Exploring Men's Reasons to Enter Female Dominated Occupations, Investigating How Male Social Care Workers Incorporate Empathy into Their Gender Identity and their delivery of care.

By: Jacqueline Moore

Student Number: 10328580

Submitted in partial fulfilment of the requirements of the Bachelor of Arts degree (Social Science Specialization) at DBS School of Arts, Dublin.

Supervisor: Niall Hanlon

Head of Department: Bernadette Quinn

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Abstract

This project sought to gain insight into the reasons behind men who choose to work in caring professions that are dominated by females. It also endeavoured to explore how men incorporate empathy into their gender identities and delivery of care. Semi-structured interviews where used to collect data. The main aim of this research was to try and establish if males who choose to work in a caring profession and show more empathy than those who don't have become this empathetic. The research also endeavoured to give the participants space to explore their view on their masculinity and how this is affected by working in a gendered care arena.

This report finds that the participants showed an informed view on their reasons behind choosing a career in a female dominated environment and how they see themselves in terms of masculinity. No one definitive common reason to enter such a profession was found, however, all participants spoke about their own personal circumstances that influenced their journey to care work. The participants were given space to articulate what it is like for them to work in a gendered care arena which uncovered for them feelings of isolation and an awareness of the difficulties surrounding this while also highlighting the positives gained. Their conversations around masculinities highlighted that not just one type of masculinity is attracted to care work however all masculinities brought its positives and negatives that needed to be traversed within the female dominated care work arena. The participants also showed an in-depth understanding of empathy, its importance and dangers and highlighted how self-reflection and awareness was important in order to deliver empowering care.

Introduction

The imbalance of male and female social care workers has remained pervasive in Ireland, with social care practice being considered feminine work. Constructions of femininity and masculinity explicitly and implicitly permeate the provision of care (O'Toole, 2013). Feminine identities have undergone massive change since the 1960's with second wave feminism broadening the equality debate to include cultural inequalities, the role of women and gender norms. Despite this feminism awakening a similar enlightenment has not occurred in the male sphere. While Betty Freidan's Feminine Mystique brought on a shift in societies consciousness making it more socially acceptable for women to act or adopt what have previously be seen as male gender norms, men adopting the gender norms of femininity i.e. emotional work, sensitivity, caring work, has not undergone the same level of change, there has been no 'masculine mystique'.

Women dominate the membership of fulltime programmes in social care practice courses in Ireland (O'Toole, 2013). Debate around this has focused on the need for male social care workers, the number of males in the caring professions and the need to attract males into the field. However it is generally understood that there is a need for more male entrants into the caring professions with the benefits being manifold, however the best way to go about this is up for debate.

It can be argued that by establishing a common theme amongst existing male care professionals in relation to why they chose this career will help to develop a way to attract more men into care. As a knock on effect, the close of the gender pay gap could be contributed to by an increase of male care workers as the pay associated with social care is often low and with more females in these professions the pay gap is contributed to by this imbalance. Understanding the construction of male gender identity and how some males have come to understand and to have empathy, a trait traditionally associated with females, could point society in the direction to kick start the 'masculine mystique', where men come to realise the benefits of an egalitarian society for all.

Existing male care workers reasons for entering such a career, their experiences working in a female dominated sphere, how empathetic they are, if empathy is part of their gender identity and how this contributes too or affects their everyday working life has not been explored extensively.

<u>Male Care Practitioners in Ireland</u>

In Gender, Sexuality and Social Care by Jacqueline O'Toole a chapter in Applied Social Care (O'Toole, 2013), gender is described as the socially constructed category and the different ideas of femininity and masculinity. Gender is the characteristics that are socially ascribed to males and females and how the society that they inhabit expect either male or females to act.

(O'Toole, 2013) explains the traits that are considered to be either masculine or feminine have changed over time however the traits usually thought of as feminine are viewed as negative while masculine tendencies carry a more positive view i.e. feminine traits; submissive, incapable, emotional, passive, sensitive and a sex object while masculine traits; dominant, competent, rational, active, insensitive and sexually aggressive. (O'Toole, 2013) also explains that power relationships are formed from how this gender order of masculinity and femininity are shaped in society.

In relation to the formation of gender identities (O'Toole, 2013) states that some theories explain that this formation takes place in terms of socialisation. Boys and girls, from the time they are born are exposed to the gender order and societies expectations and understandings of gender roles. The first and foremost agents of socialisation are parents, who exhibit the clear differences between men and women. However, this thesis neglects the premise that an individual can choose to reject or rebel against the gender order.

(O'Toole, 2013) goes on to explain that gender as a social process is present in social care, however in regards to social care in Ireland and this as a gendered arena, it has not been critically analysed. Study of gender in this arena tends to focus on either women or men rather than the social relations between the two.

In relation to what care work is in Ireland, (O'Toole, 2013) explains that policy tends to understand care as the facilities that provide and carry out tasks for those unable to do so for themselves with the term 'carer' referring to those paid to do this task. In some cases care is not seen as emotional work and is sometimes not encouraged with a professional distance to promote within this work. (O'Toole, 2013) believes and figures show that women provide the majority of care and this is due to the constructions of femininity that see caring as an innate quality to females.

The aforementioned assumption that care work is innate to females has led to care work being seen as an untraditional occupation for men. (O'Toole, 2013) argues that gender is a useful tool to analysing social care as this arena contains both social relations and power and social practitioners work within socially constructed relationships.

Although (O'Toole, 2013) is critical of the lack of critical analyse of when it comes to male participation in social care and care work, she does not examine the reasons for this. (O'Toole, 2013) also does not investigate the idea of masculinities and how these are socially constructed or how masculine identity might affect the reasoning behind someone, namely men, would enter the care professions or how gender identity contributes to their care work either negatively or positively or vice a versa.

Gendered Care

In Ireland, the fact that care is gendered is most evident in the personal sphere of the home. Ireland's legacy is one of a patriarchal nature where men performed the role of the breadwinner, working successfully outside the home while women remained in the home, bearing and raising children while maintain housekeeping duties. Although the entrance to the work force and education by women over the past few decades, the division of house hold labour and care remains deeply rooted and prevalent.

Arlie Russell Hochschild defined the aforementioned as 'The Second Shift' in her book by the same name (Machung, 1989), and can be described as the workload and responsibility of the work that women do in the home on top of their working week. This work typically involves childcare, housework and the responsibility of this work being completed. Hochschild and Machung interviewed fifty couples and observed in a dozen homes and in chapters 4 to 11 discusses the different dynamics, attitudes and role performance that affect this inequality. This analysis revealed the underlying tensions that lead to women remaining the primary caregivers in the home.

However, Hochschild's research focuses on the personal sphere of the home and family and the adverse effects on women in society. Hochschild's research and findings did not extend so far to explain the negative effects the second shift has on men in regards to the fulfilment they miss out on by providing care to their children. The underlying attitudes that Hochschild revealed are present in wider society and this effect on men and their attitudes

towards a career in the caring professions or the attitudes towards males in the caring professions, where not discussed. As the same attitudes towards care work uncovered in the second shift are similar to those that can be found towards professional care work, it can be argued that this is one of the reasons more women are attracted to a career in care. The precarious nature of care work combined with the demands of the second shift and how this contributes to the attraction of women to a career in care work.

Hochschild also negates to discuss the lack of empathy the men have and show for their partners. The lack of empathy is evident in how the men appear to resist household chores or praise their partners efforts in order to encourage their continued participation. It was also shown that men would complete the household work and care inadequately so that their partners would not ask them to do so again. This lack of empathy or consideration for their partners or its implications was not explored by Hochschild.

Each couple discussed in the book that Hochschild observed, their equality in their relationship and home was propped up by what Hochschild describes as a myth, with different myth for each case. However, these myths where dispelled by deep rooted ideas of masculinity and their idea of masculinity being challenged and/or protected by the female i.e. the male as breadwinner or babies not liking men. Although Hochschild does write about the idea of masculinity to her participants for example how masculinity was tied up with the idea of men as the breadwinner, more exploration of what masculinity is to the participants and wider society and how this has come to be.

<u>Masculinities</u>

In R.W. Connell's Masculinities (Connell, 1995), Connell argues in chapter three – The Social Organisation of Masculinity, that masculinity as an object is hard to study and define as it is a collection of practices that operate within a system of gender relations.

Connell explores gender as a the manner in which social practices are organised and theses practices are connected to the structures of the human body and how the human body reproduces.. Institutions for Connell are gendered in an active way, as an example, the states key positions are mainly held my men because the organisation of its practices centre around the field or reproduction and this results in the states masculinity and it outcomes.

Connell also believed to accept gender as a social pattern it must also be acknowledged as a producer of history as well as a product of history. Gender politics as risen over the last two centuries this is down to the fact that the male group have been trying to hold onto their privileged position while the female group has endeavoured to undermine the existing patriarchal structure.

Connell takes the concept of hegemony from Antonio Gramsci's work and applies it to masculinities where she argues that one type of masculinity takes precedence over other types and endeavours to maintain its privileged stance. Connell believes that the many still benefit from it. This means that hegemonic masculinity is sustained by the cooperation between different groups that take part in it without belonging to it. The relationship of marginalisation is where one masculinity oppresses another or empowers a masculinity to become hegemonic.

It can be argued that Connell's examination of masculinities does not consider how hegemonic masculinity is supported by being what is considered tough, emotionally, lacking in empathy and therefore opting out of responsibilities of care giving. Connell also negates to consider that inequalities are present for both men and women and these inequalities lead to the majority of care work, paid and unpaid, inside the personal sphere or professional being undertaken by women. With care work notoriously a lower paid profession and women more likely to take up part time work in order to facilitate care work in the home, women's dependency on men is sustained. Connell focused on the structures of masculinities and negated to examine the lack of empathy in these practices and how this contributes to and supports hegemonic masculinities.

Connell's hegemonic masculinity is considered a position that is desired and is composed of dominance and status but it is also a position that lacks empathy or what drives the impulse to care. While Connell focuses on the processes of gender and the structures and hegemonic masculinities negative effect on society and equality, this in turn means that the negative effect of the lack of empathy and care has on men's emotional needs and their relationship with others.

Gendered care in the Irish context is explored by Niall Hanlon in Masculinities and Equality (Hanlon, 2012). Hanlon investigates societies expectations of men and how this clashes with their desire to be involved care workers. Qualitative research was used to

examine the contradictory role of the male care workers perspective on love and care in their lives and how these men conduct their relationship within a caring profession. There are two parts to the book; the analysis of care and masculinity is given a theoretical basis and analyses of 31 interviews with Irish men on the subject of care and masculinity.

Hanlon's argument centres on the idea that both men and women suffer social and affective inequality in the personal sphere. The dependency of women on men is increased by the fact that the disproportionate amount of care work they undertake in the home is undervalued and by the little pay they receive for the care work undertaken outside the home. While men who opt out of care giving work, personal, domestic or paid, miss out on how emotionally fulfilling and rewarding care giving work can be. Hanlon also argues that Raewlyn Connell's interpretation of Hegemonic Masculinity (Connell, 1995) is reinforced by men being care-less, as in being tough and neglecting caregiving responsibilities.

In Hanlon's exploration, he keeps in mind the larger patriarchal structure that caring takes place in. This can be seen in the so-called family friendly policies that are geared more so towards women to the exclusion of men in caring. Hanlon also reviews sociological theories of masculinities and the relationship between hegemonic masculinity and care. This is where

The desired masculinity of Hanlon's interviewees was that of the 'heterosexual breadwinner' and those who felt they did not reflect this ideal felt shame and as a result and in attempt to project their masculinity took part in risk-taking behaviours like violence towards women, misogyny and homophobia. This also meant that femininity and was subordinated by men preforming hegemonic masculinity.

Hanlon divided masculinities into two categories; care-free and care-full. Care-free masculinity refers to the belief that caring by men is un-natural, dysfunctional and abnormal while care-full masculinity describes how some of the interview participants believed men to be natural providers and women as care givers or they shared care giving equally with women however where opposed to give up their work related masculine identity and those who undertook primary caring roles, defining their masculinity within this work rather than in paid work.

Hanlon's investigates Irish men's emotionality and their relationship to care's entrenchment in the changing norms of society, social relationships and the performance of masculinity, however an exploration of empathy in care work and masculinities would have been beneficial as empathy is a recognised key component in effective care giving. In relation to masculinities and empathy could have been explored in relation the bell curve theory, where by, everyone lies somewhere on an empathy spectrum – from high to low.

In the journal article 'It Never Struck me as Female Men's Entry into Female Dominated Occupations, Barbara Cross and Simon Bagilhole (Simon, 2006), explore men who cross gender boundaries to work in female dominated jobs and how these men do 'female work' and how they explain their reasons for choosing such work. A sample of 10 British males working in female dominated jobs gave testimonies explaining their reasoning to entering such a profession. Four reasons where suggested to explain their reasons: labour market changes, role models, the possibilities of different masculinities and career ambition.

This report was a explorative one, rather than trying to find out definitive answers to why men choose a career in female dominated professions it attempted to give space to these men in order to articulate their reasons for crossing gender boundaries. The authors thought this to be important so that the views of those who do not study gender are viewed by people who do.

The report found that and expanded on prior research that men choosing to enter female dominated professions do so for varied personal and occupational reasons. The quantitative approach showed that men's reasoning behind their career choice where multi-faceted and could be contradictory. The research also found that as the aforementioned findings are not unusual that what needs more exploration is men's gendered motivation for choosing and remaining in non-traditional professions. The findings also suggests that more empirical research is needed to explore the implications for men and women, the occupations and gendered work and gender roles by men entering female dominated professions.

Empathy

Empathy can be defined as the action of understanding, being aware of, sensitive to and /or experiencing vicariously the feelings and thoughts of another. C. Daniel Batson, a social psychologist, in his empathy-altruism hypothesis, argues that altruism is produced by

empathy – the ability to put oneself in the place of another and to share what that person is experiencing (Nigel Holt, 2012). Our current understanding of empathy can be traced to pro-social behaviour theory and moral sense theory with its cognitive roots in social cognition theory, formalist ethics and client-centred psychotherapy. It is suggested that empathy contains three parts; affective emotion sharing, motivational urges to care and cognitive perspective taking. This means that empathy can be further defined as the conscious effort to understand suffering through cognitive responses that lead to affective communication and action.

Susan Maree McNaughton presents a thematic analysis of developing pre-requisites for empathy: increasing awareness of self, the body and the perspectives of others (McNaughton, 2016). This study aims to explore first year student's reflections on their participation in wellness activities and endeavours to identify increases in the self, bodily and other awareness central to empathy development. Appling theses three themes of awareness, participants where enabled to imagine others experiences. The findings backed up this theory, participants took on others perspectives as their self-awareness altered. Participant's reflections referenced to change and new and different perspectives, McNaughton theorized that this suggests that participants gained insights and some better understood the struggles of others.

McNaughton noted that students engaged in prolonged activities which focus on shared bodily aspects of life showcased that this was central to the practising of empathy along with perspective taking which encourages student's awareness of disempowerment.

This study found that the pre-requisites to developing empathy, taking on others perspectives and having an awareness of the need for power reciprocity in client relationships were all evident in the participants. Taking part in body focused wellness activities may increase motivation in self-reflection and in turn interest in connecting or understanding an others experience or position. Further research is needed in order to establish if the pre-existing and empathy self-awareness is valuable or needed.

Arlie Russell Hochschild explores the empathy in her book 'Strangers in their own Land – Anger and mourning on the American Right (Hochschild, 2016). Hochschild was concerned with the growing hostile split in America and how these smart and compassionate people could support Donald Trump. Hochschild travelled Louisiana bayou country a

stronghold of the conservative right and gets to know the people that hold very different view to her own liberal background. Hochschild argues in chapeter nine that the way to navigate past empathy walls or differences is to try and understand a persons 'deep story'. A deep story is as Hochschild explains it: is a feels as if story, the story feelings tell, in the language of symbols (Hochschild, 2016 p.135). Everybody has a deep story and although Hochschild applies this method of invoking empathy to a political devide, the same logic can be applied to professional caring relationships. It can also be applied to the exploration of the reasons why males enter female dominated occupations, by discovering their 'deep story', it might be possibe to encourage more males into these professions.

METHODOLOGY

Research Design

As the research explores the reasons behind why a male enters and follows through on a career in the female dominated environment of social care, qualitative research was used in order to collect a more in-depth knowledge of these reasons rather than just the mere numbers of males in the caring professions. The amount of empathy the participants have, how they define empathy and how they feel they came to think like this cannot be identified or explored in the mere numbers of male social care workers. As this research is an exploration it was important that the participants voices be heard and it can be argued that qualitative research allows for this. Keeping this in mind thie research project endeavored to provide an in depth and interpreted understanding of the social world of research participants by learning about their social and material circumstances, their experiences, perspectives and histories (Spencer, 2007 p.3.).

Semi-structured interviews where used so that the research could examine and investigate the level of empathy that the participants had before entering such a career and how they apply and increase their empathy in their day to day work.

Participants

Five participants were interviewed and where chosen as they all worked within the caring profession of social care, at varying levels and differing lengths of time. The age of the participants was irrelevant however the type of work was important. One worked as a regional manager for a child and family support service offering therapeutic work for those with emotional and behavioural difficulties. Another is a senor instructor within a rehabilitative training centre where those with intellectual disabilities and autism are thought to live independently. Two of the participants work in residential care one where children have been placed in care by the Irish state and the other private and all service users had varying intellectual and behavioural disabilities some as a result of injuries. The fifth participant works with families who are living in and transitioning out of the direct provision, providing support to these families and helping integration into the community.

All five participants were chosen as their jobs entail caring work while taking place in an environment heavily dominated by female care workers. It can be argued that this type of work and job role has historically been thought of as female work and in order to understand the experience of a male working within this environment all participants places of work where of this imbalance.

Access to the participants were chosen through homogeneous sampling, in order to give a detailed view of their experiences of working within a female dominated environment while also examining their levels of empathy and its processes in this specified context. Access to the participants was obtained through snowball sampling.

Procedure

The researcher's supervisor from Dublin Business School approved the semi-structured interview questions and access to and contact made through snowball sampling. This type of sampling confirmed the participants suitability to the research and their interest in taking part. The interviews took place between fifth of April and the tenth 2019 following rearrangements due to commitment clashes. The interviews duration where between fifteen to twenty-two minutes approximately with the researchers traveling to meet each participant in varies places in accordance to what was most suitable to them. The interviews where recorded onto an iphone with the researcher and participant in the room while also taking care that there was no interruptions. All participants were given consent forms to sign before the interview commenced and advised of the recording and how there information was to be kept confidential and their data secured. Initially the researcher had planned to interview four participants however the snowball sampling created greater interest in possible participants then expected which meant a fifth participant could be added to include the perspective of person in a managerial role. Once the interviews had been conducted and the data collected the researcher transcribed the interviews inputting the data into a Microsoft word document. This data was then uploaded to Nvivo.

Equipment

Interviews where recorded onto an iPhone, transferred to a computer and stored in a password protected file. The recordings where then be transcribed using Sony noise cancelling headphones in order to best hear and typed into a Microsoft word document and

uploaded to Nvivo, a qualitative data analysis computer software package. This was where thematic analysis was applied.

<u>Ethical Issues</u>

The researcher was aware of the professional and scientific resposabilitilitis to the particpants in the safeguarding their confidentiality of previleged information shared (Sociological Association of Ireland, 2019). The researcher kept the Sociological Association of Ireland's ethical guidelines in mind when writing the questions and creating the consent form and how the data collected is stored and shared. The following was also considered;

1. <u>Informed consent</u> will be requested from all participants both verbally and signed for before interviews are conducted. This will include explanations of what the research is for, what the research endeavours to prove and the advantages of the research. Participants will be informed that they can opt out of participating at any time.
2. <u>Voluntary participation,</u> all participants will be voluntary by request with no payment or coercion.
3. <u>Do no harm</u> - the research is explorative in nature, is not prescriptive and all participants will be advised that if they at any point during the interviews, analysis or conclusion feel triggered or uncomfortable that they can opt out at any time and will be referred to the relevant support agencies.
4. <u>Confidentiality</u> will be treated with the utmost importance at all times with confidentiality agreements signed from both parties. All data collected will be stored in password protected folders and only kept for as long as the research is conducted, being destroyed once the project is submitted.
5. <u>Anonymity</u> will be ensured by not using any identifying information for the participants when uploading the data collected, analysing and writing the report. Identifying information includes full real names, addresses and places of past and present work.
6. <u>Vulnerable groups</u> - care will be taken to ensure that chosen participants will not be persons of vulnerability, no one under 18 will participate, no elderly or those with an intellectual or learning disability.

<u>Findings</u>

The main focus of this research was to explore the reasons behind why men who choose to work in caring professions do so and why they choose to work in a female dominated environment. Special attention was paid to investigating if men who do work in a caring profession consider themselves empathetic and how this affects their delivery of care while paying special attention to how gendered care work contributes to their identity and their ideas of their own masculinity.

Five in-depth interviews were conducted, revealing four main themes. The participant's previous experiences and education that led to a career in a caring profession was uncovered. Gendered care as a theme revealed what it is like for the participants working in an environment where the work is enmeshed with the traditional constructions of femininity and masculinity, where care work is still considered feminine work. Under the theme of 'masculinities' the participants ideas of their own and the view of others in relation to their career and identity emerged. Empathy and how important the participants thought of it within their work and identity also came through as an important theme.

<u>Experiences and Education</u>

The five participants; Adam, Shane Daithi, Alex and Padraig all spoke about their previous experiences and education as important influences in their career choice. Adam expressed how he always had an interest in why people do what they do even while he was studying law.

"I always had a fascination with psychology and psychoanalysis, I started of life doing law and I liked law but I always found the practice and procedures to be horribly boring, and always in the back of mind there was the nature of the psychology behind, why do we do what we do, and trying to understand at some level a reasoning for our actions and that's why I got into the psychology and a sub-genre of that was psychoanalysis and that's all about the sub conscious levels of why we do what we do"(Adam, 2019).

This interest encouraged Adam to study psychology which in turn led him to a career working with children in a caring capacity as a Child and Family Support Worker.

"I had studied psychology and in the long term I wanted to work more with adult clients and to do that you have to have a very clear and grounded knowledge of childhood experiences, an awful lot of what goes on and the problems adults have you'll find some level the cause or root in childhood and the complexities of childhood problems, so… it became self-evident that I needed to do work within a child based ehhh organisation" (Adam, 2019).

Daithi, participant three also studyied psychology while Padraig, participant five, considered psychology as a possible career route before specialising in social work. Daithi stated that:

"I went and studied psychology, I went to counselling before that, I thought about being a councillor but that if I do that, that's all I can do, so then I went and did a degree and thought I could see what I could do after that" (Daithi, 2019).

Padraig spoke of how he intended intially to study pure psychology.

"I did first year and I had an interest in psychology and I had planned to go straight into pure psychology in second year but in first year I had started volunteering with the ISPCC, and that really focused me into what I wanted to do" (Padraig, 2019).

In terms of education Shane and Alex, participants two and four where both encouraged into studying social care by their experiences in youth clubs while growing up. Shane spoke about how volunteering in the youth group that had helped him led to encouragement from the youth service manager to pursue a qualification in youth work.

"the manager of the youth service was coming along side of me and helping me out, and over time they helped us out a lot, and from the help he was giving me I just decided and I asked him (youth manager) what I can be doing just coz they helped us out a lot and I just said I wanted to be helping other people and from that he kind of pushed me onto the level 5 (youth work) and that pushed me onto the level" (Shane, 2019).

Alex followed a natural path into social care through his involvement as a teen in a youth club.

"Like my reasoning for getting involved in youth work wasn't down to a push from family, to be honest I had just developed friendship with those who were involved at the time and while I was under the age of 18, I had friends who went to a youth group, and I followed along with

them and initially when I went I never thought I would go up through the ranks and start taking more responsibility to start organising events as such, so I think it was a very natural trajectory I wouldn't say pushed but my involvement came from more of natural relationship building, it was where my community was at that time and where my community was formed."(Alex, 2019).

All five participants spoke about how it was important in choosing their careers that they do something that helps or gives back. Adam spoke about how working as a support worker to families and children helped him see the difference early intervention can help prevent problems in later life.

"an awful lot of what goes on and the problems adults have you'll find some level the cause or root in childhood and the complexities of childhood problems, so it became self-evident that I needed to do work within a child based organisation, but I haven't moved on from it, I've found myself remaining in that arena because its endlessly fascinating and it also ends up being a lot of preventative work and I think if you can get into the preventative nature of the work and the problems don't develop you'll have less of a need for psychology services, if you can get there early"(Adam, 2019).

Following the help Shane received from youth services himself he felt the need to give this back to those entering youth services after him.

"so I just started going doing (to the youth service) and helping out and I asked him (youth manager) what I can be doing just coz they helped us out a lot and I just said I wanted to be helping other people" (Shane, 2019).

Daithi also expressed how it was important to him to do a job that had meaning and gave something back.

"I just wanted to do something that is a bit meaningful and give a bit back, coz I got a lot of help in turning my life around, going to college, and stuff like that, so .... Em..... I kinda wanted to do something more meaningful, like I was a green keeper before that just didn't want to be making grass shorter so, it's not to poo poo anyone who does other jobs, but for me it just, I had a job with nice money and all that but I just wanted to do a job that was more meaningful" (Daithi, 2019).

For Alex, it was important that he work with young people and helping them with the barriers and challenges that the youth experience.

"Yeah, I think there would be many situations but if I was to boil all those things down it would be working with youth, working with young people, working with all the challenges, difficulties and barriers that they experience today would be, that was 10 years but I think it was the sum total of everything like going into third world countries where people have nothing, and they have all the social deprivations over there" (Alex, 2019).

Padraig described how seeing the difference that can be made in someone's life influenced his career choice.

"I was volunteering with a children's support charity, I was on the phone and when I finished up with that I entered the mentoring programme, and I really, I suppose, I saw the profound difference you could have on a person's life even if you are only spending one hour a week over the 12 months, it gives that individual the opportunity to go outside of their social circle and to see what the broader social system are, if you know what I mean and that little bit of support can make a massive difference" (Padraig, 2019).

When asked if their choice of career was influenced by a person, a situation or an experience, all participants advised that it was more of an accumulation of all three. However, all spoke about different experiences, at different times in their life that seemed to serve as a catalyst to changing career, going back to education or study/career progression. In Adam's case, he explained how he has stayed working as a family and child support worker within a children's charity once he experienced and saw how the issues and problems that adults have stem from childhood trauma and being involved in preventing this trauma can help stop the problems from developing.

"it was always important to get involved with children's work because that is the basis of an awful lot of our psychosis, our issues and problems and stuff like that, so em … it was just out of interest that I got into psychology, I hadn't planned on getting involved with the agency I'm with currently, it just kinda happened. You can see the impact of your work when your clients are young, then you can also see that there is a long-term impact as well, often times you are firefighting when you are working with adults or with older people because the damage has already been done and so your trying to rectify, but if you can get to a point

*where you're actually preventing the damage from occurring in the first instance or at least minimizing it then you are far more effective" (*Adam, 2019).

During Adam's time studying Law he was always interested in why people do what they do, which meant he changed his course of study to psychology which in turn led to his job within a children's charity where he experienced the aforementioned. Daithi was working as a green keeper when he felt the need to work as something more meaningful and started to study psychology. Daithi's choice was influenced by his own and his mother's experience of receiving counselling. While studying psychology and at a family get together in his sister's house Daithi met an autistic girl who made him think about a career in care.

"and there is a kid there who has autism, and I just like interacting with her, I got to, like she doesn't really want to be with people and one time she got on the trampoline with me and took my hands and was just bouncing on the trampoline with me and it was just kinda nice, and I just see maybe how, other people treat her different, and she is different, but her parents follow her around the whole time, telling her 'don't eat this, don't eat that, you're gonna get fat,' but her parents re quite fat, if I followed them around all day telling them don't drink this, don't eat that, they wouldn't be impressed, so…..eh… I find it interesting how they are treated differently, when in a lot of ways, they are not different" (Daithi, 2019).

Shane was working in retail when a friend took her own life. This led Shane to take advantage of the youth services available to him and this experience then meant that he was encouraged into pursuing a career in youth work.

"A girl I was hanging around at the time (of deciding to studying youth work) she was involved in the youth service, she had just gone 18, I had just gone 17, took her own life and then from us going down to the youth service and helping us out at the time, I had just finished school and was working in retail, and the manager of the youth service was coming along side of me and helping me out, and over time they helped us out a lot, and from the help he was giving me I just decided and after Christmas I finished in retail and I had nothing so everyone was the same, height of the crash so I just started going doing (to the youth service) and helping out" (Shane, 2019).

Following volunteering and during humanitarian trips abroad, Alex seen deprivation that he had not experienced in his own personal life. Alex spoke of how he had a privileged

upbringing where he was loved and taken care off. However, seeing what it is like for those who are not as fortunate prompted Alex to follow a career in social work.

"I think it was the sum total of everything like going into third world countries where people have nothing, and they have all the social deprivations over there, I think all of that put together, I don't think there was one event from my child hood or anything. I didn't grow up in a very disadvantaged family, we were quite advantaged in some ways" (Alex, 2019).

Like Adam and Daithi, Padraig had an interest in psychology and studied this later in life, in Padraig's case he returned to education in his thirties. Padraig's path into a career in care diverged from psychology once he experienced the difference he could make in service users lives.

"I suppose I saw the profound difference you could have on a person's life even if you are only spending one hour a week over the 12 months, it gives that individual the opportunity to go outside of their social circle and to see what the broader social system are, if ya know what I mean and that little bit of support can make a massive difference" (Padraig, 2019).

Gendered Care.

All participants identified the gender imbalance in their work places. Adam spoke about how the caring profession is more female dominated when it comes to the caring roles however the gap closes when it comes to the more clinical side of psychology.

"if you get into the clinical side of that arena, then your hitting more of a balance, if you are getting into lecturing in that subject then it becomes more male dominated, it's a strange dynamic, whereby, you can look in all of the colleges and go – psychology lectures, the majority are male, and you kinda go, why are the majority male but the majority of the class are female and the majority of the workers will be female then to, it's a strange disparity" (Adam, 2019).

Although none of the participants identified that being female meant they were better at the caring side of the job, Adam highlighted, as he believed, one of the possible reasons for caring work to be female dominated which was the differences between motherhood and fatherhood.

'it's a strange disparity that goes on and part of those disparities I think are; time, empathy, a nurturing emotive sense that I think separates men and women, it certainly does, no matter what somebody says to you and it's just motherhood and fatherhood, they are 2 different beasts and ya know I am full on for equality, say men wanting to adopt or gay couples wanting to adopt I think its absolutely brilliant, I think there is a huge different between Mum and Dad, there just is, the first person you tend to go too is Mum, Mum tends to be the most important person in your life, just that nurturing effect that dads don't, well certainly historically, it might be changing but historically it's something dads just didn't have, we were kinda aloof but it is changing. But just to go back to, yeah there is a natural more nurturing side that is more prevalent amongst women" (Adam, 2019).

The female/male pay disparity can also be explained, according to Adam by the prevalence of low pay for jobs in the caring professions. Adam spoke about how this low pay means a choosing a profession in the caring sphere can mean that this job becomes the secondary income within a household. Adam believes that because of the male bread winner ideal that men usually strive for is affected by this low pay more women tend to take a job in the caring professions.

"There is a pay scale factor as well, you will find that the salary structure for those type of jobs are pretty low, and men want to get that high salary structure, they want to be the perceived as the family provider and you can't do that earning 30,000 a year, it's pretty tough, so often times the social care job within a couple is seen as the secondary job, it doesn't make it any less worthwhile, not at all in fact its hugely worthwhile, but just financially it's not as advantages and that's why I think there is an element in that that influences if you are a second salary in a couple that's easier to a girl, just historically speaking it tends to be more women based then men" (Adam, 2019).

Adam was keen to express how the imbalance between the levels of male and female care workers is changing however rather than emphasise the need for men to be able to show care or do caring work he highlighted the need for more male role models.

"it's definitely changing there are just aspects of it that are still. Historical in nature but it's good to see it change, it has too because positive male role models are needed to occur, because what you see a lot in one parent families is that Dad has just walked away, there less than useless and the young boys in the household have no positive male role models and what

they need to see, apart from that is a male worker who has a consistent interest in them and who supports them through a process. We are seeing a little bit more of this but we do need to see a lot more" (Adam, 2019).

Shane found working in a residential care environment and being one of fewer men meant that he got away with a lot of paper work as his female colleagues would complete this in exchange for Shane dealing the aggressive service users.

"I got away with a lot, in terms of paper work, and I didn't do an awful lot of paper work, the girls knew like there is one girl in particular, she is in the organisation since she was 10, very, very aggressive, like high needs and but when the girls where there, like they could take some stuff like using defensive blocking but for some service users with these needs it could take 3 or 4 of the girls to get a handle of the situation where I would be able to do it on my own, do ya know what I mean, so I got a lot of leeway in regards to paper work" (Shane, 2019).

Shane spoke about how his gender and meant that he has the capabilities and physicality to deal with aggressive service users more so meant that he didn't get to provide a lot of the caring or emotive work. Shane mentioned how he was 'grand' with this several times as he understood that his female co-workers needed the more affectionate work on bad days.

'I didn't mind it as such, it did come up in my supervisions and the manager was saying if we don't wanna be putting it on us but I didn't really mind, it was grand" (Shane, 2019).

What affected Shane the most by this gendered care was the anxiety that was induced knowing and waiting to have to deal with an aggressive service user.

"but what did affect me was the anxiety, the anticipation of it happening - We did get a couple of lads in and their anxiety wasn't great and didn't last too long" (Shane, 2019).

The gendered care within Shanes working enviroment in residential care meant for him that the actual caring work was completed by his female colleagues while he took on the more physically demanding parts of the job.

"but they did more of the caring stuff, more of the emotive stuff, not that I didn't, like I was playing games with them and reading, the one that could speak, reading her stories like that.

That's just the way it went because the fact that this lad was so aggressive so I was with him every day, I didn't mind, ya know what I mean, the fact that, I'd rather… it was just easier…. I was able to handle him, there was a lot of tough days as well and the girls needed more of that affectioney stuff, I didn't care as such (that he wasn't delivering the care), it was just the way it kinda worked out. Everyone was just happy with this set up it was like you just look after him and we will take care of the other stuff (affection and paperwork" (Shane, 2019).

This also meant that Shane was placed in different residential homes in order to deal with different aggressive service users and he sometimes felt he was 'passed around' because of this.

Daithi's experience is similar to Shane's, as he routinely was paired with a service user that could not be taken care of by female staff.

"I have been paired with particular service users because I am a man, like, we could do, there is potential for the need to be able to restrain, or like with one guy he has sexualised behaviour, so if women come in he can do stuff, he might not attack them or anything like that but like not violent but he could start doing stuff so we eh just don't have women in there" (Daithi, 2019).

Daithi spoke about how these types of pairings can be difficult for him because he often doesn't have much in common with the service user which means that his job comes down to basic supervision rather than caring or emotive work.

*"I do get paired with men who are a bit more into sports and all the rest of it, and watching darts but I have no interest in it. Like I like a conversation that has emotions and feelings in it, so I find it hard to be talking about that darts player and I have no clue about gaa or any of that stuff, so it's not really my cup of tea, do ya know what I mean. So, I probably would prefer to be paired with some of the other lads that would be a bit more like myself, do ya know what I mean" (*Daithi, 2019).

Daithi feels personally, that he likes the gender imbalance of his caring profession as he gets on better with females.

"I don't mind it, like, I kinda, I suppose… in college… and personally im more comfortable around women maybe than men, ya know that kinda way, so I don't mind it at all" (Daithi, 2019).

In Alex's case, he was the first participant to talk about how he found the lack of male co-workers as isolating.

"like when you're at lunch and your sitting at the table and everyone starts chatting and you find yourself as the only male, or maybe there might be a second male but he might not be in the room at the time and the conversation starts to orientate around babies, and starts to orientate around female topics of discussion and as a male I would find that difficult to jump on board with because as a male I would have little to no insight, as a male it is very excluding and isolating because unless as a male you have done a lot of research in this topic then people" (Alex, 2019).

This isolation meant that Alex felt that his work relationship building was negatively affected. Alex expressed how support from colleagues in his caring profession is very important and he feels that the connections with colleagues don't develop to the same extent because of this.

"I think that in any work environment there has to be a level of relationship building, a level of friendship with in it, that are developed that give you that fulfilling element, obviously the work you do with your clients also but there is a level of relationship with your colleagues that keep you going, and then as a male you haven't developed the same extent of connections with your colleagues because when your off work and you're talking about general topics you can't meet the same expectations of a conversation that people want to have" (Alex, 2019).

Like Adam and Shane, Alex spoke about the importance of being a male role model to service users. Alex feels that this role is an important one and that it is a role that cannot be fulfilled by women.

"I think as well, in some senses as a male working in a social care setting, its looked upon as a positive thing in some ways as ya know, I've been having conversations recently, and being a male in a female dominated arena, you're looking at being or providing male role

modelling to other clients or children who probably would be deprived of or haven't had the chance to developed positive relationships with men" (Alex, 2019).

Padraig related to Alex's experience and has struggled with working in a female dominated environment. Like Adam and Daithi, Padraig returned to education and retrained and changed career. This meant that Padraig had been used to working in a more male dominated environment and now working in social work in a female dominated environment, Padraig has felt he has had to tone himself down.

"Working with a lot of females I have found I have had to, not hold back my personality but kinda have to reduce my boyishness, my rambunctiousness because it doesn't bode well with the females I've had to work with" (Padraig, 2019).

Padraig was also keen to highlight the positives of working with females and spoke about how much he has learned from this environment because the care is gendered.

"Like I have had positive aspects too, I have learned things from the females I have worked with that I wouldn't have learned from a male, and by that, I mean, well, I wouldn't say that I have learned more empathy, but I have learned a softer empathy. So basically, what I mean is, what I have learned from the females mainly is to go a bit softer, a little more slower and perhaps be a little bit more reflective and aware of my impact as I'm getting into it, so what I mean is I'm not able to, I'm not able to think on my feet quite as fast with females then I am with men because I am more careful about what I say" (Padraig, 2019).

<u>Masculinities</u>

What was found when the participants where asked about their masculinity all five had an awareness of the how this refers to the position of men in the gender order or how they themselves conform or not, to the societal norms attributed to their sex. In Adams case if expressed how some might feel the need to be dominate and find it hard within a caring profession or within a female dominated profession to exert dominance. Adam also spoke about how this might explain how senior psychology lecturers are mostly men and how this might also be affected by the pay scale or how caring work is valued.

"I think also there is an element of where do men start to dominate in that type of profession and it the higher paid roles that they can dominate in and that's why you have the senior

psychology lectures, you go to any of the major colleges and your get much more of a sway in the direction of more males. Like there may be a whole self-esteem thing where they need to feel they have achieved to a certain level where as your sense of achievement can come from helping others and I suppose that comes back to the empathy thing and what's your real goal for doing the work, is it going up a salary scale or a position scale or is it helping others" (Adam, 2019).

Adam highlighted societies view of males who work in caring professions and how this view could create a fear for men around choosing a career that involves caring for children.

"there is a bit of a fear factor that comes into it, there is always a thing in the back of a person's head that is saying 'why would a man want to teach kids, why would a man want to teach kids or work with primary kids, what's wrong with them' and you need to break that thinking down a bit and there is an assumption that ya know if is a man teaching children ya know, some would be a bit worried about him, 'are my kids at risk' and when you are working one to one with kids, all you need is one instance of something untoward to happen to kind of, it backfires for all men in the industry and you do start to question then, Jesus if I go into the industry will people start to wonder about me, that's the unfortunate side of that" (Adam, 2019).

Adam recognised that in the past there where specific norms expected of male and females and that this resulted in certain job expectations for male and females in relation to what jobs or careers where acceptable for either genders.

"there is more of a balance occurring and you are not getting as much of the 'well it's a women's job perspective' anymore but there is still some level of, when you are a boy you want to be a firemen or policemen" (Adam, 2019).

Adam chatted about how this impacted on himself and what this meant for him studying psychology.

"Now with me, maybe I'm too belligerent to come up against that myself but em .. but I suppose because I came started out in psychology, no one in psychology will say there is a male or female role coz they will look at you and go you shouldn't be in psychology if you are already thinking that way, you would have to go back be quite self-reflective and see why you

are thinking that way. Em, so I think for me, the psychology was always about exploration of why think or say and do what we do" (Adam, 2019).

Speaking more about masculinities within the caring professions Adam outlined how previous thinking and norms for male and females are changing and how societies views are also evolving.

"humanities can be a bit different though because it is a bit more about that caring nature and again at that level you are talking about more of a nurturing and empathy and still think that there is a dominance of more women who are more nurturing. I think it is changing and it should change like the demarcation lines are being broken down, it's not happening overnight but things are changing where you can do and say things that are more, probably not the right word but more intersexed it's just more normal for women to do things that are more masculine and for men to do things that are more masculine without being judged".

In terms of masculinities, Shane felt that his traits and physicality's that are more traditionally seen as masculine are used by his employers. Shane has been placed or paired with service users who present aggressively and need physical restraining or respond more favourably to a traditional male presence.

"it was in the job, because I saw it, coz I was getting passed around everywhere (that needed male presence) do ya know what I mean" (Shane, 2019).

Shanes friends and family found it hard to understand how he doesn't lose his temper or become aggressive in retaliation to the service users. However, Shane explained how he has an awareness of what is behind there aggression which his friends and family don't.

"Me ma hated it, and she would be like would ya get outta that job, I'd be telling her stories about constant battles, it could be hours on end in a significant situation and id be sweating blocking him (service user) and then he would come back out and he would be smashing the place up. So, the lads(friends) would be understanding, they would like 'how can you do that' thinking or not understanding that they are kids with needs, like, and not understand how I'm able to do it and not lose the head like" (Shane, 2019).

Like Shane, Daithi also spoke about being paired with certain service users because of his sex, however for Daithi, this was more difficult for him as he personally is not that interested in the topics or hobbies traditionally attributed to males.

"I do get paired with men who are a bit more into sports and all the rest of it, and watching darts but I have no interest in it. Like I like a conversation that has emotions and feelings in it, so I find it hard to be talking about that darts player and I have no clue about gaa or any of that stuff, so it's not really my cup of tea, do ya know what I mean" (Daithi, 2019).

Daithi described himself as not a typical alpha male type and explained that because of this he prefers that there are more female co-workers.

"Yeah, like I don't like football, I don't drink beer, I do like cars, I do like sports but I'm not a matcho man, so I'm not an alpha male type, so it suits me ya know, I don't think I'd like it if it was all men, I wouldn't prefer that, do ya know, I don't wanna work in a male (male dominated environment) like, if it was the opposite way around id be less happy, let's put it that way" (Daithi, 2019).

Alex, like Adam and Daithi, does not see himself as the typical alpha male, meaning that they don't conform to the traditional norms attributed to being male. Similar to Adam, Alex described how he is aware of others who do have the need to express their masculinity in the more traditional, dominant way.

"I would see myself as someone, how do I say this, someone who has the ability to step back and evaluate and say, 'I don't need to fight for that' unless I need to fight for something I will exert my own influence and I will step up to that plate em but I am able to evaluate and say 'well … this person is wasting their energy doing this' for whatever reason they believe they are doing it, but not in every circumstance do I feel the need to exert a masculinity or exert an effort to always be dominate within my circle of friends" (Alex, 2019).

Padraig, unlike Adam, Daithi and Alex but like Shane, does see himself as more masculine and dominant. This view of himself has meant that he has found the adjustment to working in a caring profession difficult.

"This has been difficult, when I've been working in a more female dominate environment it's been quite difficult. I suppose the reasons for that would be, I think, particular to do with the

people I've been working with, there tends to be more of a focus on, or from my female colleagues on a softer approach to the social care role and by that I mean it would be ore sitting down, spending more chatty time with the person (service user), having a cup of tea with the person as opposed when I'm working with male colleagues there tends to be more focus on activities; walking, health, things like that so more physical focus with male colleagues and more of an emotional focus with female colleagues" (Padraig, 2019).

All participants spoke about how their masculinity, regardless of the variety of masculinity they embodied, was harnessed within their caring profession and used in regards to providing male role modelling. In Padraig's case, he spoke positively about what he has learnt from working with females and how this as affected his masculinity and delivery of care.

"I have learned things from the females I have worked with that I wouldn't have learned from a male, and by that, I mean, well, I wouldn't say that I have learned more empathy, but I have learned a softer empathy. So basically, what I mean is, what I have learned from the females mainly is to go a bit softer, a little more slower and perhaps be a little bit more reflective and aware of my impact as I'm getting into it, so what I mean is I'm not able to, I'm not able to think on my feet quite as fast with females then I am with men because I am more careful about what I say" (Padraig, 2019).

Like Adam, Padraig identified differences between male and females, describing those he worked with in terms of the men as harsher while the females seemed to need a protecting from this brashness.

"men and women just have differences, that's just the way that they are, I have found that men can be just a bit more brash and we can have a slag of each other, make fun of each other, make light of things and get the job done. Working with a lot of females I have found I have had to, not hold back my personality but kinda have to reduce my boyishness, my rambunctiousness because it doesn't bode well with the females I've had to work with" (Padraig, 2019).

Empathy

      All participants spoke about their upbringings and families when discussing empathy and how their family's warmth and love has affected their attitudes towards others. Through their experiences in life and education all participants highlighted the importance of self-reflection especially in relation to the delivery of care. A clear link between self-reflection, boundary setting and empathy was made by all participants while the positives and negatives of empathy where also highlighted.

      Adam, explored what empathy is and discussed if in certain situations if people truly do empathise.

"you are in a position in life where things are going pretty well for you or at least ok for you, you don't want to be walking down the street and see people begging on the street and be thinking well that's awful but do you really empathise, no, I don't think you really empathise I think you just think that's awful, but I think for the people who start to get into this process and then want to take that a step further and see if they can effect some level of change" (Adam, 2019).

When discussing his own empathy, Adam detailed how he came from a loving family with parents and extended family who loved and supported him. Adam also discussed how he believes that we are not born with empathy however there is the possibility for it.

"I think when you have parents who show you warmth and love and affection then your empathy grows and when something goes wrong for you em, those people in your life want ta help you with what's going wrong and are showing concern for you and their there to support you then you learn empathy from that, coz I don't think you are innately born with empathy to be honest, there is the potential for it, I think your jeans are your hard ware, like a computer its hardware, but your environment stimulates that hardware and turns off and on different things, your environment is your software and that sort of develops you as a person and so your empathy develops" (Adam, 2019).

      Adam mentioned how he was lucky to have empathy role modelled to him growing up and how he now uses this empathy in his caring work to identify when someone is in pain.

"I would have had empathetic parents and grandparents, very much so who were hugely supportive, so when you have that loving background then your empathy builds, then when your empathy builds the more you start to understand that the , say the child that bullies everyone else, a person's initial response is usually that that's a bold child or that's a nasty individual but when you start to peel back the layers you can start to see that its actually a response to something, that person is actually in pain themselves and then your empathy can build and you want to help that person"(Adam, 2019).

Speaking about the negative side of emapthy, Adam explained how it is possible to have too much empathy and this can lead to care workers becoming overwhelmed with the type of work they do.

"and if you were overly empathetic with them it's not actually a good thing, I think you need to compartmentalise on some level and its not to deny the feelings but if you were to be this hugely empathetic creature then I think you would find it over whelming doing the work we do" (Adam, 2019).

In addition to this Adam described how boundaries are extremely important in a caring profession. This can also be related to self-reflection and how the importance of having the self-awareness to be able to compartmentalise while also empathising.

"I think you have to be, not closed off, but be able to turn off one side of yourself and be like, the emotions and feelings that are being chucked at me by this person are extreme but if I was to be completely open to those feeling id be over whelmed too, so I think it's about being able to recognise how awful something is and to understand the impact it has on the other person and to want to help them through the process but you don't want to absorb all the their feelings either so empathy is a funny thing eh yeah, have to have your boundaries with it" (Adam, 2019).

So, for Adam empathy in work is about being able to recognise how awful something is and its impact on the person and wanting to help them through the process of healing from it without absorbing the service user's feelings and how boundaries are important with empathy.

Like Adam, Shane considers himself an empathetic person and has realised this while working in a caring profession when it came to trying to understand service user's.

"Yeah, ah I would be, and I would always was, like I said, when things where kicking off, you can get annoyed with them and I noticed a lot girls where getting upset and a lot girls where leaving. It can be hard when the lads start kicking off, biting ya or whatever it can be kinda hard" (Shane, 2019).

Shane expressed how helping out in youth services and his experiences growing up helped to increase his ability to empathise and put him in a position to try and understand what is going on for the service user's he works with.

"it worked out that way, and the more you're in the job, and the more stories you hear and you just see how others have been brought up it does kinda play apart, it(empathy) kinda builds that way but like I said, it mostly comes from my experience and helping out people who helped me (youth service) and I wanted to help others like that, so you could say that yeah, I wanted to help people going through tough times" (Shane, 2019).

In relation to self-reflection and boundary setting Shane highlighted the need for those working in a caring profession to keep in mind that the aggressive actions of service users are not to be taken personally. Shane believes that if you can realise this it is easier to have empathy for them.

"Ya just always have to try to understand that they are very complex needs, a lot of them had very tough upbringings, eh, there are a lot of issues going on. I do say to the girls that are leaving or upset because of the aggression 'don't take it personally' that's very important, I felt that they're not attacking ya coz they don't like ya, it just you are the closet one to them" (Shane, 2019).

Daithi considers himself quite an empathetic person and attributes this to counselling and his own experiences in life. Like Adam and Shane, all spoke about how it is easier to accept others flaws once you have come to terms with your own.

"Shit loads of counselling, shit loads of looking at yourself, I suppose if you accept your own flaws it's easier to accept other people's flaws too" (Daithi, 2019).

Similar to Shane and Adam, Daithi also spoke about how is upbringing and his experience with his Mum in particular has created a deeper level of understanding that lends well to empathy.

"My mam has had mental health issues, I had some back in the day, I suppose, I know what it is like a bit, da ya know what I mean, I suppose theres that" (Daithi, 2019).

To further highlight the importance of understanding in empathy Daithi spoke his experience in college and how education opened him up to other people's experiences in life.

"Also, education is great, like we studied discrimination and stuff like that and racism and a lot of it is that people don't mix and see that the person that looks different down the road wants the same things that you do, ya know, to get people to mix is a great way of kinda, make people be more understanding" (Daithi, 2019).

In relation to empathy and working in a caring profession, Daithi wonders if he may become burnt out down the road as he is new to the job at present. This is like how Adam explained the dangers of having too much empathy and highlighted the importance of boundaries.

"I wonder if it's that I'm new to it and maybe in six months' time if I'm still there, I'll be a bit more like, ah sure their grand there, like maybe if its somebody who might be on their phone or just chatting away, I was just thinking the other day, if I was watching the tv and two people were just sitting two feet away chatting, that would drive me banana" (Daithi, 2019).

Daithi also explained how he finds the lack of positive rein enforcement by management difficult and recognises that his colleagues have are more concerned with 'ticking boxes' rather than empowering the service users.

"Like we get a lot of emails and a lot of the emails are just giving out to us, or saying, watch out for this, but there's not a much saying, thing had a great day because you did this and thanks for that, do ya know, it's a bit negative. And I get its, there a bit busy, they don't really have time to, tryna keep a lid on stuff so they don't have the time to encourage us, ya know that kinda way, its all, you didn't do this, ya didn't do that. I find that a bit, I don't know, say the management and supervisors, the PCI and her deputy, I find that a bit negative, how about the odd email saying well done" (Daithi, 2019).

Daithi mentioned that the goal of the facility is to empower and teach the service users to live independently however he feels this won't happen due to time, staff and empathy deficiencies, staff don't care enough as the goal becomes to get a or b completed in a certain amount of time.

Alex, like Adam and Daithi relates his empathy to his upbringing stating he was thought to put himself in others shoes.

"growing up, always it was told to me to put myself in the other persons shoes, and see what it is like and I remember growing up and hearing things and you would look at other people's lives and say, well why are they doing that, or why are they making bad choices or bad decisions or unable to stand up for themselves and I remember someone saying to me that unless you walk a mile in their shoes or spend a day doing what they do, ya know would you achieve any better and the answer is probably you don't know, they are doing the best the can do" (Alex, 2019).

Alex has found some aspects of his caring profession challenging and like Adam he spoke about the importance of self-reflection.

"I would find it challenging as well, in aspects of it because em I suppose you have to be well rounded to work in the social care profession and sometimes there are aspects that you might fall short and be limited in and self-reflection is important in that, as it is important that you acknowledge that and address that and name that so that you work through that" (Alex, 2019).

Alex mentioned that he was also curious, like Adam, about why people do what they do and learnt about walking in other people's shoes. Alex believes empathy is about stopping yourself and asking what are they feeling, why are they feeling this. For Alex empathy is about stopping to think about what another is feeling and working from that lens or perspective, which informs his empathetic practice.

"I think that whole piece about being empathetic, ya know, it is being able to stop yourself and ask, well what are they feeling, why are they feeling it, why are they thinking and why are they thinking it, ya know. So, I think empathy for me is being able to stop and to say, well

look it, what are they feeling right now, in a particular situation and then work from that lens or that perspective and that will inform your empathetic practice" (Alex, 2019).

Alex believes empathy is a crucial part of who he is and believes that without empathy you cannot effectively work in a caring profession and that it is a bedrock of structures and systems that he works from.

"I think empathy is a crucial piece, I think if you don't have empathy you are not effectively working, empathy is one of the key structures and systems and bed rocks that we in a social care profession that we have to work from, with service users in order to support them in, ya know, whatever situation that they may find themselves in" (Alex, 2019).

Alex spoke about how without empathy you are telling someone what to do and talking about your own ideas and opinions however with empathy you are treating the person as the potential expert on their own life. This is similar to the empowerment Daithi, Adam and Shane all spoke about.

"without empathy, you are telling someone what to do, from your own ideas and what you think is right, rather than viewing the other person as the, potentially as the expert within their own situation and allowing space for the to explore maybe the best solutions for them and empowering them from that point then. So, I think empathy should be one of your first points of lens that you should be viewing any situation from" (Alex, 2019).

Patrick feels that he is an empathetic person and believes those working in the caring professions score higher in empathy. He sees empathy as a double-edged sword and discussed having too much as a possible negative working with in a caring profession.

"I think I've had an average empathy level but then I think vast majority of people who work within the caring profession would score higher on the empathy spectrum then those not working in the area. It's sort of a double-edged sword, coz on one hand having too much empathy isn't a good thing as it would mean you would be taking your work home with you, do ya know what I mean, it does pervade your life outside of your job and your employment then" (Padraig, 2019).

Like Alex in particular, Padraig noted that he has learnt a softer empathy from his female colleagues. Padraig also spoke about how he has also learnt to be more reflective in practice like all participants.

"I wouldn't say that I have learned more empathy, but I have learned a softer empathy. So basically, what I mean is, what I have learned from the females mainly is to go a bit softer, a little more slower and perhaps be a little bit more reflective and aware of my impact" (Padraig, 2019).

In his personal life Padraig highlighted how his work experience and development of empathy has been a positive development and that when opportunities arise to employ this empathy in a work environment and a personal capacity it is easier to make connections. Padraig feels that empathy has been an advantage in his life.

"I think that because opportunities arise outside of your working environment that you are able to tie into your normal working environment and to have that empathy with the people you are working with allows you to have that in the back of your mind so when an opportunity arises it allows you to place it within the people you're working with, you can make those connections. Having empathy has helped me, certainly not hindered me" (Padraig, 2019).

Padraig's thinking around empathy came back to connections with service users and building a relationship with them in order to provide the empowering care. Like Adam, Shane, Daithi and Alex, Padraig spoke about the importance of self-reflection and how this helps to allow a person to put themselves in another's situation. Padraig highlighted that empathy is important in discovering what is important to service users which he found to be the little things as these are the things someone would be advocating for on behalf of a service user.

"I suppose, for me, empathy promotes reflection, it promotes being able to put yourself into the other persons shoes, and seeing things from their position, particularly when you are advocating, being empathetic allows you to really see through the other persons eyes so when you are speaking on behalf of them it's usually the little things that you would be advocating for, not the big things because the big things I've found are not generally important to the service users and you would miss it if you weren't empathetically connected to them" (Padraig, 2019).

<u>Discussion</u>

The aim of this study was to gain in depth insight into the reasons behind men who enter a caring profession and to explore how they incorporate empathy into their gender identity. This was done with participants who all work in social care professions with varying degrees of experience, length of time in service and positions. The literature was confirmed through the interview process. However, in addition to this it was also revealed that the participants experienced isolation due to the gender imbalance and at times found it hard to reconcile their more typical masculine attributes to their role in a gendered care environment. On a positive note they learnt things from their female colleagues that they wouldn't have in another environment.

Education and experience in life came through as major factors behind the reasoning for the participants to choose a career in the caring professions. Psychology was studied by three of the five participants while youth and social work was the starting point for the other two. It was clear from the interviews that having studied in the humanities, had given the participants an awareness and knowledge of socialisation, gender roles, masculinities and empathy and how they themselves fit into or rebel against societies expectations of these. This knowledge meant that the participants understood their work as more than carrying out tasks that service users are unable to do for themselves but also incorporates emotion work, which as Jacqueline O'Toole explains in Gender, Sexuality and Social care as lacking in policy descriptions of care work.

The interview questions endeavoured to establish a 'deep story' for the participants, one that explained their reasons for choosing a job in the caring professions. A deep story is as Hochschild explains it: is a, feels as if story, the story feelings tell, in the language of symbols (Hochschild, 2016 p.135). No one true 'deep story' was uncovered however all participants described experiences that made them 'feel as if' they could be someone who could help others or to give back through their career in some way.

All participants explained what it is like for them to work in a female dominated environment and theorised why such an imbalance exists. Their answers corroborates Airlie Russel Hochschild's findings in the second shift that the underlying tensions that lead to the inequalities of care giving in the home are the same in the caring professions. The deep rooted ideas of masculinity where protected by the participants female colleagues when they

exchanged paper work for help with dealing with aggressive service users in Shanes case, paired with certain service users because of their gender in Daithi's experience, how Alex felt excluded & isolated from certain conversations or when Padraig felt like he had to tone his personality down. All these actions by females perpetuate the gender norms that are keeping emotion or care work to women's work to the exclusion of male participation.

All participants spoke about the differences they experienced between males and females with an awareness that this is a result of the construction of femininity that see caring as an innate quality to females as (O'Toole, 2013) puts it. However, despite this knowledge all participants seem to have accepted these differences as fact or reality and this frames their professional relationships and how they interact or carry out their work.

The findings show that all five participants fit into Niall Hanlon's second of two masculinities; careful masculinity, believing that they women are natural care givers and that they shared the care giving role with females while defining there masculinity within their caring profession. This was evident when all the participants spoke about male role modelling, defining their masculinity within this role and piece of work. It was clear that all the participants believed that only males can effectively model acceptable male behaviour and that the lack of male social care workers negatively affects this.

What was found when the participants where asked about their masculinity all five had an awareness of the how this refers to the position of men in the gender order or how they themselves conform or not, to the societal norms attributed to their sex. In Adams case he expressed how some might feel the need to be dominate and find this hard within a caring profession. Alex was aware of this type of power play and had the tools to be reflective in these moments and judge what is needed. Padraig found it hard to reconcile his more typical brash masculine traits to his caring work while Shane and Daithi described how their masculinities where harnessed to situations that they were required for. Raeywn Connell's book on masculinities discusses these different types of masculinities and situates them with in a hierarchy of hegemonic masculinity. However, within the caring sphere this hierarchy takes a new shape; in Adam, Alex and Padraig's case where they struggle with domination. In Shane and Daithi's experience hegemonic masculinity is empowered when their masculinity is harnessed to deal with certain service users.

The empowerment of hegemonic masculinity was also evident in the discussion around the lack of females in managerial roles or as professors in the teaching of social care. Adam put this down to the fact that traditionally men were considered the breadwinner of a family and with wages in the caring professions being low, men who ascribe to this role or who need to ascribe to this role economically will follow such a career trajectory.

Through the participants descriptions of their work environment it is clear that it is a product of a wider societal structures that reflect typical constructions of masculinities. The caring professions is as Raeywn Connell put it both a product of and a producer of history. All the participants spoke about how things are changing in terms of what is expected of men and females.

All participants thought of empathy as an integral attribute to have when working in care. In relation to how they became empathetic themselves all went back to their upbringing. Adam and Alex described their parents as warm and loving who role modelled empathy for them. In Daithi's case it was his Mother's struggle with her depression and in turn his own counselling that set him on the road to incorporating empathy in his identity. Shane put his empathy down to working in youth clubs while growing up which gave him a sense of wanting to help other like he had been helped. It can be argued that this corroborates C. Daniel Batson's empathy-altruism hypothesis.

Through their experiences in life and education all participants highlighted the importance of self-reflection especially in relation to the delivery of care. A clear link between self-reflection, boundary setting and empathy was made by all participants while the positives and negatives where explores. The participant's emphasised how self-reflection was crucial in their delivery of empathetic and empowering care and this is in line with Susan Maree McNaughton's thematic analysis of developing pre-requisites for empathy. Highlighting how self-awareness of self and others perspectives is an integral part of developing empathy.

Surprisingly all five participants spoke about how it is possible to have too much empathy working in the caring profession which can lead to unhealthy attachments with service users or care workers becoming burnt out by absorbing service user's problems. This led the conversation back to the importance of self-reflection and awareness and boundary setting. All participants spoke about boundaries and the dangers of not employing them.

<u>Limitations</u>

It is important to note the limitations of this study. A small sample size was used therefore the study gives a small look into men's experiences off working in a caring profession which is dominated by females. This causes difficulty when trying to establish the reasons to why males enter such a profession.

Future recommendations for study would be to use a larger sample size in order to gain more in-depth results. In order to establish the more prevalent reasons for men entering such professions quantitative research could be conducted to establish the numbers behind these reasons. The literature available at present in relation to empathy proved to be elusive and based in psychology theory rather than lived experience, I would recommend a greater study on just empathy or a comparative study on empathy levels in male and females.

<u>Conclusion</u>

The participants of this study showed an informed view on their reasons behind choosing a career in a female dominated environment and how they see themselves in terms of masculinity. No one definitive common reason to enter such a profession was found, however, all participants spoke about their own personal circumstances that influenced their journey to care work. The participants were given space to articulate what it is like for them to work in a gendered care arena which uncovered for them feelings of isolation and an awareness of the difficulties surrounding this while also highlighting the positives gained. Their conversations around masculinities highlighted that not just one type of masculinity is attracted to care work however all masculinities brought its positives and negatives that needed to be traversed within the female dominated care work arena. The participants also showed an in-depth understanding of empathy, its importance and dangers and highlighted how self-reflection and awareness was important in order to deliver empowering care.

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<u>Appendix</u>

<u>Copy of Consent Form</u>

Exploring Men's Reasons to Enter Female Dominated
Occupations, Investigating How Male Social Care Workers
Incorporate Empathy into Their Gender Identity and their
delivery of care.

My name is Jacqueline Moore and I am conducting research that explores the reasons that men enter the caring professions and how they feel about working in a female dominated occupation and how this choice and their delivery of care is effected by how empathetic they are and if this is part of their identity and how this is useful or not in their everyday completion of their job.

You are invited to take part in this study and participation involves an interview that will take roughly 40 minutes.

Participation is completely voluntary and so you are not obliged to take part. If you do take part and any of the questions do raise difficult feelings, you do not have to answer that question, and/or continue with the interview.

Participation is confidential. If, after the interview has been completed, you wish to have your interview removed from the study this can be accommodated up until the research study is published.

The interview, and all associated documentation, will be securely stored and stored on a password protected computer.

It is important that you understand that by completing and submitting the interview that you are consenting to participate in the study.

Should you require any further information about the research, please contact
Jacqueline Moore 10328580@mydbs.ie or Niall Hanlon niall.hanlon@dbs.ie

Thank you for participating in this study.

Participant Signature: _____ Date: _____

Qualitative Research Questions

1. Without naming your employer or giving identifying information, can you explain the type of job you do and its title.
2. Can you tell me about how you decided to enter a career in a caring profession?
3. What do you think was it that that influenced your choice of career, was it a person, a situation or experience, can you tell me about this?
4. Do you find your job fulfilling, personally and or professionally?
5. What is it like for you to work in a female dominated sphere? Is this a bad or good thing and why?
6. What type of reaction do you get from your friends and family to your career choice and how do you feel about these reactions?
7. Do you consider yourself a masculine person or not and what does this look like for you?
8. Do you consider yourself an empathetic person and why?
9. Do you consider empathy as part of your identity, how does it contribute to who you are?
10. How do you think you use empathy in the delivery of care that you provide?