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GENDER DISCRIMINATION IN NURSING

by

ROBERT SWANSON

A Thesis
Submitted in Partial Fulfillment of the Requirements
for the Degree of Master of Science in Nursing
in the Division of Nursing
Mississippi University for Women

COLUMBUS, MISSISSIPPI

August 2000

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Gender Discrimination in Nursing

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Abstract

Gender discrimination related to women's struggles to gain access to career ladders and equal compensation within a male-dominated society has been documented. However, little research has been conducted regarding discrimination among male nurses in a female-dominated work environment. In particular, there is a paucity of empirical data regarding male nurses in advanced clinical practice. As the number of male nurse practitioners increases, there is heightened concern about discrimination. The purpose of this study was to determine whether male nurse practitioners perceived gender discrimination in the workplace. Using Leininger's (1991) Theory of Cultural Care Diversity and Universality and Trentham and Larwood's (1998) Rational Bias Theory as frameworks, a descriptive research design was chosen. The setting was the state of Mississippi in which there are over 600 nurses who are licensed as family nurse practitioners. Male nurse practitioners make up 8% of this number. All male family nurse practitioners who are

licensed to practice in the state of Mississippi (n = 45)were invited to participate. Data were collected using the Swanson Discrimination Survey. Findings reveal that 62% of the respondents perceive that they have experienced gender discrimination in the workplace. Seventy-six percent state they have observed gender discrimination in reference to male nurses. Thirty-one percent state that discrimination played a role in whether they were allowed to work in a requested clinical area. Additional findings reflect that 69% of male nurse practitioners believe they enjoy better working relationships with male physicians than their female colleagues. The conclusions of the study are that gender discrimination is perceived among male nurses and that this discrimination is substantial compared to data concerning discrimination that occurs in non-health care occupations. Findings are significant to clinical administrators who are responsible for developing workplace policies and practice assignments. Further, as a profession, nursing must be scrupulous in facilitating the elimination of nurse stereotypes. The researcher recommends that a larger study be conducted over a broader geographical setting and that specific incidents of gender

discrimination as perceived by male nurses and nurse practitioners be qualitatively documented.

Dedication

I dedicate this completed work to my lovely wife, Melissa, and daughter, Amanda, who were with me each day, and sons, Robbie and Joshua. Without your love and support, I would not have had any reason to continue nor the strength to do so. This study is for each of you and shall always remain as a token of my love for you. Thank you for sharing my dream.

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I would be amiss not to mention Mary Ledford, who has been an inspiration for me throughout the bachelor and masters programs. I would not have had the opportunity to participate in the masters program had it not been for her constant encouragement and assistance. I shall always remember her kindness and genuine friendship.

I would like to also thank and remember my fellow classmates who shared so much during the past 2 years. I will always reserve a special part in my heart for each of you who have endured with me, while we all completed our goals.

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Chapter I

The Research Problem

As the number of men entering the nursing profession continues to rise, there are growing concerns about equality and equal opportunities by those men who have chosen nursing as a career. In recent years there has been an increase in the number of lawsuits concerning men's admission into clinical areas, such as maternal child and obstetrics and gynecology (Ob-Gyn) (Hawke, 1998). Some men believe they are being discriminated against solely on the basis of their gender for these clinical and administrative positions (Ryan & Porter, 1993).

Conversely, many women in health care professions argue that men are indeed treated differently, asserting that male nurses seem to be preferred for many coveted critical care and supervisory positions (Williams, 1995).

Merriam-Webster (1993) defined discrimination as the ability to make a difference in treatment or favor on a basis other than individual merit; a prejudiced or prejudicial outlook, action, or treatment. According to

Kingma (1999), discrimination is defined as, "a showing of partiality or prejudice in treatment; action or policies directed against the welfare of minority groups" (p. 87). Porter-O'Grady (1995) suggested that discrimination is "quiet, unspoken, and insidious . . . and is driven by . . . dependence, inequity, jealously guarded power, and the maintenance of a relatively low position on the social hierarchy" (p. 56). The definition of gender discrimination has historically referred to society's paternalistic nature and maltreatment of women (Evans, 1997). However, discrimination aimed at men is a littlestudied phenomenon, particularly in nursing literature. Even less attention has been given to the phenomenon of gender discrimination among male nurses who seek advanced clinical education. Therefore, the purpose of this study was to examine male nurse practitioners' perceptions of gender discrimination in the workplace.

Establishment of the Problem

Men have been in the nursing profession since the third century. Before the early 19th century a sick person would often have been nursed by a man, and it was only in the post-Nightingale era that nursing became a

traditionally female profession. According to Bradby and Soothill (1992), men were acting in the role of nurse in ancient Greece and certainly in Europe until the Reformation. Men worked as nurses during the Crusades when the Knights Hospitallers of St. John of Jerusalem was founded. Monks worked in similar roles until the monasteries were dissolved in Britain around 1537. Although the Order of St. John was also dissolved at the same time the monasteries were, it was revived in 1831. The Red Cross societies were formed during the Crimean War, and both were dominated by men in a nursing role (Bradby & Soothill, 1992).

Bradby and Soothill (1992) emphasized that the Florence Nightingale influence following the Crimean War resulted in the future of nursing in Great Britain being dominated by women. The Industrial Revolution focused attention on males undertaking technical and heavy industrial work. "Women, therefore, made a niche for themselves through militant feminism, creating jobs that only women could do" (Bradby & Soothill, 1992, p. 36).

These historical findings indicate that discrimination among men in nursing is not a new phenomenon. Since the inception of formal nursing

education, men have been excluded from many schools of nursing. In 1937 men in nursing were forced to form their own society in order to support one another, and it was not until 1960 that the Royal College of Nursing (RCN) in Great Britain allowed men to become members (Haywood, 1994; Mackintosh, 1997). According to Poliafico (1998), men were barred from the Army and Navy nursing corps in the early 1900s. In 1941, only 68 of 1,303 schools of nursing admitted male students. However, according to Burtt (1998), the national sample survey of nurses, compiled by the United States Department of Health and Human Services Division of Nursing, reported that the number of men in nursing rose from 4% in 1992 to 5% in 1996. The American Association of Colleges of Nursing reports that the number of men enrolled in baccalaureate nursing programs increased from 9.5% in 1992 to 11% in 1997. The percentage of men in graduate programs jumped from 4.6% in 1992 to 7.8% 5 years later. According to Poliafico (1998), this was accomplished despite the fact that educational institutions did little to recruit men.

While male nurses complain of gender discrimination, female nurses also feel that they are at a disadvantage.

Many female nurses believe that men are being promoted

simply because of their masculinity and their assumed ability to lead. Evans (1997) advanced the theory that in a "female-dominated occupation such as nursing, patriarchal gender relations which reflect a high valuation of all that is male and masculine, play a significant role in situating a disproportionate number of men in positions of status and power" (p. 230). In 1987 men in Britain constituted less than 10% of registered nurses, yet they held more than 50% of the chief nurse and director of nurse education posts (Ryan & Porter, 1993).

Ryan and Porter (1993) suggested that men will ultimately choose to assume leadership roles in nursing. According to Porter-O'Grady (1995), this "expectation is reaffirmed by the notion that there is something 'wrong or suspicious' regarding the man who appreciates and resonates with rendering good patient care and ascribes to no other ambition" (p. 57). "Men in the nursing profession continue to be stereotyped as anomalies, effeminate or homosexual" (Haywood, 1994). This stereotype, rather than based on any objective assessment of men's sexual lifestyles is, as pointed out by Williams (1995) "based on beliefs about masculinity" (p. 69). Williams elaborated by stating, "because nursing is assumed to require female

attributes such as a capacity to nurture, empathize and serve others . . . men who nurse . . . must be feminine" (p. 69). Burns (1998) also introduced the concept that "a man is a clumsy thing and does not know how to handle a sick person" (p. 1). As a potential remedy for the problem of male high-achievers within nursing, Bradby and Soothill (1992) sardonically suggested that "the profession needs to attract high-achieving females and to capture many more underachieving males in its ranks" (p. 36).

Walsh (1995) emphasized that although graduates of health administration masters and post-masters programs are mainly women, men earned an average of \$61,491 annually, compared to \$50,839 for women. The present literature has focused primarily on wage disparity between male and female nurses or other advantages for men (Evans, 1997; Ratcliffe, 1996; Ryan & Porter, 1993; Williams, 1995). To date, no empirical study has been conducted to gauge the perspectives of male nurses or, specifically, male nurse practitioners.

Some of the most notable and published court cases involving discrimination in nursing had to do with the entrance of men into maternal child and Ob-Gyn areas.

Title VII of the Civil Rights Act of 1964 prohibits

employers with 15 or more employees from discriminating against employees based on sex and covers hiring, promotion, compensation practices, and other terms and conditions of employment. When confronted with this Act, most employers seek to establish a statutory defense, an action which is becoming increasingly difficult. The statutory exception in Title VII permits an employer to discriminate on the basis of sex where sex is a bona fide occupational qualification reasonably necessary to the normal operation of that particular business or enterprise (Hawke, 1998).

To prevail on sex discrimination claims under Title VII, the plaintiff must prove the employer's discriminatory intent or motive.

In cases alleging discriminatory treatment, the plaintiff must establish that he is a member of a protected class (male or female), that he applied for and was qualified for the open position, that he was rejected, and that the position remained open and the employer continued to seek applicants. (Hawke, 1998, p. 56)

Once the plaintiff establishes those basic elements of the case, the burden shifts to the employer to articulate a legitimate, nondiscriminatory reason for the plaintiff's rejection or to provide a statutory defense.

According to Hawke (1998), the Supreme Court intended that the bona fide occupational qualification be a narrow exception to the prohibition of sex-based discrimination, and because of this strict interpretation, the employer bears a heavy burden in establishing a bona fide occupational qualification. Historically, these statutory exceptions have been difficult to establish. A number of lawsuits alleging sex discrimination have predominantly favored the plaintiff with very few exceptions (Hawke, 1998).

There has been also an increasing debate concerning the apparent gender-neutral status of physicians, while nurses, nursing aides, and orderlies are construed as gendered beings. For example, the male nurse is thought of as a man first, a nurse second (Watson & Mahowald, 1999). According to Watson and Mahowald (1999), patients cannot sue a hospital for refusal to provide a preferred gender physician or nurse, but it is the hospital which often discriminates against the employee by allegedly providing these biases on the behalf of the patient. Watson and Mahowald (1999) also made the point that patients choose their physicians, except in emergent cases, but do not have the ability to choose their nurses.

Most of the literature on gender discrimination deals with discrimination against women in a male-dominated workplace. Within the nursing profession most of the research focuses on discrimination against women. However, Browne (1997), in a study that compared beliefs about discrimination in the United States and Australia, established that only 12.6% of women who were surveyed believed that discrimination within the workplace occurred. Men in the same study believed that discrimination did not exist or existed to a lesser extent. These numbers are significant when the focus of discrimination has traditionally been against women and minorities in a white, male-dominated environment. Among the available literature, no empirical studies could be located by the researcher that specifically addressed gender discrimination in general or advanced practice nursing such as nurse practitioners. As concern about gender discrimination in nursing increases, empirical studies will be required to adequately assess perceptions concerning discrimination and to lay groundwork for legal and ethical precedents.

Significance to Nursing

Nursing practice. Previous research has documented discrimination that occurs in other workplace environments; however, no empirical studies have been conducted for the same purpose in nursing. Information gained from the current research study could be beneficial in expanding the understanding of discrimination in the advanced nursing practice environment. Examining discrimination against male nurse practitioners could be a beginning in understanding the dynamics of gender discrimination in a predominantly female profession. Data from this study are needed to determine if male nurse practitioners perceive and experience discrimination in practice. Also, data obtained from this study can be adopted to assist health care administrators to recognize discrimination and to develop protocols necessary to prevent discrimination from occurring. The social concept of nursing being a female appropriate area of health care is changing with the emergence of more men in the profession and, especially, with more men choosing to become nurse practitioners. This study is central to the examination of advanced practice options available to men in nursing.

Nursing education. Kingma (1999) stated that discrimination is brought into practice during training, basic and higher education, as well as active employment. The current research provides information needed to educate student nurses to recognize and prevent discrimination in school and after they enter the job market. Data collected from this research could aid in the development of curricula specific to discrimination. The ultimate outcome would be equal access and education for all nurses, both female and male. Burtt (1998) emphasized that the place to halt discrimination against male nurses is in nursing schools. An essential part of higher education should include equal access to education and employment that is not denied due to gender.

Nursing theory. Leininger's Theory of Culture Care
Diversity and Universality (1991) was based on awareness
of the client's culture by the health care provider. This
study served to validate the theory by illustrating the
changing perception of health care within our own culture.
The Theory of Culture Care is needed to develop new
organizational structures and functions that reflect
different cultural values and gender differences in
nursing. These dimensions are essential to develop

relevant cultural norms and practices in program
development, implementation, and evaluation in clinical
and educational settings. This study helped to illustrate
the need to maximize nurses' abilities in different
cultural and gender groups and to further develop the
talents and assets of those nurses.

This study also served to validate Trentham and Larwood's (1998) study of the rational bias theory.

Trentham and Larwood asserted that the rational bias theory described a form of discrimination in the workplace that precludes as its cause a tendency to provide what the customer wants, to act in a way that is congruent with upper management, and to be concerned only for personal success. Utilizing Trentham and Larwood's observations on the rational bias theory clarified why some within the nursing profession have been willing to risk gender discrimination within certain areas of the health care setting.

Nursing research. Little empirical data exist in regard to discrimination in nursing, and none was found regarding discrimination among male nurse practitioners. However, there is research concerned with the changing image of nursing as women's work and that may indicate a

change in stereotypes about caring as well (Ekstrom, 1999). Findings from this study may contribute to the limited body of knowledge concerning the expanding role of males in the nursing profession and their perception of discrimination.

Theoretical Framework

Leininger's Theory of Culture Care Diversity and Universality (1991) served as the theoretical frameworks for this study. Leininger (1991) developed a theory based on cultural awareness. Leininger asserted that nursing theory must take into account the creative discovery about individuals, families, beliefs, and actions or practices based on their cultural lifeways to provide effective, satisfying, and culturally congruent nursing care. Leininger maintained that nurses cannot separate world views, social structure, and cultural beliefs (folk and professional) from health, wellness, illness, or care when working with cultures because these factors are closely linked.

Leininger (1991) also believed those cultures that strongly emphasize caring values, behaviors, and processes tend to have more females than males in caring roles.

Cultures that emphasize curing behaviors and treatment processes tend to have more male curers than female curers. With the increase of males in the nursing profession, culture, social beliefs, and structure will become increasingly important and will help shape the practice of male nurse practitioners. According to Valentine (1989), nurse caring is strongly influenced by philosophical beliefs, ethics, socialization processes, and cultural norms. These variables have apparent connections to gender, which, it has been suggested, may influence caring perceptions and behaviors (Leininger, 1991; Valentine, 1997).

Leininger believed that providing culturally congruent care is what makes clients satisfied that they received good care (Leininger, 1991). According to Valentine (1991), nurse caring is strongly influenced by philosophical beliefs, ethics, socialization processes, and cultural norms. These variables have apparent connections to gender which may influence caring perceptions and behaviors (Leininger, 1991). The emerging bi-gender face of nursing is changing some of those social norms.

Individuals, families, groups, communities, and institutions formed the center of Leininger's Sunrise Model. At the center of the model, holistic health occurs, because holism is influenced by each of the sun's exchanging rays. These rays include the following: technology, religion and philosophy, kinship and social structure, cultural values and lifeways, politics and the law, economics, and education.

Leininger (1991) utilized three interlocking circles to illustrate the connection between folk systems, nursing care, and professional system. Only when all three systems are considered can culturally congruent care be provided. An important aspect of these three interlocking circles is that folk and professional systems are only connected by the nursing care circle.

Leininger (1991) developed 13 major assumptions to support the theory. These included care as the essence of nursing and crucial for well-being. Leininger stated that nursing is a transcultural humanistic and scientific care profession with a central purpose of serving humanity.

Every human culture has generic (lay, folk, or indigenous) care knowledge and practices which vary transculturally. Leininger further asserted that cultural beliefs and

practices are influenced by and tend to be embedded in world view.

In the utilization of Leininger's theory to guide this study into the male nurse practitioner's perception of discrimination, attention was directed toward the concept of world view (Leininger, 1991). Male nurses and nurse practitioners are becoming more visible and recognized by patients as a part of the health care environment. According to Poliafico (1998), enrollment of men in graduate programs of nursing has increased to 7.8%. Based on Leininger's model, discrimination toward male nurses might likely be based on cultural beliefs that nurses are females. Leininger believed that culturally congruent nursing care can occur only when the individual, group, family, community, or culture care values, expressions, or patterns are known and used appropriately and in meaningful ways by the nurse with the people. With the increased prevalence of male nurses, the world view that all nurses are females and all doctors are male is changing. In essence, culture care values and expressions or patterns are being redesigned and modeled to include a bi-gender face to health care.

Leininger's concept of environment can be paralleled with the setting for this study. Leininger believed that cultural care values and beliefs are influenced by and embedded within their environmental context. Over the past several decades there has been an increasing number of men accepting traditionally female occupational roles (Poliafico, 1998). This change in nursing ranks is sequentially changing the health care environment.

For the purpose of this study, Leininger's professional care system was nurse practitioners in advanced practice. The central thesis of the theory proposes that health care of individuals, families, and groups can be provided while considering their cultural and social backgrounds, thereby providing culturally congruent care. An increasing number of men entering advanced practice nursing are changing the modern concept of the professional care system. Leininger believed that cultures that strongly emphasize caring values, behaviors, and processes tend to have more females than males in caring roles (Leininger, 1991). Many patients are from a cultural and social background which precludes that nurses are females. The changing professional care system is affecting the social structure and the way that nursing is viewed. Therefore, Leininger's model was considered to be an appropriate framework on which to base the current study regarding perceptions of discrimination by male nurse practitioners.

Assumptions

For the purpose of this study, the following assumptions were made:

- 1. Gender discrimination occurs within the workplace.
- 2. Male nurses' perception of discrimination in the workplace is a concept which can be empirically measured.
- 3. The nursing profession tends to have more females than males in caring roles (Leininger, 1991).

Statement of the Problem

Through research, discrimination has been documented related to women's ability or inability to gain access to career ladders and equal compensation within a maledominated society. However, little or no research has been done related to discrimination among male nurses in a female-dominated work environment. As the number of male nurses are increasing there has been an increasing number of men complaining of discrimination within their chosen careers. Most research on discrimination has focused on

gender discrimination for women in a male-dominated work environment, and none was found that examined gender discrimination in advanced nursing practice. The present study provided insight on gender discrimination from the male nurse practitioner's perspective.

Research Question

The following research question served to guide this study: Do male nurse practitioners perceive gender discrimination in the workplace?

Definition of Terms

For the purposes of this study, the following terms were defined:

1. Male nurse practitioners: Theoretical: persons of the male gender who are, through experience, educational preparation and credentialing, able to function in an advanced practice nursing role. Operational: a male nurse practitioner licensed in the state of Mississippi whose name appears on the list of nurse practitioners who are currently certified as family, adult, acute care, women's health, gerontologic, or nurse midwife practitioners, and who are male in gender.

- 2. Perceive: Theoretical: Merriam-Webster (1993)

 defines "to perceive" as a result of perceiving: a

 capacity for comprehension; to attain awareness or

 understanding of. Operational: responses to items on the

 Swanson Discrimination Survey that indicate understanding

 or assumption of gender discrimination.
- 3. Gender discrimination: Theoretical: Merriam-Webster (1993) defines discrimination as the ability to make a difference in treatment or favor on a basis other than individual merit; prejudiced or prejudicial outlook, action, or treatment. Operational: For the purpose of this study, gender discrimination included the prohibition of male nurses in selected areas of clinical practice or otherwise providing a prejudicial workplace position for nurses based on their gender alone, as reflected by responses on the Swanson Discrimination Survey.
- 4. Workplace: Theoretical: a clinical setting, including hospitals, clinics, or outpatient care (Cyr, 1992). Operational: For the purpose of this study, a workplace was any setting where the research participant is employed presently or in the past.

Summary

Gender discrimination occurs in almost every workplace setting and is well-documented; however, empirical knowledge concerning gender discrimination within nursing is nonexistent. This study provided a basis for the advancement of further research concerning discrimination that can be utilized in nursing education as well as the clinical setting. This chapter provides an introduction to the research problem by exploring the experiences of male nurse practitioners.

In Chapter II, literature pertinent to this study will be reviewed and discussed. The method for empiricalization of this study will be described in Chapter III. A presentation of the findings of the research and a summary of the data will be presented in Chapter IV. Finally, in Chapter V, findings from the research will be interpreted, and conclusions drawn from the interpretations will be presented with implications for nursing.

Chapter II

Review of the Literature

Literature available on discrimination in nursing is limited to selected articles by individual nurses that are published in various professional journals. This researcher was unable to find research studies that have been conducted for the purpose of studying discrimination in clinical nursing. As a result, the following two studies were conducted outside of nursing. A study on gender differences in health care administration was also reviewed, and the final study is about gender and perceived nursing caring, using nurse-patient dyads.

A form of discrimination in the workplace is called rational bias theory. This theory has been identified as a form of discrimination in the workplace that precludes as its cause, a tendency to provide what the customer wants, a tendency to act in a way that is congruent with upper management views, or a perception that "personal" success is dependent upon one or both paradigms. A study by Trentham and Larwood (1998) sought to examine this

theory's application to the workplace. The study presented a threefold purpose. The first was to determine if rational bias more broadly influences the decision-making process of experienced (non-student) personnel. The hypotheses for this purpose were as follows:

 H_{1a} : The more important the power holder (such as a customer or superior) is to the decision maker, the more likely the decision maker will discriminate in personnel decisions (task significance prediction).

 $H_{1b}\colon$ If the power holder has gone to an unusual length to signal the unacceptability of discrimination, the decision maker is less likely to discriminate against a protected group (social signal prediction).

 H_{lc} : Decision makers who are weak; for example, those with less experience are more responsive to an apparent need to discriminate (position power prediction).

The second purpose was to examine employees' perceived awareness of discrimination in both the general business world and within their own organization. The hypothesis for this purpose was the following: H_2 , Discrimination, according to the conditions of task significance, social signal, and position power, is more likely to lead to success. Finally, the third purpose was

to examine the influence of two individual variables on the expression of rational bias (locus of control and participants' gender). The hypotheses for this purpose were as follows:

 H_{3a} : Individuals with an external locus of control are more strongly concerned with power holders' preferences than those with an internal locus of control.

 $H_{3b}\colon$ Individuals with an external locus of control are also more likely than persons with an internal locus of control to carry out rational bias-based decisions when such decisions appear called for.

Trentham and Larwood (1998) utilized a survey research design in which employed participants were asked both how others respond to conditions classically eliciting rational bias discrimination and how they believe people behave in their own firms. The study consisted of a random sample of male and female graduate business alumni of a public western United States university. The subject pool contained 740 potential participants of whom 650 were qualified by reason of good addresses and current employment. The final sample composition (N = 306) included 148 men and 158 women. Respondents included in the study ranged in age from 22 to

68 years, with a mean age of 37.8 years. The majority (88.6%) of the sample were Caucasian. All participants had received a graduate business degree.

The Pearson's r and two-tailed t test were utilized in the analysis. A multivariate analysis was accomplished by distributing one of eight possible combinations of the different forms for each of the three rational bias cues, thus a 2 (gender of respondent) x 8 (form combination). A mixed design was used for the analysis. A univariate analysis was also used.

Trentham and Larwood (1998) found significant support for H_{1a} (task significance) (p < .01). Thus, respondents reported that when a company is trying to obtain a major sale from a customer of great importance, the company is more likely to select a male salesperson to directly interact with the customer. Respondents also indicated that a female salesperson would be selected when trying to obtain a minor sale from a customer of less importance. Both male and female subjects agreed on this hypothesis.

Trentham and Larwood (1998) found that the social signal cue (H_{1b}) was significant (p < .05). This was interpreted to mean that when the customer is regarded as an expert on discrimination in the workplace, the company

is more likely to select a female salesperson to interact with the customer than when the customer is regarded as an expert on business management. The position power cue (H_{1c}) was not significant (p > .50). However, t tests comparing means to the neutral point (4 on a 7-point scale) indicated that a manager is more likely to select a male salesperson to directly interact with a customer, regardless of whether the manager is experienced (p < .001).

The researchers determined Hypothesis 1 was not significant (p < .001). In this portion of the study, participants were asked to "choose the female" or "choose the male." The results were essentially the same. However, when the respondents were examined to determine how female participants responded versus male participants, most men chose a male to conduct the major sale and a female to conduct the minor sale, while female participants chose females and males equally (men: M = 5.81, women: M = 6.23). Hypothesis 3 dealt with the locus of control and gender. The results for this hypothesis were significant (p < .01). It indicated that individuals with an external locus of control were statistically more sensitive to the

"demand" for rational bias discrimination than those who had internal locus of control.

Trentham and Larwood (1998) concluded that "employed personnel apply rational bias and have encountered related experiences of it in their own workplaces" (p. 20). The researchers determined that business norms are sometimes consistent with discrimination in a willingness to succumb to the preferences of those who maintain control over their careers. Rational bias theory projects the notion that people will discriminate if it appears to be the right thing to do for business, or if they feel that upper management demands this behavior. This study is germane to the study of discrimination in nursing because nursing has long been perceived as a female occupation. The entrance of men into the nursing profession has posed special problems.

Another study by Browne (1997) examined gender and beliefs about discrimination in the United States and Australia. Noting the lack of cross-cultural studies as a purpose for their study, beliefs about gender-based discrimination in the United States and Australia were studied to determine if discrimination could be generalized across cultures. These two countries were

chosen due to their similarities in economic development and because they also differed in social values that affect labor conditions. Browne (1997) explored beliefs about discrimination in the workforce, factors underlying gender differences in workforce participation, avenues to top executive ranks, and free response items.

A questionnaire about job preferences and attitudes was delivered by male and female survey administrators. Embedded in the questionnaire were items relating to beliefs about the status of women in the workforce and the likelihood that there would be increases in women's workforce participation in the future. The sample (N = 378) consisted of 201 Americans and 177 Australians. The participants included students enrolled in business school programs on the west coast of the United States and in eastern Australia in 1994 (Browne, 1997).

Browne (1997) determined that significant gender and country differences existed in beliefs about overall gender discrimination. Both American and Australian men stated that discrimination is less of a problem than women (p < .001). Americans reported that discrimination is a greater problem than Australians reported it to be (p < .009). On issues of wage parity, American women (M = 3.86)

believed that inequality occurs more when compared to American men's belief (M = 3.30). In general, Americans were more apt than Australians to think there was discrimination in salaries (p < .0001). When asked about management positions, Australians supported a greater belief in bias (p < .0001).

Regarding beliefs about factors underlying gender differences in workforce participation, Browne (1997) found that the most frequent "selected explanations were that personal lives and family obligations interfered with women's progression up the corporate ladder (33% of the American sample and 35% of the Australian sample)" (p. 112). Regarding beliefs about avenues to top executive ranks, Browne (1997) found that men from both countries placed as their highest priority, the development of a broad base of experience (Mdn = 2). Women, both Australian and American, gave highest priorities to developing experience and to being visible and assertive (Mdn = 2).

Utilizing the free response items, Browne (1997) found that women who were surveyed were more likely to mention the glass ceiling effect than men. Another observation was that women tended to believe that the route for greater achievement was to receive more

education or training, to actively pursue management opportunities, to try harder, to be more aggressive, and to develop more contacts. By doing all of these, more opportunities would become available for them. "In contrast to women, men proposed that women limit their opportunities by trying too hard, by being too aggressive, and by being emotional" (Browne, 1997, p. 109).

Browne (1997) concluded that women (12.6%) from both countries believed that discrimination existed. Also, Americans believed more that wage inequality existed than Australians. Australian women thought visibility and assertiveness were higher priority as avenues for getting ahead than American women. Browne's study concerning how discrimination is viewed is germane to the present study of gender discrimination in nursing. It is the belief that discrimination exists and how this belief is viewed differently by both sexes that will enhance its understanding.

Porter-O'Grady (1995) explored reverse discrimination in nursing leadership. In this study reverse discrimination was defined as discrimination against men in nursing. Although discrimination can occur very openly, "it usually occurs in a . . . quiet, unspoken, and

insidious way" (Porter-O'Grady, 1995, p. 56). The cause of discrimination is the same as with frank discrimination, "dependence, inequity, jealously guarded power, internal competitiveness, and the maintenance of a relatively low position on the social hierarchy . . . " (p. 56). Porter-O'Grady examined the various causes of discrimination, how to address gender biases, and ways to prevent discrimination within nursing.

Porter-O'Grady (1995) gives seven conditions that support the foundations upon which discrimination exists in nursing. These include the following: (a) living in the reflection of a subordinating group, such as medicine, (b) the restrictive licensing of nurses and the permissive licensing of physicians, (c) the wide range in economic value of other major disciplines and that of nursing, (d) the traditionally held view that nursing is "women's work," (e) the relative difference in the socioeconomic membership in nursing as compared to medicine, (f) a variety of entry points into the profession, and (g) the lack of cohesion, collaboration, integration, and single-mindedness in the nursing profession.

Although these conditions affect both genders,

Porter-O'Grady (1995) believes that men identify with them

more readily because men recognize that these conditions have masculine origins. Because of this, men perceive that they are being discriminated against on two fronts: by other men and by members of his own profession (i.e., women). In terms of nursing leadership, Porter-O'Grady (1995) emphasized that it is expected, and often reinforced, that men assume leadership roles within nursing. To do otherwise, would indicate that something was ". . . 'wrong or suspicious' regarding the man who appreciates and resonates with rendering good patient care and ascribes to no other ambition" (p. 57). Porter-O'Grady (1995) goes further to indicate that men who strive for administrative or management roles are met with a "sort of schizophrenia" (p. 57).

As with male-dominated professions in reference to female tokenism, men serve as tokens in nursing in some settings. "Men, much like the reverse where it applies to women, are included in nursing groups when it is apparent that to have a male presence is in the best visual or political interests for the group or for nursing" (Porter-O'Grady, 1995, p. 58). In England, where men make up only 10% of the nurses, they hold an overwhelming 50% of the leadership positions. Although the percentage is not as

great in the United States, the problem still exists.

Porter-O'Grady (1995) further stated,

Masculinizing one more arena of health care will certainly advantage no one in the provision of health services; presuming that men are more natural at management roles does nothing but facilitate masculine notions and techniques of leadership in the workplace. (p. 58)

In addressing reverse gender bias, Porter-O'Grady (1995) gave several expectations related to the possibility of gender discrimination that should be recognized and addressed. These include gender bias which is often situational and, if clear and certain, should not be left unaddressed. Gender-related issues arising in the workplace should be anticipated, and personal expectations in relationship with others should be clearly identified.

Porter-O'Grady (1995) also emphasized that there are differences in the way relationships are established and viewed by women in contrast to a male-dominated workplace. Five realities are given that might be helpful to incorporate into a mixed gender work profile. First, women value personal interactions and a higher intensity of communication than is often evident in male-dominated work environments. Secondly, men are historically less in touch with how they feel than with what they think. Other

realities included traditional sociological development, gender-based anger within the environment, and sexual innuendos; sex-based jokes always stimulate gender-related discomfort.

Porter-O'Grady (1995) also offered seven questions that can be asked to eliminate gender bias or discrimination. These are intended to showcase situations that foster discrimination and to offer a means of highlighting awareness of gender bias. Porter-O'Grady (1995) concluded by encouraging women in predominantly-female environments to become more sensitive and aware of the need to be inclusive toward men in nursing just as is required with regard to any minority group. This article specifically lends support to the present study of gender discrimination in nursing in that it supports the premise that a problem exists.

Career development differs for male and female health care executives. A study by Walsh (1995) found that these distinctions appear to be influenced more by demographic and organizational variables than by individual career motivation. The researcher used a model of career development that was developed by Powell (1988) as the framework for the study. The study was concerned with how

the organizational and individual factors presented in the model differ between male and female health care executives.

Three factors of the model were explored by Walsh (1995):

- 1. Organizational factors affecting career patterns in health care were segregated into four distinct categories: financial benefits, training and development programs, success factors, and nonfinancial benefits.
- 2. Individual factors included demographic variables, such as age and sex, education, job experience, as well as personal values and attitudes that may shape career expectations and career plans.
- 3. Societal factors included norms about roles, cultural influences affecting success, and prejudices that exist within the specific culture and that may affect career development.

The sample for the study by Walsh (1995) consisted of graduates of a Master of Business Administration (MBA) program of a medium-sized university located in a major metropolitan region. All MBA graduates had received their degrees between 1979 and 1990. The average age of the participants was 30 years. Out of the 210 graduates who

met the study criteria, 96 responded to the four-page questionnaire, for a return of 46%. The respondents' demographics were representative of the composition of MBA programs in terms of age, sex, and career status. There were no significant differences between respondents and non-respondents on the basis of sex, initial post-MBA job, or year of MBA conferment.

All analyses were run using sex as the independent variable. Controlling for marital and family status did not change the significance of sex when analyzing organizational and individual factors (Walsh, 1995).

Analysis of organizational factors found that although women received fewer financial benefits (52%) than men (63%) at the same management levels, there was no significant difference (21% female to 23% male) on nonfinancial benefits. Similar nonfinancial benefits, such as flexible schedules and child care facilities, were available to both male and female health executives in their organizations. No differences were found in the assessment of organizational factors contributing to career success by sex, e.g., male and female health administrators shared similar perceptions about those

factors that contribute to career success within their organizations.

Analysis of individual factors found that a disproportionately number of women than men tend to be single and childless which, as stated by the research, may indicate that women may be sacrificing their personal lives for their careers. The study also found that more men had undergraduate business degrees (53% to 16%) while more women graduated with liberal arts majors (63% to 33%). It was also determined that men had a higher income (\$61,491 to \$50,839), but men also worked more hours per week (50.5 to 46.6 hours).

Walsh's (1995) recommendations following the study included changing the academic programs to afford opportunities for interaction with senior-level executives through an internship or mentor program. Participation in professional organizations was encouraged to provide a vehicle for informal contacts that may be absent within the formal organizations. This study was important to the present study of gender discrimination in that it presented several factors that may influence why wage disparity may exist among some health care administrators.

Finally, Ekstrom (1999) explored the effect of nurse gender on nurse and patient perceptions of nurse caring. The researcher's theoretical framework included Valentine's (1989, 1990) Integrated Caring Model and the Chodorow (1989) Gender Theory. Perceived nurse caring was defined as the perception by nurses or patients of the complex set of nurse attitudes and behaviors directed toward making the patient feel safe, secure, and respected as a human being. Walsh (1995) focused on the following research questions:

- 1. When the nurse responds, is there a main effect due to gender of the nurse (a) on importance of caring and (b) on presence of caring?
- 2. When the patient responds, is there a main effect due to gender of the nurse (a) on importance of caring and (b) on presence of caring?

The two dimensions of perceived nurse caring were as follows:

- 1. Importance of caring is the value nurses or patients place on certain aspects of nursing caring.
- 2. Presence of caring is nurse caring attitudes and behaviors perceived to be present in specific nurse-patient encounters. Data were collected on adult acute

care nursing units at five academic medical centers in a major U.S. city. The convenience sample included 145 nurse-patient dyads, each consisting of a nurse and patient with whom the nurse had worked during an immediately preceding 8- to 12-hour shift. The sample included 72 male nurses, 73 female nurses, 74 male patients, and 71 female patients. Dyads were evenly divided among the four possible gender combinations: 38 male nurse-male patient, 34 male nurse-female patient, 36 female nurse-male patient, and 37 female nurse-female patient. The largest group of nurses (41.4%) had the associate degree as their highest level of nursing education, followed by baccalaureate degree (37.2%), diploma (15.9%), and masters degree (5.5%). Over a third (38.9%) of male nurses held degrees outside of nursing, compared with only 15.1% of female nurses with outside degrees.

To answer the first question, 2 x 2 ANOVAs were performed on nurses' importance and presence of caring scores, using gender of nurse and gender of patient as factors. The second research question was answered by way of 2 x 2 ANOVA performed on patients' importance and presence of caring scores, using gender of nurse and

gender of patient as factors. The research questions were answered using a factorial analysis of variance at a .05 level of significance, following examination of the data to determine compliance with the assumptions of normality and homogeneity of variance.

The only effect noted for gender of nurse on nurses was importance of caring, with male nurses scoring lower than female nurses (p < .05). There was no significant effect for gender of nurse on nurses' presence of caring. Group means for patients also indicated a lower score for the importance of caring when the nurse was male (p < .05); however, no significance was indicated for gender of nurse on patients' presence of caring. The researcher suggested that the results indicated that male nurses in this study demonstrated avoidance of self-identification with a feminine stereotype in response to items on the importance of caring scale, but did not do so with the presence of caring items. The researcher also suggested that male nurses may have recognized a feminine stereotype in the importance of caring scale and avoided selfidentification with that stereotype.

The findings may indicate that stereotypes are changing regarding the caring work of nursing, at least as

represented by the presence of caring scale. The researcher noted that the growing number of male students in basic nursing programs as well as the increasing number of male nurses choosing to work in areas, such as AIDS care, which require the kind of hands-on, face-to-face forms of physical and interpersonal care that constitute the very core of nursing offer further support for the changing image of nursing as women's work and may indicate a change in stereotypes about caring as well. Ekstrom (1999) also interpreted the findings that male and female nurses in this study may have been well socialized into the caring role represented by the presence of caring items and could reflect an incomplete professional socialization or a complex interaction of ethics, cultural norms, and multiple socialization processes in addition to professional nursing education.

Finally, Ekstrom (1999) determined that the results imply that nurse caring may be performed equally well by male and female nurses and that the feminine gendering of nursing and caring in this society needs to be reconsidered. The researcher further indicated that although increasing number of men enrolled in basic nursing programs suggest change is already occurring to

some extent, the percentage of practicing male nurses remains very low. This study was germane to the present study of discrimination in nursing in that the validity of male nurses was substantiated. The fact that this study disproved that a parity exists in the caring attributes between male and female nurses lends credence to the need for additional studies that substantiate the male's role in nursing. There is a scarcity of research in this area, thus supporting the need for this study.

Chapter III

The Method

The purpose of this study was to determine whether male nurse practitioners in the state of Mississippi perceived gender discrimination in the workplace. The empiricalization of the study is discussed in this chapter. The study design and limitations are explained, and the setting, population, and sample are defined.

Design of the Study

A descriptive survey research design was utilized for this study. According to Polit and Hungler (1999), a descriptive survey can include face-to-face interviews, telephone interviews, or questionnaires as forms of data collection. Because a questionnaire format was used to collect information about gender discrimination as perceived by male nurse practitioners, the study qualified as a descriptive study.

Variables. The variable of interest for this study was the perception of gender discrimination of male nurse

practitioners in all practice settings in the state of Mississippi. Geographic location and the professional certification status of the participants were the controlled variables. Intervening variables may have included the degree of honesty on question response and or subject biases based on a host of previous or present life experiences.

Setting, Population, and Sample

The setting for the study was the state of
Mississippi. Nurse practitioners have a broad scope of
practices in the state of Mississippi and are utilized in
both rural and urban areas. According to U.S. Census
Estimates (1999) for the period July 1, 1998, to July 1,
1999, the population of Mississippi was approximately 2.77
million. Over 600 nurses are licensed as family nurse
practitioners in the state of Mississippi. Male nurses
make up 8% of this number (Mississippi Board of Nursing,
1999).

The population consisted of all men who were family nurse practitioners and licensed to practice in the state of Mississippi. Questionnaires were mailed to all 50 male nurse practitioners registered with the Board of Nursing.

A convenience sample was employed and included 29 participants who returned the designated questionnaire and met the inclusion criteria for the study.

Method of Data Collection

Instrumentation. The instrument used for data collection and recording was the Swanson Discrimination Survey (see Appendix A). The Swanson Discrimination Survey consisted of two parts, a demographic survey and a section containing questions about perceptions of discrimination. The Swanson Discrimination Survey was developed by the researcher. The Demographic Survey was designed to provide in-depth information about the participant's professional credentials and assure that any responses included in the study were from participants who met the inclusion criteria. The discrimination questions were developed to provide information pertinent to the study. To establish face validity, the tools were reviewed by a panel of four expert researchers and nurse practitioners. Construct validity was established by administering the tool to 30 nurse practitioner students in a pilot study.

The Demographic Survey contained a total of 11 questions. Questions 1-3 inquired about the participants'

age, gender, and race. Questions 4 and 5 inquired about educational background of the nurse practitioners.

Questions 6 and 7 related to marital status and spouse employment. Question 8 asked about the area of practice of the respondent. Questions 9 and 10 inquired about work experience prior to becoming certified as a family nurse practitioner. Question 11 asked how long the respondent had practiced as a family nurse practitioner. All questions were closed-ended questions in which the respondent was required to choose the most appropriate answer or simply a "yes" or "no" variety.

The discrimination section consisted of nine questions. Six questions required a yes or no response. One question required the respondent to pick the most appropriate response out of five options, and the final two questions were open-ended questions. Question 1 asked if the respondent had ever experienced gender discrimination, and question 2 asked if they believed that discrimination occurs in the workplace in reference to male nurses. Question 3 asked if discrimination ever played a role in their request to work specific areas of health care. Question 4 was concerned with promotions based on gender in areas the respondent had worked prior

to becoming a practitioner. Question 5 pertained to the concept of masculinity as being an asset in supervisory positions. Question 6 inquired about the relationship between male nurses and physicians. Question 7 asked about beliefs of age disparity based on gender. Question 8 was an open-ended question which inquired if the respondent had ever experienced discrimination and how. Finally, question 9 asked for any comments the respondent would like to share concerning males in nursing. The instrument was scored item-by-item basis, and each question stood alone. No total score was calculated.

Procedures. Institutional approval from Mississippi University for Women's Committee on Use of Human Subjects in Experimentation was obtained prior to beginning research (see Appendix B). A questionnaire packet containing the Swanson Discrimination Survey, a self-addressed, stamped envelope, a cover letter explaining the research (see Appendix C), and information for contacting the investigator was mailed to each of the participants. The participants were guaranteed confidentiality and were informed that voluntary completion and mailing of the survey implied their consent to participate. Data were

collected over a 6-week period from April 17, 2000, to May 29, 2000.

Methods of Data Analysis

Descriptive statistics were employed to measure sample characteristics. Current male nurse practitioner responses about discrimination were analyzed and reported using frequency distributions and percentages. Content analysis of responses to the open-ended questions, numbers 8 and 9, was conducted, and the information was included in the text of the final chapters.

Summary

In this chapter, the empiricalization of this research study of male family nurse practitioners' beliefs about gender discrimination in the health care setting was described. The design of this study, the variables, and the setting, population, and sample were reviewed. The instrument, methods of data collection, and methods of data analysis were explained. The research findings will be presented in Chapter IV, and a discussion of the findings and conclusions drawn from the research will follow in Chapter V.

Chapter IV

The Findings

The purpose of this study was to determine whether male nurse practitioners perceived gender discrimination in the workplace. A survey design was implemented for this descriptive study. Questionnaire format was utilized to gather data from the nurse practitioners regarding their beliefs about discrimination. Data were analyzed using frequency distributions and percentages as well as content analysis. The findings from the study are presented in this chapter.

Description of the Sample

The accessible population for the study consisted of male family nurse practitioners who practice in the state of Mississippi. A total of 50 surveys were mailed to male nurse practitioners currently listed with the Mississippi State Board of Nursing. The listing of nurse practitioners by the state of Mississippi does not include data about the gender of the nurse. Surveys were mailed to those

nurse practitioners whom the researcher determined had probable male names. Defining criteria for participation as a male nurse was determined by responses on the demographic survey relating to gender. Those respondents who indicated that they were female were excluded from the study. A total of 34 nurse practitioners (68%) responded to the questionnaire. As women were not included within this study, surveys completed by female respondents were discarded. A total of 5 surveys were returned that indicated the respondent was female. No surveys were discarded from the study if not fully completed; if respondents met survey inclusion criteria, all available data were factored into the study totals. This resulted in a final sample of 29 male nurse practitioners for the study. The number of the respondents (N = 29) represented a 64% response rate. All of the nurse practitioners were male, 90% were Euro-American, and 10% were African American. Ninety-seven percent had obtained a Master of Science in Nursing degree. The mean age of the respondents was 42 years, with a range from 25 to 55 years of age. Thirty-six percent of the participants indicated they had a degree in another field, and 61% of the participants' spouses worked in health care. Distribution of the nurse

practitioners by demographic characteristics can be found in Table 1.

Table 1

Demographic Characteristics of the Nurse Practitioners by Frequency and Percentage

Variable	f	ફ
Sex		
Male	29	100.0
Age (years) ^a		
20 to 29	1	3.4
30 to 39	8	27.6
40 to 49	19	65.6
50 to 59	1	3.4
Race ^b		
Euro-American	26	89.7
African American	3	10.3
Marital status ^c		
Single	1	3.6
Married	23	82.1
Divorced	4	14.3
Widower	0	0.0

 $^{^{}a}n = 29.$ $^{b}n = 29.$ $^{c}n = 28.$

The nurse practitioners were asked to indicate their current areas of practice. Distribution of practice areas can be found in Table 2.

Table 2

Distribution of Nurse Practitioners According to Current

Practice Areas by Frequency and Percentage

Practice area	fª	ફ
Family practice clinic	16	57.1
Ob-Gyn clinic	0	0.0
Other type of clinic Urology Orthopaedic Cardiology Prison Unspecified specialty Inpatient hospital	1 1 2 1	3.6 3.6 3.6 7.1 3.6
Emergency room	3	10.7
Other Occupational health Community health (STD clinic) Unemployed Nursing home	2 1 1	7.1 3.6 3.6 3.6

an = 28. Some NPs work in more than one site.

Respondents were asked to indicate the type of work experience they had before becoming nurse practitioners.

Table 3 illustrates prior work experience of the nurse practitioners who were surveyed.

Table 3

Distribution of Nurse Practitioners According to Work

Experience by Frequency and Percentage

Work experience	f	8
As a registered nurse ^a		
Pre-hospital, e.g., clinics	0	0.0
Post-hospital, e.g., home health, private duty	2	7.1
Medical-Surgical	5	17.9
Intensive Care	11	39.3
Emergency Room	16	57.1
Surgery	3	10.3
Surgery recovery	0	0.0
Ob-Gyn	0	0.0
Nursery, Maternal-Child	0	0.0
Hospital Outpatient Services	0	0.0
Administration, e.g., Director of Nursing, Supervisor, etc.	4	13.8
Other Rehabilitation center	1	3.4
Instructor, School of Nursing	1	3.4

 $^{^{}a}n$ = 28. Some nurse practitioners worked in several settings prior to their present position.

Some respondents worked in several settings in the nurse practitioner role prior to the position they held at the time of data collection. Findings related to years of experience prior to and after becoming a nurse practitioner can be found in Table 4.

Table 4

Distribution of Years of Experience Prior to and After

Becoming a Nurse Practitioner by Frequency and Percentage

No. of years experience	f	8
As RN prior to becoming an NPª		
0 to 9	18	64.3
10 to 19	7	25.0
20 to 29	3	10.7
30 to 39	0	0.0
40 and over	0	0.0
s an NP ^b		
0 to 5	19	65.6
6 to 9	8	27.6
10 to 19	1	3.4
20 to 29	1	3.4

 $^{^{}a}n = 28. \quad ^{b}n = 29.$

Results of Data Analysis

One research question guided this study: Do male nurses perceive gender discrimination in the workplace? Four questions were central to this issue. Survey question 1 asked, Have you ever experienced discrimination as a nurse in the workplace? Survey question 2 asked, Do you believe that gender discrimination occurs in the workplace in reference to male nurses? Survey question 3 asked, Has gender discrimination ever played a role in whether you were allowed to work in an area you requested? Survey question 4 asked, Do you believe that in your institution (prior to working as an FNP), you were promoted based on your gender, ability, both gender and ability, neither, or other?

Over 62% of the nurse practitioners surveyed acknowledged personally experiencing discrimination. Participants also were asked if they believed that discrimination occurs in the workplace in reference to male nurses. The majority (75.9%) of those surveyed believed discrimination exists, whether or not they had experienced discrimination personally. When asked if participants believed that gender discrimination ever played a role in whether they were allowed to work in an

area that they requested, 69% said no. Only 3.4% of participants believed that they were promoted based only on their gender, while 41% believed they were promoted on their ability. Distribution and frequency of male nurses' beliefs about discrimination are detailed in Table 5.

Table 5

Beliefs About Discrimination in the Workplace Against Male
Nurses by Frequency and Percentage

Question	fª	8
Have you ever experienced gender discrimination as a nurse in the workplace?		
Yes No	18 11	62.1 37.9
Do you believe that gender discrimination occurs in the workplace in reference to male nurses?		
Yes No	22 7	75.9 24.1
Has gender discrimination ever played a role in whether you were allowed to work in an area that you requested?		
Yes No	9 20	31.0 69.0
NO	20	69.0
Oo you believe that in your institution (prior to working as an NP) you were promoted based on your		
Gender	1	3.4
Ability	12	41.4
Both gender and ability Neither	9	31.1
Neither Other	6 1	20.7 3.4

 $^{^{}a}n = 29.$

Table 6 illustrates nurses' beliefs about male advantages in nursing. Only 24% of male nurses believed that males are better equipped for a supervisory role, while 69% thought that male nurses enjoy a better relationship with male physicians. Only 31% of survey participants believed that male nurses are paid more.

Table 6

Beliefs Concerning Male Advantages by Frequency and Percentage

Question	fª	8
Do you believe that male nurses are better equipped to be placed in a supervisory role than their female counterparts?		
Yes	7	24.1
No	22	75.9
Do you feel that male nurses enjoy a better relationship with male physicians?		
Yes	20	69.0
No	9	31.0
Do you feel that male nurses enjoy a better salary or pay package than their female counterparts?		
Yes	9	31.0
No	20	69.0

 $^{^{}a}n = 29.$

Additional Findings

Two open-ended questions were asked the participants and analyzed for content. For the question, "If you believe you have been discriminated against, please explain how," four recurring themes were identified: assigned heavy and threatening work, limited exposure to female patients, discrimination as a student nurse, and being overlooked for open positions.

Heavy and threatening work. Examples of responses that reflected the theme of being used to lift heavy patients and handling hostile situations were as follows:

I was working in the ER on the first floor with six female nurses. A patient fell on 7th floor. The nursing supervisor called and directed me to go and assist with picking up the patient. . . . I did everything in the ER that the female nurses did and didn't get paid extra for being a male orderly.

. . .

I was expected to do heavy work - turn patients, get patients up in chair, given combative patients because I am a big man.

. . .

Often assigned patients requiring "strong nurse," i.e., obese patients . . .

. . .

You're expected to do the following: 1) assist with all heavy lifting, 2) handle all hostile situations.

Nursing school discrimination. Examples of responses related to presumed discrimination in nursing schools were as follows:

. . . unable to obtain satisfactory women's health rotation while in graduate school.

. . .

More discrimination occurred to me in an associate degree nursing program as a male.

. . .

Ob-Gyn clinical instructor (she is female) in nursing school not sure exactly how to teach me in clinical area, was hesitant to put me in with laboring or delivering patients. Many times I was left alone in hallways for long periods while she taught or assisted female nursing students with Ob-Gyn patients.

Limited exposure to female patients. Examples of responses regarding the theme of having limited exposure to female patients included the following:

Was informed that I could not be given a female patient, because of gender.

. . .

You are expected to refer female cath's to female nurses.

. . .

Not being allowed to work Ob-Gyn.

. . .

I was treated differently in clinical with female patients . . .

Overlooked for open clinical positions. Examples of responses that reflected male nurses and nurse practitioners being overlooked for open clinical positions included the following:

I have been denied positions when I knew I was the most qualified.

. . .

Applied for position FNP x 3, was not selected, female was x 3 . . . no male NP working Fed hospital I applied at . . .

For the question, "Any further comments you would like to share regarding males in nursing," two examples of responses were as follows:

Males tend to be more aggressive in negotiating salaries and packages and do tend to get better pay d/t [due to] this. FNP salaries would be higher on average if the many women in this profession would learn to aggressively negotiate.

. . .

Men have a profession dominated by women. A nurse's worst enemy is still another nurse, male or female. Nurses compete for recognition and respect while the medical profession exploits through the avuncular obdurate father shadow. Nursing just needs to grow up.

Summary

The results of data analysis using frequency distributions and percentages as well as content analysis were presented in this chapter. Results of the data were described in narrative and table format. The research question, "Do male nurse practitioners perceived gender discrimination in the workplace?" was answered positively. Over 62% of male nurse practitioners believed they had been discriminated against in the workplace. Seventy-six percent believed that discrimination occurred in the workplace in reference to male nurses.

Chapter V

The Outcomes

Gender discrimination related to women's struggles to gain access to career ladders and equal compensation within a male-dominated society have been documented. However, little research has been conducted regarding discrimination among male nurses in a female-dominated profession. In particular, a paucity of empirical data exists regarding male nurses in advanced clinical practice; therefore, the purpose of this study was to determine whether male nurse practitioners perceived gender discrimination in the workplace. Leininger's (1991) Theory of Cultural Care Diversity and Universality provided the theoretical framework for this descriptive research study.

The sample consisted of male family nurse practitioners (FNPs) who were licensed to practice in the state of Mississippi during the period of data collection. The Swanson Discrimination Survey was the research tool utilized to collect the data. This tool consisted of two

parts: Demographics and Survey Questions. The demographic section provided information about participants' professional credentials and assured that any responses included in the study were from participants who met the inclusion criteria. The survey questions provided information pertinent to the study. Results were analyzed using frequency distribution and percentages. Open-ended questions were analyzed and evaluated for any recurring themes.

Summary of the Demographic Findings

The sample (N = 29) represented 64% of the male FNPs surveyed and included primarily Euro-Americans (90%), while the remainder (10%) were African American. There are over 600 FNPs who are licensed in the state of Mississippi, while male FNPs make up only 8% of this number. This percentage is consistent with national averages of 5 to 9% (Burtt, 1998). Ages ranged from 25 to 55 years, with a mean age of 42 years. Ninety-seven percent of the participants had obtained a Master of Science in Nursing degree, while 3% had a Bachelor of Science in Nursing degree. Thirty-six percent of the participants indicated that they had an alternate degree.

Eighty-two percent were married, and 61% had spouses who worked in health care as nurses, nurse practitioners, and physicians. Distribution of the male NPs' areas of practice included the following: Family Practice (57%), Inpatient hospital (14.3%), Emergency room (10.7%), with a few participants representing Occupational health, Prisons, Community health, Urology, Orthopaedic, Cardiology, and nursing homes.

Summary and Discussion of the Survey Findings

The following research question guided this study: Do male nurse practitioners perceive gender discrimination in the workplace? An overwhelming number (76%) of participants believed that discrimination against male nurses existed in the workplace, while 62% believed that they had experienced discrimination personally. In the last several decades society's focus on discrimination has been with women and minorities in a white male-dominated society. However, nursing has been the exception because reverse discrimination exists in health care where women hold the majority of positions and often maintain control of the work environment. Approximately three fourths, or 76%, of male NPs believe they have experienced

discrimination in nursing. The results of the present study indicate that the perception of discrimination in nursing is substantial when compared to data concerning discrimination against women that occurs in non-health care occupations. This may be due in part to the fact that the focus on discrimination from a legal standpoint has been centered in the workforce outside of health care with little notice to areas where women were in the majority.

Only 31% of the male NPs surveyed stated they had not been allowed to work in a chosen area. This low percentage may be due in part to health care facilities having present standards of practice areas considered appropriate for male nurses (Ryan & Porter, 1993). Men may not choose areas such as Ob-Gyn for several reasons, including nursing programs' failure to expose or attempt to train men in these areas as well as being conditioned and reenforced by clinical administrators that certain areas of practice are not acceptable for male nurses. One respondent related that while he was in nursing school he was instructed to stand in the hallway for long periods of time while the clinical instructor taught female students about Ob-Gyn patients. Other participants stated that they

were denied access to female patients because of their gender.

Men are, therefore, choosing areas such as emergency room and intensive care units (Williams, 1995). Ninetyseven percent of all the participants in the current study had worked in the emergency room or intensive care units, 57.1% and 39.3%, respectively. These numbers are consistent with and supported by studies of Evans (1997), Ratcliffe (1996), Ryan and Porter (1993), and Williams (1995). Perhaps these areas are considered more socially and professionally acceptable among administrators who determine workplace assignments. As a result, even some medical-surgical units may be considered off limits for many male nurses since it is considered inappropriate for a male nurse to care for female patients. According to Watson and Mahowald (1999), it is not the patient who discriminates against male nurses in these cases, but the hospital on behalf of the patients. This is supported by Trentham and Larwood (1998) who reported employers will discriminate against an employee if doing so is deemed advantageous.

Watson and Mahowald (1999) state that male physicians are considered gender-neutral while male nurses are

considered men first and nurses second. These beliefs may have influenced discrimination toward male respondents in work area assignments. On the other hand, Ryan and Porter (1993) emphasized that nursing is genderless and its potential is equally limitless. "Caring" is associated with femaleness, and, according to Bradby and Soothill (1992), "the occupation must lose its association with femaleness" (p. 38).

Ekstrom (1999) concluded that there are no significant differences in actual caring according to nurse gender from either the nurse or the patient perspective. Such findings indicate that the perception of male nurses is changing, except in areas such as nursing schools and nursing administrator, where discrimination may continue to persist. An example is the previously mentioned student who was not allowed a presence during Ob-Gyn clinical instruction. This suggests that while in school male nurses may be discouraged from obtaining a comfort level or expertise in these areas. Upon graduation, male nurses are further choosing traditional women's health areas as work sites. This illustrates rational bias theory as postulated by Trentham and Larwood (1998). These statements support the available literature

that discrimination exists in nursing education programs and lends further support to Trentham and Larwood's (1998) theory that decision makers will discriminate if it is viewed best for the company.

Seventy-six percent of the participants believed that male nurses were not better equipped for supervisory roles in nursing. Evans (1997) asserted that even in femaledominated occupations, such as nursing, patriarchal gender relations, which reflect a high valuation of all that is male and masculine, play a significant role in situating a disproportionate number of men in administrative and elite specialty positions. According to Kingma (1999), gender discrimination in nursing is synonymous with preferential treatment of men, who make up a relatively small percentage of the profession, yet are disproportionately well-represented in management. The current researcher, however, could not support these statements and ascertained that male nurse practitioners did not believe this to be true. Only 13.8% of the participants had prior experience in administration, which included positions such as nursing supervisor. Only one participant indicated that he had served as a director of nursing, and only 3.4%

of participants believed that they were promoted based on their gender.

Two additional findings indicated that male nurses (69%) believed they enjoy better relationships with physicians than their female colleagues, and 31% believed that they enjoyed better salaries or pay packages than females. Although much has been written about the wage disparity between male and female nurses, Williams (1995) stated, "Men tend to be channeled into more 'masculine' specialties which ironically means being tracked into better-paying and more prestigious jobs" (p. 65). This may mean that male nurses and nurse practitioners are not being paid more than female nurses in the same roles but simply more than nurses who hold lower paying positions.

Conclusions

Based on the results of this study, the following conclusions were made:

- 1. Discrimination occurs in nursing, and this discrimination is substantial compared to data concerning discrimination that occurs in non-health care occupations.
- 2. Male nurse practitioners do not believe they are better suited for management than their female colleagues.

- 3. Male nurse practitioners believe that they enjoy a better relationship with male physicians.
- 4. Male nurse practitioners do not believe that a wage disparity exists with female nurse practitioners.
- 5. Discrimination not only starts in schools of nursing but continues in the workplace.
- 6. Male student nurses are not often allowed exposure and provided with adequate educational experiences in women's health.

Implications for Nursing

Research. Due to the scarcity of empirical data regarding discrimination in nursing, this study may serve as a foundational study, creating a beginning body of knowledge about gender discrimination. Additional research is needed to explore further the causes and effects of discrimination with recommendations for schools of nursing and clinical administrators alike. Specifically, clinical administrators who are responsible for developing workplace policies and practice assignments will benefit from further research.

Practice. Findings from this study have a number of implications for advanced nursing practice. FNPs could use

their influence in state nursing associations and affiliations with schools of nursing to imbue the results of this study. Specifically, nurse practitioners can be leaders in spotlighting false perceptions in nursing as they relate to femaleness and the value of caring and how these misquided values translate into discrimination. FNPs may be influential in interrupting a tradition of gender discrimination and its effects on males in nursing. Men in nursing should not be stereotyped as anomalies, effeminate or homosexual as suggested by Evans (1997) and Haywood (1994). Kingma (1999) noted that discrimination is brought into practice during training as well as active employment. These areas should be of primary focus for FNPs attempting to recognize and halt gender discrimination. Findings from the study also are significant to clinical administrators who are responsible for developing workplace policies and practice assignments. Further, as a profession, nursing must be meticulous in expediting the eradication of nurse stereotypes and in facilitating equality and parity of all who practice the profession.

Education. Findings from this study can serve to enhance the body of knowledge utilized in nursing

education. As Burtt (1998) suggested, the place to begin eradicating discrimination is in schools of nursing. Kingma (1999) alluded that gender discrimination occurs in basic and advanced education as well as active employment. One of the recurring themes identified by the participants of this study was discrimination in both basic and as graduate nursing programs. Nursing educators and students can have a powerful impact on the problem by recognizing discrimination and exerting their influence in schools of nursing to stop different or preferential treatment between genders where it begins. Nursing students must be taught about variables that constitute discrimination and how to recognize such factors early. All nursing students, male and female, must be given an opportunity to learn in all clinical settings including those traditionally staffed by women.

Theory. Leininger's (1991) Theory of Culture Care
Diversity and Universality served as the theoretical
framework for this study. Leininger believed that nursing
must take into account the creative discovery about
individuals, families, beliefs, and actions or practices
based on their cultural lifeways to provide effective,
satisfying, and culturally congruent nursing care.

Leininger also believed that cultures that emphasize caring behaviors tend to have more females than males in caring roles. According to Valentine (1989), nurse caring is strongly influenced by philosophical beliefs, ethics, socialization processes, and cultural norms. These variables have apparent connections to gender, which may influence caring perceptions and behaviors (Leininger, 1991; Valentine, 1989, 1991, 1997). Findings from this study validate these assertions.

Recommendations

Due to the dearth of research pertaining to discrimination in nursing, this study was conceptualized. Findings from this study establish a bulwark from which other researchers may embark to build a body of knowledge about gender discrimination in advanced nursing practice. Based on findings from this study, the following recommendations are made for nursing science:

- 1. Replication of this study with a larger sample and over a broader geographic setting.
- 2. Conduction of a qualitative study investigating specific incidents of gender discrimination as perceived

by male nurses and nurse practitioners and qualitatively documented.

- 3. Replication of a similar study scrutinizing the views of both male and female nurses about gender discrimination.
- 4. Conduction of research using Trentham and Larwood's Rational Bias Theory to further evaluate the causes of discrimination.
- 5. Conduction of studies to clarify society's definition of "caring behaviors" and how it relates to gender discrimination.
- 6. Development of new theoretical frameworks that address the changing and expanding cultural diversity and bi-gender expression of nursing.
- 7. Incorporation of issues surrounding gender discrimination into curricula in schools of nursing.
- 8. Encouragement of political action on the part of FNPs to interrupt and prevent gender discrimination in the workplace.

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APPENDIX A SWANSON DISCRIMINATION SURVEY

Swanson Discrimination Survey

This questionnaire is for family nurse practitioners (FNPs). It asks what you know or have experienced concerning gender discrimination during your nursing career, and not only as an FNP. It is anonymous and confidential, so do not put your name anywhere on the questionnaire.

Instructions: Read each question carefully and place a check (\checkmark) for the correct answer.

Part I. Demographics

1.	How old are you? a. 20 to 29 years b. 30 to 39 years c. 40 to 49 years d. 50 to 59 years e. 60 to 69 years f. 70 to 79 years
2.	What is your sex? a. Male b. Female
3.	What is your race? a. Euro-American b. African American c. Native American d. Hispanic e. Asian f. Other. Please specify:
4.	What is the highest degree obtained in nursing? a. BSN b. MSN c. PhD d. DSN e. Other. Please specify:

5.		you acquired a degree in any other field? Yes. Please specify:
	□ b.	No
6.	□ a. □ b. □ c.	al status Single Married Divorced Widow, widower
7.		your spouse work in the medical field? Yes. Please specify:
8.	a. b. c. d.	do you practice as a nurse practitioner? Family practice clinic Ob-Gyn clinic Other type of clinic. Specify: Inpatient hospital Emergency room Other. Please specify:
	pract: a. b. c. d. e. f. j. k.	area did you work in prior to becoming a nurse itioner? Pre-hospital, e.g., clinics Post-hospital, e.g., home health, private duty Medical-Surgical Intensive Care Emergency Room Surgery Surgical Recovery Ob-Gyn Nursery, Maternal-Child Hospital Outpatient Services Administration, e.g., Director of Nursing, Nursing Supervisor, Unit Supervisor, etc. Other. Please specify:

10.	How long did you work as a nurse prior to becoming a nurse practitioner? a. 0 to 9 years b. 10 to 19 years c. 20 to 29 years d. 30 to 39 years e. 40 years or over
11.	How long have you worked as a nurse practitioner? ☐ a. 0 to 5 years ☐ b. 6 to 9 years ☐ c. 10 to 19 years ☐ d. 20 to 29 years ☐ e. 30 or more years
	Part II. Survey Questions
1.	Have you ever experienced gender discrimination in the workplace? ☐ a. Yes ☐ b. No
2.	Do you believe that gender discrimination occurs in the workplace in reference to male nurses? a. Yes b. No
3.	Has gender discrimination ever played a role in whether you were allowed to work in an area you requested? a. Yes b. No
4.	Do you believe that in your institution (prior to working as an FNP) you were promoted based on your (choose only one) a. Gender b. Ability c. Both gender and ability d. Neither e. Other. Please specify:

5.	Do you believe that male nurses are better equipped to be placed in a supervisory role than their female counterparts? a. Yes b. No
6.	Do you feel that male nurses enjoy a better relationship with male physicians? a. Yes b. No
7.	Do you feel that male nurses enjoy a better salary or pay package than their female counterparts? a. Yes b. No
8.	If you believe you have been discriminated against, please briefly explain.
9.	Any further comments you would like to share briefly regarding males in nursing.

APPENDIX B

APPROVAL OF MISSISSIPPI UNIVERSITY FOR WOMEN'S COMMITTEE ON USE OF HUMAN SUBJECTS IN EXPERIMENTATION



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April 26, 2000

Mr. Robert Swanson P. O. Box W-910 Campus

Dear Mr. Swanson:

I am pleased to inform you that the members of the Committee on Human Subjects in Experimentation have approved your proposed research as submitted.

I wish you much success in your research.

Sincerely,

Sheila V. adams

Sheila V. Adams, Ed.D. Interim Vice President for Academic Affairs

SA:wr

cc: Mr. Jim Davidson

Dr. Melinda Rush

APPENDIX C

INFORMED CONSENT

P. O. Box 473 Millport, AL 35576

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Dear Nurse Practitioner,

My name is Robert Swanson. I am a registered nurse and a graduate student at Mississippi University for Women. I am conducting a research study on gender discrimination in nursing. This research will help educators, nursing administrators, and employers understand and recognize gender discrimination. I would like for you to participate in this study. Participation will hopefully provide a better understanding and recognition of discrimination in nursing. The study will require completion of a questionnaire that will take approximately 15 minutes.

All information given in this survey will be confidential. You will not put your name on the questionnaire, and there will be no identifying information on the completed questionnaire. Participation is entirely voluntary, and you may withdraw from this study at any time prior to the mailing of the survey form. Return of the enclosed completed survey indicates consent to participate in the study.

Sincerely,

Robert Swanson