucault and Bourdieu to articulate fluid, contextual and multidimensional expressions of masculinities which allows for multiple interpretations. This study seeks to draw on the differing perspectives on masculinities to offer a broad analysis of men in the nursing profession.

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## **The Study**

### *Aim*

The aim of this study was to investigate the gendered experiences of men choosing to be nurses in Ireland.

### *Design*

The epistemological view forming the conceptual framework of this study draws on profeminist theories of masculinities. Profeminist approaches have been widely employed by researchers in the field of masculinities (notably Connell 1987, 2005; Hearn 1987, 2004; Mac An Ghail; Whitehead 2002). This study follows in that tradition in recognising the need for analyses of men as gendered and the need to consider the gendered nature of society. This study was carried out using a qualitative interpretive approach drawing on profeminist epistemologies and methodologies (see Denzin and Lincoln 2005, 22). An important aspect of profeminist thinking and methodology is the recognition of my own subjectivities as a researcher and the role of my voice in the analysis (David 2002; Whitehead 2002; Morgan 2001; Petersen 2003). I trained and worked as a nurse in The Netherlands before returning to my native Ireland to continue working in the profession. In The Netherlands males

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in nursing are more common than in Ireland and are also more freely accepted. Thus I did not experience an otherness in the sense of being the only 'man in the place' yet I did sense a difference of being a man in nursing rather than a woman. On return to Ireland the minority status of men in the profession became very clear to me and I experienced both advantage and disadvantage from being in the minority. I experienced variously being accepted as a man in the profession and not being accepted, and was always aware; both in my work and in my personal life, that being a male nurse was a bit different and not what you are expected to be as a man. My recognition of these issues is largely what has brought me to this topic as a researcher and mediates my engagement with extant theory on masculinities and nursing. This personal connection with the topic created a sense of shared narrative with participants in the study. This in itself can create problems of balance and trust in the research process which need to be managed and recognised. However I believe that it is impossible and undesirable to attempt to bracket or omit my own subjectivities.

## Methods

Using a purposive sampling method 18 male Registered General Nurses in a general (adult) hospital setting were invited to participate in this study. Nurses who work at staff nurse level (the entry level into the profession in Ireland) were approached to participate so as to sample nurses who are involved in traditional nursing work and not management or other fields. In Ireland separate divisions of registration for nurses distinguish between those who work in adult general and those who work in psychiatry for example. Male psychiatric nurses were not included in this sample as they are not in a minority position and come from a different tradition (more closely aligned historically with asylums and the justice system) than general nurses (Sheridan 2000). A gendered analysis of this intersection of caring and the justice system, particularly in relation to masculine identities, would be interesting but is beyond the scope of this project.

The age range of the sample was 25 years to 58 years with the average age being 36.2. The participants experience since qualifying as a nurse ranged for 2 to 10 years with the average being 4.8 years. 7 participants were married with the remaining 11 declaring themselves to be single. One participant identified himself as being gay.

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Single in-depth interviews were conducted with the participants. The interviews were semi-structured guided by an interview schedule generated from the literature review and the research questions. Interviews were typically of one hour to one and a half hour duration. Ethical approval to carry out the research was obtained from a university ethical review panel.

All interviews were digitally recorded and transcribed verbatim. Analysis of the transcripts was carried out subsequent to each interview individually. For the purposes of data analysis the software package Nvivo 9 (QSR International) was used. The process of coding involved an initial process of free or open coding whereby a large number of themes were generated. Through multiple readings of the data the second phase of coding involved a collapsing and merging of the open coded into thematic areas. Every effort was made to ensure truthfulness and rigour was applied throughout the study. As an exercise in increasing validity, the initial categorisations were used in subsequent interviews. Contact was also made with participants by telephone to seek clarification where necessary. This is a method that had been used successfully in other qualitative work (Miles, Huberman and Saldana 2014).

Interviewing men particularly about conceptions of masculinities, presents particular methodological challenges (Davison 2007). **The Please cite as: O'Connor, T. (2015). Men Choosing Nursing Negotiating a Masculine Identity in a Feminine World. The Journal of Men's Studies, Vol 23, Issue 2, pp. 194 - 211**

presentation of the researcher as male or masculine can affect the presentation of the interviewee and can lead to a difficulty for men interviewing men. Traditional conceptions of masculinities may result in men being reticent about appearing weak or overly emotional to other men. Davison suggests however that by the interviewer acknowledging the contradictions in masculinities, progress can be made in allowing participants to present themselves with more comfort. By disclosing my own background as a man in the nursing profession and relating to the participants a small amount of my own experience I endeavoured to make them more comfortable in the interview process.

## **Findings**

### *Factors influencing the decision of men to nurse*

A variety of experiences were influential in helping the men choose to become nurses all of which have a gendered undertone. Previous work as a care assistant or porter in hospitals or nursing homes, helping to care for sick parents or grandparents in the home environment and personal experience of illness and hospital were all mentioned as influencing factors:

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Eoin: (A)ll the males who qualified with me, we all had a background of healthcare assistant or voluntary work in hospitals... And the thing I found as well, one or two males, their grandmother or grandfather would have been very sick and they looked after them when they were sick so they liked it.

In this context these men are indicating an early experience and enjoyment of a role that is not traditional for men and one which could be marginalised or subordinated in a hegemonic order of masculinity. It is noteworthy that jobs as hospitals porters, care assistants and attendants appear to be readily acceptable as jobs for men by the participants themselves and family and friends. Becoming a nurse however is another matter and is seen in a completely different light as a former attendant (health care assistant) alludes to in the reactions of his former colleagues to him commencing nurse training:

Cathal: Because the attendant job is a dead-end job, you are not going anywhere and you are going to do the same thing every day until you retire. When I was accepted to nursing there was a lot of jealousy, they didn't do it behind my back, they came up and told me that they were jealous and stuff like that. It was interesting

from their point of view because I wouldn't have felt that at all if

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they had got on, I would have felt, good luck, what are you doing that stupid job (nursing) for?

Displaying the complexities of choosing to nurse and finding a place in the order of masculinity, Cathal wants to demonstrate his pride in escaping a dead end job but in the same instance denigrates his career progression as going to do a 'stupid job'. While all of the participants were able to point to individuals who positively influenced their decision to become nurses or were supportive, they remember also people who at best were lukewarm to the idea or at worst, tried to dissuade them from entering the profession. Family members, friends or acquaintances who were already in the profession were influential in encouraging the participants to enter nurse training and being able to hear at close hand what the job was like appears to have had a positive influence on choice.

David:       When my grandfather was sick I ended up talking to another guy that was nursing and he said it was fantastic and the travel opportunities were good as well. He was the only person I ever talked to, he was a nurse manager in [hospital name] at the time and he said to try it. So I thought I'd give it a shot for four years.

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Participants also spoke of the reactions that they encountered from family, friends and others on telling them they were going to study for nursing. In most cases close family were supportive of the decision to become nurses while at the same time being bemused or less than enthusiastic about their career choice. There remained a suspicion for some of the participants however that while people were not openly questioning or negative of their decision to do nursing, they were privately surprised or bothered. Signals in this regard were picked up from wider family, sometimes directly to the men themselves but more often mediated through other family members:

Oisin:        Now you know over the years it had annoyed me. It doesn't anymore like now that I have got older and over it but you know there was that stereotype of you know, because I was a male nurse , and even cousins and family members would say to my mother like be going like "well??"

Another participant, who entered nursing as a mature student and has a grown up family of his own related how his teenage son asked him would he not go back to study engineering or something more 'manly'. Thus tensions could arise in families around the competing perceptions of the men as fathers/uncles and family men and the perceptions of them being

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nurses, pointing to a perceived disturbance in the 'natural' order of things.

Behind these narratives the issue of assumptions about homosexuality often arose. For participants this conceptualisation ranged from being annoying, mildly irritating, irrelevant, to being humorous and laughable. The initial and most common reaction from a majority of the participants was that it was a tired stereotype which did not bother them, at least not at this point of their careers:

John:            Didn't bother me at all to be honest with you. I would kind of laugh it off but I mean I suppose if I was sensitive to some of these comments I mean maybe it would affect you but to be honest it didn't really bother me at all. I just laughed.

While some of the participants were simply bothered and intensely disliked the suggestion that they might be gay others were keen to stress that they were not homophobic but did not like the assumption that was made about their sexuality because of their chosen profession:

David:            Yes you do get it the odd time where they try to say that you are gay and I am not and I am quite happy about that.

And most of the lads in nursing aren't, and they sort of have this  
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stereotypical image from films and that that all male nurses are soft and gay and that is the only reason they are there, they are not proper men.

The overriding theme portrayed however in relation to the perception of male nurse being gay would appear to be of an irritation at a persistent stereotype and an acceptance (not necessarily happily) that this would not change quickly.

All of the men spoke of their desire to see more men enter the profession. A key barrier to this, they felt, was the lack of visibility of male nurse role models for men and boys considering nursing as a career. Few popular images were readily identifiable as connecting to their sense of their own jobs and some images of male nurses are offensive to them (for example Greg Fokker in the movie Meet the Parents).

Career guidance in schools was not supportive or encouraging of the decision to apply for nursing and in some cases dismissive of the idea. Exposure to promotional talks about nursing was however influential in deciding to become a nurse. Besides not offering support for nursing as a career choice, school culture, particularly all-boys schools, was spoken of as being openly hostile to the idea. A minority of participants reported fears of derision and even physical violence on telling their fellow pupils of their decision to apply for nursing:

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David: it was an all boys school and I couldn't have told anyone I was doing it, I would have got the shit kicked out of me. Whereas when I was in a mixed school I found it a little bit easier to say that was what I was off to do but in the boys school... it was very much seen as a ponce's job

John: It was very few (boys) that would have applied for it. In fact I can't think of anyone else who may have applied for it. The career guidance I suppose was all pushing us towards maybe business and towards maybe more male orientated jobs

This is indicative of the strong influence of schooling in the formation of certain types of masculinities as explicated by Mac An Ghail (1994) and how the teachers impose what Connell (2005) terms the gender regime. Thus for these men there are a variety of aspects which influenced their decision to nurse and while issues of gender identity and masculinities may not be overt they are close to the surface all of the time.

*Accidental nurses?*

One of the most striking aspects of all of the interviews was the idea that fifteen of the sixteen participants had 'fallen' into nursing by virtue of  
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circumstance and haphazardery. This 'falling into' nursing was a result of either a set of circumstances that presented themselves for mature entrants or as a reaction to not quite knowing what to do as school-leavers. This is portrayed as being in stark contrast to females in the profession, many of whom would have chosen nursing as a career from an early age:

Rory: Whereas, you wouldn't see that, the women were kind of like regimented. They were sitting in the front and they had their twenty eight different coloured pens for writing their notes and you wouldn't have a piece of paper on you or a pen let alone anything else you know so it kind of, they had a different mentality to it like "this is my lifelong dream". Whereas with blokes it was kind of like "oh look f\*\*k it this will do until something else comes up".

Liam: Sure it was by accident if you like. I suppose back in 2001 just I was out of work in, I left college the year before and I was doing different things. I had been travelling , but I had been working for a company and then after 911 it was based in the travel industry and what happened then was that a lot of people who were kind of the last in were first out. So for a period of time I found

myself looking for work. Now it just so happened that friends of  
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mine were nurses and they were working in nursing so it was kind of fairly familiar.

Further 'evidence' of the accidental nature of their career choice is given by way of mention of having come to nursing in a roundabout way. Indeed the circuitous route by which many of the participants came to nursing is illustrated by the range of different jobs and occupations which various participants had done and mentioned in the course of the interviews. These include; porter, care assistant, barber, trainee priest, working in a chemical factory, lamplighter, builder, banker, ski instructor, travel agent, software writer, IT worker, trainee teacher, working in a bookmakers, office work, grocer, worker in an off-licence (liquor store) and post office manager.

There are also common threads in the rationale which participants offer for their career choice. In many cases this appears as a justification which in itself speaks to a perceived need for explanation of why they as men chose to nurse. Issues such as career progression, level of education and the financial stability offered by nursing were all factors which were emphasised as being important. The fact that nursing is now a professional career with a relatively good salary structure makes it, in their opinion, a viable option for them as men:

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Fionn: Men sort of were always bread winners in the past and nursing wasn't considered a role that provided enough money for people, you know, it was a sort of a vocational profession. So I think when money came into nursing it was an option for people to move away from it being a dependent career rather than to providing a living

An effort therefore is made to link choosing to nurse to very pragmatic issues with little talk of aspirations for the traditional concepts associated with nursing or to fulfill an intense desire of always having wanted to be a nurse. The emphasis on breadwinning, salary and qualifications are perhaps indicative of an attempt to demonstrate an adherence to the hegemonic order despite working in a traditionally female profession.

### *Caring Male Nurses?*

It could be concluded from the above that these men are reluctant nurses, not fond of the caring work that nurses do, at best unsure of what they want to do or at worst completely indifferent to their chosen profession.

There is also a resonance with nonchalant attitude and again perhaps an attempt to sustain a hegemonic masculinity positioning. However it

became evident in the course of the interviews that these men are by and  
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large very committed to their work and did not perhaps choose to enter nursing as accidentally as they would seek to portray.

Of all the participants only one stated clearly that he had always wanted to be a nurse:

Gerry: I suppose I was always interested from my mother, being reared in the hospital I suppose I didn't know much else, well not that I didn't know much else, but I had no inkling to go towards mechanical or carpentry or anything like that, just the caring profession. Because there used to be the Wheelchair Association and I was involved in the Order of Malta, I was always into this type of caring or whatever, first aid type of thing.

T'OC: So it is something that you wanted to do.

Gerry: Always.

While this statement is unique in these interviews (it is highly unlikely that this would not be unique in a similar sample of female nurses) there are other indications that the men interviewed do feel an affinity to the caring and altruistic side of nursing and were conscious of it when choosing to enter nursing:

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Kieran: I'm very interested in the whole theory of it and then from a practical point of view I suppose I do enjoy being able to do it and I am glad sort of that that is my interest because I feel that you do help people, you know maybe I am sounding now like it is a calling! [laughs nervously] but you do you know it's a lovely thing to feel that maybe you have helped a patient or a family member or whatever even in some small way and I think it's an area you know that you really can make a difference.

Iarliath: Well I was in a bank in (place name) for seven or eight years when I left school so I got fed up with banking stuff and so I went travelling then for three or four years. But I always had a bit of a gnawing about nursing when I was 16 or 17 I was talking about it but I mentioned it to friends and they said, 'what are you doing nursing for?' and laughing at me to say as a male going into nursing.

While not expressing a desire to care explicitly many of the men did speak about their wish to 'work with people' or having an idea that they could relate well to people and deal with emotional work. This conclusion was arrived at in some cases by virtue of careers in other areas

beforehand, which in some cases reinforced the ideas of liking working  
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with people or a frustrated wish to work with people, leading to the quest for a job like nursing:

Liam: I had always done a lot of work working with people and I suppose I find the work rewarding and enjoyable. A lot of other kinds of work that I had done had been kind of sales based and I was used to dealing with people.....I can relate to them. ..I think I was quite good at relating to people. I have a sort of sympathy and empathy for them

Underlying recognitions do also emerge that their choice to become a nurse is in some way related to an attribute of their character which enables them to carry out their roles. As Gerry admits:

Gerry: I suppose it does attract people who would like to care for others, who would like to spend their life in a profession that they would be rewarded by caring for people rather than being motivated totally by money or by general turn over, selling or producing or whatever. I say nursing has become more of a profession, that is its orientation but yes it does attract people who are more caring. You don't get any thanks for getting a person a

glass of milk or something like that but if you are not able to do that in nursing then you are not a good nurse.

Thus while career progression, financial reward and professional status may be to the fore, caring and nurturance motivations also emerge but are often played down by the participants themselves.

### **Discussion**

For men who choose to nurse a range of issues emerge in accommodating a masculine identity within a profession that is coded feminine. As the findings above illustrate issues of family support and role models are important influences in deciding to nurse. The influence and reaction of families is a theme picked up in other studies in this area (Villeneuve; Whittock and Leonard; La Rocco) where supportive families are seen as key in men's decisions to choose to nurse. The lack of male nurse role models has also been shown in other empirical work to be a barrier to male recruitment, a particular theme in the US and Canada (Villeneuve; Romen and Anson; Evans and Blye; O'Lynn 2007,) as has the assumptions regarding sexual orientation (Villeneuve; Evans 1997, 2002; Harding).

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Traditional portrayals of those choosing to become nurses emphasises the desire to nurture, care, selflessly tend to the sick regardless of pay or conditions and of 'angels' with a vocational calling (Maggs; Evans 1997). And while this picture may not sit altogether easily with any applicants to nursing, male or female, in modern society it continues to be linked to reasons for choosing nursing (Beck; Rheume et al; Mooney, Glacken and O'Brien 2008; Price et al). For men choosing nursing this becomes problematic and as can be seen above, men play down the caring/altruism/helping aspect in favour of career aspiration/job security themes, a gender schism that is also visible in other research (Ekstrom; Boughn; Ierardi et al.). There is also an interesting undercurrent in the nursing literature which appears to valorise the caring/altruistic /helping rationale over all others. Consciously or unconsciously authors seem to find comfort in the fact that nurses are motivated by wanting to care for others and are sceptical of anyone who enters nursing with career ambitions. For example Beck concludes:

‘Our profession is indeed fortunate to have so many caring individuals attracted to it’ Beck (2000, 322)

While Mooney et al. and McLaughlin, Moutray and Moore (2010) would appear to present the rise in the concern over career progression among nurses as being on the opposing side of an axis to caring and altruism. **Please cite as: O'Connor, T. (2015). Men Choosing Nursing Negotiating a Masculine Identity in a Feminine World. The Journal of Men's Studies, Vol 23, Issue 2, pp. 194 - 211**

This is not to suggest that there is anything wrong with individuals choosing to nurse due to caring or altruistic tendencies but this narrative is perhaps a narrow view of why individuals choose nursing. The finding of this study and other research (Zysberg and Berry 2005; Romen and Anson; La Rocco; Dyck, Oliffe, Phinney and Garrett 2009) do however point to a bind for men in nursing, if caring and altruism is valorised as a reason for choosing to nurse. As can be seen from the findings above, men suppress the expression of their caring and altruistic tendencies which in this case sets them apart somewhat from why they 'should' be choosing nursing. The portrayal of drifting into the career and not really planning it is also interesting in that traditionally men are expected to be in control of career decisions. It may be the case of the lesser of two unmasculine evils for these men; display career indecision rather than claim an association with caring, emotions and nursing. Yet ultimately the men recognise that they do have people skills, and indeed caring abilities which leads them to choose nursing.

Constructing a masculine identity, while choosing to nurse, involves a tricky balancing act in many regards. There is evidence that these men seek to position themselves in terms of a hegemonic masculine order (Connell 1994, 2005). While they may not name it as such they exhibit an acute awareness of their place in a gendered order. Seeking to distance themselves from the feminine caring narrative about nursing could be

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interpreted as an assertion of patriarchy and suppression of subordinated and marginalised masculinity (Connell 2005). Yet in other ways these men display affinities with caring nurturance which they see as being essential to why they are nurses. Evans and Blye portray a similar picture in how differing subject positions in the hegemonic order seem to be occupied by men in the profession. In keeping with more fluid and contingent accounts of gendered identity (Petersen 2003; Whitehead 2002), this points to a more creative construction of masculinities in order to accommodate the differing and competing subject position and narratives. The appearance of masculinity then becomes a malleable transient expression of gender accommodating choosing to nurse with being a man.

Understanding the tensions in negotiating a masculine identity is important in the attempts to attract and retain more men into the profession (O'Lynn 2007; La Rocco). These attempts often revolve around making nursing more macho or masculine and less about caring (see e.g. Burton and Misener's (2007) description of the macho add campaigns in Oregon). Yet as the men in this study demonstrate, men can and do care without having to appear to be female or feminine. The relationship men have with concepts such as caring, altruism and nurturance needs to be addressed as does the stubborn relationship of these concepts to femininity. This is in line with many writers in the **Please cite as: O'Connor, T. (2015). Men Choosing Nursing Negotiating a Masculine Identity in a Feminine World. The Journal of Men's Studies, Vol 23, Issue 2, pp. 194 - 211**

profeminist masculinities (Seidler 1994, 2005; Petersen 1998, Whitehead 2002, Connell 2005, Campbell & Carroll 2007, Hanlon 2009) arena who stress the need to reassess men in many such aspects. Within the nursing profession however this entails also giving consideration of the relationship between these concepts and women and femininity and the possibility that these may need to be separated, a process that may not find favour in some quarters within the profession. Further research in this area would help to clarify the position of male nurses but would also benefit the profession more generally in shining fresh light on caring, nurturance and altruism, concepts which are firmly associated with the profession but which are somewhat static in their iteration.

### **Conclusion**

This study demonstrates some of the issues which continue to be raised for men choosing to enter the nursing profession. If more men are to be recruited to the profession some practical issues such as making male nurse role models more visible and addressing nursing career advice for boys in schools are steps that should be taken. This is not a new idea but the fact that this emerges in this research points to the fact that little has changed since authors such as Villeneuve began to raise these issues in the 1990s.

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Coming to an understanding of the gendered nature of men and the nursing profession itself are more complex and warrant both further investigation and wider recognition as valid topics for inquiry within the profession. While this study addresses masculinities there is a need to problematise the femininity of nursing and what this means for men and women in the profession. In short a profession that has in some ways been very outwardly gender aware has tended to take its own gendered nature for granted and has not fully embraced the need to interrogate these issues from within.

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