



THE ADVANTAGES OF BEING A 'MINORITY': MEN IN NURSING

by

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ABSTRACT

Men in nursing have 'equated' their experiences of working within a female dominated profession with women's experiences in a male dominated one. This analysis locates men as 'disadvantaged' and 'marginal' as a result of their low numerical representation in nursing. Local observations of men's prominence in leadership positions in the Australian nursing profession suggest men are not disadvantaged. This thesis provides empirical evidence of men's appointment to senior positions and in academe through an analysis of the Australian Census of Population and Housing and authorship in scholarly nursing journals. This evidence shows that men are achieving substantial representation in Director of Nursing positions and as academic authors, and suggests that men are distancing themselves from 'hands on' care at the bedside. Furthermore, men are advantaged in their nursing careers as they are entering senior administrative positions at an age when many women are out of the full time workforce caring for children. As a result, these findings challenge the discourse of disadvantage that is prevalent in the literature on men in nursing.

DECLARATION

I certify that this thesis does not incorporate without acknowledgment any material previously submitted for a degree or diploma in any university; and that to the best of my knowledge and belief it does not contain any material previously published or written by another person where due reference is not made in the text.

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Chapter 1

Introduction

The entry of men into nursing, an occupation strongly associated with women and women's work, has received little attention from within the Australian nursing profession. Other female dominated professions¹ in Australia, such as social work, have examined the development of men in their profession and noted men's preference for managerial work rather than 'hands on' work with direct client contact. Sue Brown (1986) asserted that the substantial representation of men in management enabled them to be influential in policy making decisions that directly affected social workers (primarily women) who worked with clients. This thesis represents part of an emerging analysis of men's role in nursing and will, in part, explore the similarities and differences in trends such as those identified in social work.

Local observations, such as the recent appointment of several male professors to chairs of nursing in Adelaide, suggest an apparent disproportionate increase in appointments of men into leading positions in nursing, given that men represent 8 per cent of the registered nurse population in Australia (ABS 1993 Cat.no.4346.0). Some concern has been expressed that greater entry of men in senior management and academe will result in the transfer of a substantial amount of power to influence the direction of nursing from the hands of women. Australian nurse academics Stephen Kermode and Claire Brown (1995) emphasized the influence conferred to senior academic nurses when they asserted that:

Much of the responsibility for discovering, describing and disseminating the knowledge of the profession is in the hands of university professors. As custodians of the discipline, they have an inordinate amount of influence over what members of their profession read, think and believe (p.11).

¹The term 'female dominated' is used in the literature to describe women's numerical representation in the profession not women's influence or authority.

Along with my observation of men moving into senior academic positions in nursing, my attention was drawn to men's movement into specific areas of nursing following a discussion many years ago with a nurse who worked in an intensive care unit at a major hospital. He asserted that men were more suited to this highly specialized and technical area of nursing due to their greater mechanical orientation and skill. As a registered nurse I have also observed many men working in high technology work sites and other specialty areas such as management. These observations raise the question of whether men in nursing seek to remove themselves from the intimate caring at the bedside which may be viewed by men as associated with the feminine practices of nursing. If this is the case then there is the possibility of a gender divisiveness in nursing with domains deemed more suitable for men and women.

The only available national data on the nursing workforce which is broken down by gender is the Australian Bureau of Statistics (ABS) Census of Population and Housing. This Census data, while useful, is limited in providing a detailed profile of registered nurse positions in Australia because of the nature of the broad occupational classifications utilized by the ABS. For several years the Nurses' Board of South Australia conducted and published demographic surveys of the South Australian nursing workforce. Since 1990 the results of these annual surveys have not been published by the Nurses' Board, however the recent data gathered by the Nurses' Boards in South Australia and other states are currently being compiled by the Australian Institute of Health and Welfare (AIHW). This report will develop a national profile of the nursing labour force and examine the gender of nurses and nursing positions from data collected in 1993 and 1994². I believe that the release of these statistics will support the evidence of this thesis and suggest men's prominence in senior positions in nursing.

The focus of this study is to explore whether men are entering senior positions disproportionate to their numerical representation in the workforce as is evident in nursing professions in the United Kingdom and the United States of America. The

²The AIHW report was due to be released in early 1996. Due to some difficulties in collating the national data the release date has now been revised to mid 1997 (personal communication, AIHW, 10/12/1996).

literature from both these countries, particularly the UK, identifies streamlined career opportunities for men into positions of higher status and authority than available to equivalently credentialled women, especially in areas such as administration and academe. Research from the UK also indicates that men are becoming disproportionately more active than women in publishing in scholarly nursing journals and therefore are having their work disseminated to a wide nursing audience. In the United States of America these trends are occurring in the context of a discourse of disadvantage where nursing is described as a feminine culture in which men are marginal and therefore disadvantaged. One of the tasks of this thesis will be to explore the discursive terrain which sustains the notion of male disadvantage in face of the contradictory evidence of disproportionate male representation in higher ranks in nursing. This apparent anomaly is in need of exploration in the Australian context, and this thesis contributes to this task.

In Australia the general term 'nurse' encompasses nurse assistants, enrolled nurses and registered nurses. In this thesis the use of the term 'nurse' refers to a registered nurse who has received formal, recognized training in a hospital or university for at least three years, and is licensed to practice nursing. Registered nurses are described as 'licensed to practice nursing in the field/s in which he/she is registered without supervision, and who assumes accountability and responsibility for their own actions' (ANRAC,1990:5). More senior registered nurse positions include clinical nurse consultant, nurse educator and Director of Nursing. In the United Kingdom the position of registered nurse is comparable to that of the Australian registered nurse. However, in the United States of America the position is less clear as there is a tiered system of preparation for registration and practice, so USA data is less directly comparable to Australia.

The thesis is divided into the following chapters. Chapter two provides a critical examination of the literature on men in nursing. It is divided into two sections. Section one examines a sociological framework on minority groups or 'tokens' in the workplace that is evident in the North American literature on men in nursing. The discourse focuses on men's low numerical representation in nursing which is said to result in men

being marginalized and disadvantaged. The second section reviews and analyzes the literature that challenges the discourse of disadvantage and argues that male advantage in society is replicated in nursing.

Chapter three provides a description of how the empirical evidence utilized for this thesis was gathered through a content analysis of authors of nursing journals to identify nurse leaders in academe, and an analysis of statistics published by the Australian Bureau of Statistics to identify markers of advantage for men through income and seniority of position. Also the chapter describes the textual analysis of a contemporary text on men in nursing.

Chapter four presents the results and the discussion of the empirical evidence. It is divided into three sections. Section one identifies and describes recent trends of male participation in the Australian nursing profession and in senior positions in nursing. Section two reports on the gender and position of authors published in Australian scholarly nursing journals from 1983 to 1995. Section three provides a textual analysis of a key Australian text on men in nursing which was analyzed to depict contemporary ideas on men in nursing in Australia. Chapter five draws together the evidence gathered for this study, and explores its implications for nursing and for wider theoretical debates about comparative 'advantage' of men and women.

Chapter 2

Men as a minority group in nursing

This chapter explores the themes evident in the literature on men in nursing that highlight significant differences between North America and the United Kingdom. This difference is both at an empirical and discursive level. Since the 1970's commentators from the UK nursing profession have recognized the increased incidence of men employed in senior positions. Harriet Gaze's (1987) often quoted finding that nationally men constitute 9 per cent of the registered nurse population and hold 50 per cent of the higher echelons of senior positions clearly demonstrates the emergence of men as a significant force in nursing. Men have greater representation in the UK nursing profession than in nursing in the USA where they constitute only 4 per cent of the working registered nurse population (Squires, 1995)³. While no recent national data has been collected on the relative positions held by men in the USA, smaller studies indicate men hold relatively high numbers of leadership positions in comparison with their numerical representation in the profession (Williams, 1995a).

As most of the literature emanates from the UK and the USA the differing national contexts on men in nursing in each country need to be considered. In Australia men constitute approximately 8 per cent of the registered nurse population (ABS 1993 Cat.no.4346.0), and as noted there is no recent national database on gender and nurse positions. While the Australian and the UK nursing profession have a comparable representation of men in the nursing workforce, the following review of the Australian commentary on men in nursing reveals similarities with the North American literature.

³Several theories have been suggested for men's low representation in the USA nursing profession in comparison to the UK. For example, USA authors Edward Halloran and John Welton (1994) argued that the high number of men in the nursing profession in UK, Belgium and the Netherlands stemmed from the tradition of the European religious orders of men who served as nurses during and after the Crusades. As a result, nursing in Europe became viewed historically as a male activity. Halloran and Welton asserted the absence of this tradition in the USA has resulted in a small number of men attracted to nursing.

Men as a disadvantaged minority

The major theme evident in the USA literature on men in nursing is the emphasis on men's 'minority status' due to their small numerical representation. Men's numerical under representation is often framed as creating disadvantages for men; this association of 'minority status' with disadvantage is largely premised on the research conducted by Rosabeth Moss Kanter throughout the 1970's.

Kanter's (1977) sociological study of workers in a USA corporation identified unique working and social conditions for women that she argued were the direct result of their small numerical representation. Kanter developed a theory and vocabulary for unequal numerical groups of men and women, and referred to the small number of women as 'tokens'. She argued that as a consequence of their small numbers tokens were highly visible, their gender differences were accentuated, and they were stereotyped by the dominant majority. These circumstances were said to have resulted in disadvantages for women in the workplace. Kanter found women's increased visibility created performance pressures and heightened scrutiny of their work, women's accentuated differences resulted in dominant male cultural boundaries that excluded and isolated women, and they were viewed stereotypically into particular feminine roles. Kanter recommended affirmative action quotas to increase the numbers of women, and redress the disadvantage and discrimination experienced by token women. Kanter asserted that token experiences resulted from sheer numbers. The effects on numerically outnumbered groups were universal regardless of gender and race of the token, and while situations may be different for high status tokens, such as men, the outcomes of disadvantage prevail. As long as the numerical majority/minority ratio remained 85:15 the minority could be defined as a 'token' and will be disadvantaged. A direct application of Kanter's gender-neutral theory to men in nursing would position them as tokens because of their low numerical representation.

Kanter's analysis of women's subordination and disadvantage in the workplace positions her as a liberal feminist. Her emphasis on a gender neutral humanism with

'sexual equality' for men and women as the main objective embraces the belief that women will be able to compete equally with men in the workforce once discriminatory practices and policies are removed. One mechanism to balance discriminatory practices is to initiate affirmative action policies for women, however these are viewed by liberal feminists as transitional measures till women have achieved 'gender justice' or 'sexual equality' with men (Tong, 1989). Feminist authors have criticized Kanter's liberal feminist framework for two reasons; it fails to identify or analyze issues which affect gender balance and it relies on numerical representation as the core marker of 'inequality' in the workplace. Janice Yoder (1991) is one critic of Kanter's model, she argued that numerical imbalance neglected other factors such as gender status, type of occupation, and the token's level of intrusiveness in the workplace. Yoder is also critical of what she saw as Kanter diverting attention from the root cause of women's discrimination, that is sexism, and the efforts of men to preserve advantages in the workplace.

While Kanter's work has come under scrutiny for her lack of structural analysis on tokens she remains influential in the USA where her theoretical framework has been replicated in studies, including men in nursing. For example, Kay Snaveley and Gail Fairhurst (1984) measured the applicability of tokenism to male nursing students, and found that despite men's token status within nursing their high status position in society enabled them to resist performance pressures and the establishment of cultural boundaries by the numerically dominant group of women. They concluded that the token's status needs to be taken into account when they found the men did not experience the dynamics as described by Kanter (1977). Similarly Joel Heikes (1991) recognized that men operated from a high status position in society but he stated that the valued male traits of ambition, assertiveness and strength created friction and stress amongst female nurses, who feared a male takeover. According to the male registered nurses interviewed by Heikes they experienced discrimination by women who hindered their progress in nursing. He concluded that men were indeed visible and this visibility created performance pressures on men to overachieve, however in contrast to Kanter's view that the dominant group created boundaries to exclude tokens, the men in the study established boundaries that excluded women. Heikes concluded that Kanter's

framework was applicable to male nurses, and men's experiences of stress, stigma and discrimination at work constituted disadvantage.

While most studies on token men in nursing emanate from the USA, several studies from the Netherlands have cited or directly applied Kanter's token status to men in nursing, even though in the Netherlands men constitute almost 20 per cent of nurses working in hospitals (Dassen, Nijhuis & Philipsen, 1990; Ott, 1989). This is substantially higher than Kanter's numerical ratio of minority token status at 15 per cent of the workforce. Marlies Ott (1989) recreated work settings with varying ratios of females and males in nursing and the police force in the Netherlands to test her prediction that Kanter's theory of tokens is not gender neutral. Through interviews with selected groups, Ott found male nurses received considerable attention because of their visibility, however this attention was not seen as negative by the men. Furthermore men were not isolated socially or at work as Kanter has described women being. In addition, Ott concluded that sex role stereotyping advantaged men as they were viewed as the breadwinner by their supervisors, who, for this reason, supported men in their nursing careers. Conversely Ott found women tokens were marginalized at work, their visibility created heightened scrutiny of their work, and women lacked support for upward career mobility. Hence Ott concluded that token dynamics did not apply equally to male and females in minority positions in the workforce.

USA author Christine Williams (1989) also compared men and women entering non-traditional occupations of nursing and the marine corps, respectively. Her interest in men in nursing differed from the previously described studies as she was interested to question why so few men entered nursing, rather than directly applying Kanter's theory of tokenism to men. Williams noted that men consciously maintained and made visible their masculinity by redefining nursing practice as requiring masculine characteristics such as technical expertise and physical strength. As with Heikes' study, Williams found male 'tokens' created boundaries to distinguish themselves from their female counterparts and practices they perceived as feminine. As a result of men's desire to work in areas more associated with masculine practices, such as anesthetics, men received economic advantages because of the greater remunerative rewards available in

these areas. Williams' research also utilized Nancy Chodorow's psychoanalytical theory of gender development to explain men's conscious effort to distance themselves from perceived feminine activities in nursing and the intimacy of bedside nursing to more masculine areas of nursing practice. Briefly, this theory posits that male children seek to separate themselves from the feminine identified mother and fashion an identity with an emphasis on individuality, strong sense of self, a wish for power, agency and action in opposition to the feminine (Davies, 1995). Williams determined that men's efforts to preserve their masculinity was their central task and an individual struggle. She concluded that the low numbers of men in nursing had little to do with restrictions or institutionalized practice but that men were reluctant to become nurses because they viewed nursing as a feminine occupation requiring non-masculine traits. In view of the lack of structural barriers to men's entry in nursing, Williams concluded that affirmative action quotas to increase the numbers of men in nursing were misdirected and would be ineffective in attracting more men. Christine Williams' more recent work on men in nursing has shifted from an uncritical utilization of Kanter's theory to a clear rejection of a gender-neutral token status, and a critical analysis of the structures and practices of gendered organizations that facilitated male advantage.

Kanter's theory of gender-neutral tokenism has been embraced by a number of North American male authors who contend that men are in a disadvantaged position in nursing due to their small numerical representation (for example; Christman, 1988; Halloran & Welton, 1994; Johnson, Peichoto, Ryan, Porter, Ciesielski & Tranbarger, 1994; McPhee, 1984; O'Malley, 1995; Porter-O'Grady, 1995). Male commentators, such as Edward Halloran (1996) asserted that perceived gender inequalities could be addressed by increasing the numbers of men in nursing. Though Kanter's work is not cited in Tim Porter-O'Grady's (1995) discussion on men in nursing, Porter-O'Grady clearly assumed that numerical minorities were inherently disadvantaged. Furthermore, he equated men's experiences in nursing with women's experiences of entering a male dominated profession, and utilized equal opportunity discourse to describe men's position. According to Porter-O'Grady men find themselves in the unique position of suffering dual discrimination firstly, within nursing by an 'old girl's club', and secondly, by men outside the profession, who may question their career choice and

sexuality/masculinity. However, Porter-O'Grady is unable to support his statements that women use exclusionary tactics to obstruct men's careers other than reporting that men in nursing feel that it is so.

Porter-O'Grady suggested women in nursing should develop a sensitivity to men and their status as a minority group, and consider men for promotion to leadership positions. As a result, Porter-O'Grady suggested nursing would benefit from securing men as leaders as they would provide the required dynamism needed to steer the perceived directionless and politically naive nursing profession. Porter-O'Grady's polemic lapses when he recognizes that men in nursing are expected by some women to enter leadership roles in nursing, and indeed do hold leadership positions in greater proportion to their numbers.

Porter-O'Grady's position is by no means unique in the North American nursing literature. Edward Halloran and John Welton (1994) supported Porter-O'Grady's call for women to be sensitive to men's needs, and suggested positive discrimination measures to address 'inequalities' through the establishment of predominately male nursing schools. In response to their perceived minority status men have established the American Assembly for Men in Nursing (AAMN), which is aimed at the recruitment of more men into nursing and the enhancement of men's professional careers. In an article reviewing studies on men in nursing Luther Christman (1988), the founder of AAMN, called for a 'socially representative' profession, and research into whether the nursing profession and/or structural forces maintained the present low numerical representation of men and minorities in nursing. One area of concern he targeted for future research is why 110 out of 57,000 male nurses have earned doctoral degrees, compared to 3,500 female nurses out of approximately 1,830,500. Interestingly these figures demonstrate doctoral degrees are earned by male and females at a similar rate of 0.2%. It is unclear why he identified this as a topic for further research if males and females were achieving doctoral studies at the same rate.

In Australia, men in nursing have received little attention, however commentators and a small number of studies also presume the small number of men to

be a problem. Early commentary by Stewart Hase (1977) asserted that many benefits, such as nursing increasing its status amongst other healthcare professions, would flow to the Australian nursing profession through the increased entry of men into nursing and leadership positions. Indeed Hase concluded that men in senior positions would provide the aggression and purpose to successfully plan for the future. According to Hase men have been historically discriminated against as they were barred entry into nursing, and they continue to experience resistance from their female peers. To be more inclusive of men, Hase suggested that the term 'nurse' be eradicated to be replaced by 'health care practitioners' to describe the new dynamic professionals. Several other male authors have claimed the title 'nurse' to be problematic because of its association with nurturing (Christman, 1988, Fitzgerald, 1995).

Les Fitzgerald's (1995) discussion provides a more advanced analysis of the position of men in Australian nursing than Hase's polemic. Fitzgerald recognized men's high status in society and the conflicts in being both male and a nurse, and he asserted men attempted to resolve this conflict by seeking to empower themselves by enacting masculine behaviors. However the fact that this masculine behaviour advantaged men's careers is ignored by Fitzgerald. Rather he asserted that to avoid gender divisiveness in nursing the profession needed to be redefined so men could be equally included in the concept of nursing. Fitzgerald's discussion relied on an exploratory study of the opinions of eight male nurses working in rural Australia. While Kanter's work is not cited by Fitzgerald he referred to the dynamics associated with token status when he concluded that the men were highly visible, their work was scrutinized by clients, and males felt peer pressure to conform to stereotypical masculine behaviour.

More recent Australian commentary indicates that men continue to view themselves as marginalized and discriminated against by the predominately female nursing profession through use of the prefix 'male' to the title nurse. However, the discriminatory nature of the usage of this prefix is debatable as the title 'male' nurse may be viewed as a mechanism of boundary heightening by men to distinguish themselves from women and nursing work. Geoffrey Devine's (1996) letter to the *Australian Nursing Review*, criticized the use of the term 'male nurse' utilized in a

recent article in that journal. Devine takes a similar stance to the USA commentator Porter-O'Grady (1995) calling for 'equality' for men in nursing:

Many nurses may not be aware that gender issues are important for nurses to acknowledge in order to widely present itself as an equal opportunity profession ... Feminist movements have fought strongly for the right to fair representation in the literature and the media over many years and, as a predominantly female profession which would generally support this ambition, we cannot compromise our integrity by being guilty of the internal marginalisation of minorities within nursing lest we be accused of being somewhat inconsistent, or more bluntly, hypocritical (Devine 1996:25).

Kanter's theoretical framework is evoked in this representation of men in nursing as having minority status. The uncritical acceptance of men as tokens by many commentators neglects men's advantage in society and the promotional advantages men appear to accrue in nursing. Furthermore, there is a naiveté in the underlying assumption that high status individuals (men) moving into an occupation dominated by low status individuals (women) can be equated with low status individuals (women) moving into an occupation dominated by high status individuals (men). The tendency to equate these as similar experiences of 'non traditional' occupations is to obscure the power and status dynamics.

An alternative view: men as an advantaged minority

The advantages which accrue to men in nursing are obscured by male commentators' utilization of equal opportunity discourse to highlight perceived gender discrimination in the nursing profession. Thus, the use of equal opportunity rhetoric to describe men's perceived disadvantaged position in nursing is misleading. Australian feminist Margaret Thornton (1994) argued that the concept of gender-neutrality in equal opportunity legislation and discourse 'serves as an effective device to occlude the reality of women's subordination, for it seeks to delude us into thinking that an act of discrimination against a woman is simply a replication of an act of discrimination against a man'(p.216). This focus on minority status rather than gender status enables commentators such as Geoffrey Devine (1996) to claim for themselves similar

experiences to women and position themselves as disadvantaged, while ignoring how their status as men impacts on their position in nursing.

In her most recent study of men entering nursing, librarianship, teaching and social work in the USA, Christine Williams (1995b) asserted that in order 'to fully understand the source of women's disadvantage in the workplace, it is essential to examine the source of men's advantage' (p.8). Williams utilized theories of gendered organizations to explore men's success in entering senior positions and found that the high value placed on men in society was replicated in the four women's professions. She asserted men received preferential treatment in hiring and promotion as they were channeled into more gender appropriate specialties that were better paid and more prestigious; Williams referred to this as the 'glass escalator'. Williams concluded men were rewarded because they conformed to a particular desired pattern of employment including long periods of uninterrupted professional life and workdays free from responsibilities of family life.

The men in Williams' study felt they needed to maintain a masculine identity to compensate for the feminine image of nursing. Williams referred to a concept of hegemonic masculinity where the masculine ideal is embedded in the dominant culture including the culture of the workplace. She showed that hegemonic masculinity may have various manifestations but all emphasized masculine traits as different and superior, and the opposite to femininity. Williams identified strategies used by men to maintain masculinity in women's professions. These included sex segregation into preferred areas of practice, valorization of the masculine areas and component of nursing practice, achieving administration and higher education credentials, and disassociation from women's work. Williams was therefore critical of commentators suggestions that an increase of men in nursing would advance the profession by dismantling gender stereotypes. She called for a radical reassessment of the value placed on women and their work. In addition, she stated that men should be encouraged into nursing but only in so far as they are able to exhibit characteristics of good nursing practice. She argued that simply recruiting men for particular proclivities and specializations would reinforce gender differences and further disadvantage women.

Williams' views on male entry are in contrast to other commentary in the North American literature that focuses on strategies to promote nursing as a suitable occupation for men. These studies emphasized career opportunities, and highlighted 'aggressive' and exciting areas of practice such as intensive care nursing (Boughn, 1994; Perkins, Bennett & Dorman, 1993). Commentators, such as Shirley Davis-Martin (1984), viewed the promotion of men's entry into nursing as a positive initiative as they believed it would result in nursing increasing its status. Fran London (1987), however, argued that increased numbers of men would not raise the status of nursing, and illustrated her case by reviewing the teaching profession in the USA and the nursing profession in the UK. She asserted in both professions men had carved themselves career paths in administration and other fields where contact with clients was minimal, this resulted in increased male leadership and little change in the status of the profession.

Fran London ascertained that men in nursing in the USA have not achieved the substantial takeover of senior positions as has occurred in the UK. This disparity could account for the lack of feminist studies critically reviewing men's position in nursing in the USA. Since the 1970's men's success in nursing has been scrutinized by feminists and other commentators in the UK. Several explanations have been offered for men's advancement in nursing, these primarily focus on women's perceived deficits rather than men's systemic advantage. For example, emphasis is laid upon women's interrupted career trajectories after childbirth, and women's lateral career movements. Several authors however, have provided a macro perspective of structures which advantage men. Richard Hugman (1991) linked gendered labour market theories with the concept of gendered professions in his analysis of men's and women's positions in 'caring' professions. Carpenter (1978) ascribed male advancement in nursing to changes in the management structure of the National Health Scheme in the 1960's following the Salmon Report. According to Carpenter, the report embraced masculine practices in management that took little account of women's employment trajectories thus facilitating the movement of men into senior nursing positions that had been previously held by women. Since this period the representation of men in these positions has increased, as demonstrated by Harriet Gaze's (1987) observation that men in the UK

consisted of 9 per cent of the registered nursing population, yet held 50 per cent of senior nursing positions.

Both Leslie Hardy (1986) and Michael Hunt (1991) reviewed the careers of small samples of men and women nurse leaders to explore factors affecting nursing careers of men and women. While Hardy identified differences in the career paths of men and women she failed to critically analyze the advantageous factors that contributed to men's success. Hardy found that men in leadership positions were younger, more likely to be married, and have lower qualifications than the women in equivalent positions. Furthermore women made more lateral career moves, and lacked the support of a mentor in their early nursing career. Instead of exploring these structural factors Hardy focused on the impact of individual motivation on careers while suggesting men and women would both benefit from increased mentorship. Hunt's (1991) specific aim was to redress women's disadvantage in achieving senior positions. He also found women held more qualifications than men but in contrast to Hardy's respondents Hunt's sample of women had made career moves similar to the men, and had similar demographic characteristics. According to Hunt the significant difference in careers specifically related to women with children who experienced difficulty combining a career and child rearing because of unfriendly work practices. Hunt recommended improved child care facilities and work practices that recognized women's responsibilities, however, he asserted these changes would have little impact on women's careers if men continue to avoid their responsibilities of raising children.

While most UK studies contrasted men and women's nursing careers in senior management positions, Sandra Ryan and Sam Porter (1993) demonstrated men's success and subsequent impact on nursing in another domain. They asserted that men's increased contribution to scholarly nursing journals was as significant as men's increased entry into senior positions, as the control over linguistic discourse in nursing was a crucial aspect of power to influence concepts and the future development of nursing. In their analysis of nursing journals they found that men from the UK authored over 45 per cent of the articles they reviewed. Male dominance was not only in generic journals but

specialized nursing journals in education, clinical practice and management. These results identified a new area of male infiltration⁴ in nursing in the UK.

However the focus in the UK has remained on the high representation of men, and the absence of women in senior positions of management in nursing. The Department of Health in the United Kingdom recognized the difficulties that women experienced in entering senior positions in nursing and general management, and in 1991 the Department joined a wider business campaign titled Opportunity 2000, which was established to facilitate greater career opportunities for women in management. One of the initiatives set by the National Health Service Management Executive focused on monitoring the time taken by women to reach management positions. Phillip Ratcliffe (1996) was critical of this initiative as he asserted that monitoring was insufficient to explain the gender differences in career progress in nursing. Ratcliffe's discussion was based on the premise that men's ability to be geographically mobile was a significant factor in the creation of career opportunities for men, and to maintaining male advantage in the labour market. Essentially, he asserted that because males exhibit the market valued capacity for mobility they were able to maximize their career rewards. Collectively women were less likely to exhibit this flexibility due to family constraints and therefore their opportunities for promotion were reduced. This resulted in different labour markets for men and women, and a hidden gendered process that advantaged and promoted men's careers.

While Ratcliffe's (1996) work is valuable as it provides a perspective on gendered labour markets, there is little empirical evidence to suggest that geographical mobility is an important aspect of men's career success, in comparison to other factors such as women's interrupted careers due to childbirth. Feminist author Celia Davies

⁴Harriet Bradley (1993) developed three typologies of male entry into female dominated professions; infiltration, invasion and takeover. She suggested they may be 'conceptualized as three stages on a continuum of the masculinization of an occupation' (p24). Infiltration, which Bradley asserted was represented in general nursing in the UK was cited as the most difficult typology to trace and analyze. This was primarily because of the low numbers of men who entered the profession, and their diverse reasons for becoming a nurse, such as individual motivation and lack of other employment opportunities.

(1995) also focused on a macro perspective to demonstrate men's career advantages in nursing in the UK. Davies showed that organizations are gendered and that gender is produced and operates on many levels. On the surface gender is easily visible with masculine and feminine identities and differences highlighted and normalized in everyday exchanges. Less obvious is the gendering of work and the concept of career. Like Ratcliffe (1996), Davies argued that the concept of career embraced the worker's ability to be geographically mobile, however she also placed emphasis on the workers commitment to continual full time employment without the 'distractions' of domestic life. Davies showed that the separation of the public and the private life does not accommodate many women. At another level she showed that the bureaucracy of the organization is also gendered as it emphasizes and extols presumed masculine traits of impartiality, authority and formality while shunning intimacy and diversity of personal experiences. Davies asserted that similarities existed between bureaucracies and professions as they were both shaped by masculine beliefs, ideals and practices while denying the feminine. According to Davies the professionalization of nursing may result in a denial of the feminine values she believed are expressed in the relational and nurturant aspects of nursing practice.

In Australia, Stephanie Short and Evelyn Sharman (1995) asserted that the emphasis on the masculine model of professionalism in nursing and the transfer of nursing education to the tertiary system has created career opportunities for men. According to Short and Sharman both changes have implications for women in nursing as men exhibit the desired characteristics of what it is to be a professional, and have shown to prefer higher education over the hospital based courses. Other than Anne Game and Rosemary Pringle (1983) and Short and Sharman's article, which briefly addressed the issue of men within a broader discussion of nursing, men in nursing have received little critical attention from Australian feminists and other commentators. Game and Pringle (1983) provided the most comprehensive discussion of men in nursing within a wider debate of the sexual division of labour in healthcare. They warned that changes in the health care management have resulted in a more managerial orientation in health care delivery based on market relationships. This has been accompanied by an increase of men in senior nursing positions which Game and Pringle predicted would

result in nurses being dominated by men who have been co-opted as 'fellow men' by the medical fraternity. Another Australian author, Pamela Dowdell (1982) undertook a descriptive study of 42 male nurses to establish demographic backgrounds, attitudes to nursing and career aspirations. She concluded that men were interested in career advancement, and the nursing profession must consider ways of attracting more men. However, Dowdell provided no evidence or rationale for this recommendation.

The transfer of nursing education from hospitals to the tertiary education sector in Australia from 1983 to 1993 has resulted in alternative career opportunities for nurses other than the traditional career within a hospital. Nurses in senior academic positions have substantial influence on future directions of the nursing profession (Kermode & Brown, 1995). One mechanism for academics to disseminate new knowledge and play an influential role in nursing is through journal publications. This has several advantages for nurses in academe, firstly as cited, a vehicle for extensive dissemination of information and secondly as a performance indicator for future career opportunities.

Several Australian studies have investigated the patterns of scholarly contribution by examining the content and authorship of articles. The gender of author, however, is not the major focus in any of these studies. One study by nursing academics Edwina McConnell and Merri Paech (1993) reviewed articles published in the *Australian Journal of Advanced Nursing* without considering the gender of the author. More recently, Kathryn Roberts (1996) identified publication patterns of Australian nurse academics between 1993 and 1994, and found 26 per cent of authors were men although they accounted for 17 per cent of nurse academics. Debra Jackson, Maree Raftos and Judy Mannix (1996) also reviewed content and authorship of refereed articles of Australian nursing journals from 1994 to 1995. While the study identified that 26 per cent of articles had male authors they provided no further findings on male participation. The authors confirmed that this an area worthy of further exploration. It is this task which this thesis will undertake to examine men's participation in nursing through the authorship of articles published in nursing journals, and to examine men's representation as senior practitioners in nursing.

Summary

There are significant differences in the two countries, the USA and the UK, producing the bulk of the literature on men in nursing. In the UK there is acknowledgment of the disproportionate advances made by men in nursing, much of the literature attempts to ask 'why' and focuses on structures within the National Health Service that advantage men or penalize women who have interrupted career patterns. Men in nursing in the USA have not advanced to senior positions to the extent evident in the UK nursing profession, however men are in leadership roles disproportionate to their numerical representation in the profession. According to studies on authorship of articles published in scholarly journals men are also well represented in the production of nursing knowledge, and as a result it has been argued that men are having an impact on the discourse of nursing through influential academic production.

While some of the discourse on men in nursing in the United States of America acknowledges male advantage the majority of the literature written by men locates them as a minority facing discrimination from the female nursing profession and the wider community. These authors argue this places men at a disadvantage, and conclude there needs to be equality in the nursing profession. While the literature on men in nursing in Australia is sparse the rhetoric of equal opportunity is emerging as a theme in the commentary from Australia.

Chapter 3

Methodology

This thesis examines men's advantages in nursing through their prominence in positions of seniority. The aims of the thesis support Joan Eveline's (1994) contention that men's advantages in society, and in particular the workplace, need to be explicated to better understand and change women's position in society. This thesis also seeks to expand the Australian analysis of men's role in nursing beyond the discourse on disadvantage. I have chosen to use markers of relative advantage which do not rely on personal case studies or opinion sought through interviews. Although personal accounts by male and female nurses have their place in elaborating the perception of the operation of discrimination I consider that a more fundamental overview of the changing dynamics within nursing is more apt.

In recent years feminist researchers have demonstrated a preference for qualitative research methods that explicate women's experiences through data gathering techniques such as interviews and diaries, thus allowing women to articulate their experiences. Toby Jayaratne and Abigail Stewart (1991) acknowledge feminists' criticism of the exploitative and reductionism nature of the positivist research paradigm, however, they assert that the utilization of quantitative research methods provides powerful tools for feminist researchers to demonstrate women's position in society. They suggest that feminist research can be further enhanced by the inclusion of quantitative and qualitative research methods, which they broadly refer to as triangulation or 'mixed-method'. In this context the term triangulation describes the utilization of multiple methods of data collection to examine a phenomenon. According to Jayaratne and Stewart the use of triangulation avoids the disadvantages associated with one particular method and, as a result, provides a more convincing account of the phenomena being investigated.



Using data triangulation I will present evidence to demonstrate the advantages that will withstand accusations of feminist bias, and lay a foundation for informed discussions on the impact of men entering nursing. This is critical because previous discussions on this subject in the USA have generated hostile responses from men, who assert they have been unfairly targeted and discriminated against (Johnson et al, 1994). As a result of this perceived discrimination men have emphasized their marginalization in the nursing profession and claimed to be disadvantaged.

There will be three forms of data collection and analysis utilized in this thesis.

- Analysis of the Census of Population and Housing
- Content analysis of nursing journals
- Textual analysis of the Australian discourse on men in nursing

The markers of men's advantage will be the proportion of men in senior nursing positions as identified in the Census, and authorship of nursing journal articles. The empirical evidence gathered from these two sources will be analyzed within the context of the discourse of Australian men in nursing that locates men as a disadvantaged minority.

Gender composition of nursing in Australia

This data will identify trends of male participation in nursing and the number of men holding senior positions from 1971-1991. As stated in the introduction there are no statistics available on the registered nurse population in Australia other than the national Census⁵. I will compare the Census of Population and Housing statistics collected and published by the Australian Bureau of Statistics (ABS) to examine the gender of registered nurses in the Australian workforce. The Census includes workforce information in their five yearly survey of households in Australia. The period under review commences at 1971 and concludes with the most recently available Census data of 1991. Analysis will be made of the total number of men in nursing, annual income of

⁵In 1978 the Commonwealth government conducted an annual survey of nurses to gather data on the characteristics and, distribution of working and non-working registered nurses, enrolled nurses and nursing students (Commonwealth Department of Health, 1979). Men constituted only 4% of all nurses who participated in the study therefore a detailed breakdown of positions held by men was not provided. As a result the findings from the survey have not been included in this thesis.

registered nurses, and the number of men in the Director of Nursing positions (the most senior nursing position recognized in the Census reports) for each Census year.

Gender of authors in nursing journals

The second aspect of the study will identify men's contribution to authorship of articles in Australian nursing journals. Authorship is identified as an indicator of nursing leadership as it increases the knowledge base of readers and articulates opinions of the profession (Pheifer & Davis, 1987). I will collate data from four Australian nursing journals from 1983-1995 utilizing content analysis to identify the gender of contributing authors and editors, and demographic details of the principal author's position and qualifications.

Content analysis is a study of a set of objects or cultural artifacts by counting or interpreting themes, and is a common method utilized to identify patterns of authorship and examine trends (Reinharz, 1992). Categories for the content analysis of articles are established that are mutually exclusive (see appendix for coding categories, p.53). When the gender of the authors cannot be identified they are categorized as 'unknown'. The qualifications and position of the principal/first author is recorded. The rationale for inclusion of the principal author only is twofold; firstly in collaborative works the authors are ranked hierarchically and the principal author receives the most recognition for the publication (Ward & Grant, 1991), and secondly the recording of one author (principal author) per article allows a less complex and more meaningful picture to emerge. The inclusion of a variable to identify collaborative and non-collaborative works provides an overview of the gender composition of authors in each article.

Since 1992 there has been a substantial increase in the number of scholarly nursing journals in Australia. Generic journals that published articles on a wide range of general nursing issues will be reviewed to establish the gender of authors in the non-specialist area of nursing. The four journals selected as generic are the *Australian Journal of Advanced Nursing*, *Contemporary Nurse*, *Collegian* and *Nursing Inquiry*. All issues of the *Australian Journal of Advanced Nursing* are reviewed from its

inception in 1983 to 1995, to allow tracking of publishing trends over a thirteen year period. *Contemporary Nurse* commenced publication in 1992, followed by *Collegian* and *Nursing Inquiry* which both commenced in 1994. These three journals are reviewed from their first issues to the last issue published in 1995. All four journals are peer reviewed (Jackson et al 1996). The *Collegian* publishes less refereed articles per issue than the other three journals but includes substantial non-refereed articles on policy and professional issues. These articles are included in the analysis but book reviews and editorials have been excluded. Similarly book reviews and editorials have been excluded from the other three journals, and only feature articles are analyzed.

All author details from the articles were coded, and entered into SPSS (Statistical Package for Social Sciences). Cross tabulations and descriptive statistics were utilized to identify the relationships between gender characteristics and publishing in the thirteen year period under review.

Australian discourse on men in nursing

While the previous analyses provide statistical evidence to establish markers of advantage for men in nursing, this section analyzes a contemporary Australian text on men in nursing. The inclusion of textual analysis in the thesis locates the empirical findings within contemporary debates on men in nursing. The aim of this analysis is to provide a deeper, more qualitative reading of the discourse surrounding men in nursing. Textual analysis will examine and reveal the dominant themes and connections with the dominant discourse regarding 'equality', discrimination and gender. In this way the social and political concepts within the discourse will be revealed to identify the interests being sustained in the text, especially who speaks for whom (Kellehear, 1993).

As identified in the literature review there is a lack of recent academic attention to men in nursing in Australia. A search of CINAHL (Cumulative Index to Nursing and Allied Health Literature) for articles on men in nursing in Australia revealed no publications listed under this subject. One text not catalogued on CINAHL was Les Fitzgerald's paper "Culturing a 'male nurse' role", which was published in 1995 in an

edited book titled *Issues in Australian Nursing 4*. This text was analyzed in this thesis as it is the most recent and the most substantial text on men in nursing to be published in Australia.

Chapter 4

Men's Presence and Prominence in Nursing

This chapter presents evidence of men's prominence in specific domains of Australian nursing.

Trends in gender and status of the Australian nursing workforce 1971-1991

The five yearly workforce statistics gathered from the Census of Population and Housing allowed analysis of gender trends within the Australian nursing workforce. In reviewing the data it was found that direct comparison of the registered nurse population over the twenty year period was difficult, as the Australian Bureau of Statistics (ABS) did not provide detailed labourforce statistics on nurses from the 1971 and 1976 Census. Direct comparisons were further impeded due to extensive changes in occupational classification especially for registered nurses. For example, before the 1986 Census only one classification for registered nurse existed. This category included nursing students, general registered nurses and more senior positions of tutor sisters, nursing supervisors, and matrons of hospitals. Thus there was no easy way to distinguish nurses who had been promoted to senior position from those at a base level.

In 1986 the ABS and the (now) Department of Employment, Education, Training and Youth Affairs developed the *Australian Standard Classification of Occupations* (ASCO) to categorize workforce positions. While maintaining the generic group classification of 'Registered Nurse' the ASCO distinguished distinct unit groups for Directors of Nursing (previously referred to as matrons of hospitals) and nurse educators working in non-tertiary settings⁶. The 1986 and 1991 Census data provide

⁶The ASCO classification has eight major group headings; Managers and Administrators, Professionals, Para-professionals, Tradespersons, Clerks, Salespersons and Personal Service Workers, Plant and Machine Operators and Drivers, and Labourers. Within the major groups are minor groups, unit groups and occupations. Directors of Nursing are located within the major group of Managers and Administrators, registered nurses employed as academics and hospital nurse educators are included

statistics distinguishing Directors of Nursing and registered nurses, however, there is no differentiation of nurse educators in non-tertiary and tertiary settings⁷. Direct comparisons therefore can be made between 1986 and 1991 Census data on registered nurses (RNs) and Directors of Nursing (DONs). Comparisons with earlier Census data must recognize the changes in occupational classifications identified in this discussion⁸. The following table reports the numbers and percentage of male and female registered nurses in the Australian workforce from 1971 to 1991.

Table 1. Male and female RNs in the Australian workforce 1971-91

Year	Male		Female		Total
1971	3,234	5.7%	53,420	94.3%	56,654
1976	4,130	5.2%	75,656	94.8%	79,786
1981	6,800	6.4%	99,763	93.6%	106,563
1986	10,660	7.7%	127,560	92.3%	138,220
1991	10,733	7.7%	128,642	92.3%	139,375

Source: ABS (1985) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1981* Cat.no. 4346.0. ABS (1989) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1986*, Cat.no.4346.0. ABS (1993) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1991*. Cat.no. 4346.0.

Table 1 demonstrates that the proportion of male registered nurses relative to the females rose gradually between 1971 and 1986 but has remained stable since then. However this may be because Nurse educators and Directors of Nursing were excluded from the 1986 and 1991 data for the reasons outlined. A further breakdown of the male nursing population in each of the Australian states between 1986 and 1991 is shown in Table 2.

within the group heading of Professionals. All other registered nurses are placed within the major group of Paraprofessional.

⁷The ABS included these nurses within the unit group headings of 'Extra-systemic teachers and instructors' and 'University and CAE lecturers' in their Census reporting.

⁸The first edition of the ASCO, currently in use, is being reviewed to address occupational changes in the labour market. The new edition will be used in the analysis of the 1996 Census of Population and Housing (ABS 1994 Cat.no.1221.0). These occupational changes will impede longitudinal comparisons of registered nurse positions in the workforce.

Table 2. Male RNs in states of Australia in 1986 and 1991*

State of Australia	1986 male RNs		1991 male RNs	
New South Wales	3669	8.2%	3562	7.9%
Victoria	2908	7.7%	2905	7.8%
Queensland	1427	6.5%	1474	6.6%
West Australia	792	6.7%	982	7.7%
South Australia	1323	9.4%	1188	8.8%
Tasmania	353	7.5%	383	8.3%
Northern Territory	66	5.4%	117	8.2%
ACT	122	5.9%	122	5.6%
Total	10660		10733	

Source: ABS (1993) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1991* Cat no 4346.0. Australian Institute of Health (1988) *Health Workforce Information Bulletin No.13: Nurse Workforce 1986*, Health Workforce Information Series, AGPS, Canberra.

* percentage of male registered nurses calculated from total RN population in each state.

These data demonstrate similar patterns of male registered nurse workforce participation across the country. There were small decreases in the numbers of male registered nurses in New South Wales, South Australia and Australian Capital Territory between 1986 and 1991, and slight increases in Northern Territory and Tasmania. A breakdown of male registered nurses by states illustrates the low numbers of men in the Australian nursing profession, South Australia has the highest percentage of male registered nurses in 1986 and 1991.

Gender breakdown of senior nurse positions in 1986 and 1991: Directors of Nursing

In the 1986 Census, 3762 individuals reported their occupation to be Director of Nursing (DON). A gender breakdown of the position shows that of all DONs 430 were men (11.4%) compared to 3332 women (88.6%). In 1991, the number of DONs in Australia had increased to 5836. Men held 912 (15.6%) of all DON positions compared to women who held 4924 (84.4%). Thus the number of men in DONs positions doubled from 1986 to 1991 and overall men increased their representation in DON positions by 4.2 per cent while at the time their numbers as base grade registered nurses remained

stable (see Table 1). Table 3 shows that this increase is evident across all states of Australia except the ACT. The rate of increase varies between states, however the small numbers of DON positions in some states makes comparisons difficult to interpret. There does seem to be substantial difference in the most populous state of NSW which may reflect important differences in the structure of the health system, however, this is beyond the scope of this thesis.

Table 3. Male DONs in states of Australia in 1986 and 1991*

State of Australia	1986 male DON		1991 male DON	
New South Wales	148	10.5%	528	16.4%
Victoria	122	13.4%	181	15.7%
Queensland	38	7.4%	60	10.3%
West Australia	47	12.7%	55	15.3%
South Australia	50	12.9%	57	17.0%
Tasmania	17	16.8%	19	17.4%
Northern Territory	3	11.1%	7	17.5%
ACT	5	12.8%	5	12.5%
Total	430		912	

Source: ABS (1996) *State Comparison Series, Census of Population and Housing 1991*, Cat. no. 2731.0, ABS, Canberra. Australian Institute of Health (1988) *Health Workforce Information Bulletin No.13: Nurse Workforce 1986*, Health Workforce Information Series, AGPS, Canberra.

* percentage of male DONs calculated from total DON population in each state.

The Australian Institute of Health (1988) collated age groupings of Directors of Nursing on a state by state basis from the 1986 census data. Stephanie Short and Evelyn Sharman (1995) utilized this data to calculate the ages of the DONs in Australia and found that nearly half of the male DONs were younger than 40 years of age, compared to only 25 per cent of women DONs. Short and Sharman provided no other details from the 1986 Census data. From these statistics they determined that men were gravitating towards the top hierarchy of nursing at an earlier age and gaining a disproportionate share of DON positions.

Table 4 shows the age breakdown of DONs nationally⁹. This confirmed that most female DONs (56.6%) were 45 years of age or older compared to a younger male DON population who were predominately (62.3%) under 45 years of age.

Table 4. Age groups of male and female DONs in 1986

Age	Male		Female	
	Count	Percentage	Count	Percentage
29 years or less	19	4.4	98	2.9
30-34	80	18.9	255	7.6
35-39	101	23.8	483	14.5
40-44	68	16.0	609	18.3
45-49	56	13.2	648	19.4
50-54	42	9.9	613	18.4
55-59	49	11.6	411	12.3
60+	9	2.2	219	6.6
Total	424	100.0%	3336	100.0%

Source: Australian Institute of Health (1988) *Health Workforce Information Bulletin No.13: Nurse Workforce 1986*, Health Workforce Information Series, AGPS, Canberra.

The most likely explanation for women's entry into the Director of Nursing positions after the age of 40 years is that women are returning to full time work and advancing to senior positions once family responsibilities become less demanding. As feminist commentators, Celia Davies (1995) and Christine Williams (1995b) have observed the concept of career requires a full time commitment to the employer with a repudiation of the private and the 'domestic' life and the associated encumbrances. Men's lack of primary responsibility for parenting results in career advantages for men as they are able to pursue full time work and continue an uninterrupted nursing careers being promoted to DON positions earlier in their lives¹⁰. While data has not been released on ages of DONs in 1991 there is no reason to suggest that this trend of men entering senior positions at a younger age than women has declined given the 4.2 per cent increase of men in DON positions from 1986 to 1991.

⁹The total number of DONs in Table 4 varies slightly from the figures presented for the total number of DONs in 1986 on page 28. This variation is a result of the figures reported in the Census rather than an error in calculation on my part.

¹⁰In 1992 the ABS estimated that 46 per cent of mothers with children aged 0 to 4 years were in the labourforce compared with 96 per cent of fathers. Women with children aged 5 to 9 years had higher workforce participation rates of 69 per cent while men's representation remained stable (ABS, 1994, Cat no.4422.0)

Gender and Income of Registered Nurses in 1986 and 1991

The 'registered nurse' group is a broad category in the 1986 and 1991 Census that includes base grade registered nurses, and more senior nursing positions such as clinical nurse consultants (previously referred to as 'charge' nurses) and assistant directors of nursing. Some sense of seniority of position within this category can be explicated from income levels above the award rates for base grade registered nurses in each Census year. Tables 5 and 6 shows the personal annual income of registered nurses collated from the 1986 and 1991 Census, respectively. Award rates for base grade registered nurses are denoted in both tables.

Table 5. Income distribution of male and female RNs in 1986

Income	Male		Female	
	Count	Percentage	Count	Percentage
less than \$15,000	2390	22.5	55400	43.5
\$15,001 - 22,000 *	4590	43.0	51480	40.4
\$22,001 - 32,000	3260	30.6	17130	13.4
\$32,001 - 40,000	190	1.8	680	0.5
\$40,001 - \$50,000	30	0.3	150	0.1
\$50,001 or more	10	0.1	60	0.05
income not stated	190	1.8	2680	2.1
Total	10660	100.0%	127580	100.0%

Source: ABS (1989) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1986*, Cat no. 4346.0

* base grade registered nurse salary \$17,466 - \$20,144 per annum¹¹

¹¹South Australian award rates for base grade registered nurses ranged from \$17,466-20,144 per annum. Incremental increases in this range were linked with the number of years work experience since completing nursing registration. There would be some variation of award rates in states of Australia in 1986, however these rates would be within the income bracket shaded in the table (personal communication, South Australian Department of Industrial Affairs, 16/12/1996).

Table 6. Income distribution of male and female RNs in 1991

Income	Male		Female	
	Count	Percentage	Count	Percentage
less than \$20,000	1180	11.0	39100	30.4
\$20,001 - 30,000*	3630	33.8	46950	36.5
\$30,001 - 40,000	3900	36.3	31280	24.3
\$40,001 - 60,000	1740	16.2	8030	6.2
\$60,000 or more	70	0.7	280	0.2
income not stated	210	2.0	3020	2.4
Total	10730	100.0%	128660	100.0%

Source: ABS (1993) *Characteristics of Persons Employed in Health Occupations, Australia, Census of Population and Housing, 1991* Cat no. 4346.0

* base grade registered nurse salary \$23,217 - \$29,449 per annum ¹²

While the total number of male and female registered nurses remained stable in both Census years the distribution of nurses below and above the base grade annual income levels differed substantially. Between 1986 and 1991 there has been an overall increase in the percentage of nurses earning above base grade income pay. Men's representation in higher income brackets remained greater than women's in both years. In 1986, 33 percent of men reported incomes above the base grade level compared to 14 percent of women. In 1991, a higher percentage of men (53%) reported incomes above this level compared to 31 percent of women. This suggests that a substantial and disproportionately high percentage of men are employed in relatively senior nursing positions, such as clinical nurse consultant, above the base grade level of registered nurse.

Overall, while men continue to be less than 8 per cent of the registered nursing population in Australia, and their numbers appear to be relatively stable, more are rising to positions of Directors of Nursing at a much younger age than women and their numbers are growing. In addition, a greater percentage of men compared to women are

¹²In 1991 most RNs in South Australia were receiving Federal award rates. These rates for level 1 registered nurses (previously base grade registered nurse) ranged from \$23,217-29,449 per annum with incremental increases linked to number of years work experience post registration (personal communication, Commonwealth Department of Industrial Relations, 16/12/1996).

represented in income brackets above the base grade award rate for registered nurses since 1986. These markers of advantage, senior positions of Directors of Nursing and relatively senior positions within the general registered nurse population, demonstrate that men are disproportionately represented in leadership positions in nursing.

Men's presence in nursing publications 1983 -1995

This thesis argues that male authorship in scholarly nursing journals is an indicator of men's prominence in the relatively new area of academic nursing. This section traces the publication trends, and demographic characteristics of men and women authors from 1983 to 1995. In the thirteen year period under review 412 articles from four generic Australian nursing journals were examined. The *Australian Journal of Advanced Nursing* (AJAN) was the only scholarly Australian journal for nurses during the period 1983 to 1991, as a result the articles from this journal represented a substantial 71 per cent (n=293) of the sample. The next highest number of articles (13%) came from the journal *Contemporary Nurse*, followed by *Collegian* (8.3%). *Nursing Inquiry* provided the fewest articles (7.8%) in the sample. The numbers of articles from these three journals are considerably fewer than the AJAN as they began publication after 1991.

Editors in nursing

An examination of the gender of editors showed that women were sole editors of three journals, *Contemporary Nurse*, *Collegian* and *Nursing*. The AJAN also has a female editor, however, before 1988 the editorial position was jointly shared by a female production editor and a male technical editor. The gender of the editor provided something of a measure of the claim by some male nurses that they are excluded/marginalized by an 'old girl's club'. If editors had been predominately male it might have been support for the concern that men are taking key positions in the production of nursing knowledge. The fact that the editors are predominately female means that any disproportion in male/female publishing will require a more sophisticated analysis than has existed in the literature to date. In simple terms it shapes the question: Is the 'girl's club' disadvantaging male authors?

In the nursing literature little attention has been given to the role of editor. Dale Spender's (1981) review of academic publication highlights the power of editors to 'gatekeep' which manuscripts are published. She also demonstrates how the peer review

process can appear misleadingly objective. As Spender reveals the editor can choose a reviewer to assess a manuscript knowing that they may be unsympathetic to a particular philosophy or research method utilized by the author, and anticipate a rejection of the manuscript by the reviewer. Spender states that men are usually the editors of academic journals, and women, particularly feminists, had trouble getting non-mainstream work accepted for publication. In nursing, as demonstrated in the four journals in the sample, this is not the case as women are the editors. Whether men are disadvantaged through editorial gatekeeping of manuscript publication will be evident in the analysis of publications.

Gender of authors from 1983-1995

In the thirteen year period under review women were identified as principal authors of 308 articles (74.8%) while men authored 88 articles (21.4%). In the remaining 3.9 per cent of articles the gender of the principal author could not be identified. A more detailed exploration of the gender composition of collaborative and non-collaborative articles is shown in Table 7.

Table 7. Male and female authorship of nursing publications 1983-1995

Gender composition of authorship	Frequency	Percent
female sole author	201	48.8
female principal with female co-author/s	67	16.3
female principal with male co-author/s	40	9.7
male sole author	52	12.6
male principal with male co-author/s	11	2.7
male principal with female co-author/s	25	6.1
unknown	16	3.9
Total	412	100.0%

Table 7 shows that sole women were the most common authors (48.8%) followed by articles written by multiple female authors (16.3%). Sole male authors published 12.6 per cent of all articles. This is not surprising given the higher percentage of women than men in nursing. But the rate of all male publication (15.3%) is higher than would be expected from the 8 per cent of men in nursing.

Female and male collaborative efforts on journal articles shows either a male or female as the principal author. Male principal authors on these collaborative works consisted of 6 per cent while women were principal authors in 9.7 per cent of articles. The results show that in collaborative efforts for male principal authorship a higher rate of collaboration occurred with females than males.

While a similar effect can be seen in the case of female principal authorship it should be noted that the ratio of collaboration with female principals and male co-authors (37%) is higher than that of male principals with male co-authors (30%). In other words although in both cases a female collaborator is more common, it is more likely that if a male is chosen as a collaborator it will be by a female author.

Overall, 65 per cent of articles were written by one or more female authors, 15 per cent of articles were written by one or more male authors, and 16 per cent of articles were co-authored by men and women. Thus 31 per cent of the 412 articles reviewed from 1983 to 1995 included one male author either as a sole author, or as a collaborative author. These results provide substantial evidence that men are successful in having their manuscripts published, and suggests women as editors have not resulted in disadvantages for men in publishing. Furthermore, the findings suggest that men are not excluded or ignored by women when 'choosing' co-authors.

Trends in publishing of men and women

As shown in the previous section analyzing data from the Census the male registered nurse population remained stable at 8 per cent in 1986 and 1991, while the number of male Directors of Nursing in this period increased. The following table displays the pattern of male and female authorship of articles published each year from 1983 to 1995 to enable comparisons with male representation in nursing.

Table 8. Male and female principal authors and year of publication

Year	Male		Female		Unknown		Row total	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
1983	2	25.0%	5	62.5%	1	12.5%	8	100%
1984	3	12.5%	21	87.5%			24	100%
1985	8	34.8%	14	60.9%	1	4.3%	23	100%
1986	3	14.3%	18	85.7%			21	100%
1987	4	19.0%	17	81.0%			21	100%
1988	3	10.7%	25	89.3%			28	100%
1989	8	28.6%	19	67.9%	1	3.6%	28	100%
1990	5	18.5%	17	63.0%	5	18.5%	27	100%
1991	5	14.7%	26	76.5%	3	8.8%	34	100%
1992	5	17.9%	22	78.6%	1	3.6%	28	100%
1993	8	25.0%	24	75.0%			32	100%
1994	12	22.6%	39	73.6%	2	3.8%	53	100%
1995	22	25.9%	61	71.8%	2	2.4%	85	100%
Total	88		308		16		412	

*shaded area denote years when AJAN was the only nursing journal publishing

Table 8 shows the lowest percentage of male authors (10.7%) occurred in 1988 with the highest percentage (34.8%) in 1985. Male representation in nursing journals in the Census years of 1986 and 1991 was 14.3 per cent and 14.7 per cent, respectively, however the number of male authors in these years was too small to suggest any relation to the number of men in the nursing profession. Men's lowest and highest representation as authors in 1988 and 1985, respectively, occurred in the years when the AJAN was the only scholarly journal therefore the variation in the period up till 1992 is likely to be a statistical artifact reflecting variation in the policy of one journal. Since the introduction of the other three journals in 1992 and 1994 the variation is less and the trend is more obvious; men's participation rate has shown a slightly upward trend while women's publication rate has slightly decreased.

Background of principal authors

In most instances it was possible to identify the position and qualifications of the principal author. These data were broken down by gender to provide information of the backgrounds and positions from which the authors were 'speaking'. Previous Australian studies on nursing authorship have identified most authors as academics (McConnell &

Paech, 1994). As publications in refereed journals are a significant factor in achieving promotion in universities (Roberts, 1996) this analysis is important in addressing the issues of male advantage in the relatively new academic nursing environment.

Discipline of principal author

Of the eighty-eight men identified as principal authors 66 per cent were registered nurses, followed by non health professionals (13.6%) and other health professionals (12.5%). The remaining 8 per cent of the author's professional background could not be identified primarily because *Nursing Inquiry* did not provide these details on authors. The following table shows the disciplinary background of male and female principal authors.

Table 9. Disciplinary background of male and female principal authors

Discipline	Male		Female	
	Count	Percentage	Count	Percentage
registered nurse	58	65.9	258	83.8
other health professional	11	12.5	9	2.9
non-health professional	12	13.6	14	4.5
unknown	7	8.0	27	8.8
Total	88	100.0%	308	100.0%

Table 9 shows that the percentage of male authors who were registered nurses is small (65.9%) in contrast to a substantially higher percentage (83.8%) of women registered nurses. This shows that very few women (7.4%), who are not nurses, speak through or on behalf of nurses, whereas 26 per cent of publications in nursing journals were written by men who are not nurses. These findings suggest that not only are men in nursing achieving disproportionate success in publishing but men outside the nursing discipline are having influence on the production of nursing knowledge.

Position of principal authors

Table 10 shows that male principal authors were most likely to be employed in an academic position (70.5%) when their paper was published, followed by those in practitioner positions (19.3%) and joint academic and practitioner appointments (6.8%).

Table 10. Employment of male and female principal authors

Position	Male		Female	
	Count	Percentage	Count	Percentage
academic	62	70.5	185	60.1
practitioner	17	19.3	82	26.6
academic/practitioner	6	6.8	6	1.9
other	1	1.1	32	10.4
unknown	2	2.3	3	1.0
Total	88	100.0%	308	100.0%

In comparison the percentage of women academics was considerably lower (60.1%) while the percentage of women working as a practitioner (26.6%) was higher than for men. Women were represented in 10.4 per cent of the 'other' category compared to men (1.1%). This category included positions in nursing organizations that were not identified as providing education for nurses in the tertiary sector nor involved in client contact. These included for example, authors from the Australian Nurses' Federation and state registration boards. This finding confirms the assumption that men are more likely than women to occupy academic positions and 'speak' from a position of academic rather than 'practical' nursing. This finding is compatible with the thesis that male nurses are moving away from the bedside.

Qualifications of principal authors

An examination of the highest qualification held by principal authors showed that 35 per cent of male authors held doctorates compared to 14 per cent of women authors. In the next category of qualification, Masters degree, a higher percentage of women (32.5%) held this qualification compared to 28.4 per cent of men. Table 11 shows women continued to have a higher representation than men in the next categories of qualification that included degrees, diplomas and certificates.

Table 11. Highest qualification of male and female principal authors

Qualification	Male		Female	
	Count	Percentage	Count	Percentage
Ph.D.	31	35.2	43	14.0
Masters	25	28.4	100	32.5
Degree	19	21.6	108	35.1
Diploma	1	1.1	13	4.2
Certificate	3	3.4	12	3.9
unknown	9	10.2	32	10.4
Total	88	100.0%	308	100.0%

As shown most men and women principal authors were employed as academics. This is not unexpected as publishing is viewed by academic nurses as essential to the development of nursing knowledge and scholarly activity (Worrall-Carter,1995). What is striking is the strong representation of male authors holding doctorates. This clearly shows that men are achieving disproportionate success within the academic environment. One likely explanation for men's achievement in scholarly activities is the 'value' and benefits associated with different academic activities. Australian nursing academic Linda Worrall-Carter (1995) analyzed previous research that identified differing activities for men and women academic staff within universities. The studies asserted that teaching is essentially an activity that appeals to women because it is diffuse, inclusive and applied, whereas research is an independent, specialized and segmental activity. Research, as traditional scholarship, is therefore viewed as a masculine activity and is more valued. Worrall-Carter argues that traditional views of scholarship that focus on the acquisition of knowledge through research ignores the contributions of teaching and clinical practice by women. Indeed she suggested that there were more rewards, such as career promotion, status and project funding, in pursuing scholarship and research than clinical work. Furthermore, the emphasis in nursing to develop a knowledge base through research is advantageous to men if, as suggested, research is a masculine activity, and journals are more likely to publish research articles. There is some support for this suggestion that nursing journals mostly publish research articles. For example, Kathryn Roberts' (1996) review of Australian

nursing publications found 50 per cent of articles were research based articles compared to theoretical articles (36%), practice based (11%) and teaching (3%).

The transfer of nurse education from the hospital based courses to higher education from 1985 to 1993, and the emergence of a nursing discipline in the universities, has seen the growth of nursing journals in Australia to meet the dual needs of providing information to nurses, and a forum for nurse academics to publish. Previously nursing relied on oral transfer of information and knowledge. Indeed, Worrall-Carter suggests that women in nursing have a preference for presenting their work at conferences where they can communicate verbally. Men are disseminating their work through publications in nursing journals at a substantial rate. This is advantageous for men as a publishing track record is fundamental for securing a tenured position, career promotion and attracting research funding. My findings support recent Australian studies that demonstrate men have achieved disproportionate success in publishing in nursing journals. This data provides evidence on men's presence in the academic nursing environment that was not available in the Census.

Discourse on men's participation in nursing

The previous discussion on men's prominence in senior positions in nursing and their publication in nursing journals demonstrates that men have achieved disproportionate success in management positions and academe, and there is very little evidence of exclusion by an 'old girl's club'. However, men's prominence in nursing is largely ignored in the discourse on men in the Australian nursing profession. Australian nursing academic, Les Fitzgerald's work on men in nursing was published in 1995 with a focus upon the 'marginal' position of men working in a female dominated profession. This was the first major Australian work authored by a male nurse on this subject.

Les Fitzgerald's paper "Culturing a 'male nurse' role" was published in an edited book titled *Issues in Australian Nursing 4*. Chapters within the book were organized around major themes, and each theme was prefaced with an introduction. The editor's decision to place Fitzgerald's article with chapters on subjects such as nurses from non-English speaking backgrounds positioned men's experiences in nursing with those of immigrant nurses. The introduction in this section, titled "Nursing and the celebration of difference", strengthens the implication that men are a minority/subordinate group of nurses. This link with disadvantage is made explicit in the words of the editor Genevieve Gray:

The writers in Part II all focus on clients or nurses who are different from the dominant group within their community and who experience disadvantage as a result. It is useful to reflect upon the notion of difference and consider how society's construction of value, which is mirrored in health care institutions, disadvantages individuals who are seen to be 'different' (p.112).

There is a subtle difference in this construction than the one that predominates in the USA literature. Gray conflates disadvantage and 'difference' whereas the US commentators conflate disadvantage with numerical minority. The difference between the two positions may have important implications in practice. Gray's identification of difference being disadvantageous would call for nursing to be more tolerant and/or

homogenized. It would imply that what is necessary is androgyny in the nurse or structural and cultural reform to accommodate diversity. In contrast the US identification of minority equated with disadvantages could (presumably) be rectified by recruitment of more men. Gray also misleadingly assumes that 'difference' universally reflects diminished status and 'value' in society. This gender-neutral stance reflects Kanter's (1977) liberal feminist framework as Gray ignores the differing status of men and, in particular, immigrant women in society.

Hence, the reader approaches Fitzgerald's paper with a reference point that frames men as 'other', disadvantaged through their difference. Les Fitzgerald's discussion is based on the opinions of eight male nurses working in a rural Australian hospital who described their experiences as nurses. He states that of particular interest to men is the construction of the 'male nurse' role, and female peers' and clients' beliefs about men as carers. Fitzgerald develops the themes identified by Gray that nursing (dominated by women) excludes men because of its strong association with the feminine. He argues that nursing is a gendered female activity and the profession essentially precludes men from 'participating fully' in the role of carer. Fitzgerald suggests that men resolve the conflict of being male in a female profession by enacting and emphasizing masculine behaviors. This suggests that men distance/exclude themselves from nursing rather than nursing excluding men.

Fitzgerald argues that the title 'nurse' and 'nursing' were developed from the notions of mothering and nurturing and because of their association with feminine activities conjure images of women in the role of nurse. He asserts that it is these stereotypes of nurses as women that effectively marginalizes men in the profession, whose choice to be a nurse is questioned by female peers, clients and society. Later Fitzgerald takes a differing stance on this point when he states that the nursing profession does not discriminate between men and women as it expects both to fulfill their obligations in the role of nurse. In addition, Fitzgerald argues that the title 'male nurse' applied to men in nursing serves to emphasize men's marginality and locate men as a sub-group of nurses. Throughout the text men are shown to be both active and passive participants in the construction of the title and role of 'male nurse'. On one hand

Fitzgerald asserts men are passive in the construction of the term 'male nurse' because they are labeled by clients and peers. This labelling emphasizes men's marginalization in nursing and their deviance working in a feminine occupation. According to Fitzgerald this has an effect of excluding men from full participation in nursing because full participation especially in nurture/care clinical work is at odds with masculinity. On the other hand, he indicates that men actively construct this role to differentiate themselves from the feminine aspects of nursing and distance themselves from women/nurses to emphasize their higher status. Therefore while 'male nurse' is cited as problematic for men in nursing it is also utilized by the men to maintain difference.

For Fitzgerald the current image of the nurse is in part responsible for men's marginalization and personal conflict as it is unable to 'equally' represent men in nursing. He suggests minimizing men's and women's differences in nursing by creating an image of an androgynous nurse where neither masculine and feminine characteristics are dominant. According to Fitzgerald this will create an image of nursing that is inclusive and 'equally' representative of men. This is in contrast to Gray's introduction as Fitzgerald argues for a diminishing of difference rather than a celebration of difference. He also lays the problem with nursing rather than with men, requiring nursing to change rather than male nurses' masculinity.

In the final section of his paper Fitzgerald discusses the role of men in providing 'hand on' care and again asserts that men experience difficulty in their nursing practice because of the conflict for the masculine identity taking on a feminine role. He argues that men can provide care but not in the way care is traditionally seen by clients and peers as provided by nurses/women. Men's care for their clients, Fitzgerald claims is physically demonstrated and visible through their activities and actions rather than empathy and expression of caring. This 'deficiency' in men's practice was highlighted for Fitzgerald when he found that men in his study exhibited an inability to demonstrate or express any views on caring other than stock answers. Furthermore men appeared to downplay the significance of caring as part of their nursing activities. It was perceived that the men in the group were reluctant to talk about the notion of caring as it diminished their masculinity.

Fitzgerald identifies two contemporary issues which he believes are confronting men in nursing. First the lack of any male presence in the current image of nursing, and second, client's (and some female peers') difficulty in accepting men in the role of carer. Fitzgerald argues both issues serve to marginalize (and disadvantage) men in nursing. In the text Fitzgerald acknowledges men's high status in society, and the conflicts of being a high status male working in a perceived low status female profession. Also he acknowledges men's autocratic behaviour as they resolve this conflict by attempting to 'dominate' their female peers. However Fitzgerald asserts men's position in nursing needs to be redressed by changes to nursing practices and ethos thereby allowing equal representation for men. This can be achieved through the nursing profession developing a new definition of 'nurse' and 'nursing' that incorporates both masculine and feminine characteristics. Fitzgerald recognizes this as a difficult but necessary task. He warns that if this is not achieved there is the possibility of a gender divisiveness in nursing with men choosing areas where they do not experience role strain. Presumably these are specialty areas and positions in nursing that are away from the relational and nurturant activities associated with caring at the bedside.

Chapter 5

Conclusion

The purpose of this thesis has been to provide evidence of men's prominence in the Australian nursing profession and to challenge the discourse of 'disadvantage' that is evident in a substantial amount of the Australian literature. I argue that senior positions in nursing (Directors of Nursing) and authorship in scholarly nursing journals are indicators of prominence in nursing. In addition I demonstrate that the liberal feminist theoretical framework of tokenism, which is present in much of the discourse of men's 'disadvantage' in nursing, has little application to men as it ignores both their high status in society, and the advantages associated with this position.

The subtle differences in the discourse of disadvantage between the USA and Australia are highlighted in this thesis. The North American discourse directly links men's low numerical representation with disadvantage while the key text analyzed for this thesis equates men's disadvantage in nursing with men's difference from the dominant group (women). Commentators from both countries, however, infer that the 'problem' with nursing originates from the essential 'femaleness' of the profession. USA commentators believe the 'femaleness' in nursing can be lessened by the entry of increased numbers of men into the profession, and into leadership positions in nursing. Australian nurse academic Les Fitzgerald, however, suggests a diminished emphasis on the feminine through the reconstruction of nursing to encompass an image of an androgynous nurse.

My analysis of Les Fitzgerald's text suggests that the emphasis on the feminine aspects of nursing creates the most conflict for men. These feminine practices are the relational and caring/nurturant aspects present in nursing practices conducted at the bedside. The evidence provided in this thesis suggests that men are moving away from

'hands on' nursing into senior administrative positions and academe at disproportionate rates when compared to the total number of men in the Australian nursing profession. In the movement away from bedside nursing men are entering leadership positions that have high status and are able to influence the profession. This evidence demonstrates men's prominence in nursing and, as such, challenges male commentators' assertion that men's experiences of entering a female dominated occupation are 'equal' to women's experiences of entering a male dominated one.

This thesis shows from the substantial publication rates in scholarly nursing journals that men have achieved success in nursing within the academic nursing discipline, despite the editors being the 'dominant' and the 'marginalizing' group. This evidence suggests that the transfer of nursing education from the hospital based system to higher education has increased career opportunities for men in nursing. Men's entry into positions in higher education enables them to avoid the conflicts associated with working in the clinical environment where the sexual division of labour is highly visible and organized between nurses (women) and medical officers (men). I suggest that working in a clinical area with direct client contact results in two areas of conflict for men. First men are required to take on the identity and functions of 'nurse' which replicate the dynamics and status of the female in society, and second they must also provide nursing care to clients at the bedside. One suggests a lack of the status and authority in the role of nurse that men experience outside nursing, and the other suggests men demonstrate feminine characteristics at the bedside. To resolve these conflicts men move into administrative and academic areas of nursing which provide more ready opportunities for gender compatible work and for rapid promotion; by this means men enhance their 'power' and status. The academic environment allows men increased opportunities to distance themselves from the clinical teaching of undergraduate nurses by moving into research to pursue nursing scholarship. This results in further enhancement of their status, and is advantageous for career promotion into senior academic nursing positions.

While nursing in Australia does not have the considerable representation of men in senior positions that exists in the UK, the review of men's positions over several years, and the review of authorship trends, shows that men are increasing their prominence in senior nursing positions and academe. This is notable considering that the male registered nurse population has remained stable as shown in the Census figures for 1986 and 1991. I have suggested some reasons as to why men are distancing themselves from nursing practice and moving into senior positions, which I feel emphasizes the low status men accord 'hands on' nursing care. This thesis shows that men enter senior positions of Directors of Nursing at an age when many women are out of the full time workforce caring for young children. Men's lack of primary responsibility for childcare provides them with a distinct advantage over women. Of particular concern to some feminists in nursing, including myself, is the increase of men in senior positions and the decreased leadership opportunities for women.

The need for the nursing profession to acknowledge and consider the current trend of increased male leadership is paramount. As men become more prominent in nursing, and have an impact on future directions, the emphasis on the nurturing and relational aspects could well be diminished. Furthermore, nursing may experience a gender divisiveness with more men entering high status (and well paid) positions and women predominately employed in low status 'hands on' nursing. Women in nursing must challenge men's haste to move away from the bedside, and men's analysis that the problem with nursing is its 'femaleness'. I believe that this will disclose the low status men in nursing accord 'women's work', and encourage a closer examination of men's authority to 'speak' on behalf of nurses and nursing.

While this thesis has focused upon nursing it has implications for the wider discourse on 'discrimination' and 'disadvantage' which pervades contemporary understanding of 'difference'. A current manifestation of this discourse surrounds the perceived 'advantages' awarded to immigrants and aboriginal groups because of their 'difference'. These debates are similar to the ones evident about men in nursing in that they assume that uniform treatment will diminish 'disadvantage' through the eradication

and minimization of difference. This thesis has attempted to reveal the dynamics of the twist in logic wherein a high status group claim to be discriminated against, and in so doing has contributed to an understanding of nursing as an example in the wider discursive construction of gender difference and 'equality'.

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Appendix

Content analysis coding categories

- Variable 1. Code number for data entry**
- Variable 2. Australian nursing journal**
1. = Contemporary Nurse
 2. = Australian Journal of Advanced Nursing
 3. = Collegian
 4. = Nursing Inquiry
- Variable 3. Year of publication**
- Variable 4. Gender of editor**
1. = female/s
 2. = male/s
 3. = male & female
- Variable 5. Gender of principal author/s**
1. = female principal sole author
 2. = female principal with female coauthor/s
 3. = male principal sole author
 4. = male principal with male author/s
 5. = male principal with female coauthor/s
 6. = female principal with male coauthor/s
- Variable 6. Discipline of principal author**
1. = registered nurse
 2. = other health professional (ie medical officer, social worker)
 3. = non health professional (ie statistician)
- Variable 7. Position as described by principal author**
1. = academic
 2. = practitioner
 3. = joint academic /practitioner
 4. = other (ie employees of organizations such as Australian Nurses' Federation or the Royal College of Nursing)
- Variable 8. Highest Qualification of principal author**
1. = Phd
 2. = Masters
 3. = Degree
 4. = Diploma
 5. = Certificate