

MEN'S TALK IN WOMEN'S WORK: DOING BEING A NURSE

Joanne McDowell

INTRODUCTION

The construction of the labour market has changed over time with more women, once assigned to the private world of the home, crossing into the public domain of business and commerce (Barrett 2004; Baxter 2010). Despite this, many occupations continue to be categorised as more suitable for one gender (Nilsson & Larsson: 2005, Britton: 2000), with women traditionally working in jobs that adhere to the feminine stereotypes of women as caring and nurturing and that focus on building supportive social relationships (Holmes 2006). Male dominated jobs by contrast are typically perceived as encapsulating normative masculine qualities such as assertiveness and competitiveness (Hendal, Fish and Galon 2005; Trauth 2002; Williams 1995b). Society views people who step out of this gender construct into 'non-traditional' lines of work, as deviant to the mainstream: they become de-masculinised or defeminised. The dichotomy has also contributed to an androcentric view of gender, where male behaviour is the unmarked norm and women's behaviour has been devalued (see Mullany and Yoong's discussion of the Double Bind, this volume).

Describing a setting as mainly feminine or masculine, however, treats just one aspect of that workplace setting as an important influence on all activities within that setting (Sidnell: 2003). In light of this, the match of a gendered profession to gendered behaviour has warranted further investigation. Accordingly, studies have examined women's experiences within what are considered traditionally male dominated occupations (e.g. engineering, police, military), and the barriers and challenges they face in performing a feminine identity in such occupational roles. Women were often reported to adopt masculine linguistic styles in order to adapt to their work environment and perform their work role in these contexts (Rhoton 2011; Powell, Bagihole and Dainty 2008; Priola 2004; Miller 2004; Thimm, Koch and Schey 2003; McElhinny 1995). However, few scholars have focussed on men who cross into traditionally female occupations, with the language used by men in such environments attracting even less exploration (Holmes 2006; Nilsson and Larrison 2005). This chapter examines the language of male and female nurses within nurse-nurse interactions. While previous studies have examined task-based talk during nurse-patient interaction (Holmes and Major 2003), talk *between* nurse colleagues has not received much attention. What happens when nurses are discussing work related issues, or moreover, making small talk?

BACKGROUND AND CRITICAL ISSUES

Men Who Work In 'Non-Traditional Jobs'

Many women's work activities are perceived to have lesser status, and therefore are less valued, than men's (Eckert and McConnell-Ginet 2003). Consequently, men who cross over into women's jobs are often considered abnormal, and constitute a challenge to the traditional ideas of appropriate gender behaviour (Williams 1995a, 1995b). A small number of researchers have explored what happens when men work in so-called 'women's jobs', i.e. as librarians, primary school teachers, hairdressers and nurses (Cross and Bagilhole 2006; Simpson 2004; Whittock and Leonard 2003; Brown, Nolan and Crawford 2000). They have examined the implications of men's non-traditional career choices for the construction of

their gender identity, and investigated how they manage possible gender identity conflict in such contexts. Often regarded as different from ‘real’ men who confirm their masculine identity by doing so-called ‘men’s’ work, men in ‘women’s’ jobs are accused of failing to measure up to a ‘real man’s’ role. These men are stereotyped as wimpy, homosexual and passive, especially those who work within a caring role such as nursing. As a result, these men frequently face several challenges to their masculine identity and in response have developed strategies to enhance and emphasise it (see e.g. Cross and Bagilhole 2006; Whittock and Leonard 2003; Evans 1999; Alvesson 1998; MacDougall 1997; Williams 1995b). This *doing* masculine gender is found to be much more explicit in female dominated work contexts than in traditional male occupational roles (Heikes 1991; Williams 1992, 1995a, 1995b).

Nursing: A “Feminine” Occupation?

A job is often classed as feminine or masculine when its staff composition consists of more than 70% of a particular sex (see Huppertz and Goodwin 2013). Women in nursing currently make up more than 88% of the staff population (UK Nursing and Midwifery Council 2015). Gendered workplaces are also often built on characteristics deemed necessary by the nature of the work role (Ku 2011). Sex role segregation is also visible *within* workplaces. Within nursing, for example, men tend to work within the more ‘masculine’ areas such as on emergency wards or in psychiatric nursing, rather than in midwifery or elderly care (Brown, Nolan and Crawford 2000; Bird 1996; Issacs and Poole 1996). This is further illustrated by Berkery, Tiernan and Morley’s (2014) research which demonstrated that male nurses regard management positions as masculine, and therefore view them as positions suitable only for men.

However, defining nursing in terms of only feminine characteristics creates misleading job stereotypes, often causing male nurses to worry about their masculine image (Schilt 2006) or even suggesting that male nurses cannot adequately perform a caring role (MacDougall 1997). Furthermore, the expectation that management roles in nursing are better carried out by males could deny women equal access to such positions (Berkery et al: 2014). Instead, it is more fruitful to explore the kinds of linguistic resources people use to construct their identity (be it gendered or professional), and the extent to which the context and job role influence the language utilised. Therefore, it is important to examine the context in which identity performance takes place.

Community of Practice (CoP)

Workplaces consist of groups of people who work together, who share a work purpose and a common goal based on work related knowledge. These aspects are captured in the concept of Community of Practice (CoP) (Wenger 1998; see King, this volume). Arguably then, workplace groups can be CoPs (Eckert and McConnell-Ginet, 2003), each with their own linguistic repertoire used to negotiate meaning, and help develop and display belonging. This allows members to retain an effective work relationship, which can increase work productivity and ensure work is completed efficiently (Fletcher 1999). Not surprisingly then,

this paradigm is now widely employed within sociolinguistic research in relation to workplace discourse (McDowell 2015a, 2015b; Holmes and Schnurr 2006; Mullany 2007; Holmes and Marra 2011; Holmes and Meyerhoff 1999), and scholars stress the importance of looking for linguistic patterns in relation to the particular CoP (e.g. workplace and job role) to identify the established speech norms which may become part of the member's communicative style (Eckert and McConnell-Ginet 2003). In non-traditional occupations this may allow men and women to step away from the stereotypical gendered manner in which society expects them to behave, and enable them to perform by accommodating to the requirements of their job (McDowell 2015b; Holmes and Schnurr 2006; McElhinny 1995). It is therefore possible to examine how people produce or resist gender arrangements in their communities, and explore how gender intertwines with other components of a speaker's identity.

The role of language in the workplace

As gender and language research moved away from essentialist approaches towards social constructionist frameworks, gender identity was analysed as 'socially constructed, highly contextualised, hence fluid and variable' (Coates 1997, 19). In short, gender identity is not fixed: and language is one resource that people draw upon to construct an appropriate gender identity. Over time, various linguistic resources have become normatively linked to particular gender identities. However, people can challenge gendered expectations, giving language a very important position in the study of the performance of gender practices (Holmes 2006). This makes the workplace an especially interesting research context as the performance of one's gender may not be the overriding goal. Constructing and demonstrating one's professional identity may be more important.

We all perform different identities in different contexts, which may involve behaving in ways normatively associated with the other gender (McDowell 2015a, 2015b; Kendall 2004; Thimm, Koch and Schey, 2003). Therefore, speakers might not necessarily choose linguistic strategies in order to enact a masculine or feminine persona, but rather another identity altogether (Kendall 2004; Holmes and Schnurr 2006). However, pinpointing the reason behind a speaker's use of language is not an easy task as identities are often intertwined. For example, performing one's professional identity may be enacted through the use of the same linguistic features that can be used to express a gendered identity. Furthermore, professional and gendered identity may be even more entwined within a gendered CoP, making the performance of the two harder to separate (Holmes 2006). Indeed, Holmes and Schnurr (2006) argue that gender is always present and therefore relevant in workplace interaction: it can constrain our behaviour and how we interpret the behaviour of others. As a result, workplaces can reinforce gender stereotypes, especially in professions based on gendered characteristics where speakers conform to certain behaviour. The gendering of a job can affect the language used within it, and participants need to learn the linguistic repertoire to gain acceptance professionally and socially in that community. Indeed, as Holmes and Schnurr state, 'any individual is likely to be heavily influenced and even constrained by ... the gendered interactional norms of their specific community of practice' (2006, 137). Research has illustrated how women who infiltrate 'male' professions often adopt 'masculine' behaviours (Rhoton 2011; McElhinny 1995) while men in 'female' professions tend to interact in ways that contribute to viewing a workplace as 'feminine' (McDowell

2015b). Hence in certain CoPs, performing a particular professional identity may be inextricably linked to performing a particular gender identity (Holmes and Schnurr 2006).

Earlier research indicates that speakers are flexible in their discourse practices and many workplaces draw on a mixture of normatively masculine and feminine practices. Holmes and Schnurr (2006) point out that just because a workplace is described as gendered in a particular way does not mean that all participants will behave in that gendered manner all the time. They may deviate from the norm, or even challenge it. But ‘doing being a nurse’ tends to be associated with feminine attributes, and if men choose to separate themselves from these and to exploit their masculinity, scholars have suggested that this could be at the expense of satisfactorily enacting a caring role (MacDougall 1997). So, what happens when one’s gendered identity is threatened as often reported by men working in non-traditional occupations? (Cross and Bagilhole 2006)

PERFORMING A NURSING IDENTITY

This section examines some empirical data collected by three male nurses working across three different wards within one hospital in Northern Ireland (for more details see McDowell 2015a, 2015b). I focus in particular on the relevance of their linguistic choices in the construction of gender identity and professional identity in communicating with other members of their team.ⁱ The extracts selected represent typical linguistic strategies evident in the corpus from which they are drawn, and involve interactions in mixed-sex and single-sex groups from a larger case study of the identity construction of men in nursing. The context is a very high involvement one, and the features found were consistent with the normatively feminine end of the style continuum, described by Holmes in her study of ‘feminine’ CoPs (Holmes 2006, 2014). The main patterns found in the data (illustrated in the extracts below) demonstrate that participants employ a variety of strategies to construct their professional identity as a nurse and to form an in-group collective identity.

The discursive construction of an *us vs. them* binary in the nurses’ communication emphasizes the difference between their particular nursing group in opposition to ‘others’. This is an important means by which nurses demarcate their CoP from other CoPs in the medical profession (i.e., doctors, surgeons and other types of nurses). All nurses took great pride in the ward in which they worked, and often expressed reluctance to work elsewhere (see McDowell 2015a: 283-284). Often, the nurses talked about others in a negative, critical manner, demonstrating a collective feeling of exasperation towards them and their actions. Extract 1 illustrates how male and female nurses use language to present their own group’s opinion in a positive way whilst the others, in this case community nurses, are portrayed in a negative way.

Extract 1 (from McDowell 2015a: 281)ⁱⁱ

(Two male nurses (Joe and Mike) and one female nurse (Amy) are talking about a patient who needs extra treatment)

- 1 Joe: *surely* the community nurses have to provide the pressurising
- 2 mattress *wouldn’t they*!
- 3 Amy: yeah
- 4 Mike: the district nurses <?> have *they* nothing better to do than ring *us*

5 up asking *us* when was the last time we had seen the patient/
6 I rang them back on the phone and says *we* are enquiring ...
7 [and] <?> will need a a mattress when goes home from [here]
8 Joe: [ay] [I know]
9 if someone went home with me *they* would soon ring [us]
10 Mike: [oh] definitely
11 Joe: *wouldn't they*/ why did this patient (.) why weren't *we* informed
12 Amy: but I suppose then maybe *they* wouldn't know if it was there or
13 not would they\ in this case or not (.) because they would have
14 no reason to see it
15 Mike: <?>
16 Amy: yeah
17 Mike: cause then *the family* weren't letting them into the house for
18 while [either]
19 Amy: [where they not/]
20 Mike: no
21 Joe: that would make it very difficult *like* (.) *you know*/

Joe's recurrent use of the inclusive pronouns 'we' and 'us' constructs an alliance between all three participants (lines 4-6, 9 and 12), whilst the district nurses are referred to repeatedly as 'they' (lines 2, 4, 9, 12-14, and 18). This demarcates two distinct groups; insiders and outsiders. The two male nurses clearly define the outside group with which they are all annoyed as the 'community people', also referred to as 'the district nurses' (lines 1, 4). District nurses have a partially different occupational role than that of ward nurses and based on this difference, the ward nurses in this extract form an alliance, and openly criticise the 'community people' as the 'other' that are causing problems in regards to a particular patient. By highlighting the unison of the speakers in the group, Joe is creating a sense of mutual agreement (shared anger at the community group), reducing the likelihood of offending his listeners when making negative comments. The use of 'we' (lines 5, 6, 11) is a relational indicator; it allows the discursive construction of group identity through bonding allowing group consensus and decision. The speakers' selection of 'we' rather than the personal pronoun 'I' or 'you' is important here as the choice of this particular pronoun has certain sociological meaning (Oddo 2011; Wodak 2011). Using the personal pronoun 'I' means the speaker claims sole responsibility for a task or an opinion. *We*, however, is a collective pronoun and its use here allows the speaker to construct themselves part of a collective, sharing responsibility for actions or comments.

The speakers, especially Joe, also make argumentative appeals to their shared knowledge acquired through the job. This is a common strategy within *us* vs. *them* discussions used to build an in-group, creating consensus between the group members especially when criticising others, making decisions on what to do, or deciding to act on a problem (Wodak 2011). In this process, the nurses mitigate their opinions and their criticisms toward the outside group (line 2, 12, 21) as a precautionary measure (in case a group member is affronted) whilst simultaneously seeking consolidation from and establishing collegial relationships with their fellow group members (Coates 2004). Joe's tag question 'wouldn't they' (line 2) seeks agreement with his suggestion that the 'community people' should be providing the equipment needed for the patient (cf. Holmes 1982, 1990).

Collaborative agreement is apparent in the nurses' use of simultaneous turns throughout the conversation (lines 6-10; 17-19). The two males in particular partly coincide with each other

to show their agreement and support for one another's' comments, especially when negative remarks are made. This is evidence of relational practice, where speakers collaboratively take turns and facilitate each other's comments (Fletcher 1999; Holmes 2006). The female however, remains relatively quiet until line 12. At this point, she attempts to provide an excuse for the community nurses' behaviour. She introduces her thoughts with two hedges to soften her opinion in case her two colleagues disagree: 'but I suppose then maybe they wouldn't know if it was there or not would they' (lines 12- 15).

As well as gossip to create this in-group, the nurses regularly attributed shared knowledge that could only have been acquired through their work as a nurse (e.g. medical knowledge; lack of beds; being short staffed; feeling overworked). Extract 2 is a typical example: nurses complaining about their work load and disparaging their shift rota. Long days (12 hour shifts) were common, and one group in particular felt that they were always scheduled to work on public holidays. As well as allowing the nurses to vent their annoyance at their workload, these conversations allowed them to use their shared experience of being a nurse to connect with one another, bonding over their negative feelings towards being over-worked and underappreciated.

Extract 2

(Two female nurses Bea and Ruth, and one male nurse (Bob) complain about the rota and how often they have to work, extract has been shortened)

- 1 Ruth: I'm tired
 2 Bea: well its only (1.0) half 10^
 3 Bob: I'm tired too
 4 Ruth: I've got a [long day] tomorrow as well (.)
 5 Bea: [I'm on a long day]
 6 Bea: <?> he's tired (.) he's going to have a long day (.)
 7 Bob: <laughs>
 8 Ruth: but I think we're psychologically traumatized because of a
 9 long day (1.0) we wouldn't be this tired if we were off at two
 10 Bea: no (.) it's a while going in (.) see when it hits 3 o'clock on our ward
 11 I hate it (.) from about 3 to 5 is [terrible]
 12 Ruth: [<?>]
 13 Bea: I know (.)
 14 Ruth: I remember one day last week when I was doing the pills
 15 and I was trying to talk to people on the phone and listen to the
 16 voice and I was trying to listen <?> it's like what/ what did you say/
 17 Bob: <laughs> <?> <laughs> (3.0) that's right (.) and of course
 18 looks who's working on Monday (1.0) and on a bank holiday (1.0)
 19 it just seems like we're always working (.) on holidays [<?>]

This extract demonstrates a recurring pattern in the data which supports the analysis of the participants as members of a CoP: their frequent use of the inclusive pronoun 'we' (lines 8, 9, 19). A discussion that begins with one individual's expression of tiredness 'I'm tired' (line 1) quickly progresses to a unified discussion of others feeling the same, and a discussion of why this could be 'long days' (lines 4-5). Ruth even goes as far as classifying the group as 'psychologically traumatized' due to the tiredness brought on by such long shifts (line 8).

Bob adds to the complaints by reminding the group they are working on yet another bank holiday. This group are the 'usual suspects' for working on holidays (lines 17-19) which acts to strengthen their little in-group on the ward. What the nurses are doing here goes beyond simply complaining. Venting in this manner (although it changes nothing) allows them to negotiate their solidarity with one another. Being over-worked and tired is part and parcel of being a nurse. Therefore, complaining about it aids nurses in the construction of their professional identities, establishes co-membership, and builds rapport with the other community members.

Nurses also enacted their professional expertise through another type of shared knowledge: the use of technical language related to patient illnesses, surgical procedures and appropriate aftercare:

Extract 3

(Male charge nurse Tim and a female nurse Deb, are talking about a surgical procedure a patient in their care requires)

- 14 Tim: [yeah] Heldon has er (.)Heldon has (.) I don't think he has a J pouch as such
15 (.) he's got I'm not sure but part of the anastomosis has blown and it caused a
16 fistula that tracked right up to here to the side of his stomach and caused a big
17 abscess
18 Deb: for god's sake
19 Tim: so they're going to have to probably abort the whole thing and just give
20 him a permanent stoma.
21 Deb: mhm (.) so a fistula from there right up to to [the] outside of the stomach.
22 Tim: [yeah]
23 Yeah (.) it just takes the path of least resistance apparently and comes out
24 on the surface (.) you know/ and it's this pus and all leaking into his pouch
25 that's why he has a catheter in it to allow all the stuff to drain out. [The other]
26 problem that happens after when the pouch is formed and they have a new
27 ileostomy (.) the second part of the surgery (.) I've seen it a couple of times ...

Extract 4 offers a brief insight into a further type of shared knowledge found in the data: the use of in-group humour, a key characteristic in creating and maintaining an in-group (Holmes 2006).

Extract 4

(Tim is discussing moving their staff room into another room and jokes with Cathy and Bev that this is a good idea so they can gossip about patients in there without anyone over-hearing)

- 1 Tim: I'll tell you what we should do (.) move one into Shona's room and get that big
2 bench out of there. Shona's going to be away for six months.
3 Cathy: aye right enough
4 Bev: aye
5 Tim: I'll have a wee look at [that later].
6 Bev: Why do you have to move it to the other room
7 <some laughter is heard>

8 Tim: because (.) if we're in there chatting there there'll [be people sitting outside] (.)
9 you know/
10 Bev: [and they'll hear us]
11 Tim: they'll hear us.
12 Cathy: Ah so better to talk quiet then <laughs>
13 Tim: aye but it'll be quieter to... you may be able to hear that sort of thing but us
14 sitting laughing and joking and talking about patients [probably] you know
15 Cathy:: <laughs and says in feigned shocked tone> we don't do that.
16 <All laugh>

This example reflects a well-known fact (and in-joke) amongst the nurses: that they 'talk about' their patients. This 'talk' does not however, refer to the on-task behaviour of talking about a patient's care, but rather refers more to 'gossip', when they joke and laugh about their patients. This demonstrates shared knowledge, and is perhaps used as a form of release from the emotional stresses and strains of the job. Laughing is evident throughout the chat (lines 12-16), and the nurses build a collaborative floor to share the joke through overlapping speech. Bev finishes Tim's turn 'and they'll hear us' (line 10), evidence that she is aware of where he is going with his point 'there'll be people sitting outside' (line 8). Tim indicates agreement by repeating her utterance (line 11), causing laughter amongst the group. His use of the hedge 'probably' followed by 'you know' (line 14), indicates a humorous jibe toward his staff. Cathy adopts an offended tone when she disagrees with Tim's accusation, 'we don't do that' (line 15) to show that not only is she not offended, but is joining in the humour and acknowledging that yes, this is something that staff do. More laughter ensues as a result (line 16).

DISCUSSION AND CONCLUSION

The extracts presented above demonstrate nurses (both male and female) expressing collegiality and group membership through their linguistic behaviour: nurses appear to use language to bind themselves to other nurses in their CoP (Oddo 2011; Wenger 1998). The men in this study did not use typical 'masculine' linguistic indices to emphasise their masculinity or to separate themselves from their female nurse colleagues. Instead, they used linguistic resources (often classed as feminine) to build and maintain a nursing CoP and enact their identity as a nurse. In contrast then with research that reports that men in feminised jobs construct their identities in contrast to their female colleagues to underline their masculine difference (Cross and Bagilhole 2006; Simpson 2004), these interactions show the male nurses participating appropriately in their CoP and demonstrating their in-group nursing identity. The male nurses do not orient to hegemonic norms of masculinity or what is classed as "acceptable maleness" (Coates 2003: 196).

The male (and female) nurses' linguistic performance could be to some extent determined by their workplace culture, with the context, work role and shared linguistic repertoire of their setting influencing their linguistic choices (Angouri 2011; Holmes and Marra 2011; Vine 2004). Perhaps these nurses are negotiating their identity in relation to the dominant discourse of the environment (see Pullen and Simpson, 2009; Holmes, 2006). These findings are similar to previous research concerning women in masculinised jobs, where women embrace masculine characteristics in order to perform their job as they are aware of the threat potential of using language inappropriately in their CoP (Barrett 2004; Rhoton 2011; Baxter 2012). It

can be argued that the discourse used by these men is used not to construct a feminine identity, but rather a *nursing* identity to align themselves with their workplace, which just happens to be feminised (Milani 2011). Most research in the field of nursing focuses on nurse-patient communication and although these findings cannot be assumed to extend to inter-professional communication among nurses and their colleagues, the ideology underlying nursing may have an effect on what is considered appropriate behaviour among nursing staff in order to maintain rapport. Communication is a vital tool in nursing as it can affect the standards of the care given and consequently patient well-being (see Grohar-Murray and DiCroce 1997). Arguably then, maintaining a harmonious nursing group is an important element of the ward environment as nurses often work in teams to address work-related problems using their combined knowledge and expertise. Indeed, Timmens and McCabe (2005, 66) suggest that “being isolated, disliked or punished, by nurse colleagues was a barrier to assertive behaviour”. Nurse–nurse harmony is vital, and nursing managers need skills to negotiate internal conflicts to create collective teams. Nilsson and Larsson (2005) report for example that female head nurses felt that adopting a masculine controlling attitude to leadership would be counterproductive and ineffective, creating problems and collision between staff. This is supported by Hendel, Fish and Galon (2005, 138) who noted that good leadership skills encompass the provision of “encouragement and support, releases tensions, harmonises misunderstanding and deals with disruptive or aggressive behaviour”. The stereotypically dominant, aggressive strategies of ‘masculine’ speech may not be the most effective to use in nursing contexts. Furthermore, the stereotypical ‘feminine’ abilities of ability to multi-task, support and nurture others, build solidarity through communication skills, and create a sense of teamwork, have been described as good qualities for any worker (Barrett 2004, Priola 2004, Cameron 2007).

The analysis of the language in this chapter is not representative of all male nurses’ behaviour. Moreover, it cannot be claimed that the men who took part in this current study do not ‘do’ traditional masculinity in non-linguistic ways whilst at work. What is evident however is that these men are not struggling to preserve their masculinity at the expense of the nursing collective. The analysis provides further evidence that there are many similarities in the discursive behaviour of men and women in particular contexts (Holmes and Schnurr 2006). So, a final important point emerges here: better terminology is needed to classify nursing language behaviour. The suggestion that men use ‘feminine’ strategies strengthens gendered linguistic stereotypes. They are not ‘doing femininity’ but rather using the discursive practices that are associated with and most appropriate for their CoP. As men and women are both capable of doing any type of work, jobs such as nursing and indeed the linguistic repertoire used within them, need to be de-gendered. Only then may we see more men taking up such professional occupations.

APPENDIX

Transcription Conventions

= Turn latching

[] Overlapping speech

<?> Indecipherable speech

// Point at which speech is interrupted

(.) Very brief pause

(1.0) Longer pause with length in seconds

/ Rising intonation on word or part or syllable

: Lengthening/drawing out of final syllable/sound

(()) Paralanguage

All names are pseudonyms.

FURTHER READING

Baxter (2012) explores the challenges that women often face when they become leaders in a 'masculine' workplace.

Heikes (1991) offers a discussion of men as 'tokens' in the nursing environment.

MacDougall (1997) asks whether men can truly 'care' and therefore questions whether they can be nurses due to hegemonic masculine characteristics.

McDowell (2015a) and (2015b) explore the language used by male and female nurses in the workplace, and demonstrates how a) they all demonstrate belonging to their CoP and b) use stereotypical 'feminine' language to do so.

REFERENCES

Alvesson, Mats. 1998. 'Gender relations and identity at work: a case of masculinity and femininity in an advertising agency' *Human Relations* 51: 969-1005.

Angouri, Jo. 2011. 'We are in a masculine profession ...': constructing gender identities in a consortium of two multinational engineering companies. *Gender and Language* 5: 373-404.

Barrett, Mary. 2004. Should they learn to interrupt? Workplace communication strategies Australian women managers forecast as effective. *Women in Management Review* 19: 391-403.

Baxter, Judith. 2010. *The Language of Female Leadership*. Basingstoke: Palgrave Macmillan.

Baxter, Judith. 2012. Survival or success? A critical exploration of the use of 'double-voiced discourse' by women business leaders in the UK. *Discourse and Communication* 5: 231-45.

Berkery, Elaine, Siobhan Tiernan, and Michael Morley. 2014. The relationship between gender role stereotypes and requisite managerial characteristics: the case of nursing and midwifery professionals. *Journal of Nursing Management* 22: 707-719.

Brown, Brian, Peter Nolan, and Paul Crawford. 2000. Men in nursing: ambivalence in care, gender and masculinity. *International History of Nursing Journal* 5: 4-13.

- Britton, Dana M. 2000. The epistemology of the gendered organisation. *Gender and Society* 14: 418–34.
- Bird, Sharon. 1996. ‘Welcome to the Men’s Club: Homosociality and the Maintenance of Hegemonic Masculinity’ *Gender and Society*, 10: 120-132.
- Cameron, Deborah. 2007. *The Myth of Mars and Venus: Do Men and Women Really Speak Different Languages?* Oxford: Oxford University Press.
- Coates, Jennifer. 1997. One-at-a-time: the organisation of men’s talk. In *Language and Masculinity*, edited by Sally Johnson, and Ulrike Hanna Meinhof, 107-130. Oxford: Blackwell.
- Coates, Jennifer. 2003. *Men Talk: Stories in the Making of Masculinities*. Oxford: Blackwell.
- Coates, Jennifer. 2004. *Women, men and language: a sociolinguistic account of gender differences in language* 3rd ed. Harlow: Pearson Longman.
- Cross, Simon, and Barbara Bagilhole. 2006. ‘It never struck me as female’: investigating men’s entry into female dominated occupations. *Journal of Gender Studies* 15: 35–48.
- Eckert, Penelope, and Sally McConnell-Ginet. 2003. *Language and Gender*. Cambridge: Cambridge University Press.
- Evans, Joan. 1997. Men in nursing, issues of gender segregation and hidden advantage. *Journal of Advanced Nursing* 26: 226–31.
- Fletcher, Joyce K. 1999. *Disappearing Acts: Gender, Power and Relational Practice at Work*. Cambridge, MA: MIT Press.
- Grohar-Murray, Mary Ellen, and Helen R. DiCroce. 1997. *Leadership and Management in Nursing*. (2nd ed.) Upper Saddle River: Prentice Hall.
- Heikes, E. Joel. 1991. When men are in the minority: the case of men in nursing. *Sociological Quarterly* 32: 389–401.
- Hendel, Tova, Miri Fish, and Vered Galon. 2005. Leadership style and choice of strategy in conflict management among Israeli nurse managers in general hospitals. *Journal of Nursing Management* 13: 137–46.
- Holmes, Janet. 1982. Functions of tag questions. *English Language Research Journal* 3, 40–65.
- Holmes, Janet. 1990. Hedges and boosters in women’s and men’s speech. *Language and Communication* 10: 185–205.
- Holmes, Janet. 2006. *Gendered Talk at Work. Constructing Social Identity through Work Place Interaction*. Oxford: Blackwell.

- Holmes, Janet. 2014. Language and gender in the workplace. In *Handbook of Language, Gender and Sexuality 2nd edition*, edited by Susan Ehrlich, Miriam Meyerhoff, and Janet Holmes, 433-451. UK: John Wiley & Sons.
- Holmes, Janet, and Meredith Marra. 2011. Leadership discourse in a Maori workplace: negotiating gender, ethnicity and leadership at work. *Gender and Language* 5: 317-43.
- Holmes, Janet, and George Major. 2003. Talking to patients: The complexity of communication on the ward. *Vision: A Journal of Nursing* 11: 4-9.
- Holmes, Janet and Miriam Meyerhoff. 1999. 'The community of practice: Theories and methodologies in the new language and gender' *Language in Society* 28: 173-183
- Holmes, Janet, and Stephanie Schnurr. 2006. Doing femininity at work: more than just relational practice. *Journal of Sociolinguistics* 20: 31-51.
- Huppatz, Kate, and Susan Goodwin. 2013. Masculinised jobs, feminised jobs and men's 'gender capital' experiences: Understanding occupational segregation in Australia. *Journal of Sociology* 49: 291-308.
- Isaacs, Dallas, and Marilyn Poole. 1996. Being a man and becoming a nurse: Three men's stories. *Journal of Gender Studies*, 5: 39-47.
- Kendall, Shari. 2004. 'Framing Authority: Gender, Face and Mitigation at a Radio Network' *Discourse and Society* 15: 55-79.
- King, Brian W. 2014. Tracing the emergence of a community of practice: beyond presupposition in sociolinguistic research. *Language in Society* 43: 61-81.
- Ku, Manwai C. 2011. When does gender matter? Gender differences in speciality choice among physicians. *Work and Occupations* 38: 221-62.
- MacDougall, Graham. 1997. Caring - a masculine perspective. *Journal of Advance Nursing* 25: 809-813.
- McDowell, Joanne. 2015a. Masculinity and non-traditional occupations: men's talk in women's work. *Gender, Work and Organization* 22: 273-91.
- McDowell, Joanne. 2015b. Talk in feminised occupations: exploring male nurses' linguistic behaviour. *Gender and Language* 9: 365-389.
- McElhinny, Bonnie S. 1995. Challenging hegemonic masculinity: female and male police officers handling domestic violence. In *Gender Articulated: Language and the Socially Constructed Self*, edited by Kira Hall, and Mary Bucholtz, 217-247. New York: Routledge.
- Miller, Gloria E. 2004. Frontier masculinity in the oil industry: the experience of women engineers. *Gender, Work and Organisation* 11: 47-73.
- Milani, Tommaso M. 2011. Recasting language and masculinities. *Gender and Language* 5: 175-86.

Mullany, Louise. 2007. *Gendered Discourse in Professional Communication*. Basingstoke: Palgrave.

Nilsson, Kerstin, and Ullabeth Sätterlund. 2005. Conceptions of gender, a study of female and male head nurses' statements. *Journal of Nursing Management* 13: 179–86.

UK Nursing and Midwifery Council (2015) Statistical analysis of the register 1 April 2007 to 31 March 2015 available at <https://www.nmc.org.uk/.../freedom-of-information-disclosure-log-2015.xls>. Retrieved on 1st October 2016.

Oddo, John. 2011. War legitimisation discourse, representing 'us' vs. 'them' in four US Presidential addresses. *Discourse Society* 22: 287–314.

Powell, Abigail, Barbara Bagillhole, and Andrew Dainty. 2008. How women engineers do and undo gender: consequences for gender equality. *Gender, Work and Organisation* 16: 412–28.

Priola, Vincenza. 2004. Gender and feminine identities: women as managers in a UK academic institution. *Women in Management Review* 19: 421–30.

Pullen, Alison, and Ruth Simpson. 2009. Managing difference in feminized work: Men, otherness and social practice. *Human Relations* 62: 561–87.

Rhoton, Laura A. 2011. Distancing as a gendered barrier: understanding women scientists' gender practices. *Gender and Society* 25: 696–716.

Schilt, Kristen. 2006. 'Just one of the Guys: How Transmen Make Gender Visible at Work' *Gender and Society* 20: 465-490.

Sidnell, Jack. 2003. 'Constructing and managing "male-only" conversations'. In *Handbook of Language and Gender*, edited by Janet Holmes, and Miriam Meyerhoff, 327-353. Oxford: Blackwell.

Simpson, Ruth. 2004. Masculinity at work, the experiences of men in female dominated occupations. *Work, Employment and Society* 18: 349–68.

Thimm, Caja, Sabine C. Koch, and Sabine Schey. 2003. Communicating gendered professional identity: competence, cooperation, and conflict in the workplace. In *Handbook of Language and Gender*, edited by Janet Holmes, and Miriam Meyerhoff, 528-529. Oxford: Blackwell.

Trauth, Eileen M. 2002. Odd girl out: An individual differences perspective on women in the IT profession. *Information Technology and People* 15: 96–118.

Timmens, Fiona and Catherine McCabe. 2005. How assertive are nurses in the workplace? A preliminary pilot study. *Journal of Nursing Management* 13: 61–7.

Vine, Bernadette. 2004. *Getting Things Done at Work*. Amsterdam: John Benjamins.

Wenger, Etienne. 1998. *Communities of Practice: Learning, Meaning, and Identity*. Cambridge: Cambridge University Press.

Whittock, Margaret, and Laurence Leonard. 2003. Stepping outside the stereotype, a pilot study of the motivations and experiences of males in the nursing profession. *Journal of Nursing Management* 11: 242–9.

Williams, Christine L. 1992. ‘The Glass Escalator: Hidden Advantages for Men in the “Female Professions”’ *Social Problems* 39: 253-267.

Williams, Christine L. 1995a. ‘Hidden Advantages for men in nursing’ *Nursing Administration Quarterly* 19: 63-70.

Williams, C. L. 1995b. *Still a man's world: men who do "women's" work*. Berkeley: University of California Press.

Wodak, Ruth. 2011. Language, identity, power. *Language Teaching* 45: 215–33.

ⁱ To warrant data analysis and interpretation, I have consulted with other researchers in this area of study, as well as using relevant ethnographic material and interviews recorded during the data collection period. This triangulation of data is a valid way to warrant data analysis and interpretation (Holmes 2014).

ⁱⁱ See Appendix for transcription conventions.