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Gender Bias and Discrimination in Nursing Education

Can We Change It?

Ann Strong Anthony, MSN, RN

Gender bias in nursing education impedes recruitment and retention of males into the profession. Nurse educators who are unaware of men's historical contributions to the profession may unknowingly perpetuate gender bias. The author describes how traditional stereotypes can be challenged and teaching/learning strategies can be customized to gender-driven learning styles.

Contemporary nursing literature, both research-based and popular press, is replete with examples of gender bias and its impact on males seeking to pursue a nursing career.[1-4] The outcomes of gender bias are harmful to the profession and create a cycle that perpetuates bias and limits the role of male nurses. This cycle results in different learning experiences for males and females as nursing students,[3,4] limits recruitment and retention of males into the profession[5] and perpetuates traditional male/female stereotypes that make the profession irrelevant to the diverse population that the profession claims to represent and serve.[6-9]

Nursing: A Feminine Profession?

The feminine roots of nursing were strengthened 150 years ago as the profession began to organize around principles espoused by Florence Nightingale and concurrently, became accepted as a legitimate option for unmarried Victorian women who sought employment. Prior to Ms Nightingale, nursing was considered low status work. Nurses originated from 3 sources: women who were primarily home-based and cared for kin and neighbors, members of religious orders who had taken vows to care and serve, and rough, uneducated lay attendants who chose nursing as a last resort for their subsistence.[10,11]

Nightingale insisted that women must control their own work in nursing[12,13] and proposed training programs for women seeking to become nurses. The Nightingale Training School for Nursing opened in 1860 and served as a model for other schools both in England and the United States.[14,15] Nightingale's emphasis on hygiene and environment, careful data collection and analysis, and her standards for character and performance expectations among nurses increased the value of nurses and nursing's contribution in society's perception. Popular support of Nightingale's achievements created a legitimate foundation for the development of nursing as a respectable career option for unmarried women and reinforced the view that nursing was women's work.[15,16]

European religious sisterhoods were another model for the nursing training programs that developed following Nightingale's reforms. This model extended the increasingly popular view of nursing as women's work. The nurse role was viewed as subservient to the physician who directed the care and administered the hospital. The training environment mimicked the cloistered atmosphere of a religious sisterhood and was designed to preserve virtue and protect young women from outside contamination. This environment served to exclude males from training as nurses and isolated female nurses.[10,15,17,18]

The vision of the kindly, caring female evolved into the stereotype of "nurse" following the advent of organized nursing training. The nurse icon soon represented an individual who was "subordinate, nurturing, domestic, humble, and self-sacrificing."[8(p6)] Males who are perceived to be strong, aggressive, and dominant ceased to be seen as having a legitimate role in nursing.[15] Meadus describes this as having the effect of ostracizing males from nursing.[8]

Nursing: An Historical Career for Males?

Meadus further proposes that the contributions of males to nursing have been "forgotten" as nursing evolved into a stereotyped female role.[8] Yet, males have historically assumed caregiver roles throughout history dating as far back as biblical times.

Caregiving in ancient civilizations was often closely tied to religious worship and a role assumed by priests and their assistants. There was little differentiation between the role of the physician and the nurse. The caregivers described are typically male, often priests or commissioned by priests, and provided care through in-

Author Affiliation: Associate Dean, Nursing Division, Tulsa Community College, Tulsa, Okla.

Corresponding Author: Ms Strong Anthony, Nursing, Tulsa Community College, 909 S Boston, Tulsa, OK 74119 (aanthony@tulsacc.edu).

cantations, administration of herbal remedies, and offered care and comfort to their patients. Donahue suggests that much of their actions would be considered nursing by today's standards.[14]

The Mosaic Laws of the Bible provide an example of the relationship between religious worship and health practices. The purpose of Mosaic Laws was health promotion and preservation of the chosen people. These laws prescribed behaviors and actions specific to hygiene, sanitation, and food preparation. Hebrew priests could be described as parish nurses who promoted both the spiritual and physical health of their religious community (Deuteronomy 14:1-21; Leviticus chs 11-15).[14]

In addition to Moses and Judeo-Christian culture, males assumed roles as caregivers in ancient societies including Persia and Babylon. In India around 275 BC public hospitals were developed and nursing was differentiated from medical care. Male nurses provided care in these hospitals while physicians treated wounds and performed surgery. Females in India, however, did not work outside the home and were not perceived as nurses.[14] In early Christian Greece and Rome orders of monks known as Parabolani were organized to provide care for the ill.[19] The role of the deacon and deaconess described in the New Testament included ministering to the needy, including the ill and injured, and could be fulfilled by either a male or female (1 Timothy 3:11, Romans 16:1-2).[20]

During the Middle Ages, the role of the caregiver continued to be open to both males and females. Religious orders that accepted a primary mission of caregiving were formed. Among these orders were the Augustinian brothers and sisters who founded the Hotel Dieu in Paris. Typically, care was segregated with the brothers caring for male patients and the sisters caring for females.[14]

Military nursing orders developed during the Crusades to provide care to knights and other pilgrims making the journey to the Holy Land. The Knights Hospitallers of St. John of Jerusalem and the Teutonic Knights were composed of men who nursed the sick and injured when not in battle. There continues to be a strong relationship between the call for men to care for soldiers and military campaigns.[10,14,16,19]

The military nursing orders in the Middle Ages were predominantly composed of male nurses and emphasized caregiving as a service based on the altruistic ideals of love, humility, and caring and brought increased status to nursing as a profession. The tenets of caring for our own were incorporated into craftsmen's guilds during the Middle Ages. As a part of their mission to support the workers within the craft, guilds provided the infrastructure and resources to care for elderly and injured workmen.[14,21]

Men have often taken active roles in caring for the wounded in wars. During the American Civil War, one of the better known male caregivers was Walt Whitman. Although hired as a clerk, Whitman found his calling in ministering to wounded soldiers. Whitman's poems and other writings from this era describe his holistic approach which, despite his lack of formal nurse training, included attention to nutrition, pain control, cleanliness, and hygiene.[22]

Segregation of genders in care settings resulted in the need for formal training for men to care for male patients even in the post-Nightingale era. Deplorable conditions in the South African mines in 1914 led to the appointment of male health workers to "regulate, observe, report on and to a limited extent, [and] treat wounded and sick men."[17(p7)] These workers were typically African natives who were trained to be medical attendants. The training was aligned with the existing regulations for nursing. These men were not permitted to apply for nursing certification until the latter half of the 20th century.[17]

Nurse training programs for men were formed in the late 19th century to meet the needs in gender-segregated care facilities, especially in the mental health arena. In the United States, New York's Bellevue was the first hospital to provide a separate training course for men. Mental health hospitals also established nursing programs for men. Graduates of these programs were expected to meet the same requirements to be an RN as women graduates. Males in these programs frequently experienced a curriculum that was limited to those areas in which male intervention was valued such as cardiac, pulmonary, urologic care, management of fractures, and control of psychiatric patients.[19] Those men who sought to expand their learning experiences to incorporate the full range of nursing practice including obstetrics and maternal-child nursing were perceived as being perverts and threatened with expulsion from programs.[23,24]

Despite the limited recognition given to their role and the overemphasis on women's contributions to nursing, historically, males have participated in caregiving and been described as nurses. Since World War II, men have been commissioned as officers and nurses in all of the American military services. Although males represent only between 6% and 8% of the total nursing population, they comprise nearly 30% of military nurses.[25] The proportion of men in first-responder roles and specialty practice such as emergency and critical care has grown at a faster rate than the total nursing population in recent years.[26]

Failure to recognize the contribution of men to the profession leaves the male population with little information about their gender's historical roles as caregivers.[10] This lack of knowledge may contribute to a sense that men are breaking new ground by choosing nursing as a career option in the 21st century. As males enter nursing programs, they may feel more like a pioneer starting a treacherous journey into previously unexplored frontiers rather than following a well-blazed trail. Such negative perceptions limit nursing's ability to recruit from the nearly 50% of the population that is not female.

Gender Bias in Nursing History Texts

Nursing texts that refer to the historical foundations of nursing practice often provide only limited information about men's contributions to the profession while emphasizing women's contributions.[11,27,28] These incomplete presentations of nursing history contribute to the perception that nursing is a female profession in which the role of men is limited. Villanueve concludes that "the language and history

of nursing have sexualized nursing practice by labeling it as women's work."[23(p213)]

As the feminist movement has grown, nursing has begun to be perceived not only as a woman's profession, but also as an oppressed profession. In her classic 1976 work, Joann Ashley documented how the traditional training programs developed on the Nightingale model led to the subordination of the nursing profession in healthcare settings.[18]

More recently, Group and Roberts[12] focused on nursing as a profession oppressed by the male medical monopoly. They postulate that educated and effective nurses have been a competitive threat to physicians and the organized power structure within healthcare throughout history. Examples of persecution of women healers by the church or medical leaders are presented to illustrate their case.[12]

The authors provide a detailed history of women's contribution to healing and caring throughout the ages and contrast this caring focus with the rise of the medical profession based on university education with limited clinical practice. Unfortunately, by limiting their focus to gender politics between female nurses and male physicians, the role of men in nursing is downplayed in a way that leaves little room for male voices to contribute to current discourse about nursing's role in the future of healthcare.

Group and Roberts[12] refer to the demise of the National Joint Practice Commission as an example of how the predominantly male medical profession has sought to systematically subordinate the nursing profession. The commission was an initiative between organized nursing and medicine in the 80s that unsuccessfully sought to find common ground between the 2 professions. Dr Edward Halloran, a nursing representative to the commission, described the focus on gender and economic issues by the female nursing members of the commission as the barrier that prevented true dialogue about the unique contributions of the 2 professions to achieving health outcomes.[12(pp294-5)] When analyzing Halloran's comments, Group and Roberts seem to belittle his opinion as originating from "a male nurse...[who] deemphasized gender and stressed instead the functions involved in care."[12(p259)] This quote seems to epitomize the argument that a man cannot understand what women experience. This sort of attitude further limits our ability to establish a dialogue between genders in a manner that will promote understanding and support diversity within the profession.

Nursing texts that understate males' contributions as nurses and emphasize the growing view of the nursing as an oppressed profession limited by gender politics essentially marginalize men in the profession and perpetuate the female stereotype of nursing. If cultural knowledge is the process of seeking and obtaining a sound educational foundation about diverse cultures, the fact that nursing texts do not fully portray men's contributions to the profession limits nursing educators' ability to provide culturally competent educational practices to support males seeking careers in nursing.[29]

MacIntosh[26] postulates that when the nursing profession perpetuates the feminine stereotype and uncritically uses a feminine language and value system, individuals who do not fit that stereotype are "at risk for being oppressed and silenced" by those who do fit the image.[(p176)] This outcome can be avoided by developing a better understanding of gender issues in the traditional education environment, nursing, medicine, and healthcare cultures, and the learner's experiences and gender identity. Nurse educators who are aware of gender issues and avoid gender bias in texts and historical frameworks of practice can better facilitate learning and prepare nurses, both male and female, to move from a sense of being oppressed to being empowered professionals.

Nursing Education: The Male Experience

In addition to texts that provide an incomplete picture of nursing's history, traditional nursing programs continue to perpetuate gender bias and to discriminate against men in nursing. A growing body of qualitative research into male lived experiences in nursing programs demonstrates that the male experience in nursing school is perceived to be different from that experienced by female students. Unfortunately, few studies present comparisons between the lived experiences of men and women in nursing programs. Without these comparisons, it is difficult to fully evaluate the context in which males describe their experiences. However, these studies demonstrate that males do perceive their experiences in nursing education as being different and that little has been done to change these perceptions.

Typically nursing programs treat students who are male similarly to students who are female. While this promotes equality of treatment, it does not necessarily take into consideration unique learning needs and differing communication styles of men. Kelly et al found that male students were surprised by the academic load in nursing, experienced role strain related to loss of their role as the primary income provider, and experienced feelings of isolation and loneliness while in nursing school.[4] These students reported fears of being perceived as unmanly for having chosen nursing. In addition, the male students perceived that their female peers and instructors seemed to have different expectations for male nursing student performance in the clinical setting. The male students felt that they were expected to be assertive and to assume leadership roles when working in groups with peers. The male students in this study also reported having to "take on extra jobs" such as assisting with heavy lifting and transporting patients.

In another study that explored male students' perceptions of their nursing education experience, similar concerns were expressed.[30] The men in this study described themselves as a visible minority and perceived that their performance is, therefore, more closely scrutinized than their female peers. These students described themselves as being "under a microscope."[30(p.34)]

Learning to care professionally is a core behavior in nursing that may be experienced differently by male nursing students. In western societies, males are socialized to limit visible expressions of emotions while the opposite behavior is expected of females. Female nurses are likely to display caring behaviors through

touch and open expression of emotion. This demonstrative caring behavior is seen as "natural" for female nursing students to learn, but it is viewed as unnatural for male students. Paterson et al found that male nursing students perceived a need to develop their own way of expressing/demonstrating caring that supported their self-view as men.[30] These students expressed concern that while their caring was based on establishing connectedness with their patients, it might not be valued by female nurse educators who expected caring behaviors to be outwardly sensitive and demonstrative.

In addition to experiencing different performance and behavioral expectations, male students reported a sense of having different learning experiences, especially in clinical settings. Learning health assessment, providing care to clients of both genders, and participating in postpartum care were identified by several authors as being different for male nursing students.[3,4,30-32]

Male students who had recently completed their maternal-child health clinical rotation reported fear of being perceived from a sexual rather than professional perspective by female patients. Being "extra-professional" in their demeanor and approach was a commonly cited coping mechanism.[3] Lavendero reports that developing a sense of how to present oneself professionally is essential for male students to avoid having their gender perceived as a distraction.[1] This professional presence is required to provide care in a variety of settings including women's health services.

Social isolation and lack of role models are common themes reported by male students in nursing programs. Males in these programs note that they do not naturally socialize with their female student counterparts. The percentage of male students who are married and have family commitments as well as perceptions that others may have of their sexual identity are factors that may lead to social isolation.[32]

Another issue raised in several studies is the importance of male role models during the students' educational process. One male stated "male nursing students don't have many male role models among teachers. That's really important because you have to have that gender connectivity."[2(p28)] Male faculty represent a low proportion of the total faculty in nursing programs despite efforts to recruit and retain more male nursing students. In 2002, a survey of nursing education programs in 16 states demonstrated misalignment between the percentage of male students enrolled and the percentage of male faculty. Although 11% of the enrolled student body was male, only 5% of the faculty were male. Of the reporting schools, less than 19% had increased the gender distribution of faculty over the past 5 years.[33]

While nursing programs are targeting males, little is changing within the programs to promote retention of these recruits.[31] The major themes of the male experience in nursing school include perception of threats to sexual identity, role strain, social isolation, different performance expectations, and sense of having different learning experiences. These issues have been reported in multiple sources over many years and are related to the image of nursing as a feminine profession.[4,34]

Strategies to Reduce Nursing Education Gender Bias

As nursing seeks to become more representative of the population it serves, nursing education must be able to recruit and retain a diverse cohort of students including males. Nursing faculty members need to become sensitive to those subtle incidents of gender bias that may have a significant impact on student learning and success. To minimize gender bias, nursing faculty must become aware of men's contributions to the profession—not only in recent years when the focus on male recruitment has increased, but the historical roles male nurses have taken. Nursing faculty also need to evaluate texts for perpetuation of the feminine stereotype of nursing and that highlight gender politics as the basis for nurses' oppression or lack of status in healthcare.

Finally, nursing faculty need to identify and eliminate practices that create a sense of difference in how male and female students experience the program. Figure 1, Gender Appropriate Practices for Nurse Educators, presents strategies that nurse educators can incorporate to maximize learning opportunities for both male and female nursing students.

Summary

Gender bias does exist in nursing education and can lead to discrimination against male students. Nursing educa-

- Use formative evaluation during clinical rotations to evaluate the quality of clinical learning and identify perceived barriers to learning.
- When possible, match male nursing students with male academic advisors.
- Establish mentoring programs in which male nursing students can interact professionally with practicing male nurses.
- Minimize isolation of male students in clinical rotations by providing clinical experiences for males in which they are grouped with other male nursing students.
- Throughout the curriculum, integrate references about the contributions to nursing and professional practice by males.
- Evaluate test items to avoid unnecessary gender distinctions related to caring and caregiving.
- Seek nursing texts that positively portray males as nurses; avoid gender-biased texts that reference nurses as women.
- When possible, customize teaching strategies to match learning styles by offering opportunities for self-directed learning, computer-assisted learning, and other strategies that promote active learning.
- Use cooperative learning activities to increase collaboration and to decrease competition.

Figure 1. Gender appropriate practices for nurse educators.

tors may not intend to demonstrate bias or to act in a discriminatory manner. Ignorance of the historical role that males have played as caregivers, acceptance of the feminine stereotype of nursing, gender bias in nursing history texts, overemphasis on nursing as an oppressed profession, and practices that create different learning experiences for male and female students are the basis for unintentional bias and discrimination.

References

1. Chung V. *Men in nursing. Minority Nurse.* 2000. Available at: http://www.minoritynurse.com/features/nurse_emp/08-30-00c.html. Accessed April 2, 2003.
2. McPeck P. Just one of the guys. *Future Nurse.* 2003 (Spring):27-31.
3. Patterson BJ, Morin KH. Perceptions of maternal-child clinical rotation: the male student nurse experience. *J Nurs Educ.* 2002;41(6):266-272.
4. Kelly NR, Shoemaker M, Steele T. The experience of being a male student nurse. *J Nurs Educ.* 1994;34(4):170-174.
5. Sochalski J. Trends: Nursing shortage redux: Turning the corner on an enduring problem. *Health Affairs.* 2002;21(5): 157-164.
6. Hess R. Men just want to be nurses. *Nursing Spectrum.* 2003. Available at: http://nsweb.nursingspectrum.com/cf-forms/GuestLecture/meninnursing.cfm. Accessed January 29, 2003.
7. Hilton L. *Why are there so few male nurses?* Medzilla.com. 2002;6(11). Available at: http://www.medzilla.com/press61102. html. Accessed April 5, 2003.
8. Meadus RJ. Men in nursing: Barriers to recruitment. *Nurs Forum.* 2000;35(3): 5-12.
9. Issacs D, Poole M. Being a man and becoming a nurse: Three men's stories. *J Gender Studies.* 1996;5(1):39-47.
10. Macintosh C. A historical study of men in nursing. *J Advan Nurs.* 1997;26:232-236.
11. Joel LA, Kelly LY. *The Nursing Experience: Trends, Challenges, and Transition.* New York: McGraw-Hill; 2002.
12. Group TM, Roberts JL. *Nursing, Physician Control, and the Medical Monopoly: Historical Perspectives on Gendered Inequality in Roles, Rights, and Range of Practice.* Bloomington, Ind: Indiana University Press; 2001.
13. Holliday ME, Parker DL. Florence Nightingale, feminism and nursing. *J Advan Nurs.* 1997;26(3):483-488.
14. Donahue MP. *Nursing: The Finest Art.* St. Louis, Mo: Mosby; 1985.
15. Valentine PEB. Nursing: A ghettoized profession relegated to women's sphere. *Int'l J Nurs Studies.* 1996;33(1): 98-106.
16. Cash K. Social epistemology, gender, and nursing theory. *Int'l J Nurs Studies.* 1997;34(2):137-143.
17. Burns C. "A man is a clumsy thing who does not know how to handle a sick person": Aspects of the history of masculinity and race in the shaping of male nursing in South Africa, 1900-1950. *Journal of Southern African Studies.* 1998;24(4):695-717.
18. Ashley JA. *Hospitals, Paternalism, and the Role of the Nurse.* New York: Teachers College Press; 1976.
19. Painton JF. The outlook in male nursing. *Creative Nursing.* 1994;1(1):22-23.
20. Wagner CP. *Your Spiritual Gifts.* Ventura, Calif: Regal Books; 1994.
21. Zerwekh J, Claborn JC. *Nursing Today: Transition and Trends.* St. Louis, Mo: Mosby; 2003.
22. Ahrens WD. Walt Whitman: Poet & nurse. *Nursing.* 2002; 32(5):43.
23. Sullivan E. In a woman's world. *Reflections on Nursing Leadership.* 2002; 28(3):10-17.
24. Villanueve M. Recruiting and retaining men in nursing: A review of the literature. *J Professional Nurs.* 1994;10(4): 217-228.
25. Burtt K. Male nurses still face bias. *AJN.* 1998;September. Available at: www.nursingworld.org/ajn/1998/sept/issu098f.htm. Accessed April 25, 2003.
26. Wolfson BJ. Facing shortage, nursing turns to men. *The Salt Lake Tribune.* Available at: http//www.sltrib.com/2002/jun/06272002/nation_w748832.htm. Accessed January 29, 2003.
27. MacIntosh J. Gender-related influences in nursing education. *J Professional Nurs.* 2002;18(3):170-175.
28. Sims GP, Baldwin D. Race, class, and gender considerations in nursing education. *Nursing and Health Care: Perspectives on Community.* 1995;16(6): 316-321.
29. Campinha-Bacote J. Many faces: Addressing diversity in health care. *Online Journal of Issues in Nursing.* 2003;8(3):Manuscript 2. Available at: http://nursingworld.org/ojiin/topic20/tpc20_2.htm. Accessed April 25, 2003.
30. Paterson B, Crawford M, Saydak M, et al. How male nursing students learn to care. *J Advan Nurs.* 1996;22: 600-609.
31. Brady MS, Sherrod DR. Retaining men in nursing programs designed for women. *J Nurs Educ.* 2003;42(4):159-162.
32. Paterson BL, Tschitkota S, Crawford M, et al. Learning to care: Gender issues for male nursing students. *Canadian J Nurs Res.* 1995;28(1)25-39.
33. SREB. *Racial/Ethnic and Gender Diversity in Nursing Education.* Atlanta, Ga: Southern Regional Educational Board Press; 2002.
34. Medzilla.com. *Medzilla asks: Is affirmative action required in the nursing field?* (Press release). Available at: http://www.medzilla.com/press62502. Accessed February 26, 2004.