MEN IN A FEMINIZED WORK[1]

SESSION: 14 - Men paid care workers: barriers and opportunities for their incorporation in elder and long-term care

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ABSTRACT

In this paper, we will analyse the gender discourses of men who participate in the paid work of care from their different places: in residences, at home, in health care, etc. We will see how her work in a feminized environment makes gender a very present dimension in her daily routine: in the perception of men and women as workers, in their relationship with people cared for, in the construction of the ideal caregiver or in the processes of selection and contracting.

We will see how the fact that they have crossed a gender frontier in the workplace hadn't been translate to overcoming gender inequalities, quite the opposite. In his speeches we observe the reproduction of the differential constructions of male and female workers and their different capacities and abilities. They emphasize the feminine abilities as fundamental in the care, but at the same time they relate how the fact of being men has facilitated its contracting by naturalizing in them a traditionally masculine capacity: the strength.

Keywords: care, masculinity, feminity, work.

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INTRODUCTION

The concept of men care includes men who have incorporated care from different areas. On the one hand, we find men who incorporate care as an element in their masculinity, and who exercise it in the family, as in the concept of "care-full masculinities" Hanlon (2012). In this case we find at least two fundamental perspectives: the care of dependents and the care of children. In these cases, we find that male identity evolves in its articulation with kinship fundamentally. On the other hand, there are men who work in a paid way in the works considered of care. In this case, his masculine identity is also redefined in his relation with the labour identity.

In this paper I will focus on this second dimension of caregivers: men who work in paid care. Among these men, we find an important variety of jobs in which care is exercised (nurses, social workers, social workers, nurses ...) and places where it is developed (at home, as an inmate, in a residence, in A hospital, a day centre...) that generate a wide range of situations in which care and masculinity are intercalated in various ways. It is very common the mobility of male caregivers between the various services, and even the combination of several of them, such as day centers or residences with home visits, movements favoured by the precariousness of the sector, among other issues. For the analysis that I present here I will take into account the discourses of men who are paid caregivers in the different areas, according to the definition of caregiver proposed by James (1992: 489) "a carer is defined as someone who gives sustained, close, direct Mental and physical attention to the person being cared for". This variety of situations in the informants will allow us to observe the similarities in their perceptions of gender and those of their work environments.

In this communication we will see the different ways in which gender influences men interviewed. On the one hand, raising the question of whether gender differences are diluted or reinforced in their discourses when they find themselves in a feminized work space doing traditional feminine tasks. We will also see if this raises some kind of conflict between their gender identity and their work identity. At the same time, we will analyse the stories about the need to incorporate men in this feminized work environment, which translates into recruitment privileges. We will therefore focus on the symbolic basis that legitimize the reproduction of gender inequalities in an environment in which men are a minority and in which traditionally feminine tasks are performed.

LITERATURE REVIEW

The same concept of caring man is transgressor because of his combination of masculinity with a traditionally feminine woman. And it is that, beyond the consideration of care work as feminine, the definition of masculinity and femininity are related to the presence or absence of care activities. In the case of women, Tobío (2012: 404) emphasizes the importance of care in the identity of women, since " In a circular reasoning, it has been presupposed that carers are so because they are women, whilst they are women because they are carers". At the same time, research on masculinity emphasizes that it is based on its opposition to femininity, so that Hearn (2001: 16) consider that "men's avoidance of caring has been the defining feature

of ‘being men’”. It is in this sense that Hanlon (2012) identifies two masculine identities differentiated by their relation to care: care-free (when they reject it) and care-full (when they integrate it).

Thus, in the traditional feminine work, “stereotypical feminine traits of nurturing, caring, dependence and submission exist in stark contrast to masculine characteristics such as streght, aggression, dominance, self-control and objectivity” (Evans, 1997:226). The need to put into practice the skills traditionally linked to femininity, make incompatible the masculine way of "doing gender" (West and Zimmerman, 1987), because this is linked to other types of skills conceived as antagonistic. Women's abilities are fundamentally linked to social skills and the management of emotions and, as Hochschild (2003) points out, this is because of the need to manage the emotions imposed by society on the women since they’re young, as well as in the *breadwinner* family, where the women are economically maintained in return for their care and their emotional work.

Taking these elements into consideration, Comas (2016) considers that there are two fundamental barriers for men to participate in care: cultural barriers and barriers of opportunity. Cultural barriers are based on the fact that the social constructions of what it means to be a man or a woman are linked to generically differentiated skills and abilities, which make women socially more suitable for one type of work and men for others. Therefore, among other things, exercise a traditionally feminine work has consequences on the masculinity of the man who performs. On the other hand, the barriers of opportunity arise from the social and economic devaluation of the feminized professions, which makes these kind of jobs little attractive to men.

Care responds to a different logic from the work in the productive field, because it is presented "not as a set of tasks that can be catalogued, but rather as a set of needs that must be satisfied" (Carrasco, 2009: 49). The men interviewed exercise care in work that does not obey the logic of family care, but has rationalized the work and taken care of within a workplace, within an organization or company. It origins that the tasks of care have been transferred from the reproductive field of the home, in which the logic of the emotions, to the productive field, in which the economic logic prevails. James (1992: 496) identifies the great importance that the physical and material tasks have in a residence. These tasks: to do things, to lift the users, to move them from places, to nurture them.... They are the ones that identify first, those that can be anticipated and, therefore, those that allow to establish a schedule of tasks and rationalize the work of care to operate under the logic of the labour market. This fact made a great difference to the carework in the family environment, which in many cases are characterized by not having a schedule.

The literature indicates that, in feminized work, men are more easily promoted than women, having a "crystal escalator" that aids them in their job advancement (Williams, 1992). Elliott (2016: 13) argues that "affectionate masculinities can be seen as masculine identities that exclude domination and embrace the affective, relational and interdependent qualities of care identified by feminist care theorists." Accordingly, men who perform care work develop masculinities with more feminine and egalitarian values. In other direction, Pullen and Simpson (2009: 580-581) consider that the entry of men into female care settings does not

imply an integration of gender roles but “men colonized the feminine by calling up discourses of rationality and detachment and bringing them into the masculine domain, so reinforcing (…) masculine norms and hierarchical gender differences”. According to Evans (1997: 226), these positions of male domination are reinforced by “the use of strategies by male nurses to separate themselves and their masculine sex role identity from their female colleagues and the feminine image of nursing itself”.

METHODOLOGY

This investigation is part of a broader research carried out in Catalonia (Spain), in which 208 interviews were carried out between March 2015 and September 2016. In the field work, we have interviewed: male caregivers in the family and in the paid area, as well as service managers of care both public and private, and care receivers. In all cases, the care is for adults with a high degree of dependency. In this paper they’re just considered the interviews to professional caregivers. There are 24 in total and have been made to men who work in the area of care both in specialized care centers (such as day canters or residences) as caregivers at home and internal caregivers. They are dedicated to care in the areas of old age, mental illness and Alzheimer. For the analysis I have used the information of the questions pertaining to the care from the gender and those related to the profile of the ideal caregiver.

ANALYSIS AND DISCUSSION

Care still has gender: visions of men about women and men care workers

The caregiver men is really aware about the care is a work traditionally considered feminine, although they agree that it is an expired relationship that currently has no sense. Explanations about the reasons for the link between women and care are focused on social or educational issues, including their sexist nature, but it is always influenced by the idea that it is currently changing and that there are more and more men doing these tasks:

"Why do I think there are more women? I think that everything comes at the root of everything that has been promoted from the male chauvinism in the sense that the woman stays at home, the man is who is going to work, the woman is the one who cares for the children (...) it is the old-fashioned thought that women are the ones to take care of " (Pablo, home caregiver for the elderly).

In addition, many informants highlight the fact that, in practice, care can be exercised by both men and women, and that both can do it just as well: "The question of doing it right or wrong, a man can do it well and he can do it exactly the same than a women, isn’t it? It's like cooking, it's like everything "(Manel, caregiver for the elderly in a residence). In this sense, caregivers reflect a gender equality mentality and reject traditional stereotypes about care. However, when are asked about ways of caring, discourses that appear clearly distinguish men and women, naturalizing in different skills according to gender.

"Women speak a little more sweetly, as they are more easily able to take the patient to their field" (Milos, caregiver in Hospital for patients with mental illness).

"yes, a man, but we are drier, more logical, isn't it? "(Jaume, caregiver at home and in the hospital for the elderly)

According to their accounts, women are identified with typical feminine qualities and emotional work: they are more patient, sweeter or more affectionate. Men, on the other hand, are also considered to possess the more masculine qualities of physical ability: they are stronger and have more authority, as Bodoque, Roca, and Comas-d'Argemir (2016) also point out in their analysis. There are also differences in the work rhythms, emphasizing that men are more practical and women more meticulous or retail.

In some stories such as that of Luca, this dichotomy that identifies masculine and feminine abilities is internalized in itself, considering that in order to perform this type of work, they must develop this feminine part that they already possess: "It seems that in our work there's a predominance of this more feminine part, right?" (Luca, caregiver in Hospital to patients of mental illness). On the other hand, professionalization and training in care tasks appear as key elements that equate men and women in care, "I believe that, if the man has enough training the care hasn't to be different" (Albert, Caregiver in practices to the elderly). Also, the importance of the strength is relativized with the technical advances in cranes and tools for the mobilization of patients (Bodoque, Roca and Comas d'Argemir, 2016).

Differential constructions of men and women as workers also have a translation to the workers as partners. In this way, different informants like Carles emphasize their discomfort when working with so many women: "Maybe the women have more conflicts between them and sometimes you see that among them they may not quite understand each other well" (Carles, day care center for the elderly).

On the other hand, they do not seem to experience conflicts between their masculine gender identity and their job identity as caregivers. They only manifest this contradiction in the form of anecdote when they talk about their social environment, but in no case have we observed that they have internalized it as a conflict.

"People identify you as… in feminine. They sometimes go through the door and ask for the social worker. This is the image that ... but not, it costs me nothing, not" (Marc, caregiver in hospital for elderly).

For all this, we see how, according to our fieldwork, the entrance of men in feminized work environments does not dilute gender differential constructions, but reinforces them. According to Evans (1997) statements in the field of nursing, we observe a willingness to separate men from the rest of women's nurses. In this way, there is a whole story of the difference that builds men and women differently as caregivers. This is a way of creating gender and maintaining masculinity and its privileges in a traditionally feminine environment, in the line of Hanlon's claim (2012: 196) according to which "recognising care and gender equality, however, does not necessarily equate; for some men care and equality are entirely different". The fact that men as workers retain distinctive distinguishing features that they claim and reproduce may be what would allow them to don't experience a conflict between their male gender identity and their socially considered female labour.

Conflict of patients at the reception of male care

Men carer also manage in their routine work the conflicts arising from the gender prejudices of the people who are cared for and their relatives. There are different opinions about the gender preferences of the users. Some informants consider that they prefer people of the same gender to take care of them, and others consider that men do not present many problems on this subject, as we observe in the comments of Pablo and Pol. "For this reason, it has always been easier for a woman to take care of a man and a woman, than a man take care of a woman" (Pablo, caregiver at the home of older people), "because of the experience that I have here, for men usually the same as men or women" (Pol, caregiver in a nursing home). In any case, they report difficulties in the care of some dependent women, who do not accept the care of a man. As Emanuel explains, in coherence with other informants, conflicts arise depending on the type of care and the age of the care receiver.

"Two variables that I would say: the more intimate the care, the more reticence, I have noticed. And then a matter of age. The variable age that we say that conditions a little that older people doesn't see a professional profile, but gender one. He does not see you as the nurse-man but as a man-nurse "(Emanuel, caregiver in a hospital for patients with mental illness).

"If you have to put a catheter or something like these is not usually so much problem but if you have to dress if you have to help to do the hygiene or something like this so they are more ... , They have more shyness "(Sabino, caregiver in hospital to patients of mental illness).

Regarding the type of care, the greatest difficulties appear around the access to the intimacy of the person, where they appear gender barriers. Sabino, in the previous citation, clearly distinguishes between tasks of care and medical tasks and identifies them with tasks that create modesty and tasks that do not, respectively. And is that at present have practically eliminated taboos on access to the body by medical professionals, but are maintained towards men caregivers, as Rafael points out in the following citation: "'Oh, look, today, Rafael will wash you.' 'No, no, how embarrassing! To go to the bathroom there is people that don't want you to do this… after all, it's what we say, 'If you were in a hospital, is it true that if you see the doctor is a man, will not say no to him?' But it's a cliché. "(Rafael, caregiver in SAD for the elderly). Thus, caregivers relate the status and professionalization associated with the medical profession as elements that can help them in working with patients who are reluctant. This consideration as a recognized professional, somehow, de-sexualizes the worker. Guillem uses the white coat, that is associated with the health professions, as an indicator of professionalism to facilitate him to overcome barriers with patients: "(I) Yes, the robe goes very well, because it separates you and at the same time… the robe separates you from the person and at the same time gives you a confidence that you would not have it without the robe. Do you know what to say? (E) The professionalism" (Guillem, caregiver in SAD for the elderly). Arcadi, for his part, explains that because he is a man, he is directly identified as a doctor, not as a caregiver, and although he does not make direct reference to the intervention in the privacy of the cared for people, he does mention the difference of treatment: "Here I notice that I'm confused with the doctor, but of course, I'm not the one who cleans ass or the

puncture, I'm already the doctor. Then: "no, no, no, I'm the nurse". But it does not matter, they have a way of treating you differently "(Arcadi, caregiver in public health for the elderly)

And about the age of the person cared for, the profile of people who have modesty in being attended by a man seems to always be a woman, usually of advanced age or, in cases where they are young, is usually linked to Religious motivations. If we look at the testimony of Arcadi, manifestly homosexual, we can see that these barriers have a sexual component, since he is no longer a threat when he shows his sexual orientation: "When you see one that hides a lot or that gets very tense when you go, I kick out a ladybug I carry inside -which is a ladybug of meter 90- and that opens many doors ... "(Arcadi, caregiver in public health for the elderly). It connects with the thinking of Pullen and Simpson (2009: 577): "Being Other is being abnormal... as well as dangerous, sexualized and potentially paedophilic in a feminized context where women's bodies are unmarked, unthreatening And congruent with feminized work ".

In addition to using, as we have seen, the white robe, the same male figure associated with medicine, or homosexuality as tools to solve the barriers that arise for men in the care, in the field of mental illness the female and male figures seem to have much significance among the people served. Therefore, caregivers consider that the choice of male or female caregivers should also be done strategically, keeping in mind these perceptions. A number of informants in this sector believe that gender is especially key in patient conflict management. Men impose more authority but, at the same time, can be seen as a threat. Women, in turn, sometimes have a appeaser role, and in others, they may be more vulnerable. The management of interventions, in each case, must therefore rely on using one or another gender in the different situations.

"I remember a dining room with 40, 50 people, all psychiatric, there are the other workers and they are all giving voice, and it was to enter a man and they were all silent. A male presence and they all fell silent suddenly, what is happening here? I remember that, my companions who had to shout, and you came, you coughed, and that's it. Just because it was a male presence. I was 18 years old and had pink fuchsia hair, which, male presence, male, was not, but was a man, and that marked "(Arcadi, caregiver in public health to elderly).

"With males sometimes what can happen to us is that they can face more, is that there can be two things: they can face more because they see it as equal and then they can put ... and instead with a woman sometimes also calmed down a bit more. Depends on the case" (Andres, caregiver in hospital to people with mental illness).

From the point of view of care for dependents, their desires about the caregiver's gender can be respected or not, depending on the policies of the workplace, which in some cases generates a certain discomfort in the men caregivers for having to impose their male presence on users who do not accept it, although their perception also varies depending on the characteristics of the service they give. In cases where the caregiver has to take care of a woman who has indicated that she prefers a woman, Miquel considers that male caregivers may only aspire to be considered an exception and specifically accepted by them, but that they will not change the existing prejudices: "Then a man can be found that if he does it well, then what they say is that you are the exception, which does not fix anything. And that's it, you have to respect it" (Miquel, PAD caregiver for the elderly).

The characteristics of the ideal caregiver

In the interviews, the vocation or the pleasure to do that work constantly appears as a very important element to be a good caregiver. Therefore, it appeals to the emotional part to justify the choice of that profession, while it is a criterion that determines who can become a good caregiver and who does not. This differentiation is done in positive and negative. On the positive side, vocation implies certain attitudes that give a higher quality to care, such as greater involvement or a "willingness to give", that would be necessary to take care of: "It is a job that I believe must have a very important vocational part or a very important part of wanting to give, and there are many people who do it because they have no choice, then this is also noticed, isn't it?" (Arnau, caregiver in a residence for the elderly).

In negative, because it is hard work emotionally and physically, it is understood that it is difficult to perform if there is no pleasure to doing it. In these cases, the pleasure to the work makes possible to remove value to things that otherwise make work very difficult.

"If you do not like this job, you cannot do it, because you would end up bad. First because you would end badly, because it is very stressful, there are many very stressful moments. Then you would end badly, and then, because everything is reflected in them, they would end up worse, because they would not get any benefit, nothing, and everything would be chaos "(Fernando, caregiver in residence for patients with mental illness).

"You must like it; you should like it. Not that you help others ... No, be careful, you should like it. I mean there's ... Not everything is going to talk to them and it's already. The topic of hygiene, the topic of care, the theme of ... There are many things "(Peris, caregiver in residence for the elderly).

Beyond vocation, informants agree on pointing to certain social skills as fundamental to doing a good job. Empathy, patience or listening appears recurrently as skills that a good caregiver has to have. And the same idea is mentioned in several cases: "We have to be aware that what is in your hands is not a piece of furniture. We have to be aware that it is a person" (Pedro, caretaker of a social worker to elderly), giving great importance to the human dimension of care and thus moving away from the masculine forms of approach to work from rationality or efficiency.

"If I were the boss, then I would choose that to choose a person: how you empathize with that person, how you get to that person, how you talk to him. Because one thing is the theory, which is fine, but then, obviously, and after all, it is practice, that is not only put into practice all that theory, if not see how you do all that, why it is very nice to say , you have to empathize " (Fernando, caretaker in residence to patients of mental illness).

Thus, in the case of care work that needs to be measured in concrete, material tasks (James, 1992), caregivers emphasize those more immaterial parts of their work as the most important ones. Care is conceived from a human dimension, which aims at a personalized care of the person receiver, and who values the skills traditionally linked to femininity.

Positive discrimination of male caregivers

It is interesting that in the accounts of male caregivers, much emphasis is placed on the emotional dimensions of their work as fundamental, while verbalizing that it is the working women use these emotional work skills more. This contrasts with their responses about the reasons for hiring men as caregivers, since they generally recognize positive discrimination in hiring men, valuing their masculine abilities of strength and authority.

"Yes I have heard several times "here better a man" I have been called to make substitutions in front of women for this. For the matter of the strength. (...) I'm not justifying it but the fact is this "(Aldo, CPB caregiver for patients with mental illness).

"As a clinic assistant I had not need to show the title. No, just because you're a man you can work here. At any place I have to show the title, or certify that I was that. Just for being a man. When you work there you realize that... yes, you do not need the title, being a man is more than enough. "(Arcadi, caregiver in socio-elder care for the elderly)

The authority, as we have seen in the first section, is an issue that is valued very specifically in the field of psychiatric care. Force, on the other hand, is a skill that seems to be valued in every services and serves in the mobilizations of dependent persons. Once in the workplace, sometimes this differential element of masculinity is diluted, but in others it survives and involves different tasks for the male worker, who assumes physical work, as is the case of Carles or as we can see in The following citation from Luis: "What happens, of course, that I am also a man and if you have to raise someone, it's my turn, of course" (Luis, caregiver in residence for the elderly).

In some accounts it seems that man becomes the helper of women when they have to do some task involving force. In these cases, the answers are different among men, and go from the Carles' satisfaction to being valued until Arnau's disagreement, which he rejects that position as a permanent helper.

"I am the only man in that floor. And they are super happy, eh? They are super happy with me because I never say no. Because they say: Carles, come on, can you help me put this lady who weighs 120 kilos in the wheelchair? Yes, no problem! I always say yes to everything. I have no problem helping anyone. I never bluff. Because many people blow "(Carles, caregiver in day center for elderly people)

"Sometimes it's not the subject of strength if not the subject of technique, the technique to be able to mobilize ... to a great weight, eh?, to a great weight. Of course, whenever you have a crane or something like this ... but ... for me not. And if you really want me to do it, I ... give notice to my colleagues to come to help me "(Arnau, caregiver in residence for elderly people).

CONCLUSION

Throughout the analysis, we have been examining the situations in which gender has relevance in the practice of care by the men interviewed. We have identified the following situations in which gender is very present: in the construction of the workers in the sector, in the

relationship with their colleagues, in the relationship with the persons receiving the care, in the skills necessary to be a good caregiver and in the hiring of caregivers.

As we have seen, male caregivers, despite having crossed gender barriers in the employment segregation of jobs, do not transcend dichotomous gender constructs in this same working environment. In this way, they show very different concepts of men and women as care workers. In these constructions, working women have greater skills of emotional work, and are therefore consistent with traditional female skills. Male caregivers, for their part, are seen as more skilled in physical abilities, such as strength, or exercise of power, as more capable of generating authority. This distinction of men and women as caregivers also translates into a gender distinction as to fellow workers. Several informants point out that working with women is complicated because they are more conflicting than men. Therefore, the fieldwork indicates that men who work in the socially considered female sector of care are not diluted among other female partners, but claim a difference in male care. This causes that, somehow, according to Pullen and Simpson (2008), they colonize that feminine labour space. On the other hand, this probably makes possible for them not to experience conflicts between their gender identity and their work identity.

In the day-to-day caregiver men, the clearer gender barriers with which they are found seem to be the preferences of caring people. And, especially when they are elderly women or women with certain religious practices, they have a preference for being cared for by other women, and they experience modesty and rejection of the possibility of a man to take care of them. These situations are experienced as unjust by caregivers, because there is any problem in the case of doctors. Women's conflicts with men caregivers seem to have a sexual component, so many choose to show their professionalism through elements such as the white coat. According to their accounts, there would be a de-sexualisation of the professionals, so that they would see them less as men and more as workers.

We have also seen that, when asked about the qualities and abilities that a person should have to be a good caregiver, a great deal of emphasis should be placed on the feminine skills of emotional work. In addition, much importance is attached to the fact that one has to have vocation and pleasure for work, in the positive way, to do it better, and negative, to be able to resist its negative part.

For all this, this article highlights two main conclusions. In the first place, men who perform paid care tasks have not suppressed gender constructs that differentiate men and women in relation to care work, but reproduce them. As we have seen, this helps them to don’t experience conflicts between their gender identity and their work identity. Second, although they identify women with the feminine abilities of emotional work, as well as they consider that the ideal caregiver should be characterized by having such skills, they consider it legitimate that they are prioritize in recruitment for being men and supposedly count more strongly. It is a contradiction, since, when talking about their work in general, they do not emphasize that strength is necessary or important for the realization of care, but, in many cases, they consider that this element had been the key to be hiring.

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