UNDERSTANDING MEN IN NORWEGIAN HEALTH WORK FORCE. HOW DO WOMEN AND MEN EXPERIENCE WORK IN FEMALE DOMINATED ENVIRONMENT?

GLOBAL STUDIES MASTER'S THESIS

VID University

Stavanger, Norway

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09th MAY 2019

INDEX

Number of words   28,063

ACKNOWLEDGEMENTS

This thesis has been the fruit of two academic years in VID but also of the eight intense lived years in Stavanger, Norway.

My thanks to all the professors of the university because they have teach me especially that researching is in a certain way to seek, to be lost and then to discover. Thank you for motivating me to continue to the doctorate.

First I want to thank my supervisor Professor Frieder Lundwig for his recommendations on bibliography focusing me on relevant aspects for the thesis. I also thank my former supervisor Gunhild Odden for broadening my horizons and heading towards the project "Menn i Helse".

To draft this thesis would have been impossible without the informants, whom I owe their incredible stories, authentic gifts. Thanks to the participants in the three groups, workers from the Norwegian health system, from the project "Menn i Helse" and engineers from various companies related to the oil industry. To Vidar Kringlemoen coordinator in Rogaland of the project "Menn i Helse", a million thanks for your effectiveness by sending me "your men" of the project, to Elin, Rundeskogen" sykehjem leder" and to my Spanish friends, expatriates Mayte and Juan to send me your "engineers".

To my dear Norwegian chiefs, thank you Nils Ove for your generosity, understanding and essential logistical support and to Kristin and Sissel for helping me combine family, work and university.

To my Norwegian colleagues and friends, Kristoffer, Jone, Karianne, Arno, Kari, Tami, Tove, Rita, Kjetil, Steffani and many more... Thank you for helping me whenever I have needed it, but especially for your conversations through which I have known Norway. Also I cannot forget my international comrades of the University, Ali, Hannath, Ramsses, Kittikanya, Hassam, Tore, Martina, Vilja... Stavanger has been the set of moments shared with each one of you, thanks.

Finally to my family, the ones I love and those who have endured my travels and absences.

To my three daughters Virginia, Rebeca and Estefania, to whom I dedicate this work and to whom I hope to be educating in a "new neutral gender" that does not understand of "masculinities" nor of "femininities".

0. SUMMARY

To make the decision for selecting the concern to be investigated for my Thesis has not been too hard. I have always been attracted to explore various aspects of gender, mainly because my professional profile is complex. I'm a combat nurse, with the rank of captain of Spanish Armed Forces, currently with a leave of absence.

This professional career joins several interesting angles and sides to explore. For one side nursing is a care profession, typically performed by women since ancient times, on the other hand is the fact of being a soldier, the typical profession performed by men.

The fact of having experienced what it means to work in a male-dominated area during the first part of my professional career and having experienced the opposite situation with female domination during the last ten years has shaped my concern on this issue.

After living and working in several European countries (Spain, France and Norway), with a professional integration in almost all areas of health care, I wanted to deepen the analysis of my first observation since my professional beginnings in Norway:

Why the presence of men was so low in the health care sector? Why it was even lower than in other European countries?

Norway appears as an egalitarian model within the European panorama. Is this equality an illusion? Why the role of a male immigrant majority mainly of Asian origin filling the lack of male health worker presence in the area of nursing home care?

The central idea of this Thesis will therefore be "to understand and analyse how do health professionals, both men and women, feel and experience when working in a workplace dominated by women", as well as to understand to what this scarce male presence is due.

The theoretical concepts about identity, self-image, masculinity, femininity, power, individualism, will be developed later in chapter 3, Theoretical Frameworks.

The empirical method developed in chapter 4 is the qualitative methodology, based on the information provided by the informants during individualized interviews, chosen mostly in the social health fields as the area of detoxification and rehabilitation in drug addiction.

During the time of performing the interviews, new elements appeared to be analysed, such as the adequacy of these policies of equality in number and the contribution of each of the genders in the professional field. And the most elementary but perhaps the most complicated to deepen "What makes these men decide to choose these eminently feminine works".

Professional identity, power, status, masculinity, femininity will be developed in the topics of analysis. These concepts appear and play a leading role during interviews with different types of health professionals and non-health professionals.

As Lorentzen states, "Masculinity often manifests itself more clearly when it is compromised or in danger of becoming impoverished" (Lorentzen 2005: 9). The studies on masculinity developed in chapter 3 and the subsequent analysis of chapter 5 will shed more light on the concept of masculinity and hegemonic masculinity and how health men workers perceive their own image, and how they will mold their masculinity to adapt as minorities within a most.

Therefore to understand the men and women who work within the Health, with different academic backgrounds as nurse, assistant-nurse or social studies, but where all of them perform their jobs as care workers within a profession dominated by women, has been the clear object of my study.

Numerous studies have always been focused on how the man or woman experiences or feels in the diverse professional contexts dominated preferably by one of the genres woman or man.

The decision to explore from both angles, male and female, seemed necessary for me to get rid of an ethnocentric perspective that involves studying only one of the two genres. The interviews were also extended to non-health personnel, predominantly technicians such as engineers or personnel belonging to the "Menn i Helse" project from various areas of the Petroleum industry, dominated in these cases by men.

Therefore, after an introduction, theoretical foundation and explanation of the method, three chapters will be developed by analysing all the information provided during the interviews, providing at the end final conclusions.

This analysis will be focused on:

Analysis I: Health personnel interviews. Talks about their decisions to study a profession dominated by women, and the weight of cultural influence, masculinity, stereotypes, migration.

Analysis II: Interviews to participants of project "Men i Helse". Reflections on complementarity and individualism.

Analysis III: Interviews to engineers. Self-image and image projection, identity, power, status.

The chapter 6 will try to answer these questions:

- Is the low status and limited power, the main concern that limits the decisions of men to dedicate themselves to the care professions?

- Is the small number of men working in health what generates discomfort provoking a limitation of men that decide to study these professions?

- How is masculinity / femininity altered or modified when they develop these jobs?

- What does it mean to increase the male presence?

Finally some recommendations will be proposed.

1. INTRODUCTION

The main aim is to understand how the men and women of the Norwegian Health experience working in an environment dominated by women.

The empirical material analysed comes from qualitative interviews conducted with men and women both from the healthcare environment and outside it; within the health / social environment with different academic backgrounds and outside the healthcare environment as a group of men of the national project "Menn i Helse"; as well a small group of engineers were selected because they work in the opposite field, in a work environment with male domination. Trying to understand men and women from an equality perspective taking into account how they perceive themselves or are perceived. Besides trying to understand which is the origin of the scarce male presence in the Norway's Health system, of the high representation of male immigrants and finally the much discussed paradox or illusion of equality will be the main topics in this investigation.

This chapter will later deal with the background, topic and research question, important definitions, limitation and description of the constitution of the Thesis.

1.1 Background

The Nordic countries are considered, within the international rankings, as one of the most egalitarian societies worldwide. Numerous indexes endorse it, for example EIGE[1].

Social Equality has become a central value and a national Nordic identity element. "The passion for equality" (Graubard, referred to in Hernes 1987).

Norway has been considered the last decades as a model country for its early implementation[2] of gender equality measures compared to other European countries.

The World Economic Forum (WEF) Global Gender Report has ranked Norway among the top three countries in terms of gender equality for the past nine years. In addition to perceiving Norwegians themselves as champions in terminus of equality as Andreassen & Folkenborg (2002:5) put it: "Over the past ten years Norwegian have viewed themselves as world champions of gender equality work".

The real image that Norway presents in both the health landscape and the high status works is different, male invisibility in the care sector, partial-time work of women in the case of the health area and low female representation in jobs associated with influence and power

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[1] The Global Gender Gap Index and the Gender Equality Index developed by the European gender Equality Institute
[2] For example, Board composition of at least 40% of both genders.

(Andreassen & Folkenborg, 2002, Bertrand et al., 2015). Is this a paradox in a country model of equality? At least I am going to nominate it as the Norwegian paradox for this thesis.

The Scandinavian countries have been defined by their "policies" as "woman friendly" according to Hermes (1987) in such a way that there is a synergy between "state feminism[3]" and "feminization from bellow[4]". There is a relationship between work and family life.

There is another indicator of gender inequality "GEM" within the UN Human Development Report that measures three basic dimensions of empowerment such as economic participation and decision-making, political participation and power over economic resources. Norway[5] occupies the first place among the Scandinavian countries.

Norway is one of the countries with the highest gender differentiation in the labour market. Women dominate the area of care and social work in the public sector (K.N.Solbraekke 2005). It also happens in the education sector, in which despite the fact that women obtain 65% of university degrees with 44.5% of Ph-D only 18% of women (in 2005) become professors at the University[6]. In 2017 the share of women among full professors in the sector was about 29.5 per cent. The share of female professors has increased with about 1.0 percentage point every year the last ten years.

The share of men is particularly high within technology and mathematics/natural sciences. In 2017 female PhDs accounted for 29.4 and 39.4 per cent of the completed graduations within these fields respectively. This is an increase of 9.8 percentage points within technology subjects and 2.4 percentage points in mathematics/natural sciences since 2016.

Women are mainly represented in the area of Social, health and education in schools. In these areas they represent 91% while their representation in the area of engineering or mathematics only represent 5%. There are clear gendered patterns in certain fields. (Selvil Sumer Book, 2009).

There is also a clear division into "senior positions, wages, and leadership levels" that place Norway 50th below Jamaica and Colombia. (ILO[7])

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[3] "feminism from above in the form of gender equality and social policies and the feminization of welfare state relevant professions"

[4] Mobilisation of women in political and cultural activities

[5] http://hdr.undp.org/en

[6] The association "Women in science" is a source of information for women in the research sector http: kvinneriforskning.no/english/.

[7] International Labour Organization. NIFU: R&D Statistics Bank).

1.2 Globalization and the Norwegian paradox

The effect of Globalization is accentuating this Norwegian paradox (defined in 1.1) due to mobility within Europe and the advent of immigration from other continents. Historically the Scandinavian countries were characterized by their homogeneity because of immigration mainly from Europe. This panorama has changed a lot since the 60's and 70's, especially in Norway with the oil discovery. The risk of this new diversity is the opening up to a new dimension of inequalities by feeling the society "culturally distant" of immigrants coming from the East, Africa and Asia. These inequalities would mainly affect women, the inequality so far studied by feminist experts based on class classification by capital and labour, would give way to a new state based on class differentiation by gender and race (Thidermann F. & Pristed N. 2017).

New Feminist speeches about the effect of Globalization and mobilization have been generated in Europe asking if "The current model of universal welfare system of the Nordic countries will be appropriate in the future? Or if the anti-discrimination policies for Nordic gender equality will be sufficient?" (Borchborst et al. 2012).

Nordic/Scandinavian society must be prepared to face the risk of a hypothetic transformation of "passion for equality" to "antipathy to difference". Both Sweden and Norway have always had a hegemonic approach to gender equality by not deepening the differences within the group of women or within the group of men (De los Reyes. 2000).

The huge revenues from the oil industry caused the welfare society to expand in the 80s and 90s while the rest of the Nordic countries were affected by the economic crisis.

It can be said that Norway still has a distinctive feature in its contemporary society that makes it very "socially homogenous" and with very strong egalitarian tractions.

Although new currents are affecting this strong identity both the neo-liberal orientation as well as criticisms about the negative aspects of its Welfare State (Eirtheim and Kunle 2000).

It seems interesting to analyse in depth the challenge in Norway to take care of a heterogeneous society in terms of ethnicity, religion, culture or language, taking into account that health-care human resources are scarce in the most critical sectors such as nursing homes that are currently being nourished by abundant foreign labour.

How the old Norwegians will face the fact of being cared mostly by foreigners or mostly women with other religions, cultures, etc. or the consequences of the little male involvement in the area of care in a heterogeneous society deserves to be analysed.

The implementation of policies to contribute to the reduction of the division by gender in the labour market by implementing actions to increase the male participation and visibility in the health/care professions, from my perspective seems very important.

This contribution would imply a change of values and beliefs on masculinity-femininity, reinforce the identity element of solidarity and better prepare the Norwegian society to face the new challenge of heterogeneous Society: amalgam of cultures, Religions and ethnicities.

The actions to reverse the Norwegian paradox of labour division by gender would bring countless benefits: it would increase in solidarity and empowerment of women. The man needs to be visible not only in the care of his family but also in the care of the society to which he belongs.

A male health workers increase as it has already been defended in many studies would make the health profession more attractive with an empowerment reflected in salary improvement, professional development and degree of satisfaction. Providing complementarity in problem solving. It would help to balance the relationship with male patients and change the way that the man himself has to take responsibility for his own health because he would not go against his masculinity.

Likewise, this increase would reduce the need to import foreign labour, avoiding the leakage of health resources from poorer countries.

1.3 Topic and Research question description

The aim of the research work will be to analyse the reflections of Norwegian men and women from different professional angles and understand the Norwegian paradox. "From a passion for equality to an antipathy for the different? The new challenge for a heterogeneous Norwegian society".

Therefore the title of this Master thesis research could be "To Understand and analyse how the men and women of the Norwegian Health experience work in a professional environment dominated by woman".

Main RQ: how do the men and women of the Norwegian health experience work in a professional environment dominated by woman?

RQ 1: "How do Norwegians health workers experience equality?"

RQ 2: "How does the society perceive health workers?"

RQ 3: "Increasing male presence in health professions will combat the social challenge of a heterogeneous Norway?"

RQ 4: "Promoting the empowerment of the health profession will help to reduce the Norwegian paradox of labour division by gender, especially in the social and care areas?"

RQ 5: "Why fewer men work in the Health/Social area in Norway than in the rest of Europe?"

My Hypothesis is that an increase of male involvement in health professions and therefore in their role as caretaker would increase solidarity by acting from within the society and it will prepare Norway for its future next social challenge. And another actors can act on several axes: values (solidarity against indifference), empowering the health profession (greater male involvement) and implementation of motivational strategies[8].

1.4 The special case of Norway within the Scandinavian countries

Norway is also considered a special case in the Nordic countries, due to its slower industrialization and greater weight of the religious element, with women later joining the labour market. Division in the workplace has always been strongly appreciated in Norway. The woman remained in charge of the farm while the man took charge of fishing. The absence of aristocracy, a high percentage of peasants and the weakness of both left and right configured a parliament with great facility to make decisions and alliances that propelled the social measures of social welfare services. In this way, Norway is an "unusually egalitarian" country (Esping-Andersen 1985: 46).

The huge revenues from the oil industry caused the welfare society to expand in the 80s and 90s while the rest of the Nordic countries were affected by the economic crisis.

It can be said that Norway still has a distinctive feature in its contemporary society that makes it very "socially homogenous" and with very strong egalitarian tractions.

Although there are several Nordic authors who express their agreement that political welfare measures do not include minority groups and their inequalities. They say that most social

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[8] Motivational strategies:

- "Globalization Education": Increasing mobility and exchanges at the international level both in the teaching period as in the subsequent professional development.

- "Building the Knowledge Base" as the Joint Learning initiative (an independent network of more than 100 global health leaders. http://www.globalhealthtrust.org) accelerate and interconnect health professionals from different national or international areas to share knowledge

- "Putting workers first": Increasing skills in general and leadership and ability to meet professional aspirations.

- "All actors are responsible" no only International or Non-governmental Organizations but any professional association and any professional.

solidarity discourses are based on the model of a social democracy that only deals with the gender-class binomial from a masculine perspective of domination in many central areas, according to Sylvia Walby in her book Globalization and Inequalities: Complexity and Contested Modernities (2009).

The highly differentiated work in Norway with very little male involvement in the care sector will be developed in Chapter 2 through the presentation of some relevant studies.

1.5 Importance of the topic to research and its limitation

Therefore in aging societies and where health human resources are scarce with huge immigrant influx, an empowerment of the health profession would also be an empowerment of women in general, taking into account that women make up 50% of the world population, they therefore represent half the potential in the world.

There is no country in the world where equal opportunities are fully equitable and it has not even reached or surpassed by any countries member of the OCDC[9].

In 2000, during the "Beijing Conference" and the Objectives Declaration of Millennium (ODM) the gender equality was promoted in all cooperation efforts led by the UN and governments of nation's members.

The main objective was and currently is "to diminish differences between gender roles" and tend towards "Complementarity" as well as "Empowerment". Empowerment allows us to have control over our own lives and have a voice and influence in the development of society.

Currently, the goal set for 2030 is to achieve equality and "empowerment of women" and girls.

Any research on gender is complex because of the breadth of aspects it has. From my perspective throughout my research I have been appreciating that many factors are interconnected and makes it difficult to analyse.

Concepts such as gender, power, class, status, empowerment, globalization, individualism among others are part of that puzzle that constitutes a study of gender.

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[9] Organization for Economic Co-operation and Development.

2. RELEVANT LITERATURE

All animals are equal, but some are more equal than others (George Orwell).

In this chapter I will present national projects, articles, books that delve into the gender imbalance in the different professions in Norway. As well as the studies that try to analyse the scarce masculine presence in Health, paradox in the Nordic countries traditionally characterized by high gender equality. Not only is male presence scarce, but it also increases the need for care workers in general. An influx of immigrants is filling the gap in the care area with the social consequences that this entails and is changing the landscape of a Norway characterized by being homogeneous.

I will also briefly explain the main project carried out in the USA to recruit male staff and modify the negative image, articles and analysis of the main films that show the stereotyped roll of the nursing profession, especially when it comes to male nurses. The fact of focusing more on the nursing staff is due to being the most studied case due to the peculiarity and strong stereotyping that suffers worldwide. I have focused on the USA not only because of the great look that the Norwegian society has on the USA, but also because the presence in the care sector is very low, presenting a situation similar to that of Norway. Deep campaigns have been launched in the USA to change it. In the rest of Europe except the Scandinavian countries the number seems higher.

2.1 Previous researches in Nordic Countries

In 2017, a project led by three Nordic countries Norway, Denmark and Iceland began. The Project that is in force is called "Men in nursing Education". It is funded by the Nordic Council of Ministers through the Nordic Gender Equality Fund.

The objective of this project is to recruit more men in health and care areas (helse -og omsorgsyrker.) Alarmed by the lowest rate of male nurses in Europe, in Iceland is 2% and in Denmark 3.5% and only 9% in Norway versus more of 28% in Italy and Spain, a joint project has been launched to find possible solutions. The responsible agencies in the different countries are:

- Reform - Resource Centre for Men (Norway).
- University of Akureyri School of Health Sciences (Iceland).
- Centre for Gender Equality (Iceland).
- Department of People and Technology, Roskilde University (Denmark).

The objective is "to find solutions to the low enrolment of men in nursing programs", "Challenging gender-traditional educational choices so that people's competencies can be used in the best possible way is important if we are to create a sustainable, diverse, and more gender equal working life"(report from the Nordic MenEngage Conference).

The project partners will map institutional practices at selected nursing programs in Iceland, Denmark, and Norway. The mapping will include interviews with students, faculty, and leadership, as well as an examination of the program's curriculum and recruitment practices.

The project will result in updated knowledge on gendered experiences in nursing education and what educational institutions in Iceland, Denmark, and Norway are currently doing to recruit and retain male students. Through the mapping process at six different institutions, they expect to strengthen faculty, leadership, and students' awareness of the importance of gender-sensitive practices in education.

Based on the findings, this will develop recommendations for nursing education. These recommendations will be collected in a report and a short-hand leaflet, and disseminated among educational institutions and nursing unions in all five Nordic countries.

The aim is to increase the Nordic collaboration to combat the gender-segregation in the labour market.

It was reported from the MenEngage Conference in 2017 that with the slogan "Making visible the invisible" was discussed on two main questions in the Project research: What are we doing wrong? or What are we thinking wrong?

2.2 Previous researches in Norway

Numerous programmes have been launched in Norway to achieve an adequate balance in both male and female-dominated professions. Especially in the fields of engineering and health care, as well as in educational matters guiding students.

Generally, it is estimated that Health workers constitute 10% of the working force in the country. There is evidence of a disproportionate female presence in the health sector of 90%.

Although care workers are mostly represented by women worldwide, the case of Norway is even more significant due to the combination of special characteristics:

- A super powerful public welfare system, a society modified by the discovery of oil and a special "state feminism". In this context care workers play an essential role in Norwegian society due to the high number they represent. Norway is in a society where the care of the

elderly is less assumed within the family itself and where the proportion of the youngest as potential caregivers is continuously decreasing. Economic support and strong ideological support push the children care to the bosom of families while the care of the elderly or disabled rests in the huge state apparatus of social welfare. The presence of the elderly in the family group is a "matter" of the State.

- As indicated above, the paradox between the high position in UNDP world meters that places Norway in the number 2 position among 109 countries in terms of empowerment and participation in working, economic and political life, reaching 70% of the feminine participation very similar to the masculine one. On the other hand, the division by gender is one of the highest within Europe. The proportion of women who work part-time is 43% compared to 13% among men, where 75% of part-time work carried out by women.

- The pressure of political measures to change the gender regime within the family has had its fruits unlike the labour market. More girls are choosing typical male professions while this case does not happen the other way.

- According to what is reflected in the Norwegian National Plan, the number of men dedicated to the care area "meni pleie og omsorgsyrkene" "work in the health and social sector" was below 10% (SSB 2007), the 2010 data they place only 7%. While 34% of all women were found here (SSB, 2010). The trend is declining.

The most influential project in Norway is "Menn I Helse". The project is nationwide, it began in 2007 in Trondheim Kommune. Its main objective is to recruit unemployed men for the area of care (nursing homes and Primary care "Hjemmetjenester").

To participate in the Project it is necessary to have an age between 25-55 years and they must be beneficiaries of the NAV. Participants in the project follows about 8 weeks of practice and a school year later to obtain the title of Nursing assistant, "Helsefagarbeider". In twelve months the training theoretical-practice is completed.

The oil crisis and good media advertising has made the www.mennihelse.no project a success.

Among the best thesis in the last ten years, I have found the following that are worth mentioning:

- "What factors and motivation do men who work in the social area find to begin and continue in a work environment dominated by the women" of Thomas Solgard, deepening in how the masculine role is affected and how it is used when it is considered necessary in the work environment "Den brutale mannen" (masculine hegemonic), touches concepts

such as the privilege of being a man in a feminine field to facilitate professional advancement and as a controversial and little studied sexual and erotic aspect managed to their benefit in a predominantly female environment. Instead he points out that it is necessary to implement the masculine dimension and perspective in the theoretical concepts of this traditionally feminine discipline. Proposes that a collaboration of both genders is necessary for the proper development of the profession.

- The Master thesis "Rekruteringsprosjectet Menn i Mental" of Siri-Mari and Siri Ramberg Stav collects very well a historical and present perspective of the situation of Gender in Norwegian care.

- The Master thesis in sociology «Mann i kvinneland, en kvalitativ studie av kjonnsforming blant menn i kvinnedominerte yrker» of Ranghild rothing, explores how male nurses experience and understand their work in the field dominated by women. And it raises the interesting question of whether the desire to increase the male presence in this sector is due to a need to reaffirm the self-understanding and the professional identity of men? It analyses as well identity and self-image deepening (Selvbilde).

There are numerous studies or films that look at this desire of increasing male visibility in the health sector as a possible increase in inequality in the future as:

- The article "When they are crying out for men". An ethnographic study of male health and social care students' minority position" states the terms of "glass scaler", men occupying the highest positions within the sanitary organization and the term "gender vertigo" where the male students must justify their decision to choose a health training. Both, the "glass scaler" and the "gender vertigo" will be treated in the analysis chapter of the interviews.

- The book of Svare (2009) "Menn i pleie og omsorg-brode i hvitt" with its constructivist theory on how we live as a man and a woman and how the culture in which we are immersed alter this order. Svare bases the importance of his research on the dramatic prognosis of increased care in both young and old over the next 20 years. Estimated in about 54,000 new cases and he questions the importance of male contribution in this professional branch. In general, it improves the professional environment, empowers the profession and provides complementarity between the two[10] genres.

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[10] Svare approaches the degree of male satisfaction in depth in two aspects: How does the man feel "outside" and less "competent" when competing in the care where the woman has historically dominated until the 70s. The man feels "Transborder".

There are three projects that are analysed: the first is called "MIO Menn i Omsorgyrker". Held at Telemark with students aged 16-17 over what they think about working with the elderly. There is a contrast between the male group that considers it monotonous, with a low salary and with a bad work environment in front of the female group that considers it among their best options.

The second group investigated are male nursing students and their motivation to choose this profession. In a high percentage it is observed that they usually have an advanced age when they start their studies and they usually come from other careers or have had a previous casual contact with the care area that has made them value and suppose that they would be satisfied to exercise this work.

The third group that analyses empirically Svare is the pilot experience carried out in Solkollen. In a nursing home for the elderly that, despite having a previous goal of reaching 50% of male staff, only achieves a maximum of 25% with the subsequent abandonment of three men throughout the project. The empirical analysis analyses concepts such as "complementarity based on differences" that affect communication and how to resolve conflicts. Man seems less concerned about facing challenges and criticism and the work environment improves or stabilizes. In a more homogeneous environment, it seems to draw an "identity" in the workplace where health workers feel more comfortable, becoming a more attractive job.

Several concepts appear as "modelmakt" highlighting the hegemonic position of women linked to their historical past linked to the care of the home where in the field of care has developed much competition. This factor is conditioned to what it means to provide good care "godt omsorg" and what "omsorg" means, to take care of as a general concept, "professionalism" and "professional competence" by reflecting on whether order, planning and effectiveness define the true competition.

The reflection on whether the typical care tasks such as "stell" (patient hygiene) seem to be in the forefront in order of importance, linking these tasks with true care. Are the tasks carried out in the home that will subsequently influence the Institution?

- "The image and creation of Modern masculinity" of Mosse (1996) expresses that the man in 1800s had to catch a roll of strong repressing his feelings. The woman changed her roll becoming more emotional.

- The film "Stov pa Hjernen" a humour movie describing a group of housewives of the 1950s questioning them its preparation to play a perfect role, that I think it can provide interesting data on the historical weight of the social-constructive.

2.3 The unusual case of the Norwegian nursing homes for elders: inequality of tasks distribution in the name of "Equality"

In line with what was expressed by Svare, and given the extreme value assigned to patient hygiene, I think it is interesting to relate a part of my professional experience developed in several nursing homes for several years in Stavanger (Norway). Based on an equality principle as Norwegian national identity the distribution of tasks was regulated every morning, such as patient hygiene task. It was a constant source of tensions and frictions. Based on its principle of equality, it was possible to generate real battles to get be assigned the "easly/best" patients. This situation was even more complicated if workers from different nationalities or having different professionals or academic profiles had to decide the assignation of tasks and patients. All this lived experience is reflected very clearly in the article by Seeberg M.L "Immigrant care workers and Norwegian gender equality: Institutions, identities, intersections. It relates based on an empirical analysis of two qualitative studies of care workers including nurses. Analysing the positions of workers both in their relationship with residents and in the hierarchy of the workplace. One third of the nursing staff was of foreign origin from Asia, America or Eastern Europe, only three male nurses and all of Asian origin.

Nursing homes are a special and controversial case of Norwegian health care, since they take care of things like those carried out inside the home: serving of food, cleaning and therefore the concept "care" takes on a lot of importance as reflected in the definition of (Glenn, 1992) of "reproductive labour". Unlike the care of the children, the care of the elderly is less assumed and integrated within the family responsibility corresponding to a large extent to the nursing homes for elderly or assistance in their own home. Being considered and codified as "dirty care work" and feminine and working-class (Dahle, 2005) is not desirable by the Norwegian staff, even more with the prosperity coming from the oil. These positions are filled with immigrant personnel who, in many cases, have more qualifications than the necessary skilled-workers while waiting for their authorization to work as nurses. The article describes the field observations where these immigrants relate their feelings of humiliation and frustration and the author recounts as another paradox about "Norwegian equality" because it is a possible

exploitation of immigrant women mostly female. Within this nursing homes the care work practices are gendered and classed.

The situations analysed show very interesting situations: the "feminities and masculinities" are negotiated and reorganized daily as observed in the daily frictions of the tasks' distribution, "Inequality" depending on the country of origin, putting into study dimensions of gender and ethnicity as if a whole hierarchy of power around nationality was being created, as literally recounted by Seeberg.

The dimension of "Identity" is even more complex in the case of male staff than in what implies 'what means being a man'. Then, gender, class and ethnicity interact when man tries to find his place looking for a nobility and dignity in her daily task. As these tasks are seen of low status and tremendously feminine, the men try to carry out in spite of their humiliating.

So far most of the studies or articles I have read   analyse and are focused on just one of the two genders.

2.4 Previous researches in USA

In 2002 the Oregon Centre for Nursing (OCN) conducted an aggressive campaign to inform the advantages of being a nurse in order to balance the gender problem. The two main objectives were to recruit men and combat or decrease negative images in the media.

The campaign was directed towards the fight against "stereotypes" according to the definition of (Burgess, 2003) that defines them as generalizations or assumptions made about a group's members, based on an image of what people in the group are like. The media have the capacity to perpetuate and increase stereotypes. These images have the power to influence both the self-perception of the nursing professional as well as the ability to advance and develop their members. The images present a false reality, not updated and unprofessional. In the case of male staff, it is more negatively affected with the over-feminized archetypes that characterize "nursing" as a woman.

Among the main groups to which the campaign was forward are middle-and high-school boys who declared the campaign's ineffectiveness among the students who presented the masculine stereotypes: competitors, aggressive, protective (all of them responded that male nurse was equivalent to being gay).

The other group of male nursing students recommended emphasizing on the more masculine aspects of the profession such as those who performed their work in the Armed Forces or important stressing units such as Emergencies.

The marketing message: "Are you man enough to be a nurse?" It is very descriptive of the stereotyped scenario. Many other states have followed the same initiative: Iowa, Nebraska, Mississippi, Texas, and Washington among others. The result seems to have been successful, raising the percentage of male students with subsequent researches that validate the modification of the identity of the profession: "Action", "Hero", "Highly skilled", "Autonomy", "High-tech".

There are several films that have been analysed and used as means of reflection by the important categories that address, the most representative is "Meet the parents"(Vicent & Roach , 2001).

The film addresses several categories such as "failed medical school applicant" and "gay / effeminate". The protagonist faces the rejection and criticism of his father-in-law about the choice of a passive, effeminate and unintelligent career. It seems that only "special" and less masculine men and "misfit" can dedicate themselves to this profession as seen in the movie Magnolia (Anderson et al., 2000). The category of "womanizer" that appears in the television series Scrubs that presents a very masculine nurse who takes advantage of his condition to link and climb within an unambitious female profession.

All this fits with the definition given by Porter-O'Grady (2003b):

All kinds of images emerge when conflicting mental pictures roll out and create perceptual and experimental dissonance between what "should be" and what is.

Interestingly enough, when the man is the nurse, many frames of reference emerge that would not be applied in reference to a woman who is a nurse.

If the woman is a nurse she is supposed to be intelligent, generous and insightful, but when it comes to a man, opposite images are generated. No study has provided data on the existence of more homosexuals among the group of male nurses. Therefore, it is unfair and inaccurate to perpetuate these stereotypes in a world of diversity and globalization.

3. THEORETICAL FRAMEWORKS

Discrimination, differentiation is in the essence of the human being: "Privilege is the greatest enemy of the law" (Marie von Ebner-Eschenbach).

In this chapter I will explain the main gender theories that are related to my research. The Literature on gender that in spite of having a delayed beginning, at the beginning of the last century, is very wide due to the enormous development of the last decades. Very different theories and continuous criticisms have marked a hundred years of research in gender. My objective is to focus the objective on the most representative or the ones that will be useful for the analysis of chapter 5.

I have also thought appropriate to develop the concepts that are part of the definition of Gender. All are interconnected and have served as the axis for the development of different theories.

3.1 The Connell's Theory, gender and relationship

In terms of gender the Connell's theory on Gender Relationships (2009), in which gender plays a fundamental role and organizes social relations, explore four dimensions: symbolic, emotional, production and power.

- The symbolic dimension where the categories man and woman are built socially, culturally and historically. It covers all ideas associated with gender categories. Socially it is expected to have certain behaviours and characteristics from birth. The gender of the child will be the determinant of their way of dressing and talking, their way of relating and learning through games and toys. There is an agreement on the rules that society expects that child to fulfil.

- The emotional dimension[11] explores the field of "emotional roots of gender norms" (desire and sexual lust). Our position and behaviour towards feminine or masculine roles do not always follow rules of rationality but are loaded by what we have learned that represents the "normality" or majority of the group.

- The production dimension is related to the division of labour. Numerous occupations, tasks are "gender coded". The information that is transmitted is that women are better trained in the area of social, health and teaching for certain skills such as communication or

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[11] Our attitudes towards femininity or masculinity are affected by emotions. Transgressions can provoke strong reactions, both an effeminate man and a woman "unfeminine".

sensitivity for care, while men are better represented in the area of engineering, mathematics for their greater tendency to rationalization. In the same schools there are programs and subjects directed with women and their femininity and with men and their masculinity.

- The power dimension in which women are subscribed to a lower status than man. Power in itself is the ability to control things in order to make something happens and to implement decisions. According to the German sociologist Max Weber is therefore to make people do what they otherwise would not have done. There are many types of power, but it is the "social power" that is exercised in terms of gender and defines masculinity leading to "hegemonic masculinity" in which men dominate as a result of a patriarchal organization.

Social power is complex and controls other powers such as the "coercive" that decides on actions, the "economic" that controls resources, the "care" by exerting influence on the person cared for, the "influence" that controls the beliefs. It is a power that has the greatest impact on the human being because it acts on the desires and behaviours making us believe that our choice is free without appreciating that it is being guided by others. A power will always be exercised when profit and advantages of existing differences are obtained with the possibility of controlling resources.

The relations of power such as "Hegemonic masculinity" according to Kimmel (1997: 51), which is that of those men who control power, also extends to other men, establishing a hierarchy based on ethnicity, age or sexual orientation and changes depending on the historic context .

Michael Kaufman (1997.71) considers that the power of men has a cost because it is a strange combination of privileges and lack. The man has deprived himself of exercising "care" or at least relegated him to the woman. This is a lack that causes isolation and alignment, coupled with the fact that during the acquisition of the traits that define Hegemonic Masculinity, man has had to learn to suppress emotions such as empathy or compassion, inconsistent with his masculine power.

According to Kaufman, the expression of affection is a field in which man grows mutilated. As a change perspective, he proposes to display the "power of caring" in man and stop conceiving it as the correct patrimony of femininity. Taking advantage of the talent of caring for men in society would be a great gain since it constitutes 50% of the population.

3.2 Theoretical perspectives related with Norwegian gender diversity paradox

In a practical way, although Norway became the first country in the world to mandate gender diversity on the boards of Public limited companies (PLCS) mentioned before, and has abundant legislation in the field of gender, there is room for improving on the gender gaps within "senior positions and leadership levels" an apparent contradiction between gender equality as a value and the lack of gender diversity in upper-echelon job positions.

To understand the gender paradox in Norway, it is advisable to revise several terms or theories as role Theory and literatures on managerial cognition, gender as "doing" and values.

- The Role Theory ("Role Theory a good starting social point", Eagly, 1987.2000) explores why positions as chiefs have traditionally been manned by men. It is very interesting the concept of gender roles that determines the behaviours expected in both genres: "communal-social and biased to care, concerned with the welfare, nurturing, selfless, and to have interpersonal sensitive and emotional expressiveness for women and "agentic" for the man who is ambitious and task-oriented masculinity, assertive and controlling.
People think and need to believe that men and women are different to be convinced that the created stereotype is correct. The impact of this theory is varied, sometimes justifying the choice of a man as boss and adjusting the behaviour and skills of the woman towards her "communal" side as expected from her seeking approval.

  Although gender roles have been defined from a Western perspective in general and North American in particular, sociologists assume that these roles occur in almost all societies. Reality shows variations between continents, especially Norway. Two characteristics are given in Norway, the first is the large number of heads with communal behaviours and the second is that the role of female gender appears more masculinized than in other countries tending to a more neutral gender. This theory does not seem to explain the prevalence of male chiefs in Norway as pointed out by numerous studies (Halrynjo, Kittelrod & Teigen, 2015).

- "The Managerial Cognition". This theory focuses on the power of the bosses to promote or favour their subordinates "he or she" based on their beliefs. Since the majority of chiefs are men, leaders tend to hire or promote those who look similar to them. This justifies the lack of gender diversity in the Staff of most companies. This situation, which is also observed in

Norway, abalates this theory. Bosses tend to hire more men also in Norway, in spite of the political measures developed to favour the percentage of women in the companies.

- The Theory "Gender as doing" suggests that gender is seen as a product of a social situation (West & Zimmerman, 1987). This theory is dynamic and explains that gender is something that is "done" instead of "being". It changes depending on the moment and the place, since it depends on the cultural and historical moment in which it takes place. The gender occurs during the interaction between individuals who reflect or express their gender through their activities and behaviours of others. The Gender is "made" at all levels of society including organizations. The organizations not only provide services but they also modify the sources of gender relations (Gherardi & Poggio, 2001). Numerous experience and studies[12] show that although the gender is "done" tensions appear when men and women are in high positions within the companies. If a Gender Theory is dynamical, it gives the possibility of adaptation to the challenges but needs an adequate context and institutional support. Norway, where its principle of "equality" has guided its social development based on the balance between giving and receiving (NOU 2012: 15), has been established as a leading country in the implementation of gender equality measures. The idea that women should receive the same opportunities as men is seen as something natural and hence the legislation developed to balance their representation in companies.

- In relation with the Theory of values, there are many approaches as "abstract ideals that are important guiding principles in one's life" (Maio, 2010:4) or " …conceptions of the desirable that guide the way social actors selects actions…and explain their actions and evaluations"(Schawartz,1999:24). Although the values are structured and contained in the society to which we belong, each individual prioritizes them in a different way. Only socializing forces such as culture, education, among others, will exert their power of influence to bring closer the perspectives and similarities of values between individuals.

The value of "equality is a very important part of the Norwegian morale's values system, but it can differ from one person to another.

The evaluation of the values is complicated because it is difficult to predict between the desired or desirable because the priority assigned to the values expresses what people want to do or what they should do. In such a way that the desired corresponds to the personal needs and the desirable to the social goals, but both are intertwined. There is therefore a

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[12] An Italian study within an organization traditionally dominated by men where women must use different tactics, both male and female, to avoid conflicts with their peers.

distinction between what is thought and what should be thought as well as what is done and what should be done.

According to this theory, it can be explained that the desire for Norwegian equality is something that its citizens are very clear that they must execute, not being as important as they currently carry it out. Hofstede (2001: 6).

Indeed, in Norway there is less difference between gender roles than in other countries, partly because of the integration of the value of equality as an element of national identity that has undoubtedly contributed to their process of "doing" gender.

Equality in Norway seems to be a valued value but could not be well reflected in the current situation. Many scholars begin to question whether the Norwegian paradise of equality is an illusion taking into account the actual gender diversity situation.

3.3.   Conceptual Frameworks

3.3.1   Gender

Much has been written about what is gender and it is out of my reach to define it in its entirety since gender is a concept that has evolved over time. I will try to relate it to the most relevant theories.

Its origin is quite modern, situating itself at the beginning of the twentieth century in the heart of psychoanalysis that referred to the well-known complex of Oedipus and Electra. These first Biological Theories supported the first theories that defined the different personalities observed in men and women. These theories supported on a medical basis defend that masculinity and femininity are the product of hormonal regulation (Willian Blair, 1916).

In 1965 there was a twist when considering that there was a different brain development during pregnancy caused by sex hormones (Young et al., 1965). These theories continue today and are called "Contemporary Brain Sex Theories" and are focused on how sex hormones modify and act at the brain level determining the specific behaviour observed in genders. These theories add that cultural differences increase or in their case diminish the differences. The investigations continue to date today.

The Theories have been evolving towards the field of Sociology. Sociologists such as Bohan, 1993, Courtenay, 2000 and West & Zimmerman, 1987 have contributed in a decisive way to the development of their Constructivist and Existentialist Theories.

According to (Bohan, 1993) The masculinity or femininity are defined by specific characteristics or traits. Under this Constructivist perspective, it can be said that the Gender is active and dynamic.

Gender is therefore defined by the interactions of some people with others and it is in these interactions where the meanings of what is correct and appropriate in terms of biological sex are shared. It is the individuals who negotiate the meaning of gender through their mutual interaction.

It is Courtenay (2000) who explains the impact of the Dynamic Social Structure to produce Gender within a constructivist process. The person is an active subject and responsible for influencing or changing and manifesting gender meanings. Courtenay argues that both men and children are not passive victims of social roles prescribed in society. He considers them responsible agents who build or reconstruct the rules about masculinity.

For West and Zimmerman (1987) Gender is not a noun or name, is a verb. Gender is something people do, not something that people are. The gender is constructed in a variable way giving rise to multiple types of femininity and masculinity. People develop and generate gender roles and gender constructions that must be congruent with the gender meanings they have shared. Therefore, all of this results in certain behaviours and norms that may seem static and hegemonic.

It is important to highlight that these gender roles generated from an individual are not only built between men and male institutions but are also generated by the interaction with women and other female institutions. Courtenay reflects on the toys and education given by mothers to their children and how they were involved in caring for the family as well as the decision of female adolescents to admire adolescents with very manifest masculinity.

The conflict arises when an individual has or tries to renegotiate these static and hegemonic constructions due to a certain social situation in which it is involved. Therefore, a large amount of energy, both psychological and social work, should be used in the face of this situation. This is what is defined as "Gender role conflict" (O, Neil, 1986). He defines it as a psychological

state where gender roles have negative consequences creating a conflict that limits human potential. There are barriers that do not allow the development of true potential.

According to Thompson (1992) the barriers are any structure or perspective that reinforces the hegemonic constructions of gender. These structures can be any group, institution such as the University. He makes us reflect on the responsibility of teachers in nursing schools to understand the scope of this theory when facing and predict the behaviours and possible conflicts of men in nursing schools.

The most modern conceptualizations are based on "Gender as a Social Stratification Structure" with consequences for the individual in himself, in relation to others, and in relation finally with the organizations in which he is integrated. It can be said that gender inequality occurs and maintains at all levels analysed (individual, interactional, institutional). At an Individual level, it occurs through the internalization of the masculine or feminine identity, enculturation creates feminine women and masculine men but not entirely and not always. It is the dimension interactional of the gender structure that develops stereotypes about man and woman and shapes what we expect from each other. And it is the institutional dimension that perpetuates inequality through a variety of sexist or theoretically neutral processes.

The research of Gender has been cumulative and although it initially started focusing on the individual, it has been expanding to encompass the interactional and institutional processes that generate inequality.

It is an interrelated process where the Structure determines the individual choice and social interaction and where human action creates and modifies the Structure.

Gender is not only within our personalities, cultural rules or institutions. It is in all of them at the same time. It produces inequalities and has consequences in three individual dimensions, producing the gender as its own identity, during the interactions between men and women even though they are located at the same institutional level and where it is produced regulation and organization of schemes that cover the imbalance in the distribution of goods. (Risman, 1998).

In short, it can be said that there have been dramatic changes in the understanding of the gender concept over time and that it will undoubtedly continue to evolve. Much has changed since the initial idea of Gender only referred to the socio-cultural components of each sex and in the initial feminist struggle for an inequality based on these differences.

The contemporaneous approach is that feminism has allowed the development of the study of masculinities. Gender studies are not currently feasible without studying men and women together. As both interact and how the structures in which they are immersed are modified.

3.3.2   Identity

Identity is the broad concept of how a person or group perceives itself. Oyvind Dahl (Human Encounters, 2013) explains the concept of Identity as an active, social and relational dynamic. Who I am and how others see me, is built over time.

Dahl differentiates between the descriptive and essentialist identity (static in which individuals relate their cultural experiences, also called cultural identity) and the dynamic identity (created during human encounters). Each one of us mobilizes different parts of the identity depending on the situation, the human being has multiple identities that overlap.

The "cultural identity in agreement" (Jensen, 2003) is built at a given moment through our life experiences and relationships with parents, friends, childhood, school classmates. And it never stops.

Dahl sums it up, saying that we are not programmed robots always offering the same descriptive essentialist profile. We belong to different groups where different social relationships are established, taking each identity according to the circumstances. We always measure ourselves based on the reactions observed in others. Holliday (2010; 17) expresses it as "I am who can make myself and make other accept me to be."

Identity only exists when it is connected to social relationships, expressing ideas and values about ourselves, in such a way that we build a "narrative" that encompasses a lot of narratives that must be coherent with each other. We constantly build our story or narrative about ourselves "narrative of the self".

The Human being always seeks his "Self-identification" trying to make his story coherent through time and space. It is therefore the story, the narrative, we make of ourselves.

Gender is just one more of the components of Identity in the same way as family, profession, studies, religion, language, class, race, nationality ... but important as an identity component because it generates masculine and feminine identities and its consequences among power relations (given that Identity is only understood in the social, public, recognition, and therefore in power spaces). Since relations should always be examined on both sides, both from the

privileged and the less privileged group, these identities, "masculinities or femininities" will be discussed later in chapter 5.

3.3.3   Caring

Few concepts have been more debated throughout the last century. All authors agree on the complexity of defining what the term "care" means. It is a term used sometimes as a verb, in its action of caring or as a noun that encompasses the set of actions and attitudes that provide care. It is difficult to measure and is associated with certain emotional connotations such as the implications of "love" and "happiness".

In fact it has been a concept reviewed and analysed by numerous researchers in Nursing. Janice Morse (Morse et al, 1990, 1991) describes five perspectives in care that have been the origin of numerous theories. It is far from my reach to expose these theories. The prescripts according to Morse are those that define care as an "essential human fact" in the human being influenced by numerous sociocultural variables, an "affect" since the patient includes a series of emotions and empathy towards others, as well as vulnerability and altruism. "Caring" is a moral issue and important value that occurs only in the sphere of interpersonal relationships and that in some cases has a therapeutic intervention associated.

In Scandinavia it has received special attention among theorists, such as Warmess (1987: 211) which defines it as "When we analyse caring as 'labour' or as 'love' it seems highly important to make a distinction between caring for dependents; caring for superiors; and caring in symmetrical relations".

We can say that caring has to do with feeling concern and taking charge of the welfare of others.

Theorization about care has been subject to numerous criticisms and subsequent analyses by the feminist collective, since historically it has been associated with gender, and women. It has also caught the attention of sociologists. In all societies, including the European one, "Care work" has been a greater responsibility of women both within the domestic sphere and in the care professions. Most of the societies have assumed this feminine responsibility insufficiently or not remunerated. Few incentives and rewards have been given to favour the necessary care in everyday life and important constituents of society, its reproduction and maintenance. The care of the elderly, children and the sick grows without stopping and they are not part of the objective of the markets within our consumerist societies.

The "social care" defined by Daly and Lewis (Sumer, 2000) explains that care is an activity that must be developed in a balanced way within the family, state and markets. Only then can you understand, approach and develop a current and contemporary Wellness system. Although the feminist position defends that only transcending from the private to the public, care will be assumed as an essential aspect of the citizen. Promote eliminate gender differences to the now taking responsibility for care because it is considered an essential aspect of the citizen.

From the perspective of feminist criticism only including the man in the role of care is it possible to promote a more adequate distribution of power in the division of labour by gender. The ideal worker will be the one who freed from the burdens of family care decide his profession and equally the "universal caregiver" will be the one who is able to conjugate in perfect balance the responsibility of being support of the family and care manager.

The image of a masculinized woman, and of a feminized man seems to be the solution for an approximation between genders (Esping-Andersen, 2002, Sumer).

The criticisms made by some authors as Stoller, (2002) relates the fact that the woman from the beginning was relegated in the work at home and taking care of the children identifying it as "Care" while the man who was the economic support of the family, working long hours away from home, however historically this has not been seen as care. The protective and supportive role of the father has not traditionally been classified as care. This author defends that both types of work are essential in the survival and development of the family. If traditionally it is said that one of the main roles of nursing in promoting care is the protective role over the sick, how is it possible to exclude from the care dimension the male "protective" member of the family.

In the scope of these masculinist theories, it is clear that this division of work by gender has favoured man throughout history and has been a clear manifestation of what "power" represents.

3.3.4   Hegemonic Masculinity

The origin of this studied and criticized concept is in 1983. It appeared in the field studies conducted by R. W Connell in the Australian institutes, discussing the concept of masculinities (models of social practices associated with the position of man in the society and different practices related to women) and how they were experienced.

It can be said that hegemonic masculinity is part of the gender theory of R.W. Connell, which recognizes that there are multiple masculinities (Connell, 2005) sometimes defined by a hegemonic pattern attributed by society. They are both individual and collective and change throughout history. Some masculinities operate locally and others globally. New types of masculinities are emerging in a globalized world.

"Hegemonic masculinity" is understood as the most traditional pattern of masculinity, it is reluctant to reform itself in certain areas because it brings great benefits to men who embrace it. It is heir to the patriarchal system and seeks its perpetuity.

Connell in his "gender order Theory" defines it as the practice that legitimizes the powerful dominant position of man in the society and that justifies the subordination of the common man and of the woman.

In later 2003 revision Connell defines it as "a man in power, a man with power and a man of power". He must be strong, successful and reliable to hold power.

The concept of Hegemonic Masculinity derives from the concept of Cultural Hegemony coming from Marxist theories that analyse power relations through social classes.

The initial concept represented the "Brutal Man" culturally idealized as a sign of virility, violent, rich and socially supported.

In our contemporary society, both American and European, Conell defines it as a stereotyped notion of masculinity that in some cases determines the socialization and aspiration of young men. It disables them to express emotions or dependency. It seems to be the most honourable way to be a man. In Western society it must have other attributes such as white, heterosexual and at least middle class.

The ideal of virility determines characteristics associated with behaviour such as violence, stoic, athletic, adventurous, competitive and successful. This ideal has been represented in many American films, such as "Rambo." This ideal can only coexist with other non-hegemonic and subordinate forms such as women or effeminate men.

The current relationship between different social classes and ethnicities, in a globalized world, redefines new forms of masculinity, redefines a new working male of middle class different.

Many sociologists have criticized the definition of "hegemonic masculinity", it is considered defective from a realistic and poststructuralist point of view.

According to Pettersen A. (2003) it reduces the complex character to a false unity and contradictory with reality. He considers the differences between man and woman very simplified. Other authors such as Brod Harry (1994) states that the fault lies in not considering relevant to study women in order to define men, trying to do it by only looking at their relationships with other men.

Other critics say that not all powerful men conform to the ideal of hegemonic masculinity.

Due to the critics received, Connell and Messerschmicht (2005) reformulate the concept of hegemonic masculinity. In the new approach it refers to having more in mind the relationship with women when it comes to building masculinities due to their continuous encounters in real life, such as sexual partner, wife, friend or co-worker.

In such a way a new gender hierarchy has emerged in the current era because of the new feminine identity that is more masculinised and has more power.

Likewise, the process of Globalization is creating a new masculinity represented in large corporations and called "Transnational business masculinity". The hegemonic man is not only white and aggressive but is more concerned with the family and is more concerned about his physical and health. It even leaves space for groups that claim their power from marginality to emerge as, for example, the "Hip Hop". Connell defends with greater force that masculinities are dynamic, evolving faster and more consistently with the space where they develop. It shows the positive side of the concept.

This great change is due in part (Sumer, 2009) to the fact that the transformation that took place within families has been the most important change in the world and since 1990, it has been the centre of social studies.

4. METHODOLOGICAL APPROACHES

Theory without data is empty, but data without theory are blind. (C.Wright Mills)

The method followed in this research work has been the qualitative method. Obtaining empirical material has been provided through qualitative interviews in the field, respecting the Hermeneutic tradition

The main reason is that field work is the best way to understand and expand in depth in order to get answers, choosing for that the Qualitative interview "…combine depth of understanding with purposeful, systematic, analytic research design to answer theoretically motived questions …and can reveal emotional dimensions of social experience that are not often evident in behaviour" (Lamont 2014:159).

In this chapter I will explain first the chosen method with its general and particular benefits and limitations associated with my professional experience, followed by the empirical material used and its choice, the development of the interview process, its analysis, reflections on ethics and the limitations found.

4.1 Methods

Justify all the advantages over qualitative versus quantitative method is far from my goal in this section. Its prosperity in the Social Sciences since the 80s has been indisputable, leaving behind the discussions of the 60s on the best methodological approach.

Undoubtedly qualitative one enjoys of privileged and unique characteristics of which the Quantitative method lacks. His reflective and interpretative capacity allows a very rigorous scope in empirical research, but without a doubt his greatest privilege is that he allows dealing with individuals personally during the research process, making them participants and actors (Bruce, 2004: 196). In addition, it also allows to work, review and constantly modify the different stages of the Investigation, allowing a thorough planning, action and evaluation.

When this qualitative method, in addition to being used to understand is used to stimulate a possible positive social change in the group studied, it is called "Action Research". The actor knows that the knowledge produced can be used for the benefit of a group of people and the possibility of knowing the conclusions will mean "enlighten and empowered" (Bruce: 2004, 197) for the participant or actor.

Because my subject of research and hypothesis aims to understand and explore the positive consequences of a change in the current situation: scarce male presence in the health sector, I

considered as the most appropriate, to choose qualitative versus quantitative within the Method Action Research, respecting the doctrine Hermeneutics.

Undoubtedly current trends defend the benefits of using combined both qualitative and quantitative methods (Lamont 2014: 153-154), their coexistence is now peaceful and even advisable to make use of a "mixed research method". The two methods are especially defended in comparative studies of international scope, necessary when data of society as a whole are needed (Sumer S, 2009: 12). In my study I am limited by the time factor to have a single quarter year for field work. I consider the enrichment provided by the mixed method undoubtedly very positive, but I cannot be completely neutral due to my previous training in Health Sciences. Due to all these considerations I have tried to support as much as possible with the theoretical framework available and statistical, to provide some relevant quantitative information.

As explained at the beginning of the chapter, I tried to respect the Hermeneutic tradition as much as possible. Aware that my Topic was "Understanding men and women of health system..." and that my long career was in the same field, it could be an inconvenience, I have used the triple Hermeneutic13 as a tool not only in the Analysis but in all the field work.

The usefulness of using this doctrine in my case, is that as expressed (Oyvind D, 2016: 115) only a common understanding is possible, when the horizons are fused and one is willing to accept and reflect on other points of view, letting go of the oneself ones. I have been aware that my long career in Health, having encounters with people in this area, was not a neutral situation, I was therefore obviously full of prejudices and ideas that I had to leave aside.

It was therefore a situation where my excessive knowledge of the area to be explored could affect, limit or manipulate the human encounters that occurred during this fieldwork. Triple Hermeneutics is a useful tool that includes both my self-knowledge and the understanding of others throughout the social context and circumstances surrounding the group. (Dahl, 2016: 116) according to (Fretheim 2011: 38, Alverson and Skoldberg 1994: 221). In other words, it has been necessary to get rid of my ethnocentrism to achieve the understanding of the group to explore.

In this case choosing the qualitative method has been easy because of its obvious benefits, but instead choosing between qualitative interviews or participant observation has been more difficult. I was influenced by both, positive comments about the participant observation defended in (Jerolmack and Khan, 2014) and the innumerable benefits of the qualitative

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[13] Hermeneutics was a doctrine that originally was based on the interpretation of texts but that was evolving as a doctrine of understanding and a valuable tool for acquiring knowledge through understanding through interpretation and reflection, obtaining an adequate explanation of the phenomena from an adequate state of mind on the part of the researcher, although it owes its name to the Greek mythology where "Hermes", due to its proper predisposition and understanding, was the messenger in charge of explaining and interpreting the message of the gods.

interviews according to (Lamont and Swidler). According to Jerolmack "Talk is cheap" and between what people "say" or "is" there is a big difference. The main deficiency observed in the interviews according to Jerolmack is that listening to individualized narratives about the experiences lived is poor in terms of results because the meaning and the action are connected. Traditional studies defend that it is very risky to assume generalizations about situations that are not directly observed. People do not create meaning by acting but by interacting.

Regarding the deficiency in the inference and generalization from the small sample of population interviewed, Jerolmack (2014: 202) warns that the deficiency is much lower in the Participant Observation because individual cases are not selected but samples of the life and its interactions are shown.

Lamot (2014: 155) is more conciliatory in terms of the ideal method, but defends the benefits of the interviews because of their greater capacity to collect information about realities, ideals, values, identities as well as to explore the emotional dimensions of the interviewee. Likewise, the researcher can encourage the interviewee and put him to reflect on different social contexts or institutional situations. When interviewing we have access to all the information that surrounds the interviewee and that is not immediately visible in the participant observation.

Despite having been inclined to combine the two techniques, the limitation of time has led me to the realization of qualitative interviews.

I have taking into account that both methods, interviews and participant observation allow activate the sociological imagination as it is suggested by some researchers14 and to develop the "Reflexivity" that as stated by Bourdieu and Wacquand (1992), it serves as a guide in the social investigation being able to see the universal character that is buried in the particular.

Therefore, carrying out the qualitative interviews is sufficient and is in accordance with the proposed objective of this study. So I have used the qualitative interview as a method bearing in mind all its inconveniencies and advantages.

4.2 The qualitative interview: design and selection

The type of interview has been individualized "in-deep semi-structured" and in some cases combined unstructured interviews15 to complete the information.

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14 "comparative work, both theoretical and empirical, is the most promising line of development for social science"(Mills 1959:138)

15 Unstructured interviews permit explore knowledge and a high understanding that can lead to new hypotheses.

The criterion followed to recruit the informants has been well considered, aware of fulfilling the requirement that the group be relatively homogeneous with certain differences that would serve as a critic and reflection on the topic to be investigated and that the chosen participants could contribute with the maximum wealth in the content of their narratives (Kuzel, 1999: 33-35).

Bearing in mind that the purpose of the qualitative research interview is to reach knowledge, conceptual and theoretical through the comprehension and meaning of the experiences experienced by the interviewees, the interviewees had to have a minimum of three years of professional experience so that their narratives were consistent. Age has not been an important criterion.

I found it inadequate to obtain information only from the angle of health service dominated by women and where the philosophical and vocational principles of the sanitary profession were strongly rooted, that could be as well as full of subjectivism and ethnocentrism from my part. I decided to interview a group of participants in the project "Men i Helse" for being a group of professionals dominated by men and a group of engineers from the oil industry as well. In this way I decided to make a triangulation in my search that could make it more complete but also more demanding for me.

Another reason to broaden the horizon over the informants was to mitigate my possible subjectivity when interviewing the health group, not only for my professional knowledge but also for knowing some of the participants. To combine subjectivity and excess of empathy in one group with another group of participants having a more objective role and less empathy[16], it would be a good balance in the research.

Interwiewing different groups would contribute a greater degree of sincerity in the information and behaviour of the informants. According to the principle of electing the informants that the researcher considers really suitable for his research pointed out by Thagaard (1998: 51).

Finally, three groups were constituted with ages between 25-55 years. Despite having different academic backgrounds, the common point was to work in environments dominated by the "other" genre (Health and Engineering) and a third hybrid group (project "Meen i Helse") from most of the oil area with extensive experience working in an environment with male domination and preparing academically to revert to the area of predominantly female health.

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[16] On the other hand, as a counterpart, poor confidence and empathy can make encounters difficult during interviews.

- 8 health workers (4 men and 4 women), with different university background, including auxiliary health workers, nurses, and "vernepleier" or leader within the area of psychiatry for detoxification and rehabilitation in drug addictions.

- 6 men participating in national project "Menn i Helse".

- 4 engineers from oil industry. (1 woman and 3 men with different projections)

Given the high number of participants I had to abandon my initial idea to include in the research: nursing homes (majority female presence) and specialized services as intensive care units (greater male presence) and intermediate services as Surgery in spite of considering them very convenient.

I could realize the dilemma if the number of cases chosen in qualitative research was representative enough, because it is always one of its main limitations. (Jerolmack, 2014,202). In my case I have greatly valued the size of the sample to alleviate this deficit.

The access to information "Gatekeepers" in the case of health personnel was easy and guaranteed by my health background. In the case of the participants in the project "Menn I Helse" l has been through an old nurse companion. In the group of engineers the point of contact has been a well-known Spanish engineer.

4.3 Interviewing the three groups "The challenge of the implementation of interview"

The type of interview I have followed has been semi-structured ones and in some cases I have experienced the unstructured interviews to complete the information (unstructured interviews explore knowledge and a high understanding that can lead to new hypotheses.). The interviews have always been individualized. In the case of semi-structured I have followed a guide of about 10 open-ended questions with approximately 10 questions that emerged spontaneously during the conversation process. With no doubt guiding these questions was the hardest part for me.
I have had the opportunity to experience an unstructured interview during a meal and afternoon when I was invited to the home of a couple of engineers. Take a few notes to alter the minimum the informal rhythm of field work.
Aware that there is no perfect method, but depends on the researcher's expertise in both the quality of the interview designed as skill during execution (Lamont, 2014: 154), I have realized it during the design of the guide of formulation and execution limitations.

I considered taken notes during the interview process especially through informal[17] conversations. In this way, it would compensate the limitation of not having made participant observation as it is highlighted by Gall "…entirely on the spontaneous generation of questions in a natural interaction typically one that occurs as part of going participant observation fieldwork". (Gall and Borg, 2003).

According with obtain the same benefits after conducting the interviews, I made some observational notes recommended by Emerson et al. (2011:57-74). These notes helped to build evidence and facilitated the analytical process.

It allows great freedom and respect to leave the informant the possibility of responding or not or respond in another direction if he/she wish. It has great flexibility as questions can be modified according to previous answers. It allows the interviewer's creativity always in accordance with the principle that interviews are conducive for a purpose. (Burgess, 1984: 102) Among the main drawbacks are, the poor formulation of questions or the possibility of a not qualified managing by the interviewer. The production of an excess of information that requires a complex analysis and can distract us from the object of investigation. Likewise the language barrier I have, requires greater dexterity and improvisation of the interviewer to be understood at all times. You must manage your skills in intercultural communication. Undoubtedly, it is an intense experience by both parties as indicated (Kvale, 1996).

The sites where I have performed the interviews have been very varied. Some were quiet as isolated offices, quiet library or different elders' nursing homes I have visited.

They provided a greater distance but remaining informal. Sometimes I used noisy places like cafeterias next to Public libraries that could create an empathic and impersonal environment or commercial centre that were the most unpleasant from my perspective, not contributing to any benefit. At all times I allowed as far as possible the informant to decide place and time, respecting their agenda.

The duration has varied from 30 minutes to an hour and a half, since not all the informants had the same motivation and capacity of expression and self-knowledge.

Finally I made 18 interviews between September and October 2018 in the three groups investigated. All the interviews have been audio-recorded.

With regards the engineers group, from a total of 4 engineers, 3 men and a woman with different professional projections were interviewed.

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[17] Informal Conversations Interview was enrich data collection and could   generate new spontaneous conversations, rich in information as well as to make a reading of the body language that provides valuable information to the interviewer

From the group of 8 men participants to the project "Menn i Helse", only 6 were interviewed, their formation was very heterogeneous since old engineers unemployed by the oil crisis to security keepers.

I have experienced what causes a bad choice of the place of interview as well as inadequate preparation due to the shortage of time and stress to fulfil a busy schedule of three interviews in different places.

According to Turner (2010: 757) about the convenience of making "Pilot Testing", it means that the first interviews should be considered as "pilot" experiences, as they constitute the apprenticeship of the novice interviewer. I followed his recommendation and in my case it was very useful for the field work carried out last February.

The hardest thing to handle is the correct formulation of the questions at the moment of the execution of the interview, remain neutral, avoid showing opinions or make judgments and reformulate the questions Turner (2010: 759). I have certainly appreciated that the possibility of increasing empathy with the interviewee creates a richer conversation. Therefore, we must assume that the interviewer's emotional state and punctual motivation

4.4 Transcripts and analysis

Due to the large number of informants I have had and the excess of information produced, I decided to listen several times to interviews and select the best and most relevant ones.

Once the best ones were selected, the coding process was started through an analysis by themes. I followed two stages after reading the handwritten transcripts repeatedly.

First, selecting the information that makes sense and group the information into sections called codes according to (Fereday and Muir-Cochrane, 2016: 82)

Second, focussing on the most relevant codes according to the topic to be investigated and on the topics or codes with the most repeated or consistent phrases or ideas among the informants (Kvale, 2007)

I have tried to follow the principles of authenticity and trustworthiness, applying the maximum reflexivity according to "thick description" (Geertz, 1973) and without forgetting that this process is an interactive process between theoretical material and empirical data (Lamont, 2000 : 257).

Working as a researcher that is handled in several languages, it is more necessary to follow the principles outlined above trying to act with the utmost rigor in the face of fatigue and stress that involves translating and capturing the true meaning produced in the recordings.

4.5 Ethics and Reflexivity

Because interviews are a sensitive material within qualitative research, the researcher is obliged to respect the ethical aspects meticulously. I have tried to be non-judgmental and respectful throughout the entire process. First, I will explain how I followed these rules according to Norwegian guidelines NESH (Forskningsetiske retningslinjer for samfunnvitenskap18). Later I will talk about other important ethical aspects.

I have followed the three rules according to NESH (anonymity, informed consent and integrity of the informants.) The first one referred to confidentiality has kept it safe in place as well as awarding pseudonyms to each of the participants (Khan, 2011: 203).

At the beginning of the interview I have spent time explaining the purpose of the interview, the terms of confidentiality and anonymity. For me it was very important to explain how the interview would be and the right to interrupt it, note that it generated a certain level of stress when the participant was previously unaware that he was going to participate in.

The participant has read and signed the informed consent and has asked how many questions he has considered appropriate before and after initiating the interview. (Corbin & Morse 2003). I have informed about the possibility of withdrawing your information at any time without consequences, if they wished and the time of destruction of the data as well as the way used for the safe conservation of data.

The issue of confidentiality is much discussed as explained (Corbin & Morse, 2003) because despite the pseudonyms used it is impossible to disguise the narratives and the characters can be identified. I have paid attention not to mention the work places and other elements that could identify the participant.

Regarding the rule of respecting the integrity of the participant, which includes both respect for the person and how to interpret his narrative, is perhaps the most controversial point for the researcher. Given that the research establishes an unequal power relationship between the researcher and the interviewee. The researcher occupies a superior position as an expert and knowledgeable about the topic that can influence and manage during the entire field process.

Qualitative research is not a neutral or totally objective action and the researcher may not present the adequate vision and perspective of the informants, since the researcher is also part

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18 http://www.etikkon.no/retninngslinjer/NESHretningslinjer

of the social world he is studying (Hammersley and Atkinson, 2007) and the "absolute objectivity "just as the total and literal representation of ideas is impossible.

I have experienced that the hardest thing to handle is the correct formulation of the questions at the time of the execution of the interview, remain neutral, avoid opinion or make judgments and reformulate the questions.

The researcher cannot stand on the margins of society and shed their identity, so reflexivity cannot accept the principles of naturalism and positivism that defend "absolute objectivity" (Hammersly and Atkinson, 2007). The social researcher will always provide his point of view, the matter is that he does so with the utmost respect and rigor (Becker, 1998: 14). The ethical dilemma of defacing the participants when they read the results will always be present in the researcher.

The distribution of power is not always in favour of the researcher as indicated (Corbin & Morse, 2003) the interviewee has the power to control the amount of information you want to give and the message he wants to convey.

During the interviews, I appreciated resistance when the questions to the interviewee were more personal or explored feelings or beliefs, the interviewee used his right to power. According to (Price, 2002) that describes a method called "laddering" that consists in classifying the questions from least to most stressors.

The researcher reading both the verbal and non-verbal language will decide at what time to ask the questions or stop to avoid stress or discomfort of the interviewee

Researchers also have an ethical responsibility to maintain a distance from situations that present extreme wear and emotional involvement. Fieldwork and specifically interviews is an intense emotional experience that must be stopped or redirected to protect the researcher and investigated for the sake of the research. Researchers also have an ethical responsibility towards themselves (Wacquant, 2004: 255).

While it is true that only in a friendly and collaborative environment can the connection with the interviewee be created, this should not be confused with "fake Friends" the researcher is doing a job and must find the true balance (Kvale, 2007,24) .

I have tried to move in that balance finding differences according to the group interviewed

Due to having interviewed with very different groups e.g. engineers, I have experienced in some cases feelings of enormous distance (Emic Versur Etic) or unfamiliarity. In these cases it has been easier to respect the ethical principles for having a greater objectivity, very different in the case of interviewing health personal. It has been very interesting to observe how the interviewer

is seen as a superior being, distant and expert in the subject that can intimidate in a certain context. I have been aware of the interviewer's power to the interviewee's vulnerability.

In the same way, within the ethical principle of Integrity, the Investigator is responsible for the fact that, despite his distance, he must create a pleasant, empathetic and respectful environment. Introducing yourself personally at the beginning and taking care of the farewell. Avoiding the cold phrase of "Is there more you would like to tell me? according to (Corbin & Morse, 2003) leaving quickly at the end of the interview leaves the interviewee with the terrible feeling of having been used. It is time to take advantage of and carry out an unstructured social conversation.

I have always valued the importance of the interviewee speaking openly at the end of the interview as respect for his freedom of thought. I took advantage of it and I obtained valuable information after finishing the interviews.

I have experienced the enormous satisfaction caused by the qualitative research that surpasses all its demanding aspects or the energies put into it. I have been aware that the role of informant is an act of generosity on the part of another human being because it gives authorization to share and deepen their thoughts.

History or shared narrative is a precious gift given in an altruistic way (Donalek, 2005: 125). Therefore, the Investigator has the responsibility to care, respect and use it appropriately. Your ultimate goal will be to promote the benefit by escaping harm and exploitation and allowing that history to be shared with other human beings.

5   ANALYSIS. UNDERSTANDING AND DISCOVERING

"When you understand that you don't understand , golden moments arise" (Dronnen et al.2011)

In this chapter I will explain which concepts have been the most representative for those interviewed according to the codes and categorizations made during my analysis.

Due to the fact that the three groups analysed are different, I divided the chapter in three sections, first I analysed the group of health personnel, the second group analysed has been the collective of men "Men I Helse" and finally the small group of Engineers.

Within each section I have explained the topics that have been the object of most of the reflections by the members of the group.

Working with three different groups has obliged me, in its analysis, to use the Hermeneutic method, in its case the triple Hermeutic, to understand the different groups and to detach myself in many cases from my personal perspective. With a "Fusion of horizons to reach understanding" (Dahl, 2016:109) especially in the last two groups.

Having worked in three languages, from Norwegian to Spanish and from Spanish to English has been demanding, I am aware that some conversations have not been reflected as a mirror since there are expressions that only find their true meaning in the original language. I hope I was as faithful as possible to the message conveyed by my informants.

5.1 Men and women of health work force

This group has been the most homogeneous of the three analysed. All of interviewees had a long professional career in the area of health-social or care. The majority were parents, 7 of the 10, all of Norwegian nationality except 1 man and 2 women of foreign nationality, of European or American origin.

His academic training has been different, since, despite belonging to the social-sanitary area, I have sought the greatest variety possible. The group was composed of social worker, "vernepleier", nursing assistant, nurses, psychologists and social pedagogues. All of them have

been trained at the Norwegian university except for two of them. And three of them work as bosses. The chosen pseudonyms have been random names of English origin to avoid possible relationships in their identification.

In this section I have explored what has motivated them to choose their career, their inspiration and barriers, how they see themselves and how they think they are perceived with regards masculinity-femininity as well as their desires and expectations.

5.1.1 Motivation, choice and barriers

No doubt there are few choices in life that affect as much as deciding our professions that in most cases will accompany us the rest of our adult life. This choice also has a special characteristic because it is one of the main components of our identity. In the masculine genre it is important for the historical weight of having been responsible for the economic maintenance of his family. In particular, as it is an identity component on which we can act and decide, the weight of responsibility in the decision taken is on great importance. Knowing what has been the motivation in the two genders has been my goal looking for similarities or differences. Has the vocation been the main motive?, or has it been the professional safety in terms of a stable salary and secured work?, or Are other factors perhaps, as simple as a possible random decision?

For Jonathan:

 "…I started studying to become a professor in a college, I was a couple of years and I left it. I realized that I liked the contact with people but as a teacher I would have contact especially with mathematics.. so after about six years working as an assistant for different institutions: nursing home, etc... I decided to start another training, "Vernepleier"....,it was perfect... I thought of nursing, but the matter of blood, wounds, medicines... it pushed me back. Too somatic versus psychological…"

For Jeremy:

"…I started working in the sales area, helping to find the product that people wanted.... to look for what they wanted and to orient them…I liked this feeling and I decided to become a social worker... It was similar, it was working with people looking for solutions to their problems…"

In these two interviewees the desire to work with people seems to be a common element, they did not tell me that it was a dream from their childhood or that it was their clear vocation, because both informants began studying or working in different areas. Yes, there was a desire to "work for people" but it was a decision that needed time. I decided to continue exploring the rest of the group of men looking for the long-awaited "vocation from childhood". With such hope I listened to the stories of James, Jarle and Justin.

For James his passion and vocation were sports, he started playing football but his mother, a nurse, was always looking him jobs positions as an assistant in Psychiatry:

"...It was always my mother who was looking me jobs positions in the area of care, in Psychiatry... As I liked the sport I studied three years in the university a training that gathered the sport or activities... It is a training as social pedagogue…it is a type of specialist in guiding and organizing the free time mainly for the youth… Then I continue playing football and I came to Norway for this reason. More than six years ago, I started working in drug addiction departments and… I liked it and that's where I am now here as a social therapist. That's why I enjoy organizing "quiz" sessions for patients..."

Similar cases are the stories of Justin and Jarle, with vocations quite defined from his youth in professions typically masculine but they suffered a turn towards professions dominated by women: they two transmitted to me in their stories their process of transformation.

"...I started with the graphic design because I wanted to devote myself to architecture, it was what I really liked but I was disappointed by the design… And after a few years where I didn't know well, what to do in the future .... working as an assistant in psychiatry I took a decision to become a psychologist…"

"...I was studying two years as a petroleum engineer, but the crisis of the late 90 discouraged me and made me leave the studies, then after working as a care worker during the military service, this possibility appeared to me as a good option... So I started studying nursing… A safe work without crisis…"

In general, in the men's group with other pre-health studies, they all started working in other areas. Their decision came always after a long period of trial or reflection. Intrigued by knowing how the situation was in the case of women, I found that the stories were quite different with respect to men but very similar to each other.

For Joyce, Jane and Jasmine, their motivation was clear from the beginning and it played an essential role from the beginning, there was no other possibility, they did not come from other studies or professions but it was important for their decision job its security among others. Julia differs for which the desire to change something in the health sector, conditioned its decision in childhood:

"...After starting young as a nursing assistant for different nursing homes for the elderly or other institutions, I realized that I was ready to help people… plus of course the job mobility and its security influenced me in the decision"

"...I liked working with people, my mother and brother are nurses, I think I always liked it… "

"...I grew up with my grandparents, my grandmother was always sick with big psychic problems because of her drug dependence as a consequence of alcohol. We were always, the family, that helped her, we played the role of nurses and psychologists at the same time…she did not receive the health support she needed. When I was 10 years old my mother was diagnosed with cancer and in this case she received all the support at all levels.. Unlike my grandmother, in that period we had 24 hour attendance for my mother... that made me decide to become a nurse specialist in drug addiction... I had to change this unfair situation... "

The stories of women and their motivation were different from men's ones, the element of "helping" and "working for other people" was common in all cases. In women it was a decision forged at an earlier time than in men. Perhaps its clear social vocation at the service of others is based on the theoretical principles of gender diversity, from both the theory of Roles and Doing Gender ((West & Zimmerman, 1987), which states that influences on their decisions are based on a predisposition to development these vocations due to models and skills that have been shaping society over time.

The significant fact that the analysed men needed a period of trial and self-knowledge seems to give reason to this historical-social weight that has directed women to care from and within their own family or society. The role of "caretaker" that has been constituted in the society initiated within the family structure has had a decisive influence on the educational and social socialization of women. Evidently this division at work seems to have no future in the families' structure, but its origin in the bosom of the family is indisputable as it was points out by some authors (Siles and Gonzalez, 2007:66).

5.1.2 Self-image and identity, masculinities and feminities stereotypes

"Are you man enough to be a nurse?" the slogan of the Oregon campaign to recruit nurses makes them reflect on the weight of stereotypes in the definition of masculinities and femininities. Although this weight is less in other health professions less stereotyped, the influence of how we are seen by others is undeniable a principle that defines us and that constitutes our identity. As explained in chapter 4, identity is a narrative that we build on ourselves and that in addition to be coherent, it must like others.

If we also consider how important it is for a man his profession as I pointed out at the beginning of this chapter, it coincides with what was stated by the sociologist David Morgan:

"Sociological analysis and more recent studies of men indicate agreement about the centrally of work in the lives of men. Work, in both the general and the specific sense, is assumed to be a major basis of identity, and what it means to be a man"(Morgan 1992:76).

In this section I will show the narratives that show how we build our masculinities or femininities, on which traits or behaviours, normally in accordance with what is expected in our socially constructed roles.

Jarle as a nurse and Jeremy as a social worker founded marked differences between men and women and their answers were really similar:

".. In the working environment with female domination the feelings and their expressiveness are everywhere... The emotionality over rationality is always present. From the 50 worker we are, only 2of them are men... The women do the usual in the breaks and breakfasts...they knit and socialize… I think they need to be intimate and know each other.. I need partners and not friends at work… I difference it very well …"

While it is true that Jeremy told me that the only exception to his unwavering rule of only having partners at work was that his current wife had been his co-worker. This fits with the "theory of Values", where sometimes there is incongruence between what we say and we feel like a principle well accepted socially, and what we then do. Is therefore our image and account of ourselves absolutely true?

Jarle was very forceful and he used a lot of time to explain that:

"Men separate perfectly the private from the personal… As a personal subject I can tell that I have children and a house but I do not need to count how I feel with my family…these stuff is

only at home or when I talk with close friends… The man has his private spaces and does not need to share them with companions... "

Instead for Justin and Jonathan his stories about masculinities were more blurred and were more diffuse:

"…Gender has little to say, personality has more to say, I have found in my current work very strong and trained women with whom I feel very safe… All my companions are usually older than me and this gives me peace of mind… Men here are quieter and less determined than women. I do not think that increasing the number of men here, will modify or improve the service but undoubtedly balancing the genre prevents predominance of a culture over another…"

For Justin:

"…To complement cultures is always well, perhaps because the men and women raise and solve the problems in a different way... Yes, maybe women are more dramatic and dealing with men is easier… Keep in mind that women have been talking about their feelings and emotions throughout the history…. At least in my experience in psychology… but I can assure you that I have found especially in my previous work, women who are more male than men and men who are more feminine than women..."

The group of women, through their stories, let me see how they perceived their femininity in relation to men.

For Julia the contribution of men balancing their number was important. For her having always worked in a female environment had supposed great challenges as the working environment was difficult on many occasions. In that, she was coinciding with Joyce (not only in the fact that both are bosses but in the positivity of complementarity), recalling as her best working age when she was in a service in which men and women were balanced at almost 50 percent:

"I still have wonderful relations with my male companions of that pleasant experience in that service... I think when there is a good chemistry the relationship is easier than with a female partner… "

"…I only find reasons that give a positive result in the environment when there are more men, from my experience as a boss I see that they reduce criticism among peers and bring another more technical and more social perspective in problem solving... Yes, I only see positivity, I also think it is the responsibility of the chief to create the environment and deal with it… "

For Jane and Jasmine it was very important in their narratives the concept of "security" and "emotional stability" especially in situations of violence and patients aggressive with great physical bodily. It was always reassuring to have at least one man in the service. Without a doubt they made a description of the role of hegemonic masculinity of Connell and Meserschmicht in its basic concepts on virility

"I feel safer and I think patients respect men more and are reassured especially in situations of confrontation or high level of aggression"

A reflection on the resolution of the conflicts brought by Jasmine on the inability she had observed among men to resolve disputes at work, always resorting to bosses, unlike women who solved among them was a very interesting and appreciated angle on which I have not found any relation or explanation that supports it.

No doubt the benefits of complementarity have been present in all speeches, despite different observations and perspectives in the different genders.

5.1.3 The cares, the men and their relationship with Florence Nightingale

Historically caring has been associated with the female side, over the centuries the woman has been responsible and concerned with the state of health of her family (Stoller, 2002). To understand how man has felt when entering a female profession where care has a predominant role, has been a great subject of concern and debate.

Moreover, in the European and American Society, the theoretical model of Florence Nightingale has been taken as reference for care and caring professions. Listening to men and women about how they understood "caring" and how they defined it, has been a very important part of this study. Will it cause conflict in masculinities or their own professional identity?

Jonathan told in his conversation with a lot of details what was caring for him, from his perspective of "vernepleier":

"...What is care? It depends on how we define it... One thing is to give a care and a very different feel care... Taking a walk and listening is as careful as doing the hygiene,.. To give emotional support is to care, to talk and to dialogue is to care, not only is to cure a wound.... I studied a lot in the care area... And of course, according to Florence Nightingale's doctrine, care was female responsibility... Perhaps it is one of the reasons why there are few men in

health… I do not know if they are more trained men or women, only depends on the quality of care that is administered and is understood by care that administers or receives…My career does not exist in or countries in Europe, in small words it is a 75% social educator and a 25% nurse... A lot of psychology and a little bit of the somatic side... We were born as a profession in the 60s when the social apparatus in Norway developed and there was a gap that could not be covered by the nurses... "

In contrast, other men in the group like Jeremy or Justin, from their perspectives as a Social worker or psychologist, considered women more capable because their traditional emotional side favoured them, their ability to express emotions was an advantage.

"...The emotional theme is typically female culturally and historically speaking…"

"...I think women are better able to care... They have been taking advantage of the family for many years. Although in the case of psychology, in Norway, there are more women because it is needed a very good rate for access as it occurs as well in medicine or nursing... It's not because of the connection with the care aspect, it's just a matter of rates… "

In the women's group, 3 were nurses and one was nursing assistant, in general they did not recognize the supremacy of the women in the care, only Jasmine, a nurse, found the woman with more competences to manage the emotions in the patients. The rest recognized having studied in depth what is "care" and which depended on its definition. Julia made perhaps the most detailed observation of the female group:

"...Although I think there are some biological differences that bring us closer to the position of physical care such as lactation period, this has nothing to do with the ability to care... It is necessary to define what is caring carefully…"

All the interviewees who had studied during their academic training the concept of caring, let me see in their narratives and in the answer or body languages that the subject of care generated a good debate. The fact of relationship between the definition of care and Nightingale it wasn't random.

Nightingale, although she has been the pattern to follow as founder of the modern concept of nursing applying the scientific and statistical method that was necessary for its evolution, was a woman who lived in the XIX century where masculinities and femininities shared universes very different.

For Nightingale "caring was a woman", it excluded men from schools and perhaps drove away young men to not enter in the exclusive territory of women. Numerous male care studies, indicated in chapter 2, show their disagreement with the perspective given by Nightingale. It is perhaps the time of a change and to point out men also as theoretical model for nursing. Maybe it is necessary to decrease the "power" that history has given to Florence Nightingale and revise and modify the studies plans of nursing.

I believe that the model provided by Nightingale is exclusive the for man and in the profession of nursing his reference should be reviewed from the first lessons in the classroom. Breaking myths about false femininities would be convenient for the future of highly stereotyped care professions in society.

5.1.4 Again Nightingale, her legacy in the idea of power and care

The sociologist Frigga Haug not only agrees on the importance of the profession as a constituent element of male identity, but points out that female morality is closely linked to the body and its experiences while male morality is more linked to success , money and its triumph in the professional Life (Haug 1992:32FF).

The controversial issue about the true meaning of caring has been reflected in the interviews of the previous section. Although some scholars of masculinities claim their right to be recognized in the role of caring for their own family (for example, to provide economic sustenance through long working hours is to care, Tranbarger and O'Lynn 2007:127), the " care "is associated with low power.

In the struggle for the attainment of the resources man has deployed his power to achieve them both by competing with other men and relegating the woman to the home "caring" of the family as their main role. This has historically allowed the association that "care" is equal to woman and to scarce power.

Para Jeremy:

"...My brother is very critical with jobs dominated by women, as mine... He works in oil as a boss, all his friends are currently bosses... I believe that power is more typical of man, perhaps women have not had much opportunity to assume if they wanted the power… they were responsible throughout the history of caring for their family…"

In the case of Jonathan the power, the ambition and the way to lead are related:

"...I certainly prefer women as bosses, they usually turn to do a good job because they are not so concerned about their professional career... In general they do not think of using the work to advance, many want to stay all life in that position, I never thought about this... Yes... They're less ambitious. I personally think a boss is good "when he/she does not want to be boss" because if you want to be boss means that you will put your ambition before... My experience with some male bosses is that they act and take the measures that are asked by the superiors doing it in a less sincere way... To the subordinates they tell one thing and to the superiors another... "

For Jarle health professions have low status:

"...I think money is equals to status and power...As we have little salary for what reason other men will want to joint us?... For me it is the main cause of not having more male companions... Being chief in health is nothing compared to the power that a boss has in any oil company... Much but much more money..... "

And James:

"...In my country there are more men in health, it looks good... A normal status... Here in Norway despite how close it is from my country... I think health jobs are seem as low-status ones. The comfort, the career and the money are very important, here the money is the boss. My Norwegian friends say that is very well what I do but it is not for them… "

In the group of women Julia and Joyce spoke strongly convinced of the low health status, both agreed that it was a vicious circle. They coincide in the fact of little power associated with low pay due to being female professions but added the reflection that men are more easily promoted to be bosses by the institution itself. That is to say that there is an inequality in and out of the profession. It is remarkable that both are chiefs of their respective departments:

"I started very, very young as a nursing assistant. I was fifteen years old and working alone with women has supposed continual challenges and struggles… I believe that the tradition of what we are all, dedicated to care, remains very anchored in Norwegian history... It remains the belief that we have all been called from Heaven to care... as if it were a religion... If we have really been called by God and Heaven… It must be Heaven that must pay us, therefore no matter our salary... Logically what can be our status as care professionals or the social area?... "

"...My two brothers who are engineers with the same academic training in number of years than me... They earn 50% more than I do... Also the few men I remember or are working as bosses or are in elite units such as intensive cares, emergencies... Currently the Hospital commanding group and our division/service are led by men..."

For Joyce, a boss as well:

"I think that men know how to negotiate salaries better, women are more afraid of not being accepted when negotiating wages... According to Nightingale the good savings was a value in women... Maybe we feel responsible for saving and men when they contract us believe they should save too... "

"The system favours men... As there are more men as bosses they promote themselves... It is true that our biology has not helped us throughout history... Maternity leave and child care withdraws us from work for periods and men can start earlier as bosses..."

All this is in accordance with the "Homosocial model" where masculinity is assigned greater value, importance and power than femininity (Connell, 2009), which justifies the internal tendency to look and favour our own gender according to the definition.

In general, health women workers felt more comfortable with male bosses because of their more rational and less emotional approach to problems:

"...I like men as bosses, they don't go to the details but to the whole... They look for a wider perspective than that of one of the parties..."

"…If you have a very, very personal problem you feel more comfortable with a woman as a boss because perhaps you have more confidence, but when it comes to solutions I will stay with a man as Boss…"

 This historical assumption of the lesser male capacity based on the administration of quality care due to its craving for power, was defended by Florence Nightingale excluding men from the operating and care rooms (Dossey, 1999). Numerous male studies have commented on their concern about the lack of attention given to this issue about power and care, continuing to focus schools on the female care model. Numerous studies have tried to clarify that it means "masculine care style" by finding explanations in the field studies performed where the male style classified the care in categories divided into sub-categories like: "Supporting Physical well-being (safety, survillance), supporting psycho-emotional spiritual well-being (touching, listening, eye contact), supporting individuality (advocacy and respect).

Men recognize that they feel very comfortable in the last two subcategories such as communication and respect by creating a different "relation-ship" in front of their classmates. The style defended according to his defence on his masculinity is camaraderie or "friendship" and is far from the maternal figure that is more in accordance with femininity. Male concern for demystifying historical barriers to care and power is a major topic of current discussion.

The enormous weight of the "production dimension" defended by Connell's theory (2009) seems to justify that femininity is a symbol of care and that women, as a result of their gender, has an undisputed historical weight in caring.

If the Norwegian health workers, women and men interviewed, are entirely in agreement, it is in the fact that, since they are working in obviously female professions, it has originated the low status they have in Norway and the origin of low salaries. Men have always been attracted by the power and social success as one of their characteristics on their masculinities in particular the "hegemonic". It is normal that they do not feel attracted to the professions of caring. All of this in according to the theory of gender and power of Connell explained in the chapter 3.

All the participants defended this relating with the special case of Norway for its discovery of oil and the exacerbated case of Rogaland with an extreme importance granted to the money with respect to the rest of Norway which has turned its professions into non-popular professions. All these narratives about the impact of oil have been transmitted by interviewees from various interesting angles such as the impact on care and power. These stories seem to clarify the Norwegian paradox about equality and illusion and why there are less men in health with respect to other countries. In a society where "equality" is one of its values, the population is not inclined to do these jobs.

5.1.5 Perspectives, satisfaction or frustration over time

To understand the degree of satisfaction of health professionals I found that the most convenient was to know opinions on whether they would return to do their same studies and investigate how they felt perceived by society, logically in their close environment of friends and family.

With the exception of Jonathan who would go back again to studying "vernepleier". The other men would change careers but generally not very deviated from the health context, perhaps sought higher positions of status and power:

"...I don't think I would ever become a psychologist, I think doctor or maybe an architect, never a psychologist for God! (Laughter)... "

"...Sometimes I regret having left the engineering although the current oil crisis has taken away all the penalties and desires..."

"...My son… I tell him to study what he wants, but I tell him…you know that as a social worker little money will be...Although I always convey that you have to work to live and not live to work, I think I have balanced it at the job I do... "

"...I would exchange my studies of social pedagogue for "vernepleier"… more useful here in Norway…"

Instead women would return in general to study the same except Julia who has always found heavy dealing in a job dominated by women.

"...I would study medicine at all, I had the necessary rates because I was a good student but I was already a mother of two children when I started in college…"

"...I like the work I've done, the advantages win over the negative aspects... I have never been unemployed or with a lack of new jobs, I have changed as I wanted... "

5.2 The new identity of the men of the project "Menn I Helse"

Having the opportunity to interview 6 members, between 25 and 55 years old, from the project "Menn I Helse", one of them a department head in the project, was a huge enrichment in my research.

The group was heterogeneous in terms of academic professions and formations, as personal security worker, heads of hotels, IT engineers or heads of human resources in the oil industry, among others. Its common characteristic is to have been carefully chosen after a long selective process directed by the NAV and coordinated by the project manager.

The goal of recalibrate to other professions is a complex act that implies a new identity, since work is one of the strongest identity components in the human being, and even more so in the case of men. In this case the difficulty of entering a professional field dominated by women is added. I have tried in this section to briefly reflect the concerns, aspirations and perceptions about their new approach to the world of care. It has produced a different point of view.

Listening to these men's stories has been a wonderful but demanding adventure in my field work. I had to modify my interview guide and make the conversations more fluid, less structured and more spontaneous. The little space I have in this section has not allowed me to count and reflect more on their valuable stories.

5.2 1 Projection, growth and status as a necessity

In general all the men of the project changed their perception of what it is "to be a man in care" in contradiction to the idea of "feminity is equivalent to care" (Skeggs, 2007). They consider in general the importance of changing recruitment policies to "make gender". In their stories they reflect how they feel being perceived by their friends and families and what their aspirations are.

Mason, with a great background as a teacher and years leading projects, stated how caring professionals are perceived:

"...I have changed a lot after my integration into the project: I believed that those who worked in health were" very feminine people "but I have seen that" very masculine" people can work really well, our contribution is rich because it comes from other professions and other approaches… Just the intense professional and personal life that we have lived gives a lot to tell… I like to fish.... Employing people with great personal and professional experience is super positive ... When I was a teacher of teenagers the parents wanted their children to be oriented to professions of power, typical of men… The subject of the nursing home makes young people go away looking for other horizons… They have seen that you can earn a lot of money in another way… The low status professions is not what they want to hear.... "

For Michael, Martin and Markus and many others, continuing to be formed is an important value, they are aware that working as "helpepleyer" is full of rich nuances but is limited in their responsibilities. They associate the low status to motives, if not the main reason why there are no more men in nursing homes and other areas of care:

"I really like what I do... I was very young when I started in my previous work as security vigilant, I had a lot of money thought I needed nothing more... Being "helpepleyer" is great, doing something for the people I love... But I need to go beyond... I need to have more status and autonomy and responsibility… It's not a boss, what I want to be, it's just having more

status… My friends tell me Uff! … You only care about hygiene… There are many other tasks that I do great.... But they do not know.... what we do is needed to be told and spread.... "

"I worked in the oil sector, related to the construction of platforms… It's not the main goal of my life to be a boss. I wouldn't say no to a good deal... Although I value a lot to have a good quality of life... Something that was not common in the world of oil where I come from, there was much concern to promotion.... Anyway, being an assistant even if I wanted, I can't be boss. I want to keep studying and going forward, but my economy won't let me. "

Another case is Morgan, he comes from the world of sports, and also believes that the low status that society sees in those who are dedicated to care, is responsible for the little male presence. He believes that not only is unattractive because of wages , but also because the activities are perceived by men as boring or not motivating:

"...I do not mind carrying out the hygiene of patients, but obviously it is not the activity that I like... I know it's important, but I enjoy organizing activities for patients… I'm inclined to the area of drug dependence, it has more status, there it is not necessary to carry out hygiene tasks, I will continue to forming as a nurse as soon as possible, but it is difficult to reconcile economy, family and studies… "

For Marcus the small male presence, the Norwegian culture and recruitment were predominant topics during his interview, he gave me good ideas on the Norwegian perspective with regards other countries:

"… We have grown up with the idea that we can be what we want, pilots, engineers and that as much more status better, that's what they tell us in school, our parents... And the care of older people is not a decisive role within the family. Perhaps it is not the same in other countries of Europe… we have not been raised by our grandparents... Maybe we value less care... "

"...Three things I think originate that there are no many men here: the" male culture "that makes it difficult to arrive in the morning and not be able to talk about football with the partners... Laughter... The idea of low status that goes against men working in health and if there are, must be rescuing personnel by search and rescue helicopters, that is cool! … Laughter… And the recruitment policies, showing only images in the institute of nurses or doctors saving lives in emergencies or ambulances... Laughter… They never put pictures of nursing homes for elderly… What we want then, if nobody can see what we do.... "

"...The status of the elderly residences is low... Men like the action, like the ER. The area of drug addiction and psychiatry has more status and men are more oriented by this field… I want to continue forming with courses… No Master or similar but if you continue forming... I'll go to the drug addiction area that has more formation..." I miss the continuous formation in the area of oil… They sent us to seminars and we socialized with business lunches… It was a more social work… Here you come and go... We must promote the health in order to recruit more people making it more attractive, with specialization and promoting the socialization at professional level to feel more integrated and create a better environment of team… Yes, here the team building is a disaster, it fails… "

5.2.2 Foreigners in nursing homes, a new working class

As I explained in previous chapters and in accordance some authors (Seeber 2012.177), the health work is hierarchical and stratified by classes, taking the worst part the nursing homes, where the job is undervalued with respect to hospital jobs. In nursing homes the gaps are been filled mainly by foreigners because the Norwegian "helpepleyers" no longer find attractive it as a profession. According to some authors (Dahle, 2005) "While carework is coded as femenine, dirty carework, defined as the removal of dirt from bodies of others, is coded as feminine and working-class". The nurses get to distance a little bit more of this situation by their university training but it does not happen for the auxiliary workers.

As Seeberg points out in his article, nursing homes are a special case where a new element has been added to this panorama: new immigrant workers with very different backgrounds. They are the "new nursing careworkers".

I have collected only some of the most relevant reflections given on the importance of the work done in the nursing homes and their involvement with foreign personnel, the limitation of my thesis has not allowed me to transmit all these reflections.

Marcus, who comes from the hotels sector, explained:

"… Not only do we have to promote hospital jobs, the somatic patients are only a couple of days there... They come in to be "redone" and leave as soon as possible the hospital, as if it were a factory… Instead in the nursing homes or units of psychiatry and rehabilitation spend great seasons or even the rest of their lives.. It is very important to do the job attractive and that it attracts people of both genders... I think "Menn i Helse" is an important project… "

For Mason with great experience as a professor and project manager:

"...It is the responsibility of bosses balancing the genre and seeking this balance.. A good working environment reduces medical casualties, peer criticism, etc... There is a nursing home, Rundeskogen that has a boss that has followed recruitment policies to balance gender and in fact has many men in the service... I think it has a male waiting list... Laughter... This only encourages good environment and reduces medical casualties..."

For Michel, who comes from the area of security, the matter of the many medical casualties in the nursing homes and the bad environment by the workload was its most troubling subject:

"...I have seen that there are many medical casualties in the nursing home... Sometimes my colleagues arrive tired, I do not know if it is consequence of merging family, children and a very hard work or... I don't know if they need to be motivated... It's up to the bosses to improve these things with staff policies...Maybe join the team with activities or meals or something... Not much is done about it... We must make this attractive looking for proactivity....There is a lack of motivation...I think the philosophy and morale of work is lower in Norway than in other countries... And of course there are much more casualties by medical reasons...At least I've seen that foreigners work more and get less, in Norway you are payed the NAV if you are not in a position to go to work, it is easy to say "Egemelding" and not go to work...This (nursing homers) is a very heavy job and sometimes the boss do not know how heavy patients are dealt... This generates bad environment in groups, who do not help each other and speak on the back with negative criticism... At first this hit me a lot during my integration period... More men would balance the service... I miss more male colleagues... "

If in a globalized world the workers move without taking into account the borders, they can fill positions in some countries leaving behind other gaps in their countries of origin, it should be taken into account that the impact that produces this situation in the case of health personal resources can be critical. According to some authors (Lincoln, Evans & Ananad; 2004, 1984) in the article "Human Resources: Overcoming the Crisis") any strategy that reduces inequalities and discrimination should be considered in the national policies of the host countries as well as remain, motivate and listen to all the voices of the workers.

Knowing the reflections on this matter has seemed to me of extreme importance as stated in (Thidermann & Pristed 2017:23) in the book Remapping Gender, Place and Mobility: "Face of globalization, multiple inequalities and cultural and religious diversities. From the Perspective

for diversity the "passion for equality" can be problematized since it appears to be premised on an underlying "antipathy to difference"'".

Many questions have been generated in the last decade, How to include foreign workers as care workers in different sectors?, How do workers experience and stress the limitations of language in their relationship with elderly patients? There are reactions and conflicts stated by Munkejord (2016:17) in his article "Jeg jobber med hjerte: Innvandres Erfaringer Meda a arbeide i mental og omsorgsektoren".

Morgan during his practice period, says:

" ... It surprised me, seeing so many immigrant workers.. Many from the Philippines or from Africa… Highly motivated and professionally competent with super formations but with the back destroyed as a result of been working many years in a very hard job...This is not good... "

Martin, for whom his greatest concern is to work full-time:

"All the men who work here are immigrants... They are from the Philippines, Morocco... And they work in low percentages... We, the members of the project need and demand higher working percentages… The project manager knows that this is important for us, we have to pay home, day children nursing homes... He supports us and helps with this issue… If we want to attract more men, you have to offer complete work...I have worked phenomenally with foreigners but I have appreciated that we have cultural differences, for example in the concept of autonomy… We, Norwegians, have a clearer right to that we can decide for ourselves… They are more rigid... "

Matthew, after a long professional career as an engineer and with a very broad perspective:

"...Yes.. It is true that there are many foreigners... It is a real challenge for patients and workers with the infinity of dialects circulating in Norway… "

5.2.3 The case of Runedskogen and its gender equality policy

I followed the recommendation of the project manager "Menn i Helse" to explore the nursing home of Rundeskogen, where I met the head of the service.

To know a service that was modifying the strong cultural and historical heritage of women's job in the nursing homes and increasing the male percentages close to 40% in certain periods seemed surprising to me.

Morgan, the supervisor told me about her experience:

"This service is quite new... And when I got the chance to recruit, don't hesitate. I have always believed that it is better to have more balance between men and women… I am currently delighted with the gender balance that I have... Patients feel phenomenal, and so do I. I have a good working environment with little gossip. I have high numbers of applicants, about 115 for 7 free positions. I have not specifically sought this balance but I have given the opportunity when I have been requested...Of course the culture of oil has had a lot of responsibility with the low male presence, because now with the oil crisis there are more men who want to work in health.. The Norwegian culture is changing… The main objective of looking only at oil is changing, now we can consider and appreciate more safety and continuity in the work... "

"The high status is being changed by the security factor…I enjoy what I do... "

"I have practically no foreigners working, just two, an African and an Asian..."

Answering my question about how she can imagine a balance man and women department with:

"I don't need to imagine the ideal service… Laughter… I have it practically, the men who work here feel comfortable… I recommend it and be aware that more men attract more men... "

5.2.4 Towards complementarity as a new dimension of masculinity and identity

To describe how this group perceived masculinities and Femininities in a new working environment has been interesting. Most of them came from jobs with a pattern of male domination with strong male identities. Understanding these men and their masculinities was really interesting and illustrative.

We change for learning, experience and relationships. All change implies evolution and improvement.

The definition of Olson 2000 in the art. Masculinities, Power and Change by Lorentzen (2011, 9) summarizes the above "…men not only changing because they want to show solidarity with

women or want to be aligned with the women liberation, but because they enjoy and embrace the new possibilities for being a man in a more gender-equal setting. They are actually doing it for themselves"

Almost all members agree on this description. They come from a male professional world, as was the case of Martin and Matthew former workers of the oil sector:

"...We men are seekers of solutions and we cannot move to a new issue without solving the previous... Women can talk long hours and can even leave the matter unsolved...they care more about all the feelings that come into play in that dialogue... They take critics badly because they take it personally... I have seen it here that the women who work in health follow rigid schemes I guess they are expected or required by the institution... We are more flexible... "

"Where I come from we have to look for quick solutions and we are very direct... The criticisms are part of the work, it is nothing personal... I have seen that does not work well with women who take it personally... Yes, I think we solve differently...My friends don't understand why I'm not going back to the oil sector. You always hear in the family or street environment that if you are "man" you must be a doctor or at least nurse but never auxiliary... They are traditional concepts... Perhaps Norway is more traditional than we think for gender division for jobs..."

For Michael it is the relational environment which has supposed one of its main barriers:

"At first, the first few months it was very strange to be in a women environment, I never had been before. I did not feel included because they were joined by groups giving me the impression that they had close relationship... And in the first breakfast in the rest time they asked me: Why are you here? ... That was very violent... and also hallucinated because when one came out of the group spoke behind their backs... I think they need to make their own groups by the fear that they talk about them, I guess this gives them protection... Men are more direct and more aggressive and if we do not like something... We say it to the face... That's why most patients are women and there are hardly any men in the nursing homes? .... No doubt women are more social..."

But some narratives were something different like that of Marcus who having worked as chief in a hotel dominated by women:

"I have always worked in a woman-dominated environment, I have a lot of experience in that and I like it... Laughter... In the hotels are especially women working, cleanliness, kitchen reception... They take the job more seriously than men, they have a great professional pride...

Men take it more superficial, instead women lose their emotional control that sometimes does not let them see the whole only focussing on the details, Uff!... And as a boss it is difficult to comment or criticize their job because they do not accept it easily... Like everything there are positive and negative aspects…Yes, I love to be head of professional women because they take their tasks very seriously, and besides I think we complement… As it happens in health for example in psychiatry it is clear, the approach to the problem is different…is fun... I love working together... "

Trying to understand and analyse these speeches throughout this chapter, has made me reflect on the different aspects of masculinity in accordance with (Lorentzen, 2011,): First "masculinity is not a single and dimensional thing" because it depends on the previous experiences lived and their emotional charge; second "not only men are masculine" because masculinity is not only connected to man, women can be male even more than some men (Halberstam 1998); third "masculinities and feminities" are stereotypes that changes depending on the context and time; fourth there is no "masculinity or feminity" in singular only exists in its plural version "Masculinities" because there are many and can be very varied. But above all, the most important characteristics are: "Masculinity" is not identity since there is no unique and essential and inherent form of being man and "men are becoming men and therefore subjects of change" women and men are not born men or women, they socialize to become one. This means that you can change your skills and behaviours by learning.

From my point of view the most valuable and difficult is not that men, who are members of "Menn i Helse" are learning a new profession, but that they have decided to "change" and therefore experience the difficulty that has "change" beliefs and skills historically rooted in society, which ultimately are barriers, in this case in the Norwegian society to which they belong.

5.3 Engineers, power and the gender diversity paradox in Norway

The last group interviewed was the smallest, it was composed by four engineers who worked in the area of IT, information technology, technicians of electricity in a company related to the oil or teaching computation. The three had a long career mainly in masculine environments.

I explored concepts related to their work experiences in masculine environments with more traditional power as well as their perception of care professionals.

Ian, who had worked first as an electrician in the industry, and after as IT engineer in the area of computing, told me a experience rich in details about the culture of oil in Norway:

" ... At the age of 16 I decided to become an electrician... It was not vocation was the desire to get out as soon as possible from my home, taking the easiest option. My first job was in the industry by providing the electricity to oil platforms. There was only one woman working there, Lianna and men in general were terrible with her... She was nicknamed and received sexual comments continually. All this has changed a lot now... Lianna told me years later that she decided to become an electrician to break the myth that women could only work in "charity jobs". I wasn't too good with her either. Now I think absolutely necessary to balance the genre in the jobs to normalize relations... Men when they are in groups alone sometimes speak badly... In IT the behaviour of the men was very different, correct... I do not know how it is to work now in the industry..."

Ismael is a civil engineer who after passing through several companies, believes that the lack of inclination for health professions, coinciding with the previous groups studied, is salary and discomfort of working in women's environment and insecurity by the Women to get into technical professions:

"...I would like to balance my department, I have found that different experiences and personalities, makes the projects go better, I'm delighted with my boss who is a woman, she has been the best boss so fa.,.. I think the girls are afraid of mathematics but especially of physics! What about physics?... When it is not real and is only fear and insecurity in studying it because of comments... "

Isaac is an IT engineer and works teaching at a Computing Institute, he comments that there is only one woman in his department and a small percentage of female students:

"In the environment that I work, which is in the field of university education of computing, there are many more men and also it is very hierarchical... The degrees are what counts... Sometimes I don't like that attitude, which I find conservative when teaching should be pure innovation and open to ideas... Here the few girls that are grouped among them do not know if they need to feel protected by other...I know there are policies to motivate women in technical areas but I see few results... We work following traditions and customs... Before it was thought that the men who studied nursing were homosexual, it looked something feminine, it was not said in the media but it was said between the men... "

For Igor, an engineer as well, the policies aimed at increasing females in the heads positions in the companies was the object of his main reflections:

"I agree completely with gender equality policies, I think it is necessary, but what I do not stand is that they put a woman as my boss that is incompetent for the simple fact that you have to meet a percentage of equalization.. I think it is very suspicious at the statistical level that of so few women who work here half of them are as good as to be bosses... That's not equality... "

For Ian, the health professionals are vital and hard people who work for little:

"...Due to the oil crisis in 2015 I was fired and I'm trying to open the way with my own business and doing some jobs within the tourism area.. I wouldn't mind working at nursing homes for eldery but only if I can't find anything else… They are many hours working at night... I like what I do in my business it is what I dreamt before I was fired… "

"...I think there are few women in health because, culturally as Lianna said is associated with "charity", and caring is seen as a charity, with little salary, I guess that in Spain is the same thing,.. Women tend to have lower wages… "

"Young men are not attracted to low-wage professions and this has to do with Norwegian history... Norway has changed... It has become rich in a short time. When I was a child it was a poor fishing society and my parents told me not to cross the "Gammle Stavanger" that was dangerous... My family was poor like many, it was hard to buy and fill a fridge and now there are many Iphones in the houses... And within the Scandinavian family "Norway is now the bad boy of the family", we had water from the mountains, many fish in the sea and now also oil… And with the money you can buy without problems food to other countries... Yes, I think that in a way we are like wasted children... Working long days caring for other people does not seem very attractive for us… "

 "...The dreams or illusions we have become realities, we are an egalitarian society.. But I see that if only women want to care, we are not so equal...... "

I think these two Ian's last sentences summarize this section in an unbeatable way about the paradoxical situation that is being lived in Norway, the Norwegian gender diversity paradox.

6. CONCLUSIONS AND RECOMMENDATIONS

The analysis of the three groups (men and women Health workers, men of Project "Menn i Helse" and engineers) taking into account their different environments dominated by men or women, has contributed to give an answer to the object of this thesis: "To Understand and Analyse, how the man and women of the Norwegian Health experience work in a professional environment dominated by woman ".

Each of the groups has responded to other secondary questions, contributing with ideas on the causes of the low male presence in caring, less than in the rest of Europe, or on the consequences that an increase of the male presence would bring, balancing the diversity of gender in the professional field of Norwegian society. Exploring the paradox of this diversity of gender contrary to the "principle of equality" anchored in the Norwegian society, has been one of the main themes and reflections of this study.

The explanation of the initial hypothesis: "If an increase of male involvement in Health professions and therefore in their role as careworker would increase solidarity within the society and would prepare Norway for its next future social change?, as well as the rest of the research questions, will be carried out in this chapter starting from the concepts and reflections emerged after the analysis of the field work. I will finish the chapter with a brief comment on recommendations such as possible implementations to improve or solve the problems detected in each of the groups analysed.

6.1 Motivation, Self-image, Satisfaction

For the women and men from Health and "menn i Helse" groups, the main reason for their professional choice was the desire to work with and for people.
The main difference lies in the case of men, in which they have needed more time for reflection and self-knowledge than women. Almost all men came from other professional areas such as teaching, designing or engineering. In general in all the groups they have had a previous contact as "careworker" normally provided by contacts in their immediate environment such as the family itself. These first approaches to care were usually in the area of psychiatry for men and in the area of nursing homes for women.

The motivation of the women was earlier, in some cases since childhood, according to the influence of the caregiver role learned in the family and later projected in society as indicated (Siles and Gonzalez, 2007) and in line with the "Role Theory" and "Doing Gender".

The weight of the choice of a profession as a constituent element of our identity is reflected in all the stories I have heard. All the groups make accounts of how they live their "masculinities" or "femininities" in their professional environment. The narratives reflect how the behaviours are, in a certain way, in accordance with the expected in our roles or stereotypes, which have been built solidly throughout history and also with the self-image (elaborated from how we are seen by other).

In the group of men, different masculinities have been found, from a marked character in line with the concept of "hegemonic masculinities" to "very diffuse masculinities" that highlight their rationality in the face of female emotionality or the tendency to separate the personal from the private. In general, as differentiating elements of the male group, they describe the need to quickly solve problems before moving on to the next concern and easily acceptation of criticism about their own work without perceiving it as an attack.

They emphasize the power of creativity contributed by the women, better endowed in expressivity, emotion and pride when performing tasks. Some pointed out to the profile of some women more "masculine" than some men.

In the group of women in general, many arguments are provided about the benefit of male presence in the departments, such as, greater security against aggressive patients and improvement of the environment by reducing the negative impact of criticism. They also point out that men are better contributors of more global solutions and not focused on small details.

The concept of "complementarity and its benefits" is mentioned in the speeches of all the interviewees.

6.2 Florence Nightingale from a perspective of professional identity: care and power

In several of the interviews the Florence Nightingale pattern was present in relation to her influence on the concept of "caring" and how this has affected to the professional identity of the "careworkers" and the low male presence.
Nightingale as a promoter in the nineteenth century and model of modern nursing in terms of

research is indisputable, but her concept that "quality care" was equal to women and that "the

need for power and status" incapacitated men as administrators of care, supposed the exile of

the men as of 1800 (Dossey, 1999), influencing in the scarce masculine presence until our days. Based on their theories, there are numerous feminist articles that expose the danger of increasing male presence (Williams, 2001).

I believe that the pattern of professional identity should be reviewed in the academic plans of the Health professions, updating the concepts of caring. Numerous authors propose complementing the figure of Nightingale with that of men who promote caring, as it is the case of Luther Christman (O'Lynn and Tranabarger 2007: 35), a relevant figure in the history of caring for his development of doctorates, promotion of equality within the health hierarchy and promotion in the collaboration between doctors and nurses.

All the groups analysed, regardless of their gender, have indicated and related the low male presence with the low salary and status of the care professions.

The historical tradition of "charity" as the main motivation to exercise caring is also identified by the group of women as one of the causes of low status.

The feminine domination of the profession is at the same time one of the causes that prevents to exercise attraction in men towards these health's professions. It is mentioned by some interviewees that entering a "women's culture and low power" makes them feel uncomfortable. And they highlighted that working in nursing homes is very unattractive. There, the high number of demanding patients causes discomfort and malfunctioning of caring teams that are mainly female and of foreign origin and that are often exhausted or discouraged.

They do not declare preferences in general regarding having male or female leaders, but, interestingly, men prefer women as bosses because of their lower ambition and women tend to prefer men as bosses because of their global vision facing problems.

Women point out the fact that despite the small number of men as careworkers, they are very often bosses, affirmation of the theory "homosocial model" or work in elite services, or in accordance with the "production dimension" advocated in the Connell's theory that divides works according to status and power.

It is also impossible not to mention the Norwegian culture of oil that has impacted society, generating a general desire for status and power. Therefore care professions are perceived as important, but not desirable because of their low status.

In numerous narratives the informants spoke about recruitment policies and how they were perceived in the school period. They provided suggestions on how they should be carried out in schools, and they reflected on the reinforcement of certain values such as "equality". Equality to care, not only within the family but also in society.

No one from any group assumed that man or woman are better caregiver, but the legacy of Nightingale is crucial and it does not allow a correct adaptation/progression of the professional identity of caring in the modern era.

I believe that a brief review of the history of care is necessary at this point to understand that other factors have been responsible for the low status and low male presence.

It is not the objective to decide whether men or women were the first to administer cares. Briefly throughout history, the masculine presence in caring has changed according to the historical moment. From a caring dominated by men in the old Rome, a balance was made between men and women caregivers until 1500, these cares were usually lavished by military and non-military religious orders in monasteries and hospitals. It is important to highlight an era of splendor of care professions in Constantinople around 1200 in terms of equality in salary and status of men and women). The black age of the care professions took place between 1500 and 1800 due to the Protestant reform. The disappearance of the monasteries and convents caused the loss of knowledge and well practice of how to care that was normally carried out by monks and nuns. At this time quality care disappeared, passing into the hands of "ignorant women" who were employed without any knowledge and for what historically "Care" has been associated with low status. The arrival of Nightingale in the nineteenth century represented a renaissance of the "care" professions and was she who defended the statistical scientific method applied to the nursing profession. Men were excluded from care until the first third of the twentieth century.

Numerous studies reflect the need for complementarity in care in the name of a new masculinity, which claims the right of men to be recognized in the care's roles in the family as well as women, and who are willing to have a relevant role in care of the society.

All the groups interviewed express the importance of correctly defining "Care". The interviewed men stated that they were more prone to perform the care focusing on safety such as dialogue or camaraderie with the patient and less prone to basic, more maternal cares, such

as hygiene. They presented in general the traditional division of roles in the family (Stoller, 2002).

6.3 Complementarity, new masculinities and the need for change

The group of men of the project "Menn i Helse" in their description of how they have overcome their process of professional reconversion, going from jobs dominated by men to submerging in jobs dominated by women, has provided a portrait of the need for change and of the revision of masculinities.
All of them explained in general the need to continue advancing in the health professions, with continuous training, due to the low status assigned in an undeserved way to caring. They agreed on the different styles in the ways of administering care and that they are more attracted to the areas of psychiatry with greater presence of men and with a better status. They also consider that "more men attract more men" and they are necessary to evolve.

All have changed their stereotyped and preconceived idea that care is "something feminine" questioning the concept of masculinity, highlighting that it is no longer synonymous of identity since there can be and there are many identities.

All there speeches, coinciding with the other groups' ones, point towards a complementarity, not as the result of their desire for solidarity but as the new approach of responsibility in caring within and outside the family, in line with Lorentzen (2011: 9). They also mentioned the need to revise the concept of masculinity taking into account that masculinity is not unique and one-dimensional, that not only men are male, that talking about masculinity and femininity in the singular is stereotyping and finally that masculinity is not synonymous with identity since there are many ways to be.

Men are not born "men" and women are not born "women" but they are made "men" and "women" through the process of socialization. We can change our attitudes and behaviours through learning within the family and society. It is a new reminder that it seems essential to redirect the values pattern in teaching studies programs.

 Only a perspective of complementarity of the two genders, both by their approaches and point of view in the care, as by the ways of approaching the problems, that can integrate men and women, will achieve a higher quality work and provoke the necessary empowerment to raise the status and attract more men to the caregiving professions. Only from a perspective of

integration, as opposed to exclusion, can the problem of excessive female domination be reduced and make these jobs attractive enough to young men.

6.4 The immigrants and their implications as "new care-workers"

The stories about the situation lived by many of the informants in the nursing homes seemed essential to me in order to explore the paradox of gender diversity in Norway. The nursing homes have a large number of foreign workers, especially among the "helpepleiers" which is no longer a desired profession for Norwegians with better salary prospects outside of Health. I could see that not only they have the vision that it is a female job qualified in addition as "dirty carework" and associated with the working class.
The bad working environment and the numerous medical losses, related to the hard work and the lack of motivation, were described by the informants. In my opinion, the importance of care must be promoted, especially when there is a population with more and more old people and who have to import health resources from other countries. This situation generates consequences in the host country such as the stress of workers and patients (facing cultural, religious and language challenges) as well as consequences for the countries of departure, which will be more and more impoverished by the outflow of their resources.

The informants point out the need to increase the motivation and integration of the teams to make them attractive to the rest of society.

From my point of view, the previous reflections are important if one takes into account that Norway is changing, transforming its homogeneous society in a heterogeneous society full of different nationalities, cultures and religions. To increase the low status that is associated with caring, seems very necessary to the challenge of a society where there are fewer caregivers available in front of the demanded cares. To recognize the importance of "caring" should be promoted in the name of "equality" which has been one of the great identity pillars of the Norwegian Society.

6.5 Recommendations

From my point of view, several implementations could contribute to the increase the male presence in the care sector:

- To introduce in schools' educational programs the importance of "caring" as a value in society, both in families and in general. Not showing only the stereotyped images of health

personnel associated with power or masculinity, as urgencies, but making caring visible as essential values for society.

- To increase health professions' recruitment policies and, above all, focus them to very young people, for example high school students.

- To increase motivation policies so that health professionals would have prospects for improvement and evolution. Especially in the most hard jobs such as nursing homes, for example facilitating promotion to higher positions.

- To improve the use of health resources, using all personal individual capabilities regardless of the country of origin. Avoiding keeping foreign labour working below their training or education/formation. It does not bring enrichment but frustration, future impoverishment and inequality.

- Norway has so far been very concerned about increasing positions of power for women but now it must expand its focus not only on gender but also on the heterogeneity resulting from globalization.

- Finally, from a perspective of the professional identity of the health caring personnel, the Florence Nightingale model must be combined with a masculine pattern such as Luther Christman's one, in which men can feel identified.

The new masculinities emerging in the 21st century need an integrating perspective with respect to the role of man and caring. The man has been a soldier and a caregiver, a monk and a caregiver, the woman has been a caregiver and a volunteer, a war nurse and at the same time a housewife. Only a vision of respect towards all the perspectives of caring in its different modalities in the past and present, will make grow and place the care profession in the position that society needs.

7. INTERVIEW GUIDE

1. What is your education.Hva har du studert? Alder.Sivilstatus

2. Why did you decide to study/work as a health worker? Hvordan var dine forventninger til studiene? Noe du ble overrrasket over? Foreldres utdannelse/yrke?

3. Siden hvor lenge jobber du i Helse? Trives du? Hva er arbeidsoppgavene dine? Hva slags utfordringer moter du? Arbeidsmiljoet? Ditt forhold med omsorgaspektet, exepm stell?

4. Have you worked in another job not related to health? Har du hatt   Andre jobb tidligere.Fortell man/dame dominert?

5. How do you experience working with a majority of women/men? Hvordan opplever du?

6. Do you receive some comments for friends or family? Hvilke tilbakemeldinger fikk du fra venner eller familie?

7. Have you considered changings job? Hva slags planner har du fremover I forhold til job og yrke? Er det viktig for deg om det er andre men paa arbeidsplassen?

8. Would you like to work as a boss? Ambisjon?

9. Hva tror du men kan bidra med? Annerledes dersom det var flere men I sitt yrke? Foler du noen gang at det stilles andre fortventninger til deg som mann I yrket? Hvordan tror du andre opplever deg i yrket?

10. What do you think would contribute to work with the other gender in number equality?

11. Hvorfor tror du det er saa faa men in Helse/Omsorg sektoren I Norge? Mer kvalifisert man/dame? Forklarer

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