



Masculinity and nursing care: A narrative analysis of male students' stories about care



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ABSTRACT

Nursing education programmes and the nursing curriculum have been criticised for presenting an outdated and feminised description of care, which has had the effect of marginalising men, as well as hindering a more modern outlook for the profession. This article uses interview-based data from a qualitative study on Norwegian students' experiences in the first year of training. Using a narrative analysis method, the paper explores how male nursing students use stories to describe care and shows how their storytelling illustrates a way for men to negotiate their role in a feminised profession. The paper aims to deepen our understanding of the ways in which male students can challenge this historically female profession to broaden itself by including male-based caregiving as part of nursing care. In addition, the paper highlights the potential of stories and storytelling as a teaching and learning strategy in nursing education.

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Introduction

Professions are knowledge communities in which the participants develop a common understanding of the key concepts, theories and methodologies that form the basis of the practice of the profession (Grimen, 2008). Students are initiated into this community through education, and develop their identity as professionals (Heggen, 2008; Wenger, 1998). Care is a key concept in nursing education, which contributes to a student's sense of identity and belonging to the profession (AACN, 2008; Brown, 2011; Clouder, 2005; Gordon and Nelson, 2005; Rhodes et al., 2011).

The concept of care is at the core of nursing education and practice, but the understanding of care and the meanings given to the concept can vary over time and between cultural contexts (Clouder, 2005; England, 2005; Solbrække et al., 2012). Historically, the perception of nursing care was based on the role of a nun, a 'virtue script', which defines women as good, kind and self-sacrificing. This concept was used to recruit respectable women to the profession (Brown et al., 2000; Dufwa, 2006; Gordon and Nelson, 2005; Moseng, 2012; Svare, 2009). In Western society

today, the public and professional understanding of nursing care is still closely associated with a female caregiving role (Abrahamsen, 2004; Brown et al., 2000; Stanley, 2008, 2012; Svare, 2009). This gendered understanding of nursing care has been exposed to criticism and debate. It is argued that it sends an archaic and sexist message, which not only stands in the way of a more modern, contemporary image of the nursing profession, but also marginalises men (Bakken, 2001; Christensen and Knight, 2014; Gordon and Nelson, 2005; Jorfeldt, 2006).

Although the participation of men in nursing varies among European countries, in general, males nurses play a minority role in the profession (Bakken, 2001; Jorfeldt, 2006; Solbrække et al., 2012; Svare, 2009). This suggests that men who choose nursing as a career undergo a socialisation process into a female-dominated occupation where professional identity is based on a feminised understanding of nursing care (Abrahamsen, 2004; Brady and Sherrod, 2003; Gordon and Nelson, 2005; Simpson, 2004). Approximately 4000 nursing students are admitted at bachelor degree level each year in Norway, but less than ten percent of this number are men. Statistics show that the drop-out rate among male nursing students is higher than among female students (Svare, 2009; Texmon and Stølen, 2009), a fact that is related to the socialisation process, role strain, and feelings of isolation and marginalisation as a minority in the training environment (Brady and Sherrod, 2003; Brandon and All, 2010; Christensen and

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Knight, 2014; MacWilliams et al., 2013; Paterson et al., 1996; Stott, 2007). Studies in nursing education also reveal that male students experience the study programme's perception of care as feminine (Bakken, 2010; Christensen and Knight, 2014; MacWilliams et al., 2013; Paterson et al., 1995, 1996). It is therefore suggested that men's encounter with nursing education can represent a dual challenge because 'not only must male students learn to think like nurses, they also often have to learn to think like women to be successful' (Brady and Sherrod, 2003, p. 159).

The concept of care has proved to be important for identification with the nursing profession for both male and female students (MacWilliams et al., 2013; Sellman, 2011; Tveit, 2008). In their study on male nursing students, Paterson et al. (1995) emphasise the importance of storytelling as a central strategy for male students to learn about nursing care. Accordingly, in this paper, we apply a narrative approach that is particularly well-suited for a grasp of the development of self-understanding through the analysis of participants' stories and storytelling (Bruner, 2004; Holloway and Freshwater, 2007; Holstein and Gubrium, 2000). We direct a particular focus on the narrative dynamics that arise at the intersection of the male students' stories and the profession's discourse on care. The aim of the study is to describe how male nursing students use stories to talk about care, and how their storytelling can be understood as way for men to negotiate their role in a feminised profession.

The low rate of male participation in nursing gives cause for concern in the context of the large and growing nursing shortage in Western society (AACN, 2014; Roksvaag and Texmon, 2012). This study presents findings that help shed light on men's identification with nursing and their encounters with feminine perceptions of care in the profession. This is important knowledge both for the recruitment and retention of men in the profession. The findings may also help the development of a more contemporary and appropriate programme and curriculum for nursing education (Clouder, 2003, 2005; MacWilliams et al., 2013).

Gender perspectives

Considerable development has taken place in the understanding of gender since the beginning of the last century and up to today. Gender was previously defined within a biological perspective, where being born as a man or a woman was perceived as decisive for what you were or could be (Bondevik and Rustad, 2006; Jorfeldt, 2006; Svare, 2009). This viewpoint is related to what we currently call an essentialist understanding of gender, where female and male elements are regarded as given dimensions that set the terms for gendered ways of behaving in society (Svare, 2009). In today's social research, gender is to a great extent understood as being constructed and linked to specific contexts. Gender is thus perceived as something that is played out, within and between human beings, in cultural, historical and social frameworks (West and Zimmerman, 1987). Within this perspective, the relevant understanding of masculinity will at any given time be mobile and relationally formed since it varies between cultures, over time in the same culture, and throughout a person's lifetime (Lorentzen, 2006, p. 126). When we emphasise today how different forms of masculinity, and femininity, are played out and formed in interaction with society's structural conditions, gender is woven into active meaning-making and identity-creating work (Solbrække and Aarseth, 2006).

Following this line of thought, the professional discourse on care can be perceived as a structuring element that acquires importance for how male nursing students identify themselves, as men, with the profession (Clouder, 2005; Gubrium and Holstein, 2009; Simpson, 2004).

Care as a gender-constructing power in nursing

In spite of the fact that Norwegian men have gradually reached a high level of participation in the home arena and in the care of their own children, the labour market remains one of the most gender-segregated in the Western world (Solbrække, 2006). This is reflected in the nursing profession in which it is almost only women who nurse, who teach nursing and who write the textbooks and the curriculum (Brady and Sherrod, 2003; Jorfeldt, 2006). When a profession is culturally or historically linked either to masculinity or femininity to such a strong degree, the occupation can be defined as sex-typed (Crompton, 1987).

In addition to the profession's own prioritising of the care concept and the fact that nursing education was for a considerable time reserved for women (Moseng, 2012; Vike et al., 2002), a number of other historical social traits have contributed to the way that Norwegian nursing, in general, and care, in particular, have become a female domain. Bakken (2001) shows how nursing became a specifically feminine field based on a traditional dichotomy-based mind-set, where the nurse is defined as a woman and the doctor as a man in mutual and complementary roles. Based on a model taken from the typical home environment, the doctor constituted a father figure, the nurse was linked to a maternal role and the patient was seen as a child who needed care. The feminine, maternal and caring elements were thus associated with nursing as a traditional female profession. According to Svare (2009), women also draw on a historical and cultural heritage in the form of practical housewifely competence and a monopoly of care and strength in interpersonal relationships. This ideal is characterised by the woman who takes care of the family with her knowledge of hygiene, nutrition and the ability to care. The woman was thus understood as naturally suited to care work – including in the public care arena (Kermode, 2006). As Florence Nightingale maintained: 'every woman is a nurse' (Svare, 2009, p. 43). The nursing occupation was thus perceived as the professionalisation of inherent qualities that all women should possess (Jorfeldt, 2006). Following this line of thought, men will always start with a handicap in nursing precisely because they are men. Svare confirms this with reference to a much-cited 1987 quotation from the President of the Norwegian Nurses Organisation:

Of course I want to welcome more men into the ranks. Nevertheless, there will always be differences between men and women. The care professions will always be female-dominated, regardless of development. Women have innate advantages here which we can do little about (author's translation) (2009, p. 45).

The story of nursing as a feminine profession is also sustained and continued today both through public recruitment campaigns and the portrayal of the profession in films and the media (Dahlborg-Lyckhage, 2009; McLaughlin et al., 2010; Stanley, 2008, 2012). This outlook was clearly revealed in a recruitment campaign for Swedish nurses: 'We need more women. We need more people. We also need men' (Dahlborg-Lyckhage, 2009, p. 167). In addition to society's portrayal of the profession, the nursing education syllabus also creates a picture of nursing and care that has strong feminine connotations (Bakken, 2010; Gordon and Nelson, 2005; Jorfeldt, 2006). Svare (2009) argues that women thus have power as models for the profession, and have therefore been able to define what is right and what is wrong, what is good and what is bad in nursing – a normative and excluding practice where men are at risk of falling short.

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