

The impact of gender, culture and sexuality on Mauritian nursing:

Nursing as a non-gendered occupational identity or masculine field?

Abstract

Background

International studies have generally defined nursing as a female-dominated occupation. The almost absence of male nurses seems universal, except as a privileged minority occupying positions within nursing specialties ('islands of masculinity'). Nursing is associated with relatively low status owing to gender and income, and is also influenced by cultural perceptions of social status, the nature of the work and sexuality.

Objective

This study aims to describe and analyse how gender and cultural perceptions influenced the development of nursing in Mauritius. This paper examines why nursing in Mauritius became gendered in different ways due to the impact of gender equivalence in the work force, the gendered segregation in clinical practice and the absence of caring feminization in nursing.

Design and setting

This qualitative study is based on in-depth, semi-structured interviews and convenience sampling. The sample includes nurses working at five hospitals. They all come from the central and southern part of Mauritius. The data were collected over a five-month period during 2006.

Participants

Individual qualitative interviews were conducted with 47 nurses, both men (27) and women (20), of different grades, ages, religions and ethnic backgrounds.

Results

Nursing practice is gender segregated, influenced and supported by cultural traditions and perceptions of gender relations, sexuality and touch in nursing. However, the professional identity and role is considered non-gendered, implied by the title of 'nursing officer' and the presence of male nurses who constitute almost 50 % of the work force. Male nurses do not face similar barriers deterring them from entering nursing profession. Nursing did not develop the image of women's work and a low status job in Mauritius.

Conclusions

The nursing profession in Mauritius has been shaped by a different 'history of origin', social, cultural and societal conditions on the basis of the absence of gender imbalance in the work force and caring feminization in nursing. Moreover, the increase of men's presence in nursing influenced its name, status and perception, shifting nursing into a masculine sphere with advantageous impacts on nursing.

Keywords: Culture, Gender, Men nurses, Mauritius, Sexuality, Touch

What is already known about the topic?

- **Nursing in most developed and industrialised countries is largely defined as women's work and a female-dominated occupation.**
- **Nursing is strongly gendered and reproduces stereotypical perceptions of caring, feminine attributes and masculinity.**
- **Nursing faces difficulties in recruiting and retaining men in the profession other than as a privileged minority escaping into nursing specialties referred to as 'islands of masculinity'.**

What this paper adds

- **Nursing in Mauritius is differently constructed due to other histories of origin and social and cultural conditions.**
- **Nursing in Mauritius is perceived as a non-gendered professional identity and work that is equally suitable for women and men. Nursing in Mauritius did not develop the stereotypical image of a 'female' occupation and caring profession.**
- **Practical nursing is gender segregated and determined by cultural and religious perceptions related to gender relations, the nature of the work, sexuality and the issue of touch in nursing.**
- **The gender balance in the workforce and the increase of men's presence in nursing had an impact on the name and the grade 'nursing officer', the perception of nursing towards cure-orientation and the status of the profession, shifting nursing into a more masculine field and making it gendered in different ways.**

1.0 Introduction

In most industrialised countries in Europe, Australia, and North-America, as well as in many countries in Asia and Africa, the nursing profession is characterised as a female-dominated occupation with the presence of relatively few men in nursing. The proportion of men in the nursing population in most countries ranges between five and ten per cent, with the exception of southern Europe (such as Italy, Spain, and Portugal with more than 20 per cent male nurses) and some countries in West Africa which have an even higher proportion of male nurses (Purnell 2007). In Mauritius, men constitute almost 50 per cent of all nurses working in all fields of nursing (Hollup 2012).

However, whereas women increasingly choose education and a career within occupations that were previously considered male-dominated, the sex imbalance in the nursing workforce has largely remained. Several studies have stressed the importance of gender structures and the existence of different barriers in nursing education and practice, its history and its language, which have adversely affected the recruitment of men into the profession (Villeneuve, 1994; O'Lynn, 2007; Meadus, 2000).

A pertinent question within research on the nursing profession concerns why nursing became a female-dominated occupation and was labelled as women's work. Many international studies have argued for the close relationship between nursing and womanhood and the stereotypical 'feminine' image of nurturing, caring and gentleness as opposed to masculine attributes, wherein nursing has been perceived as the extension of the domestic role of women (Meadus, 2000; O'Lynn, 2007; Harding, 2005).

Within this close connection between nursing and perceptions of womanhood, which was considered as yet another social and cultural construction, men nurses became regarded as 'the others', anomalies and 'a matter out of place' (Douglas 1966). Numerous studies confirmed the existence of powerful stereotypical views of male nurses who have been portrayed as somewhat suspicious, effeminate, or as homosexuals, and therefore not 'real' men (Williams, 1995; Evans, 2002; Harding, 2005).

On the other hand, stereotypical assumptions of masculinity have either deterred men from being recruited into nursing or have facilitated the escape of the minority of male nurses into specialised fields where they benefit from hidden advantages (Williams, 1995; Evans, 1997). The minority of male nurses either quit the profession or find themselves concentrated within nursing specialties such as psychiatry, anaesthetics, emergency and intensive care, surgery and administration. Egeland & Brown (1989 pp. 265) noted that men nurses preferred and showed a propensity for seeking out these nursing specialties 'islands of masculinity', where tasks and responsibilities were considered more congruent with the male sex role, and hence tended to minimize role strain. At the same time, men in these roles could escape from an image of nursing that was associated with the body and caring, and thus associate this more strongly with women. Given that male nurses represent a scarce resource, they tend to be treated as a token value and allocated a privileged position within the patriarchal structure in the health sector (Simpson, 2005; Evans, 1997).

How valid are such findings and postulations if applied to other countries, such as Mauritius, where men nurses are not few or constitute a minority, and where the nursing profession is shaped by other histories of origin and by other cultural and social conditions? In Mauritius the nursing profession is not considered a female-dominated occupation or exclusively

women's work associated with caring and feminine attributes. Rather, nursing in this context is not a low-status job but an attractive career. This is due to government employment, job security, good income, social mobility and the prospects of international migration (Hollup 2012). Gender is at work when stereotypical views of masculinity and femininity and gender relations are allowed to determine where nurses of different sexes should be allowed to work and with which kinds of patients. A gendered division of labour exists in the government hospitals, where male nurses look after male patients and female nurses work with female patients, except for operating theatres and emergency and intensive care units where patients and nurses are not separated according to gender.

1.1 The Purpose

The aim of this study is to describe and analyse how the nursing profession in Mauritius was shaped by a history other than the one based on the tradition of European and Christian values designating nursing as women's work, and to understand how nursing is perceived and constructed differently owing to other social and cultural conditions. These underlying conditions have influenced the recruitment to the profession, perceptions of nursing, its status, and gender relations. The point of departure has not been a concern with why there are so few men in nursing but rather to find plausible explanations for why there are as many male nurses as female nurses. This study also examines why the nursing profession could be considered a non-gendered occupational identity with a less gendered grade and title as 'nursing officer' instead of nurse, a word that is hardly used. Yet another purpose is to explain the reasons for a gender segregated division of labour in the hospitals, evidently influenced by cultural and religious perceptions surrounding the nature of nursing practice, the role of women, gender relations, sexuality, and the issue of touch in nursing. Implicitly,

the paper compares aspects of nursing in Mauritius with what is known from empirical studies in Western, industrialised countries.

2.0 The cultural and social background of Mauritius

The small island of Mauritius is located in the Indian Ocean, east of Madagascar, and has 1.3 million inhabitants. Mauritius is classified as a middle-income country according to the United Nations Human Development Index, and its economic growth is largely due to sugar export, manufacturing industries and tourism. Mauritius became an independent state in 1968 after a long history of colonialism, first as a French colony in 1715, and then as a British colony in 1815. The successive waves of immigration consisting of African slaves, white settlers of French origin, Indian indentured labourers, and Muslim and Chinese traders who all came from different continents contributed to the ethnic composition of the island and turned it into a multicultural society. The ethnic categories according to popular taxonomies, based on religious and linguistic affiliation, in present-day Mauritius are; the Hindus (a term used for Hindi/Bhojpuri-speaking population) (41 per cent), Christians or Creoles (25 per cent) (that is people of African and mixed African/Indian, and European origin), Muslims (17 per cent), smaller communities of Indian origin such as Tamils, Telegus, and Marathi, the Chinese and white Franco-Mauritians (Hollup 1993). After the introduction of universal suffrage in 1959 and independence in 1968, the most numerous ethnic group, the Hindus, gained political power and control over the public sector through different alliances between political parties.

Before independence and at the time when the Central Nursing School was set up in 1958, the majority of nurses were Christians (Roman Catholic). As many as 90 per cent of the women nurses were Christians, while half of the men nurses were Christians and the rest

were Hindus and Muslims. Nursing and other public sector jobs were dominated by Christians due to their protected position within the colonial system and the ethnic division of labour (Hollup 1993), their religious and cultural affiliation with the dominant elite of white Franco-Mauritians (Eriksen 1992), and the fact that, historically, the Catholic nuns were those who carried out nursing. Cultural perceptions related to gender, the nature of nursing work (night duties and handling 'impurities'), and the patriarchal family structure largely inhibited the entry of women from Hindu and Muslim families into the profession.

After independence and with women's increased access to higher education in the 1970's, the nursing profession experienced better recruitment from Hindus and Muslims. This recruitment coincided with rapid political and social changes in the society, with increased competition for employment in the public sector including the health sector. With economic growth, industrialisation and access to higher education, the opportunities for wage labour among women increased substantially.

Recruitment to nursing was accompanied by the development of a public health care system that was free and easily accessible to the entire population. The gendered division of labour in the hospitals required a pool of men and women nurses. In terms of educational qualifications, income, and living standards, nurses occupy the lower middle class, similar to primary school teachers.

3. Method

This study of Mauritian nurses' perceptions of the profession was based on qualitative in-depth interviews with semi-structured questions in an interview guide. Some interviews, which lasted for 1-2 hours, took place in the homes and villages of the nurses; other

interviews were conducted in hospital wards, community health centres, the nursing school and in government hospital offices. The nurses were working in two regional hospitals, one psychiatric hospital, one district hospital and one private clinic. Data were collected over a five-month period in 2006. The questions were organised into different themes that sought to reveal the socio-economic background of the nurses, their perceptions of the nursing profession and factors that were decisive to their recruitment and choice of career. The interviews were conducted in English since nurses have a good command of the language through their educational requirements such as minimum SC (GCE-O-level) and more frequently HSC (GCE A-level). Some of the questions raised included: Who joins the nursing profession and for what reason? Is nursing a suitable profession for both men and women? What are the reasons for the gendered division of labour in the hospitals?

3.1 The sample and sampling techniques

The sample consisted of 47 nurses (27 men and 20 women nurses) from a range of nursing staff grades, such as student nurse, nursing officers (18), senior grades such as charge nurse and ward manager (seven women and five men), one health administrator and six nursing educators (three men and three women). The sampling of nurses was based on convenient, purposive or strategic sampling and included snowballing techniques. The first nurses who were interviewed identified and recommended other nurses, their friends and family to be interviewed. The sample is small (47); thus, the study does not claim to be representative. However, the sample is highly diverse and reflects the composition of Mauritian society and its nursing work force.

3.2 Recruitment of Participants

Participants in the study were recruited in numerous ways. The researcher already knew some nurses from previous research visits. Others were identified in certain villages. The nurse administrator at the hospital selected some nurses, and six student nurses (13 per cent), three men and three women, were asked to participate voluntarily during classes. The leaders of two nurse unions were interviewed as well as three retired nurse educators, all of whom were men. A deliberate attempt was made to get the maximum variety in terms of age group (ages 19-73), working experience, position and grade, gender, and ethnic and religious affiliation. Eighteen respondents belonged to the age group above 50 and held different senior grades. They were equally distributed by gender. The social background of most nurses was working class with a few from the lower middle class. The nurses came from towns and villages in the Central Plateau and the south-east of the island.

Table 1. Distribution of nurses by sex and ethnic/religious affiliation.

	Male	Female	Total	Per cent
Hindu	19	11	30	64
Muslim	5	2	7	15
Christian (R-C)	3	6	9	19
Chinese	0	1	1	2
<i>Total</i>	<i>27</i>	<i>20</i>	<i>47</i>	<i>100</i>

3.3 Methodological issues influencing qualitative research.

The researcher took notes while conducting the interviews and did not use audiotape. The use of field notes taken at interview rather than transcripts of interview data do represent a constraint on the study as it relies heavily on the accuracy of memorizing what has been said during interview. A transcript of interviews allows for maximum richness and accuracy of data with greater recourse to verbatim statements for later consideration. Another limitation of the research is related to the methodological issue of eliciting the motivations of the respondents either through contemporary questionnaires or narratives of the past. This study relies on the memories of senior nurses and their narratives; therefore the inherent weaknesses of such methods must be taken into account.

The bias towards slightly more men nurses than women nurses in the recruitment is partly due to the difficulty a male researcher may face in getting access to, interviewing and interacting with women in Mauritius. The diverse settings where the interview took place may also influence the data collection. The age of the data, collected in 2006, and the recruitment method of participants could also be considered as limitations to the study.

Although relying on qualitative interviews, the research has been facilitated by contextual knowledge and benefited from previous ethnographic studies on the island for the past twenty years (Hollup 1993, 1994, 2012). Other possible limitations to the research related to reflexivity, positioning of the researcher and personal bias or prejudice have been dealt with elsewhere (see 5.1 limitations to the research, page 23).

3.4 Ethical considerations

The Ministry of Health granted permission and approval to conduct research, interview nurses, and enter the Central Nursing School and government hospitals. The researcher assured confidentiality at all times and guaranteed that no real names would be revealed in the research report. Interviews were based on informed consent. The interviewees were informed about anonymity and their opportunity to refuse, and that their participation in the research was voluntary.

4. Findings

The public health care system and the government hospitals in Mauritius are organised according to a gender-segregated division of labour where male and female patients and nurses are separated, with the exception of intensive care, operating theatres and emergency units. Nurses from both sexes are necessary because male nurses work in wards with only male patients, and female nurses work in wards with female patients. Nursing education (three years) is considered paid employment whereby the student nurses receive a salary during education, training and clinical practice. Vacancies in the public sector, such as student nurse, are advertised by the Public Service Commission, the body which undertakes the actual recruitment process based on educational qualifications and interviews of selected candidates. Nursing is a government job that is considered a highly attractive employment opportunity by both young, educated women and men, especially among those with working class background, owing to its job security and financial security (Hollup 2012). A male nurse tutor (58) with working experience from England explained the attractiveness of nursing and stressed the following: - *'nursing is considered a permanent job which offers job security, where one is paid while undergoing training and education, a*

government employment which carries high social status and the only profession that offers prospects for international migration'. Faced with great competition for government jobs and risk of unemployment, together with financial constraints and being left with no other options, the offer of a nursing job was something one could not turn down. The benefits it offered counterbalanced by far the unattractive sides of the profession such as working a shift system and dealing with impurities on the job and a demanding public (patients and their relatives).

Within the nursing profession in Mauritius, there are as many men nurses (50 per cent) as women nurses, and nearly half of all student nurses at the Central Nursing College at Victoria hospital are men. Many nurse educators are men, and the two leaders of the nurse unions are men. In short, role models for male nurses abound. There is not a concentration of men nurses in senior nursing roles although several respondents were of the opinion that men nurses were promoted to leadership positions faster and more advantageously than women nurses. The fact that the five regional nursing supervisors were men resulted in the female wing of the union feeling discriminated against. *Vinitha*, a female nursing officer (40) argued that: *'nursing was not considered so advantageous to females as compared to males due to culturally based perceptions related to the work nurses were doing such as night duties, risk of infections, 'dirty job' while dealing with impurities. As a consequence it was not a career of their choice but as there were no other opportunities, these obstacles had to be overcome'*. She told that males have more opportunities for promotions as they were supported by a male dominant ideology where leadership was considered a masculine attribute. It takes longer for female nurses to get promoted because they need a one year midwifery course before getting promoted. She underlined that the present chief nursing officer in the Ministry of Health is the first female nurse appointed to this high position (field notes).

4.1 Another historical and cultural development of nursing

A number of economic, social, and cultural factors can explain the presence of men nurses from the time when modern nursing, which required higher education and certification, emerged in the early 1960's. Shortly before and after independence, Mauritius was a developing country with a shortage of nurses and medical doctors. The scarcity of qualified health workers led people, especially in the rural areas, to consult nurses when they suffered from a health problem and needed cures for minor illnesses. Nurses were regarded, and saw themselves, as the doctor's assistant (mini-doctors), which gave them an elevated social status. Both men and women nurses stressed their skills and the important role of nurses who often had to give the first treatment, regarding themselves as the doctor's assistant rather than the helper.

A male nursing officer (33) working in the emergency unit at a regional hospital told that:

'Working in the emergency units, intensive care or operating theatre does not provide the nurses with higher status. No specialized courses are provided or needed to work there.

There is no extra remuneration for working in surgical units or emergency, on the contrary the load of work is much more. Mauritian nurses are allowed to do some work which doctors only do in Europe, e.g. dressing is done by nurses, plastering after fracture, infusions, etc.

They do the first treatment often and consider themselves as the doctor's assistant rather than the helper.'

Several nurses reported that medical doctors depended on the nurses for many of the tasks to be done and nurses had to be prepared to perform all types of duties. This was partly due to a shortage of doctors or that they were not present (e.g. private clinics where they are on

call only). That is why nurses received such responsibilities. It is not always clearly defined what tasks or duties they are not allowed to perform, and that is a problem for them.

Being 'highly' educated and a government servant made nurses well respected. Entering the nursing profession was considered to be the achievement of social mobility for the majority who belonged to the working class and depended on selling their labour power to the sugar plantations. This alternative made nursing an attractive career among men, and also women, though somewhat later. The first male nurses, called dressers (a term used in the army) before 1957, were ex-servicemen in the British Army. After the war, these unemployed men sought civil jobs and thus went into nursing. Females were called nurses and males were called dressers until the official name of nurses changed to nursing officer in 1957. During the 1960's, many young men migrated to England and entered the nursing profession there (Hollup 2012). After some years of service, a few returned to Mauritius to work as senior nurses and nurse educators.

A retired male nurse tutor (66) said the following on the development of the nursing profession: *'In the beginning with the nuns working voluntarily as nurses – the nursing profession was dedicated to Christianity. Gradually other people and religions took over. The profession became more instrumental and materialistically oriented rather than value-oriented'.*

Before the 1970's, many social and cultural barriers inhibited the recruitment of women of Indian origin (Hindu and Muslim) to the nursing profession, which partly explains why the majority of the earlier women nurses were Christian. Women who worked as nurses had to perform night duties, work in an environment dominated by male physicians, and travel alone and unaccompanied to work. Additionally, the work involved the handling of bodily

substances, the contact of which was accompanied by cultural perceptions of impurity. Thus, nursing was regarded as a dirty, unclean work involving menial tasks. Consequently, orthodox Hindu and Muslim families viewed nursing as an improper occupation for young, unmarried females. *Nilmala*, a 40 year old woman nurse educator, stated that: *'Before, Hindu girls were not allowed to do nursing because of night duties or even take up wage work outside their home at all due to prevailing cultural values. Because of that, previously there were only Creoles (i.e. Christians) among the women nurses.'* The families of Hindu and Muslim girls were anxious and expressed concern that a career as a nurse could mean not receiving marriage proposals and that they would remain unmarried. Unmarried and unaccompanied Hindu and Muslim women going to work without the control of the family easily aroused suspicions of adultery and promiscuity.

4.2 A non-gendered occupation suitable to both sexes

The nursing profession is open to both sexes in Mauritius. Nursing is also supported by a non-gendered occupational title and grade, 'nursing officer', that nurses receive after a final examination and three years of education. The use of the term 'officer' in the official job title stems from the fact that qualified nurses are considered as government officers or servants, a retired nurse tutor recalled. It means one is employed in the public sector, government service, with the privileges, rights and duties one is entitled to. This official title is not gender specific and nursing is not primarily associated with caring and female attributes. The respondents were only concerned with the fact that all were nurses, hence the distinction between female and male nurses seemed superficial and less meaningful to them.

However, both the title 'nursing officer' and the word 'nurse' are rarely used in addressing professionals. *Devi*, a 54-year-old ward manager, said: *'When you say the word nurse, it is*

understood that it is female. Since both sexes are nurses here, the term is not used due to its female connotations. For a female nurse, we use personal name or Miss (Mrs), while for male nurses we use Mister or Monsieur. The word 'Sister' is used only for female nurses of senior grades, as a term of respect. The French word 'Infirmiere' means a male nurse here in Mauritius.'

Women and men nurses alike expressed fairly similar views about nursing and what nurses do. The claim that women had another perception connecting the profession to its caring dimensions was unsupported. *Amrita (23)* is a female 3rd year student nurse. Her father is a vegetable seller in the market, so are her two brothers. She was the only child to get higher education. She wanted to become a teacher (Mathematics) but had to take the first job offer as a nurse in order to help her family financially as her elder brother was getting married. She considers nursing a neutral profession, equally suitable to females as well as males. She added that: *'Males are as capable as females for nursing. Females show perhaps some more attachments, but males also have the potential. The nursing profession has both male and female attributes in it.'*

Both sexes held a much more pragmatic and materialistic perception of nursing, treating it as a job like any other job in the public sector, stressing extrinsic rewards as their prime motivation at the expense of intrinsic rewards (Hollup 2012). The great majority of respondents joined nursing not because they liked to do nursing or considered it a vocation, but because they had no other options when offered this government job.

4.3 Cultural perceptions of gender relations, sexuality, and touch

The common practice of separating male and female patients (as well as male and female nurses) was arguably related to the local Mauritian Kreol term 'attouchement sexuelle' (sexualised touch), which suggested the risk of sexual abuse and molestation by the misuse of position and power. 'Attouchement sexuelle' referred to different forms of sexualised touch of genitals and intimate parts of the body. Male nurses were believed to be more likely to make sexualised advances towards female patients, and male patients were likely to do the same towards female nurses if hospitals were not gender segregated. Most of the nurses interviewed expressed that they would benefit by maintaining the gender-segregated division of labour. Accusations of sexualised touch represent a serious offence and involve immediate reactions and sanctions; a nursing officer would be dismissed and lose the job at once. The risk of sexual allegations against one can be real or imagined, true or false.

In Mauritius, one attempts to avoid the risk of sexualised touch in order to protect patients and nurses of both sexes. Male nurses enjoy greater security against accusations of impropriety while working with only male patients. Female nurses are better protected against the risk of sexual abuse and harassment from male patients. Additionally, female patients escape embarrassing and discomforting situations if male nurses are allowed to work in obstetrics (which remain a barrier to male nurses). Male nurses feel safe while working only in male wards; in that they avoid the risk of being falsely accused and facing possible prosecution for sexual abuse. Some nurses explained that: *'patients will be at more ease if treated by a nurse of the same sex'*. A senior female health administrator (58) said that: *'Family and relatives would not like to see a male nurse attach an echocardiogram to a female patient. They would regard it as a sexual abuse'*. In emergency or intensive care, the

sick patient or her relatives may demand that a female nurse is present or that a female nurse perform the treatment. Both a trade unionist and a health administrator claimed that the separation of patients and nurses according to gender was due to political interests whereby one takes into account the ethnic and religious diversity of the population and their cultural traditions and values. Maintaining gender segregation in hospitals was a way of making the public content and by avoiding confrontation and outcry if male nurses examined the intimate body parts of female patients.

5.0 Discussion

International studies have stressed that the language and history of nursing have feminised the image and practice of nursing by labelling it as women's work, which functioned as an important barrier to the recruitment of men into the profession (Villeneuve, 1994; O'Lynn, 2007; Meadus, 2000). In most countries, nursing developed as a single-sex occupation supported by the stereotypical 'feminine' image with traits of nurturing, caring, compassion and gentleness. These studies claimed that the small minority of men who entered the profession quickly advanced to privileged positions within administration, leadership, and nursing specialties that were better paid, associated with more power and prestige, and were considered to be more legitimate practice areas for men, and hence more compatible with stereotypical notions of masculinity (Abrahamsen, 2004; Evans, 1997; Williams, 1995). That male nurses move into these 'islands of masculinity' has been variously explained as escaping from bodies (somatic wards), low wages and status associated with 'women's work' and stereotypical notions of gender roles held by the public that stigmatised male nurses as gay, misfits and social deviants. These factors, their associated images of nursing and their

effect on gender and notions of masculinity, functioned as barriers to the recruitment of men into nursing.

The study of nursing in Mauritius represents an interesting and contrasting case where no sex imbalance exists in the nursing workforce. Nursing is not seen as women's work nor does nursing carry a low status or feminine images that would adversely affect the recruitment of men to the profession. In comparison, the low status of nursing in some south Asian countries resulted in poor recruitment of women into the profession other than from various minority groups (French, 1994; Thomas, 2008).

The perceptions of the nursing profession and nurses are differently construed compared to Western industrialised countries where nursing was constructed around the feminine image of caring, compassion and gentleness. Because this is not an essential feature of nursing in Mauritius, men are not deterred from entering the nursing profession. The nursing profession has a good esteem because it reflects a stable income, a secure job as a government employee and is thus considered an attractive career. Becoming a nurse means the achievement of considerable social mobility. Moreover, nursing is perceived as much more instrumental, and concerned with cure, medical skills and technology rather than caring, nurturing and empathy. This could on the other hand place nursing into a masculine field. Both men and women share the same motivations for choosing nursing as an education and career; namely, they are more pragmatic and less idealistically oriented (Hollup, 2012). This emphasis on professionalism, pragmatic choice and material rewards as opposed to altruism, given a subordinate status, has also been reported for nursing in other non-European countries (French, 1994; Adejunmobi, 1986).

Because nursing is not a female-dominated occupation associated with women's work and low status, together with a gender segregated division of labour, male nurses did not escape into nursing specialties (island of masculinities). Men nurses in Mauritius do not constitute a minority with hidden advantages; no major concentration of them exists in nursing specialties. To work in intensive care, operating theatres, and emergency units does not require an advanced education. The pay is not higher, and the job is not considered more prestigious. Both men and women nurses work in these units with patients of both sexes, and the work is not associated particularly with masculinity. However, a male privilege was noticed in promotions to senior roles and leadership positions in nursing supported by a male dominance in society and in the cultural group. The existence and types of barriers affecting the recruitment and retention of men nurses as reported in other studies (Villeneuve, 1994; O'Lynn, 2007; Evans, 2002) does not have the same relevance and applicability in the Mauritian context.

On the contrary, cultural perceptions of women's role, gender relations and sexuality impeded the recruitment of women from Hindu and Muslim families prior to independence and a decade after. The taboo towards nursing for these women led those who had left for England to enter nursing education to not reveal what kind of work they were doing there. This impediment is related to how the nursing profession has been stigmatised owing to its association with impurities and how the profession and working environment was organised (night shifts), both of which led to low esteem for female nurses and accusations of immorality. These cultural ideas and values related to family reputation, gender roles, sexuality and interaction between men and women changed rapidly with modernity, industrialisation, economic growth, access to higher education and possibilities for wage work for women from the 1980's onwards (Hollup 2012).

Several studies (O'Lynn, 2007; Harding, 2005; Meadus, 2000) identified important barriers that deterred men from entering the nursing profession. Villeneuve (1994) claimed that the job title 'nurse' and its associated images represented the most significant barriers to the entry by men of many ethnic and social backgrounds. Harding (2005) was curious as to why men in nursing are known as male nurses and not as nurses, while stressing the power of stereotypical images in constructing nursing as 'not male'. The image of the nurse as female is a relatively new construction applying three powerful gendered symbols - the angel, the mother and the handmaiden - that have been used to construct nursing as 'women's work' (Harding 2005). Similarly, Meadus (2000) pointed out that these images, perceptions, and language influence societal views of the nurse. Similarly, Ryan and Porter (1993) discussed the problems of the image of nursing, its status and name for the recruitment of more men into the profession while suggesting that nursing should change its name from a female-oriented one in order to achieve a more balanced occupation. The assumption was that both its name and the increased presence of men into nursing could improve the professional status of the occupation.

Although such images are powerful in constructing nursing as women's work, they are far from universal as the Mauritian case illustrates. These perceptions are not essential to the construction of the profession in Mauritius where the belief is that the work belongs to neither sex. Men have been present and visible in nursing in Mauritius for a long time and do not face similar barriers described for male nurses in Western, industrialised countries where the recruitment and retention of men in nursing is considered a real challenge in the face of shortages of nursing staff.

In Mauritius, the professional title and grade 'nursing officer' is considered a non-gendered professional and occupational role whereas the word 'nurse' is rarely used; hence, the term 'nurse' does not represent a barrier to men. Male nurses are often addressed in the French word (and its masculine form) 'infirmiere', not only linking it to a former colonial power and influence but also adding a masculinised sense to the word.

Barriers that male nurses experience due to their gender are not entirely absent as the gender segregated division of labour regulates in which nursing areas and with what kind of patients male nurses are permitted to work. Male nurses are disallowed from working in obstetrics and pediatric wards as determined by cultural views of gender relations and sexuality, hence they cannot become midwives in Mauritius.

Edwards (1998) reported that the use of touch and space by nursing staff is critical in all aspects of patient care. How patients and nurses, together with societal prejudices, perceive the use and possible abuse of these encounters and the issue of sexuality can explain the maintenance of the gendered division of patients and nurses in Mauritius. Men's touch in nursing is sexualised and arouses suspicions; hence, male nurses' motives for touching are considered sexual in nature (*attouchement sexuelle*). This gender stereotype of men as sexual aggressors is reported in other studies (Evans, 2002; Harding, 2008; O'Lynn, 2007).

However, this gender stereotype and sexualised touch in Mauritian nursing is not limited to men nurses but includes male patients as well. In the Mauritian context men nurses do not encounter the stereotypical image of homosexuality. One nursing union official stated that: '*male nurses in Mauritius are not a queer issue*'. Men's entry into the nursing profession in Mauritius is better understood in terms of social mobility and social class rather than an

issue of masculinity and gender. This alternative approach has been adopted by Lupton (2006) in explaining men's entry into female-concentrated occupations in the UK.

5.1 Limitations of the research.

The findings from this study, its methodology and the comparison of the image and status of nursing in developed and developing countries are limited by numerous factors that affect the analysis, results, and interpretation. Whether like is compared with like is a central issue with all sorts of comparisons. Additionally, the populations being compared differ culturally, historically and by gender.

The gender of the researcher, theoretical framework and the concepts and categories that he brings with him in the new setting are liable to various limitations for the research, interpretation and analysis. Moreover, the prejudice regarding the nursing profession, which is almost universally understood as a female-dominated profession, may have some impact on our perspective and the way we approach and understand the issue of gender and the image of nursing which we cannot take for granted, given different cultural contexts and social history by which the nursing profession has been shaped. One can easily argue that any understanding is a gendered understanding emphasizing that gender is an important dimension, but there is also a danger that other dimensions of social differentiation which may have impact on the analysis and interpretation of the research may be ignored or overlooked. Claiming that something may appear as non-gendered or that gender is unimportant may represent such limitations.

6.0 Conclusions

Nursing in Mauritius, compared to many Western industrialised countries, is not stereotyped as a female occupation and the professional identity is not depending on a sex-role stereotype. The feminine image of nursing and caring does not play an important role in defining nursing in Mauritius where it is not considered a woman's occupation, a female-appropriate work, or an extension of women's domestic role. No sexual imbalance exists in the nursing workforce and recruitment. The occupational title and grade 'nursing officer' also suggests that the nursing role is less gendered or gendered in different ways compared to the appellation of nurse in many Western industrialised countries. Because nursing is not regarded as essentially a caring profession but simply a profession among other jobs, and with the absence of gender imbalance in the nursing workforce, nursing understood merely as an occupational identity or professional role can be regarded as non-gendered if not masculinised. However, that its name, social status, the presence of male nurses for a long time, their part of leadership positions, and the cure-oriented perception of nursing, all seem to have shifted Mauritian nursing into a masculine field with advantageous impacts on nursing as a whole, represents a highly plausible interpretation.

However, the practice and organisation of nursing is highly gender segregated and is supported by traditional gender relations and stereotypical views of sexuality. Nursing is organised in such ways as to avoid compromising itself to existing gender roles and cultural traditions in Mauritius, where there is an emphasis on promoting and recognising the ethnic and cultural complexity of the society. Masculine touch is a highly sensitive issue owing to cultural taboos. Maximum safety against possible sexual misconduct and the fear of false sexual allegations, together with respect for different cultural traditions and gender roles,

contribute to a gendered segregation of nurses and patients as the norm in Mauritian nursing practice. In Mauritius, men have historically been equally recruited to the nursing workforce since, and even prior to the establishment of formal nursing education in 1958. Consequently, nursing role models exist for men and pose no barriers related to entry or a need for male nurses to follow the gender-segregated division of labour in the hospitals. Male nurses are not perceived as gay or men with effeminate attributes, hence they are not associated with homosexuality. Nor do they represent a privileged minority with hidden advantages as reported in many other studies (Williams, 1995; Evans, 1997, 2002). Male nurses are not concentrated in nursing specialties, but benefit from the ideology of male dominance in society while obtaining leadership positions in nursing administration and trade unions.

The increased presence of men nurses and their position with nursing has had an advantageous impact on nursing as it did not develop into a low status job and the image of 'women's work', hence poorly paid or undervalued. On the contrary, it represents good prestige and income, possibilities for international migration, and is considered an attractive occupational career for men with a working class and lower middle class background.

Acknowledgements

Many thanks to all nurses and nurse students in Mauritius for their participation in this research. The author is grateful for the comments and useful recommendations made by two anonymous reviewers on the revised version.

Conflict of interest:

None declared.

Funding:

This research was supported by the Faculty of Health and Social Studies at Telemark University College, Norway.

Ethical approval:

This study was approved by Telemark University College, Norway, and Ministry of Health, Mauritius.

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