# Cautious caregivers: gender stereotypes and the sexualization of men nurses' touch

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**Cautious caregivers: gender stereotypes and the sexualization of men nurses' touch**

**Aim.** The aim of this research was to explore the experience of men nurses and the ways in which gender relations structure different work experiences for women and men in the same profession.

**Background.** Men are now entering the nursing profession in record numbers and challenging the notion that men are inappropriate in caregiver roles or incapable of providing compassionate and sensitive care. A limitation of the current state of knowledge regarding caring and men nurses is that it is primarily focused on men nursing students, not practising nurses. Little is known about men nurses' practices of caring and how such practices reflect the gendered nature of nursing and nurses' caring work.

**Methods.** The theme of men nurses as cautious caregivers emerged from data that were collected in two rounds of semi-structured interviews with eight men nurses practising in Nova Scotia, Canada. Thematic analysis, informed by feminist theory and masculinity theory, was used as the method for analysing the data.

**Findings.** For men nurses, the stereotype of men as sexual aggressors is compounded by the stereotype that men nurses are gay. These stereotypes sexualize men nurses' touch and create complex and contradictory situations of acceptance, rejection and suspicion of men as nurturers and caregivers. They also situate men nurses in highly stigmatized roles in which they are subject to accusations of inappropriate behaviour. For men nurses, this situation is lived as a heightened sense of vulnerability and the continual need to be cautious while touching and caring for patients. Ultimately, this situation impacts on the ability of men nurses to do the caring work they came into nursing to do.

**Keywords:** men nurses, masculinity, gender relations, caregivers, caring, sexualization, touch

## Introduction

Caring for and about others is historically associated with women and nursing, and more than any other quality it captures the process and goal of nurses' work (MacDougall 1997). Despite this association, men are now entering the profession in record numbers (Halloran & Welton 1994, Zurlinden 1998) and challenging the stereotype that men are inappropriate in the caregiver role or incapable of providing compassionate and sensitive care. The nursing literature suggests that the desire to be of help and care for others is a major reason men chose nursing as a career (Taylor *et al.* 1983, Skevington & Dawkes 1988, Galbraith 1991, Cyr 1992, Kelly *et al.* 1996, MacDougall 1997). Once in the profession, however, prevailing gender stereotypes of men as sexual aggressors and men nurses as gay, negatively influence the ability of men nurses to develop comfortable and trusting relationships with their patients (Mathieson 1991,

Lodge *et al*. 1997). The sexualization of men nurses' touch provides insight into how gender stereotypes create discomfort and suspicion on the part of patients. This in turn impacts on men nurses' perceptions of their own safety while performing intimate and caregiving tasks. This situation ultimately impacts on the ability of men nurses to perform the very work they came into nursing to do.

## The study

### Aim

The overall aim of this research was to explore the experience of men nurses and the gendered and sexed relations that structure different experiences for women and men in the same profession.

### Philosophical and methodological assumptions

Rarely, if ever, are men understood through the prism of gender (Kimmel & Messner 1992). Similarly, rarely do we understand the ways in which gender – 'that complex of social meanings that is attached to biological sex, is enacted in our daily lives' (p. 3). Mills and Lingard (1997) point out that discussing gender as though it pertains to women only inadvertently perpetuates a cultural fiction that men are not gendered. In response to the feminist movement, gender has become political, and by pointing to the way in which all social action is influenced by gender, feminism has raised the question of just what is masculinity (Gibson 1991).

*Hegemonic masculinity*

The definition of masculinity used in this study is based on Connell's (1987) sociology of masculinity work. He defines masculinity as a social construction about what it means to be male in a certain time and place. Meanings of masculinity are demonstrated through practices that capture the performative nature of gender. Connell's definition moves us away from the essentialist notion that a relatively stable masculine essence exists that defines men and differentiates them from a feminine essence that defines women (Petersen 1998).

When theorizing about men and masculinity, the trap of essentialism is avoided by pluralizing the terminology such that we now talk of masculinities, rather than masculinity (Connell 1987, 1995, Hearn & Morgan 1990) as masculinity is not uniform. This concept is reflected in the notion of hegemony and the dominance in society of certain forms and practices of masculinity. Today's model of hegemonic masculinity which is white, heterosexist and middle-class, is one that not all men are able to measure up to. For instance, gay men, men of colour and poor men represent what Connell (1993) refers to as subordinated or marginalized masculinities. Men nurses, by virtue of their participation in 'women's work', may also not measure up to the hegemonic standard as evidenced by the stigma of homosexuality that surrounds them. Given the limited number of men who can and do measure up, Connell reminds us that hegemony is a question of relations of cultural domination, not numerical domination.

*Feminist standpoint*

This research is a collaboration between women and men and a combination of feminist and masculinity theories. It consequently raises the epistemological issue of from whose standpoint can we develop a truer understanding of men and masculinity. I support the position that it is generally the standpoint of women, not men, that offers this possibility.

A significant challenge facing men who research men is to confront and recognize their own gender-based, institutionalized power and privilege, as well as the limits and potential distortions that exist in their analyses of that privilege (Messner 1990). A subsequent limitation is that they tend to remain imprisoned within established epistemological, theoretical and methodological frameworks which have historically been at the centre of knowledge production (Frank 1993, p. 337). In support of this statement, much of the literature written about men in nursing by men nurses lacks an analysis of gender that challenges masculine privilege or reveals the whole picture of the experience of men nurses in relation to women and society. In the absence of such analysis, anecdotal literature written by men nurses often takes the form of a limited discussion of the ways in which men nurses are disadvantaged or discriminated against by women nurse colleagues and administrators (Rallis 1990, Cyr 1992, Haywood 1994, Porter-O'Grady 1995, Men in Nursing 1998).

In contrast to the masculine standpoint, feminist and profeminist researcher/theorists suggest that the standpoint of women provides a more accurate and comprehensive representation of reality (Harding 1987, Smith 1987, Messner 1990, 1996). Smith (1987) and Tong (1989) suggest this is because of women's marginalized status or otherness that gives them a privileged standpoint from which to criticize the 'ruling apparatus' or the norms, values and practices of the dominant patriarchal culture. Such a value-laden perspective contains an advantage which Bernstein (1983) terms 'enabling' vs. blinding prejudice on the part of the researcher. This research then, is acknowledged to be value laden – a product of my own interpretation as a woman, nurse, feminist and academic, in a specific time and place.

  

## Method

*Participants*

Eight men Registered Nurses practising in the province of Nova Scotia, Canada were selected to participate in this research using a convenience sampling technique. Those interviewed in the early stages of the data collection process were helpful in identifying other men who would be interested in participating in the study.

Because men are a highly visible minority in nursing, demographic data have been purposefully kept vague to protect the identities of the participants. Their ages ranged from late 20s to mid 50s, and years of nursing practice ranged from 7 to 32 years. Areas of nursing practice included community health nursing, mental health nursing, medical-surgical and general duty nursing. Three participants were in a leadership role; two had a baccalaureate degree. Six participants were married, and two lived with a partner. One participant was an 'out' gay man.

*Data collection*

Data were collected in 1998 in two rounds of semi-structured interviews. This format allowed participants to tell their own story in a fashion chosen by themselves. Data from the first round of interviews were analysed for emerging themes which were then explored in greater detail in the second round of interviews.

For participants in this research, the researcher/participant gender difference did not appear to be a barrier to communication. All voiced comfort with being interviewed by a woman because of our shared experience as nurses. They commented that they were used to interacting with women as an integral aspect of their working lives and they welcomed the opportunity to share their perspectives and experiences.

*Ethical considerations*

Ethical approval was granted by Dalhousie University, Halifax, Nova Scotia. Participation was voluntary and consent was obtained that informed each participant of measures taken to protect identity, confidentiality of information, and the right to withdraw from the study at any time.

## Findings

The theme of men nurses as cautious caregivers emerged as one of four themes which characterized the experience of participants. The findings presented offer insight into the experience of men in nursing, but are not intended to be generalizable.

### Affirmation of caring

The participants in this research affirmed the importance of caring and traits such as compassion, empathy and honesty as those which gave meaning to their lives as nurses. They generally also supported the perception that men and women nurses' caring styles were not the same. As one participant noted, 'We have our ways of getting it across without putting that female bent or lean on it'. Participants did not agree, however, on the ways in which women's and men's expressions of caring differed and they expressed conflicting opinions about whether men nurses were more task-orientated, more gentle or more caring. One participant characterized the difference between women and men nurses by describing women's caring as 'warm fuzzies' and more 'touchy feelie'. These were not necessarily negative descriptors; however, most participants commented that men nurses generally used touch less than their women colleagues.

For most participants, humour and camaraderie were identified as important expressions of their caring practice. Humour in particular, added warmth and helped patients relax and feel more comfortable with them as men. Despite an acknowledgement that humour needed to be patient-specific, its character and purpose was different when it was used with men patients and in the presence of men only. In such instances, humour was described as important in relieving male anxiety. It was also a comfortable approach to men patients and a way to be more of a friend or 'buddy' to them. Men patients in turn joked with men nurses and enjoyed the freedom of sharing things with another man that a woman might find inappropriate or offensive. The masculine nature of such humour is evidenced by its 'male only' character as 'when a female staff would come in, we wouldn't continue on with it'.

### The problematic nature of men nurses' touch

Touch was one expression of caring that all participants identified as important, if not central, to their practice as nurses. Touch was also acknowledged, however, to be a practice that sometimes did not come naturally to them as men. One participant described his hands as 'rough hands' before he became a nurse. Another spoke of the newness of touching people 'because that wasn't part of my existence to that point'. Despite the newness of some caring expressions, touching and comforting others was acknowledged to be rewarding for participants and patients.

Whether the purpose of touch is to perform a procedure or provide comfort, an overriding theme is that for men nurses touching patients, particularly women patients, is potentially

dangerous. Participants voiced concern that women patients might be uncomfortable and/or misinterpret their touch – a situation that in turn might lead to accusations of inappropriate behaviour or sexual molestation. The fear of misunderstandings and accusations related to touching patients resulted in participants being cautious and vigilant: 'I have to be careful what I'm doing…because of the possibility of somebody saying that I did something wrong, or rape, or I touched her wrong – that's always there'. Another participant commented that: 'You are very vulnerable, particularly if you're alone – and even in a ward situation. You have to be very careful that you assess the situation and know that this might be an inappropriate place to touch'.

The perception that men nurses are unable to defend themselves against patient accusations of inappropriate behaviour compounded participants' sense of themselves as vulnerable caregivers. As pointed out by one participant, 'It's my word against theirs'. Another participant who acknowledged the difficulty of defending himself commented that there were situations where he deemed it was too unsafe to touch.

### Assessing when it is safe to touch

Knowing when it is safe to touch and what the touch should consist of is based on a careful assessment of each patient situation. When the patient was a man, decisions regarding touch were guided by an accepted masculine norm, or what one participant referred to as a 'code' of understanding. This code is illustrated by the comment, 'Large men don't wash a healthy man's back – code'! Other participants referred to this 'code' as a line they did not cross because if they did, it would compromise patient comfort and acceptance of them as nurses. They consequently would hesitate to hug another man who needed comforting.

How far participants could go before violating the 'code' or crossing the line was dependent on the illness acuity of the male patient. As one noted, 'if you are sick, you don't mind a guy being there, you don't care who is doing anything'. It was also influenced by the age of the patient as participants generally described feeling more comfortable with older men who were less 'macho' and more receptive to expressions of compassion. They were less comfortable touching young people, particularly teens, who they perceived were more preoccupied with the possibility that a man nurse might be gay.

Participants commented that despite it being acceptable for women nurses to touch men and women patients, it was not as acceptable for men nurses to do the same. This aura of unacceptability was noted to impact not only on patients' perceptions of men nurses' touch, but also women nurses' perceptions. One participant commented that a woman colleague reported him to a supervisor when he reassured a distraught, partially dressed woman patient by putting his hand on her shoulder. Another was accused of molesting a newborn boy by the father who discovered him changing the baby's diaper. Incidents such as these left a lasting impression and reminded participants that touching patients was potentially dangerous work.

### Strategizing to protect oneself from accusations

As a result of the fear of being wrongfully accused of inappropriate touch, participants described six strategies they used to reduce this risk.

Strategy no. 1: Taking the time to build trust before touching. This was particularly important when interacting with women patients.

Strategy no. 2: Maintaining a degree of formality by shaking the hand of a patient. This set the tone of the interaction and provided an opportunity to assess patient comfort.

Strategy no. 3: Projecting the traditional image of a nurse to legitimize the role of men as nurses. This included wearing a white uniform.

Strategy no. 4: Working in teams with women colleagues in situations deemed to be unsafe. Such situations included checking female patients on night shifts, entering a room with teenage girls, or performing a procedure on a female that required intimate touching.

Strategy no. 5: Delegating tasks that required intimate touching of women patients. Participants traded off tasks with women nurses to ensure patient comfort and their own safety.

Strategy no. 6: Modifying procedural techniques to minimize patient exposure and the need for intimate touching. One participant commented that he might try to convince a female patient that the best intramuscular injection site was the thigh, 'not the butt'.

## Discussion

### Going against the grain: men caregivers

Despite research that suggests men choose careers in nursing to help others (Taylor *et al*. 1983, Skevington & Dawkes 1988, Cyr 1992, Kelly *et al*. 1996, MacDougall 1997), men nurses tend to gravitate to nursing specialties that require less intimate patient touching (Kauppinen-Toropainen & Lammi 1993, Williams 1989, 1995). This tendency is supported by the participants in this study, as only two currently worked at

the bedside in a role that required intimate caregiving. The remaining six, despite having worked at the bedside, were now in positions that required less touching and more psychological patient care. In some of these positions, however, participants continued to express vulnerability. This was especially so for those in psychiatry: 'Touch takes on a whole new meaning that it didn't have in medicine or in med-surg…It's never straight forward here. If I have someone who I know has a full-blown personality disorder, I won't even be caught in the same room alone with them'.

The tendency of men nurses to gravitate to low touch specialities reinforces the notion that men are unable to nurture or have difficulty relating to patients in a caring manner (Paterson *et al*. 1996, Men in Nursing 1998). For the participants in this study, an inability to nurture and care for others was not offered as a reason for moving into roles that required less intimate patient touching. Instead, some commented that they were offered positions in psychiatry by nurse administrators. They chose to accept these positions for reasons that included escaping high stress medical surgical nursing or hostile nurses and/or physicians.

In order to avoid uncomfortable situations, men nurses distance themselves from traditional nursing roles and the caring ideology of nursing (Egeland & Brown 1989, Kauppinen-Toropainen & Lammi 1993). They are also tracked into elite speciality and leadership positions considered more congruent with prevailing notions of masculinity (Williams 1995, Evans 1997). The result is that power and prestige tend to be associated with small numbers of men in the profession (Porter 1992, Ryan & Porter 1993, Villeneuve 1994). At the heart of this situation are gender stereotypes and the belief that men are inappropriate in caregiver roles.

## Feminization of caring

Participant accounts draw attention to differences between societal and nursing expectations of men in relation to expressions of caring. They spoke of the newness of touching with caring hands and learning to feel comfortable touching others. The need to learn to care and/or develop comfort with expressions of caring previously not practised, is supported in the nursing literature. In a study of 20 men nursing students in a baccalaureate nursing programme, Paterson *et al*. (1996) found that men nursing students feared they would never be able to touch clients or openly display emotions because they had learned all their lives that such behaviours were effeminate and emasculating (p. 32). Similarly, Streubert (1994) reported that men nursing students were confronted with the task of having to learn caring skills that were unique to them. They consequently struggled with the need to consciously to divest themselves of their macho image as they learned to express caring in sensitive and demonstrative ways that women educators and nurses expected (Paterson *et al*. 1996).

An important observation to be made is that the care standard men students are evaluated against is a narrowly defined one reflective only of those behaviours considered to be nursing appropriate and hence feminine specific. In this research, participants described giving 'warm fuzzies', talking in a soft voice and hugging and gentle touching as expressions of caring that came more naturally to women, but not necessarily to them. In the process of differentiating men and women nurses' expressions of caring, participants measured themselves against a feminine standard – the same standard men nursing students expected and were measured against. This tendency is also evident in Milligan's (2001) research with eight men nurses in an acute care setting in the UK. He reported that men nurses felt that women nurses were more sensitive to patients' feelings and picked up on them faster.

Research conducted by Okrainec (1994) further highlights the notion that men and women judge the caring practices of men against a feminine norm. Okrainec surveyed 117 men and 121 women nursing students in the province of Alberta, Canada and reported that 25% of both men and women felt that women were superior in caring; 20% of men and 25% of women rated women superior to men in terms of empathy (p. 104); and 50% of men and 66% of women rated women superior to men in ability to express feelings (p. 103). Differences in perceptions between women and men students are noteworthy, given Okrainec's comment that most men and women nursing students thought that a caring attitude was equal in both sexes.

Assuming that caring attitudes are generally the same in both men and women, it follows that what is found lacking in men nurses is evidence of caring behaviours reflective of a feminine standard. Participants in this research commented that caring was often an individual expression, not a gender specific one. In the absence of an acknowledgement that expressions of caring include a wide range of possible behaviours that reflect the personalities of individual nurses and specifics of each client situation, theorizing about caring will be likely to continue to be based on stereotypical notions of masculine and feminine behaviours. Even more problematic, men nurses' expressions of caring will continue to be conceptualized as unique or special because they either fall outside the masculine stereotype, or conversely, within the feminine one. The implication of such stereotyping is that it perpetuates an artificial separation of the masculine and feminine and polarizes masculinity and femininity.

## Maintaining masculinity

For men in patriarchal culture, perpetuating the polarization of masculinity and femininity is an important practice of masculinity, as the maintenance of masculinity is predicated on the separation of all that is male and masculine from all that is female (Williams 1989). Williams (1989) and Kauppinen-Toropainen and Lammi (1993) suggest that, for men nurses, this separation is accomplished by emphasizing different caring styles as a means of distinguishing the contribution of men nurses from that of women. The result of such practices is that the masculine is valued more highly than the feminine. As an illustration of this situation, one participant described the caring work of his women colleagues as 'a lot of busy work'. This comment devalues women and the feminine because it implies that women's expressions of caring are silly and less professional than men's. In contrast to women nurses' practices of caring, men nurses' practices are viewed as special. Given the privileged status associated with small numbers of men in nursing (Williams 1989, Heikes 1991, Villeneuve 1994, Evans 1997), the specialness of men nurses' practices of caring are likely to contribute to the high status men currently enjoy in the profession.

### *Maintaining masculinity through humour*

Participants in this study demonstrate how humour as a practice of caring also constitutes a practice of masculinity. Participants commented that many of the jokes they shared with men clients were bawdy and sexist in nature and not appropriate for women. In this context, the practice of humour and its 'male only' character can be understood to be an important means of (re)affirming masculinity. This conclusion is supported by ethnographic research about the role of humour in young men in two British schools. Researchers Kehily and Nayak (1997) suggest that humorous exchanges among young men have an unfeminine and exclusively 'straight' character to them and are constitutive of heterosexual masculine identities. As such, humorous exchanges among men can also be conceptualized as practices of male bonding, as 'men recognize and reinforce one another's bona fide membership in the male gender' and remind one another that 'they were not born women' (Frank 1992, p. 57).

## Sexualization of men nurses' touch

Men learn early in their nursing career that, despite being in an occupation that requires compassion and caring, touch as an expression of that compassion and caring exposes them to the risk of misinterpretation and accusations of inappropriate behaviour (Glasper & Campbell 1994, Paterson *et al.* 1996). Unlike women's touch, which is considered a natural extension of women's traditional caregiver role, men's touch is surrounded with suspicion that implies that men nurses' motives for touching are not care-oriented, but sexual in nature.

Participants in this study were well aware of their vulnerability when they touched patients. Similarly, Streubert (1994) found that men nursing students dreaded how women clients might feel about having them as nurses. They consequently struggled with learning appropriate ways to care and touch that would avoid the problem of clients thinking that a man was seducing them (Paterson *et al.* 1996). Several practices described by participants indicate that, with experience, men nurses can and do develop strategies that allow them to care for patients and ensure their own safety. Such strategies reflect the notion that men who see themselves operating outside the hegemony of masculinity are fine-tuned to the necessary practices to protect themselves (Frank 1992).

The sexualization of men nurses' touch is particularly evident in the area of obstetric nursing, where the nature of touch is extremely intimate. Situations in which obstetric or gynaecological women patients refuse to be cared for by men nurses or men nursing students provide valuable insight into the sexualized character of men nurses' touch. An ethnographic study by Morin *et al.* (1999) of 32 women obstetric patients, revealed that most women were accepting of men nurses. Those women who refused them, however, cited reasons that were often sexual in nature.

An interesting observation by Morin *et al.* (1999) is that men nurses who are older, married and have children are generally more accepted as caregivers by women patients (p. 85). This can be attributed to perceptions by women patients that such qualities make men nurses sexually safer and hence more comfortable to be around. Continuing with this line of theorizing, it follows that practices which contribute to the perception of men nurses as sexually safe would be employed by them to put women patients at ease. This conclusion may be evidenced by men nurses' practice of wearing a traditional nurse uniform. Mangan (1994) suggests that the nursing uniform strengthens and promotes the image of men as conforming to the expectations of the larger nursing group. This association may be important in helping men nurses project a genuine desire to care for others as one means of reducing the risk of accusations of inappropriate touch.

## Discussion

### Gender stereotypes: a no-win situation

The need for men nurses to project conformity in relation to a traditional nursing image may not apply to all patient populations. In situations where men nurses provide intimate care to men, sexual safety for men patients may depend on the degree to which men nurses project hegemonic masculinity. The nurse uniform, because it projects a feminine image, may consequently have a negative influence on the acceptance of men nurses by men patients. It is interesting to note that only two of the participants in this research wore a nurse uniform. Both worked at the bedside in positions that required intimate patient touching.

Although the literature discusses the issue of women patients' acceptance of men nurses as intimate caregivers, albeit in the limited context of obstetric or gynaecological nursing, the literature does not discuss caregiving or intimate touching in situations where both the patient and nurse are men. In a passing reference only, Patterson *et al.* (1996) mention that men nursing students are concerned about the appearance of 'coming on' to men patients when they touch them. This is a surprising omission given the stigmatizing label of gayness associated with men nurses and the tendency of men, not women, to be homophobic (Rallis 1990).

For most participants, the need to minimize suspicions of gayness and project a masculine identity with men patients was facilitated by a 'code' of understanding among men that was grounded in the heterosexist or homophobic principle that men do not touch other men without a legitimate need. The concept of need, as pointed out by participants, was complex and depended on factors such as patient age and illness acuity. They mentioned that they were more comfortable touching men who were acutely ill because they were too sick to care about what anyone did to them. They also found that older men were more comfortable being touched by another man because they were less macho.

### Men nurses as failed caregivers

The stigma associated with the stereotype of men nurses as gay is compounded by the stereotype that gay men are also sexual deviants and sexual predators (Levine 1992). In situations where men nurses provide intimate care to children, the sexualization of men's touch consequently assumes a more sinister character that fuels suspicion that men nurses are paedophiles. Glasper and Campbell (1994) suggest that any intimate procedure conducted by men nurses on children is now suspicious as a result of a British nurse being convicted of sexually assaulting a child in his care. An interesting observation in light of this situation is that the behaviour of one man nurse has not been attributed to an individual deviation, but to all men nurses as a group.

The notion of blaming all men nurses for the transgressions of a few is also raised by Bush (1976). She notes the tendency of some patients to blame individual men nurses when they are perceived to fail in the performance of a technical skill. When a man nurse is perceived to fail in an affective area, however, men nurses as a group are blamed. This situation can be understood as a consequence of traditional gender stereotypes and the belief that men are inappropriate and unable to function as well as women in caring roles.

## Conclusion

The gendered nature of men nurses' caring interactions reveals the ways in which gender stereotypes create contradictory and complex situations of acceptance, rejection and suspicion of men as nurturers and caregivers. Here the stereotype of men as sexual aggressors creates suspicion that men are at the bedside for reasons other than a genuine desire to help others. When this stereotype is compounded by the stereotype that men nurses are gay, the caring practices of men nurses are viewed with suspicion in situations where there is intimate touching, not only of women patients, but of men and children as well. In each of these patient situations, men nurses are caught up in complex and contradictory gender relations that situate them in stigmatizing roles vulnerable to accusations of inappropriate touch.

Gender relations are complex and do not lend themselves to 'quick fixes' or recommendations that are easily implemented. The challenge in nursing is to acknowledge the power and pervasiveness of gender relations and the role they play in all nurses' lives. The answer to reducing the suspicion that surrounds men nurses' caring practice lies in challenging prevailing gender stereotypes that situate men in deviant positions when they do not conform to the hegemonic masculine standard. This challenge cannot be taken up by women nurses or men nurses alone. Meaningful change will need to be grounded in an ethos of alliance-building between women nurses and men nurses. This alliance-building needs to begin with dialogue in our nursing classrooms and workplaces if we are to begin to reveal the gendered nature of our thinking, our practices and our institutions in the interests of revaluing caring and interpersonal skills that challenge hegemonic masculinity.

## References


Bernstein R. (1983) *Beyond Objectivism and Relativism: Science, Hermeneutics, and Praxis*. University of Pennsylvania Press, Philadelphia.

Bush P. (1976) The male nurse: a challenge to traditional role identities. *Nursing Forum* **15**, 391–405.

Connell R.W. (1987) *Gender and Power. Society, the Person and Sexual Politics*. Stanford University Press, Stanford, CA.

Connell R.W. (1993) The big picture: masculinities in recent world history. *Theory and Society* **22**, 597–623.

Connell R.W. (1995) *Masculinities*. Polity, Cambridge.

Cyr J. (1992) Males in nursing. *Nursing Management* **23**, 54–55.

Egeland J. & Brown J. (1989) Men in nursing: their fields of employment, preferred fields of practice and role strain. *Health Services Research* **24**, 693–707.

Evans J. (1997) Men in nursing: issues of gender segregation and hidden advantage. *Journal of Advanced Nursing* **26**, 226–231.

Frank B. (1992) Straight/strait jackets for masculinity: educating for "real" men. *Atlantis* **18**, 47–59.

Frank B. (1993) The 'new men's studies' and feminism: promise or danger? In *Men and Masculinities: a Critical Anthology* (Haddad T. ed.), Canadian Scholars' Press, Toronto, pp. 333–343.

Galbraith M. (1991) Attracting men to nursing: what will they find important in their career. *Journal of Nursing Education* **30**, 182–186.

Gibson J.W. (1991) Feminist ideas about masculinity. *American Quarterly* **43**, 128–133.

Glasper A. & Campbell S. (1994) Beyond the Clothier inquiry. *Nursing Standard* **8**, 18–19.

Halloran E. & Welton J. (1994) Why aren't there more men in nursing? In *Current Issues in Nursing*, 4th edn. (McCloskey J. & Grace H. eds), Mosby, Toronto, pp. 683–691.

Harding S. (ed.) (1987) *Feminism and Methodology*. University Press, Bloomington, IN.

Haywood M. (1994) Male order. *Nursing Times* **90**, 52.

Hearn J. & Morgan D. (1990) Men, masculinities and social theory. In *Men, Masculinities and Social Theory* (Hearn J. & Morgan D. eds), Unwin-Hyman, Boston, pp. 1–18.

Heikes E.J. (1991) When men are the minority: the case of men in nursing. *Sociological Quarterly* **32**, 389–401.

Kauppinen-Toropainen K. & Lammi J. (1993) Men in female-dominated occupations: a cross cultural comparison. In *Doing "Women's Work". Men in Occupations* (Williams C. ed.). Sage, London, pp. 91–112.

Kehily M.J. & Navak A. (1997) Lads and laughter: humor and the production of heterosexual hierarchies. *Gender and Education* **9**, 69–87.

Kelly N., Shoemaker M. & Steele T. (1996) The experience of being a male student nurse. *Journal of Nursing Education* **35**, 170–174.

Kimmel M. & Messner M. (1992) Introduction. In *Men's Lives*, 2nd edn. (Kimmel M. & Messner M. eds), Maxwell MacMillan Canada, Toronto, pp. 1–11.

Levine M. (1992) The status of gay men in the workplace. In *Men's Lives*, 2nd edn. (Kimmel M. & Messner M. eds), Maxwell MacMillan Canada, Toronto, pp. 251–266.

Lodge N., Mallett J., Blake P. & Fryatt I. (1997) A study to ascertain gynecological patients' perceived levels of endorsement with physical and psychological care given by female and male nurses. *Journal of Advanced Nursing* **25**, 893–907.

MacDougall G. (1997) Caring – a masculine perspective. *Journal of Advanced Nursing* **25**, 809–813.

Mangan P. (1994) Private lives. *Nursing Times* **90**, 60–61, 64.

Mathieson E. (1991) A question of gender. *Nursing Times* **87**, 31–32.

Men in Nursing. (1998) The novelty is gone. *Tar Heel Nurse* **15**, 22.

Messner M. (1990) Men studying masculinity: some epistemological issues in sport sociology. *Sociology of Sport Journal* **7**, 136–153.

Messner M. (1996) Studying up on sex. *Sociology of Sport Journal* **13**, 221–237.

Milligan F. (2001) The concept of care in male nurse work: an ontological hermeneutic study in acute hospitals. *Journal of Advanced Nursing* **35**, 7–16.

Mills M. & Lingard B. (1997) Masculinities, politics, myth and boys' schooling: a review essay. *British Journal of Educational Studies* **45**, 276–292.

Morin K., Patterson B., Kurtz B. & Brzowski B. (1999) Mothers' responses to care given by male nursing students during and after birth. *Image: Journal of Nursing Scholarship* **31**, 83–87.

Okrainec G. (1994) Perceptions of nursing education held by male nursing students. *Western Journal of Nursing Research* **16**, 94–107.

Paterson B., Tschikota S., Crawford M., Saydak M., Venkatesh P. & Aronowitz T. (1996) Learning to care: gender issues for male nursing students. *Canadian Journal of Nursing Research* **28**, 25–39.

Petersen A. (1998) *Unmasking the Masculine: Men and 'Identity' in a Skeptical Age*. Sage, London.

Porter S. (1992) Women in a women's job: the gendered experience of nurses. *Sociology of Health and Illness* **14**, 510–527.

Porter-O'Grady T. (1995) Reverse discrimination in nursing leadership: hitting the concrete ceiling. *Nursing Administration Quarterly* **19**, 56–62.

Rallis S. (1990) I want to be a nurse, not a stereotype. *RN* **53**, 160.

Ryan S. & Porter S. (1993) Men in nursing: a cautionary comparative critique. *Nursing Outlook* **41**, 262–267.

Skevington S. & Dawkes D. (1988) Fred nightingale. *Nursing Times* **84**, 49–51.

Smith D.E. (1987) *The Everyday World as Problematic: a Feminist Sociology*. University of Toronto Press, Toronto.

Streubert H. (1994) Male nursing students' perceptions of clinical experience. *Nurse Educator* **19**, 28–32.

Taylor E., Dwiggins R., Albert M. & Dearner J. (1983) Male nurses: what they think about themselves – and others. *RN* **46**, 61–62, 64.

Tong R. (1989) *Feminist Thought: a Comprehensive Introduction*. World View Press, Boulder, CO.

Villeneuve M. (1994) Recruiting and retaining men in nursing: a review of the literature. *Journal of Professional Nursing* **10**, 217–228.

Williams C. (1989) *Gender Differences at Work: Women and Men in Nontraditional Occupations*. University of California Press, Los Angeles.

Williams C. (1995) Hidden advantages for men in nursing. *Nursing Administration Quarterly* **19**, 63–70.

Zurlinden J. (1998) Are men a step higher on the nursing ladder of success? *Nursing Spectrum* **10A**, 4–5, 12.