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GENDER DISCRIMINATION AND NURSING: A LITERATURE REVIEW

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This article aims to examine gender stereotypes in relation to men in nursing, discuss gender discrimination cases in nursing, and explore methods used for promoting equal educational opportunities during nursing studies. The literature review was based on related databases, such as CINAHL, Science Direct, MEDLINE, and EBSCO. Legal case studies are included in order to provide a more practical example of those barriers existing for men pursuing nursing, as well as statistical data concerning gender discrimination and male attrition to nursing schools in relation to those barriers. These strengthen the validity of the manuscript. Literature review showed that gender discrimination is still prevalent within nursing profession. Nursing faculty should prepare male nursing students to interact effectively with female clients as well. Role modeling the therapeutic relationship with clients is one strategy that may help male students. In general, the faculty should provide equal learning opportunities to nursing students. (Index words: Nursing; Male nurses; Gender stereotypes; Gender roles; Educational strategies) J Prof Nurs 27:59–63, 2011. © 2011 Elsevier Inc. All rights reserved.

Often men decide to become nurses for self-actualization or survival needs or because they were not accepted by a medical school (Zyberg & Berry, 2005). Some men decide to become nurses and start their studies with the goal of embarking on a nursing career; others start a general career and then decide to become nurses. The latter may indicate that their previous career failed (Heubner, 2007; Inoue, Chapman, & Wynaden, 2006). Furthermore, men resign from nursing during the first 4 years after graduation more frequently than women (Sochalski, 2002).

Men entering the nursing profession encounter barriers that limit their choice of specialty and risk being labeled and stereotyped (Genua, 2005). In England, 9:10 nurses are women, 98:8 of the midwives are women, 3:4 supervisors are men, and only 10% of the surgeons are women (Equal Opportunities Committee, 2006). Although men choose to become nurses for the same reasons as women do (e.g., caring for people), often they are represented by media as “male nurses” and women as nurses (Meadus, 2000).

“Gender discrimination is any distinction, exclusion or restriction made on the basis of socially constructed gender roles and norms which prevents a person from enjoying full human rights” (Cottingham et al., 2001, p. 49). Men are excluded from several forms of training and from certain positions. For example, the criteria for accessing certain senior positions in nursing (e.g., director of nursing) may include midwifery qualifications, but several countries exclude men from midwifery training, thus barring them from these posts (Burth, 1998).

It is not so common to have a male lactation consultant or a male nurse midwife. This might be due to rejection during maternity rotations in the nursing school, gender discrimination, poor networking, or just a lack of interest in this area. Male nurses have been practicing for a long time in neonatal intensive care units, but when they want to practice in obstetrics and gynecology, even if they are qualified, they are barred due to gender bias (Cudé & Winfrey, 2007).

Gender bias and role stereotyping do exist in nursing educational programs because nursing faculties are often composed mainly of women (Anthony, 2004). Nursing has been identified with feminine ways of caring. In Florence Nightingale’s time, men were considered to lack the capacity to provide mothering and caring because “their horny hands were detrimental to caring,” so they were excluded from nursing (Cudé & Winfrey, 2007). Therefore, male and female nursing students have different learning experiences in nursing faculties.
Expression of feelings and empathy are considered to be a female “privilege” (Grady, Stewardson, & Hall, 2008). Sherrod (2003) argued that nursing faculty is functioning with an educational system that has been designed to educate women.

The Association of Women's Health, Obstetric and Neonatal Nurses conducted a survey within its male members. The survey was sent to 51 available e-mail addresses of male members to find out, among others, if they had ever experienced gender discrimination, either within their work or in the nursing school. The results showed that 58% of the respondents had not experienced gender bias during nursing school, whereas 42% reported gender bias from the faculty and the nursing staff, but not from patients. As professionals, 75% reported bias from the nursing staff and 8% from the female physicians (as cited by Cudé & Winfrey, 2007).

Furthermore, in 2005, the American Assembly for Men in Nursing, several other nursing groups, and Bernard Hodes Group (a marketing firm) conducted a survey to explain why there were so few men in nursing. Of the 498 male nurses who responded, 73% referred to negative stereotypes, 50% identified nursing as a women-dominated profession, and 42% reported lack of male models and mentors. Despite this, 83% reported that they would encourage a male friend to become a nurse, mainly because of profession stability and job security, and 80% reported that they would choose nursing again if they had to (as cited by Weber, 2008).

Studies conducted concerning male students' perceptions of obstacles that perpetuate gender bias and stereotyping in nursing studies reported that (a) there is no male faculty in nursing, (b) educators refer to nurses using the word she, (c) there are limited opportunities to work with male nurses in clinical settings, and (d) during the presentation of the history of nursing, there is no presentation of the history of men in nursing (Grady et al., 2008). In addition, faculty does not give any guidance for appropriate use of touch, there are antimale remarks made by faculty in the classroom, and male nursing students report inequitable treatment by nursing faculty (Grady et al., 2008). In addition, lack of awareness by nurse educators of the unique needs of male learners (Scriber, 2008) and a lack of gender neutrality in nursing textbooks were also discussed in the literature (Scriber, 2008).

Keogh and O’Lynn (2007) conducted a survey in 2005, with 250 male nurses who had completed general nursing training from 1995 to 2005 in Ireland. The findings showed that barriers such as “no history of men in nursing,” “no guidance on the appropriate use of touch,” and “different requirements/limitations for male students during obstetric placements” were highly rated as being present during preregistration education programs for men (Keogh & O’Lynn, 2007).

The above strengthens the argument that nursing students' textbooks show the absence of the historical contributions of male nurses from nursing texts and the lack of male professors and clinical instructors (Smith, 2006).

Stott (2007) conducted a qualitative research with eight male nursing students enrolled internally in the bachelor of nursing course at a regional university in Australia. Data were collected using in-depth interviews and written narratives in the form of a diary. Findings revealed that male nursing students face barriers from an academic and clinical practice perspective during their university experience. A central theme to emerge was the sense of feeling isolated or excluded from the academic and clinical setting, meaning that nursing students were treated differently from educators, within clinical settings, and were not prepared to provide intimate care to women clients (Stott, 2007).

Patterson and Morin (2002) and Kelly, Shoemaker, and Steele (1994) highlighted the different learning experiences in clinical settings for male and female nurses. Learning health assessment, providing care to clients of both genders, and participating in postpartum care were different for male nursing students (Patterson & Morin 2002; Kelly et al., 1994).

Several studies have shown that female clients experience stress when male nurses physically or intimately touch their genital area and breast (Inoue et al., 2006).

Patient’s attitudes vary regarding the use of chaperones during intimate examinations, with the majority of patients not indicating if they want a chaperone or not, despite the patient’s age or the gender of the physician (Cudé & Winfrey, 2007). Providing intimate care for women clients is challenging for male nurses because men are not educationally prepared for it. Thus, nursing education should deal with gender issues (Inoue et al., 2006).

Patients have the right to decline care provided by a male nurse; however, gender discrimination should be considered an ethical issue, similar to ethnic discrimination. The client is the one to decide if the gender of the nurse is an issue. If male nurses ask female patients about their preference of the gender of the nurse who is going to provide care for them, most of the time, patients seem to be open and nondiscriminatory toward men (Cudé & Winfrey, 2007).

Case Studies

The following cases present types of gender discrimination within the nursing profession, especially when providing intimate care.

Case 1: Moyhing v. Barts and London NHS Trust (2006). Moyhing was a student studying for a bachelor of science degree in nursing who has been undertaking clinical
placement at the respondent hospital. Moyhing claimed that they asked him not to participate or watch intimate examinations, while this was not asked from a female fellow student. He supported that during his duty, there was a culture of confrontation that male nurses were second-quality citizens (U.K. Employment Appeal Tribunal, 2006).

Furthermore, there was a widespread assumption that women nurses are considered to be suitable to provide care to anyone, but it is inappropriate for male nurses to provide care to female patients especially in intimate cases, such as urinary catheterization. Moyhing's appeal was supported by the Equal Opportunities Committee of London (U.K. Employment Appeal Tribunal, Moyhing v. Barts and London, 2006).

The appellant referred to three incidences where he had been treated differently from his female classmates:

1. In the first case, the student was required to perform an ECG on an Asian female patient who had been having breathing difficulties. The procedure involved touching the patient's chest, which was considered to be an intimate procedure and required him to be accompanied by a female nurse. However, female nurses performing ECgs to males were not required to be accompanied by anyone. The appellant felt like a rapist and a criminal and not trustworthy enough to fulfill this process (U.K. Employment Appeal Tribunal, Moyhing v. Barts and London, 2006).

2. In the second case, he claimed that he was told that he was not allowed to perform catheterization on female patients. In contrast, his female fellow students could perform catheterization on a male patient (U.K. Employment Appeal Tribunal, Moyhing v. Barts and London, 2006).

3. In the third case, he was asked to leave the room while a Papanicolaou smear was performed on an Asian woman (U.K. Employment Appeal Tribunal, Moyhing v. Barts and London, 2006).

Several questions arise from the above case studies. In the case of the ECG, was the student accompanied by the chaperone because he needed a chaperone or because of stereotypes against male nurses? Does this mean that the procedure can be considered as intimate and therefore female clients would feel better if the procedure was done by a female nurse?

In the second incidence, when he was not allowed to perform catheterization on female patients, was he not allowed to do it in an effort to respect the woman's privacy? If this was the case, why is the same procedure not being followed by the female nurses as well?

The institution's policy for male nurses to be accompanied by female chaperones could be characterized as sexist and a form of violation of human rights, since it does not promote equal educational opportunities for both female and male nurses.

In an effort to counteract the gender barrier in clinical settings, (a) all institutional nondiscrimination policies must include gender issues and all employees must understand that such policies prohibit discrimination against men and (b) male students need to have access to female nurse role models in the classroom and clinical settings (Keogh & O' Lynn, 2007).

Case 2. This U.S. case refers to the employment of only female nurses in the obstetric ward of Camden-Clark Memorial Hospital. The question before the court was whether a gender requirement was a bona fide occupational qualification, within the statutory exception to the West Virginia Human Rights Acts general prohibition of discrimination in hiring practices. Michael Silvka was a registered male nurse with experience in various fields including obstetric duties. Silvka sued the aforementioned hospital for discrimination when they announced that they do not hire men in the obstetric ward due to concerns for patient privacy, staffing, and quality of care (Legal Eagle Eye Newsletter for the Nursing Profession, 2004). The U.S. Supreme Court (2004) decided that it is unlawful to discriminate on the basis of gender unless the employer can show that gender is a bona fide occupational qualification for the job in question, but the health-care facility has the obligation to protect the rights of the patient and argued that the intimate and intrusive procedures that are routinely performed in the obstetrics department may raise privacy concerns in patients (Legal Eagle Eye Newsletter for the Nursing Profession, 2004).

One could argue that the above case is a discrimination against men since excluding men from obstetric settings is like undermining their capabilities of being a nurse. Instead of excluding men from obstetric wards, men and women should be trained equally by the nursing faculty to have the mechanisms to deal with intimate cases. Hospitals should also develop antidiscrimination gender policies.

Case 3: Evans v. Principi, 2005 WL 485743, D.D.C., February 17, 2005. The case concerned a female supervisor exercising gender discrimination when she was supervising a male nurse. In the United States, a male nurse who is working with a female supervisor is protected by gender discrimination laws. The particular male nursing student was treated with discrimination by his female supervisor. From the beginning, the supervisor told him that he did not belong to the unit; he was treated differently from female nurses and was more closely audited; he was even given a janitor's closet as his office and his former office was redone and given to a female nurse. The court also found that the supervisor was using abusive language, threats, false accusations, and was generally violating the gender discrimination law (Evans v. Principi cited in Legal Eagle Eye Newsletter for the Nursing Profession, 2005, p. 8).

To counteract this kind of gender bias, any staff who gives misandric comments and discriminates against gender could be given disciplinary action similar to the
ones meted out to those who give racist comments and racially discriminates. (Keogh & O’Lynn, 2007). A form of strategy to counteract gender discrimination in nursing students is the development of peer support (Roth & Coleman, 2008).

**Limitations**

Case studies are by their nature subjective and give weight to only one side of the argument, and literature review is limited to collecting information about what has happened in the past; thus, it cannot provide data about actual current behavior. However, case studies provide examples that may help in challenging, analyzing, and/or forming a gender-equality strategy.

**Counteracting Gender Discrimination in Nursing Studies**

Nursing educational programs need to be reviewed and provide equal opportunities for all nursing students. Faculty should create a climate of acceptance for student’s differences and empower male nurses in providing intimate care for women clients. One method of empowering male nursing students could be sharing stories about caring instances involving male nurses providing intimate care and role modeling (Grady et al., 2008). The National Health Service has already initiated educational programs and recruitment techniques, such as the “nurse explorer” program, with high school students, who are invited to spend one evening a week for 5 weeks touring different patient care areas in hospital in an effort to equally represent male nurses in all of these programs (Meyer, 2003).

Nursing faculty should give accurate information about some origins of nursing stereotypes and the effects of those stereotypes on nursing students in practice (Jinks & Bradley, 2003).

Another method for counteracting gender discrimination in nursing studies is counseling. Faculty should provide counselors for discussing problems that emerge during educational experiences (Brady & Sherrod, 2003). Counseling male students is more effective when the counselor is a male nurse who can relate to the student’s issues (Brady & Sherrod 2003).

Using humor and giving a full-detailed guidance for intimate procedures to women clients could help both male nurses and women clients overcome their stress related to the procedure (Inoue et al., 2006).

Nursing students should be trained to handle sensitive situations despite gender and be prepared to suppress feelings and concentrate on the task they are given to do. In addition, male nurses should be supported by their colleagues when providing intimate care to women clients and be able to talk freely about their experiences of providing intimate care (Inoue et al., 2006).

Nursing associations could also help by removing the she bias from their standards. The American Nurses Association has made a strong commitment to remove the she bias from its standards of practice and code of ethics in an effort to include both men and women in health practices (Weber, 2008).

**Conclusion**

According to the Charter of Fundamental Rights of the European Union (2000/C 364/01, Article 14), “Everyone has the right to education and to have access to vocational and continuing training.” Thus, nursing education should not be different for men and women. The policy of supervision of students should be the same, despite gender differences (2000/C 364/01, Article 14).

Nevertheless, gender stereotypes still exist within the nursing profession. Nursing faculty should prepare nursing students to interact with female clients and provide counselors to discuss problems that emerge during their training and experience (Brady & Sherrod, 2003). The use of cooperative learning activities could increase collaboration and decrease competition among male and female nursing students (Anthony, 2004).

Role modeling the therapeutic relationship with clients is another strategy to help male nursing students prepare for intimate cases. The use of humor by male nurses when providing intimate care for female clients might help as well (Grady et al., 2008; Inoue et al., 2006).

There is a need to revise nursing educational programs, at least those that seem gender-biased, in order to provide equal training opportunities to all nursing students, develop a climate of acceptance and empower male nursing students both in the nursing school and clinical field, and thus empower the career development of male nurses (Inoue et al., 2006).

**References**


