

Racializing the Glass Escalator

Reconsidering Men's Experiences With Women's Work

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Sociologists who study work have long noted that jobs are sex segregated and that this segregation creates different occupational experiences for men and women (Charles and Grusky 2004). Jobs predominantly filled by women often require “feminine” traits such as nurturing, caring, and empathy, a fact that means men confront perceptions that they are unsuited for the requirements of these jobs. Rather than having an adverse effect on their

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occupational experiences, however, these assumptions facilitate men's entry into better paying, higher status positions, creating what Williams (1995) labels a "glass escalator" effect.

The glass escalator model has been an influential paradigm in understanding the experiences of men who do women's work. Researchers have identified this process among men nurses, social workers, paralegals, and librarians and have cited its pervasiveness as evidence of men's consistent advantage in the workplace, such that even in jobs where men are numerical minorities they are likely to enjoy higher wages and faster promotions (Fløge and Merrill 1986; Heikes 1991; Pierce 1995; Williams 1989, 1995). Most of these studies implicitly assume a racial homogenization of men workers in women's professions, but this supposition is problematic for several reasons. For one, minority men are not only present but are actually overrepresented in certain areas of reproductive work that have historically been dominated by white women (Duffy 2007). Thus, research that focuses primarily on white men in women's professions ignores a key segment of men who perform this type of labor. Second, and perhaps more important, conclusions based on the experiences of white men tend to overlook the ways that intersections of race and gender create different experiences for different men. While extensive work has documented the fact that white men in women's professions encounter a glass escalator effect that aids their occupational mobility (for an exception, see Snyder and Green 2008), few studies, if any, have considered how this effect is a function not only of gendered advantage but of racial privilege as well.

In this article, I examine the implications of race-gender intersections for minority men employed in a female-dominated, feminized occupation, specifically focusing on Black men in nursing. Their experiences doing "women's work" demonstrate that the glass escalator is a racialized as well as gendered concept.

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The concept of the glass escalator provides an important and useful framework for addressing men's experiences in women's occupations, but so far research in this vein has neglected to examine whether the glass escalator is experienced among all men in an identical manner. Are the processes that facilitate a ride on the glass escalator available to minority men? Or does race intersect with gender to affect the extent to which the glass escalator offers men opportunities in women's professions? In the next section, I examine whether and how the mechanisms that facilitate a ride on the glass escalator might be unavailable to Black men in nursing.

Relationships With Colleagues and Supervisors

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The congenial relationship with colleagues and gendered bonds with supervisors are crucial to riding the glass escalator. Women colleagues often take a primary role in casting these men into leadership or supervisory positions. In their study of men and women tokens in a hospital setting, Fløge and Merrill (1986) cite cases where women nurses promoted men colleagues to the position of charge nurse, even when the job had already been assigned to a woman. In addition to these close ties with women colleagues, men are also able to capitalize on gendered bonds with (mostly men) supervisors in ways that engender upward mobility. Many men supervisors informally socialize with men workers in women's jobs and are thus able to trade on their personal friendships for upward mobility. Williams (1995) describes a case where a nurse with mediocre performance reviews

received a promotion to a more prestigious specialty area because of his friendship with the (male) doctor in charge. According to the literature, building strong relationships with colleagues and supervisors often happens relatively easily for men in women's professions and pays off in their occupational advancement.

For Black men in nursing, however, gendered racism may limit the extent to which they establish bonds with their colleagues and supervisors. The concept of gendered racism suggests that racial stereotypes, images, and beliefs are grounded in gendered ideals (Collins 1990, 2004; Espiritu 2000; Essed 1991; Harvey Wingfield 2007). Gendered racist stereotypes of Black men in particular emphasize the dangerous, threatening attributes associated with Black men and Black masculinity, framing Black men as threats to white women, prone to criminal behavior, and especially violent. Collins (2004) argues that these stereotypes serve to legitimize Black men's treatment in the criminal justice system through methods such as racial profiling and incarceration, but they may also hinder Black men's attempts to enter and advance in various occupational fields.

For Black men nurses, gendered racist images may have particular consequences for their relationships with women colleagues, who may view Black men nurses through the lens of controlling images and gendered racist stereotypes that emphasize the danger they pose to women. This may take on a heightened significance for white women nurses, given stereotypes that suggest that Black men are especially predisposed to raping white women. Rather than experiencing the congenial bonds with colleagues that white men nurses describe, Black men nurses may find themselves facing a much cooler reception from their women coworkers.

Gendered racism may also play into the encounters Black men nurses have with supervisors. In cases where supervisors are white men, Black men nurses may still find that higher-ups treat them in ways that reflect prevailing stereotypes about threatening Black masculinity. Supervisors may feel uneasy about forming close relationships with Black men or may encourage their separation from white women nurses. In addition, broader, less gender-specific racial stereotypes could also shape the experiences Black men nurses have with white men bosses. Whites often perceive Blacks, regardless of gender, as less intelligent, hardworking, ethical, and moral than other racial groups (Feagin 2006). Black men nurses may find that in addition to being influenced by gendered racist stereotypes, supervisors also view them as less capable and qualified for promotion, thus negating or minimizing the glass escalator effect.

Suitability for Nursing and Higher-Status Work

The perception that men are not really suited to do women's work also contributes to the glass escalator effect. In encounters with patients, doctors, and other staff, men nurses frequently confront others who do not expect to see them doing "a woman's job." Sometimes this perception means that patients mistake men nurses for doctors; ultimately, the sense that men do not really belong in nursing contributes to a push "out of the most feminine-identified areas and up to those regarded as more legitimate for men" (Williams 1995, 104). The sense that men are better suited for more masculine jobs means that men workers are often assumed to be more able and skilled than their women counterparts. As Williams writes (1995, 106), "Masculinity is often associated with competence and mastery," and this implicit definition stays with men even when they work in feminized fields. Thus, part of the perception that men do not belong in these jobs is rooted in the sense that, as men, they are more capable and accomplished than women and

thus belong in jobs that reflect this. Consequently, men nurses are mistaken for doctors and are granted more authority and responsibility than their women counterparts, reflecting the idea that, as men, they are inherently more competent (Heikes 1991; Williams 1995).

Black men nurses, however, may not face the presumptions of expertise or the resulting assumption that they belong in higher-status jobs. Black professionals, both men and women, are often assumed to be less capable and less qualified than their white counterparts. In some cases, these negative stereotypes hold even when Black workers outperform white colleagues (Feagin and Sikes 1994). The belief that Blacks are inherently less competent than whites means that, despite advanced education, training, and skill, Black professionals often confront the lingering perception that they are better suited for lower-level service work (Feagin and Sikes 1994). Black men in fact often fare better than white women in blue-collar jobs such as policing and corrections work (Britton 1995), and this may be, in part, because they are viewed as more appropriately suited for these types of positions.

For Black men nurses, then, the issue of perception may play out in different ways than it does for white men nurses. While white men nurses enjoy the automatic assumption that they are qualified, capable, and suited for “better” work, the experiences of Black professionals suggest that Black men nurses may not encounter these reactions. They may, like their white counterparts, face the perception that they do not belong in nursing. Unlike their white counterparts, Black men nurses may be seen as inherently less capable and therefore better suited for low-wage labor than a professional, feminized occupation such as nursing. This perception of being less qualified means that they also may not be immediately assumed to be better suited for the higher-level, more masculinized jobs within the medical field.

As minority women address issues of both race and gender to negotiate a sense of belonging in masculine settings (Ong 2005), minority men may also face a comparable challenge in feminized fields. They may have to address the unspoken racialization implicit in the assumption that masculinity equals competence. Simultaneously, they may find that the racial stereotype that Blackness equals lower qualifications, standards, and competence clouds the sense that men are inherently more capable and adept in any field, including the feminized ones.

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Data Collection and Method

I collected data through semistructured interviews with 17 men nurses who identified as Black or African American. Nurses ranged in age from 30 to 51 and lived in the southeastern United States. Six worked in suburban hospitals adjacent to major cities, six were located in major metropolitan urban care centers, and the remaining five worked in rural hospitals or clinics. All were registered nurses or licensed practical nurses.

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Six identified their specialty as oncology, four were bedside nurses, two were in intensive care, one managed an acute dialysis program, one was an orthopedic nurse, one was in ambulatory care, one was in emergency, and one was in surgery. The least experienced nurse had worked in the field for five years; the most experienced had been a nurse for 26 years.

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The average interview lasted about an hour.

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Findings

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Reception From Colleagues and Supervisors

When women welcome men into “their” professions, they often push men into leadership roles that ease their advancement into upper-level positions. Thus, a positive reaction from colleagues is critical to riding the glass escalator. Unlike white men nurses, however, Black men do not describe encountering a warm reception from women colleagues (Heikes 1991). Instead, the men I interviewed find that they often have unpleasant interactions with women coworkers who treat them rather coldly and attempt to keep them at bay. Chris is a 51-year-old oncology nurse who describes one white nurse’s attempt to isolate him from other white women nurses as he attempted to get his instructions for that day’s shift:

She turned and ushered me to the door, and said for me to wait out here, a nurse will come out and give you your report. I stared at her hand on my arm, and then at her, and said, “Why? Where do you go to get your reports?” She said, “I get them in there.” I said, “Right. Unhand me.” I went right back in there, sat down, and started writing down my reports.

Kenny, a 47-year-old nurse with 23 years of nursing experience, describes a similarly and particularly painful experience he had in a previous job where he was the only Black person on staff:

[The staff] had nothing to do with me, and they didn’t even want me to sit at the same area where they were charting in to take a break. They wanted me to sit somewhere else. . . . They wouldn’t even sit at a table with me! When I came and sat down, everybody got up and left.

These experiences with colleagues are starkly different from those described by white men in professions dominated by women (see Pierce 1995; Williams 1989). Though the men in these studies sometimes chose to segregate themselves, women never systematically excluded them. Though I have no way of knowing why the women nurses in Chris’s and Kenny’s workplaces physically segregated themselves, the pervasiveness of gendered racist images that emphasize white women’s vulnerability to dangerous Black men may play an important role. For these nurses, their masculinity is not a guarantee that they will be welcomed, much less pushed into leadership roles. As Ryan, a 37-year-old intensive care nurse says, “[Black men] have to go further to prove ourselves. This involves proving our capabilities, *proving to colleagues that you can lead, be on the forefront*” (emphasis added). The warm welcome and subsequent opportunities for leadership cannot be taken for granted. In contrast, these men describe great challenges in forming congenial relationships with coworkers who, they believe, do not truly want them there.

In addition, these men often describe tense, if not blatantly discriminatory, relationships with supervisors. While Williams (1995) suggests that men supervisors can be allies for men in women’s professions by facilitating promotions and upward mobility, Black men nurses describe incidents of being overlooked by supervisors when it comes time for promotions.

Ryan, who has worked at his current job for 11 years, believes that these barriers block upward mobility within the profession:

The hardest part is dealing with people who don't understand minority nurses. People with their biases, who don't identify you as ripe for promotion. I know the policy and procedure, I'm familiar with past history. So you can't tell me I can't move forward if others did. [How did you deal with this?] By knowing the chain of command, who my supervisors were. Things were subtle. I just had to be better. I got this mostly from other nurses and supervisors. I was paid to deal with patients, so I could deal with [racism] from them. I'm not paid to deal with this from colleagues.

Kenny offers a similar example. Employed as an orthopedic nurse in a predominantly white environment, he describes great difficulty getting promoted, which he primarily attributes to racial biases:

It's almost like you have to, um, take your ideas and give them to somebody else and then let them present them for you and you get no credit for it. I've applied for several promotions there and, you know, I didn't get them. . . . When you look around to the, um, the percentage of African Americans who are actually in executive leadership is almost zero percent. Because it's less than one percent of the total population of people that are in leadership, and it's almost like they'll go outside of the system just to try to find a Caucasian to fill a position. Not that I'm not qualified, because I've been master's prepared for 12 years and I'm working on my doctorate.

According to Ryan and Kenny, supervisors' racial biases mean limited opportunities for promotion and upward mobility. This interpretation is consistent with research that suggests that even with stellar performance and solid work histories, Black workers may receive mediocre evaluations from white supervisors that limit their advancement (Feagin 2006; Feagin and Sikes 1994). For Black men nurses, their race may signal to supervisors that they are unworthy of promotion and thus create a different experience with the glass escalator.

Strong relationships with colleagues and supervisors are a key mechanism of the glass escalator effect. For Black men nurses, however, these relationships are experienced differently from those described by their white men colleagues. Black men nurses do not speak of warm and congenial relationships with women nurses or see these relationships as facilitating a move into leadership roles. Nor do they suggest that they share gendered bonds with men supervisors that serve to ease their mobility into higher-status administrative jobs. In contrast, they sense that racial bias makes it difficult to develop ties with coworkers and makes superiors unwilling to promote them. Black men nurses thus experience this aspect of the glass escalator differently from their white men colleagues. They find that relationships with colleagues and supervisors stifle, rather than facilitate, their upward mobility.

Perceptions of Suitability

Like their white counterparts, Black men nurses also experience challenges from clients who are unaccustomed to seeing men in fields typically dominated by women. As with white men nurses, Black men encounter this in surprised or quizzical reactions from patients who seem to expect to be treated by white women nurses. Ray, a 36-year-old oncology nurse with 10 years of experience, states,

Nursing, historically, has been a white female's job [so] being a Black male it's a weird position to be in. . . . I've, several times, gone into a room and a male patient, a white male patient has, you know, they'll say, "Where's the pretty nurse? Where's the pretty nurse? Where's the blonde nurse?" . . . "You don't have one. I'm the nurse."

Yet while patients rarely expect to be treated by men nurses of any race, white men encounter statements and behaviors that suggest patients expect them to be doctors, supervisors, or other higher-status, more masculine positions (Williams 1989, 1995). In part, this expectation accelerates their ride on the glass escalator, helping to push them into the positions for which they are seen as more appropriately suited.

(White) men, by virtue of their masculinity, are assumed to be more competent and capable and thus better situated in (nonfeminized) jobs that are perceived to require greater skill and proficiency. Black men, in contrast, rarely encounter patients (or colleagues and supervisors) who immediately expect that they are doctors or administrators. Instead, many respondents find that even after displaying their credentials, sharing their nursing experience, and, in one case, dispensing care, they are still mistaken for janitors or service workers. Ray's experience is typical:

I've even given patients their medicines, explained their care to them, and then they'll say to me, "Well, can you send the nurse in?"

Chris describes a somewhat similar encounter of being misidentified by a white woman patient:

I come [to work] in my white uniform, that's what I wear—being a Black man, I know they won't look at me the same, so I dress the part—I said good evening, my name's Chris, and I'm going to be your nurse. She says to me, "Are you from housekeeping?" . . . I've had other cases. I've walked in and had a lady look at me and ask if I'm the janitor.

Chris recognizes that this patient is evoking racial stereotypes that Blacks are there to perform menial service work. He attempts to circumvent this very perception through careful self-presentation, wearing the white uniform to indicate his position as a nurse. His efforts, however, are nonetheless met with a racial stereotype that as a Black man he should be there to clean up rather than to provide medical care.

Black men in nursing encounter challenges from customers that reinforce the idea that men are not suited for a "feminized" profession such as nursing. However, these assumptions are racialized as well as gendered. Unlike white men nurses who are assumed to be doctors (see Williams 1992), Black men in nursing are quickly taken for janitors or housekeeping staff. These men do not simply describe a gendered process where perceptions and stereotypes about men serve to aid their mobility into higher-status jobs. More specifically, they describe interactions that are simultaneously raced *and* gendered in ways that reproduce stereotypes of Black men as best suited for certain blue-collar, unskilled labor.

These negative stereotypes can affect Black men nurses' efforts to treat patients as well. The men I interviewed find that masculinity does not automatically endow them with an aura of competency. In fact, they often describe interactions with white women patients that suggest that their race minimizes whatever assumptions of capability might accompany

being men. They describe several cases in which white women patients completely refused treatment. Ray says,

With older white women, it's tricky sometimes because they will come right out and tell you they don't want you to treat them, or can they see someone else.

Ray frames this as an issue specifically with older white women, though other nurses in the sample described similar issues with white women of all ages. Cyril, a 40-year-old nurse with 17 years of nursing experience, describes a slightly different twist on this story:

I had a white lady that I had to give a shot, and she was fine with it and I was fine with it. But her husband, when she told him, he said to me, I don't have any problem with you as a Black man, but I don't want you giving her a shot.

While white men nurses report some apprehension about treating women patients, in all likelihood this experience is compounded for Black men (Williams 1989). Historically, interactions between Black men and white women have been fraught with complexity and tension, as Black men have been represented in the cultural imagination as potential rapists and threats to white women's security and safety—and, implicitly, as a threat to white patriarchal stability (Davis 1981; Giddings 1984). In Cyril's case, it may be particularly significant that the Black man is charged with giving a shot and therefore literally penetrating the white wife's body, a fact that may heighten the husband's desire to shield his wife from this interaction. White men nurses may describe hesitation or awkwardness that accompanies treating women patients, but their experiences are not shaped by a pervasive racial imagery that suggests that they are potential threats to their women patients' safety.

This dynamic, described primarily among white women patients and their families, presents a picture of how Black men's interactions with clients are shaped in specifically raced and gendered ways that suggest they are less rather than more capable. These interactions do not send the message that Black men, because they are men, are too competent for nursing and really belong in higher-status jobs. Instead, these men face patients who mistake them for lower-status service workers and encounter white women patients (and their husbands) who simply refuse treatment or are visibly uncomfortable with the prospect. These interactions do not situate Black men nurses in a prime position for upward mobility. Rather, they suggest that the experience of Black men nurses with this particular mechanism of the glass escalator is the manifestation of the expectation that they should be in lower-status positions more appropriate to their race and gender.

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Conclusions

Existing research on the glass escalator cannot explain these men's experiences. As men who do women's work, they should be channeled into positions as charge nurses or nursing administrators and should find themselves virtually pushed into the upper ranks of the nursing profession. But without exception, this is not the experience these Black men nurses describe. Instead of benefiting from the basic mechanisms of the glass escalator, they face tense relationships with colleagues, supervisors' biases in achieving promotion, patient stereotypes that inhibit caregiving,

and a sense of comfort with some of the feminized aspects of their jobs. These “glass barriers” suggest that the glass escalator is a racialized concept as well as a gendered one. The main contribution of this study is the finding that race and gender intersect to determine which men will ride the glass escalator. The proposition that men who do women’s work encounter undue opportunities and advantages appears to be unequivocally true only if the men in question are white.

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It is also especially interesting to consider how men describe the role of women in facilitating—or denying—access to the glass escalator. Research on white men nurses includes accounts of ways white women welcome them and facilitate their advancement by pushing them toward leadership positions (Floge and Merrill 1986; Heikes 1991; Williams 1992, 1995). In contrast, Black men nurses in this study discuss white women who do not seem eager to work with them, much less aid their upward mobility. These different responses indicate that shared racial status is important in determining who rides the glass escalator. If that is the case, then future research should consider whether Black men nurses who work in predominantly Black settings are more likely to encounter the glass escalator effect. In these settings, Black men nurses’ experiences might more closely resemble those of white men nurses.