

TRANSITION TOWARDS MALE VISIBILITY IN 20TH CENTURY NURSING: A PHENOMENOLOGICAL STUDY

TRANSICIÓN HACIA LA VISIBILIDAD MASCULINA EN LA ENFERMERÍA DEL SIGLO XX: UN ESTUDIO FENOMENOLÓGICO

TRANSIÇÃO PARA A VISIBILIDADE MASCULINA NA ENFERMAGEM DO SÉCULO XX: UM ESTUDO FENOMENOLÓGICO

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ABSTRACT

Objective: To understand how the transition of men toward visibility occurred in a predominantly female environment during the 20th century. **Materials and Methods:** A qualitative study with a Heideggerian hermeneutic phenomenological approach. Conducted from June to December 2023 with male nursing professionals from different Peruvian cities who worked during the 20th century (n= 12). Participants were selected intentionally using the snowball method. Data was collected through document review, structured virtual interviews, and thematic analysis, following the rigor criteria of Cancio and Soares. Data saturation was sought, and narratives were processed using Quirkos software V. 2.5.3. **Results:** Three themes were identified that explain the transition toward male visibility in nursing: 1) Professional visibility strategies, 2) Contextual opportunities, and 3) Gender dynamics. **Conclusion:** Men of that era used adaptation and self-affirmation strategies to gain visibility, confronting sociocultural barriers that challenged traditional gender roles. Therefore, this unique topic in the history of Peru provides a structural understanding of the profession for future male generations.

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RESUMEN

Objetivo: Comprender cómo ocurrió la transición de los hombres hacia la visibilidad en un entorno predominantemente femenino durante el siglo XX. **Material y Método:** Estudio cualitativo con enfoque fenomenológico hermenéutico heideggeriano. Realizado entre junio y diciembre de 2023 con enfermeros profesionales de diferentes ciudades del Perú que ejercieron durante el siglo XX (n= 12). Los participantes fueron seleccionados intencionalmente mediante el método bola de nieve. La recolección de datos se realizó mediante revisión documental, entrevistas virtuales estructuradas y análisis temático, siguiendo los criterios de rigor de Cancio y Soares. Se buscó la saturación de datos y las narrativas fueron procesadas con el software Quirkos V. 2.5.3. **Resultados:** Se identificaron tres temas que explican la transición hacia la visibilidad masculina en la enfermería: 1) Estrategias de visibilidad profesional, 2) Oportunidades contextuales y 3) Dinámicas de género. **Conclusión:** Los hombres de esa época utilizaron estrategias de adaptación y autoafirmación para lograr visibilidad, enfrentando barreras socioculturales que desafiaban los roles tradicionales de género. Por tanto, este tema singular en la historia de Perú proporciona una comprensión estructural de la profesión para las futuras generaciones masculinas.

RESUMO

Objetivo: Compreender como ocorreu a transição dos homens para a visibilidade em um ambiente predominantemente feminino durante o século XX. **Materiais e Métodos:** Estudo qualitativo com abordagem fenomenológica hermenêutica heideggeriana. Realizado entre junho e dezembro de 2023 com profissionais de enfermagem do sexo masculino de diferentes cidades peruanas que atuaram durante o século XX (n= 12). Os participantes foram selecionados intencionalmente pelo método bola de neve. Os dados foram coletados por meio de revisão documental, entrevistas virtuais estruturadas e análise temática, seguindo os critérios de rigor de Cancio e Soares. Buscou-se a saturação dos dados, e as narrativas foram processadas com o software Quirkos V. 2.5.3. **Resultados:** Foram identificados três temas que explicam a transição para a visibilidade masculina na enfermagem: (1) Estratégias de visibilidade profissional, (2) Oportunidades contextuais e (3) Dinâmicas de gênero. **Conclusão:** Os homens daquela época utilizaram estratégias de adaptação e autoafirmação para alcançar visibilidade, enfrentando barreiras socioculturais que desafiavam os papéis de gênero tradicionais. Assim, este tema singular na história do Peru oferece uma compreensão estrutural da profissão para as futuras gerações masculinas.

INTRODUCTION

Historically, nursing has traditionally been associated with the female role, largely due to the influence of Florence Nightingale in the 19th century. This favored women over men at the time when it came to becoming nurses. However, in the mid-20th century, equitable university education began, allowing men to enter occupations historically led by women. At that time, despite a reduction in gender inequality in other professions, nursing remained a predominantly female discipline. As a result, the role of men in nursing during that period presented a series of advantages and disadvantages derived from their gender⁽¹⁾.

Men in the field of nursing make up 11% of the profession worldwide. In the Western Pacific region, there is a considerable minority (5%), compared to Africa (24%). In the Americas, men represent 13% of the total. As a result,

the percentage of men in the profession does not even amount to one-third of the number of female nurses, since nine out of ten nursing professionals are women. In this regard, although to a lesser extent, it has been achieved that in 13 countries around the world, there are more men than women in nursing. Therefore, the number of men in the field of nursing is increasing; however, the current representation of men in the profession remains low^(2, 3).

In Latin America, during the 21st century, a progressive interest among men in nursing can be observed; nevertheless, despite considering it a profession suitable for both sexes, their presence within the field remains limited^(2, 4). At the regional level, male participation is relatively higher in countries such as Costa Rica and Paraguay (17%), Uruguay and Ecuador (16%), and Chile (15%), while it is lower in Panama (10%), El Salvador (9%), and, in a particularly

marked manner, Nicaragua (3%). In countries such as Brazil, Mexico, Colombia, and Venezuela, men represent between 11% and 14% of the nursing workforce, confirming the persistence of pronounced gender inequality in the composition of the nursing profession in Ibero-America⁽⁵⁻⁶⁾.

In Peru, in the early 21st century, nursing remains a predominantly female profession, with women accounting for 82% of the workforce and men for 18%, a pattern shared with other countries in the region⁽⁵⁾. This gender distribution reflects historical and sociocultural processes that began in the 20th century, particularly during the 1970s, when a significant milestone in Peruvian nursing history occurred with the entry of the first men into formal nursing education. Despite this advancement, the longstanding association of nursing with female caregiving roles, along with persistent gender stereotypes and feminized training models, contributed to a gradual yet still limited incorporation of men⁽⁷⁾. This process of visibility was driven by multiple factors, including the expansion of healthcare services, social transformations related to gender equity, the growing needs of health systems, and the individual and collective efforts of male nurses to redefine their role within the discipline⁽⁸⁻⁹⁾. Throughout this period, men increasingly confronted prejudices and stigmas, promoting their active inclusion in professional settings and demonstrating their capacity to contribute meaningfully to health care⁽¹⁰⁾.

During this century, men began to construct their professional image in nursing, gaining visibility by assuming administrative and leadership roles, managing nursing staff, and excelling in technical and specialized areas⁽¹¹⁻¹²⁾. Although the profession was predominantly feminized, men benefited from certain privileges associated with their gender, such as greater acceptance in leadership roles and the perception of greater competence in areas considered "hard" or requiring strength and autonomy within the discipline, such as emergency care, intensive care, or surgery. On the other hand, women tended to choose more "maternal" areas, which were not socially aligned with male roles due to the stigma of the time^(3, 12). Thus, not only were men restricted from freely performing all nursing roles, but women were as well⁽¹³⁾.

This has created gaps in the literature that blur the historical role of men in the discipline and limit our understanding of how they emerged as visible figures in a predominantly female field. In this study, visibility refers to the process by which male nurses became noticeable and acknowledged as professionals within a field historically dominated by women. It encompasses the ways in which men gained recognition, professional legitimacy, and social presence in nursing, moving beyond mere participation to becoming actors with an identifiable role in the discipline's development. The lack of studies on this process leaves unanswered questions, which this research seeks to address by exploring the strategies, context, and situations, as well as the opportunities and social dynamics that enabled men to take on a more prominent role. This research not only highlights the individual contributions of men but also analyzes how their inclusion has redefined gender roles and enriched nursing practice. This is the first study in Peru to address this topic. Therefore, the objective of this study is to understand how the transition of men toward visibility occurred in a predominantly female environment during the 20th century.

MATERIAL AND METHOD

Study design: A qualitative phenomenological approach was chosen, focusing on participants' narratives to understand their lived experiences in specific contexts. This design aims to uncover truth from the subjectivity of individuals, exploring the unique meanings they attribute to their experiences. The phenomenology used was based on Heidegger's interpretative analysis, which allows phenomena to be understood from the perspective of those who experienced them. It focuses on the understanding of "being-in-the-world," integrating the historical, cultural, and social context into the interpretation of experiences. Thus, the goal is to return to individual experiences to deeply understand how the transition of men toward visibility occurred⁽¹⁴⁾. This research followed the COREQ (Consolidated Criteria for Reporting Qualitative Research) guideline to structure and ensure quality in

the collection, analysis, and interpretation of qualitative data⁽¹⁵⁾.

Participant selection: The study included 12 Peruvian male nursing professionals who began their university training in nursing from 1970 onward during the 20th century. Inclusion criteria were identifying as male, having at least twenty years of professional healthcare experience in the 20th century (excluding the 19th century), willingness to verbally share experiences, consent to be recorded, and providing informed consent. Exclusion criteria included professionals with memory issues preventing recall of relevant professional history, or those with dependency conditions or serious health problems that could hinder participation.

Sampling was conducted using a non-probabilistic, intentional approach, employing the snowball sampling technique, with the aim of incorporating diverse experiences that would allow for an in-depth understanding of the transition toward the visibility of men in nursing across different areas of professional practice. Initially, three nursing were contacted based on recommendations from former faculty members of the Universidad Nacional de Cajamarca, the principal investigator's alma mater. These key informants were strategically selected due to their long professional trajectories, as well as their participation in different domains of nursing practice.

Based on these initial contacts, participants were asked to recommend other professionals who met the inclusion criteria and who had also developed their professional practice across various fields of nursing, including clinical care, academic, educational, research, and professional or union-related roles, in both the public and private sectors, and within urban and rural contexts.

Initial contact with potential participants was made through digital platforms (Facebook and WhatsApp) and, when necessary, by telephone. In all cases, the principal investigator introduced the study and explained its purpose and the data collection process. This procedure identified 37 potential participants, of whom 30 expressed interests in participating. However, 3 were excluded due to memory-related issues, 4 due

to dependency or severe illness, 1 declined audio recording, and 10 did not meet the minimum criterion of twenty years of professional experience during the twentieth century. Ultimately, 12 healthcare professionals met all inclusion criteria, and no exclusions occurred during the data collection phase.

Setting: Interviews were conducted virtually via Google Meet or Zoom to ensure participant's comfort and accessibility. Each participant had their own individual session to foster an environment of confidentiality and trust. Proper functioning of recording devices and stable internet connections was ensured. Participants were invited to select a quiet, private location at home free from interruptions. A flexible schedule was arranged for each interview.

Data collection: Interviews were conducted without interruption from June to the end of 2023 by the principal investigator, a nurse experienced in phenomenological interviewing focused on nursing history and trained in qualitative research in this field. No external persons or collaborators were present during the interviews, as suggested by participants.

The interview guide, created by the lead author, was reviewed by expert nursing researchers with backgrounds in nursing history, including two doctoral degree holders and three master's degree holders. A pilot test was conducted with five volunteers who did not participate in the actual study but had similar characteristics to the selected participants. They were asked to assess the clarity and relevance of the interview questions. Based on feedback from the pilot, minor modifications were made, including the refinement of question wording and reordering of questions to facilitate narrative flow.

The interview consisted of seven structured questions. The protocol began with an introduction explaining the study's objective and ethical considerations. This section also included questions to gather sociodemographic, academic, and professional characteristics. The seven interview topics were designed to capture the comprehensive experience of men in nursing but focused on specific events in the 20th century

that contributed to their transition toward visibility in a predominantly female environment.

The guiding questions explored: 1) participants' motivation for choosing nursing as a profession during the twentieth century (What motivated you to choose nursing as a profession during the twentieth century?); 2) family reactions to that decision and the perceived support received (How did your family react to your decision to study nursing, and what kind of support did you perceive?); 3) the influence of social perceptions on their education and early professional experiences (How did social perceptions affect your training and early professional experiences as a man?); 4) gender dynamics within academic and professional nursing settings (How would you describe gender dynamics in academic and professional nursing environments during that period?); 5) contextual opportunities or factors that facilitated their professional development and visibility (What opportunities or contextual factors facilitated your professional development and visibility as a nurse?); 6) strategies used to gain recognition, legitimacy, or visibility within the nursing profession (What strategies did you use to gain recognition, legitimacy, or visibility within the nursing profession?); and 7) gender-related professional challenges and coping mechanisms (What challenges related to being a man in nursing did you face, and how did you cope with or overcome them throughout your career?). Interviews were conducted individually, involving only the participant and the researcher. The average duration of interviews was 30 minutes.

The criterion of theoretical saturation was applied to ensure that the interviews captured the participants' experiences comprehensively. Data collection and analysis were conducted simultaneously and iteratively, allowing for the identification of recurring and redundant themes⁽¹⁶⁾. Theoretical saturation was reached after the tenth interview, at which point no new analytically relevant categories emerged to explain the transition toward the visibility of men in nursing. Nevertheless, two additional interviews were conducted to confirm the saturation achieved, identify complementary nuances, and strengthen the interpretive depth

of the findings.

Each interview was conducted only once and video recorded, then fully transcribed in Microsoft Word by the principal investigator during the data collection period. The credibility of transcripts was ensured through verification by the second author, a Dr. nurse with experience in qualitative data triangulation. Transcripts were also reviewed by the rest of the research team. This verification included careful listening and dynamic reading of transcripts to ensure reliability and truthfulness of the data. Data collection was supported with research matrices, recordings, transcribed narratives, and analytical texts.

Data analysis: Was conducted following the hermeneutic phenomenological approach grounded in the philosophical principles of Martin Heidegger, which focuses on the interpretation of participants lived experiences within their existential, social, and cultural contexts⁽¹⁷⁾. This method seeks to uncover the meanings embedded in the experience, acknowledging the researcher's pre-understandings and engaging in a continuous interpretive process rather than aiming for a purely descriptive account⁽¹⁸⁾.

The analytic procedure was conducted in four interrelated steps. First, all interview transcripts were read in full to obtain an overall understanding of each participant's narrative. Second, all interview material was systematically reviewed, and relevant segments were identified and coded as meaning units. These units reflected participants' experiences related to motivations for choosing nursing, social and institutional contexts, gender relations, professional trajectories, and strategies for gaining recognition within the profession. Third, meaning units with similar content were compared and grouped into categories, following an iterative process that moved back and forth between individual excerpts and complete interviews. This process allowed interpretations to be refined while ensuring consistency with the full dataset. Finally, related categories were integrated into three overarching themes that explain the transition toward the visibility of men in nursing: 1) Professional visibility strategies, 2) Contextual opportunities, and 3) Gender dynamics. This

thematic structure was developed to represent shared patterns across participants while respecting the uniqueness of each account⁽¹⁹⁻²⁰⁾.

Two members of the research team independently conducted the analysis, and interpretive discrepancies were discussed until consensus was achieved, thus enhancing the trustworthiness and consistency of the findings. To support the organization, classification, and visualization of the data, Quirkos software (version 2.5.3) was employed as a technical aid, without compromising the interpretive depth central to the hermeneutic phenomenological method.

Methodological rigor: Cancio and Soares⁽²¹⁾ propose five methodological rigor criteria applied in this study: 1) credibility, ensured by returning interpreted narratives to participants for validation; 2) auditability, through ongoing support from an expert advisor; 3) transferability, secured by contextual descriptions of participants and settings; 4) dependability, reinforced by review from researchers experienced in the phenomenological approach; and 5) reflexivity, practiced by the lead author in acknowledging how his own beliefs, background, and experiences could influence the interpretation of interviews and data analysis.

A research logbook was also used to systematically record all activities, the principal investigator's reflections, challenges faced, methodological difficulties, and suggestions for improving the process⁽²²⁾. This approach deepened the understanding of men's experiences in nursing during the 20th century, highlighting roles, challenges, and social transformations that contributed to their visibility in a historically female-associated profession. Finally, the involvement of female researchers in the team contributed a complementary and critical perspective in constructing thematic meanings, enriching the analysis with a plural and gender-sensitive vision.

Ethical principles: The research was conducted in accordance with international ethical principles established in the Declaration of Helsinki and Supreme Decree No. 021-2017-SA of the Peruvian Ministry of Health, which sets the guidelines for qualitative research. Additionally, the study was approved by the Scientific Committee of the

School of Nursing at the National University of Cajamarca through Resolution No. 378-2022. The interviews collected were coded with the letter "P" (Participant) followed by the interview number to ensure participant anonymity. The study was approved by the National University of Cajamarca. All participating nurses gave verbal informed consent, and voluntary withdrawal from the study was respected.

RESULTS

Participant characteristics: The average age of participants was 70.58 years (SD= 3.26), coming from both urban (66.7%) and rural (33.3%) areas of northern (50.0%), central (16.7%), and southern (33.3%) Peru. Most identified as heterosexual (91.7%) and one as bisexual (8.3%). Their marital status included single (16.7%), married (33.3%), and cohabiting (50.0%). Participants reported having one (25.0%), two (41.7%), three (25.0%), or four (8.3%) children. As of 2023, some retired (58.3%) while others were still working (41.7%).

Their work experiences up to 1999 ranged from 20 to 29 years, covering areas such as: operating room (8.3%), well-child Care (8.3%), adult intensive care (8.3%), emergency (41.7%), epidemiology (8.3%), management (8.3%) and adult hospitalization (16.7%).

Some held a specialty degree (41.7%), and their academic level included bachelor's degrees (83.3%) and master's degrees (16.7%), with some also taking on university teaching roles.

Themes, subthemes, and units of meaning: Three themes and eight subthemes were identified, along with their respective units of meaning (Figure 1).

Professional visibility strategies

Having Own Initiative: The nurse took on with determination the role of being "the first" in spaces where men were nonexistent:

"It was not common to see men in the profession, but I always reminded myself that someone has to be the first" (p4).

Additionally, they felt the need to prove what they were capable of doing:

"I felt I had to prove my worth more than anyone else" (p5).

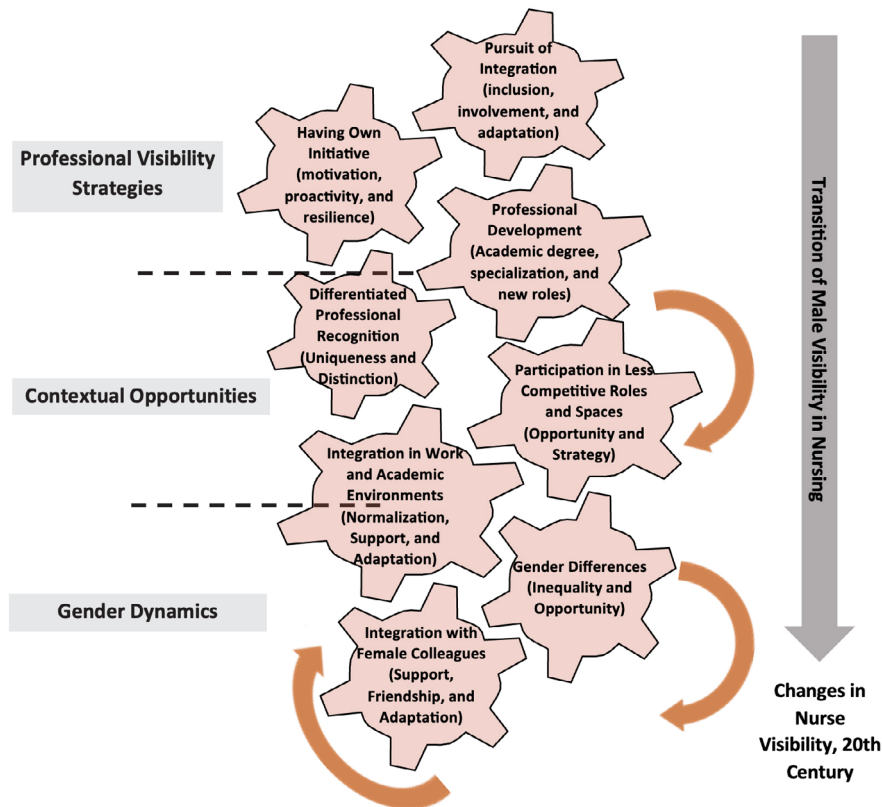


Figure 1. Themes, Subthemes, and Units of meaning.

"I felt I had to constantly demonstrate my merit because the perception that men were not as competent in this field was very noticeable at the time. So, I made a conscious effort to stand out, not only for my technical skills but also for my human care towards patients" (p1).

Despite emotional and social challenges, the nurses agreed that their motivation and vocation pushed them to continue their chosen path:

"I remember it was a very difficult period in my life, but something inside me drove me to keep going because I knew I had a vocation to care for others (...) I had to constantly prove my value and ability" (p3).

Pursuit of integration: The nurses faced challenges integrating into academic and work environments, adopting proactive strategies

to overcome prejudice and demonstrate their professional ability. This included volunteering for projects, taking on extra tasks, and actively participating in group activities:

"I volunteered for additional tasks, enrolled in refresher courses, and actively participated in group projects" (p6).

Thanks to their attitude and skills, they gained trust:

"This made them trust my leadership ability" (p7)

"I focused on building trust, being transparent and approachable [...]" (p9).

They also seized key moments to promote an inclusive vision of the profession by participating in talks and workshops:

"I participated in talks, workshops, and activities..." (p8).

The search for acceptance was gradual, prioritizing surrounding themselves with positive support networks, avoiding negative influences, and taking on greater responsibilities to stand out:

"Avoiding negative influences and surrounding myself with people who provided support and understanding was my best strategy" (p9).

"I decided to work harder than the women" (p12).

Professional development: The nurses actively pursued professional development to overcome prejudice and demonstrate their capabilities. This included undertaking specialization studies, master's degrees, and continuing education:

"I decided to do my master's degree and continually train myself to stand out" (p5).

"I specialized in management to work in administrative roles in the health network" (p9).

In this way, they assumed administrative roles but also teaching positions, which allowed them to impact on their work environment:

"I decided to focus on my professional development. Despite prejudice, I managed to rise to an administrative role, which showed that we men can also lead in this profession" (p2).

"I taught at the university..." (p4).

Additionally, they participated actively in community projects, highlighting their commitment and professionalism:

"I participated in community projects where I was able to demonstrate my commitment and professionalism" (p8).

Contextual opportunities

Differentiated professional recognition: Male nurses experienced a distinct perception of their skills and competencies, which encouraged them to stand out in a field historically dominated by women. This recognition, both from patients and colleagues, boosted their visibility and professional legitimacy:

"Patients and their families began to recognize me as a competent professional and not just as the male nurse" (p1).

Moreover, impartiality, effective conflict management, and commitment to professional quality allowed male nurses to occupy leadership roles, consolidating their visibility as competent and reliable figures in the profession:

"I was fair and impartial; I didn't get caught up in gossip [...] I think my personality helped a lot" (p10).

Participation in less competitive roles and spaces:

Men's willingness to take on tasks and responsibilities others avoided became a key strategy to demonstrate their capability and stand out in leadership positions:

"I remember female colleagues did not want to take on responsibilities, which gave me a free path [...] I took on the headship and did very well" (p10).

"Maybe no one wanted that post because it was far away and dangerous..." (p11).

Integration in work and academic environments:

The arrival of other male colleagues and adaptation to initially challenging contexts helped normalize the presence of male nurses in the profession and build a foundation of acceptance:

"After I joined, they hired other male colleagues, so I didn't feel strange like at the beginning when I was the only man in the hospital" (p2).

"Some teachers were also men who taught Biology, Chemistry, and Anatomy, and they taught well; I didn't feel stigmatized by them" (p1).

Also, bonding with other male peers in the profession created a mutual support system to face prejudice and strengthen their position in the workplace:

"The group of men we were became very close and we supported each other" (p7).

Gender dynamics

Integration with female colleagues: Although men initially faced barriers, they managed to build respectful relationships with most of their female colleagues over time:

"I managed to build respectful relationships with most of them" (p7).

"Over time, my female colleagues became great friends" (p11).

This was because the female nurses helped the men integrate and adapt to academic and work environments, generating a dynamic of mutual support:

"There were colleagues who supported me a lot, especially during practical's, where teamwork was needed. They valued my effort and skills, which really helped me feel part of the group" (p3).

"My female colleagues were a great support. Some helped me overcome initial shyness and included me in group activities" (p5).

Thus, men found in their female colleagues an important support system that helped them integrate and feel more confident:

"I had amazing colleagues who gave me their support..." (p4).

"Some understood how difficult it was for me to be in an environment where prejudices were so strong" (p8).

Gender differences: Men in nursing focus on their professional development, while women must balance work responsibilities with domestic and family duties, which limits their opportunities for promotion and specialization:

"I think being a man gave me more freedom to train myself, because my female colleagues, besides being nurses, took care of the home and family" (p12).

Furthermore, the additional tasks, both professional and domestic, can limit female nurses' availability to assume leadership roles or heavier workloads:

"My female colleagues didn't want to take on responsibilities, which gave me the free path" (p10).

Thus, female nurses prioritize completing their shifts to attend to home responsibilities:

"While female colleagues finished their shifts and left, I didn't do that. Sometimes I had to work twice as hard to show I could care with the same commitment as my female colleagues" (p12).

DISCUSSION

This study aimed to understand how men transitioned to becoming more visible in a predominantly female environment in the 20th century. Historically, there are records that the first Nightingale training schools associated the idea that caregiving, as a job, was a woman's work, and it was considered unlikely that men would participate in this field⁽²³⁾.

Research conducted on male nurses warns of the risks and benefits they face by choosing a profession considered feminine, as they break with the sex-gender paradigm and may be discriminated against or excluded from the male world⁽²⁴⁾. In this regard, the results of this study show how Peruvian male nurses used different strategies to increase their visibility in a highly feminized professional environment, such as being "pioneers" in areas traditionally led by women or adopting proactive strategies to overcome prejudices and demonstrate their professional competence.

In this research, the transition of nurses toward professional visibility required, as Ajith⁽²⁵⁾ points out, personal factors of resilience, willpower, and relentless pursuit of disciplinary and academic improvement, legitimizing their role. The results of this study show how male nurses focused on their professional development, compared to female nurses, who were limited in their professional practice by prioritizing compatibility with other areas such as home care. These results are like those reported in a literature review, in which male nurses define themselves as problem solvers, leaders, administrators, managers, and technology-oriented; similarly, they consider masculine characteristics such as strength, aggression, independence, and ambition to be advantageous over women⁽²⁶⁾.

Thus, men were pioneers in occupying roles that women could not perform due to risks of the era, which allowed them greater work freedom, while machismo exempted them from domestic responsibilities. Rabie et al.⁽²⁷⁾ note that this gave them freedom to dedicate time to their professional and academic development, reinforcing inequality in gender role distribution. However, despite the differences in that period, nurses acknowledged the difficulties of entering

new workspaces. They also recognized and valued the fundamental support provided by female nurses in these environments, coinciding with findings by Fernández-Delgado and Canova-Barrios⁽⁷⁾.

In this regard, the transition from using personal resources to role recognition aligns with Smith et al.⁽⁸⁾, where individual efforts helped redefine their function in the discipline alongside peer support. This differs from Guy et al.⁽¹⁰⁾, who found nurses experienced isolation, because in this study nurses did feel support from female colleagues during their process. Likewise, the use of personal resources like proactivity, motivation, and resilience is driven by confronting prejudice and stigma related to gender⁽⁷⁾.

Similarly, benefits existed, as Mao et al.⁽²⁾ mention, derived from being male such as taking advantage of opportunities in fields nurses did not occupy. Nonetheless, this aligns with Lyu et al.⁽¹²⁾, who describe the “double-edged sword of gender,” since there were both advantages and disadvantages. Some roles were not preferred by women due to exposure to unsafe situations, which could be seen as positive discrimination. This opened different workplace spaces in strategic visibility positions for men⁽²⁸⁾. Therefore, consistent with Aušrinė and Jolanta⁽²⁹⁾, there were challenges and rewards throughout the various evolutionary periods of male participation in nursing⁽³⁰⁾. However, this led to a “glass ceiling” phenomenon since, although men accessed strategic roles more easily, they faced barriers linked to gender stereotypes limiting full integration in a traditionally female environment⁽³¹⁾.

These gender differences, still present in the discipline, relate to the stigma of the time⁽⁷⁾, as reported by participants, though many situations persist today. Academic and disciplinary specialization allowed nurses to attain better jobs, such as administrative roles, which have continued over the years⁽¹¹⁾. Ultimately, despite Guy et al.⁽¹⁰⁾ observation of insufficient understanding of men’s professional nursing roles, this research opens a particular view where male nurses forge their own path of recognition using personal resources without undervaluing the support of female nurses in their integration.

It is important to note that this study has some

limitations, particularly regarding the sample, which, although sufficient for data saturation, may not represent the opinions of all Peruvian nurses, limiting transferability of findings. Also, as a study focused on a past era like the 20th century, access to direct testimonies and primary sources was limited. While in such cases it is ideal to rely on historical documents, secondary literature, and interpretative analyses, in Peru this posed a particular challenge due to scarce documentation. Finally, one last limitation relates to the country context in which the phenomenon developed. In this regard, although Peru shares similarities with other countries in the region, the historical evolution of the health professions, their legal regulation, the epidemiological context, and even the processes of incorporating men into the profession have been different, making it difficult to extrapolate the results to other contexts.

CONCLUSIONS

In conclusion, this study addresses its objective by elucidating how men’s transition toward visibility in nursing occurred within a predominantly female professional environment during the twentieth century. The analysis of participants’ narratives indicates that this process was shaped by the interplay of professional visibility strategies, contextual opportunities, and gender dynamics. This required personal initiative, progressive professional integration, and continuous development, as well as differentiated recognition, gendered forms of interaction, and participation in less competitive roles, particularly given that many employment opportunities were accepted because women were constrained from undertaking them.

Moreover, this study emphasizes the importance of recognizing and valuing men’s historical contributions to visibility in nursing as part of the current professional legacy and for future generations. Health and nursing education policies should design and implement training and professional development programs that encourage gender diversity, so the profession attracts more men. It is crucial to eliminate obstacles and biases that may discourage

male participation, ensuring inclusive and equitable workplaces that allow men to fully develop. Hence, the need is stressed for more studies addressing this issue from historical, social, and educational perspectives to support policies that strengthen a more diverse, fair, and representative nursing model.

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Authors' Contributions

Jhan Carlos Manuel Fernández-Delgado: Conception and design of the work, data collection, analysis and interpretation of results, drafting of the manuscript, critical revision of the manuscript.

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