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# Gender Influences in the Intersection of Acute Care Registered Nurses and Law Enforcement

## The Collision of Caring and Carceral Institutions

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To give voice to the lived experiences of nurses and law enforcement officers who interact with one another in an acute care hospital setting, while gaining an understanding of individual perspectives and unique experiences, as well as how they interpret these experiences. This qualitative study used interpretative phenomenological analysis (IPA) to strive to meet the study objectives. There is a paucity of literature on the topic of nurse and law enforcement interaction in the hospital setting. Overwhelmingly, participants described a contentious dynamic between nurses and law enforcement officers in the hospital, wrought with argument, stress, and a feeling of coming from “different worlds.” The influence of gender was apparent to the female-identified participants, and gender constructs and therefore gender role conflict were critical points of contention. In exploring how nurses and law enforcement officers think about and describe their experiences, nurses and hospital systems may develop a deeper understanding and appreciation of barriers to care for incarcerated patients and of the challenging experiences nurses face in caring for these patients. The nurses’ expressed feelings of intimidation, stress, and impaired self-efficacy in this dynamic underscore the need for institutional support and prioritization of caring practices, and identification of the ways in which carceral practices impair care, as well as nurses’ safety. **Key words:** *ethics, feminism, law enforcement, phenomenology, qualitative*

**C**ARING FOR PEOPLE accused and convicted of crimes is a required duty for many nurses working in acute care settings.

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Rates of incarceration in the United States are higher than anywhere else in the world. In 2018, there were 2.3 million people in custody and an additional 4.5 million on probation or parole; thus, approximately one of every 32 Americans is under some degree of criminal justice control.<sup>1</sup> Over the last several decades, incarceration rates have increased by more than 500% despite crime rates decreasing overall.<sup>2</sup> In a country where mass incarceration is pervasive, particularly for people of color, patients in custody are receiving an increasing amount of medical care in hospital settings; in fact, hospital care accounts for about 20% of prison health care

### Statements of Significance

#### **What is known or assumed to be true about this topic?**

We know that the population of incarcerated people in this country is significant and the aging population requires increasing amounts of medical care. Caring for persons in custody is a required duty for many nurses. While there is a small amount of literature on dynamics between nurses and law enforcement in the custodial setting, there is a paucity of literature on the topic of nurse and law enforcement interaction in the hospital setting.

#### **What this article adds:**

This article adds a qualitative exploration of how nurses and law enforcement officers think about and describe their experiences. With this new information, nurses and hospital systems may develop a deeper understanding and appreciation of barriers to care for incarcerated patients and of the challenging experiences nurses face in caring for these patients.

spending.<sup>3</sup> In review of literature of care of the incarcerated patient in the prison setting, it has been found that strict adherence to professional ethics and expectations of usual care may be challenged by the presence of, or interaction with, correctional officers. Research conducted in correctional settings has shown that the tensions between custody and nursing care have a decisively deleterious effect on nursing practice.<sup>4,6</sup> Law enforcement is tasked to keep the patient under strict surveillance, and logics of control and punishment can interfere with nursing practice and impede delivery of care by restricting, altering, or co-opting nurse-patient relationships. Where institutions of custody and care collide, nurses may be forced to choose between complying with law enforcement's demands and practicing nursing according to recognized standards of ethical care.<sup>5,7</sup>

This article presents results from a qualitative study designed to give voice to the lived experiences of nurses and law enforcement officers who interact with one another in an acute care hospital setting, while gaining an understanding of individual perspectives and unique experiences, as well as how they interpret these experiences. Several major themes emerged from the data under the overarching umbrella of "Power and Control," including 4 superordinate themes and multiple subthemes. This article focuses on an important aspect of this as reported by participants: the ways in which gender and power dynamics influence caring practices in nursing, and the ways in which they fueled conflict between the two groups while caring for or supervising a detained person in the acute care hospital setting.

### **BACKGROUND**

The concepts of men/women and of masculine/feminine are often presented as archetypal and oppositional forces. Feminist theory-based research seeks an understanding of the related gender inequities by examining social roles, expectations, and experiences. These are often identified through experiences of discrimination, objectification, oppression, stereotyping, or patriarchal behavior.<sup>6,8</sup> Application of such theory can thus illuminate the ways in which assumptions about gender identity and thereby expected behaviors may create disempowering relationships, particularly for women.<sup>9</sup> In her work on gender and power in organizations, Nicolson asserts: "Gender relations are the site for power struggles and power-based conflicts in work organizations . . . power remains firmly in the hands of men, although not without resistance from other men and women."<sup>10(p54)</sup> This may be particularly true where professions largely populated by a single gender come into conflict. Disempowerment of the female-identified nurses may particularly manifest when relationships or interactions are imposed—in this case,

necessitated in the performance of one's job—and women do not have the option to avoid this dynamic.<sup>11</sup>

Furthermore, in this study, there is a specific element of feminist theory that seems especially relevant: that of performed gender role conflict. Gender role conflict occurs when prescribed rigid, sexist, or limiting gender roles result in restriction, devaluation, or violation of a particular group and has been amply demonstrated to produce impaired self-esteem, anxiety, and depression.<sup>12</sup> Typically, women are ascribed nurturing characteristics: prioritizing the welfare of others; being helpful, kind, and caring; and peacekeeping. In contrast, men are socially ascribed agentic characteristics and are allowed and encouraged to be assertive, powerful, controlling, dominant, and forceful.<sup>13</sup> Where circumstances cause these roles to disintegrate—for example, where a female-identified nurse is charged with the care of a particular patient, thereby giving the nurse control of the care situation—retribution, or aggressive efforts to reestablish the usual social order can result.

This is unfortunately common not only in the conflict of nurses with law enforcement but also within the entire profession of nursing. Burton<sup>14</sup> asserts that, in fact, the enforcement of hegemonic femininity throughout nursing results in an oppression that demands and enforces performative gender behaviors, even unto extremes. This means that nurses can be doubly disempowered when dealing with law enforcement: first, by the nature of their status *as* nurses, and, second, by assertions that law enforcement must maintain complete control of incarcerated patients and by extension their care.

## METHODOLOGY

Qualitative research is particularly well-suited to answer research questions aligned with nursing's iterative, contextual, and hermeneutical nature and allows for ex-

ploration of complexities inherent to the experiences of caring for patients in complex settings. This study used interpretative phenomenological analysis (IPA) as the primary approach to understanding the lived experiences of interactions between nurses and law enforcement officials and to elicit participant interpretations of their experiences. This research methodology is grounded in a postmodernist approach, which asserts the heterogeneity and contextuality of knowledge.<sup>15</sup> The research design was selected on the basis of the nature of the research problem, the researcher's personal experiences, existing literature on this and related phenomena, and the expected study audience.<sup>16</sup> IPA in particular was well suited to answer the research question because of its reliance on purposive sampling, of which the power and logic "lie in selecting information-rich cases for in-depth study. Information-rich cases are those in which one can learn a great deal about issues of central importance to the purpose of the inquiry. Using information-rich cases yields insights and in-depth understanding."<sup>17</sup>(pp264-265)

This study was theoretically informed by the feminist perspective. It is critical to examine power dynamics as operationalized through gender and gender roles in relational exchanges between actors of the caring and carceral professions, particularly when these roles collide. These professions are nearly monopolized by male-identified (law enforcement) and female-identified (nursing) individuals, and feminist theory offers an appropriate to analyze relationships between nurses and law enforcement officers in a hospital setting. This study was conducted in San Diego County, California, where approximately 85% of gender-identified registered nurses are female<sup>18</sup> and approximately 84% of gender-identified law enforcement officers are male.<sup>19</sup>

## Setting and recruitment

The study was carried out in San Diego County, California, and was determined to be

exempt from human subjects research oversight by the University of California, Irvine Institutional Review Board. Recruitment was carried out via advertisement on social media and with flyers in hospital and law enforcement departments. Registered nurses responded very quickly to the social media posts; however, law enforcement officers were more often directly referred by other law enforcement participants. Interested participants contacted the principal investigator (PI), study information was reviewed, and if the participant consented, an interview date and time scheduled.

Information on the study purpose, description, research design, and timeline provided to all participants before scheduling the interview. Potential and enrolled participants were also encouraged to share the study information with colleagues. Semistructured interviews were recorded, transcribed, and analyzed by the PI, with input from the coinvestigators. All study participants received \$50 at the conclusion of the interview, which lasted approximately 1 hour.

### Sample

Participants were English-speaking nurses and law enforcement officers who identified as having interactions with the other profession in a hospital setting due to a person in custody needing medical care. The participants had to both remember the experience and be willing to share their thoughts, feelings, and reflections on the interaction. In total, 9 law enforcement officers and 10 registered nurses participated. Because of the perceived sensitive nature of the interviews, not all participants were willing to provide complete information on gender, age, years of experience, or specifics related to their employment.

Notably, a 10th law enforcement officer was scheduled for interview but ultimately eschewed participation, citing the Derrick Chauvin's trial as a reason to not participate. An additional 4 law enforcement officers signed up to participate but did not log on for

their interviews. At this point, the data were saturated and recruitment was completed.

### Methods

Each participant was invited to complete a one-on-one semistructured interview via Zoom. Participants were provided study information via email to review in advance. Before beginning the interview, the study information was reviewed and participants given the opportunity to ask any questions. Participants were given permission to have video on or off during the interview, and the PI asked permission before beginning recording.

During the interview, participants were asked open-ended questions, such as "Please tell me about your experiences working with nurses/law enforcement in the hospital setting," "How would you describe challenges you have faced interacting with nurses/law enforcement in the hospital," and "Tell me about memorable positive experiences you have had interacting with nurses/law enforcement in the hospital." Each interview lasted approximately 1 hour. Interviews were audio-recorded, and if the participant chose to have their camera on for the interview, the PI kept field notes on facial expressions or behaviors. The interviews were then transcribed for analysis. Three nurse participants also sent follow-up emails with additional thoughts and reflections in written form following the interview, which were included in the analysis.

### Analysis

Data were analyzed following IPA methodology. Analysis of qualitative data moves from the particular to the shared and from the descriptive to the interpretive.<sup>20</sup> This research design is grounded in a postmodernist approach, which asserts both the heterogeneity and contextuality of knowledge.<sup>15</sup> While it is obvious that statistical generalizability is not relevant for a qualitative study, analytical generalizability was sought. Analytical generalization "involves a reasoned judgement about

the extent to which the findings from one study can be used as a guide to what might occur in another situation.”<sup>15(p233)</sup> Analysis followed a cycle of iterative and inductive coding. Emotion coding was especially appropriate in that this study sought to explore interpersonal and intrapersonal experiences and actions and provided insights into participants’ worldviews and perspectives.<sup>21</sup> The analytical steps of IPA as delineated by Smith et al<sup>20</sup> include immersing oneself in the data, examining and analyzing the content and language, discovering connections, and looking for patterns across cases.

## RESULTS

The empirical data were rich in both explicit depictions of experiences and the depth of reflection and meaning-making. Overwhelmingly, participants described a contentious dynamic between nurses and law enforcement officers in the hospital, wrought with argument, stress, and a feeling of coming from “different worlds.” The dynamics of power and control, both physical and relational, were frequently cited and are further explored elsewhere. Critical to IPA is the participant’s description of meaning-making, and the influence of gender was apparent to the female-identified participants, and gender constructs and therefore gender role conflict were critical points of contention. This article therefore focuses on the theme of “gender dynamics” in interactions between nurses and law enforcement officers in the hospital setting.

### We’re not caring angels

The participants shared their view that nurses are expected to behave in a compliant and docile fashion and that this expectation is born of a socially constructed image of nurses as caring angels and hand-holding maidens. They also asserted that men, particularly in law enforcement, are seen as protectors and expected to have total control of the situation. Several officers viewed

themselves as critical to safety and protection and commented that because nurses are female, officers “definitely do not want them to get hurt.” When nurses set firm boundaries or otherwise asserted their own power and control, a negative response from law enforcement further fueled conflict. Nurses’ behavior in such cases conflicted with that generally expected from a woman in a caring profession, and law enforcement officers reacted with attempts to reassert their authority:

It was kind of a male arrogant, it was like an arrogance with him . . . It was a gut feeling, like, you know when somebody . . . sees you as somebody they don’t have to take as seriously because you’re a female . . . It was just an arrogance and like a dismissive attitude that wasn’t just related to our jobs. You know, he got irritated that I had the audacity to question him and I can tell . . . I don’t know him, but, there was like a machismo element going on there.

Interestingly, a female law enforcement officer described the dynamic similarly:

From the law enforcement perspective, and this is not saying all male officers, but a lot of men, officers, it’s that power thing that macho things or to speak that I’m the police and we rule we law and order, that kind of thing. I guess what you’ve seen back in the day, when nurses are the motherly type, the womanly type, the caring concern, not the meek and mellow, but somewhat along those lines. And I think that’s why sometimes you have that butting of the heads . . . and sometimes the way the nurses behave it could be totally opposite. But because of the history of what nurses look like, and the history of what law enforcers look like, then that’s kind of embedded in us and it carries over.

The nurses in particular identified their roles as being shaped in a “sexist patriarchal society,” sharing the sentiment with eye rolls and exasperated tones. They voiced how the actual lived obligations of a nurse were disruptive to this hegemony. Although the nurses acknowledged and recognized this dynamic throughout the course of their interactions, several also stated that nurses actively resist this stereotyping. The nurses

felt they were often not “heard” or “taken seriously” because they are women. Law enforcement officers, however, reported that many become upset by nurses’ assertions of authority and do not care to listen to what they have to say because it is “coming out of the mouth of a woman”:

We have a hard a time listening, and that’s probably where the problem comes in with the nurses and the male officers competing because they don’t listen to what that nurse is trying to tell you of what’s going on and what’s happening . . . . Probably too, like they don’t have to listen to what a female is saying to them, so they just feel like they’re always the dominant, where they’re not, So, they just don’t wanna listen or agree to anything just because it’s coming out of the mouth of a woman.

#### **They deserve it because they weren’t very friendly**

Several law enforcement officers further described the type of behavior they expected and approved of from nurses. These officers not only commended the nurses for their caring practices but also commented on the challenges those practices cause, asserting that “loving conversations” were not appropriate with incarcerated patients. When sharing about favorable interactions with nurses, most officers described instances in which nurses provided care to the officers themselves. When the PI attempted refocusing the conversation on interactions in the hospital around a person in custody, the law officers continued to provide examples of when the nurses were perceived as friendly, accommodating, welcoming, and prioritized the officer’s needs and wants. Many equated nurses’ professionalism with what they perceived as niceness. Of note, some of the officers explained that the perceived “friendliness” of nurses toward law enforcement influenced where they would take a patient, even if it meant driving further away:

Okay, well, for me, the (redacted) Hospital is the best one to get it assigned because all the staff is friendly . . . all the nursing staff talks to us, acknowledges us, ask us if we have breakfast, lunch

and dinner for your sign in the evening shift, they bring us food.

Law enforcement’s perceptions of unfavorable behavior from nurses were most often described as disrespectful or being unfriendly. Many officers felt ignored and dissatisfied if a nurse spoke to the patient first or asked the patient questions about their condition—instead of asking the officer. Several felt that the officer should be asked all questions and indicated that speaking to the patient before speaking to the officer was disrespectful and negatively affected the relationship between the nurse and the officer. Perception of the nurse as respectful, professional, nice, and welcoming was clearly imperative to not escalating conflict. The officers provided examples in which perceived disrespect from nurses was grounds for retaliatory behavior and making the nurse’s job more difficult, as a way to reassert authority. As one officer said, “If they give us bad looks or don’t acknowledge us, it’s gonna, our interaction is not gonna be a great one.” Another remarked, “I’ve heard horror stories where they make some nurses cry (laughs), uh, but, you know, most of those stories, I hear the background behind it, and they deserve it because they weren’t very friendly with us.”

When asked why law enforcement might feel nurses were often rude or disrespectful, one nurse suggested that:

Nurses aren’t fitting the gender role that’s expected of them. I think it impacts (law enforcement’s) perceptions of, they feel like we are disrespectful and rude, right? Because we’re supposed to be these docile angels that just flutter in and provide care, we hold people’s hands, we bring what is needed to those who need it, and that’s not who we are, we’re not.... Handmaidens, but that’s very much how we’re portrayed and movies and media.

Another nurse noted that the nurses very often find themselves in situations in which they see the need to “call officers out” for doing something wrong, and the act of

objecting to their practices may be perceived as disrespectful:

I think that when they're (law enforcement) doing something that they're not supposed to be, I think that most people perceive disrespect and rudeness when individuals call them out when they're doing something wrong, and so I think that law enforcement probably feels that because often they're doing something wrong....

### How are you supposed to do your job?

The nurses reported generally unfavorable feelings associated with their interactions with law enforcement, particularly in their discussions related to the perceived gender dynamics. When asked about how the interactions make them feel, one nurse described a sense of anxiety and challenges with caring for the patient in the way they deserve:

It makes you feel . . . . Anxious. Because. How are you supposed to do your job, you know? How am I supposed to give this person what they deserve? How am I supposed to treat this person the way that I'm not only taught to treat them just on a humanistic level how am I supposed to treat them like that . . . . It's, you know, it's, you kind of feel a little bit on your own and it's a little bit overwhelming.

## DISCUSSION

Gender clearly affects power relations, which “symbolically reproduce the allocation and hierarchization of roles between men and women.”<sup>22(p361)</sup> Existing literature asserts that the dominant socially constructed image of a nurse is one of a woman who is especially kind, caregiving, virtuous, and a healer.<sup>14</sup> Nurses are often presented as the “hand-holder and less skilled” provider.<sup>23(p1506)</sup> The pure, virtuous, maternal, handmaiden imagery is both historical and pervasive,<sup>23</sup> and several nurses commented on the fallacy of this imagery and its contribution to conflict with officers. As noted by one of the nurses in our study, this imagery is not of benefit to the profession, as it necessarily disempowers

the nurse and places them in a subordinated, helpmeet position rather than one of autonomy and/or strength. Gender thus exerts a direct influence on the association of nursing care with women and intensifies the difficulty that nurses face in receiving social recognition for power or authority in their profession.<sup>22</sup>

Furthermore, characterizing nurses as angels is a common trope, implying that the nurse, in fact, a religious servant.<sup>24</sup> The angelic image of nurses can be conceptualized as creating for nurses the experience of “an oppressed group. The dominance of the oppressor . . . marginalizes the oppressed group and may lead to the development of low self-concept which can in turn lead to negative self-presentation.”<sup>25(p296)</sup> This was reflected in our findings that law enforcement expected a certain standard of behavior, often interchanging professionalism with kindness, and that privileged their treatment over the patient's. Several officers expressed shock, confusion, and a deep sense of disrespect due to the perception that nurses often took the “side” of the incarcerated person as opposed to the officer. For the nurses, however, the first duty is to the patient and this clearly confounded many of the officers. Several examples were provided in which the nurse prioritizing the patient over the officer was seen as disrespectful and, in some cases, even ridiculous and grounds for retaliation from officers.

Both nurses and law enforcement officers provided examples and interpretation of how male law enforcement officers exhibited increasingly forceful behaviors when nurses exerted power, both with their bodies and through behavioral intimidation tactics. Nurses frequently described aggressive posturing, and several used the terms *machismo* and *ego*. Law enforcement also voiced the expectation that the nurses should behave in a caring and angelic way, some of them even extending the expectation of caring subservience to themselves. Some officers stated they were more likely to bring patients to hospitals in which nurses were perceived



as overtly courteous and welcoming to law enforcement, putting them at the front of the line, and even serving them coffee and food.

This is congruent with Nicolson's<sup>10</sup> assertion of gender relations as a site for power struggles in which women resist a male grasp on power and authority, further articulated by many of the nurses. Feminist theory scholarship also suggests that these behaviors may be an exhibition of fear and anxiety secondary to a woman's exertion of power.<sup>10,26</sup> In attempts to overcome the constraints of custodial boundaries, the nurses provided examples of the ways in which they confronted male-enforced authority by asserting and advocating for the care they needed to provide for the patient. Law enforcement officers, however, asserted that this was a disrespectful undermining of authority and a dangerous attempt to shift the power of decision making away from custodial authorities.

In describing archetypal expectations of male and female behaviors, particularly in the "protecting" and "caring" professions, physicist and feminist scholar Evelyn Fox Keller described ways in which gender identify formation can amplify development of autonomy and dominance. For Keller,<sup>27</sup> young males may develop gender identity in opposition to what is defined and experienced as feminine. This invokes an internal anxiety about self-defined gender identity and is supported by the wider cultural anxiety that encourages and enables posturing of masculine dominance behaviors because perceptions of safety and security come from successful domination.<sup>27</sup> There exists a traditional delineation of "offenders" and "warrior defenders of safety" as contrasting archetypes<sup>28</sup> and reaffirms control as a nexus of masculinity. In interactions between (largely female-identified) nurses and (largely male-identified) law enforcement, this compounds conflicts between the opposing archetypes of men/women and masculine/feminine roles. In our study, this was seen in some nurses speaking negatively of their colleagues who seemed to side

with officers on the basis that the patient was deemed a criminal. Extensive literature on hegemonic masculinity asserts how practices, particularly in law enforcement and nursing, promote the dominant social standing of men and subordinate position of women.<sup>14</sup> Interestingly, in member checking during our analysis, 2 law enforcement participants denied that gender dynamics played any role in nurse and law enforcement officers' interactions.

## LIMITATIONS AND CONCLUSION

Our findings demonstrate the value of qualitative exploration of cross-professional interactions between nurses and law enforcement officers in the hospital, particularly in understanding the meaning-making and interpretations ascribed to contentious interactions. The study was limited, however, in that complete demographics were not provided by participants and not all participants identified themselves as male or female. Participants either identified themselves as female or chose not to provide that information. There were no male-identified nurse participants, and such nurses could have very different experiences of law enforcement interactions. In addition, the data as it related to gender dynamics in this setting did not allow for a thorough exploration of other power dynamics as they specifically relate to feminist theory such as class, race, and ableism. Such intersectional exploration would offer additional depth of insight.

In exploring how nurses and law enforcement officers think about and describe their experiences, nurses and hospital systems may develop a deeper understanding and appreciation of barriers to care for incarcerated patients and of the challenging experiences nurses face in caring for these patients. The nurses' expressed feelings of intimidation, stress, and impaired self-efficacy in this dynamic underscore the need and implications for institutional support and prioritization of caring practices, and identification of the

ways in which carceral practices impair care, as well as nurses' safety. Additional research is needed in the specific ways that gender dy-

namics impair caring practices, as well as on the emotional and psychological sequelae of these interactions.

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