



The Quandary of Being a Male Nurse in India

Rupankar Dey



Abstract: *This paper critically examines the gendered dynamics of the nursing profession in India, focusing on the systemic under-representation of male nurses. Despite India's acute shortage of healthcare workers—exacerbated by the COVID-19 pandemic—the nursing sector remains overwhelmingly feminised. This study interrogates the historical, sociocultural, and institutional factors that perpetuate the stigmatisation of male nurses, situating the analysis within feminist scholarship and labour market theories. Through a review of historical narratives, the paper traces how colonial and post-colonial discourses framed nursing as a “feminine” vocation, rooted in patriarchal norms and caste-based hierarchies. The analysis reveals how gendered stereotypes reinforced by media, policy, and societal expectations discourage male participation, despite the profession's critical role in public health. Institutional barriers, such as gender-based quotas and wage disparities, further entrench these inequalities, while cultural perceptions associate nursing with failure or demasculinisation. The study also explores the lived experiences of male nurses, highlighting their struggles with stigma, workplace discrimination, and societal pressure to conform to hegemonic masculinity. By synthesising theoretical insights with empirical observations, this paper advocates for a reimagined understanding of care work, one that dismantles gendered hierarchies and promotes equitable participation.*

Keywords: *Feminisation, Masculinity, Gender, Labour, Male Nurses, Stigmatisation, Societal Norms*

Nomenclature:

WHO: World Health Organisation

AIIMS: All India Institute of Medical Sciences

CDDEP: Centre for Disease Dynamics, Economics & Policy

I. INTRODUCTION

A. The Dire Need for Care

With the arrival of the COVID-19 pandemic, India experienced one of its worst healthcare crises in decades; one of the primary reasons was the lack of infrastructure and support for healthcare workers [1]. According to the “State of the World's Nursing 2020” report published by the World Health Organisation (WHO), India is among the countries with the most significant nurse shortages [2]. As per WHO's standardised guidelines, there should be 34.5 nurses for every 10,000 healthcare seekers or beneficiaries, whereas India currently stands at 24.5 per 10,000 beneficiaries [3]. India needs to recruit 1.37 million nurses to meet this demand shortage [4].

To meet this target, the federal and provincial governments have established training centres for skilled nurses and recruited them with competitive salaries to health centres and hospitals [5]. Although this has increased enrolment numbers, the problem remains far from solved. Firstly, it couldn't bring significant change in meeting demand through increased participation; however, gender norms within society limit involvement by members of other gender groups in the profession. Hence, in this paper, we focus, through the lens of gender, on how societal norms stigmatise the nursing profession and, as a result, limit male enrolment in nursing training centres and recruitment as nurses in health centres.

B. The Limbo of Being a Nurse

Several data points show an abysmally low representation of male nurses in nursing training institutes and hospitals. An article quoted in a news report found that “only 20.15% of nurses in India are males” [6]. Moreover, another article, which quotes a recent report, mentions that male representation in nursing in India remains low, with persistent gender disparities in enrolment and workforce participation [7].

The reason behind this stark differentiation is the prevailing gender norm within society. Historically, nursing has been considered the job of women [8]. This prevailing stereotype not only leads to the loss of job opportunities in practice but also imposes an indirect burden on the country's health system. The phenomenon is not limited to India or other developing countries but is starkly visible worldwide [9]

C. Nursing Minds in a Gendriified Way

Recalling my childhood in the 8th Standard, the first time I studied the history of nursing in a history lesson, I was taught that, since ancient times, nursing has been considered sacred and one of the most significant contributions a person can make to society. The lessons were always used to romanticise the role of women as nurses, in line with historical traditions, and they were often metaphorical, such as the goddess Earth, who cares for the common masses in their daily struggles. Even in studying the development of modern professional nursing, the texts have always been dominated by women characters such as Florence Nightingale, who established the professional code of nursing, and Agnes Jones, who founded the nursing training programme in Liverpool in 1868 [10]. The first professionally trained nurse in the U.S. was Linda Richards, who founded reputable nursing programmes in the U.S., Japan, and America in 1873. Clarissa Harlowe, a nurse, formed the American Red Cross [8].

So, history textbooks have always hyper-romanticised women's caring roles and have designated their focus only on women based on the gendered notion that they are the natural fit for it, which leads to the feminine wash of nursing as a profession solely determined by social norms, resulting in the scope of limitation of male participation [11]. Based on

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recent analyses, the feminine representation of nursing shapes young minds in a gendered way from the school level, leading to the social reproduction of gender norms [12]. Based on that, we can say that the feminine representation of nursing shapes young minds in a gendered way from the school level, leading to the social reproduction of gender norms. In this case, the coloniality of knowledge based on fossilised gender norms has played a vital role in creating a hegemonised, genderified notion of the respective profession. This also influenced the kid's career choice later in life.

II. TOKENIZATION LEADS TO THE COINAGE OF DISCRIMINATION

Moreover, as recent studies indicate, the complete removal of male participation in the nursing sector has tokenized the job as a 'feminine' job [12]. While among many development practitioners, engaging women in employment and other financial inclusionary policies solely can increase their economic agency and bargaining power to achieve social capital; on the other hand, that doesn't guarantee the gendered segregational nature. On the other hand, this results in new forms of discrimination [10]. The gendered nature of society has influenced the workspace and the market, leading to the restriction of women to the lowest rung of the market hierarchy, limiting them to low-skilled or unskilled jobs. Moreover, the gender-specific nature of the workspace also creates a new kind of subjugation to masculine characters, which doesn't fit into the mainstream notion of male characters. However, the problem with lopsided empowerment is that it appropriates women's contributions in androcentric sectors as a form of choice. On the other hand, it delaminates male choices from the prevailing hegemonic masculine standards. As contemporary feminist scholarship argues, "The successful performance of femininity increasingly takes place against a backdrop of meritocratic systems promising to reward worthy individuals, but in a stratified social system such promises produce contradictions" [16].

A. The Feminine Wash of History for a Dubious Cause

In examining historical trends in the establishment of nursing institutes in India, the colonial government has played a significant role. In 1664, the East India Company established a military hospital at St George Fort in Madras, modern-day Tamil Nadu, a province in southern India. From St Thomas' Hospital in London, the first nuns were transferred to the military hospital in Madras. In Madras, the maternity hospital was founded in 1797 [8]. Most of the nurses were Christian missionary nuns, and even in colonial times, men participated less in nursing [13]. Although the representation of male nurses has increased in recent years, it's still quite limited because structural issues have long constrained it.

B. Mapping the Transition of Masculinity in India

Digging down deep into the historical transition and tradition of nursing as a profession in the West, it has been characterised by "endemic status" because of the prevailing disparity at social and economic levels, as it requires heavy labour very close to domestic help, resulting in the participation of working lower-middle-class women [14].

Colonial perception persists, with nurses often seen as performing "disreputable, stigmatised labour" and being viewed as "unskilled women with loose morals" by broader society. The intersection of caste, class, and gender further entrenches this stigma, as nursing is frequently linked to marginalised communities and considered "polluting" work, especially for women from oppressed castes and backward classes [15]. This leads to status anxiety not only for women but also specifically for men. Moreover, the Christian missionaries from the West trained the marginalized-caste converted Christian women and systematically incorporated them into the healthcare system [16]. Moreover, the colonial government did not take specific measures to recruit male members, as they had a preconceived racist notion that Indian men are hypersexual, predatory, and threatening to white women in the workplace [17]. Thus, colonialism also shaped the gendered space.

Moreover, even after independence during the Nehruvian era of nation-building, the independent government only focused on industrialization and technical advancement for rapid economic growth; rather than broadening the importance of every job role across hierarchies, it created specific importance and encouragement based on the financial need of the nation resulting in the job of doctors and engineers as premier which on the one hand were restricted to men based on the prevailing paternalistic model where men are the earner for the nation and family, which led to a notion that a nation's success is through the hands of courageous visionary men leading to the idolization of masculinized success. Moreover, the liberalisation of the Indian economy set up a new creed of men who were not marginalised players in the global economic order and were supposed to own branded possessions for themselves and their families for a desirable or higher quality of life, or else they would be considered a failure as a man or could not take the realities of globalisation. Hence, it leads to constant social pressure; the media also fuel this idea through soap operas and films [18].

III. HEALTHCARE WORKERS ARE EQUAL, BUT SOME OF THEM ARE MORE EQUAL THAN OTHERS

There is a massive craze among Indian parents to see their children become doctors and engineers [19], as doctors and engineers are well-paid in the modern industrial society where male characters have historically led industrial organisations, as it has been assumed that a man by nature is capable of taking responsibility and keeping himself calm in a tense situation to manage their work. On the other hand, women are perceived as timid and docile in intensive technical activities, thereby reinforcing male hegemony in these fields. Hence, it also led to the gender pay gap, in which occupations such as doctors and engineers are well remunerated [20]. Moreover, at the household level, the man is the sole breadwinner, and they have to take the material responsibilities; hence, they are supposed to earn well to have the privilege set by society of owning a family and achieving social and economic capital. If they fail to do so, they will be cornered in society. This societal influence shapes men's career choices. This fuels the





hegemonised masculine norms, subliming the multiple alternative masculine characters. As recent studies on labor markets as gendered institutions discuss, the idea of harmonizing up and harmonizing down that females working in a male-dominated occupation achieve more social and economic capital, while, on the other hand, if that happens the other way round, that means loss of the man's social status and also times loss of the man's economic status [21]

On the other hand, if they fail to achieve this forceful, sublimed choice of society, they will be considered failures, not good enough to compete in this hyper-efficient world. In an article by Gaurav and Sheikh, the aforementioned social issue is illustrated using data, and the authors note that gender differences are apparent. Only 11% of the engineers in the research sample are female, accounting for roughly half of their employment. However, just 19% of doctors are female [22]. So, we can say that, for the rest of the positions that males dominate, they have to go through cutthroat competition. However, the question comes: is it necessary to go through such a hustle? is why the representation needs to be so restricted and why men have to go through all the hustle to be a doctor at times, even at times against their wishes; why they choose to be doctors instead of taking the role of any other healthcare professional while there is a higher demand for nurses than doctors in the country of India; and why CDDEP in the US noted that "India is facing a shortage of 600,000 doctors and 2 million nurses." [28]. The reason is the hierarchy made by the society based on the fossilised gendered norms, which makes doctors more equal than any other healthcare professional, here in this case, nurses, and this gendered nature is backed by the material support or the wage difference, setting up a hierarchy.

A. Masculinization of Success and Feminization of Failure

Even after the rise of feminist movements and the gendered liberalisation of the workspace, although that has broken the stereotype, it has not done so entirely, because even the achievements of females are not meant to break the prevailing stereotype. Instead, it focuses on how women are turning into breadwinners in the world, or the boss lady, which is promoting the masculinisation of women, or, to be more specific, the achievements or material success are measured based on the yardstick of masculinisation, which we can say is the masculinisation of success.

Those who fail to achieve that success is considered feminine, a failure, because they are not competent or nimble enough to succeed. So, masculinity or femininity cannot be restricted to sexuality; instead, it can also set the criteria of success and failure based on the gendered nature of society. Women who become doctors receive more respect than women who work as regular healthcare professionals or nurses; the same contrast applies to men. The prevailing job status of nurses and the asymmetry between the professions in the healthcare sector create an asymmetrical complementarity of inequality that affects the well-being of young men, who are bracketed as passive correspondents to femininity, which society considers a loss of status or failure [20].

B. Institutionalization of Discrimination

The worst part of the prevailing hierarchy is that it has been supported by governmental policy intervention, which legitimises gendered norms and is supposed to be a transitional tool for bringing change. In 2019, the apex body of health and medical research in India, the Central Institute Body of the All-India Institute of Medical Sciences, enacted legislation that reserved 80 per cent of nursing posts for females [23]. Following this, several other Indian provinces have taken similar measures to empower [24]. This leads not only to the restriction of males and forcing them to move towards the hustle, but also affects their livelihoods more; it also promotes the gender norm in the myth of empowerment for women. Firstly, women are being restricted to low-paid jobs in the healthcare sector rather than improving the status of the job based on the assumption that nursing is not a meritorious job. Although the government has increased the wage rate for nurses [25], it still needs improvement, according to physicians. While the doctor's wages are much higher, given that their job is much more technical and merit-based, this creates a hierarchy and discrimination that prevents males from taking up nursing roles. The prevailing issue with legislative institutions is that, rather than investing in and promoting the sector, they maintain the status quo of the nursing sector, subliming it based on gendered notions and restricting women within it as a temporary measure to promote empowerment [26].

IV. NECESSITY IS SHAPED BY DEMAND.

Besides focusing on the governmental support for the recruitment of male nurses, we also need to understand the nature of the patient's perception regarding the receipt of care from male nurses; there is a study which has been conducted that says that male nurses experience high levels of stress and anxiety due to patients' unfavourable attitudes and gender discrimination, which is prompting many to leave the field. As recent literature on media representation of nurses notes, "since the general public is the consumer of health care, the future role of nursing is mainly determined by the public's 'demand' [27]. Shaping public demand, popular culture, and media, these factors play significant roles in portraying the profession and stigmatising it among the masses.

Although nursing is often considered equal to other medical professions, in practice, it creates a power hierarchy based on the nature of the work. Because of the industrialisation of medical practices, which has made it more remunerative, nurses have been subjugated and subordinated. This led to dissatisfaction with low self-esteem regarding their job and made them feel like they were not well-reputed as doctors and that they were being mistreated. However, they were supposed to be given the same respect as doctors, as per professional conduct; instead, they have been treated as doctors' "handmaidens" [28]. Nurses are being trained to be submissive and assertive. Although they are specialised in their own roles, the profession's historical framing has never made it clear that it is as essential as any other profession. These are leading to the profession's downgrading.



A. Sexualization of the Profession

Moreover, recent studies on the portrayal of nurses in media show that the casual sexism and hyper-sexualisation of the profession, where nurses are portrayed in films and web shows as sexual mascots, lead to the stigmatisation of nursing identity [29].

They are leading to the stigmatisation of nursing identity, which restricts men or even demotivates them from taking the job profile. In addition to these factors that stigmatise the nursing profession, tradition and cultural values have also led many to view the profession as menial and easy. According to recent research, the stereotyped view of nurses is a manifestation of the historical view of nursing as a feminine domain within the family [30]. Even if a man is working as a nurse, they have to show whether they are masculine enough to take up the heavy roles [31].

This creates a direct problem for men who do not associate themselves with socially imposed masculine characters. While on the other hand, most of the men who had to take up the role to disassociate themselves from the job identity will be taking up roles that are closer to flaunting their masculinity, like pulling the bed or carrying stretchers, which strikes a contrast based on the feminine wash of nursing, which portrays that those men who are in nursing are not nimble and feminine enough to be sublimed within the society. However, stigmatised depictions of male nurses and perceiving them as unintelligent and failed medical school graduates or medical entrance exam takers have created fear among the generation to take up the role.

B. The Quandary...an Experience

Here is my cousin's brother's personal experience: he was aspiring to work as a healthcare professional, but only as a doctor. He is very sure and determined about his career choice. He wants to be in the profession to serve ordinary people. Still, his peers and instructors suggested he should prepare for both a doctoral entrance exam as well as an entrance exam for nursing because both will open his path toward a dream to serve people in the form a health care professional, but he opted not to do that; it is not about that he is determined to be a doctor, but as per his own statement, he would prefer to pursue masters in biology instead if he is not being able to qualify for the entrance exam for the doctoral service and training; even if there is way more job security in nursing and well paid along with extra perks of paid holiday and remuneration in the form of pension even after finishing off with the service period while on the other hand doing a master's in biology and pursuing higher studies is a way more volatile career option. However, this fear is shaped by the family and society, as mentioned. It is supported by empirical literature showing that the stigmatisation of failure demotivated him from pursuing an option that would allow him to fulfil his dream of becoming a healthcare professional, if not a doctor. Moreover, a nurse's salary is relatively lower than a doctor's, which is another reason restricting him from entering the job, as he does not want to receive a "woman's wage" that he considers insufficient to meet his family's material needs.

C. Disseminating Gendered Identity from the Workspace is the Only Way to Equality

Here from the above discussions and the case study, what we can say is that the problem of limited male participation in the nursing sector is not because of the lack of investments from the government or not guaranteeing their jobs, nor because males are not good enough to take up the role, as cases and researchers have shown that male nurses are approachable sufficient to the patients to access convenient service. Still, the problem lies in how the knowledge space has been gendered, which has reproduced a labour structure within an economy that normalises the myth that nursing jobs are meant only for women [18]. Secondly, the problem is that the job itself is also gentrified, which we can problematise by saying that some jobs are considered second options. Most of them are aligned with women. Other jobs are categorised as reputable based on how society measures a person's material success, which aligns with masculine standards; to achieve that success, a strong man's character is considered utmost necessary, irrespective of sex. Femininity means failure, so to stop the discrimination, we have to stop grading job roles based on masculinity and femininity and have to provide a neutral approach to every job, which will make the labour market broader and more open for people to enter freely, rather than being sceptical about fearing losing their generic sexual or gender identity. Furthermore, at a more philosophical level, we must stop associating femininity with failure and masculinity with a yardstick of success for creating a more equal and just society for all genders, as every role is essential and interdependent for the proper functioning of society.

V. CONCLUSION

A. Reimagining Gender Equity in Nursing

The under-representation of male nurses in India is not just a statistical anomaly; it is a reflection of deep-seated gender norms that have historically framed nursing as a "feminine" profession. This opinion piece has argued that the stigmatisation of male nurses is rooted in a complex interplay of societal perceptions, institutional biases, and cultural stereotypes. These factors collectively discourage men from pursuing nursing as a career, despite the critical need for their participation in a sector facing acute shortages.

The narrative that nursing is inherently a woman's job is a relic of colonial and patriarchal legacies. It is reinforced by media portrayals, policy decisions, and societal expectations that equate masculinity with dominance and technical roles, while associating care work with subservience and femininity. This not only limits opportunities for men but also perpetuates a cycle of inequality that undermines the healthcare system as a whole.

To break this cycle, we must challenge these outdated norms. Policymakers should reconsider gender-based quotas in nursing programmes and ensure equitable wages that reflect the actual value of care work. Educational institutions must revise curricula to present nursing as a gender-neutral profession, highlighting the contributions of male nurses and dismantling stereotypes. Media



and popular culture also play a role in portraying male nurses as competent, respected professionals rather than anomalies or objects of ridicule.

Most importantly, we need a cultural shift, one that recognises care work as a vital and honourable profession, regardless of gender. By doing so, we can create a more inclusive and equitable healthcare workforce in which men and women are empowered to contribute their skills and compassion without fear of stigma or discrimination.

B. Limitations

This study is based on a master's assignment and relies primarily on secondary literature and theoretical analysis. While it provides a critical overview of the gendered dynamics in India's nursing profession as an opinion piece, the absence of primary empirical data, such as interviews with male nurses or field observations, limits its ability to capture the nuanced, lived experiences of practitioners. Future research should incorporate qualitative methods to ground theoretical insights in real-world contexts. Additionally, comparative analyses with other countries could offer broader perspectives on addressing male under-representation in nursing.

DECLARATION STATEMENT

I must verify the accuracy of the following information as the article's author.

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