

## Danish University Colleges

### **Mænd og omsorg - hvorfor (ikke)?**

#### **mænds begrundelser for og erfaringer med valget af en omsorgsuddannelse**

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*Publication date:*  
2010

*Document Version*  
Tidlig version også kaldet pre-print

[Link to publication](#)

*Citation for pulished version (APA):*

Gerner Wohlgemuth, U. (2010). *Mænd og omsorg - hvorfor (ikke)? mænds begrundelser for og erfaringer med valget af en omsorgsuddannelse*. Institut for Filosofi, Pædagogik og Religionsstudier, Syddansk Universitet.

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## Summary

The dissertation deals with men's choice of training and education within care work. Specifically, the dissertation deals with training and education as educationist and as social and healthcare assistant such as, at an overall social policy level, this choice has been identified as an unusual choice for men. The identification of usual and unusual choices of training and education is based on research and studies of young people's traditional choices, and the results of this research has defined the basis of a number of specific parameters for a traditional choice of training and education.

At an overall level, the system level, we find the national policy objective of breaking down a gender-segregated labour market which, in essence, has the purpose of levelling out differences in the two genders' education and career choices with a view to the realization of a number of targets in terms of equality of gender policy, educational policy and labour-market policy that are coordinated within the European cooperation.

Men choose the two alternate training and education courses targeted at the field of care, but the share of male students and pupils remains limited although the influx of students and pupils increases periodically and often as the result of e.g. targeted efforts.

## Research levels

The dissertation moves at three levels: the macro level, the meso level and the micro level.

The macro level is the overall legislative level where statements of intent and objectives and agreed conventions as results of the European cooperation on gender equality, training and education and the labour market take the form of policy objectives and reform programmes.

The meso level has two dimensions: one of the dimensions is the factual research and analysis of the individuals' choice of training and education and choice of profession. The other dimension is the actual realization of the training and education courses studied. This means educational institutions, their practices and other players and stakeholders within the field of care.

The micro level consists of the future and the present students and pupils attending the two courses of education and training within care and - in relation to this dissertation – individuals who have completed or dropped out of the training and education courses. The background and the framework for the studies are generated by analyses of the development trends at the macro and micro levels, but the analytical focus is on the micro level where the individual's reasoning and experience in relation to the choice of training and education will be in the focal points.

## Background

Men's choice of training and education within care in a Danish context gained proper momentum as an independent theme at the beginning of the 1990s when the discussion of men's rights and masculinity research were put on the agenda and when the first indications were seen that one of the two training and education courses covered by the dissertation - the educationist training and education - was, as it was phrased, dominated by women. Parallel with this observation, the policy objective of breaking down the gender-segregated labour market was established in the Danish national plans of action, and the first project initiatives with the purpose of attracting men to training and education within care were launched. Parallel with the attention and as a result of analyses and observations of the effect of "the shortage of men" within the field of care, the establishment of a number of the discourses were started, and these discourses still serve as a tool of explanation for and legitimization of efforts, the purpose of which is to attract men to one of the two education and training courses.

Previously a number of working hypotheses on men's choice of care have given rise to studies of the circumstances under which such choice is made. The results of such studies have been that men's choice of care has primarily been linked to circumstances such as joblessness or illness.

This view has formed the starting point of the study conducted in this dissertation into men's reasons for choosing a training and education course within care based on the assumption that the picture is now more varied.

### **Theoretical field**

Based on the observations and analyses conducted by a number of Danish and foreign studies and reviews of choice of training and education, the dissertation found that three central theoretical themes should be the objects of an analysis of men's choice of training and education.

First of all there is the perspective of choice itself. What is it that drives or pushes in the direction of a choice of training and education and what factors are significant for the choice made? What impact does the individual's lifeworld have on the choice of training and education such as they are offered by the system?

Men's choice of training and education has been described as governed by and guided towards a group of classic professions or labour. The motivation for making such choices involves convention, upbringing or expectations in respect of a special target or a specific outcome, and the premises on which the choice is made are made up of surroundings and/or tangible possibilities. Men's choice of training and education within care has no traditions tied to it and cannot be explained by patterns or customs of choice. The analysis angle for the choice of training and education within care has therefore been chosen with a rational approach to making a choice. Elements that will have an impact on the decision-making process are feelings, unforeseen events or surprising circumstances interfering with and having a decisive impact on the decision-making process in terms of choosing one of the training and education courses within care. The theoretical perspectives and understandings tied to the perspective of choice and the nature of the significant factors in respect of actions can be found in Jon Elster and Raymond Boudon as representatives of a rational understanding of actions taken and can be supplemented by studies performed by Diego Gambetta and, moreover, Max Weber's types of ideals for social actions and in particular his understanding of actions as also controlled by emotion and passion are of essential importance to the analysis framework.

As care is not historically among men's expected choice of education and training, but can be seen to be an extremely popular choice among women, the dissertation has focused sharply on three views of care and the concept of care. Initially, the habitual approach to care, represented by Tine Rask Eriksen, where women's work historically ties care to special characteristics, just as such characteristics in turn are tied to women in this tradition. In contrast to this, it is possible to find a more ideological understanding of care in Bettina Dybbroe, in the form of a profession for reflective practitioners where it is to a greater extent the performer and the receiver who define care and who are thus co-producers of care, and where the importance of gender is toned down. Finally, a primarily competence-based understanding is presented where a definition of care is a question of exchange of defined values and ethical rules that have been determined and negotiated by a profession represented by Karen Wistoft and Ulla Nordtorp.

With the starting point that men choose care which from a working point of view is tied to women and is not traditionally seen as work for men, the third theoretical focal point is gender. But the emphasis is on the constellation of "gender and work". A number of researchers and theorists who have thrown light on men's working needs and drive in the context of work have been

included. Among these, Yvonne Hirdmand and R.W. Connell and their views on “gender order” and the male identity. On this background it has been possible to list a number of conditions which according to such understandings drive men and can therefore be read in continuation of the view on men's traditional choice of training and education. Supplementary points of view and ways of looking at such circumstances have been found in, among others, Lothar Bönisch and Kenneth Reinicke.

### **Empirical studies**

The data material of the dissertation has been generated at three levels: the macro level, the meso level and the micro level.

At the *macro level*, a thematic analysis has been conducted of the policy objective of breaking down a gender-segregated labour market.

At the *meso level* and in connection with the analysis at the macro level, an analysis has been conducted of initiatives and projects initiated on the basis of the policy objective of the macro level. The analytical survey covers the arguments which the projects use and the discourses generated with a view to initiating attempts at attracting men to training and education as well as work within care. The analysis at the meso level also includes studies and analyses in relation to the discourses.

At the *micro level*, interviews have been conducted with men who have completed the training and education, want to enrol for such training and education, are students or pupils or have dropped out of their training and education. Moreover, at the micro level an internet-based questionnaire survey has been carried out at a number of Danish educational institutions.

At the *macro level*, the thematic analysis focuses on the national policy objective of breaking down a gender-segregated labour market. As an introduction, a historical outline of the underlying discussion of equality of status is given. This debate has driven and for that reason is one of the sources of the objective such as the objective has appeared from the first national action plans up to and including the reform programme in 2008. The focus at the macro level is the development of the objective and the development of the efforts to fulfil the objective that can be traced in the documents.

At the *meso level*, the experiments and recruitment projects are described which target men with a view to making them enrol for training and education within care and through the analyses which have attempted to find causal explanations for the relatively few men's choice of training and education within care. At the meso level, a number of discourses can be found that define the field of “men and care”. The discourses are generally characterised by being additional argumentation in favour of “more men to the field of care”. The discourses can be observed in the above recruitment projects and initiatives.

The macro and meso levels such as the two levels are described here constitute the framework conditions for the players, i.e. for the micro level. In a two-part understanding of society, the macro level and the meso level represent the system, and the players, the micro level, are the lifeworld.

It is at the *micro level* that the majority of surveys and analyses are undertaken, and it is the analysis results at this level which make up the most extensive part of the research contribution towards the study of men's reasons for choosing training and research within care. It is at the micro level that the answers to the serious problems analysed are generated:

What are men's reasons for choosing training and education within care and what circumstances are tied to such choice in the form of possibilities or difficulties tied to the choice and at the labour market subsequently?

The research design of the micro level has been consciously set out with the possibility of making both separate and comparative observations of the two training and education categories. The studies have taken place as semi-structured interviews and as an internet-based questionnaire and focus on the three central themes:

Men choosing care: age and basis of admission

Men choosing care: reasons and job desires

Men choosing care: experience with their choice of training and education

### **Age and basis of admission**

The dissertation operates with four age categories and the calculation shows that the average age for men in both categories of training and education is above that of equivalent types of training and education. A lot of men attending the two training and education within care have another possibly not completed training or education, a few of them have several. A small group of men have been inspired to make their choice via military training. Finally, there are young men, although not many but highly visible, who start their training and education immediately in continuation of their lower secondary school-leaving examination after their 9th or 10th year or following an upper secondary education at grammar-school level.

### **The background for their choice of training and education and their job desires**

Through the analyses of the dissertation, the reasons for the choice of training and education can be categorised into three perspectives:

- The career perspective
- The insurance perspective
- The care perspective

In the three perspectives, a number of reasons are found to be decisive and significant in respect of the choice made.

In the *career perspective*, the pupils' and students' plan is to use the training and education as a step stone to further education. This reason is expected to be characteristic of mainly young people, and their driving power is their expectations of a better position and a distance to parts of the bodywork of care, i.e. intimate tasks. Management ambitions have been established to a fairly limited extent. In other words, men who choose care in order to "pursue a career" attempt to reinforce their affiliation to the sector in the form of post-diploma studies and complementary studies, but are not immediately interested in acting as care practitioners in their everyday life.

In the *insurance perspective* we find the good job opportunities as the reason, and it is not least the older groups that pay attention to and value good job opportunities.

Men choosing training and education within care on such grounds have become aware of a profession and the perspectives opening up in terms of security of a fixed labour-market affiliation. The intimate care work and the lack of recognition which are a catalyst for men whose reasons for their choice of training and education is "further education" play nearly no role at all as factors when the reason for their choice is good job opportunities. Bodywork, for example, does not constitute any brake on men motivated by security of employment.

The *care perspective* has as its characteristic the theme "encountering care" attached to it. Such encounter may be expected, but the effects thereof unpredictable. In the reasoning of the unskilled care work, the encounter is expected, but nevertheless the side effect of the encounter is that men choose training and education within care. The route they have followed to the training and education is frequently, but not always characterised by unpredicted events and occurrences

where, for example, unfitness for work has resulted in necessary changes in life and therefore the choice is not rarely made on the basis of a prior involuntary choice by rejection. Through the unskilled care work they are given a new chance in life which they grab.

The care perspective is characterised by having three not always completely separate reasons tied to it. The three reasons are "the unskilled care work", "a care event" and "a new beginning".

In connection with the reason "a care event", encountering care is completely unexpected and it not rarely a question of the care encounter being, if not of an overthrowing nature, then at least of importance to a man's idea of what he wants to engage in when looking ahead. To a few, orientating themselves against care constitutes a minor adjustment whereas to others it constitutes a specific change of life.

To men whose reasons are a new beginning, it is a question of two facets possibly having had an impact on and having formed the background for the choice made. In the one facet of the reason "a new beginning", it is a question of men organizing a value assessment and making a decision to the effect that meaning and content are to replace emptiness and pointlessness. They choose care as part of a well-considered and desired change of life, and they opt out of a current occupation or possible training or education for the purpose of opting-in for care.

In the second facet, men tie expectations to their encounter with care. "The encounter" is expected to incarnate and thus to start a new beginning, and often the motive force is an urge "to make a difference". To men whose reason for choosing training and education within care is a new beginning, it is a question of such men taking stock of their situation and changing horses. Regardless of age, to some men the choice made means a radical change in relation to their lifeworld.

Men whose reasons are categorised in a care perspective are either driven by the care work and the facets thereof, or they expect that care will be able to provide them with a better purpose in life.

In all three perspectives, but particularly in the care perspective and on the grounds of the unskilled care work, it is possible to observe very young men choosing care directly on the basis of exam qualifications and without any "detours". They are few - not more than approx. 5 per cent of the respondent group in the survey - but it is possible to observe that their reason is extended by considerations such as meaningful work and responsibility for "the other individual". The young pupils and students and the descriptions of their choice bear witness to a starting break-up and movements in relation to who the handlers of care and will be.

The dissertation has found that the grounds for men's choice of care are reasoned and tied to one of the three perspectives - the career, the insurance or the care perspective - for moving into an unusual field of work. The choice of training and education within care appears as well-considered and rational, and preceding events are tied to the action or to distinct expectations of achieving the target through the choice made.

The educationist students go further with the job desires than the social and healthcare pupils. Where the social and health care pupils orientate themselves towards traditional employment within health care and psychiatry, the educationist students find that their education may give them further possibilities. As to the job opportunity "setting up your own business", the educationist students are the most innovatively oriented, but it goes for both categories of training and education that only few take an interest in this job opportunity.

### **Dimensions tied to the choice of training and education within care**

In addition to reasons for their choice, the men covered by the survey have gained many different forms of experience in connection with their choice, for example they have discussed their choice with other players in their lifeworld and/or with someone else and possibly with a professionally trained man. The experience of having decided to get training and education within care is often confusing to many men. Reactions by men's surroundings are sometimes of an intimidating nature, and a common denominator for advice to men of omitting to venture into the domain of care is that the caring and thus the physically-related work is unattractive and completely without status. Mainly as a result of having made an untraditional choice of training and education, men are looking to their surroundings for support. The students' and pupils' emphasis on the need and desire for conversations with other men who have chosen the field of care and are pleased with their choice is particularly significant.

A lot of men find that being able to talk to other men within the field of care and thus having the work de-mystified will be of great importance to whether or not men enrol for the training and education courses.

Moreover, the survey has focused on men's perception of and experience with the training and education understood as their everyday life at school and the college of educationist training as well as during the trainee periods. Moreover, attention has been focused on pupils' and students' assessment of the potential for other men's choice of training and education. Compared to nominally many women and the historical affiliation of care, one of several differences is found between the two types of training and education. Whereas men within the field of social care and health mostly agree that their training and education are targeted at women and that their female fellow pupils and students have a significant influence on the thematisation of the training and education, educationist students hold significantly more varied views. More than one third of the educationist students are thus of the opinion that their education is not oriented towards and thus not reserved for women. This does not mean that one third of the educationist students disagree on this view. At the same time it turns out that men ask for masculine input and masculine angles in their training and education. Such request has been interpreted as less to the benefit of themselves and more to the benefit of the training and education as such. The wide field of action which men find characteristic of the training and education is significantly more general than it is gender-linked and men want to be part of the work with human beings for which the training and education take responsibility.

Men in both categories of training and education note the joy of children, users and residents expressed at male care and are at the same time fully convinced of the necessity of their presence as male care workers. The majority of men feel that practice recognises their skills and qualifications as male care workers even though especially men within the educationist field admit that their tasks in certain connections differ from the tasks handled by their female colleagues. Men within the social and health field only agree to a lesser extent. In relation to assessing whether your own training and education appeal to future pupils and students, men highly agree that the pay factor is of minor or hardly any importance to those who have chosen training and education within care. Increased pay will not increase enrolment, but more recognition of the choice of care made by men as their profession and as their work will. Some men with the career perspective as their motive want to acquire status whereas other men are to a smaller degree or not at all driven by this element.

### **Filters and magnets**

Overall, it is possible to identify and categorise a number of attractive factors and a number of factors that pull in the opposite direction in relation to choosing and completing training and education within care. The dissertation has described these factors as filters and magnets. Filters and magnets are active prior to making the choice of training and education and during the course of training and studying, and they are not nearly as important and significant for men within the field of care.

The *magnets* are the perspectives which the training and education open up for in the form of further education and the good job opportunities. As for the social and health training and education it is especially the opportunity of using the basic course as access to the other courses at the schools or in the long term to continue studying at the medium-cycle higher education courses. For the educationist studies it is the prospect of continuing to study, for example taking a master's degree or concentrating on a special field of interest. The good and thus the safe job opportunities are important to many of the individuals questioned as work is generally a vital element to men and to men's self-understanding.

Another magnet is the "encounter with care" and the satisfaction and genuine joy which men experience in connection with the unskilled care work. For most men, care does not constitute their first priority of training and education. The experience of practice becomes an eye-opener to many and to some a magnet in the sense that the joy entailed in the unskilled work assists them in making a decision or in re-establishing themselves following another possible opt-out, unemployment etc.

A magnet is also the chance of a change of life and therefore a more meaningful life which care is expected to provide for the men whose choice is motivated by an unforeseen and surprising encounter with care in a care event. Similar to the unskilled work, the care event will constitute their "turn-around", and they opt out in order to be able to opt in. Care also turns out to be a magnet, but in a different context, for the men decisively targeting a new beginning and specifically seeking a change of life. They choose care, expecting that care values and care work will, in a different manner, be able to meet their desires for a working life or will be able to make their lives complete.

Other magnets found include the possibility of discussing the training and education with another professionally trained and educated man, which has been found to be a magnet in spe by many men. The same applies to the room to manoeuvre of the educational institutions in the form of planning of the curriculum so that the "Air of Care" does not eliminate masculine aspects of life. Many men are thus of the opinion that a good magnet is hidden precisely in the planning and performance of the training and education which actually shows their willingness to complete the training and education and which also provides an opportunity for the system to balance the two training and education courses and to obtain a broader students and pupils recruitment potential.

Age constitutes a *filter*. Where most young men do not choose training and education within care, age initially appears as a filtration factor that loses its effect as the age of the student or pupil following the care course increases. Age plays a minor role or no role at all when good job opportunities or the care perspective generally are the reasons for the choice of training and education made.

A filter also constitutes part of the care work, the so-called "bodywork". Some men are familiar with this filter, possibly via the unskilled care work, other men become familiar with it through their trainee period. The filter is also known in men's lifeworld when they are advised to use



"bodywork" when re-considering their choice of training and education. The practical work, the "bodywork" is also weakened as a decisive factor when the reason is good job opportunities, or when aspects of "the encounter with care" have determined the choice of training and education.

Yet another filter is the reputation of care, inclusive of the lack of status and recognition of care. This filter is important to some men who therefore choose to move "up" or go "away" with a view to e.g. further training and education.

A factor to which the students and pupils pay attention is that their training and education are to a minor extent characterised by that fact that, other things being equal, the pupils and students involved are male and female. This is particularly clear for the educationist students during their trainee periods when the experience of having to solve tasks with a masculine touch is very clear. When considering that especially educationist students' perception that their education addresses both genders, there is thus a clear indication that the gender division in respect of choice of education is also found in parts of the everyday care work. That the core tasks are continued as a female area of responsibility as men are expected to solve other tasks defined as masculine thus has the nature of a filter if the motive for the choice is "relations and work with human beings" rather than "machines and repairs".

## **Result**

The men covered by the survey are highly different and have highly differentiated backgrounds for choosing training and education within care. Men single out training and education within care for many reasons and qualities. They may function as step stones to further education, they nearly provide a job guarantee, they offer a new and better beginning, and they may be a "calling".

The list of reasons emphasizes that men may choose training and education within care on precisely on the same grounds as all other more ordinary types of "masculine" training or education. The story of care as rooted in the history of women and as refined by women through generations does not scare men off from enrolling for the training and education courses. Men do not see the history of care as synonymous with care being "for women". Care is indeed for men, but they have different ways of approaching this field of training and education. Some approach it slowly and quietly, others more noisily, but they choose care with a view to a future working life as actively engaged performers of care and thus they become part of the history of care and contribute to initiating a change of history. Men are thus of the opinion that their basis for performing care can change both the care and the recipients of care.

Men constantly emphasize the necessity of their presence within the field of care and they also emphasize the reason, namely the needs of children, users and residents. This means that the additional argumentation must take into account that men choose care for the sake of care and thus also for their own sake. Men within care do not want to be regarded as a corrective to care or as peripheral contributors to the work within this field. Some men choose care as part of re-choosing, but this cannot automatically be taken to mean that all men choosing training and education within care are merely passing through on their way to achieving management responsibility or special functions.

If care is to attract more men and thus contribute to meeting the policy objective of the macro level on dismantling a gender-divided labour market, not least the meso level exemplified by educational institutions and practice is to lower expectations as to "what men can and should" by realizing that men choose training and education within care as an expression of "what men can and do". In other words, the system needs to realise that men do choose care, and they have many good reasons for doing so.

The willingness and eagerness of the meso level to "provide men for care" means that the area of care needs to recognise the men who have allowed themselves to be provided or have let themselves be recruited as well as their reasons for doing so. The willingness must be extended to recognising that some men choose care not as an emergency choice, but as a choice made out of desire. Such recognition must include more than the recognition of a factual presence and participation. The recognition is to consist of willingness to realise that men offer to provide care and that their offer may entail new angles and new perspectives on the performance of care. Such offers are not made because men have a desire to revolutionise care or because the Air of Care necessarily calls for a male additive or challenge. Such offers to perform care work are made as true offers by committed and interested participants and "performers" to whom care has meaning and provides meaning of life.