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 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 (Floge 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.

Theoretical Framework

In her classic study *Men and Women of the Corporation*, Kanter (1977) offers a groundbreaking analysis of group interactions. Focusing on high-ranking women executives who work mostly with men, Kanter argues that those in the extreme numerical minority are tokens who are socially isolated, highly visible, and adversely stereotyped. Tokens have difficulty forming relationships with colleagues and often are excluded from social networks that provide mobility. Because of their low numbers, they are also highly visible as people who

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are different from the majority, even though they often feel invisible when they are ignored or overlooked in social settings. Tokens are also stereotyped by those in the majority group and frequently face pressure to behave in ways that challenge and undermine these stereo- types. Ultimately, Kanter argues that it is harder for them to blend into the organization and to work effectively and productively, and that they face serious barriers to upward mobility.

Kanter's (1977) arguments have been analyzed and retested in various settings and among many populations. Many studies, particularly of women in male-dominated corporate settings, have supported her findings. Other work has reversed these conclusions, examining the extent to which her conclusions hold when men were the tokens and women the majority group. These studies fundamentally challenged the gender neutrality of the token, finding that men in the minority fare much better than do similarly situated women. In particular, this research suggests that factors such as heightened visibility and polarization do not necessarily disadvantage men who are in the minority. While women tokens find that their visibility hinders their ability to blend in and work productively, men tokens find that their conspicuousness can lead to greater opportunities for leadership and choice assignments (Floge and Merrill 1986; Heikes 1991). Studies in this vein are important because they emphasize organizations—and occupations— as gendered institutions that subsequently create dissimilar experiences for men and women tokens (see Acker 1990).

In her groundbreaking study of men employed in various women's professions, Williams (1995) further develops this analysis of how power relationships shape the ways men tokens experience work in women's professions. Specifically, she introduces the concept of the glass escalator to explain men's experiences as tokens in these areas. Like Floge and Merrill (1986) and Heikes (1991), Williams finds that men tokens do not experience the isolation, visibility, blocked access to social networks, and stereotypes in the same ways that women tokens do. In contrast, Williams argues that even though they are in the minority, processes are in place that actually facilitate their opportunity and advancement. Even in culturally feminized occupations, then, men's advantage is built into the very structure and everyday interactions of these jobs so that men find themselves actually struggling to remain in place. For these men, "despite their intentions, they face invisible pressures to move up in their professions. Like being on a moving escalator, they have to work to stay in place" (Williams 1995, 87).

The glass escalator term thus refers to the "subtle mechanisms in place that enhance [men's] positions in [women's] professions" (Williams 1995, 108). These mechanisms include certain behaviors, attitudes, and beliefs men bring to these professions as well as the types of interactions that often occur between these men and their colleagues, supervisors, and customers. Consequently, even in occupations composed mostly of women, gendered perceptions about men's roles, abilities, and skills privilege them and facilitate their advancement. The glass escalator serves as a conduit that channels men in women's professions into the uppermost levels of the occupational hierarchy. Ultimately, the glass escalator effect suggests that men retain consistent occupational advantages over women, even when women are numerically in the majority (Budig 2002; Williams 1995).

Though this process has now been fairly well established in the literature, there are reasons to question its generalizability to all men. In an early critique of the supposed general neutrality of the token, Zimmer (1988) notes that much research on race comes to precisely the opposite of Kanter's conclusions, finding that as the numbers of minority group members increase (e.g., as they become less likely to be "tokens"), so too do tensions between the majority and minority groups. For instance, as minorities move into predominantly white neighborhoods, increasing numbers do not create the likelihood of greater acceptance and better treatment. In contrast, whites are likely to relocate when neighborhoods become "too" integrated, citing concerns about property values and racialized ideas about declining neighborhood quality (Shapiro 2004). Reinforcing, while at the same time tempering, the findings of research on men in female-dominated occupations, Zimmer (1988, 71)

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argues that relationships between tokens and the majority depend on understanding the underlying power relationships between these groups and "the status and power differentials between them." Hence, just as men who are tokens fare better than women, it also follows that the experiences of Blacks and whites as tokens should differ in ways that reflect their positions in hierarchies of status and power.

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.[1]

Relationships with Colleagues and Supervisors

One key aspect of riding the glass escalator involves the warm, collegial welcome men workers often receive from their women colleagues. Often, this reaction is a response to the fact that professions dominated by women are frequently low in salary and status and that greater numbers of men help improve prestige and pay (Heikes 1991). Though some women workers resent the apparent ease with which men enter and advance in women's professions, the generally warm welcome men receive stands in stark contrast to the cold reception, difficulties with mentorship, and blocked access to social networks that women often encounter when they do men's work (Roth 2006; Williams 1992). In addition, unlike women in men's professions, men who do women's work frequently have supervisors of the same sex. Men workers can thus enjoy a gendered bond with their supervisor in the context of a collegial work environment. These factors often converge, facilitating men's access to higher-status positions and producing the glass escalator effect.

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, Floge 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.

Establishing Distance from Femininity

An additional mechanism of the glass escalator involves establishing distance from women and the femininity associated with their occupations. Because men nurses are employed in a culturally feminized occupation, they develop strategies to disassociate themselves from the femininity associated with their work and retain some of the privilege associated with masculinity. Thus, when men nurses gravitate toward hospital emergency wards rather than obstetrics or pediatrics, or emphasize that they are only in nursing to get into hospital administration, they distance themselves from the femininity of their profession and thereby preserve their status as men despite the fact that they do "women's work." Perhaps more important, these strategies also place men in a prime position to experience the glass escalator effect, as they situate themselves to move upward into higher-status areas in the field.

Creating distance from femininity also helps these men achieve aspects of hegemonic masculinity, which Connell (1989) describes as the predominant and most valued form of masculinity at a given time. Contemporary hegemonic masculine ideals emphasize toughness, strength, aggressiveness, heterosexuality, and, perhaps most important, a clear sense of femininity as different from and subordinate to masculinity (Kimmel 2001; Williams 1995). Thus, when men distance themselves from the feminized aspects of their jobs, they uphold the idea that masculinity and femininity are distinct, separate, and mutually exclusive. When these men seek masculinity by aiming

for the better paying or most technological fields, they not only position themselves to move upward into the more acceptable arenas but also reinforce the greater social value placed on masculinity. Establishing distance from femininity therefore allows men to retain the privileges and status of masculinity while simultaneously enabling them to ride the glass escalator.

For Black men, the desire to reject femininity may be compounded by racial inequality. Theorists have argued that as institutional racism blocks access to traditional markers of masculinity such as occupational status and economic stability, Black men may repudiate femininity as a way of accessing the masculinity—and its attendant status—that is denied through other routes (hooks 2004; Neal 2005). Rejecting femininity is a key strategy men use to assert masculinity, and it remains available to Black men even when other means of achieving masculinity are unattainable. Black men nurses may be more likely to distance themselves from their women colleagues and to reject the femininity associated with nursing, particularly if they feel that they experience racial discrimination that renders occupational advancement inaccessible. Yet if they encounter strained relationships with women colleagues and men supervisors because of gendered racism or racialized stereotypes, the efforts to distance themselves from femininity still may not result in the glass escalator effect.

On the other hand, some theorists suggest that minority men may challenge racism by rejecting hegemonic masculine ideals. Chen (1999) argues that Chinese American men may engage in a strategy of repudiation, where they reject hegemonic masculinity because its implicit assumptions of whiteness exclude Asian American men. As these men realize that racial stereotypes and assumptions preclude them from achieving the hegemonic masculine ideal, they reject it and dispute its racialized underpinnings. Similarly, Lamont (2000, 47) notes that working-class Black men in the United States and France develop a "caring self" in which they emphasize values such as "morality, solidarity, and generosity." As a consequence of these men's ongoing experiences with

racism, they develop a caring self that highlights work on behalf of others as an important tool in fighting oppression. Although caring is associated with femininity, these men cultivate a caring self because it allows them to challenge racial inequality. The results of these studies suggest that Black men nurses may embrace the femininity associated with nursing if it offers a way to combat racism. In these cases, Black men nurses may turn to pediatrics as a way of demonstrating sensitivity and therefore combating stereotypes of Black masculinity, or they may proudly identify as nurses to challenge perceptions that Black men are unsuited for professional, white-collar positions.

Taken together, all of this research suggests that Black men may not enjoy the advantages experienced by their white men colleagues, who ride a glass escalator to success. In this article, I focus on the experiences of Black men nurses to argue that the glass escalator is a racialized as well as a gendered concept that does not offer Black men the same privileges as their white men counterparts.

Data Collection and Method

I collected data through semi structured 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. 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. I initially recruited participants by soliciting attendees at the 2007 National Black Nurses Association annual meetings and then used a snowball sample to create the remainder of the data set. All names and identifying details have been changed to ensure confidentiality (see Table 1).

Table I. Respondents

Name	Age	Specialization	Years of Experience	Years at Current Job
Chris	51	Oncology	26	16
Clayton	31	Emergency	6	6
Cyril	40	Dialysis	17	7
Dennis	30	Bedside	7	7 (months)
Evan	42	Surgery	25	20
Greg	39	Oncology	10	3
Kenny	47	Orthopedics	23	18 (months)
Leo	50	Bedside	20	18
Ray	36	Oncology	10	5
Ryan	37	Intensive care	17	11
Sean	46	Oncology	9	9
Simon	36	Oncology	5	5
Stuart	44	Bedside	6	4
Terrence	32	Bedside	10	6
Tim	39	Intensive care	20	15 (months)
Tobias	44	Oncology	25	7
Vern	50	Ambulatory care	7	7

I conducted interviews during the fall of 2007. They generally took place in either my campus office or a coffee shop located near the respondent's home or workplace. The average interview lasted about an hour. Interviews were tape-recorded and transcribed. Interview questions primarily focused on how race and gender shaped the men's experiences as nurses. Questions addressed respondents' work history and current experiences in the field, how race and gender shaped their experiences as nurses, and their future career goals. The men discussed their reasons for going into nursing, the reactions from others on entering this field, and the particular challenges, difficulties, and obstacles Black men nurses faced. Respondents also described their work history in nursing, their current jobs, and their future plans. Finally, they talked about stereotypes of nurses in general and of Black men nurses in particular and their thoughts about and responses to these stereotypes. I coded the data according to key themes that emerged: relationships with white patients versus minority patients, personal bonds with colleagues versus lack of bonds, opportunities for advancement versus obstacles to advancement.

The researcher's gender and race shape interviews, and the fact that I am an African American woman undoubtedly shaped my rapport and the interactions with interview respondents. Social desirability bias may compel men to phrase responses that might sound harsh in ways that will not be offensive or problematic to the woman interviewer. However, one of the benefits of the interview method is that it allows respondents to clarify comments diplomatically while still giving honest answers. In this case, some respondents may have carefully framed certain comments about working mostly with women. However, the semistructured interview format nonetheless enabled them to discuss in detail their experiences in nursing and how these experiences are shaped by race and gender. Furthermore, I expect that shared racial status also facilitated a level of comfort, particularly as respondents frequently discussed issues of racial bias and mistreatment that shaped their experiences at work.

Findings

The results of this study indicate that not all men experience the glass escalator in the same ways. For Black men nurses, intersections of race and gender create a different experience with the mechanisms that facilitate white men's advancement in women's professions. Awkward or unfriendly interactions with colleagues, poor relationships with supervisors, perceptions that they are not suited for nursing, and an unwillingness to disassociate from "feminized" aspects of nursing constitute what I term *glass barriers* to riding the glass escalator.

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.

Refusal to Reject Femininity

Finally, Black men nurses have a different experience with establishing distance from women and the feminized aspects of their work. Most research shows that as men nurses employ strategies that distance them from femininity (e.g., by emphasizing nursing as a route to higher-status, more masculine jobs), they place themselves in a position for upward mobility and the glass escalator effect (Williams 1992). For Black men nurses, however, this process looks different. Instead of distancing themselves from the femininity associated with nursing, Black men actually embrace some of the more feminized attributes linked to nursing. In particular, they emphasize how much they value and enjoy the way their jobs allow them to be caring and nurturing. Rather than conceptualizing caring as anathema or feminine (and therefore undesirable), Black men nurses speak openly of caring as something positive and enjoyable.

This is consistent with the context of nursing that defines caring as integral to the profession. As nurses, Black men in this line of work experience professional socialization that emphasizes and values caring, and this is reflected in their statements about their work. Significantly, however, rather than repudiating this feminized component of their jobs, they embrace it. Tobias, a 44-year-old oncology nurse with 25 years of experience, asserts.

> The best part about nursing is helping other people, the flexibility of work hours, and the commitment to vulnerable populations, people who are ill.

Simon, a 36-year-old oncology nurse, also talks about the joy he gets from caring for others. He contrasts his experiences to those of white men

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nurses he knows who prefer specialties that involve less patient care:

> They were going to work with the insurance industries, they were going to work in the ER where it's a touch and go, you're a number literally. I don't get to know your name, I don't get to know that you have four grandkids, I don't get to know that you really want to get out of the hospital by next week because the following week is your birthday, your 80th birthday and it's so important for you. I don't get to know that your cat's name is Sprinkles, and you're concerned about who's feeding the cat now, and if they remembered to turn the TV on during the day so that the cat can watch *The Price Is Right*. They don't get into all that kind of stuff. OK, I actually need to remember the name of your cat so that tomorrow morning when I come, I can ask you about Sprinkles and that will make a world of difference. I'll see light coming to your eyes and the medicines will actually work because your perspective is different.

Like Tobias, Simon speaks with a marked lack of self-consciousness about the joys of adding a personal touch and connecting that personal care to a patient's improvement. For him, caring is important, necessary, and valued, even though others might consider it a feminine trait.

For many of these nurses, willingness to embrace caring is also shaped by issues of race and racism. In their position as nurses, concern for others is connected to fighting the effects of racial inequality. Specifically, caring motivates them to use their role as nurses to address racial health disparities, especially those that disproportionately affect Black men. Chris describes his efforts to minimize health issues among Black men:

> With Black male patients, I have their history, and if they're 50 or over I ask about the prostate exam and a colonoscopy. Prostate and colorectal death is so high that that's my personal crusade.

Ryan also speaks to the importance of using his position to address racial imbalances:

> I really take advantage of the opportunities to give back to communities, especially to change the disparities in the African American community. I'm more than just a nurse. As a faculty member at a major university, I have to do community hours, services. Doing health fairs, in-services on research, this makes an impact in some disparities in the African American community. [People in the community] may not have the opportunity to do this otherwise.

As Lamont (2000) indicates in her discussion of the "caring self," concern for others helps Chris and Ryan to use their knowledge and position as nurses to combat racial inequalities in health. Though caring is generally considered a "feminine" attribute, in this context it is connected to challenging racial health disparities. Unlike their white men colleagues, these nurses accept and even embrace certain aspects of femininity rather than rejecting them. They thus reveal yet another aspect of the glass escalator process that differs for Black men. As Black men nurses embrace this "feminine" trait and the avenues it provides for challenging racial inequalities, they may become more comfortable in nursing and embrace the opportunities it offers.

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.

This raises interesting questions and a number of new directions for future research. Researchers

might consider the extent to which the glass escalator is not only raced and gendered but sexualized as well. Williams (1995) notes that straight men are often treated better by supervisors than are gay men and that straight men frequently do masculinity by strongly asserting their heterosexuality to combat the belief that men who do women's work are gay. The men in this study (with the exception of one nurse I interviewed) rarely discussed sexuality except to say that they were straight and were not bothered by "the gay stereotype." This is consistent with Williams's findings. Gay men, however, may also find that they do not experience a glass escalator effect that facilitates their upward mobility. Tim, the only man I interviewed who identified as gay, suggests that gender, race, and sexuality come together to shape the experiences of men in nursing. He notes,

> I've been called awful things—you faggot this, you faggot that. I tell people there are three *Fs* in life, and if you're not doing one of them it doesn't matter what you think of me. They say, "Three *Fs*?" and I say yes. If you aren't feeding me, financing me, or fucking me, then it's none of your business what my faggot ass is up to.

Tim's experience suggests that gay men—and specifically gay Black men— in nursing may encounter particular difficulties establishing close ties with straight men supervisors or may not automatically be viewed by their women colleagues as natural leaders. While race is, in many cases, more obviously visible than sexuality, the glass escalator effect may be a complicated amalgam of racial, gendered, and sexual expectations and stereotypes.

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.

Future research should also explore other racial minority men's experiences in women's professions to determine whether and how they encounter the processes that facilitate a ride on the glass escalator. With Black men nurses, specific race or gender stereotypes impede their access to the glass escalator; however, other racial minority men are subjected to different race or gender stereotypes that could create other experiences. For instance, Asian American men may encounter racially specific gender stereotypes of themselves as computer nerds, sexless sidekicks, or model minorities and thus may encounter the processes of the glass escalator differently than do Black or white men (Espiritu 2000). More focus on the diverse experiences of racial minority men is necessary to know for certain.

Finally, it is important to consider how these men's experiences have implications for the ways the glass escalator phenomenon reproduces racial and gendered advantages. Williams (1995) argues that men's desire to differentiate themselves from women and disassociate from the femininity of their work is a key process that facilitates their ride on the glass escalator. She ultimately suggests that if men reconstruct masculinity to include traits such as caring, the distinctions between masculinity and femininity could blur and men "would not have to define masculinity as the negation of femininity" (Williams 1995, 188). This in turn could create a more equitable balance between men and women in women's professions. However, the experiences of Black men in nursing, especially their embrace of caring, suggest that accepting the feminine aspects of work is not enough to dismantle the glass escalator and produce more gender equality in women's professions. The fact that Black men nurses accept and even enjoy caring does not minimize the processes that enable *white* men to ride the glass escalator. This suggests that undoing the glass escalator requires not only blurring the lines between masculinity and femininity but also

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challenging the processes of racial inequality that marginalize minority men.

Note

1. I could not locate any data that indicate the percentage of Black men in nursing. According to 2006 census data, African Americans compose 11 percent of nurses, and men are 8 percent of nurses (http://www.census.gov/compendia/statab/tables/08s0598.pdf). These data do not show the breakdown of nurses by race and sex.

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Before and After: Gender Transitions, Human Capital, and Workplace Experiences

KRISTEN SCHILT AND MATTHEW WISWALL

Introduction

When economics professor Donald McCloskey announced he was becoming Deirdre, the chair of his department joked that working as a woman would mean getting a pay cut (McCloskey 1999). While the chair's comment was made in jest, it speaks to a larger and long-standing question of what role gender plays in workplace outcomes. Social scientists have long documented the relationship between an employee's gender and his or her opportunities for advancement in pay and authority. While the gender gap in earnings has narrowed for men and women in comparable occupations, men continue to outpace women in salaries, promotions, and workplace authority (Valian 1999; Padavic and Reskin 2002, Blau and Kahn 2006). Yet, as existing surveys cannot measure gender bias directly or capture all the relevant characteristics of men and women, the source of these workplace disparities remains unknown.

As McCloskey's story illustrates, the workplace experiences of transgender people—individuals who transition from one recognized gender category to another—offer an innovative way to explore the importance of gender in the workplace.[1] People who undergo gender transitions are estimated to makeup only .01% of the United States population, with equal numbers of men becoming women—a group we refer to as MTFs (male-to-female)—and women becoming men—a group we refer to as FTMs (female to male).[2] Yet, we argue that the experience of a person who works both as a man and as a woman can illuminate the subtle ways that gender inequality is socially produced in the workplace. While transgender people have the same human capital and pre-labor market gender socialization after their gender transitions, their workplace experiences often change radically. Existing autobiographical and scholarly research demonstrates that for many MTFs, becoming women brings a loss of authority and pay, as well as