

Are women nursing academics represented in university leadership positions?

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Abstract

The nursing workforce constitutes the largest professional health workforce in Australia. Nursing is traditionally a female dominated profession. This study reviewed Australian universities that provide entry to practice nursing education. The study identified the distribution of females and males in leadership in nursing education, the positioning of the discipline in the university, and where nurses occupy leadership roles above the nursing discipline (faculty/college). Of the 37 universities that offered entry to practice nursing, more females were evident. However, more men were evident in academia than the proportion of men in nursing outside of the academic setting. Leadership nomenclature varied within each nursing discipline group reviewed. This study demonstrated that the number of nursing academics has decreased since the late 1990's. The nursing workforce is still a significant contributor to the academic workforce and yet numbers of nurse academics working in roles senior to their discipline were few. This paper discusses how the nursing workforce as predominantly female, has implications to both females and males, and may impact opportunities for leadership and promotion to senior roles.

Practitioner Notes

1. Nursing workforce is the largest health professional workforce in Australia
2. Women outnumber men in academic nursing
3. Proportionally more men hold academic nursing leadership roles
4. Nurses in leadership roles above the discipline in academic settings are underrepresented
5. Entry to practice nursing is represented in 37 Australian universities

Keywords

Learning and teaching, nurse, academic, leadership, gender, women

Introduction

The nursing workforce constitutes the largest professional health workforce in Australia (Newman et al., 2019). Since the movement of nurse education into academia in the 1980s the characteristics of nurse academics and their influence in teaching and learning, as well as research both within the discipline and more broadly in the university system, should be identifiable. Equally, as a female dominated profession, the representation of women within teaching roles in entry to practice nursing education programs (programs that lead to registration as a Registered Nurse) in higher education should reflect the distribution of females and males in the broader nursing population. Yet the report by Newman et al. (2019) found that whilst women represent 70% of the health workforce, only 25% of health system leadership roles are held by women. The authors suggested that strategies to overcome barriers to women in leadership in nursing include gender specific leadership training and peer mentoring. This recognises that leadership in clinical nursing is frequently associated with clinical competency, yet research indicated that higher education has a role in building competence in nurse leadership (Newman et al., 2019). If so, the state of nurse leadership in higher education is vitally important as a seed bed for learning and opportunity.

This research therefore seeks to identify the distribution of females and males in leadership among nurses in higher education, both within the discipline of nursing and at higher levels of the academy.

Background

There is a dearth of discourse in the literature on leadership roles and opportunities for women from the discipline of nursing in higher education, including roles related to teaching and learning and research. While women are underrepresented in senior leadership positions in health, Boylan et al. (2019) asserted there is a willingness to deliver the necessary commitment. Roberts and Turnbull (2002) and Roberts (1996) provided an historical context to the positioning of Australian female nurses in academia in two studies that investigated the profile of nurse academics prior to and again at the turn of this century. Interestingly, Roberts (1996) found that in 1994, nursing was identified in 27 Australian universities and was supported by 1100 nurse academics. At this time Roberts (1996) asserted that nurse academics were under-represented in the academic levels of Senior Lecturer, Associate Professor and Professor. Within 15 years of nurse education moving from the apprenticeship model within hospitals to the higher education sector, only 7% of nurse academics at this timepoint had Doctoral qualifications, compared to 41% of academics (Roberts, 1996).

By 1999 when Roberts and Turnbull (2002) extended the earlier study (Roberts, 1996), there were 901 nurse academics, almost 20% of whom had a doctoral qualification. While the later study demonstrated no difference in qualifications according to sex, with equal proportions of males and females holding doctoral degrees, the proportion of male nurse in academia had decreased marginally since 1994. However, in 1999, 17% of nurse academics were male, whilst the general nursing workforce comprised 8% males (Roberts & Turnbull, 2002). While the number of nurses in the professoriate (employed as Associate Professor or Professor), increased in the period between the two studies, the proportion of nurses in the professoriate was less than half of that of academics from other disciplines. A telling statistic demonstrated that an equal number of nurse academics moved to more senior university positions above the discipline, to those who died in the period between these two studies (1%) (Roberts & Turnbull, 2002). However, Aiston and Yang (2017), like Roberts & Turnbull (2002), while acknowledging the lack of women professors internationally, posited that the cause of inequities observed for women in higher education internationally cannot be essentialised across multiple contexts because they are also influenced by global policy and cultural attributes.

There are a range of factors that potentially influence the imbalance of female and male nursing leaders within academia, and more explicitly limit the promotion of nurse academics beyond the discipline level. Whilst some of these factors are not solely unique to nursing, perhaps the clustering of them within one discipline is. Castner (2019) warned that disciplines such as nursing, which remain predominantly female, are devalued, and regarded as possessing lower workgroup status within male dominated organisations (such as universities). This lower status results in fewer promotional opportunities beyond the immediate school or discipline (Castner, 2019) and is, as stated by Cleary et al. (2019), influenced by culture and perceptions within the university sector which still preferences men. Halcomb et al. (2016) similarly warned that structural or institutional oppression may be exacerbated for female nurse academics who are likely to already have experienced structural oppression within the health sector, with nursing associated with less power and influence in the clinical setting than other health disciplines, particularly medicine (Cleary et al., 2019).

Many nurse academics are recognised as clinical leaders and current clinical experts in their field (Clochesy et al., 2019; Halcomb et al., 2016). These clinicians typically find themselves novices rather than experts upon transitioning to academic work, and, in an environment and organisation that bears little resemblance to the clinical one they have come from (Gilbert & Womack, 2012; Halcomb et al., 2016). The clinical leadership skills that nurses possess may not translate quickly or easily to a university environment, resulting in nurse academics arriving from industry often needing to commence their career trajectory anew (Halcomb et al., 2016). In addition to navigating a new role, organisational structure and work focus, the transition to nurse academic from clinical practitioner often occurs at a later life or career stage than for other discipline groups. As such, the progression to positions of leadership within nurse academia may also be slowed.

Recent studies from the United States of America (USA) have raised concerns that there is a growing shortage of nurse academics in administrative/leadership roles (Apen et al., 2021), and a shortage of midlevel nurse academic leaders who occupy positions such as Associate Dean, Program Director or Head of Department (Flynn & Ironside, 2018). These shortages have precipitated concerns that the educational capacity of nursing schools is being negatively impacted by a lack of stewardship. A study by Flynn and Ironside (2018) that was conducted across multiple states and sites within the USA, found occupational burnout related to reported heavy workloads, long work weeks and dissatisfaction with work/life balance prompted mid-level nurse academic leaders to leave their jobs.

Nurse academics wishing to pursue an academic leadership role commonly have no leadership training available to them, despite nursing literature identifying that leadership training is important in the development of leadership skills (Boylan et al., 2019; Halcomb et al., 2016; Phillips, 2019; Young et al., 2011). Effective succession planning in nursing education and leadership is required particularly considering the shortage of mid-level academics in nursing (Phillips, 2019). A recent report into leadership opportunities within nursing (Newman et al., 2019) called for the reform of health professional education to address instructional and institutional deficits. Newman et al. (2019) claimed that existing stereotypes and professional hierarchies need to be challenged, and the lack of leadership development within nursing education needs to be addressed. One strategy identified in the literature for improving leadership development and succession planning is mentoring of academic staff, both at entry to academia, and when preparing for leadership roles and commencing leadership roles (Phillips, 2019; Phillips et al., 2016).

Benefits reported for academic staff who participate in leadership mentoring programs or relationships are the validation and affirmation of skills and work output, fostering of supportive and collegial relationships, and less isolation and uncertainty particularly when commencing new academic roles (Phillips et al., 2016). Mentoring programs that promote a culture of positive role modelling by current leaders, are recognised to increase the understanding of academic roles and

what leadership involves (Ephraim, 2021; Phillips, 2019). Despite strong claims of the advantages of mentoring in leadership succession planning, mentoring in this context is not a commonly instituted practice (Phillips, 2019). Importantly, research has also identified that in the absence of support within university environments (such as support within mentoring relationships and programs), women tend to underperform or persist less (Cleary et al., 2019).

This study was designed to capture a current snapshot of nurse academia and leadership in Australia, with a particular lens upon the organisational support for women in leadership.

Research Questions

The data will be analysed to answer the following research questions:

- What is the distribution of females and males within academic nurse leadership?
- Are nurse academics evident in leadership in higher education in Australia?

This study reviewed Australian higher education providers that offer programs that lead to registration as a Registered Nurse. Castner (2019) identified several criteria that can be used to determine organisational support for women and leadership, which guided an audit of publicly available documentation at each university. The study also identified the distribution of females and males in leadership in nursing education and the positioning of the nursing discipline in the university structure. The study further reports where nurses occupy leadership roles above the nursing discipline (faculty/college) and the sex of those nurse leaders.

A note on sex and gender

Within this paper, data on the sex (female/male) of nursing academics and discussion on the impact of gender are presented. The authors adhere to the World Health Organisation (2022) conventions that a) sex is determined by biology and b) gender is socially constructed and determined by the individual alone. In this study sex was determined based on investigation of title, pronouns, names and occasionally photographs. The authors are intersectional feminists and recognise that gender is not binary and cannot be determined by these factors alone. The authors apologise if these assumptions are incorrect.

Methods

This pragmatic scoping study focused on the website content of 37 nursing schools within Australia and were collected in September 2021. A list of accredited entry to practice nursing programs within Australia was sourced from the Australian Nursing and Midwifery Accreditation Council (ANMAC) website. Specific data, including permanent staff profile, organisational charts and leadership related structures were obtained directly from the university websites and analysed using SPSS (Statistical Package for the Social Sciences, Version 26.0, IBM Corporation, Armonk, New York, U.S.A) to summarise female and male representation among the higher education level institutes in Australia. Website data were scrutinised to identify nurses above the level of the discipline by assessing the qualifications of staff listed in those roles. Table 1 outlines the inclusion and inclusion criteria used.

Table 1:

Inclusion and exclusion criteria

Inclusion criteria	Exclusion criteria
ANMAC accredited Entry to practice nursing programs including undergraduate, postgraduate and TAFE	Staff of other disciplines teaching into RN programs
Registered nurses listed on the university websites as working in RN programs and not designated as casual or sessional	Staff designated for midwifery programs
	Staff working above the level of the Faculty/College

Leadership has been reported by Halcomb et al. (2016) as involving the influencing of others, whether in a clinical or academic setting. In the development and writing of this paper it was necessary to acknowledge the variety of terms used to describe academic roles and positions, within both national and international literatures. For the purposes of this study, the authors considered nurse academics in leadership positions where they had an impact on the field of nursing or a designated field of responsibility in the university (e.g., Dean of Teaching and Learning).

Results

In addition to one Technical and Further Education institution, 36 of the 44 recognised Australian universities offer entry to practice nursing programs (Table 2).

Table 2:

Geographical distribution of nursing programs in Australia

State or Territory	Number of Universities*	Number of Campuses
Victoria	10	23
New South Wales	9	26
Australian Capital Territory	1	2
Queensland	8	22
South Australia	4	7
Northern Territory	1	1
Western Australia	3	7
Tasmania	1	4

*24 universities had multiple campuses in the same state or different states.

Of the 37 institutions reviewed, two (5.4%) universities had little structural or staffing data publicly available on their websites. The study identified 1,083 nurse academics working in higher education. Staff data nominating staff names was available for 30 of the 37 (81.1%) reviewed universities. It was difficult to distinguish between casual and permanent staff positions in all data sets. The indicative number of staff listed in nursing across all universities ranged between seven staff at the lowest end of the scale, and 111 staff in the largest nursing discipline group (excluding casual staff).

Among the universities examined, 23 nursing discipline groups operated as stand-alone schools independent of other disciplines. The remaining 13 (34.2%), were positioned with other disciplines such as allied health, paramedicine, and social science. In 36.8% (n=14) of the universities, nurses were appointed to university management roles outside their discipline. In total, 17 nurses from 14 universities occupied senior roles of academic Deanship or Associate Dean and contributed to a level of leadership above the discipline. Of these higher leadership roles, 15 were occupied by female academic nurses while two male academic nurses were noted.

Most (n=34, 90%) of the nursing disciplines reviewed were led by female academics (Table 3). In the nursing academic profession, the number of male academic staff was recorded as 13.7% (148/1083) of the workforce.

Review of leadership roles within the nursing discipline group revealed 18.5% (27/146) of leadership positions within nursing programs were held by males. Whilst female academics outnumbered males in all universities (ratio of female to male was 2.53:1, the ratio range 1 to 9) and dominated the leadership roles across all reviewed universities, males were more likely than females to hold a leadership role within the discipline.

Table 3:

Female and male distribution within academic leadership

Criterion	Sex	Minimum	Maximum	Mean (SD)	Total
Leadership position within nursing discipline	Female	0	17	.77 (\pm 1.14)	119
	Male	0	5	3.40 (\pm 3.31)	27
Leadership position above the discipline level (faculty/college)	Female	0	2		15
	Male	0	1		2
Head of nursing discipline	Female				31
	Male				2

The authors found that the nomenclature for roles and job titles within academia was varied. For example, whilst some universities name the person responsible for the day to day running of a bachelor's degree the 'Head of School,' other names such as 'Head of Course,' 'Head of Program' or 'Program Manager' made comparison of data across contexts difficult. The authors used their academic experience and discussed findings to classify roles and achieve consensus based on the

nomenclature available through the various university websites. The following list provides examples of the range of terms found describing the position of the leader of the nursing discipline.

- Associate Dean
- Associate Head of School
- Dean
- Dean and Head of School
- Deputy Dean
- Deputy Head of School
- Executive Dean
- Head of Discipline
- Head of Nursing
- Head of School
- Professor of Nursing and Discipline Lead
- Program Head
- Program Manager

There was significant variation between universities of the leadership roles identified by title for staff within the nursing discipline. The titles were generally divided as research related, academic or learning and teaching related or other. This final category included roles with strategic titles, accreditation roles or roles linked to a cognate group such as mental health. The extent of difference between universities also reflected the presence or absence of structures such as research nodes within the discipline or at the college or faculty level in other universities. Where research clusters were identified within the discipline, there were an increased number of identifiable leadership positions specified by a distinct title. While some positions were named without a corresponding incumbent to whom the authors could assign a sex, the indicative count of leadership positions within the nursing discipline was 146 positions, with a distribution of 119 females and 27 males.

Discussion

The results uncover that there remains an imbalance in the academic nursing workforce, both in its composition in terms of employment, and in terms of sex and the occupancy of leadership roles. In 2019 there were reported to be 3607 nurses working in tertiary education within Australia (Australian Government Department of Health, 2019). This number however did not differentiate between full time, part time or casual academic staff. The casualisation of the higher education workforce in Australia has been prompted by stark government funding cuts to universities and the need to meet budgetary constraints (Klopper & Power, 2014). Casual teaching was estimated a decade ago to have increased to half of all teaching related duties that occur within higher education (Halcomb et al., 2010). This change in the academic workforce is evident within the data collected for this study.

A total of 1083 academic staff were reported by 31 of the 37 universities that offer entry to practice nursing programs in Australia (the remaining six did not list staff on their website). Whilst a precise number is not able to be deduced from the data available, this indicative number is markedly less than the 3607 nurses reported by the Government to be working in tertiary education (Australian Government Department of Health, 2019), and therefore would suggest the major proportion of nurses working in academia are doing so as casual employees.

Casual nurse academics are most commonly practising clinicians who bring valuable contemporary expertise to nursing education (Clarke, 2021). However, as the results of this study would suggest, with 2/3 of the academic nursing workforce being casual, a smaller pool of nurse academics (less

than 1/3) remain to manage the administrative function and curriculum design of nursing courses. It also means that a substantial proportion of the nursing academic workforce are not formally mentored or supported within their work (Halcomb et al., 2010) and are further removed from leadership opportunities in nursing academia. The Work and Careers in Australian Universities (WCAU) survey conducted in 2011, identified the majority (57%) of casual academics in Australia are female, and even more females within health sciences (69%) (May et al., 2013). In addition to being female, casual academics are also more likely to be younger and less qualified than permanently employed academics and face job insecurity within academia (May et al., 2013). Their career course, like their permanent female counterparts, is also more likely to be limited due to choosing flexible work arrangements to juggle career and family responsibilities (White & Goriss-Hunter, 2021). As White and Goriss-Hunter (2021) warned, those opting for flexible work arrangements in academia often receive less support for their career progression and trade their need for flexibility with their ambition.

Further evidence supports that leadership pathways for nurses may be limited (Bondas, 2006; Halcomb et al., 2016). This study revealed less than 1% of nurses hold academic leadership positions outside of their own discipline. Nursing cultures often prioritises clinical expertise over leadership or management training (Giordano-Mulligan & Eckardt, 2019). Indeed, as stated earlier, there is an absence of formalised leadership succession planning for nurses in academia (Henshall et al. 2021). Additionally, a core component of nursing work is collaboration and effective teamwork. It might be argued that positions of leadership are often not aspired to by nursing as a profession. That is, leadership is not a priority for many nurses, rather it is a serendipitous consequence of becoming a nurse academic (Adams, 2007; Young et al., 2011). A grounded theory study by Bouws et al. (2020) revealed that some nurses in leadership found a 'sense of calling' to be an academic leader. It is likely that this trait of leadership is a consequence of the altruistic culture of nursing, that is, that nurses do not set out to become leaders and as such leadership outside of nursing is even less likely.

Academic nurse leaders are required to manage not only academic and teaching tasks but also the requirements of accreditation bodies. This coupled with a lack of research funding, often due to the funding going to 'hard' and male dominated sciences (Bondas, 2006; Gledhill et al., 2011), creates a significant and diverse workload for nurse leaders. This phenomenon may influence the number of nurses in academic leadership positions outside of the nursing discipline, as a limited number of nurses will have achieved the credentials to compete with applicants from other fields.

Conversely, the perception of nurses should also be considered. Within the healthcare setting and the biomedical model, nurses are widely recognised as valuable members of the team, but rarely as team leaders (other than leaders of other nurses) (Newman et al., 2019). A 2019 report (Newman et al., 2019) on leadership in nursing found that gender stereotypes, a lack of leadership training, the need to manage paid and unpaid work all influence a female nurse's ability to pursue leadership positions in clinical settings. It is not unreasonable to assume that this perception, which is both internal and external to nursing, may impact the potential for a nurse academic to be promoted outside of their discipline. This may be exacerbated for women nurse academics.

Various leadership roles in higher education have been identified and these include nursing academics being posted to Dean and Deputy-Vice-Chancellor positions overseeing and responsible for learning and teaching within the university. Although the Academy may be accustomed to viewing nurses as content experts rather than teachers (Gardner, 2014), in this study nurses were noted to hold educational qualifications. Indeed, qualifications in education may be more common among nursing academics as many of them started their teaching career as clinical educators in health services before moving to academic positions (Schoening, 2013). Evidence from the data for this study revealed there is a need to cultivate nurses through the ranks to leadership positions in

teaching and learning as currently only a few senior nursing academics were identified at deanship level in learning and teaching.

Of note, as a comparison, the proportion of allied health professionals in leadership roles was also considered disproportionately low in academia in the United Kingdom yet one finding suggested that allied health's voice was swept into the milieu of nursing and midwifery (Gibbs & Griffiths, 2020). This is particularly interesting in considering the number of nursing discipline groups in this study who are positioned in a combined discipline group with allied health disciplines. The absence of aspirational mentors was an inhibiting factor in allied health professional's ability to progress in higher education according to Gibbs and Griffiths (2020). The very low numbers of nursing leaders evident at levels higher than management of the nursing discipline may represent this lack of aspirational mentors and therefore be a contributing factor in nursing in Australia. Both nurses and allied health professionals typically enter higher education after establishing themselves as clinicians, and then focus on building up research and other qualifications which may delay their movement to strategic leadership roles (Gibbs & Griffiths, 2020).

In contrast to the concept of the glass ceiling, several authors have postulated on a glass escalator effect evident for men in female dominated fields such as nursing (Newman et al., 2019; Williams 1992; Wingfield & Wingfield, 2014). This escalator effect emphasises men's visibility and results in expedited opportunities for promotion or selection for competitive roles. Gender discrimination and stereotyping are factors that inhibit the career progression of female nurses (Newman et al., 2019). Male stereotypes such as assertiveness and decisiveness are linked to leadership. These characteristics in women are said to be challenging and give rise to questions around women's legitimacy as leaders (Newman et al., 2019). Smith et al., (2021) contest the stereotype applied to gender bias in leadership generally, and question therefore if this has a reverse impact in nursing where professional success could be associated with stereotypically female behaviours of caring and nurturing. In their review of the literature across more than three decades they reported that men were more represented in senior positions and that they achieved success through full time work without significant breaks in work life and a predisposition for some men to seek roles that aligned with their sex (Smith et al., 2021). If accepting the suggestion that men seek out roles in keeping with stereotypical male identity such as leadership, how would an academic role be construed? Academia may be seen as less subject to the marginalisation men may experience as a minority in clinical nursing, and account for the higher proportion of male academics found in this study than seen in the clinical nursing population.

As nursing academics become increasingly involved in student administration, research, and teaching, they are often caught in a balancing act between good academic practice and the needs of administrative work (Singh et al., 2020; Ward & Walter, 2021). In a survey of nursing academic leaders in the United States, Adams (2007) highlighted workload as the most crucial factor that discouraged nursing academics pursuing leadership roles. If the administrative demand is high, then it may alter the academic's view on investing in teaching and research where teaching and research metrics contribute to promotion. Benton et al. (2017) discussed nursing's profile in the policy development of universal healthcare and presented a comparison between nursing and medicine's research outputs that demonstrate medicine's much more defined use of collective influence. High numbers of schools of nursing and some with large numbers of staff does not translate automatically to influence in the teaching, learning, research, or leadership sphere. The potential within the nursing collective cannot then be optimized (Benton et al., 2017) and therefore maximising teaching and research metrics is not possible.

Teaching and research are the core business of higher education, and both are closely linked to leadership and the organisational structure of the university. However, career progression and academic promotion in the university sector, in many disciplines (like nursing) has a strong focus

on citation index and research income. This means many nursing academics miss the opportunities of being promoted because of limited competitive grants available to the nursing profession and a shortage of doctoral prepared nursing academics (Moxham, 2016).

It is common for nursing academics to combine clinical and academic work to maintain clinical competence, however this may curb their career progression. Nursing academics are often not as competitive for senior roles as other professionals whose efforts are not divided between clinical and academic requirements (van Oostveen et al., 2017). Whilst teaching focussed positions in universities are increasing internationally (Hubbard et al. 2015), valuing this aspect of academic nursing and supporting a system that rewards and promotes learning and teaching by nursing academics is vital (Fawaz et al., 2018).

Limitations/Future research

This study was a pragmatic snapshot of sex and leadership of nurse academics via information available only on university webpages. The accuracy of the data obtained is dependent on web pages being up to date and the authors' ability to interpret the data. A small number of ambiguous academic profiles were assessed via photographs and pronouns; therefore, sex distribution may not be correct. Some of the universities listed every staff member, whether sessional, permanent, associate, adjunct or emeritus. Other universities only listed staff with portfolios within the program and not all teaching staff. Whilst the authors of this article did not interrogate the university websites for individual nurse academic qualifications, it would provide an interesting insight into the level of academic expertise that exists now within nursing academia, particularly to highlight the academic development of the profession in Australia when compared to the snapshot provided by Roberts and Turnbull (2002) at the turn of the century.

Additionally, the study revealed diversity in structure between the 37 institutions. This diversity creates challenges in making meaningful comparisons between universities and leadership positions. The authors were unable to determine if nursing academics taught into only entry to practice programs or both entry to practice and postgraduate programs. The exploration of leadership roles was limited to one level above the program level. Finally, teaching and learning roles were sometimes positioned within the nursing school/college, others outside of the school/college. These differences impact the comparability of the data.

This study has highlighted a need for focussed research in this area. It is unclear what the impact of mid-career transition to higher education is on the likelihood of progression beyond the discipline level of the university is. Most nurses spend their early career establishing themselves as clinicians (Gibbs & Griffiths, 2020). Transitioning to higher education earlier in the career may provide more time to progress through levels of promotion and be recognised for leadership opportunities as well as develop a research track record equivalent to other disciplines who enter the academy earlier.

This study considered a stereotypical depiction of gender as a factor in opportunities associated with teaching and learning leadership for female nurses, however the intersections of age, sex, gender, race, and other identity factors need to be considered to provide a more holistic account of the opportunities and barriers to progression in academic nursing roles.

Data on teaching responsibilities and the extent of leadership roles, or indeed the extent of expectations related to workload hours or percentage of total time allocation, were beyond the scope of this research. Future research could explore how these invisible factors impact upon leadership roles. Teaching expectations and roles need to be investigated to answer questions related to culture, and perceptions of prestige between teaching and research positions. The clash between leadership and teaching may be a factor where nurses with significant teaching roles have limited opportunity for leadership, or transition to leadership opportunities, and this is worthy of further investigation.

Studies on the advantages or otherwise experienced by men in nursing are typically located in clinical contexts. However, the academy is perceived as a male dominated environment and the presence of gender ideals in such a context for nursing is unclear.

Conclusion

This study has identified that a significant imbalance of females and males remain prevalent in the Australian nursing academic context. While more males are working in academic nursing proportionally than in clinical settings, the nursing role remains imbued with characteristics associated with femininity. The risks to nurses of a gendered vision of this workforce has implications to both males and females and may impact opportunities for leadership and promotion to senior roles. The composition of the nursing workforce and leadership positions have remained static over the almost four decades since nursing in Australia moved to higher education. While this pragmatic study demonstrated that the number of nursing academics appeared to have reduced since the late 1990s the nursing workforce is still a significant contributor to the academic workforce and yet numbers of nurse academics working in roles senior to their discipline were few. This study demonstrated leadership roles were more identifiable than teaching and learning roles and suggested more work is needed to understand this phenomenon.

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