

# Gender Roles in a Traditionally Female Occupation: A Study of Emergency, Operating, Intensive Care, and Psychiatric Nurses

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The gender roles of experienced Canadian nurses from four specialty teams were measured. Hypotheses concerning relationships with occupational fit and success were generated in accordance with three models of gender roles: congruence, masculinity, and androgyny models. Even though the nurses' gender roles appeared rather androgynous, what was valued and rewarded was the masculine component. High femininity was associated with little experience, whereas high masculinity was associated with high pay and high contribution to group problem-solving. In addition, gender role relationships with work attitudes and organizational culture values were examined. The findings supported the proposal that gender roles represent complex self-identity schemata. Only femininity predicted level of organizational commitment and the value of commitment to the hospital, only masculinity predicted the hospital leadership value, and androgyny predicted values of innovation, change, patient focus and efficiency, and team relations. Implications of the findings are discussed. © 1997 Academic Press

Gender role research has been criticized for its concentration of studies involving laboratory tasks and college students as subjects (e.g., Dimitrovsky, Singer, & Yinon, 1989; Jagacinski, 1987; Pyke, 1985). Far fewer studies have examined gender roles in natural work settings. Moreover, studies that have done so mostly drew their samples from traditionally male occupations such as managers, accountants, and engineers (e.g., Baril, Elbert, Mahar-Potter, & Reavy, 1989; Chusmir, Koberg, & Stecher, 1992; Jagacinski, 1987; Keys,

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1985; Long, 1991; Motowidlo, 1982; Portello & Long, 1994; Sachs, Chrisler, & Devlin, 1992). In these cases, masculine traits for both men and women were associated with job success as assessed in terms of salary, rank, and performance.

In comparison, studies that have examined gender roles in traditionally female occupations such as teachers and nurses, or included female dominated jobs or specialties in the occupational sample, remain scarce (Bushardt, Fowler, & Caveny, 1987; Dimitrovsky et al., 1989; Eichinger, Heifetz, & Ingraham, 1991; Lagace & Twible, 1990; Long, 1989; Nordholm & Westbrook, 1982; Tyler & Erdwins, 1979). Found most consistently is the tendency for workers in female-dominated occupations and students in female-dominated disciplines to be less masculine and more feminine than other workers and students (Dimitrovsky et al., 1989; Lavallee & Pelletier, 1992; Long, 1989; Tyler & Erdwins, 1979; Vandever, 1978). However, whether or not feminine traits are associated with success in traditionally female occupations remains unanswered. Determination of the traits valued and rewarded in an occupation has implications for the education, development, and management of its workers.

In this study, we examined the gender roles of experienced nurses. Feminine traits, such as being kind, gentle, self-sacrificing, submissive, and dependent, form the common stereotype of nurses (Arkkelin & O'Connor, 1992; Gauthier & Kjervik, 1982). However, given changes to nursing practice with nurses now acquiring more education and taking on greater responsibility than ever before, the accuracy of this stereotype as a reflection of well-functioning nurses becomes suspect. To address this concern, we employed three models of gender roles to develop and test competing hypotheses about the suitability and success of different roles in nursing today.

In addition, we asked if the gender roles of nurses are associated with their work attitudes and organizational culture values. Previously the gender role construct has proven to be useful for explaining value and attitude differences among workers (Eichinger et al., 1991; Korabik & Ayman, 1987; Nordholm & Westbrook, 1982); in contrast to biological sex that has been an inconsistent predictor within occupational groupings (e.g., Powell, 1990). In light of the ongoing changes to health care organizations, accounting for the attitudes and priorities of hospital staff seems particularly relevant. Poor fit between individuals' culture values and the cultures of employing organizations, for example, increases the likelihood of personal turnover (O'Reilly, Chatman, & Caldwell, 1991).

## RESEARCH MODELS AND HYPOTHESES

Research on the effects of gender roles has been guided by three theoretical models: the congruence model, the masculinity model, and the androgyny model (Whitley, 1983). Each offers a distinct line of thinking about the effects

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