While there have always been men in nursing, there has been little percentage increase in the number entering the profession in recent years. The UK nursing workforce is 10.73% male, an increase of 2.36% of the total since 1990 (Nursing and Midwifery Council, 2007). If the trend continues at the current rate, it will take a further 300 years to achieve numerical gender equality in the profession.

Men are, however, over represented in particular parts of the profession and feature disproportionately in management and other senior positions (Lane, 1998); they also make up 50% or more of mental health and learning disability nurses. Consequently, the number of women in “adult branch” nursing is more than would appear to be the case from the headline figures.

From this analysis, it can be claimed that nurses are likely to face a similar set of prejudices and injustices as those facing women within society.

**SOCIOECONOMIC CLASS**

In a recent survey, nurses were asked whether they identified their class background as working class, middle class or ruling class. Fig 1 shows that a large majority identified it as working class (this data comes from my own unpublished research).

This self identification requires examination from a variety of viewpoints. Looking at social position and class from the perspective of oppression requires consideration of the Marxist argument, which remains the pivotal critical theory in relation to economic repression.

From a Marxist perspective, as employed paid workers, nurses are working class. However, this classical definition also includes all other staff in NHS hospitals, including senior managers and medical staff. This creates an analytical problem when proposing subjection of one part of the same group (nurses) by the other (managers and medical staff). Nevertheless, Marx (1976) differentiated between waged workers on the grounds of “badly paid” and “best paid”.

Later Marxist theorists, such as Marcuse (1964), expanded politicoeconomic oppression to the bureaucratic modern capitalist state. In this case, it is more useful to consider social class as one of many oppressions affecting suppressed socially determined groups. This theory of general oppression, initially proposed by feminists, allows for unjust inequalities of any kind, such as race, age, gender and social class to be taken into account rather than assuming, as Marx did, that all such injustice results from economic inequality created by the accumulation of capital.

Using this “multiple sources of oppression” model to assess nurses’ social class as a group requires the examination of a variety of factors. Marxist theory remains valid, but this form of analysis provides just one argument for socioeconomic position. Liberal statisticians have attempted social classification for many years using a variety of indicators to create hierarchies to assist policymakers and researchers. The current version used by the Office for National Statistics (2008; 2000) is the Standard Occupational Classification 2000, which consists of a nine point scale along which all UK occupation groups are mapped. Each of the nine points is given a title describing the occupations listed within it. The positions are arrived at by empirical observation of the power relationship between occupations and the level of autonomy of occupational groups; within the main nine points are subgroups (ONS, 2008).

This method of classification places nurses in group 3 “associate professional and technical occupations” (ONS, 2000); the subgroup that includes nurses is “health associate professionals”. Therefore, within this officially sanctioned hierarchy, registered nurses are classified at the level below medical practitioners and pharmacists. This indicates that, although the socioeconomic status of the profession is above that of carers who do not have the paraphernalia of registration and a professional body, nurses have not obtained the social position whereby they are recognised as a fully professional group.

This clearly indicates that nurses are in the semi professional class (Stronach et al, 2002). This is a group of professions identified by their majority female membership and lower social position (Etzioni, 1969). In the current climate of the rise of managerialism, it can be argued that the main area of conflict and oppression for associate professionals is with their employers.

**AN OPPRESSED PROFESSION?**

If the nursing profession was in the kind of position of power that law and medicine occupy, then nurses would be able to protect their privileges. On the other hand, the fact that nurses are considered professional at all indicates that the processes of proletarianisation and deprofessionalisation – which Stronach et al (2002) argued are a deliberate attempt to reduce the status of professions such as teaching and nursing – are not yet complete.

In many ways, the interests of the profession and employers do converge: both wish to provide excellent services for clients and an environment where patients feel safe and valued. Of course, in some ways, the aims of management and professionals will be different – for example, NHS trusts are forced to meet year on year cost improvement programmes (Stronach et al, 2002). Consequently, it is hardly surprising that professionals end up in conflict with management. When these disputes arise there is a straightforward industrial confrontation of the type involving any group of organised workers and management. This state of potential and actual confrontation dates back to the early industrial period and, arguably, to the beginnings of civilisation (Webb and Webb, 1920). A manifestation of this conflict is the long history of nurse trade unionism.

The position of nursing within the socioeconomic framework is one of a relatively oppressed group – not as low in the social scale as some, but certainly not in the upper professional tier. Considered in line with Marxist theory, feminist theory, liberal empirical sociological practice or the position of professions within the social milieu, it can be concluded that nursing is unjustly positioned below and oppressed by a number of occupational class groups, such as medicine, pharmacy and professional management.

All this means that the multidisciplinary team caring for patients is not socially equal and, consequently, is unjustly oppressive. Nurses are part of an oppressed class and, as semi professionals, are a subordinate profession. As a result of this, the official line that nurses and nurse educators have been taking for decades