The Oklahoma Nurses Association recently published a calendar, “Nursing... A Real Career for Real Men.” My first thought was, here’s a great effort to attract more men to the profession. But on second glance, something about the calendar bothered me. It took some conversation and consciousness-raising with colleagues to help me identify the source of my qualms.

It’s the title: a catchy slogan that intends to be both assertive and reassuring. It also manages to be wrongheaded and exclusive. Let me explain.

While I’ve been an RN since 1979—and a person of the male persuasion even longer than that—I don’t allow anyone to call me a “male nurse.” If someone I meet uses that qualifier, I politely explain that it’s unnecessary. I’m a nurse. Period. I’m no more or less a nurse because of my sex than my female colleagues are because of theirs.

Nursing is the confluence of caring and science in the service of patients, their loved ones, and society. Nursing “realness” isn’t increased or decreased by sex, race, sexual orientation, or religion.

I’m sure that the men in the Oklahoma calendar didn’t mean to exclude anyone when they proudly posed with their pistols, fishing poles, watercolor palettes, and violins. And I could certainly identify with many of them, such as February’s foursome: we have similar families, similar hobbies. A photo of me sitting on my motorcycle holding a Frisbee, with a caption describing my wife and kids, would fit right in.

And I’m sure the Oklahoma Nurses Association intended to make even a guy like me—tall, skinny, straight, white, middle-aged, middle-class—feel like a real man and a real nurse. But I don’t need to be told I’m a real man or a real nurse. And I don’t need to be reassured about my masculinity just because I’m in a traditionally female profession.

Does the adjective “real” connote only a limited spectrum of stereotypes, lifestyles, and sexual orientations? Perhaps we need to reexamine our notions of what makes a nurse and what makes a “real” man.

At the most basic level, sex is determined by X and Y chromosomes. Beyond that, concepts of gender and our identification with and attraction to one or the other sex are more fluid, more flexible. A patient in a coma doesn’t know the sex of his caregiver, or whether the nurse is a Native American or a member of the National Rifle Association. What matters is the quality of the care the patient receives.

Many people seem to feel that men are not only emotionally different from women, but that men are somehow emotionally inferior—that they’re not as capable of caring. I’m saddened that men need to assert their worth and abilities as caregivers, rather than being accepted and valued in that role in the same way that women are.

I recall my astonishment and pride when my father—a printer by trade and a man who couldn’t stomach the sight of illness or injury—stepped up when my mother went through six excruciating years of chemotherapy and radiation. He gave my mother the best holistic care I could have hoped for. It wasn’t certified, licensed nursing care, but it was the right stuff, and then some.

In an era when caring, competent nurses are needed so badly, it’s a shame that men stay out of our profession, perhaps because they’ve accepted a subtle—or not-so-subtle—message that they’re not so good at caring, or perhaps because they worry that others won’t think of them as “real men” if they become nurses.

I’ve taught my children that they’ll probably never see an end to racism, ageism, or sexism, but it’s their job to fight against them every day. They may also never see the end of the stereotype that men aren’t as capable as women in the role of caregiver. In fighting against that stereotype, nursing’s recruiting efforts shouldn’t set up a false dichotomy—between “real men” and some other kind—that subtly reinforces what we hope to abolish.

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