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The missing and needed male nurse: Discursive hybridization in professional nursing texts

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The role of men in nursing has been of ongoing interest to gender and work scholars who examine the processes that maintain or challenge occupational gender segregation. Drawing on professional nursing texts, the current study moves beyond individual men to investigate organizational practices within nursing that discursively construct the male nurse. Using the rhetoric of 'equality' and 'diversity', texts frame men in nursing as a missing and needed antidote to projected worker shortages and a homogenous workforce. Taking a critical lens to these arguments, analysis of professional discourse reveals an appropriated disenfranchisement that masks men's gendered privilege. Professional leaders frame men in nursing as equivalent to women in traditionally male occupations with little attention to the ways in which US men, particularly white and heterosexual men, are advantaged currently and historically. The findings trace a process of discursive hybridization through which organizational leaders appropriate rhetoric from historically disenfranchised groups to benefit predominantly white, middle-class men.

KEYWORDS

discourse, gendering practices, hybridity, male nurse, masculinity

1 | INTRODUCTION

Men have been an enduring topic for nursing since its professionalization. As nursing sought to transform itself into a credentialed and respected profession in the mid-1800s, an emphasis on feminine attributes demarcated the nursing

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role as most suitable to women (Bradley, 1989; Simpson, 2011), and white women in particular (Glenn, 1992). The pages of professional nursing journals and the recruitment materials targeting men tell of their 'visible invisibility' – that is, their conspicuous absence from what has grown to be a sizeable profession in the US labour market. Since the 1970s, men have tripled among US registered nurses, yet they remain a modest 11 per cent in 2011 (Landivar, 2013). Past scholarship has documented and problematized the experiences of individual men (predominately white and heterosexual) in nursing (Budig, 2002; Snyder & Green, 2008; Williams, 1992, 2013; Wingfield, 2009). Parallel to these developments, recent theorizing on hybrid masculinities has examined privileged men's individual synthesis of feminine and subordinated masculine practices with traditional claims to dominance. Combining these literatures, I examine the arguments surrounding men in nursing in professional texts as a site of *collective* gendering practice (Cottingham, 2014). This work builds on past gender theory (Connell, 2003; Martin, 2003, 2004, 2006) in a way that can illuminate how power is exercised through the discursive construction of the missing and needed male nurse.

Applying a critical discourse analysis of professional nursing texts, the male nurse emerges de-contextualized from broader, historical systems of oppression. Within this vacuum, the portrait of the male nurse both masks and maintains the gender inequality he is said to confront. Professional nursing discourse on men justifies the current recruitment campaigns of organizations like the American Assembly for Men in Nursing (AAMN) and the Johnson & Johnson company (Cottingham, 2014). Rather than take these justifications at face value, I examine the assumptions and rhetoric that they deploy. I situate the current study within theories of collective gendering practices and hybrid masculinity before turning to the context of men in nursing and the assumptions of critical discourse analysis that guide my methods.

2 | GENDER, HYBRID MASCULINITIES AND DISCOURSE

Recent gender scholarship has shifted scholarly attention away from individual acts to the macro-level by theorizing gender as a regime (Connell, 1987), social structure (Risman, 2004) and institution (Martin, 2004). Individual performances play a key role in maintaining gender in both a dramaturgical (West & Zimmerman, 1987) and performative (Butler, 1988, 1990) sense, yet individuals act in relation to pre-existing paths (Ahmed, 2006) that represent the sedimentation of past practices (Arruzza, 2015). Individual creativity is possible, but in relation to the well-worn grooves that make social interactions and large-scale coordination smoother and easier to navigate. Such grooves are codified in policies and rules but often go unstated as the assumptions and norms that organizations rely upon in their everyday operations (Acker, 1990).

Though situated in Connell's framework of hegemonic masculinity (Connell, 2005; Connell & Messerschmidt, 2005), research on hybrid masculinity has remained largely focused on diverse men's *individual* practices (Barber, 2008; Bridges, 2014; Bridges & Pascoe, 2014; Ward, 2008). As a result, hybridity has been defined individually as 'men's selective incorporation of performances and identity elements associated with marginalized and subordinated masculinities and femininities' (Bridges & Pascoe, 2014, p. 246). Individual men, in constructing hybrid masculinities, draw on performances and styles associated with women and minorities. A white man might dress and speak in a manner associated with black men or a heterosexual man might adopt gay aesthetic styles to construct a hybrid form of masculinity (Bridges, 2014). Increasingly, though, through research on advertisements (Barber & Bridges, 2017) and nursing recruitment materials aimed at men (Cottingham, 2014), the orientation of research on hybrid masculinities is shifting to include broader organizational and cultural practices.

In line with calls from scholars to see gender as an institution (Martin, 2003), collective practices that maintain systems of power (Connell, 2003), and seeing the professions of medicine and nursing as gendered 'collective bodies' (Davies, 2003), the current study complements this prior work by advancing our understanding of hybridity as something also accomplished by collectives through *organizational* gendering practices (Cottingham, 2014) – a process that might be termed *discursive hybridization* of masculinity. Cottingham (2014), building on Martin (2001, 2003), defines organizational gendering practices as the strategic and ideological actions of organizations as they mobilize 'particular aspects of culturally idealized and alternative masculinities' (p. 149). Discourse is a critical feature of this ideological practice.

Discourse circulates the often-unrecognized assumptions about masculinity and femininity that organizational actors draw upon as they go about accomplishing practical tasks. Through an empirical examination of the discursive male nurse, I extend the scope of hybridity in two ways. First, hybridity can occur at the organizational level, where organizations and organizational leaders selectively synthesize diverse masculinities and femininities. Additionally, I extend the notion of hybridity to include the co-optation of the rhetoric of oppression forged in the struggles of women and racial and sexual minorities. Through this extension, we can trace how new forms of hybridity are constructed and circulated through healthcare professions, particularly in the American context. Such an extension is critical for moving the study of gender (and race) beyond individuals and toward collective practices that might explain persistent social inequalities (Collins, 2000; Connell, 2003).

The social world is the constantly produced and producing product of action, speech and text socially exchanged and observed. Poststructural theorists, such as Foucault (2002) and Butler (2011), have extended our understanding of power as integral to this process. While social realities are maintained and revised through the negotiations of actors – actors themselves are situated across differing levels of power. A nursing professor, for one, exerts more influence over the profession than say, a nursing student who lacks credentials. Furthermore, organizations like the American Nurses Association and the Robert Wood Johnson Foundation (RWJ), as national coalitions, wield even greater power in shaping the nature of the profession and health care. The scope of this power includes defining what issues and problems concern nursing and health care as a whole. Significant work has detailed the influence of gender on individual narratives and interactions among nurses and in nurse–physician relations (Floge & Merrill, 1986; Hughes, 2010; Porter, 1992), but relatively little sociological work has made healthcare organizations and organizational leaders the focus of analysis.

Speech and text, analysed as discourse (Jørgensen & Phillips, 2002; van Dijk, 1993), are significant sites for tracing the construction of social objects and with it, the power relations of social actors. Butler (2011) articulates the power of discourse in her concept of performativity:

not as the act by which a subject brings into being what she/he names, but, rather, as that reiterative power of discourse to produce the phenomena that it regulates and constrains. (p. xii)

Language is both a product and productive force in the construction of the social world, including classifications of people and their relationship to ideas and values. Narratives and behavioural acts of individuals, such as individual male nurses, do not exist in a vacuum, but are framed by and reciprocally maintained by broader cultural and institutional forces such as beliefs about gender, the structure of health care and even how the profession as a whole views the male nurse. More than the mere reflection of a pre-discursive reality, texts and talk constitute a form of ongoing collective practice that operates in tandem with individual behaviour. Within discourse analysis, ‘talk’ is seen as ‘constitutive of the realities within which we live, rather than expressive of an earlier, discourse-independent reality’ (Sampson, 1993, p. 1221). Discourse constitutes our social existence, including how demographic groups emerge in the production of professional boundaries (Fielding-Lloyd & Meân, 2008). The discursive male nurse is a key social object for understanding how hybrid masculinities emerge from collective practices. *Who* he is and *how* he is constructed can reveal processes of masculine hybridity beyond the practices of individual men.

3 | MEN IN NURSING

The experiences of individual men in fields such as nursing have been the subject of considerable research in nursing scholarship (Evans, 1997; LaRocco, 2007; MacWilliams, Schmidt, & Bleich, 2013; O’Lynn, 2007) and sociology and gender studies (Cottingham, 2015, 2017; Cottingham, Erickson, & Diefendorff, 2015; Lupton, 2006; Snyder & Green, 2008; Williams, 1992; Wingfield, 2009). Beginning with Williams’ (1992) use of the ‘glass escalator’ metaphor, scholars have critically examined the challenges and advantages that men in female-dominated fields encounter as well as the ways in which sexuality (Giuffre & Williams, 2000; Harding, North, & Perkins, 2008) and race/ethnicity

(Wingfield, 2009, 2010) shape those experiences. Within this research, scholars have found notable challenges that men confront as they simultaneously negotiate the demands of dominant masculinity with the emotional demands of the profession (Cottingham, 2015) and their status as the 'other' in nursing (Pullen & Simpson, 2009).

Yet, studies also detail considerable advantages for male nurses, including a distinct wage gap (Budig, 2002) that may be linked to their lateral segregation into higher paying, masculine specialties (Snyder & Green, 2008). Additionally, men can experience other benefits on the job, including being shielded from some of the emotional demands of nursing or experiencing increased job satisfaction when they do engage in emotional labour (Cottingham et al., 2015). Finally, qualitative studies have highlighted the advantages that men experience in patient and co-worker interactions when they are presumed to be competent and are granted respect and authority more easily than their female colleagues (Cottingham, Johnson, & Erickson, 2018).

In sum, research since Williams' (1992) influential study has complicated and refined our understanding of men's advantages and disadvantages in nursing and other traditionally feminine occupations. Men may not enter administrative or leadership positions more quickly than women (Snyder & Green, 2008), but they can benefit from pay advantages as well as increased compliance from difficult patients in a caring profession otherwise known for relatively low pay (England, Budig, & Folbre, 2002) and high rates of emotional burnout (Erickson & Grove, 2007). While this prior research has contributed significantly to our understanding of how gender shapes the work experiences of individual nurses, gender theorists increasingly call for more attention to gender at the institutional (Martin, 2004), structural (Risman, 2004) and discursive (Messerschmidt, 2015; Whitehead, 2002) levels. Rather than look at the experiences and identity projects of individual men in nursing, the current study complements this prior research by looking at the discursive practices the nursing profession uses to construct the male nurse. Thus, the primary research question guiding this study asks: how is the male nurse discursively constructed within professional nursing texts?

4 | METHODS

Professional texts on men in nursing can illuminate processes of discursive hybridization as they construct the object of the male nurse. This discourse may operate in tandem with the individual narratives of men that have been the predominant focus of prior scholarship, but professional discourse can also point to themes that carry broader political currency. By focusing on professional texts, the current study moves scholarship beyond the 'knowing subject' to investigate the 'collective activity or praxis ... that cannot be contained in the consciousness of the isolated subject' (Prior, 2004, p. 318). To analyse professional discourse on men in nursing, I amassed a variety of articles, editorials, opinion pieces and reports using the academic databases EBSCOhost, Google Scholar and through resources referenced online by associations, including the AAMN, the Institute of Medicine (IOM) and the American Nurses Association. I used 'male nurse' and 'men in nursing' as initial search terms, but also scrutinized the reference lists of more recent professional texts on men in nursing for other relevant items. In my initial reading of a text, I first assessed the relevance of it for the current study. To fit the study's parameters, the text needed to focus specifically on the issue of men in nursing and be published in a professional nursing journal or associations, rather than scholarly articles from other disciplines. In this way, my focus is on how the profession itself frames men. Example publications include *AJN: The American Journal of Nursing*, *Journal of Professional Nursing*, *Nursing Standard*, and reports and columns published by RWJ, AAMN and *Minority Nurse* (see Table 1 for a complete listing).

Once a text was deemed relevant to the study, I entered the text and details such as journal name, year of publication, journal country and name of nursing association into an Excel spreadsheet where I analysed the text and noted emergent themes in new columns that would allow me to track the prevalence of each theme. Once the sample reached a diverse range of years, journals, associations and English-speaking countries, and as no new themes emerged from the inductive analysis of new items, I considered the sample theoretically saturated (Glaser & Strauss, 1967). Following principles of interpretive qualitative research (Hesse-Biber & Leavy, 2004; Tracy,

TABLE 1 Source journals and professional nursing associations

<i>AJN: The American Journal of Nursing</i>	National Coalition of Ethnic Minority Nurse Associations (NCEMNA)
<i>Alberta RN</i>	<i>New England Journal of Medicine</i>
American Assembly for Men in Nursing (AAMN)	<i>NSNA Imprint (National Student Nurses Association)</i>
American Association of Colleges of Nursing	<i>Nurse Education Today</i>
American Nurses Association	<i>Nurse Educator</i>
AMN Healthcare, Inc.	<i>Nurse Together</i>
<i>AORN Journal (Association of peri-Operative Nursing)</i>	<i>Nurse.com</i>
<i>Applied Nursing Research</i>	<i>Nursing</i>
<i>Australian Journal of Advanced Nursing</i>	<i>Nursing Administration Quarterly</i>
<i>Australian Nursing Journal</i>	<i>Nursing and Health Care Management and Policy</i>
<i>Canadian Nurse</i>	<i>Nursing Education Perspectives</i>
<i>Dermatology Nursing</i>	<i>Nursing Forum</i>
<i>Hospitals & Health Networks</i>	<i>Nursing Management</i>
Institute of Medicine (IOM)	<i>Nursing Outlook</i>
<i>JAMA: The Journal of the American Medical Association</i>	<i>Nursing Standard</i>
<i>Johnson & Johnson Nursing Notes</i>	<i>Nursing Times</i>
<i>Journal of Advanced Nursing</i>	<i>OJIN: The Online Journal of Issues in Nursing</i>
<i>Journal of Clinical Nursing</i>	<i>RN</i>
<i>Journal of Nursing Education</i>	Robert Wood Johnson Foundation (RWJ)
<i>Journal of Nursing Scholarship</i>	<i>The American Nurse</i>
<i>Journal of Professional Nursing</i>	<i>The Lancet</i>
<i>Journal of Psychiatric Nursing</i>	<i>UCSF: Science of Caring (University of California–San Francisco)</i>
<i>Journal of Theory Construction & Testing</i>	<i>Urologic Nursing</i>
<i>Men in Nursing</i>	<i>Virginia Partnership for Nursing</i>
Minority Nurse	<i>Working Nurse</i>

2010), the collection and analysis was guided by the goals of rich rigour, transparency and theoretical advancement. The final sample of 130 texts includes print journal articles and online resources, the majority (91 per cent) of which were published between 1987 and 2014. I focus particularly on the content found in US-based journals, but include journals originating from the UK, Australia and Canada because the analysis revealed notable dialogue between UK and US nursing scholars. Texts from the United States accounted for 93 of the 130 items sampled (72 per cent). The remaining items were British, Australian, Canadian or international.

I analyse these materials in line with the principles of critical discourse analysis (Jørgensen & Phillips, 2002; van Dijk, 1993). Within a critical discourse approach, professional texts construct multiple realities as key players seek to shape and steer the profession toward specific policies concerning men. With these policies, assumptions about men, women and the gendered nature of the profession are tacitly circulated within the profession. While individuals author each text, the discursive patterns within them exist beyond any one individual (Prior, 2004) and work to shape how the profession as a collective comes to view men as a distinct demographic group – ‘a text instructs us how to see the world’ (p. 321). Critical discourse analysis further assumes that texts operate as part of the practices of dominance, defined as ‘the exercise of social power by elites, institutions, or groups, that results in social inequality’ (van Dijk, 1993, pp. 249–250). Those with varying degrees of power can jointly produce texts. Enactments of power exist beyond the practices of individual group members to also include the production of laws, media and texts. The aim of critical discourse analysis, and of this study then, is to examine the male nurse and how it is jointly produced as a natural, taken-for-granted object within the profession.

My process of analysis included detailed readings of the texts in search of themes that frame the object of the male nurse and the taken-for-granted assumptions that underlay discussions of men in nursing. I interrogated each text by asking how the male nurse was framed and understood within the content of the article. What framings of men in nursing require justification and what framings are presented as accepted knowledge that do not require additional explanation or justification? In this way, I attend to both the content conveyed in professional texts (what is said) as well as the form (how it is said), including attention to forms of modality (if and how statements are presented as fact) as well as metaphors (who male nurses are compared to) (Jørgensen & Phillips, 2002, pp. 83–85).

From iterative readings of the texts using the above interrogations, themes emerged inductively. Beyond the framing of men as both missing and needed, two dominant themes (equality and diversity) and one counter discourse (patient discomfort) emerged from these iterative readings. Equality and diversity were dominant in the sense that together they were found in over half of the items sampled (44 items reference only equality, 5 items reference only diversity and 21 items reference both themes) and their use was largely pre-reflective, with authors invoking their presumed importance with little justification or explanation. Struck by this rhetoric, I interrogated their function in relation to men in nursing and their parallel use in other arenas, namely law and management. Journals, online articles, as well as editorials and opinion pieces are a useful site for understanding how the profession constructs the discursive male nurse while extending the conceptual definition of hybrid masculinity to include organizational practices.

5 | FINDINGS

Throughout nurses' professional writing on men, one thing is evident: men are missing from nursing. Titles alone make this clear, including, 'Time to Welcome Men into Nursing', the profession is 'Looking for a Few Good Men' and 'Remember the Men!' Men are constructed as a distinct, missing demographic that the profession both needs and should actively seek to recruit. The pervasive argument for why their low numbers signal alarm centres on the projected worker shortages that loom over the profession. The ageing population and women's increased employment options are offered as explanations (Buerhaus, Staiger, & Auerbach, 2009) as authors argue that 'future recruitment initiatives should strengthen the focus on men and minorities [...]' (Buerhaus, Donelan, Norman, & Dittus, 2005, p. 75).

Within arguments that frame men as critically missing, assumptions about gender and the distinct ways that men differ from women are circulated. Langford (1989) writes in his editorial to *AORN*, the official journal of the Association of peri-Operative Registered Nurses:

Nursing needs to attract more primary income earners to prevent the profession from losing staff to family rearing or family problems. If more men were in our profession, the part of the shortage caused by the lack of retention would not be as dramatic as it is now. This is because the man in most families is the primary income source. (p. 474)

Langford's call for more men perpetuates a number of implicit gender assumptions. Men are believed to be more committed because of their status as 'the primary income source', while the shortage is seen as 'dramatic' as a result of women attending to family 'problems'. Embedded within these claims are assumptions about men and women's role in the family and in the workforce.

In his editorial to the *Online Journal of Issues in Nursing*, Wilson (2001) makes the point even more forcefully:

Why does nursing keep resisting the recruitment and retention of men in nursing? Making nursing an attractive profession to both men and women can help to alleviate the nursing shortage and prevent us from self-destruction.

It remains unclear how the profession 'resists' recruitment efforts, but Wilson's claim echoes other authors as men are offered as the solution to the shortage and, with such hyperbolic language as 'self-destruction', take on nearly messianic properties.

Beyond being both missing and needed, the framing of men in professional journal articles can reproduce essentialist and binary constructions of masculinity and femininity while appropriating the 'rights-based discourse' of equality and diversity (Smith, 2011). Men as a group, and white, middle-class men in particular, enjoy a range of economic and social privileges regardless of their occupation. Meanwhile men in traditionally female professions appear to enjoy advantages from their status as a numeric minority (Floge & Merrill, 1986; Snyder & Green, 2008; Yoder, 1991). Yet the framing of men in nursing journals, though loosely linked to workforce needs, hinges on identifying the discursive male nurse with historically oppressed groups. Using the language of gender equality and diversity, men's absence from nursing is more than a statistical reality; it is a moral imperative for action. In this way, rhetoric on men in nursing appropriates the language and emotional force of calls for social justice while ignoring the distinct advantages that white men in particular enjoy.

5.1 | Rhetoric of equality

Notions of gender equality and diversity — terms rooted in the civil rights and women's movements of the 1960s and 1970s — are employed in nursing texts to problematize men as a critically missing demographic. Among texts using the terms 'equality', 'bias', 'discrimination', 'prejudice', 'inclusion', 'balance' and 'parity', the vast majority of these (83 per cent) were published since 2000. Notably, this equality is framed largely in terms of *numeric* equality, as authors argue that without equivalent numbers of men, nursing cannot be seen as truly gender equal. We see this in a quote from a past president of the AAMN:

One day, men might actually make up 50 percent of the nursing workforce, in a similar way that women have been able to enroll and work in law, engineering and medicine [...] That would be true gender inclusion and balance. (Robert Wood Johnson Foundation, 2011)

This rhetoric mobilizes a politically potent discourse within discussions of gender and occupations. From race to gender to recent political efforts to secure marriage for same-sex couples, 'equality' is a clarion call among the political left (Feldblum, 2005). Continued attention to the unequal pay between men and women, for example, led the US Congress to pass the Lilly Ledbetter Fair Pay Act (Quirk, 2009). By equating the experiences of women and racial minorities with the experiences men have in the profession of nursing, the discursive male nurse is constructed in terms typically reserved for historically oppressed groups — a tactic of co-optation through which hybrid masculinities are discursively constructed by the nursing professions leadership.

In another example, Nation (2012) uses the rhetoric of equality in his call for greater reform in the profession, but shifts the focus away from numeric equality and instead focuses on education and training: '[...] all nursing students should be educated *equally* on cultural competence and be able to provide care to any patient'. His article, titled 'Time to Welcome Men into Nursing', begins by reciting the small numbers of men in the profession and goes on to detail the challenges that men face, including the generic use of the female pronoun as substitute for all nurses, stigma and a lack of role models. Notably, Nation is an African American man and he emphasizes that '*all* students' should be welcomed into nursing. However, as the title suggests, men take centre stage as the main demographic of interest.

Texts on men in nursing, Nation's included, can also use the rhetoric of equality to make analogies with the constraints of women in male-dominated fields. As Burt (1998) writes:

Much of the discrimination that men face in the nursing profession could actually be attributed to a larger societal gender bias. They are entering a profession traditionally dominated by women and face many of the same constraints that women have historically faced in entering workplaces dominated by men. (p. 64)

Mobilizing the same outrage and sense of injustice that women's exclusion from certain fields has garnered, these authors seek to invoke similar outrage at the presumed constraints that men face. Here the discursive male nurse is constructed as analogous to the professional woman who encounters external barriers to certain fields. Yet, empirical work comparing women in traditionally male occupations with men in traditionally female occupations reveals

notable differences (Floge & Merrill, 1986; Heikes, 1991; Walsh, 2013; Yoder, 1991), differences illustrated in the 'glass ceiling' and 'glass escalator' metaphors (Budig, 2002; Williams, 1992, 1995). Furthermore, Burt's framing places the constraints that women have encountered in the past – 'historically' – suggesting a post-feminist society in which women no longer experience bias and constraint in male-dominated fields, much less in fields considered female-dominated. As women's experiences with discrimination have ebbed, so the argument goes, men's discrimination in nursing has remained. The male nurse is the new professional woman.

Similarly, Sullivan (2000) equates the experiences of men in nursing with the struggles of women in her editorial for the *Journal of Professional Nursing*:

Women have insisted (rightly so) on equality in many professions. The persuasive argument for women's involvement in traditionally all-male professions, organizational life, the corporate world, and policymaking was that when women were excluded, half of our existing talent was unavailable. Similarly, men in nursing should have equal opportunities to contribute to nursing. Sadly, this is not always the case. (p. 254)

Sullivan's use of the past tense 'have insisted' places women's fight for equality in the past, in order to centre men's current position in nursing. Her usage of 'equal opportunities' ignores the historical origin of the terms themselves, as well as broader societal imbalances. While men may indeed experience a range of social pressures in nursing, higher pay and prestige also follow them into numerically female occupations like nursing (Snyder & Green, 2008). Sullivan's quote further exemplifies a type of managerial speak that translates gender equality into an issue of talent. Gender equality, she suggests, was partially won by women based on the argument that organizations suffer a lack of talent without them. Viewing 'talent' through the lens of late capitalism, this argument privileges profit while masquerading as a call for social justice.

Men's small number in the profession, 7–11 per cent of nurses (Institute of Medicine, 2011; Landivar, 2013), is thought to legitimate their claim to inequality and minority status. This assumption is most clearly seen in the heated reaction caused by a piece in *Nursing Outlook* (Ryan & Porter, 1993) on the topic of male power and privilege. Using feminist arguments concerning power and discourse (and unique in that regard), authors Ryan and Porter from the UK claim that despite their small numbers, male nurses in the United States and UK have a disproportionately large presence within publications. Looking at three nursing journals in the UK, they found that men made up roughly 42 per cent of all contributors, yet they made up only 8.8 per cent of all registered nursing in the UK at the time the study was conducted. The contrast was not as extreme for men in the United States, as the proportion of journal contributors who were men (6.5 per cent) was only twice the proportion of male registered nurses at the time (3.1 per cent).

Male readers in the United States were outraged by the study. With an air of sarcasm, Johnson (1994) responded to the piece with a letter to the journal's editor:

If the subject of this hateful article had been any other minority – blacks, Hispanics, native [sic] Americans – or the other gender, it would have been unpublishable. But since it involves both male-bashing and the male minority in nursing, why, send it in! (p. 244)

Men's numerical minority in the profession puts them, in Johnson's mind, on par with other minorities, including 'blacks, Hispanics, [and] native [sic] Americans'. Tranbarger, another critic of Ryan and Porter's piece, openly equates men's lack of equality with their numerical position. He accuses Porter, the male author of the article, of adopting 'the belief systems of the majority who oppress' him. Tranbarger (1994) further appropriates the language of the oppressed by referencing racial language historically levied at African Americans:

I suppose that this article has its purpose, telling men in American nursing that they had better know their place and stay there. A few will be tolerated, but don't get 'uppity'. (p. 246)

This hyperbolic and charged language seems to follow the assumptions shown in other articles on men in nursing. When men are equated with historically oppressed minorities, it is only logical to see critiques of men through the prism of an oppressed status. By co-opting this language of oppression, the discursive male nurse takes on a hybrid

form. He elides the tough, macho ideal and should, according to professional texts, be seen as an oppressed minority worthy of organizational investment and support.

Discourse on men in nursing further mobilizes the rhetoric of equality using terms such as 'bias', 'prejudice' and 'balance'. Burt and Sullivan above used the terms 'discrimination' and 'exclusion'. Halpern (2012) writes that 'Men in nursing has [sic] always faced many prejudices in the profession' (p. 1). A letter to the editor in the *Journal of Nursing Scholarship* makes similar claims:

The question of gender discrimination is difficult to address, and it has traditionally been one of women entering predominantly male-dominated professions. Men's concerns have attracted relatively little attention or political support. (Zbilut, 2006, p. 206)

An article from the website *Minority Nurse* further refers to exclusion and prejudice:

[...] male nurses still find that many doors are closed to them in the clinical setting, especially when female patients are involved. [...] This prejudice isn't just limited to the labor and delivery rooms, he adds. Often, male nurses must be accompanied by female 'chaperones' even when doing simple abdominal examinations – an exclusionary practice in light of the fact that no such restrictions are placed on female nurses who care for male patients. (Williams, 2002)

The quote highlights a common example used to contrast the disparate treatment of men and women nurses. Men's exclusion from hospital labour and delivery units minimizes their interactions with female patients during intimate procedures. Indeed, men's touch in healthcare settings is viewed with suspicion (Giuffre & Williams, 2000). In the context of professional nursing texts, this suspicion is drawn upon by organizational leaders to construct men as victims of discrimination – a hybrid form of masculinity that combines traditional ideals of men as breadwinners and committed workers with the status of an oppressed minority.

Notably absent from this framing is the large body of research that shows that men in atypical occupations appear to be unequally *advantaged* in many ways (Yoder, 1991). While the notion that all men, regardless of race, ride a 'glass escalator' (Williams, 1992) of privilege in traditionally female occupations has been challenged by recent work (Williams, 2013; Wingfield, 2009), men appear to benefit from higher wages than their female counterparts (Snyder & Green, 2008). Men may also be seen as more authoritative and competent by patients and doctors (Flöge & Merrill, 1986). This side of the gender equality coin is rarely discussed in professional texts concerning men, though it was not entirely absent. For example, McMurry's review article discusses men's advantages at length, citing both nursing and sociological literature (McMurry, 2011; Rozier, 1996). These articles, though, appear as outliers in professional nursing texts compared to the more common framing of men as minority victims.

Nursing texts construct the male nurse as a missing and needed demographic; whose small numeric presence in the profession signifies gender inequality and with it, injustice and a call to action. Mobilizing the rhetoric of equality, these texts equate men's experiences with those of women in (historically) male-dominated professions. Their use of these terms, however, dissociates them from their historic use in the civil rights and second-wave feminist movements. This dissociation grants the discursive male nurse the symbolic weight that these words carry without a recognition of the broad and trenchant privileges that men, particularly white, heterosexual men, enjoy. Bracketing off broader social forces, the missing and oppressed male nurse takes shape as an objective reality. This process of appropriation can be seen as a form of discursive hybridization at the collective level – the discursive construction of hybrid masculinity that goes beyond the co-opting practices of individual men.

5.2 | Rhetoric of diversity

Closely connected with the ideals of gender equality and an individual's right to equal treatment, the concept of diversity has emerged from multicultural and pluralistic values within contemporary politics, particularly as members

of distinct cultures live and work in increased proximity to each other. The term 'diversity', though, takes on new meanings as it is enacted within different social spheres. In their analysis of management literature, Edelman, Fuller, and Mara-Drita (2001) find that professional rhetoric on diversity emphasizes the concept's relationship to organizational survival and increased profits rather than the civil rights framing from which it originated. In the case of managerial discourse, they write that:

Diversity rhetoric replaced the legal vision of diversity, which is grounded in moral efforts to right historical wrongs, with a managerial vision of diversity, which is grounded in the notion that organizations must adapt to their environments in order to profit. (Edelman et al., 2001, p. 1626)

While nursing leaders do not explicitly link diversity in the workforce with a profit motive, they do construct it as a key ingredient for high-quality patient care (Institute of Medicine, 2011), supplanting its link to social justice and the need to redress historic wrongs. The IOM set the precedent for the mobilization of diversity rhetoric in their 2010 report on the future of nursing. Fifty-four per cent of the texts that reference diversity in the sample were published during or after 2010. The word 'diversity' itself appears over 50 times in the report, with gender diversity specifically addressed:

the profession needs to continue efforts to recruit men; their unique perspectives and skills are important to the profession and will help contribute additional diversity to the workforce. (Institute of Medicine, 2011, p. 127; emphasis added)

Furthermore, the report links diversity, including racial diversity, directly to patient care:

To better meet the current and future health needs of the public and to provide more culturally relevant care, the current nursing workforce will need to grow more diverse. (Institute of Medicine, 2011, p. 128)

Such claims carry the underlying assumption that within the inherently binary gender system, men and women are uniquely different. Men possess 'unique perspectives and skills' that seem to emerge, not from a privileged location in the gender hierarchy, but rather from their essence as men. Here we see an essentialist view of gender throughout the IOM report, reaffirming a view of men and women as complementary yet fundamentally distinct.

Echoing the IOM report, diversity rhetoric is prevalent in nursing articles focused on men. Gross (2013), a Women's Health Care Nurse Practitioner in New York, praises a recent review article on the topic of men in nursing for highlighting the problem of 'professional nursing's lack of gender diversity' (p. 12). Nadelson (2014) writes for the 'Future of Nursing: Campaign for Action', sponsored by RWJ, about the importance of 'enhancing diversity' as 'much more than ethnic background'. She urges readers to develop a chapter of the AAMN as a way of increasing diversity. The notion that diversity includes 'much more than ethnic background' follows the cultural logic of other organizations and decouples the ideal of diversity from its original focus on social justice (Ahmed, 2007). Nursing's mobilization of diversity rhetoric appears to mirror the usage identified by Edelman et al. (2001):

... managerial rhetoric about diversity tends to deflect attention from the societal and historical practices that disenfranchised particular groups and instead emphasizes the value of recognizing all forms of difference. If the white farm boy from Idaho is considered as important to firm diversity as the black inner-city kid from Los Angeles on the basis of geographic diversity, then diversity can more easily be used to justify a workforce that is primarily white or male (but is diverse on other dimensions). (p. 1632)

The dissociation of diversity from social justice concerns and historically disenfranchised groups frames men, even white and generally privileged men, as a missing and needed demographic that takes on an oppressed status. This discursive hybrid undergirds the need to rectify men's absence and channel resources into forms of recruitment and support that explicitly target men.

To bolster diversity claims, texts on men in nursing highlight the distinct contributions that men can make to patient care. The profession is admonished to 'embrace the differences that men bring to nursing' (AAMN website)

and 'continue efforts to recruit men; their unique perspectives and skills are important to the profession and will help contribute additional diversity to the workforce' (Akinwale, 2012). The cultural logic linking diversity to improved patient care hinges on men's presumed ability to be especially adept at caring for male patients. Yet little empirical evidence is offered in support of this assumption. Texts cite speculation from other texts as justification, creating a discursive echo chamber.

Writing for RWJ, DeWitty suggests that 'patients are much more receptive to health care providers of similar cultural and ethnic backgrounds, and that may well translate to gender as well' (Robert Wood Johnson Foundation, 2011). While male patients *may* be more receptive to male healthcare providers, this assertion appears as a discursive move, linking men's role in the field to the politically potent concept of diversity, rather than one based on empirical research. It could just as easily be argued that men, in their policing of masculinity, may be *less* open to communicating about topics that make them appear vulnerable and weak when speaking to other men (Pascoe, 2007). While outside of the healthcare context, Barber's (2008) research suggests that men may be more receptive to therapeutic touch and emotional support when it comes from women.

Frank, Ross and LaCounte also reiterate the importance of symmetry between patient and provider and men's unique skills:

Male patients prefer male nurses in those embarrassing hospital situations. If half the patients in hospitals are men, then shouldn't half of the nursing staff be men? (Frank, 2006)

[...] men bring unique skills and perspectives to the profession, including life experiences, more traditionally masculine communication styles and the simple fact that they 'look like' half the patient population. (Ross, 2012)

Many patients are more at ease with a male nurse. (LaCounte, 2013)

Again, we see that essential differences between men and women underlay the assertions concerning men's 'unique skills and perspectives'. This argument for unique perspectives mirrors the 'different-but-equal' argument used by gender scholars like Gilligan (1982). Such an argument, ironically, has the potential to contradict men's own claims to qualities amenable to caregiving, such as empathy, compassion and emotional sensitivity (Cottingham, 2016).

The need for a more gender diverse nursing workforce pervades the professional discourse on men in nursing. This framing mirrors rhetoric used in other organizational settings (Ahmed, 2007; Edelman et al., 2001) and similarly dissociates the notion of diversity from the civil rights movement and the concern of social justice for racial minorities and women — groups that have been historically disadvantaged in the workplace. By ignoring the origin of the term 'diversity', nursing leaders are able to frame nursing's missing men as a problem of equivalent injustice as the historical exclusion and oppression of women and men and women of colour. This appropriating of equality and diversity rhetoric appears to be a form of "ventriloquation" of the other's discourse of oppression' that simultaneously dilutes and takes possession of the 'cultural capital that comes with the charge of having been oppressed' (Yúdice, 1995, p. 276).

Deploying notions of equality and diversity, discourse on men in nursing attempts to incite similar levels of outrage that the oppression of other groups has garnered. However, a counter discourse of patient comfort is also used in professional texts on men in nursing in order to frame men, not as an oppressed minority whose absence diminishes diversity, but as a potentially problematic group whose presence may create patient and co-worker unease. Recognition of potential patient discomfort with male caregivers was found in 13 of the items sampled.

6 | DISCUSSION

The present study examined how professional nursing texts construct the discursive male nurse in order to illuminate the organizational practices that undergird hybrid forms of masculinity. I used a database of 130 professional texts to understand how the male nurse is constructed. Findings revealed themes of gender equality and diversity, as well as a

counter discourse that emphasized patient comfort and concerns that patients might be uncomfortable with male caregivers. Notably, the themes of equality and diversity co-opted rhetoric from the civil rights and women's movements in ways that can reproduce the gendered and racial power of white, professional men.

The dominant professional construction of men as missing from the field of nursing centred on appropriating de-contextualized rhetoric of gender equality and diversity from oppressed groups. This rhetoric strategically places nursing's missing men alongside other politically relevant debates concerning the exclusion of minorities in otherwise homogenous professions, including the exclusion of people of colour and women from the fields of science and medicine. Within professional nursing texts, the absence of men is constructed as a social rather than an individual problem. Men's documented advantages receive limited attention and, when acknowledged, are relegated to the realm of the individual. The 'problem' of gender inequality in nursing appears predominately as the problem of men's experience of prejudice and discrimination as a numerical minority. Nursing texts subtly reassert an old binary that relegates 'women's problems' to the private realm and men's to the public realm.

Research in the sociology of work and gender shows that men in traditionally female professions appear to be advantaged in many ways, including promotions and pay (Budig, 2002; Muench, Sindelar, Busch, & Buerhaus, 2015; Williams, 1995). Men in nursing are no exception. Coupling this with the efforts of organizations to raise the profile of men in nursing, it would appear that men benefit from gender privilege and the rhetoric of equality and diversity forged in the oppression of women and racial minorities. Appropriating the language of the oppressed to advance an already privileged position acts as a form of discursive hybridization. Organizations strategically construct men in nursing in ways that mobilize both culturally idealized and alternative conceptions of masculinity, similarly to nursing recruitment efforts that target men (Cottingham, 2014).

Though prior research on 'hybrid' masculinity has primarily focused on the actions of individual men (Bridges & Pascoe, 2014, p. 246), the current findings extend and complement this line of research by detailing processes of hybridization at the discursive level where organizational actors construct men as missing and needed in the nursing field. Past definitions of masculine hybridity have also focused on cultural elements (or styles) associated with women and racial minorities. The current findings suggest that the very rhetoric that oppressed groups have developed in the fight for social justice (gender inequality and gender/racial diversity) can also be appropriated or 'mobilized' as organizational actors construct the discursive male nurse in hybrid ways. Building on prior work on gendering practices (Martin, 2003) and hybrid masculinity (Bridges & Pascoe, 2014), the findings extend our understanding of how hybrid forms of masculinity might be theorized as emerging from both individual and collective practices and include the social justice rhetoric of subordinated groups as well as the forms and styles of femininities and subordinated masculinities.

Organizations themselves, such as the AAMN, the RWJ and other nursing associations, are agents in the production of the discursive male nurse. Hybridity entails appropriation of cultural elements of femininity and subordinated masculinities, as has been investigated in past work (Bridges, 2014), but hybridization can also involve appropriation of the politically powerful rhetoric forged by the oppressed. In other words, the current findings build on prior research in two key ways. Concretely, this includes: (i) empirically and theoretically tracing how *organizations, through discourse*, construct forms of hybrid masculinity that exist simultaneously to the practices of individual men; and (ii) expanding the definition of hybrid masculinities to account for the co-optation of social justice rhetoric *in addition* to the co-optation of styles (behaviours, dress and conversational speech patterns) associated with subordinated masculinities and femininities. Together I believe these two contributions advance our conceptual and empirical understanding of hybrid masculinities in the organizational context of professional nursing.

Future research should continue this work by turning to the socio-historical factors that might influence discursive hybridization. Variations across countries, healthcare systems, time frames, and periods of worker shortage and surplus could influence the extent to which and how collectives apply the rhetoric of gender and racial oppression to men as a generic demographic category. As this current study focused primarily on texts drawn from the United States, further research should examine if and how the discursive construction of the American male nurse differs from alternative national contexts. Researchers might also look outside specific organizational contexts like the

workplace to understand how the co-optation of social justice rhetoric by historically and currently privileged groups infuses political debate.

In the context of the present study, Lorde's (2007) admonishment to avoid the master's tools in dismantling the master's house seems to be realized in a perverse fashion. While oppressed groups have championed social change by forging the rhetoric of equality and diversity, privileged groups can take up this same rhetoric for their own gain. The master can also use the tools of the oppressed. This can be seen as a sign of the political currency that notions of equality and diversity have attained – certainly a positive outcome and one that suggests progress – while also illuminating a process of discursive hybridization that may dull the effectiveness of these tools over time. If even white, middle-class, men can use the rhetoric of equality and diversity for social advancement, new tools may be needed to meet the challenges of a culture characterized by postfeminist, colour-blind sensibilities (Bonilla-Silva, 2006; Hall & Rodriguez, 2003).

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