

ARE YOU MY NURSE? AN EXAMINATION OF MEN IN NURSING

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INTRODUCTION

“Educational institutions, health care employers, professional nursing and health care organizations, and the government all have a role in working to ensure the continued supply of an adequate number of nurses to meet the increasing demands of our aging population” (LaRocco 2007: 249).

Currently, there are shortages in the field of nursing in the United States, and this occupation is crucial to the function of society. Because women comprise the majority of these jobs and the shortages still persist, men become the logical place to recruit more labor and employees. Nursing and health care occupations are majority female. For example, registered nurses were the largest occupation in health care in 2006, but only eight percent were men (Women’s Bureau 2007). There are also more foreign-born registered nurses than men in nursing at 14% of the total RN’s in the United States (Auerbach, Buerhaus, and Staiger 2007). In addition, as the population ages, health care and health services will be in higher demand. If more men are in the occupation, this increases diversity among the workers, which can lead to increased comfort levels of all patients.

The stereotypes associated with men who are in nontraditional occupations are problematic and could be a contributing factor to why few men are entering these fields. This becomes an important area to research, not only to decrease the shortages of workers in occupations crucial to the function of U.S. society, but to increase equality in access to occupations and wages, and to decrease stereotypes. As more men enter an occupation, wages increase for both genders and stereotypes associated with these careers could change (Hesse-Biber and Carter 2005). With more men working in traditionally female

occupations, this could encourage more women to cross gender boundaries and enter traditionally male occupations.

Male nurses have been around since ancient times (Tranberger 2007). Only within the past two centuries have men been displaced. Around 185,000 men worked as registered nurses in 2005 (Women's Bureau 2007). According to Tranberger (2007: 60), "the growing shortages of nurses and the escalating demand for nursing care cannot be met with the traditional White female applicants. History indicates that men can be recruited to nursing and most will serve with distinction when permitted to do so." Researchers anticipate that the shortage will increase to three times the size of the current shortage's maximum point reached thus far, which was in 2001; predictions are around 340,000 nurses will be needed (Auerbach et al 2007). Further research in this area could help to decrease the shortage and encourage more men to enter nursing. Keeping men in school and in the profession will decrease the shortage.

There are several research questions that will be examined in this project. The first is why do men enter a nontraditional occupation, such as nursing? Second, what are their experiences working in nursing, as a nontraditional occupation for men? What problems do they encounter, such as discrimination or stereotyping? What advantages do they enjoy, such as promotions or preferential treatment? Third, what factors cause men to stay in nursing for long periods of time? Answers to these questions can help us understand how more men might be recruited to enter nursing, including breaking down the challenges men in nursing might face.

LITERATURE REVIEW

In ancient times, men were the ones who performed nursing duties. The Nightingale era began when males became excluded from the profession (LaRocco 2007). Women were the only ones to receive training because it was considered “natural” in the mid 1800’s for women to be nurses (LaRocco 2007). Men were the doctors and women took care of patients. It seemed more fitting for women to be in the caregiving role because it was part of their assumed nature to be compassionate and caring. Men were also excluded from being nurses in the United States military until 1955 (LaRocco 2007).

The medical profession has been a gendered system based on the nineteenth century ideas of innate differences between men and women (Zimmerman and Hill 1999). Women were denied access into medical school; men were denied access to nursing school. White and male have been the standards for doctors in the U.S. up until the recent decades (Zimmerman and Hill 1999). Men who crossed into the nursing world faced discrimination from their teachers and their classmates, who were all women, as did women who crossed into medical school from their male classmates and teachers. Historically, male physicians have had dominance over female nursing staff, and “gender is an essential ingredient of dominance in the medical division of labor” (Zimmerman and Hill 1999: 486).

The medical profession has been changing over the last fifty years. More women are entering medical schools and becoming doctors, and many more men are entering nursing school and becoming nurses. The number of male nurses has increased 300 percent since 1970 when 2.7 percent were male to 8 percent in 2000 (Burton and Misener

2007). Access to the educational institutions has increased the enrollment of men entering nursing and women entering medicine. When men and women cross over into nontraditional gender roles and occupations, then more men and women will follow their lead.

It is important to understand this new trend and facilitate more men into nursing to help with another growing trend, the shortage of nurses. This review will examine previous research on why men enter nontraditional occupations, their experiences in such occupations, including problems, benefits, and ways of coping with problems, and factors related to retention.

Why do Men Enter Nontraditional Occupations?

Previous research has been conducted on why men enter nontraditional occupations such as nurses, elementary education teachers, secretaries, and librarians, where women are the majority of workers. Men who enter these occupations have been classified as “finders,” “seekers,” and “settlers;” they have been seen as having both intrinsic and extrinsic motivations for entering nontraditional fields (Dodson and Borders 2006, Hayes 1989, Jome et al 2005, Simpson 2004, 2005, Williams 1992, 1993, Williams and Villemez 1993). Men who experience the most common stereotypes of male nurses or are afraid of experiencing them may be choosing not to enter the field. The most common stereotype is the assumption that men in nursing are homosexual.

Career Patterns: Finders, Seekers, Settlers. Men who venture into nontraditional occupations have been classified as seekers, finders, or settlers. Seeker and finder terminology was developed by Williams (1992) and the term settler was developed by Simpson (2004). Seekers are men who actually prefer to go into the female-dominated

occupations and “sought jobs that were female dominated” (Williams and Villemez 1993: 64); finders are men who come across the female-dominated occupation while making general employment decisions and passive choices about their occupation (Williams 1992); and settlers are men who went into the female-dominated occupation after having little or no luck in other jobs or little or no job satisfaction elsewhere in other traditionally male careers (Simpson 2004, 2005). The majority of settlers made career changes and were previously employed in jobs that were very different from their current position (Simpson 2005). The definition for finders is somewhat complicated; it seems to be the residual category after seeking and settling is accounted for. The researchers who have used the finder category have also used interviews as a medium to find out details about each participant’s career path in order to make a classification.

Williams (1992, 1993) did in-depth interviews, using snowball sampling techniques, with ninety-nine men and women in four major U.S. cities who worked as nurses, elementary teachers, librarians, and social workers. Simpson (2004) used interview data from forty male workers who were primary school teachers, flight attendants, librarians, and nurses in England. Williams and Villemez (1993) used previously collected survey data from twenty companies in Chicago with workers who worked more than twenty hours a week in both traditionally male and female jobs.

Williams and Villemez (1993) found that 82% of men in their sample of both traditional and nontraditional female occupations who sought out traditionally female jobs successfully ended up in those positions (seekers). They also found that seekers were somewhat younger, had fewer years of experience in the specific occupational field, were less likely to be married, lived in smaller household sizes with lower family income,

were more likely to be the only income in their families, and were slightly better educated than men who seek jobs in traditionally male occupations. However, this does not mean that men within one occupation or within nontraditional occupations are a homogeneous group (Williams and Villemez 1993).

The concept of settlers was developed by Simpson about ten years after the Williams and Villemez study. The category emerged from her interview data. These men were previously employed in traditionally male occupations, had little or no job satisfaction and/or had been unsuccessful in their position, sometimes due to lay offs or firings. For the purposes of my study, settlers were defined as men who had changed occupations at least once before entering nursing, were previously employed in a traditionally male occupation, and whose self-reported previous job satisfaction was relatively low.

Value Placed on Intrinsic and Extrinsic Motivations. Simpson (2005) examined if there were links between men's value placed on intrinsic rewards (e.g., helping others, taking care of the sick, or other non-monetary items) or extrinsic rewards (e.g., higher pay, prestige, status, and advancement opportunities) and men's likelihood of being seekers, finders, or settlers. The majority of men in Simpson's study (2004, 2005), especially the settlers, valued the intrinsic rewards of the occupation, had no desire to reach the top of the prestige or pay ladder, and wanted to remain in their current positions. Many settlers had taken a cut in pay, prestige, or status when they left their previous, more traditional occupations (Simpson 2004, 2005). There were no significant differences between seekers and finders and the importance of intrinsic and extrinsic rewards for determining their occupational choices.

Other research suggests that some men might be interested in nursing careers because of its perceived extrinsic rewards. Moving up in nontraditional occupations for men is perceived as rather easy and encouraged by friends, family, coworkers, and supervisors. The “glass escalator” theory is the name given to the idea that men “face invisible pressures to move up in their profession,” and they also have a greater likelihood to be put in higher positions (Williams 1993: 109). Examples of top jobs in these fields are school principals or head nurses/shift supervisors. However, not all men are aware of how easy the climb to the top can be until they are actually working in the fields, so perception of extrinsic rewards such as advancement opportunities might not be a determining factor influencing men’s career choice. Furthermore, Simpson (2005)’s research found that most men do not choose nontraditional occupations for the wages, an extrinsic reward. This is not surprising due to the low wages that workers in many female-dominated occupations receive (Hesse-Biber and Carter 2005).

Stereotypes for Men in Nursing. The stereotypes about male nurses might be one of the largest obstacles to overcome for men who decide to enter nursing. Men who are less aware of these stereotypes might be more likely to enter nursing. The most common stereotypes are “(1) physician wanna-be or failed medical school applicant, (2) gay or effeminate, (3) misfit, and (4) womanizer” (Burton and Misener 2007: 257-258).

The idea of the failed physician or medical school applicant and that male nurses are effeminate or gay is best illustrated in the 2001 movie, *Meet the Parents*. Ben Stiller’s character, a male nurse, faces the stereotypes from his future fiancé’s father in law. Being asked by others if he flunked medical school, could not get in, and if he really preferred to be a physician are examples of the failed medical school stereotype. Having

someone assume that a man is homosexual because they are working in nursing is an example of the gay stereotype. However, research involving men in nursing suggests that “There is no evidence that the number of gay men in nursing is disproportionate to the population in general” (Burton and Misener 2007: 257). The misfit stereotype is for someone who could not fit into the mainstream traditionally male occupation and must be a nurse so that they can hide their peculiarities; the womanizer is a heterosexual man who enters nursing so that he can be close to the women and treat them as sexual objects (Burton and Misener 2007).

There are several other barriers or challenges that men face when they are trying to get into nursing that compound or feed into the stereotypes. Nursing is often assumed to be an inappropriate career option for a man. The emotional work involved in nursing is typically viewed as feminine in the U.S. culture, such as nurturing, caring, and providing compassion. Disapproval can come from parents, friends, peers, and the larger culture when a man wants to become a nurse. The occupation is lower status, has lower pay, along with the assumption that men in nursing are homosexual (O’Lynn 2007b). My study does not examine emotional work or social disapproval even though they may be possible barriers for entry into nursing.

Other barriers that all people can face when trying to get a college degree in any field that will not be looked at in this study but are still important to mention include a lack of money and time, inability to get into a program or major due to poor grades, transcripts, or recommendation letters, and the unavailability of an educational institution nearby.

Men who are in nursing face many different experiences while in the profession. Some of these are negative, such as discrimination, stereotyping, challenges to their masculinity internally and externally, and assumptions about their sexuality; and some are positive, like the opportunities for advancement and promotion. These are discussed below.

Problems Encountered for Men in Nursing

Challenges to Masculinity. When men enter traditionally female occupations, like nursing, their masculinity is challenged. Other people assume they became nurses because they cannot handle “men’s work,” a “real” job, being the breadwinner, being in the “real world,” etc. The female-dominated occupations the men have chosen desire and value female or feminine characteristics and traits. Men who exhibit the desired occupational characteristics may experience direct conflict with their masculinity. Men who attempt to be masculine in the female occupation may experience discomfort, conflict, shame, guilt, and embarrassment (Sargent 2000, 2005). Sargent (2000) argues that if male teachers show too many feminine characteristics while teaching, it puts them in jeopardy; people can suspect them of being homosexual or interested in molesting children. There may be a fine line for how much masculinity and femininity a man should show in a nontraditional occupation. As Sargent puts it, “The teachers have to negotiate between being a ‘real man’ and being a ‘real teacher’” (2000: 418). This same idea is relevant to male nurses as well. Nurturing and caring are valued characteristics for an ideal nurse; however, these are also feminine. Internally, a man can battle with his masculinity and what it means to be a “man,” while he faces external pressure to be masculine from his patients, peers, family, friends, and society. Colors, language,

clothing, literature, and images in the media portray nursing as feminine (LaRocco 2007), which might challenge men's sense of their masculinity.

Sexuality Assumptions. Challenges to a man's sexuality may attack his masculinity and harm his self-concept. One of the most common challenges to masculinity is the assumption or stigmatization that men in female occupations are homosexuals or pedophiles (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001, Lupton 2006, Sargent 2000, Simpson 2004, Simpson 2005). Men who work with children in particular are commonly suspected of pedophilia. In some instances, there are policies that are in place where men are working to help protect them from being accused of improper relations with children. Male homosexuality is frequently assumed to be linked to pedophilia by some people in the community (Sargent 2000). If men express too much femininity, this also leads to assumptions of homosexuality, and homosexuality is linked with pedophilia. This whole process becomes a vicious and damaging cycle.

Many men have had to alter their ways of teaching and dealing with children so that they would not be suspect or scrutinized (Sargent 2000). Fears of being stigmatized as homosexuals and pedophiles can cause many men to have anxiety, discomfort, leave the profession altogether, overemphasize their heterosexuality, or learn to live with and deal with the negative stereotypes (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001, Lupton 2006, Simpson 2004, 2005). Men who are homosexuals tend to experience a bit more comfort in dealing with the nontraditional role and everything that comes with it (Simpson 2005). For example, homosexual male temporary clerical workers tended to think that they were better suited for the job of secretary than their heterosexual male peers (Henson and Krasas Rogers 2001). This tendency could also be viewed as men

contributing to the stereotype that masculine or heterosexual men cannot handle the job and are not as good at working in a female occupation, weakening any progress that men in nontraditional occupations have made.

In nursing, the issue of touch is something that each man has to deal with everyday. Touching is an integral part of nursing and is required to perform many exams or tasks (O'Lynn 2007a). Female patients may be uncomfortable with a man performing the tasks, and this could inadvertently affect his confidence about his abilities. There is also no instruction during their tenure of training for how to deal with touching the patients and making all parties involved feel more comfortable (O'Lynn 2007a). There is in addition the fear that the touch will be misconstrued as sexually inappropriate, which could lead to unemployment, removal of the nursing license, and prosecution.

Accusations of pedophilia are also a concern for men in nursing, but it is much less stressed in the nursing literature than for other traditionally female occupations.

Being the Minority. Men are a minority in nursing schools and in the field. Being the minority or the token can have negative internal and external effects on the individual. "Tokens" are regarded as symbols or representatives of the category of "male nurse" and not as individuals. Tokens are "people identified by ascribed characteristics (master statuses such as sex, race, religion, ethnic group, age, etc) or other characteristics that carry with them a set of high assumptions about culture, status, and behavior highly salient for majority category members" (Kanter 1977: 968). Kanter's research focused on women tokens working in an all male environment. There were clear negative consequences of being a token and few were positive. For example, many women

managers left the career altogether, had to change themselves to fit in better with the majority, and/or participated in ridiculing and hazing their female colleagues.

Kanter felt that negative effects became heightened when “the token’s social category (master status) is physically obvious, as in the case of sex” (Kanter 1977: 969). This is relevant to men in nursing. It is obvious that they are males in a working environment that is predominantly female.

Heikes (1991) conducted in-depth interviews with male RNs, testing Kanter’s ideas of tokenism. He looked at issues of visibility, polarization, assimilation, and role entrapment, concluding that Kanter’s framework of tokens is applicable to men, but men in nursing have some differences in their experiences compared to female tokens because of societal expectations placed on all men of being successful and excelling in their field. Thirteen of his fifteen respondents felt more visible because of their sex, but many turned it into a positive and improved their job performance (Heikes 1991). They also reported feeling isolated at work, which could lead them to be bureaucratically disadvantaged (Heikes 1991). In addition, Heikes argues that men face more work-related stress than other tokens and experience more conflict because of the traits inherent in men of ambition, strength, and assertiveness. This stress combined with being a man in a woman’s field causes men in nursing to have more challenges than other tokens (Heikes 1991).

Porter-O’Grady (2007) argues that men in nursing face reverse discrimination and hit the “concrete ceiling”: “It is very challenging for men to break into what could be irreverently called the ‘old girls’ club’” (Porter-O’Grady 2007: 145). He believes that women in nursing have come together to keep men from being promoted and from

achieving success in nursing. Similar to Kanter's idea of the token, Porter-O'Grady (2007) feels that men are only in successful positions when it is most beneficial visually or politically to have a man around. Therefore, a man who enters the profession will simply hit the concrete ceiling until he is needed to give a male presence. It is important to note that research supports that men face discrimination from both women and men in nursing (Kanter 1977, Porter-O'Grady 2007). If men are experiencing discrimination, this could be negatively affecting retention rates of men in nursing, contributing to the shortage of nurses.

Ways of Coping with Problems. Because there is some adjusting for men when they enter the nursing profession, many have developed coping strategies to handle the stress, frustration, stereotypes, and stigmatization that exist, in addition to the usual stressors that come with a job. Research on men in nontraditional occupations suggests that some leave the profession altogether because they cannot figure out how to cope, and others learn to live with the negative stereotypes or have developed ways to deal with being the minority or with challenges to their masculinity (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001, Kanter 1977, Lupton 2006, Simpson 2004, 2005). When talking to others about their occupation, some men in nontraditional occupations give their occupation a different name or framework (Henson and Krasas Rogers 2001, Lupton 2006), meaning that instead of calling themselves a secretary, they will use administrative assistant, trying to give themselves a title that is more gender neutral. Some associate themselves with a large, well-known company (Lupton 2006, Simpson 2004, 2005). For example, in this situation, men may associate themselves as working for the hospital corporation, instead of saying what they do specifically (i.e., nursing).

Some men in nontraditional fields make the job description and tasks more gender neutral or masculine, while others provide a “cover story” for the reason they have a nontraditional job (Henson and Krasas Rogers 2001, Simpson 2005). Some will refuse to do activities on the job that are feminine, such as making coffee, or they will masculinize their specific tasks and job, for example, telling someone they do the lifting of patients instead of sponge-bathing (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001). The exceptions take pride in their work, and create a new “masculinity” by embracing some feminine characteristics (Cross and Bagilhole 2002).

Experiences of Advantages/Benefits for Men in Nursing

The Glass Escalator. The glass escalator theory was developed to explain the benefit of being a man in a nontraditional occupation. The concept of the “glass escalator” was developed by Williams (1992), using interview data from ninety-nine men and women in four major U.S. cities. The glass escalator is the idea that men in predominantly female occupations are promoted more quickly within the field to positions with higher status, pay, and authority, such as supervisor or school principal (Williams 1992). Because men are on this, sometimes invisible, escalator to the top of the profession, they are at an advantage when entering positions where they are the minority.

In female-dominated occupations, it is not uncommon for men at different levels to become friends and help each other out, despite the inequality of positions, creating something similar to the “ol’ boy network” (Lupton 2006, Williams 1992). For example, a male nurse will connect with the male doctors in the area. They will go play sports together, like golf or basketball, and help each other out in the work place. This can lead

him to be more likely to advance quicker than his female co-workers (Williams 1992) and receive an increase in pay (Lupton 2006), which may involve entering a specialty area within the occupation, to a more male-dominated area of the hospital, such as psychiatry, trauma, or emergency (Simpson 2004, 2005). Companies and organizations may move the men out of public sight and into management positions because it makes patrons and coworkers more comfortable. It is easier to explain a male manager working in a female occupation than it is to explain a male employee.

Some of the pressure for men to advance in female-dominated occupations is from outsiders. Families and friends can place pressure on men to advance because holding a place of power and prestige will help to make their position in a nontraditional field seem less feminine (Williams 1992). The pressure may not even be spoken for men to feel it. Not all men who enter into nursing want to be in charge of others or want the advantages that men gain being the minority. Even if men are content with the position they have, there will be external and internal pressures pushing them to the top of the profession.

Evidence Supporting the Glass Escalator. Williams (1992) found that men who apply for nontraditional jobs will be preferred over women applicants with the same qualities. When talking with men who worked in nontraditional occupations, Williams (1992: 113) found that “These men were much more likely to report that their male bosses discriminated against females in their professions.” The existence of a glass escalator has been found in other societies. Hultin (2003), using a nationally representative Swedish life history dataset, found that men in female occupations had the most favorable promotion pattern, and that a woman had half of a man’s chance of

getting promoted in female occupations. After ten years of being in a job, women in female occupations had the least favorable career path, while men in female occupations had the best career path.

Recent statistics from England show that ten percent of men are nurses, but fifty percent of those male nurses are in leadership positions (Porter-O'Grady 2007). In the United States, there is not as strong a contrast, but Porter-O'Grady (2007) suggests the overall picture is similar. There are similar patterns in elementary education; the majority of men working in the field are in administrative positions and not actually teaching young children. Although there may be many men in leadership positions giving the appearance that men in nursing are successful, this is actually perpetuating the belief that people with masculine characteristics in general and men in particular are best suited to make decisions (Porter-O'Grady 2007), which contributes to the persistence of gender inequality.

There is additional research to show that men can use their sex to their advantage in certain situations (Cross and Bagilhole 2002, Evans and Frank 2003, Hultin 2003, Lupton 2006, Sargent 2000, 2005, Simpson 2004, Williams 1992, 1993,). Men will use their power and privilege given to them because of their sex and bring it into places where they are the minority, putting them at an advantage, "rather than the oppressed minority" (Lupton 2006). It is common for men to receive better pay (England 2005, Lupton 2006, Williams 1992) and better benefits (Williams 1992). Recent statistics from the U.S. Department of Labor (2006) demonstrate that a gender gap in pay exists in nursing. In 2004, the median weekly earnings for female registered nurses was \$895 and was \$1,031 for male registered nurses. The difference is \$136 per week, which comes to

\$7,072 more per year for men than women in the same field. As mentioned previously, men are placed into specialties more often and at a quicker pace, and many men are more likely to be supervisors on their shifts, principals, etc., which may help to account for some, but not all, of the pay discrepancy (Evans and Frank 2003, Lupton 2006, Williams 1992).

Evidence Disputing the Glass Escalator. Not everyone is in agreement that men are at an advantage when entering female-dominated occupations. Atwater and Van Fleet (1997) argue that as more women enter the workforce, men will be at an even bigger disadvantage than they already are because the jobs will be female dominated, making it more difficult to enter and advance. They conducted a study where their subjects were university students who were using “paper people” to simulate a real world setting and were making hypothetical decisions about hiring. They found that there was a “pro-female bias” that existed when hypothetical selection decisions were made in female-dominated occupations, even if men applicants were more qualified for the position. They also claim that the pro-female bias was exhibited by men and women who were making the hypothetical decisions for all supervisor, top and mid-level jobs, and that females were preferred, especially when the employees being managed would be females. Hypothetical decisions in a laboratory setting may not, however, predict what people would do when out in the real workforce. Porter-O’Grady (2007) argues that men are hitting the “concrete ceiling,” meaning men are not considered for positions of leadership, unless it is advantageous to those involved if there is a male presence. There has yet to be any research to support this argument.

Factors Affecting Men's Retention Rates in Nursing

There is currently little research on retention rates of men in nursing. Because of the eminent nursing shortage, information on retention rates would be very helpful in understanding the whole picture of men and women in nursing and what to do to increase the number of nurses. Twelve men in a study of twenty male nurses in LaRocco's 2006 research's study (2007) suggested that retention would improve if nurses of both genders received adequate salary and benefit increases, had good work environments, and received personal recognition for the work they do. From 2000 to 2004, salaries rose 12.8 percent when adjusted for inflation for all full-time registered nurses (Health Resources and Services Administration 2004). This appears to be a step in the right direction for attracting more people to the field. In contrast, if men are not being promoted, being discriminated against, and facing challenges to their masculinity that they cannot handle, this may cause them to leave the profession, which will not help alleviate the shortage.

This study will investigate why men enter nursing and the career paths they take, their experiences while in the profession, and their plans on staying in the profession. In regards to men entering nursing, this study investigated the extent to which male nurses who responded to the survey could be characterized as seekers, finders or settlers. Men were asked about their reasons for entering the nursing field and the value placed on intrinsic rewards (e.g. taking care of the sick, making a difference, and helping others) and extrinsic rewards (e.g. job security, pay and benefits, opportunities for advancement, and a growth profession with many career paths). The common stereotypes that are

associated with men in nursing may also be another reason why men are not entering the field and was examined in this study.

In regards to their experiences once in the profession, the men were asked about the extent to which they feel insecure, embarrassed, or ashamed about their occupation, themselves, and their masculinity was also examined. In this study, questions regarding pedophilia assumptions were not asked, due to length restraints and the fact that I expected few of the nurses in the sample to work in pediatrics and closely with children. The question about the assumptions of homosexuality was examined as a type of barrier to entering the profession. The respondent's sexual orientation was also obtained. The issues surrounding homosexuality and assumptions of homosexuality can act as barriers to entering the profession, cause difficulties once in the profession, and be a reason that men may quit a job or the field altogether. However, for this study the focus is on how homosexuality assumptions can be a barrier to entering nursing.

Men were asked if they have ever felt extra visible while working because their sex as a way to measure their minority status and tokenism. Questions regarding perceptions of discrimination and preferential treatment from male and female coworkers and bosses were asked of participants. This study also explores the different ways male nurses have coped with the challenges they may face. The categories used for coping strategies were: associating with a well-known company and not a specific position as nurse; giving a gender-neutral version of his job; taking pride in the work; masculinizing the position by focusing on the masculine duties involved in his position; and minimizing the feminine characteristics of the position. Questions were asked about the respondent's personal experiences of being promoted, his awareness of the opportunities for men in

nursing, and if he feels men are at an advantage or disadvantage in nursing. There were also questions that asked about feeling pressured by family, friends, co-workers, supervisors, and from within to advance in nursing.

Retention of men in nursing is relatively unexplored by researchers. I asked questions about retention and if they plan on staying, not just at the hospital corporation where they are currently working, but in nursing in general. Factors that appear to be positively or negatively correlated with intentions to stay in nursing will be distinguished.

SPECIFIC AIMS

This study contributes valuable information on several topics related to men in nursing that have heretofore been investigated mostly in small-scale qualitative research studies. It examines why men enter nursing, what their positive and negative experiences are once they are in nursing, what plans they have for continuing in the field, and what factors seem likely to influence their choice of profession, as well as their future plans. Data on these topics may be useful in helping to decrease the nursing shortage.

Below is a detailed list of the research questions that this study answers. Research questions are more appropriate than hypotheses since the study of men in nursing is relatively recent.

To consider why men might enter the nontraditional field of nursing, the following questions were explored:

1. When men enter nursing, what career strategy do they have? Are they *seeking* to enter the field because this has always been the career they wanted to enter? Are they *finding* nursing along the way when they are making general career choices? Or, are they *settling* in the occupation because their previous job in a more traditionally male occupation left them unsatisfied or did not work out?
2. What intrinsic and/or extrinsic rewards do men in nursing report are the most important for them to realize in a career? For intrinsic rewards, to what extent do men want to be caring, feel like they are helping others, and making a difference? For extrinsic rewards, to what extent are they expecting high pay, job security, and opportunities for advancement?

3. What type of relationship exists between career pattern, seeking, finding, or settling, and intrinsic and extrinsic rewards? For example, are seekers more likely to value intrinsic rewards over extrinsic because they have always wanted to be in nursing, or are settlers more likely to value extrinsic rewards because they were lacking in their previous more traditionally male occupation?
4. To what extent have men in nursing faced the four most popular stereotypes associated with male nurses: (a) failed medical school applicant, (b) gay or effeminate, (c) misfit, and (d) womanizer?

To consider what positive and negative experiences men might have in the nontraditional field of nursing, the following questions were explored:

5. How often do men in nursing feel like a token, that is, report that they feel extra visible because of their sex?
6. To what extent have men in nursing felt challenges to their masculinity? Challenges to masculinity include feeling insecure, embarrassed, or ashamed about their occupation, themselves, and their masculinity, caused by the negative reactions of other people to their occupational choice.
7. What types of coping strategies are used by men in nursing when they feel their masculinity is being challenged when talking to others? How are they presenting the “self” in these times of stress? The categories that will be used for coping strategies are: associating with a well-known company and not his specific position as a nurse; giving a gender-neutral version of his job; taking pride in the work; masculinizing the position by focusing on the masculine duties involved in his position, and minimizing the feminine characteristics of the position.

8. To what extent are men in nursing discriminated against or feel they are given preferential treatment? Specifically, do men feel that they are treated differently by male and female coworkers and bosses?
9. To what degree do men in nursing feel disadvantaged compared to women in nursing when it comes to job promotions or career advancements?
10. To what extent do men in nursing perceive they will have an easier time than women in getting ahead in their profession (i.e., indicate awareness of the “glass escalator” effect)?
11. To what degree do men in nursing feel pressure to advance in the profession from friends, family, coworkers, supervisors, and from themselves?

Finally, to examine retention issues, the following questions were explored:

12. How long do men currently working in nursing plan on staying in the profession?
13. What factors are associated with men wanting to stay in or leave the profession? Are there any connections between plans to stay in the nursing field and career pattern (i.e., seeking, finding and settling), the value placed on intrinsic or extrinsic rewards, feeling discriminated against or disadvantaged because of their sex, job satisfaction, and experiencing a promotion?

METHODOLOGY

Sample Description

The sample size began with 310 men who were currently working in the Clearwater system as nursing staff, according to the hospital administration. (Clearwater is a pseudonym.) One name was dropped from the sample because it appeared by mistake in the sample twice; three men were excluded because they did not have valid addresses, and another man was not included because, although he was managing nurses, he himself had never worked as a nurse or had any education in nursing. This left a final sample size of 305. Of these, over 50% or 154 returned completed questionnaires. Seven percent of the nursing staff, both RNs and LPNs, at Clearwater are men, compared to 9% of RNs in the U.S. in 2006 (Women's Bureau 2006). Men appear better represented nationally in nursing than in this particular hospital system.

The vast majority of men in nursing in this sample were Caucasians (94%). There were no Native American men in the sample, but there were three Hispanic, one African American, two Asians, and three who selected "other." Eighty-eight percent of the men indicated that they were heterosexual, 11% were homosexual, and 1% was bisexual. Eighty-six percent of the men were currently working full-time, which is higher than the overall Clearwater hospital system percentage of full-time workers (68%). The average age was 44, with a range from 23 to 65 years of age.

Respondents reported on all the degrees that they had completed both in and out of nursing. Fifty-nine percent of men had associate degrees in nursing, 42% had bachelor degrees in nursing, 29% had bachelor degrees outside of nursing, 7% had master's degrees in nursing, and 4% had master's degrees outside of nursing. Forty-two percent of

the sample had multiple degrees in nursing or multiple degrees both in and out of the nursing profession. Respondents were asked to report all the licensures they had received. The vast majority (96%) of the sample were registered nurses (RNs). Twelve percent were licensed practical nurses (LPNs), 3% were nurse practitioners (NPs), and 2% were certified nurse specialists (CNSs).

The respondents had been in the nursing profession for a reported average of twelve years, ranging from less than a year to thirty-seven years. Thirty-five percent of the sample has been working in nursing for five years or less; thirty-two percent of the sample have been working in nursing fifteen years or more.

Men in the sample worked in a wide variety of fields within nursing, and no one field was dominant. The largest proportion of men in one field was 28% in critical care. The next largest group of men worked in medical-surgical specialties (14%); 12% in the operating room/post anesthesia care unit was the third largest category; 8% worked in pediatrics, nursery, and/or neonatal intensive care unit. The rest of the men worked in the emergency room/department, administration and/or management, obstetrics and gynecology, oncology, outpatient surgery or clinic, psychiatry, endoscopy, life line helicopter or transport, palliative or hospice care, transplant, education, home care, dialysis and acute dialysis, renal, medical office, family practice center, and progressive/interventional radiology (in no particular order). Some men selected multiple areas, and some men took advantage of the write-in option naming their specific area(s), meaning not every area is listed and some were combined.

Data Collection Techniques

This project used quantitative survey methods, collecting data with self-administered mail surveys, using mostly close-ended questions and a few open-ended questions. Mail surveys have both advantages and disadvantages. In comparison to other types of surveys, including phone and in-person surveys, a mail survey is relatively inexpensive, can reach a large sample of respondents fairly easily, is not affected by interviewer bias, can include more complex questions and longer response sets, enhances respondents sense of anonymity, and can easily include sensitive questions (Bernard 2000, Wolfer 2007). Three reasons this method was chosen for this study was because of the lack of monetary funds, the sensitive nature of some of the questions, and the easy accessibility of potential respondents through their employer.

Some of the disadvantages of doing mail surveys are that the speed of responses is slow, there is no opportunity for question clarification or probing for additional information, there is limited success with open-ended questions, there can be a high incidence of choosing “don’t know” responses, it takes time to fill out the surveys, interpretations of questions is up to the respondent, it can be difficult to get a high response rate, and there is no way to know if the person who filled out the survey is the one for whom it was intended (Bernard 2000, Wolfer 2007). This study encountered a response rate that was lower than expected. The surveys had to be returned within a certain time period and were sent and tracked through their employer, which could have turned off potential respondents, and there were respondents who did not take the time to read through each question carefully and answer all the questions. Despite the disadvantages, mail surveys were used due to time and cost constraints. Clearwater was

chosen because it is a large hospital corporation in a large Midwestern city, which was necessary to obtain a large enough sample.

The surveys were distributed through Clearwater, to men's home addresses, with the IUPUI logo included on the cover letter and survey. Clearwater kept the address list of men and numbered each person on that list. The number was placed on the survey return envelopes to keep track of who returned the surveys. This allowed us to know who did or did not need reminder cards and additional surveys sent to him.

Each survey was accompanied by a letter describing the study, the procedures, and an invitation to participate. It explained that filling out and returning the survey was the same as giving informed consent. Additional reminder postcards were sent out at two weeks and six weeks after the initial mailing to those who had not responded. This helped to improve the response rate. At four weeks, the survey was mailed out again to those who had not returned it. A letter went out with the second survey saying essentially the same thing as the previous letter, but it included a statement that let them know we sent it again in case they lost the first one or never received it (see Appendix A for survey, letters, and reminder postcards).

Ordinarily, researchers can expect that the first mailing will yield a 30% response rate, with a 10% increase for every reminder or duplicate questionnaire that is sent. This would result in a 60% response rate that is considered acceptable for a mail survey (Babbie2004). After the first mailing, I had a 26% response rate. The second and third mailings had a 9% and 10% return respectively putting me at a 45% response rate. The fourth mailing only saw a 5% increase, yielding a total response rate of 50%. A higher response rate can usually be anticipated in studies such as this where those being sampled

are educated and interested in the topic. There may have been concerns with some of the sensitive questions or topics and fears that the information would get back to their employer, despite every precaution in place, which made respondents hesitant to return the surveys.

Surveys were returned directly to me, the student researcher, at the address of the IUPUI Sociology Department, with postage included on the return envelopes. I kept track of the numbers on the outside of the envelopes, and as the surveys came in, I let Clearwater know which numbers I received, so that reminders were not sent to those addresses. Once I recorded the numbers, the envelopes were shredded and disposed of in the Department of Sociology, located in CA 303. Therefore, there was no way for me to associate any survey responses to particular individuals, since I did not develop, handle or have access to the list that Clearwater used. There was also no way for Clearwater to know which person gave which answers, since the questionnaires were sent directly to the Sociology Department, but Clearwater was able to know who did and did not return the surveys.

Human Subject Concerns. Every possible precaution was taken to ensure that the confidentiality of respondents' information was protected. However, there was a small chance that answers could be traced back to the respondent, as with most research studies, because it is impossible to guarantee confidentiality 100%. This could have potentially put a person's job in jeopardy, even though the employer was working with me and supported the study. Because of the risk, this study went through expedited review at the Institutional Review Board. Potential participants were given letters with the surveys that explained the risks of the study giving them the option to participate in

the survey. Potential participants were given the option to skip any questions that made them feel uncomfortable and to not participate in the survey. They were also told that if the number on the return envelopes made them uncomfortable, they were free to scratch it out, which one person did. They were asked not to write any identifying information on any of the materials. I have completed the Protection of Human Subjects in Research Certification through Indiana University Purdue University Indianapolis, and I have and will continue to do my best to protect the confidentiality of the participants.

Measurement Techniques

Because no one has previously done a study like this that I am aware of, replicating someone else's questionnaire in its entirety was not an option. A few survey questions were based on existing surveys that had been successfully administered to increase reliability and validity. For the most part, questions were developed based on what was learned about the topic in previous qualitative studies of men in nursing or men in nontraditional fields. Feedback on successive revisions of the survey was obtained from peers, professors, and individuals in the profession. An informal interview with an Associate Dean of a School of Nursing, who himself has a career in nursing, was also used to develop some questions and make the survey more reader friendly.

Career Patterns. The first research question asks about what career pattern men who enter nursing had - were they seeking, finding or settling? For the questions pertaining to settlers, Simpson's (2004) definition and research were used to construct the question. "What percentage of the workforce at the last full-time job you held prior to nursing would you estimate was male?" Answers were 61% or more were male, 40-60% were male, 39% or less were male, don't know, and not applicable/did not hold full-time

job prior to nursing. Another question asked how satisfied the respondent was in his previous position because settlers are supposed to be people who were previously in a nontraditional occupation and were unsatisfied, causing them to find a new job in a traditionally female field. The question used was: “How satisfied were you in the last job you held prior to nursing?” The answers are a five-point scale ranging from very unsatisfied to very satisfied.

The question pertaining to seekers was: “About what age did you decide you wanted to be a nurse?” Answers were grouped by age categories: “Childhood (12 yrs old and younger), Adolescence (13-19 yrs old), Young Adulthood (20-29 yrs old), Middle Adulthood (30-39 yrs old), and Later Adulthood (40 yrs old and older).” This question also helped to verify if they were seekers, settlers, or finders because older men, unless they have had no prior work experience, seem much less likely to be seeking the job or to have always wanted to be a nurse. Another question relating to these typologies will be asked: “Please select how you entered the career of nursing, by checking all of the boxes below that apply.” The answer choices will be “attended a nursing program out of high school, switched majors in college, came to nursing after another career, came to nursing after marriage and/or children, came to nursing after the military, came to nursing after unemployment, other.” For example, if someone attended a nursing program out of high school, they were a seeker; if someone switched majors in college, they were a finder.

It proved difficult to develop a specific question to find out if someone was a finder. The reason is because it was hard to determine this category only using a questionnaire. Previous research in this area classified finders because they were doing qualitative interviews, which allowed them the opportunity to probe and get details about

each man's career path. In this quantitative study, it was easier to leave the finders as the default category for those who were not labeled as seekers or settlers.

Using the responses from the surveys, the men were able to be placed in career pattern categories of seeking, finding, or settling. Intercoder reliability was used during this process to verify the codes and the instructions for how to categorize each respondent. Seekers wanted to pursue nursing from a young age and are men who went straight into nursing out of high school. One of the questions asked men when they decided to be a nurse. Respondents needed to decide during adolescence to be a seeker. Any decisions that were made by men in middle or late adulthood did not qualify them to be seekers.

Respondents were also given the opportunity to select how they entered nursing, choosing all of the options that applied to them. The options were attending a nursing program out of high school, switching majors in college, coming to nursing after another career, coming to nursing after marriage and/or children, coming to nursing after the military, coming to nursing after unemployment, or other. If the men went into a nursing program out of high school, then they were seekers.

Two questions asked about previous job satisfaction and what percentage of their previous workforce was male. If respondents answered "not applicable" to either or both of these questions, this meant that they were a seeker because nursing is the only full-time job they have held. There was also an open-ended question that asked what general field he worked in prior to nursing. If there was no response or not applicable was written in, this could mean he was a seeker.

Education was also examined to verify the seekers. They should not have any associate or bachelor's degrees outside of nursing because these are degrees that come first when pursuing higher education, but could have a master or doctorate degree outside of nursing because they could have gone back to school after getting their first or second nursing degree. For example, someone could have gone back to school to get a master's degree in hospital administration to become a supervisor or get a master's degree in psychology to be able to counsel patients. The length of time they were in nursing was compared with age in some cases. The birth year was subtracted from the current year (2008) to find out their age by the end of the calendar year. Then, the number of years they wrote they had been in nursing was subtracted from their age. If the result was 21-24 years old when they started working in nursing, then it could be verified that they have been in nursing since they got their degree and got out of school.

Settlers are men who have been in a traditionally male occupation prior to nursing where they typically experienced low satisfaction in their previous job. For the question regarding the life stage when they decided to be a nurse, young, middle, or later adulthood had to be chosen to be a settler. Settlers could not enter a nursing program out of high school or switched majors in college. The previous full-time workforce had to be 61% or more male because this increased the chance of being in a traditionally male occupation. The previous general occupational field was also examined to see if they were in a traditionally male occupation. Some examples were construction, auto or aviation mechanic, manufacturing, and engineering.

Settlers could not answer very satisfied for their previous occupation. One of the criteria for the settlers set forth by Simpson (2004) was that men were not satisfied in

their previous traditionally male occupation. Somewhat satisfied was allowed for a settler if they met all other necessary criteria. Neutral, somewhat unsatisfied, and very unsatisfied responses were settlers.

Settlers also typically had associate and bachelor degrees that were outside of nursing, which was another way to determine a man's classification. If the respondent was typically older when they started working in nursing, this was a good indication that they could be a settler. This was determined by subtracting the birth year of the respondent from the current year (2008), then subtracting the number of years in the nursing profession from their age.

Finders are men who come across the female occupation while making general employment decisions and passive choices about their occupation. Because this can be difficult to determine without speaking to each man, finders were the default category for the cases that did not fit into seeker or settler. Some of the most obvious finders switched majors in college, previously worked in a 39% or less male workforce, or previously worked in healthcare in a different capacity. A nominal career pattern variable was created with one representing seekers, two representing finders, and three representing settlers. Dummy variables were also created for each career pattern. For example, the seeker variable had one meaning non-seekers and two meaning seeker.

Intrinsic and Extrinsic Rewards. The next specific aim was to evaluate if men were motivated to enter nursing primarily because of intrinsic or extrinsic rewards. Simpson (2004) used qualitative semi-structured questions to develop her list of intrinsic and extrinsic motivations for men who enter nontraditional occupations. I used this list, as well as the Bernard Hodes Group (2005) survey given to men in nursing to develop the

questions. “How important was it for you to pick a career where you could... Help people? Make a difference? Take care of the sick? Have considerable job security? Receive good salary and benefits? Enter a growth profession with many career paths? Enjoy opportunities for advancement within profession?” The answers formed a five-point scale of importance ranging from “not at all” to “extremely important.” The first three, helping people, making a difference, and taking care of the sick measured intrinsic rewards. The other four measured extrinsic rewards. Multi-item scales were developed for intrinsic and extrinsic rewards. The rotated component matrix loaded on two factors when performing factor analysis. The reliability was tested (Cronbach’s alpha: intrinsic reward scale=.76, extrinsic reward scale=.83). Scales were then created so that there would be one measure for intrinsic and one measure for extrinsic rewards. I also used some of the responses from the open-ended questions “Have you ever considered leaving nursing?” and “What is it about nursing that has kept you in the profession?” to support some of the quantitative results.

Stereotypes. The next specific aim tested whether the common stereotypes about male nurses in the literature have been encountered by the men in this sample. Burton and Misener (2007) developed four stereotypes associated with men in nursing. The definitions for each were used to develop survey questions, and the respondent was asked to rate the frequency with which he has experienced each stereotype. (1) The stereotype of “failed medical school applicant” occurs when other people assume that you prefer to be a physician and that nursing is the career you have ended up in because of your lack of ability to get into medical school. How often have you encountered this stereotype during the last year? (2) The stereotype of “gay or too feminine” occurs when other

people assume you are homosexual because you are a man in nursing. How often have you encountered this stereotype during the last year? (3) The stereotype of “misfit” occurs when other people assume that you could not fit into a more mainstream traditionally male occupation and must be in nursing because it can hide any peculiarities that you are assumed to have. How often have you encountered this stereotype during the last year? (4) The stereotype of “womanizer” occurs when people assume that you are in nursing because you are using it as a way to “pick-up” and date women and/or treat them as sexual objects. How often have you encountered this stereotype during the last year? Each of these questions were measured on a four-point scale from “never” to “very often” indicating the occurrence of these stereotypes encountered within the last year. These items were not scaled due to a lack of adequate variation in the responses.

Challenges to Masculinity. The fifth aim of the study was to examine the extent to which men in nursing face challenges to their masculinity. Based on the data from Simpson’s (2004, 2005) qualitative studies, four questions measuring challenges to the masculinity of participants were asked: (1) In the last year, how often have you felt insecure, embarrassed, or ashamed about your occupation? (This is referred to hereafter as “Felt insecure, ashamed, embarrassed” throughout.) (2) In the last year, how often have you questioned your masculinity? (This is later referred to as “Questioned self as real man.”) (3) In the last year, how often have other people ever made you feel insecure, embarrassed, or ashamed of your occupation? (This is referred to as “Others made him feel insecure, ashamed, embarrassed.”) (4) In the last year, how often have other people questioned your masculinity? (This is hereafter referred to as “Others question him as real man.”) Answers were indicated on a five-point scale ranging from “never” to “very

often.” Each of these variables was examined separately because attempting to build a scale with these four items failed.

Coping Strategies. Several questions were asked regarding men’s coping strategies with problems they experience when talking to others about their occupation, which is the sixth aim of this study. The questions for this section were developed from the categories that were discovered from the qualitative literature in this area (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001, Lupton 2006, Simpson 2004, 2005).

(1) In the last year, how often have you indicated that you work at Clearwater but did not actually reveal your specific position or job to other people? (This is referred to hereafter as “Lied about job.”) (2) In the last year, how often have you been honest with other people about what you do for a living? (This is referred to as “Been honest about job.”) (3) In the last year, how often have you been proud of the work you do? (This is referred to as “Been proud of work.”) (4) In the last year, how often have you maximized the masculine aspects, parts, or tasks of your job when talking about it to others? (This is referred to as “Maximizing masculinity.”) (5) In the last year, how often have you minimized the feminine aspects, parts, or tasks of your job when talking about it to others? (This is referred to as “Minimizing Femininity.”) All the answers were frequency scales ranging from “never” to “very often.” These variables were examined separately because, similar to the challenges to masculinity variables, the coping mechanism variables did not successfully build a scale.

Tokenism and Experiences with Discrimination. Questions measuring tokenism, i.e., feeling extra visible because of a person’s sex, and experiences with discrimination were developed from qualitative work by Kanter (1977), Heikes (1991), and Porter-

O'Grady (2007). These questions related to aims seven and eight of this study. Each question begins with "In the last year, how often (have you felt) do you feel..."

(1) Extra visible while working because of your sex? (This is referred to hereafter as "Felt extra visible.") (2) Women co-workers treat you better than they do women workers because you are a man? (This is referred to as "Women coworkers treat men better.") (3) Women bosses/supervisors treat you better than they do women workers because you are a man? (This is referred to as "Women bosses treat men better.") (4) Male co-workers treat you better than they do women workers because you are a man? (This is referred to as "Male coworkers treat men better.") (5) Male bosses/supervisors treat you better than they do women workers because you are a man? (This is referred to as "Male bosses treat men better.") (6) Women co-workers treat you worse than they do women workers because you are a man? (This is referred to as "Women coworkers treat men worse.") (7) Women bosses/supervisors treat you worse than they do women workers because you are a man? (This is referred to as "Women bosses treat men worse.") (8) Male co-workers treat you worse than they do women workers because you are a man? (This is referred to as "Male coworkers treat men worse.") (9) Male bosses/supervisors treat you worse than they do women workers because you are a man? (This is referred to as "Male bosses treat men worse.") Answers were on a five-point scale ranging from "never" to "very often." Each aspect of discrimination was examined separately. Scales were not formed with these variables because the interest was to compare experiences with preferential treatment involving different sexes of coworkers and bosses.

Concrete Ceiling and Glass Escalator. The ninth and tenth aims cover the concrete ceiling and the glass escalator, examining to what degree men feel disadvantaged or advantaged compared to women for job promotions or career advancements. Using qualitative research by Williams (1992) and Porter-O'Grady (2007), I developed questions pertaining to each concept. The first two questions concern the concrete ceiling idea. The respondent was asked to rate the level of agreement or disagreement, from "strongly agree" to "strongly disagree," on a five-point scale, to the following statements: (1) In general, men are disadvantaged in nursing. (2) In general, there are many opportunities for men who enter nursing. The next two questions pertain to the individual moving up the glass escalator more readily because of their sex. (3) Men in nursing tend to be considered for promotion and advancement more often than women. (4) Men in nursing tend to be promoted more quickly and to higher positions than women.

The final questions pertain to pressure from others to move up the glass escalator, which is the eleventh aim, also on a five-point agree/disagree scale: (5) Family members put pressure on me to move to a higher position within nursing. (6) My friends put pressure on me to move to a higher position within nursing. (7) Co-workers put pressure on me to move to a higher position within nursing. (8) Supervisors and/or bosses put pressure on me to move to a higher position within nursing. (9) I feel pressure from within myself to move to a higher position within nursing. Each answer was analyzed separately because the items did not form a reliable scale.

Respondents were also asked “Have you received a promotion since you have been working in nursing?” The answer choices were yes or no. This question examined if the respondents had experienced any glass escalator type benefits.

An additional question asked in this section regarded awareness of promotion opportunities, which relates to aim ten of the study. It asked about men’s awareness of opportunities before entering the occupation, attempting to uncover if men were entering nursing because they knew about the glass escalator: “How aware were you of the opportunities available to men in nursing *before* you entered the profession?” Answers ranged on a five-point scale from “very aware” to “very unaware.”

Retention. Retention issues were the last area explored in this study. The literature examining retention of male nurses is virtually nonexistent. The twelfth aim was to find out how long men currently working in the profession plan on staying in the profession and at Clearwater. Questions asked include: (1) What is the likelihood that you will be working at Clearwater in 5 years? 10 years? 15 years? (2) What is the likelihood that you will be working in nursing in 5 years? 10 years? 15 years? The scale ranged from “not at all likely” to “extremely likely,” using a five-point scale.

There were several variables that were examined in regards to the likelihood of working in nursing in five, ten, or fifteen years (i.e., career pattern, job satisfaction, job promotion, intrinsic and extrinsic scales, felt extra visible, gay stereotype, and differential treatment). In addition, respondents were asked about their current job satisfaction using a five-point satisfaction scale that ranged from very satisfied to very unsatisfied. The variables that were significantly correlated with five, ten, or fifteen year retention likelihood were put into a regression analysis.

Demographic Questions. Demographic questions were also included toward the end of the survey and taken from existing surveys (Bernard Hodes Group 2005). Replies were used to assess the representativeness of the respondents. Respondents were asked what their race was and to check all the categories that applied, which included Caucasian, African American, Hispanic, Asian, American Indian, and Other. Respondents were asked to write in what year they were born; this is a polite way to ask their age. The respondents were asked about their sexual orientation indicating heterosexual, homosexual, bisexual or other.

Respondents were asked to choose all degrees they have obtained. Choices included degrees inside and outside of nursing to help investigate the path they may have taken to the field. They were also asked to write in what their title was in their previous position or title in nursing if applicable, and asked to write in the general field they were employed in before nursing if applicable.

Respondents were asked to pick which licensures they have, i.e., LPN, RN, NP or Clinical Nurse Specialist. Respondents were asked how many years they have been in the nursing profession since they received their first professional license. Respondents were asked the area where they were currently working in the hospital system at the time of the survey.

The last questions on the survey were open-ended and exploratory: (1) Have you ever considered leaving nursing? Please explain why you may or may not have thought about leaving the profession. Ninety percent of the sample responded to this question. (2) What is it about nursing that has kept you in the profession? Ninety-four percent of the sample responded to this question. (3) Do you have any additional comments about this

survey and/or men in nursing? Fifty-two percent of the sample responded to this question. The response rates for the open-ended questions were good; the answers were used as qualitative support for some of the quantitative findings.

Analysis Techniques

The quantitative survey data were entered into SPSS, and I verified the accuracy of the entries by cleaning the data and double checking the entries.

Percentages, means and standard deviations were obtained to describe the distribution of answers designed to examine the sample's demographic characteristics, career patterns, importance of intrinsic and extrinsic rewards in nursing, awareness of opportunities prior to nursing, perception of the presence of the concrete ceiling and the glass escalator, experience with male nurse stereotypes, perception of challenges to masculinity, occurrence of discrimination and preferential treatment, occurrence of coping strategies, and likelihood of retention.

T-tests were used to test for significant differences between means, and correlations were calculated to determine if there were significant associations between variables. For example, t-tests looked for the significant differences in means between different groups' differential treatment (e.g., women bosses' preferential treatment was compared to women coworkers' preferential treatment). Analysis of variance tests were used to simultaneously compare means of several different groups; e.g., in particular, the interest of intrinsic and extrinsic rewards for finders, seekers and settlers. Chi-square was performed using seekers, finders, and settlers with extrinsic scale rewards as the dependent variable because of the significant Levene's Test of Homogeneity of Variances finding and the violation of the assumption, but no significant results were

found. (An assumption was violated because the Levene's Test was significant, but the test was still performed to explore the data. The intrinsic reward scale passed the Levene's Test, but no significant findings were reported.)

Finally, linear multiple regression was used to analyze what factors significantly predicted retention (e.g., expectation of working in nursing 5, 10, or 15 years from now), controlling for other variables. The independent variables in these analyses included the career pattern, intrinsic and extrinsic reward scales, measures of feeling like a token (i.e., felt extra visible, bosses and male-coworkers treat men worse), experience with the gay stereotype, experience with being disadvantaged or advantaged on the job (i.e., women and men coworkers and bosses treat men better and worse); amount of job satisfaction, and experience with promotion.

RESULTS AND DISCUSSION

Career Pattern

Specific Aim 1. When men enter nursing, what career strategy do they have? Are they *seeking* to enter the field because this has always been the career they wanted to enter? Are they *finding* nursing along the way when they are making general career choices? Or are they *settling* in the occupation because their previous job in a more traditionally male occupation left them unsatisfied or did not work out?

The largest group found in this sample of nurses is “finders,” at 45%, with “seekers” being the smallest group at 18%, and “settlers” were 37%. In this sample, 82% of the men fell into finders and settlers. Previous research found that large numbers of new nurses are older and coming to nursing later in life (Auerbach et al 2007), which could be the reason for the high numbers of finders and settlers in this sample. The finders could also be the largest group because it was the default group for those who did not meet the criteria to be a seeker or settler for this study.

Since most men in this sample do not seem to *seek* out nursing at an early age, one way to get more men into nursing would be to start early, encouraging men to seek the profession right out of high school. Men need to be encouraged to enter the profession and shown that nursing is a potential career path with many opportunities.

One man wrote:

I am amazed at the lack of knowledge the general public has about what a nurse does, the autonomy in which we practice our profession, the vast spectrum of jobs a nurse has available to him, and the professional growth we have (not to mention the money one makes).

According to these results, many men are *finding* the occupation of nursing while making general career decisions, or by leaving a traditionally male occupation later in life

due to low job satisfaction or other problems with the occupation and *settling* into nursing. Settlers are learning about the opportunities in nursing, but it is not clear from this study where they are getting the information. Three men wrote that their wives or girlfriends were the reason that they entered nursing, with one stating, “I would have never become an RN if my wife wasn’t an RN.” Others have hypothesized that it is the rewards that men get from nursing that is causing them to enter the field (Simpson 2004, 2005, Williams 1992). This is explored further below.

Intrinsic and Extrinsic Rewards

Specific Aim 2. What intrinsic and/or extrinsic rewards are men seeking when they choose to enter the profession of nursing? For intrinsic rewards, to what extent do men want to have opportunities to be caring, feel like they are helping others, and to make a difference? For extrinsic rewards, to what extent are they interested in high pay, job security, and opportunities for advancement?

Based on the means of Table 1 (see Appendix B), job security is the most important reward to men who go into nursing. Taking care of the sick was the lowest rated reward, although it was still well above a neutral response. The two highest means were both extrinsic rewards (i.e., job security and good wages). However, it is clear from the means that both intrinsic and extrinsic rewards are important components of a job for the men in this sample.

Analysis of the open-ended questions at the end of the survey also indicated that both intrinsic and extrinsic rewards attract men into nursing. Intrinsic rewards were mentioned, at least once, by 76 men in the open-ended question about what in nursing has

kept them in the profession (if the same person mentioned two different intrinsic rewards, it was counted once). Extrinsic rewards were mentioned by 91 men.

Career Pattern and Rewards

Specific Aim 3. What type of relationship exists between career patterns (seeking, finding, or settling) and intrinsic and extrinsic rewards? For example, are seekers more likely to value intrinsic rewards more than extrinsic because they have always wanted to be in nursing, or are settlers more likely to value extrinsic rewards because they were lacking in their previous more traditionally male occupation?

Table 2 shows the Pearson zero-order correlations found when comparing career pattern with the intrinsic and extrinsic reward scales. There was only one significant result found between career pattern and the two scales measuring intrinsic and extrinsic rewards: The more like the respondent is to a settler, the less likely they are to report that they are interested in jobs with extrinsic rewards. Interest in intrinsic rewards was not significantly higher or lower for any of the career patterns for men.

It is not surprising that settlers were least interested in extrinsic rewards, e.g., good wages and job security, since by definition they chose to enter nursing later in life and not necessarily for the extrinsic rewards. Simpson (2004, 2005) found that settlers valued intrinsic rewards and were not interested in the extrinsic rewards of nursing. She also found no significant differences in the importance of intrinsic and extrinsic rewards for seekers and finders. When specific rewards were analyzed separately (see Table 2), finders were significantly interested in good wages, and seekers were significantly interested in advancement opportunities, revealing that there were some significant differences in the importance of some specific extrinsic rewards.

Stereotypes

Specific Aim 4. To what extent have men in nursing faced the four most popular stereotypes associated with male nurses: (a) failed medical school applicant, (b) gay or effeminate, (c) misfit, and (d) womanizer?

Men in this sample seldom experienced any stereotype within the last year. Three-quarters reported they had “never” experienced the misfit (74%) and womanizer (75%) stereotypes within the last year. The most commonly experienced stereotype that men have encountered is the gay or too feminine one, with only 35% saying they have never experienced this stereotype within the last year. Failed medical school applicant was the second most encountered stereotype (63% said never). Table 4 shows the results for how often men in nursing reported experiencing each stereotype.

If other men in nursing are encountering the gay or too feminine stereotype as frequently as this sample is, then this could be a potential reason men are not staying in or never entering the profession. When asked if the respondents had ever considered leaving nursing, one man wrote “Yes, I am considering information technology. This is largely related to the stereotypes of male nurses.” One man indicated: “Not all men in nursing are gay.” Another said: “I encounter more heterosexual men in nursing but the stereotype is deeply rooted in society.” The demographics of this sample of nurses at Clearwater suggest that their male nurses may be more homosexual than the population as a whole. Homosexual men made up 11% of this sample. Estimates of the homosexual population in the U.S. are around 3-4% (Laumann, Gagnon, Michael, and Michaels 1994).

These respondents were asked to recall their experiences of these stereotypes only within the last year, in order to increase the reliability of responses. However, had the respondents been asked about experiences during their entire nursing career with the stereotypes, the numbers would probably have been higher.

Tokenism

Specific Aim 5. How often do men in nursing feel like a token, that is, report that they feel extra visible because of their sex?

According to one respondent, “Female colleagues and especially supervisors are hyper aware of a male nurse.” Table 5 shows that over three-quarters of the men in this sample have experienced feeling extra visible at work because of their sex, but only 16% reported this happened very often. Although there is a large number of men feeling extra visible at work, it is not happening all the time. The previous literature on tokenism and visibility of men in nontraditional occupations make it seem that men constantly feel this way and it has negative affects, suggesting that tokenism makes persons feel more visible and under more pressure and scrutiny. Extra visibility is not necessarily a negative reaction to the workplace. Some may take this pressure and use it as motivation, instead of taking the pressure negatively and letting it affect their job performance and retention.

Challenges to Masculinity and Coping Mechanisms

Specific Aims 6 and 7. To what extent have men in nursing felt challenges to their masculinity? What types of coping strategies are used by men in nursing when they feel their masculinity is being challenged when talking to others? How are they presenting the “self” in these times of stress?

Table 6 reveals that the men responding to the survey reported few challenges to their masculinity. Only 4% said that others made them feel “insecure, ashamed or embarrassed” somewhat or very often, while only 2% said that others questioned them as “real men” somewhat or very often. When asked similar questions about their own reactions to being a male nurse, the male nurses in this sample seldom reported that they felt insecure, ashamed or embarrassed (6%) or that they questioned their own manhood (2%) very often or somewhat often.

Although men reported few challenges to their manhood, men who reported that other people questioned their manhood were significantly more likely to say they also questioned their own manhood. When other people made them feel insecure, ashamed, or embarrassed about their occupation, men reported feeling significantly more insecure, ashamed, and embarrassed themselves (see Table 7). How society treats a man in nursing may affect how they internalize and view themselves as a man. It is unknown whether other people make them feel insecure first, and then they internalize those insecurities, or vice-versa, but the relationship is an intriguing one.

Male nurses were asked how often they engaged in activities that could be used to manage the negative experiences of being a minority in an occupation. These could be seen as types of “coping mechanisms,” displayed in Table 6. The mechanism mentioned most often concerned emphasizing the masculine aspects of the job. About one-third (31%) said they somewhat or very often maximized the masculine aspects of the job when talking to others, such as emphasizing their duties of lifting patients or fixing equipment. For example, one man wrote about how he feels it is unfair that men are asked more times than women to help in transferring the patients, a physically demanding

task. Another said, “I feel, in general most, including me, are more known for our muscles or strength, but rarely is our attitudes brought up as being positive as well.” Men in this sample were more likely to mention using a coping mechanism than they were to mention challenges or problems. Perhaps if men admitted the challenges they face, it could be viewed as a sign of weakness and being less masculine.

Less than one-fifth (18%) said they somewhat or very often minimized the feminine aspects of the job when talking about it to others, but men who reported maximizing the masculine aspects were significantly more likely than other men to also minimize the feminine aspects (see Table 8). It could be that men who are doing one of the two coping mechanisms are unintentionally performing the other simultaneously, or men might be completely aware of what they are doing so that they can fit into the larger societal standards for what is considered masculine and feminine.

Other important findings about coping mechanisms was that the vast majority of men in this sample (90%) report that they are very often honest with others about their occupation and over three-fourths (78%) report that they very often are proud of the work they do. The previous literature found that men are dishonest when working in a nontraditional occupation, are not proud of their jobs, and may lie about their job by associating themselves with the larger, well-known corporation without actually telling people what they specifically do there (Cross and Bagilhole 2002, Henson and Krasas Rogers 2001, Lupton 2006, Simpson 2004, 2005). Three-quarters (75%) of the men in this sample reported never lying about their profession, not supporting the claims made in previous research. It could be that as more men entered the profession, it has changed how they handle challenges to their masculinity, what they consider challenges to their

masculinity, and how they cope. Longitudinal studies are a good idea for further analysis of these areas.

Most people have ways of dealing with insecurities, pressures, and stresses that come with entry into a non-traditional occupation; the survey questions did not reveal how men in nursing handle all the pressures while on the job. They are reporting feeling somewhat visible because of their gender, but how they cope remains largely unknown. Giving their occupation a different name or framework and/or associating themselves with the larger corporation or company to minimize occupational discussions, qualitative coping mechanisms mentioned in the previous literature as occurring frequently, were not confirmed with this study. The only coping mechanisms that this study offers support for are men in this sample tended to make the job description more gender neutral or masculine, while minimizing the feminine descriptors.

The more a man feels visible, the more likely he reported engaging in the coping mechanisms of maximizing his masculinity and minimizing his femininity (see Table 8). Visibility did not significantly affect whether the man reported lying about his occupation by preferring to tell others the corporation that he worked for, rather than his specific job. Those who were not telling the whole truth about their position were significantly more likely to minimize the feminine aspects of the position when talking about it to others (but not maximizing masculinity). Both are coping mechanisms to make the position seem more gender appropriate and perhaps even more masculine. The higher the man reported his visibility to be, the less likely he was to be honest about his job as a nurse. The more visible men felt at work, the more likely they were to report others made them

feel insecure and they felt insecure within themselves, suggesting that visibility can cause a negative experience for some men in nursing.

Being a seeker, settler, or finder did not increase the likelihood of experiencing challenges to masculinity. Therefore, it does not matter which career pattern a man takes, he will still cope with and experience the same degree of challenges to his masculinity as the other career patterns.¹

Differential Treatment

Specific Aim 8. To what extent do men in nursing feel discriminated against or feel they are given preferential treatment? For example, do men feel that they are treated differently by male and female coworkers and bosses?

According to survey findings, large percentages of men in this sample have never experienced differential treatment, either preferential or discriminatory (being treated worse). When men did report differential treatment, it tended to be preferential or positive treatment.

In terms of preferential treatment, about half (51%) of the men reported that female co-workers treated them significantly better than they did other women nurses “somewhat often” or “very often” (see Table 9). In comparison, about one quarter of respondents (27%) said that male co-workers treated them better than they did women nurses (also a significant difference – see Table 10). Bosses of both sexes were about the same in terms of the proportion that were reported as treating men better somewhat often or very often (19%). However, bosses were significantly less likely to be perceived as treating men better than co-workers (of both sexes). One man wrote about some of the positive differential treatment he has experienced:

One thing that has been very surprising to me is how residents/physicians treat me differently versus my female counterparts, especially male M.D.'s. They are much less hesitant to snap at me or not consider my suggestions regarding patient care. Female physicians/residents tend to approach me very often for suggestions/inquiries about my patients more than male ones. (Respondent's written emphasis)

Responses to the question asking who treated them worse than women nurses showed that men seldom felt discriminated against. Only 1% said that men co-workers and bosses treated them worse than they did women nurses somewhat or very often (see Table 9). The low numbers of men in nursing might account for this low percentage: Four people wrote on the survey that the question about male bosses treating them worse was not applicable to them because they have never had a male boss. Men were significantly more likely to report discrimination by women at the workplace (see Table 11): 13% said that female co-workers somewhat or very often treated them worse, while 8% said female bosses treated them worse. One man wrote about his experiences, "Some patients, coworkers, and supervisors are highly discriminatory towards men in my position. It does not happen often, but it is extremely unpleasant when it does."

Glass Escalator

Specific Aims 9 and 10. To what degree do men in nursing feel disadvantaged compared to women in nursing when it comes to job promotions or career advancements? To what extent do men in nursing perceive they will have an easier time than women in getting ahead in their profession (i.e., awareness of the "glass escalator" effect)?

Men in this sample almost all agree (46%) or strongly agree (44%) that there are generally "many opportunities for men who enter nursing." Only 17% of men agreed or strongly agreed that men are disadvantaged in nursing. These may not be perfect measures of agreeing or disagreeing about the existence of the glass escalator or

occupational advantages, since men's opportunities were not compared to women's, but based on the frequencies, the study suggests that men believe they have plentiful opportunities in nursing.

Using a more specific measure of the glass escalator, it was found that only 14% of the sample agreed or strongly agreed that men are considered more often than women for promotion, and only 12% agreed or strongly agreed that men are actually promoted more often than women. These results indicate that most men in this sample do not perceive there to be a glass escalator for men in nursing. Also noteworthy is that close to a third of the sample responded neutrally to both questions about promotion (35% and 29% respectively), suggesting that some may not have thought much about these issues or were hesitant to respond. Furthermore, the second question was "double-barreled," asking two questions in one, if men were promoted faster *and* to higher positions, which may have caused some response error or bias. In future research, this would be a good topic to try to explore further because such a sizeable proportion of the sample responded feeling indifferently. It would also be interesting to see how women in nursing feel about the issue of male promotion and their own promotion rates to get a better understanding of the glass escalator theory and its existence or lack thereof.ⁱⁱ

Men do not seem to lack information about what nursing has to offer them in terms of opportunities, pay, benefits, job security, or other extrinsic rewards. Almost half (47%) of the men in the sample reported that they were "somewhat aware" of the opportunities available to men in nursing before they entered the field. Being aware that men are at an advantage in nursing is one of the components of the glass escalator theory, and one of the hypothesized reasons that men decide to cross the gender boundaries to

enter the field. The same number of men that are “very aware” (18%) of the opportunities for men are also “very unaware” (18%), with the remaining 16% responding “somewhat unaware” (mean=2.65). There appears to be no significant differences between career pattern and awareness of opportunities before entering nursing in this sample.ⁱⁱⁱ

While most men in this sample indicated that they did not believe that men had an easier time being promoted than women, this sample of men was almost split down the middle in terms of who actually has (49%) and has not (51%) ever received a promotion while working in nursing. Even though there is no comparison group of women nurses in this study, these men seem to be having success climbing the career ladder. One man wrote, “I do feel I have advanced more quickly because of my gender.” A greater likelihood of being promoted to higher positions and at a faster rate is part of the glass escalator theory.

It could be possible that men are promoted at what seems like a high rate because they have higher nursing education levels or licensures. In this study, however, men who had bachelor’s degrees in nursing got promoted at the exact same rate as men without bachelor’s degrees in nursing (with 50% of each group having been promoted). Therefore, having a Bachelor’s degree did not affect the rate of promotion for the men in this sample. Having a master’s degree is significantly correlated with receiving a promotion (see Table 13), but only 7% of the sample had such a degree in nursing and 4% have one from outside of nursing. This leaves a large proportion of men who were promoted regardless of educational credentials. It is possible that this is evidence there

may be an advantage for men because education levels are not affecting promotion rates.^{iv}

Men who reported more frequent occurrences of questioning themselves about their manhood were significantly more likely to have also received a promotion during their nursing career (see Table 14). If a man is self-doubting his masculinity, then he may try to compensate by going after a promotion. Preferential treatment was not significantly related to promotion. However, men who reported more frequent occurrences of male coworkers and bosses treating him worse were also significantly more likely to have received a promotion during their nursing career. In an effort to be treated better by other male peers or supervisors, the men might have thought a solution would be to get to a higher place of power and authority, increasing their sense of self-worth and masculinity. Although few men reported maltreatment by bosses and coworkers, those that did might be using it as motivation to move up the career ladder. Men may want to move up the glass escalator to decrease the experience of discrimination from other male coworkers and male bosses.

Specific Aim 11. To what degree do men in nursing feel pressure to advance in the profession from friends, family, coworkers, supervisors, and from themselves?

According to the glass escalator theory, men sometimes feel invisible pressure to move up within their profession from many sources. Findings in this study, however, show that the men in this sample do not report facing strong pressures to move up within the profession from any source (see Table 15). However, half of the men have already moved up, which could mean that the pressure may have been in the past and no longer an issue for some men.

The men in this sample experience the most pressure to move up from themselves, with almost half (45%) agreeing or strongly agreeing that they pressured themselves. Their friends are putting the least amount of pressure on them to move up within their profession, with only 8% of responding agreeing or strongly agreeing that their friends put pressure on them. Family also seldom was reported as pushing men to be promoted (only 13% agreed with this). This pattern of findings disagrees with previous literature about family and friends putting the most pressure on men in nontraditional occupations to move up (Williams 1992).

Supervisors, both male and female, are the second highest source of pressure that the men in this sample experience, since 31% of respondents agreed or strongly agreed that supervisors put pressure on them; this supports one of the components of the glass escalator. For these supervisors, it may be easier to explain a male in a hospital in a leadership position than it is to explain why he is working at the bedside. Whatever the reason may be, it is clear that supervisors are putting some pressure on them. One of the men from the sample wrote, “Early in my career, I was pressured to go into management. After being in management, I chose to go back to bedside nursing because that is what I am best at and prefer.”

The men in this sample are experiencing significantly more self-inflicted pressure than they are experiencing pressure from their supervisors, according to the results of this study (see Table 16). Also, the more self-inflicted pressure a person experiences, the more likely the person reported experiencing supervisor pressure. The relationship can go in both directions: supervisor pressure could be causing higher levels of self-inflicted pressure or vice-versa.

Men in this sample who experienced high amounts of pressure from coworkers (Pearson's $r=.24$, $p<.05$) and supervisors ($r=.26$, $p<.05$) were significantly more likely to have received a promotion during their nursing career. Family pressure ($r=.03$), friend pressure ($r=-.05$), and self pressure ($r=.03$) were not significantly correlated with promotion, providing additional non-support for the component of the glass escalator that places an importance on pressure from family and friends as a reason that men in nontraditional occupations advance. Even though men may be significantly experiencing more self-inflicted pressure, they do not seem to be using the pressure to help them move up the career ladder.

If the men in this sample were feeling pressure within themselves to move to a higher position within nursing, they were also more likely to maximize masculinity (Pearson's $r=.24$, $p<.05$), minimize femininity ($r=.36$, $p<.05$), and feel extra visible while working ($r=.24$, $p<.05$) because of being a man. By overemphasizing masculinity and minimizing femininity, the men are able to better maintain societal expectations of the norms for their sex and are doing gender. If men are putting pressure on themselves to move up, then they are putting themselves on the glass escalator. Other influences may be contributing to the glass escalator effect, but many of these men want to move up without outside influence and pressure. Because these men feel hypervisible, this could be increasing their desire to be in a higher position. They may be thinking that a higher position could decrease the interactions with patients and be a more "manly" position, decreasing the hypervisibility.

Retention

Specific Aim 12. How long do men currently working in nursing plan on staying in the profession?

Over three-quarters of the men in this sample indicate they are “extremely likely” to be in nursing in five years (76%); over half plan on being in nursing in ten years (60%), and over a third plan (42%) on being in nursing in fifteen years (see Table 17). Some men in the sample may not be in nursing in fifteen years because of retirement or old age. In fact, one man wrote on the survey that he was retiring within the calendar year instead of responding to the set of questions regarding retention.

Dropping the fifty and over age group did not really change the proportion of men who plan to stay in nursing longer (see Table 19). Almost two-thirds (65%) were extremely likely to be in nursing in ten years; over half (53%) were extremely likely to be in nursing in fifteen years; no real difference was reported for five year nursing likelihood.

Men are significantly more likely to say they will be in nursing over the next five, ten, or fifteen years, than they are to say they will remain with their current employer (Clearwater) (see Tables 18a-18c). Men in this sample are more likely to stay at their present job than seems to be true for nurses in general in the U.S., since 15% of RNs and 19% of LPNs leave their jobs each year (Gerencher 2005).

With any job, there are certain factors that contribute to why a person would stay or leave the profession, other than because of getting older and retiring. The next section tested a few different variables to see if they have an effect on reported retention.

Specific Aim 13. What factors are associated with men wanting to stay in or leave the profession? Are there any connections between plans to stay in the nursing pattern and career pattern (i.e., seeking, finding and settling), the value placed on intrinsic or extrinsic rewards, feeling discriminated against or disadvantaged because of their sex, reporting job satisfaction, and experiencing a promotion?

The strongest relationship existed between job satisfaction and retention (see Table 20). If job satisfaction is high, it is more likely that the person will stay in the profession for five years, ten years, and fifteen years, regardless of whether he is over age fifty or not. When people are happy with their job, they usually will stay in that job and profession.

The intrinsic and extrinsic reward scales seem to be significantly related to nursing retention as well. The higher a person values intrinsic rewards, the more definite their plans to stay in nursing for five, ten, and fifteen years. The higher a person values extrinsic rewards, the greater the likelihood that they planned to stay in nursing long-term (i.e., for ten and fifteen years).

Being treated *better* by men or women bosses does *not* significantly affect respondent's plans for retention, but being treated *worse* does have negative affects on reported retention. When men perceive that co-workers and bosses treat men worse than women, they are significantly more likely to say they might not stay in nursing (see Table 20).

Seekers were significantly more likely to predict they would be in nursing fifteen years from now, and settlers were significantly less likely to be in nursing fifteen years

from now. Settlers are typically older and may be able to retire in fifteen years or less from nursing.

If a person feels extra visible at work, they are significantly more likely to be in the profession in fifteen years (see Table 20). It seems more plausible that people who feel hypervisible would leave the field. Those who feel hypervisible may decide to stick with the job to prove a point to themselves and others or take their feelings of visibility and use it as a positive motivator.

Promotion did not significantly relate to retention plans. Although almost half of this sample has been promoted during their nursing career, it does not affect how they feel about staying or leaving the profession, minimizing the overall importance of promotion in relation to retention.

The variables that were included in the multiple regression were chosen based on their significant zero-order Pearson correlations with nursing retention. Multiple regression results showed that the only significant possible predictor of five and ten year nursing retention is job satisfaction (see Table 21). Men in this sample are more likely to stay in nursing for five and ten years if they have high job satisfaction. The significant possible predictors for fifteen year nursing retention are greater in number and include the extrinsic rewards scale, job satisfaction, feelings of extra visibility, and being a finder. It is unusual that so many variables predict retention after fifteen years but not for five or ten years. If someone is happy with their current job and position, then it seems reasonable that the person would be more likely to think they will be working in the same job five, ten, and fifteen years from now. Men who are experiencing feeling extra visible must not have a problem with it and are using it as motivation to stay in the field.

Extrinsic rewards are also important for men to stay in nursing for fifteen years. If there is job security, good pay and benefits, many career paths, and many advancement opportunities, then men will want to stay in the field.

Some of the factors that were zero-order correlated did not predict retention in the multiple regression. Being a seeker did not predict retention with controlling for all other variables, despite the correlation previously found with fifteen year retention. Because there were so few seekers in this sample, it could have affected the results. Also, seekers are men who have always wanted to be nurses so their reasons for staying may have nothing to do with any of the tested variables.

Discriminatory treatment and preferential treatment no longer mattered in terms of predicting retention, when other variables were taken into account. This could mean that any differential treatment these men experience is not harmful or helpful enough to affect how they feel about working in nursing. Experiencing the gay stereotype also did not predict retention in the multivariate analysis even though it was found to be negatively correlated with 15 year retention in the under age fifty sample. The experience of the gay stereotype may be harmful to some, but it is not enough to affect how men feel about nursing. Because differential treatment and the experience of the gay stereotype did not predict retention, this could be viewed as a positive finding and encouraging for men thinking of entering the field and men currently working in the field. Negative experiences are not causing men to want to leave nursing in five, ten, or fifteen years. In addition, intrinsic rewards did not predict retention in the multiple regression. Even though men may feel that it is important to work in a job that helps

people, makes a difference, and takes care of the sick, those benefits are not significantly predicting their likelihood of wanting to stay in nursing.

The analysis predicting retention suggests that there is not one easy solution to decreasing the nursing shortage, and the experiences of men in nursing are complex with many different factors contributing to why they entered nursing and why they may or may not stay. The men in this sample may be experiencing some negative consequences of entering nursing, such as discrimination or feeling extra visible because of their sex, but they seem to be handling it well and using it as positive motivation to be successful and stay in nursing over long periods of time.

CONCLUSION

The results from this study of 154 men working as nurses for a large Midwestern hospital corporation indicate that few men are seeking out the profession of nursing right after high school; most are finding it along the path of making general career decisions or settling in the occupation later in life after having worked in a traditionally male, less satisfying position. Even though some men are entering nursing at some point in their lives, it is still not in large enough numbers to help decrease the shortage. Many men in this study seemed to agree and expressed concerns about wanting to see more men in nursing. For example, one man surveyed said:

Men can add traits, not necessarily inherent to women, that contribute to better patient care. Not that men are exclusively qualified, though. Each gender no doubt provides unique benefits. Hence the argument for diversifying the gender of nurses. Nursing is becoming increasingly complex as medicine advances in technology. One would have to have the best and brightest minds in the field. If limited to women, the patient care is short-changed by decreasing the pool of labor unnecessarily.

Even though the overall number of men in nursing has been increasing, men in this sample still appear to feel extra visible at some point over the last year. It is unknown whether a man feeling extra visible has increased or decreased over time, which is another area for further research. Feeling extra visible is not always negative. Many times hypervisibility can cause tokens to overachieve (Heikes 1991, Kanter 1977), and the men in this study provided support for turning tokenism into a positive. For example, almost half of the sample had received promotions and feeling extra visible positively predicted a greater likelihood of being in nursing in five, ten, and fifteen years. It is important that when men feel extra visible, it is viewed as positive motivation to increase retention, instead of as a negative experience some of the men in this sample reported

(e.g., reported feeling more insecure and less likely to be honest about their job as a nurse when feeling extra visible).

Most men in nursing in this study reported that they do not encounter stereotypes that can be harmful or potentially detrimental to them staying in the field. If stereotypes were encountered, the most common was the assumption that a man in nursing is homosexual or too feminine. One man wrote about how men in nursing take their career more seriously because it takes a great deal of strength to overcome the stereotypes associated with the career. Therefore, once men make the decision to enter nursing, they are going to be “in for the long haul.” Another man wrote, “My friends used to jokingly tease me about my profession, but when the dust settled, all of my friends truly do respect me for what I do.”

Most of the men in this sample were not experiencing any challenges to their masculinity, such as feeling insecure, ashamed or embarrassed from others or themselves, self-questioning their masculinity, having others question their masculinity; they were not reporting high levels of lying about their job, minimizing feminine characteristics of their jobs, or maximizing masculine characteristics of their jobs. Also, the men in this sample did not report experiencing high amounts of discriminatory behavior or preferential treatment. If they did report experiencing preferential treatment, they tended to say that men and women co-workers treated them better. If they reported any discriminatory behavior, it was women co-workers and women bosses treating them the worst.

Maybe the experiences men have being in a predominantly female occupation is not bad after all. One man surveyed said:

Men are clearly advantaged in nursing. We are often given credit as leaders just because of our sex. We are valued by our coworkers because

of our greater strength and perceived ability to solve mechanical/technical problems.

This study provides some support for the glass escalator theory, which predicts that men will have an easier time than women getting ahead in the nursing profession. Almost half of the men in this sample had experienced a promotion during their career as a nurse, which is support for the glass escalator theory. They also tended to report that there were many opportunities for men in nursing. On the other hand, the men in the study did not report that men were at more of an advantage in nursing or were promoted more quickly because of their sex. This sample faced more pressure to advance from themselves and their supervisors than they did from family, friends, or coworkers, providing weak support for this element of the glass escalator. Men who are putting pressure on themselves to move up might feel like a token and may be “doing gender,” seeking advancement as men are prone to do, as a way to decrease the negative feelings. Future research on the glass escalator theory could compare the experiences and feelings of women as well as men in nursing.

Getting people to stay in the profession is the best way to decrease the large nursing shortage. The majority of men in this study reported a high likelihood of working in nursing in five, ten, and fifteen years; they were somewhat less likely to predict that they would be working with their current employer in five, ten, or fifteen years. It may not be the profession that is causing men to leave but rather the individual's work environment. The best possible predictor for staying in nursing was job satisfaction. If hospitals want to keep nurses, then it seems best if they make sure their employees are satisfied with their work, receive adequate pay, have the potential to advance and grow, and enjoy job security.

This study can be used as a starting point for further investigation into the experiences of men in nontraditional occupations, decreasing the nursing shortage, and breaking stereotypes and boundaries that exist in our society. If the stereotypes about men in nursing can change, then there is hope that stereotypes for people who cross into any nontraditional occupations can change, too. It is important that every person enter the occupation he or she wants to enter without the fear of societal repercussions. Up to now, there has not been a quantitative assessment of the experiences of men in nontraditional occupations; this study can be used as a starting point for further investigations of this type. Although there is hope that more men are entering nursing now than ever before, it is important to figure out how to get men to not just enter but also stay in the profession to decrease the shortage of nurses today.

APPENDIX A

Announcement of the study to be placed into Employee/Clarian Newsletters

Men in Nursing...We Need Your Help!

What is it like being a man in nursing? We want to hear from you!

We want to find out about your experiences in the profession. A survey will be mailed to you within the next few weeks for you to complete and send back to Tiffany, in the Sociology Department at **IUPUI**, Cavanaugh Hall, 425 University Blvd. Indpls, IN 46202, where the research will take place. Postage is included and Clarian will not see your individual responses. The survey will take about 15-20 minutes to complete. Once the surveys are collected, the results will be used for a Masters thesis, and a summary of the results will be given to Clarian to better your work environment.

More men need to get involved in nursing, and this is your chance to help.

For additional information or questions, please contact Tiffany at tiffanms@iupui.edu
IRB #: 0710-89B

January 2, 2008

IRB #: 0710-89B

Dear Participant:

Enclosed you will find a survey for men in nursing. The survey will help us better understand your experience as a man in nursing. It is no secret that men are an underrepresented population in nursing, and there is an overall shortage of nurses across the world. By better understanding your individual experiences, in the long run, we can help decrease the shortage. Nurses are crucial to the well-being of individuals in our society.

I am a graduate student in Sociology at IUPUI; this is my master's thesis research project. Clarian has agreed to work with me on finding respondents for my study because they are anxious for information that will help them better address your needs and concerns, making your experience as their employee even better. I am the only person that will see your individual survey responses; Clarian will receive a summary report of the results.

Enclosed with your survey is an envelope addressed to Tiffany Smith, Sociology Department, Cavanaugh Hall, IUPUI, 425 University Blvd., Indianapolis, IN, 46202. Once you finish your survey, put it in the envelope and seal it closed. The number on the outside of the envelope will be reported to Clarian. This is to keep track of who has returned the survey so you will not receive reminder cards or an additional survey. There will be no way for Clarian to know which responses go with which person; I will be shredding and disposing of the envelopes once the number is recorded. Please do not write your name or address on any of the materials. I will do everything I can to ensure your anonymity. If the number on the envelope bothers you, mark it out, and disregard any future mailings of reminder postcards or additional surveys. Postage is included. The survey will take about 15-20 minutes to complete.

Please understand that by filling out the survey, you are giving your informed consent to participate in this research. If there are any questions or concerns that you have or if you would like additional information about the study, please feel free to contact me at tiffanms@iupui.edu or by phone in the Sociology Department at 317-274-8981. The professor supervising my research is Dr. Linda Haas; she can be contacted at lhaas@iupui.edu or 274-7384.

Please mail the survey back to me as soon as possible. Thank you for taking the time to read this letter and participate in this study. I look forward to hearing from you!

Yours truly,

Tiffany Smith
Department of Sociology, Cavanaugh Hall
Indiana University Purdue University Indianapolis
425 University Blvd.
Indianapolis, IN 46202
tiffanms@iupui.edu
(317)274-8981





MEN IN NURSING^{IRB#: 0710-89B}

The purpose of this survey is to find out about your experiences in nursing, a crucial field that is important to the function of society and is experiencing a shortage of employees. Please read each item carefully and fill out the answers to the best of your ability. Please understand that by filling out the survey, you are giving your informed consent to participate in this research project. Please feel free to skip over any questions that you feel are difficult or uncomfortable to answer. When you are finished, please place the survey in the stamped envelope, addressed to Tiffany Smith, and put it in the mail. Please do not write your name on any of the materials. We look forward to hearing from you. Thank you!☺

1. About what time period or age did you decide you wanted to be a nurse?
 - a. Childhood (12 years old and younger)
 - b. Adolescence (13-19 years old)
 - c. Young Adulthood (20-29 years old)
 - d. Middle Adulthood (30-39 years old)
 - e. Later Adulthood (40 years old and older)

2. Please select how you entered the career of nursing, by checking **all** the boxes below that apply.
 - a. Attended a nursing program out of high school
 - b. Switched majors in college
 - c. Came to nursing after another career
 - d. Came to nursing after marriage and/or children
 - e. Came to nursing after the military
 - f. Came to nursing after unemployment
 - g. Other

3. What percentage of the workforce at the last full-time job you held prior to nursing would you estimate was male?
 - a. 61% or more were male
 - b. 40-60% were male
 - d. 39% or less were male
 - e. Not applicable/Did not hold a full-time job prior to nursing

4. How satisfied were you in the last job you held prior to nursing?
 - a. Very satisfied
 - b. Somewhat satisfied
 - c. Neutral
 - d. Somewhat unsatisfied
 - e. Very unsatisfied
 - f. Not applicable/Don't know

5. For each question below, circle the number to the right that best fits your opinion on the importance of picking a career with the following characteristics.
How important is it for you to pick a career where you could...

	Scale of Importance				
	Not at all	Not very	No Opinion	Somewhat	Extremely
a. Help people?	1	2	3	4	5
b. Make a difference?	1	2	3	4	5
c. Take care of the sick?	1	2	3	4	5
d. Have considerable job security?	1	2	3	4	5
e. Receive good salary and benefits?	1	2	3	4	5
f. Enter a growth profession with many career paths?	1	2	3	4	5
g. Enjoy opportunities for advancement within the profession?	1	2	3	4	5

6. How aware were you of the opportunities available to men in nursing *before* you entered the profession?

- a. Very aware
 b. Somewhat aware
 c. Somewhat unaware
 d. Very unaware

7. Please **circle** how much you agree or disagree with the following statements.

Statement	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
a. In general, there are many opportunities for men who enter nursing.	1	2	3	4	5
b. In general, men are disadvantaged in nursing.	1	2	3	4	5
c. Men in nursing tend to be <u>considered</u> for promotion and advancement more often than women are.	1	2	3	4	5
d. Men in nursing tend to be <u>promoted</u> more quickly and to higher positions than women are.	1	2	3	4	5
e. Family members put pressure on me to move to a higher position within nursing.	1	2	3	4	5
f. My friends put pressure on me to move to a higher position within nursing.	1	2	3	4	5
g. Co-workers put pressure on me to move to a higher position within nursing.	1	2	3	4	5
h. Supervisors and/or bosses put pressure on me to move to a higher position within nursing.	1	2	3	4	5
i. I feel pressure from within myself to move to a higher position within nursing.	1	2	3	4	5

8. There are 4 popular stereotypes commonly associated with men in nursing in the literature and media. The next 4 questions will explain each stereotype and ask you how often you have encountered each of them **within the past year**.

a. The stereotype of "failed medical school applicant" is when other people assume that you prefer to be a physician and that nursing is the career you have ended up in because you didn't get into medical school. How often have you encountered this stereotype within the last year?

- a. Very often
- b. Somewhat often
- c. Not very often
- d. Never

b. The stereotype that male nurses are "gay or too feminine" is when other people assume you are homosexual because you are a man in nursing. How often have you encountered this stereotype within the last year?

- a. Very often
- b. Somewhat often
- c. Not very often
- d. Never

c. The stereotype of "misfit" is when other people assume that you could not fit into a more mainstream traditionally male occupation and must be in nursing because it can hide any peculiarities that you are assumed to have. How often have you encountered this stereotype within the last year?

- a. Very often
- b. Somewhat often
- c. Not very often
- d. Never

d. The stereotype of "womanizer" is when people assume that you are in the nursing profession because you are using it as a way to "pick-up" and date women and/or treat them as sexual objects. How often have you encountered this stereotype within the last year?

- a. Very often
- b. Somewhat often
- c. Not very often
- d. Never

9. Have you received a promotion since you have been working in nursing?

- a. Yes
- b. No

10. On the whole, how satisfied are you with the current work you do?

- a. Very satisfied
- b. Somewhat satisfied
- c. Neutral, neither satisfied or unsatisfied
- d. Somewhat unsatisfied
- e. Very unsatisfied

11. Please **circle** how often you have experienced the following situations **in the last year**.

Statement	Very Often	Somewhat Often	Not Often	Never
a. Felt insecure, ashamed, or embarrassed about your occupation?	1	2	3	4
b. Questioned that you are a "real man?"	1	2	3	4
c. Indicated that you work at Clarian but did not actually reveal your specific position or job to other people?	1	2	3	4
d. Been honest with other people about what you do for a living?	1	2	3	4
e. Been proud of the work you do?	1	2	3	4
f. Maximized the masculine aspects, parts, or tasks of your job when talking about it to others?	1	2	3	4
g. Minimized the feminine aspects, parts, or tasks of your job when talking about it to others?	1	2	3	4
h. Felt extra visible while working because you are a man?	1	2	3	4
i. Made you feel insecure, ashamed, or embarrassed about your occupation?	1	2	3	4
j. Questioned that you are a "real man?"	1	2	3	4
k. Women co-workers treat you <i>better</i> than they do other women workers because you are a man?	1	2	3	4
l. Women bosses/supervisors treat you <i>better</i> than they do women workers because you are a man?	1	2	3	4
m. Male co-workers treat you <i>better</i> than they do women workers because you are a man?	1	2	3	4
n. Male bosses/supervisors treat you <i>better</i> than they do women workers because you are a man?	1	2	3	4
o. Women co-workers treat you <i>worse</i> than they do other women workers because you are a man?	1	2	3	4
p. Women bosses/supervisors treat you <i>worse</i> than they do women workers because you are a man?	1	2	3	4
q. Male co-workers treat you <i>worse</i> than they do women workers because you are a man?	1	2	3	4
r. Male bosses/supervisors treat you <i>worse</i> than they do women workers because you are a man?	1	2	3	4

12. **Circle** the likelihood of the following statements.

What is the likelihood that you will be...	Likelihood				
	Not at all Likely	Not very Likely	No Opinion	Somewhat Likely	Extremely Likely
a. Working at Clarian in 5 years?	1	2	3	4	5
b. Working at Clarian in 10 years?	1	2	3	4	5
c. Working at Clarian in 15 years?	1	2	3	4	5
d. Working in nursing in 5 years?	1	2	3	4	5
e. Working in nursing in 10 years?	1	2	3	4	5
f. Working in nursing in 15 years?	1	2	3	4	5

Questions 13 – 22 are demographics questions that will not be seen by Clarian. Your responses on these questions will not be in their summary of the results. If any questions make you uncomfortable, please feel free to skip them.

13. Are you currently working at Clarian full-time, part-time or supplemental?

- a. Full-time b. Part-time c. Supplemental d. Other, Not applicable

14. What is your race? (Check **all** that apply)

- a. Caucasian d. Asian
 b. African American e. American Indian
 c. Hispanic f. Other

15. In what year were you born in? (write in) _____

16. What is your sexual orientation?

- a. Heterosexual
 b. Homosexual
 c. Bisexual
 d. Other

17. Please select the types or degrees of education you have completed. (Check **all** that apply)

- a. Associate's degree in nursing e. Master's in nursing
 b. Outside of nursing Associate's degree f. Outside of nursing Master's degree
 c. Bachelor of Science in nursing g. Doctorate in nursing
 d. Outside of nursing Bachelor's degree h. Outside of nursing Doctorate degree

18. Please select the types of licensures you have received. (Check **all** that apply)

- a. LPN/LVN b. RN c. NP d. Clinical Nurse Specialist

19. How many years have you been in nursing since you received your first professional nursing license? (Please write in the number) _____ years

20. Please select the area that you currently work in at Clarian.

- | | |
|---|---|
| <input type="checkbox"/> a. Administration/Management | <input type="checkbox"/> g. Psychiatry |
| <input type="checkbox"/> b. Critical Care | <input type="checkbox"/> h. Pediatrics, Nursery, NICU |
| <input type="checkbox"/> c. Emergency Room/Department | <input type="checkbox"/> i. Oncology |
| <input type="checkbox"/> d. Education | <input type="checkbox"/> j. OB/GYN |
| <input type="checkbox"/> e. Med/Surg | <input type="checkbox"/> k. Home Care |
| <input type="checkbox"/> f. OR/PACU | <input type="checkbox"/> l. Other (Please Specify: _____) |

21. If you had a previous position in nursing, what was it (Please write in the position or title before your current position, if applicable)?

22. What general field did you work in prior to nursing, if applicable? (Please write in; e.g. lawyer, sales, food service, factory worker, etc.)

The last 3 questions are open-ended, meaning you are free to write as much or as little as you would like. Clarian will not see your individual responses; only a summary of the results will be given to them. Feedback could help to improve the working environment for men in nursing at Clarian. **Please feel free to continue your answers on the back side of this sheet.**

23. Have you ever considered leaving nursing? Please explain why you may or may not have thought about leaving the profession.

24. What is it about nursing that has kept you in the profession?

25. Do you have any additional comments about this survey and/or men in nursing?

Thank you for taking the time to complete this survey. Your answers are extremely valuable to the success of this study. Please fold this survey and place it inside the envelope addressed to Tiffany Smith, Sociology Department, Cavanaugh Hall, 425 University Blvd. Indianapolis, IN, 46202. Please do not write your name on any of material you are mailing. If you would like a summary of the results, please enclose a self-addressed, stamped envelope with your survey and the results will be sent out sometime in Spring 2008. Thank you again for your participation!

Two reminder postcards to go out at 2 weeks and 6 weeks

Reminder One at two weeks:

Reminder:

Please fill out your men in nursing survey as soon as possible. We want to hear from you!

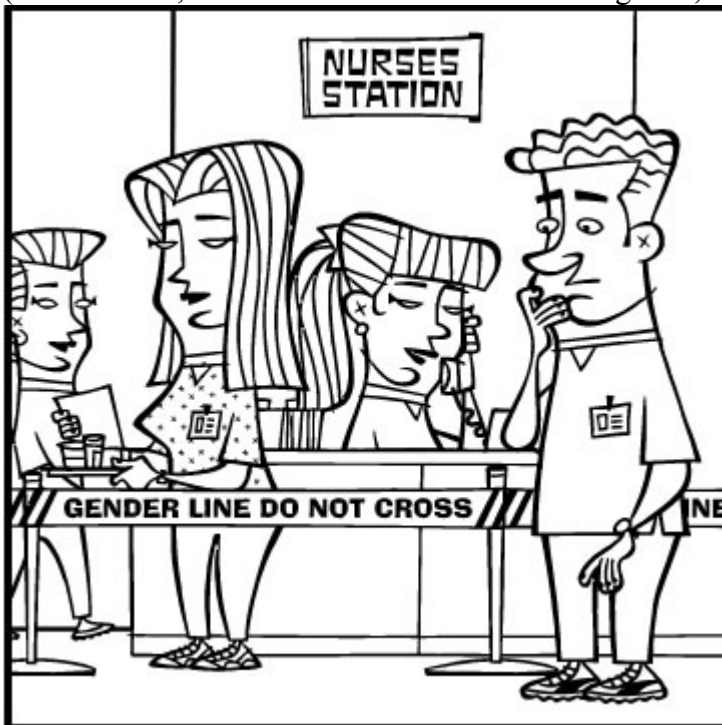
Additional surveys will be mailed in 2 weeks in case you misplaced yours.

Please return the completed surveys by **(insert date)** to Tiffany, Sociology Department, IUPUI, 425 University Blvd. Indianapolis, IN, 46202.

IRB Approval # (insert here)

“Caring knows no gender.”

(Daniel Pesut, Associate Dean for Graduate Programs, IU School of Nursing)

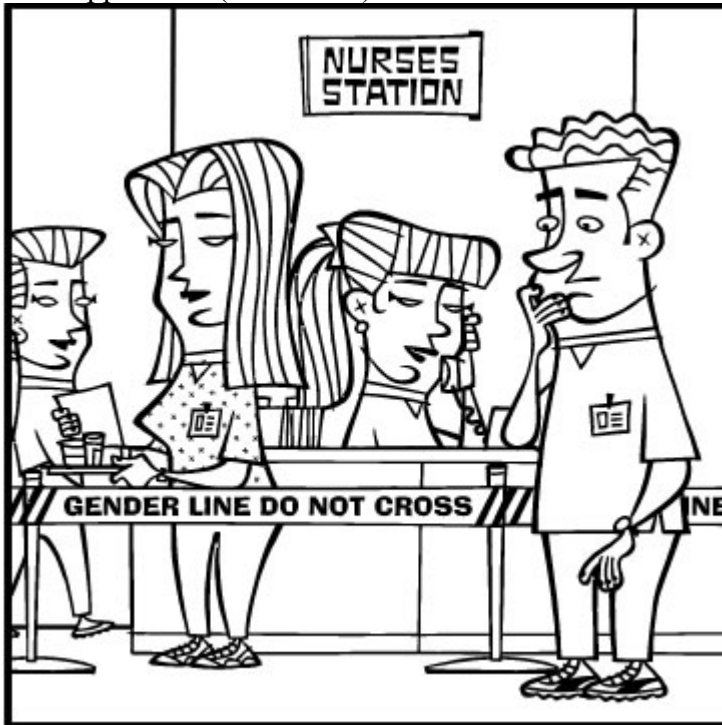


http://www.medzilla.com/images/MZ-male_nurse.jpg

Last Reminder:

**Please send your men in nursing surveys back as soon as possible.
We want to hear about your experiences!**

Please return the completed surveys by **(insert date)** to Tiffany, Sociology Department, IUPUI, 425 University Blvd. Indianapolis, IN, 46202.
IRB Approval # (insert here)



http://www.medzilla.com/images/MZ-male_nurse.jpg

February 8, 2008

IRB Approval # inserted here

Dear Participant:

Enclosed you will find another copy of a survey for men in nursing. We have yet to receive your responses and we really want to hear what you have to say. The survey will help us better understand your experience as a man in nursing. It is no secret that men are an underrepresented population in nursing, and there is an overall shortage of nurses across the world. By better understanding your individual experiences, in the long run, we can help decrease the shortage.

I am a graduate student in Sociology at IUPUI; this is my master's thesis research project. Clarian has agreed to work with me on finding respondents for my study because they are anxious for information that will help them better address your needs and concerns, hopefully making your experience as their employee even better. I am the only person who will see the individual survey responses; Clarian will receive a summary report of the results.

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Please mail the survey back to us by (insert date). If you would like a copy of the results when they are available, please send a separate request to my e-mail. Thank you for your participation in this study. We look forward to hearing from you!

Yours truly,

Tiffany Smith
Department of Sociology, Cavanaugh Hall
Indiana University Purdue University Indianapolis
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APPENDIX B

Table 1. Importance of Intrinsic and Extrinsic Rewards in a Career

Intrinsic Reward	Mean	Standard Deviation
Making a difference	4.43	.66
Helping people	4.41	.69
Taking care of the sick	3.86	.85
Extrinsic Reward		
Job security	4.58	.69
Good wage	4.53	.72
Occupational growth potential	4.34	.82
Advancement	4.20	.96

N= 154; 1=not at all important, 5=extremely important

Table 2. Correlations between Career Pattern and Reports of Intrinsic and Extrinsic Rewards

Type	Intrinsic Scale	Extrinsic Scale
Seeker (1=no/2=yes)	.07	.12
Finder	-.06	.10
Settler	.01	-.20*

* Pearson zero-order correlation is significant at the .05 level (2-tailed)

N=150

Table 3. Correlations of Settlers vs. Each Extrinsic Reward

Type	Job Security	Good Wages	Occupational Growth Potential	Advancement Opportunities
Seeker	.04	.02	.13	.16*
Finder	.14	.19*	.03	.01
Settler	-.17*	-.21*	-.13	-.14

*Pearson zero-order correlation is significant at the .05 level (2-tailed)

N=150

Table 4. Stereotypes of Men in Nursing - Frequencies, Means, & Standard Deviations

Stereotype:	1 Never (%)	2 Not very often (%)	3 Somewhat Often (%)	4 Very Often(%)	Mean	Std. Dev.	N
Gay or too feminine	35	38	21	6	1.98	.89	152
Failed medical school applicant	63	23	12	2	1.53	.79	154
Womanizer	75	16	8	1	1.34	.66	154
Misfit	74	22	5	0	1.31	.55	153

Table 5. Frequency of Visibility for Entire Sample and Different Career Patterns

	1 Never (%)	2 Not Often (%)	3 Somewhat Often (%)	4 Very Often (%)	N	Mean	Std. Dev.
Entire Sample	21	30	33	16	153	2.44	.99
Seekers	26	19	33	22	27	2.52	1.12
Finders	20	33	33	14	66	2.41	.96
Settlers	21	30	34	14	56	2.41	.99

Table 6. Experiences of Male Nurses at Work - Means and Percents

	1 Never (%)	2 Not Often (%)	3 Somewhat Often (%)	4 Very Often (%)	Mean	Std. Dev.	N
Challenges to masculinity							
Been proud of work	1	1	20	78	3.75	.50	154
Been honest about job	1	2	7	90	3.85	.50	154
Felt insecure, ashamed or embarrassed	62	31	7	1	1.45	.65	154
Others made him feel insecure, ashamed, embarrassed	73	21	5	1	1.34	.61	154
Others questioned him as “real man”	78	18	3	1	1.27	.55	153
Questioned self as “real man”	83	15	2	0	1.19	.44	154
Coping Strategies							
Maximized masculine characteristics of job	36	33	18	13	2.07	1.03	154
Minimized feminine characteristics of job	46	36	15	3	1.75	.82	152
Lied about job	75	20	5	0	1.29	.55	153

Table 7. Intercorrelations between Variables Measuring Challenges to Masculinity

	Felt insecure, ashamed, embarrassed	Questioned self as real man	Been honest about job	Been proud of work	Felt extra visible	Others made you feel insecure
Felt insecure, ashamed, embarrassed	1	.41*	-.13	-.28*	.26*	.57*
Questioned self as real man	.41*	1	.17*	-.26*	.11	.42*
Been honest about job	-.13*	-.17*	1	.46*	-.15*	-.18*
Been proud of work	-.28*	-.26*	.46*	1	-.02	-.33*
Felt extra visible	.26*	.11	-.15*	-.02	1	.25*
Others made him feel insecure, ashamed, embarrassed	.57*	.42*	-.18*	-.33*	.25*	1
Others questioned him as real man	.24*	.40*	-.20*	-.15*	.18*	.62*

*Pearson zero-order correlation is significant at the .05 level (one-tailed test)

Table 8. Intercorrelations between Variables Measuring Coping Strategies and Visibility

	Lied about job	Maximized masculinity	Minimized femininity
Lied about job	1	.13	.26*
Maximized masculinity	.13	1	.59*
Minimized femininity	.26*	.59*	1
Felt extra visible	.10	.26*	.27*

*Pearson zero-order correlation is significant at the .05 level (one-tailed test)

Table 9. Experiences with Differential Treatment - Means and Percents for Total Sample

Percentage reporting that in the past year they have felt that...	1 Never (%)	2 Not Often (%)	3 Somewhat Often (%)	4 Very Often (%)	Mean	Std. Dev.	N
Advantage Variables							
Women coworkers treat men better	26	27	33	14	2.35	1.02	153
Male coworkers treat men better	35	38	20	7	1.99	.92	154
Women bosses treat men better	42	39	15	4	1.81	.83	153
Male bosses treat men better	50	32	16	3	1.72	.83	149
Discrimination Variables							
Women coworkers treat men worse	52	35	12	1	1.62	.74	154
Women bosses treat men worse	65	28	7	1	1.43	.65	154
Male coworkers treat men worse	79	20	1	0	1.21	.43	154
Male bosses treat men worse	80	18	1	0	1.21	.44	147

Table 10. T-tests for Preferential Treatment

Treat Men Better	Mean	Mean Difference	T-value
Women coworkers	2.35	.54	7.79*
Women bosses	1.81		
Women coworkers	2.35	.37	4.87*
Male coworkers	1.99		
Women coworkers	2.35	.61	7.63*
Male bosses	1.72		
Women bosses	1.81	-.17	-2.55*
Male coworkers	1.99		
Women bosses	1.81	.08	1.44
Male bosses	1.72		
Male coworkers	1.99	.27	4.42*
Male bosses	1.72		

*Significant at the .05 level

Table 11. T-tests for Discriminatory Treatment

Treat Men Worse	Mean	Mean Difference	T-value
Women coworkers	1.62	.19	4.84*
Women bosses	1.43		
Women coworkers	1.62	.41	7.44*
Male coworkers	1.21		
Women coworkers	1.62	.41	7.28*
Male bosses	1.21		
Women bosses	1.43	.21	5.08*
Male coworkers	1.21		
Women bosses	1.43	.21	4.86*
Male bosses	1.21		
Male coworkers	1.21	.00	.00
Male bosses	1.21		

*Significant at the .05 level

Table 12. Attitudes toward the Existence of a Glass Escalator for Men in Nursing - Frequencies and Means

Extent of agreement with these statements:	1 Strongly Disagree (%)	2 Disagree (%)	3 Neutral (%)	4 Agree (%)	5 Strongly Agree (%)	Mean	Std. Dev.	N
There are many opportunities for men in nursing	3	3	5	46	44	4.23	.91	154
Men in nursing are considered for promotion more often than women	10	43	35	11	3	2.54	.90	153
Men in nursing are promoted more quickly and to higher positions than women	11	49	29	10	2	2.44	.88	153
Men are disadvantaged in nursing	16	51	16	12	5	2.39	1.04	153

Table 13. Intercorrelations for Promotion and Licensures or Type of Degree

	LPN	RN	NP	CNS	ASN	BSN	MS	PhD
Promotion	.08	-.14*	.08	.14*	.03	.01	.24*	.08

*Pearson zero-order correlation is significant at the .05 level

Table 14. Intercorrelations for Promotion and Differential Treatment, Visibility, and Challenges to Masculinity

Variables	Promotion
Felt extra visible	.01
Challenges to Masculinity	
Felt insecure, ashamed, or embarrassed	.07
Questioned self as “real man”	.17*
Been honest about job	-.10
Been proud of work	-.01
Others made him feel insecure, ashamed, or embarrassed	.05
Others questioned him as “real man”	.06
Preferential Treatment	
Women coworkers treat men better	-.02
Women bosses treat men better	.13
Male coworkers treat men better	.06
Male bosses treat men better	.11
Discriminatory Treatment	
Women coworkers treat men worse	.08
Women bosses treat men worse	.13
Male coworkers treat men worse	.21*
Male bosses treat men worse	.17*

*Pearson zero-order correlation is significant at the .05 level (one-tailed test)

Table 15. Experience of Pressure to Move to a Higher Position within Nursing – Means and Percentages

Who is pressuring...	1 Strongly Disagree (%)	2 Disagree (%)	3 Neutral (%)	4 Agree (%)	5 Strongly Agree (%)	Mean	Std. Dev.
Self	16	27	12	33	12	2.97	1.31
Supervisor	17	38	14	27	4	2.63	1.17
Coworker	20	42	16	20	3	2.42	1.10
Family	33	42	13	12	1	2.08	1.02
Friend	34	43	14	8	0	1.97	.91

N=154

Table 16. Self and Supervisor Pressure – T-test and Intercorrelation

	Mean	Mean Difference	T value	Significance	Correlation
Self pressure	2.97	-.34	-2.65*	.01	.16**
Supervisor pressure	2.63				

*Significant at the .05 level

**Pearson zero-order correlation is significant at the .05 level (one-tailed test)

Table 17. Men's Reported Plans for Remaining at Clearwater and in Nursing

Percentage reporting that they will work at...	1 Not at all likely (%)	2 Not very likely (%)	3 No opinion (%)	4 Some-what likely (%)	5 Extreme-lylikely (%)	Mean	Std. Dev.	N
Clearwater in 5 years	5	5	8	35	48	4.18	1.06	153
Clearwater in 10 years	9	7	15	43	26	3.71	1.18	150
Clearwater in 15 years	16	21	24	25	14	3.01	1.29	150
Nursing in 5 years	5	1	3	16	76	4.57	.96	151
Nursing in 10 years	5	3	7	26	60	4.34	1.04	151
Nursing in 15 years	11	13	13	22	42	3.71	1.41	152

Table 18a. Likelihood of Working in Nursing in 5 Years Compared to Likelihood of Working at Clearwater in 5 Years

	Mean	Mean Difference	T value	Significance	Correlation
Nursing in 5 years	4.57	-.36	-4.19	.00	.43*
Clearwater in 5 years	4.21				

*Pearson zero-order correlation significant at the .05 level

Table 18b. Likelihood of Working in Nursing in 10 Years Compared to Likelihood of Working at Clearwater in 10 Years

	Mean	Mean Difference	T value	Significance	Correlation
Nursing in 10 years	4.34	-.63	-6.43	.00	.42*
Clearwater in 10 years	3.71				

*Pearson zero-order correlation significant at the .05 level

Table 18c. Likelihood of Working in Nursing in 15 Years Compared to Likelihood of Working at Clearwater in 15 Years

	Mean	Mean Difference	T value	Significance	Correlation
Nursing in 15 years	3.69	-.69	-6.71	.00	.57*
Clearwater in 15 years	3.01				

*Pearson zero-order correlation significant at the .05 level

Table 19. Retention Rates for Men Younger than 50

How likely they will be working in...	1 Not at all likely (%)	2 Not very likely (%)	3 No opinion (%)	4 Somewhat likely (%)	5 Extremely likely (%)	Mean	Std. Dev.
Nursing 5 years	2	0	3	20	75	4.66	.73
Nursing 10 years	2	2	6	25	65	4.48	.87
Nursing 15 years	2	5	13	27	53	4.23	1.01

N=97

Table 20. Factors Related to Plans to Stay in Nursing – Pearson Zero-Order Correlations

	Nursing 5 years	Nursing 10 years	Nursing 15 years
Career Pattern			
Seeker	.05	.04	.16*
Finder	-.04	.05	.07
Settler	.01	-.08	-.20*
Job Promotion while in Nursing and Job Satisfaction			
Promotion	.02	-.02	-.06
Job satisfaction	.49*	.46*	.31*
Value of Intrinsic/Extrinsic Reward			
Intrinsic Scale	.15*	.16*	.17*
Extrinsic Scale	.06	.14*	.28*
Extra Visibility and Experiences of Gay Stereotypes			
Felt extra visible	.09	.13	.20*
Gay stereotype	-.02	.01	-.00
Preferential Treatment			
Women coworkers better	.12	.12	.14*
Women bosses better	.02	-.02	-.07
Male coworkers better	.04	.01	-.04
Male bosses better	.01	-.08	-.10
Discriminatory Treatment			
Women coworkers worse	-.14*	-.12	-.09
Women bosses worse	-.20*	-.15*	-.15*
Male coworkers worse	-.11	-.09	.00
Male bosses worse	-.22*	-.20*	-.08

*Pearson zero-order correlation is significant at the .05 level (one-tailed test)

Table 21. Multivariate Regression Analysis Predicting 5, 10, and 15 year Nursing Retention – Standardized Beta Coefficients

Independent Variables	Nursing in 5 years	Nursing in 10 years	Nursing in 15 years
Seeker	-.02	.00	.16
Finder	-.00	.09	.17*
Intrinsic reward scale	.05	.12	.10
Extrinsic reward scale	.02	.07	.23*
Felt extra visible	.13	.14	.23*
Gay stereotype	.00	.02	-.04
Job promotion	.07	.01	-.07
Job satisfaction	.41*	.40*	.27*
Women coworkers treat men better	.06	.05	.03
Male bosses treat men worse	-.33	-.25	-.07
Women bosses treat men worse	-.08	-.03	-.15
Male coworkers treat men worse	.32	.24	.19
Adjusted R squared	.22	.21	.25

*One-tailed test at the .05 level of significance

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ENDNOTES

ⁱ Being honest about the job and others making him feel insecure, ashamed, or embarrassed violated the assumption of the analysis of variance test because the population distribution of the groups are normal and have the same standard deviation. There are no significant differences between career pattern, seekers, settlers, and finders, and all of the coping mechanisms and challenges to masculinity when performing the analysis of variance tests.

ⁱⁱ I tried to scale the variables, but the best Cronbach's alpha I could get using opportunities, consideration, and promotion variables did not meet the minimum standard for a good scale.

ⁱⁱⁱ When I tested the data using a one-way analysis of variance test, Levene's test was significant, meaning if I continued, I would violate an analysis of variance assumption. I had an F-value of 1.98 and a significance value of .14, so it is not significant. None of the Bonferroni comparisons were significant either. I cannot do chi-square here because there are not enough seekers in two of the cells. I tried it with the dummy variable for finder/not finder and the chi-square was not significant. It would not perform lambda because the asymptotic standard error equals zero. The same thing happened when I used the settler dummy variable.

^{iv} It is important to keep in mind that this sample had very few men with Master's or Doctorate degrees and Nurse Practitioners or Certified Nurse Specialists licenses, which can cause significant relationships to appear or not appear because the sample size is so small.

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- Researched, fact-checked, located difficult-to-find resources, prepared bibliographies, liaison with the University Libraries, filed, organized, and helped with research for different projects
- Assistant to the Editors for a special disability edition for the *Marriage and Family Review*
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- Co-editor for the ASA Medical Sociology Section's Teaching Handbook
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