"Not something I would sit down over a beer and talk to a guy about!"

Male Medical Social Workers: The Lived Experience

By

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ABSTRACT

Men in social work, is a topic that has been little theorized and largely ignored. The small number of men in the field and the tasks mainly identified as feminine, categorize it as a non-traditional occupation for men. In this study the experience of being male and a medical social workers is explored. The role is considered to be multifaceted where on one hand men are afforded more opportunities and cooperation than their female colleagues. On the other hand there are disadvantages associated with it. This study supports previous studies, which identifies male social workers as 'different,' including how the work is interpreted and conducted. Findings indicate that the experience is all encompassing, paradoxical, and difficult to talk about. Identifying this experience informs and challenges existing theories regarding men in non-traditional occupations.

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ACKNOWLEDGEMENTS

It is done! It is only as I sit here and write this piece, that I acknowledge the completion of this study and the never ending journey for me. I would like to thank the participants who volunteered their time and my committee for their thoughtful support and expertise. To friends, family and colleagues to numerous to name – thanks from the bottom of my heart. Kids your dad is back! Most importantly, to Judy who is always there, I am looking forward to celebrating our freedom. Finally to the men and women who continue to step outside the box, take a stand and say "this is not good enough!" I offer my respect and gratitude.

CHAPTER ONE: INTRODUCTION

When family, friends and colleagues ask me about my job and now my research topic, I answer with trepidation and a little regret. I then brace myself for the possibility of ridicule and discomfort to follow. The simple truth is I am not a man working as a lawyer, banker or truck driver, but instead I am a male medical social worker. Which positions me in a profession that is viewed by many as both non-traditional and feminine.

If being a man working as a social worker is not complicated enough, now I am about to study it. My own discomfort and desire to retreat from studying this phenomenon indicates that it is the right thing to do. I wonder if I am uneasy about this aspect of my life - What about other social workers? What does it mean for social work educators? How do consumers feel? How about society at large? When I think about the experience of being male and a medical social worker I wonder - What is known? What is not?

Preview of the Thesis

One of the major issues encountered early on was the identification of a phenomenon that was both relevant and meaningful to me. As I wrestled with ideas I struggled to identify a topic relating to social work that was unique and interesting. Eventually I decided to examine a phenomenon that I was directly related to - being male and a medical social worker. This seemed appropriate as I reflected on my experience within the school of social work and in the field itself. I was and am very aware of the fact that there are very few men in medical social work. In most cases I am often the only man present. This includes the team I work on presently where there is a nurse,

administration worker, family physician, paediatrician, and program manager that are all female.

On more than one occasion it has been suggested to me that I am different, not really a man, an anomaly. The participants of this study shared this experience. I have also witnessed many male colleagues who are noticeably absent and seem disconnected from the social work department and their female colleagues. Despite this, professionally, personally and academically I have been involved in very few discussions relating to being male and a medial social worker. I found the lack of discussion to be very curious.

As I struggled to narrow down the topic I searched for studies pertaining to male social workers generally and male medical social workers specifically and found very little information. What information I did find was largely written by women and identified male privilege and difference.

The research correctly identified the opportunities and benefits afforded men in non-traditional occupations, such as the prospects for advancement and promotion opportunities being greater than their female colleagues. It has been suggested that the phenomenon of men as social workers has been largely ignored and little theorized. In addition the literature specifies fields of social work practice where men tend to work, such as probation and mental health. While I did not and do not dispute the findings I am aware of colleagues working in different areas such as paediatrics and geriatrics that would be considered both feminine and non-traditional fields of practice within social work. I wondered what their experience was like and what was not known. It was then that I decided to conduct a study that would focus on the experience of being male and a medical social worker, an area of practice that is viewed both feminine and non-traditional.

Once I decided on a topic, progress was very slow and there were many stops and starts along the way. It was only after completing the interviews with participants that I understood what the meaning of my struggle was. Originally I thought the study would be straightforward and be of little value to myself or anyone else. I was surprised at the ongoing challenges and feelings I experienced while conducting this research. Talking about the experience of being male and a medical social worker is personally uncomfortable. I struggled to point out contradictions that were not addressed in the literature. Thinking about it now, I realize that I feared being viewed as oppressive and minimizing of the struggles affecting women. My surprise included the results of the study, which indicates that the experience of being male and a medical social worker is all encompassing, paradoxical and difficult to talk about. Difficult to talk about is reflected in the title "Not something I would sit down over a beer and talk to a guy about!" and is a direct quote from one of the participants. The bottom line for me is while people know how to relate to a man and a social worker it is not clear how people should relate to a male medical social worker

Accessing the sample was a significant hurdle and in hindsight I would search for participants in an area that I was not personally connected to. It should be noted that I was asked to modify my original proposal and despite the fact that the sampling strategy that I proposed was accepted by the Vancouver Island Health Authority (VIHA) Human Research and Ethics Committee it was not accepted under VIHA Freedom of Information policy. Despite encountering what I originally felt was resistance from the Vancouver Island Health Authority I learned to think outside the box in order to get participants. In the end I was left knowing that there are safeguards in place to protect employees.

The exclusion criteria that I established left me with a small sample from which to draw. Ideally I had hoped to have 4 or 5 participants but recruitment strategies yielded only three. Once I completed the three interviews I believed that I had the breadth and depth of material required in order to engage in some analysis consistent with the methodological principles of phenomenology.

Conducting a qualitative study was challenging and it was not until I took a step back that I was able to clearly see the phenomenon as it was. Initially I struggled to find a cookie cutter model to follow and once I abandoned that search I was finally able to analyse the data. Experience in conducting this research has shown me that qualitative research is not something that can easily be described but must be experienced. I learned early on the value of a supervisor and committee members, especially times when I lost sight of the purpose of the research and when my voice became louder that the participants. I believe now more than ever that it is not necessarily the outcome of a qualitative study that is important (as that will emerge), but the process.

A major issue for me in conducting this study was choosing a methodology that would give a voice to the participants. This was important given that it was an area of study that according to the literature review has been largely ignored and little theorized. After reviewing a number of qualitative methodologies I settled on phenomenology. According to Kvale (1996, p.52) phenomenology is a perspective that includes a focus on the life world, openness to the experiences of the subjects, a primacy of precise descriptions, attempts to bracket knowledge and a search for invariant essential meanings in descriptions.

The findings suggest that being male engaging in the work of a medical social worker is considered to be multifaceted where on one hand men are afforded more

opportunities and cooperation than their female colleagues, on the other hand there are disadvantages associated with it. The literature shows just how complex the phenomenon is. An example of this is where men are identified as being different and may experience role strain. It has also been suggested that men in non-traditional occupations for men occupy traditional positions for men within that setting. In addition there are studies that identify male social workers as working in different ways than their female counterparts.

Findings in this study indicate that the experience of being male and engaging in medical social work is all encompassing (in that it affects both personal and professional life), paradoxical and difficult to talk about. For me the study highlights the strength of socialization and reminds me of how pervasive stereotypical thinking is. The impact of the paradox of privilege identified in the study suggests that while the male medical social worker is afforded more opportunities and respect than their female counterparts there are backlashes that include: isolation; a sense that they shouldn't be doing it; confusion and being identified as different.

It should be noted that the phenomenon has been identified as fluid, which suggests that the experience changes overtime and is influenced and guided by tension between changing and surviving. To me being a male engaged in medical social work can be compared to a tight ropewalker where the ultimate goal is to achieve balance.

One of the most significant things that stand out in this study are the overlapping opposing views associated with being male and a medical social worker which includes the paradox of privilege and the difficulty associated with describing it. This study has opened my eyes to the fact that despite working in different areas of social work for most of my adult life, I took for granted how all encompassing it is and the impact that being a social worker has had on my personal life. It has raised many questions for me that have

resulted in feeling stronger, being more aware and integrated. Conducting this study has allowed me to grow both personally and professionally.

The study has identified the impact experienced by participants which includes isolation, misunderstanding, privilege, fear, and shame, just to name a few. The findings suggest that failing to make room for discussions about this experience may result in male medical social workers being marginalized. The findings also indicate that not only are male medical social workers perceived as different, there are different ways in which the work is conducted and organized. Participants identified the way they worked as being more practical and distant while suggesting that their female counterparts tended to be more nurturing and empathic. It would be interesting to examine the experience of women engaged in medical social work and question how they perceive and relate to their male colleagues.

This study challenges current gender-neutral definitions of social work and highlights the need for social work educators to address the issue of gender, including the challenges of being male and a social worker, within the social work curriculum. In addition, given the difficulties experienced by participants in describing their experience, it would be beneficial for social work educators to create opportunities for male students to experience and talk about feelings and emotions. For me the question to be asked of social work educators is – Are male social workers prepared by the school to deal with both the negative and positive aspects associated with being a man doing work that is considered both feminine and non-traditional?

This study has also identified the need for male and female social workers to talk about gender differences. Doing so may create opportunities where issues such as gender expectations and discrepancies can be addressed. This may create a more collaborative

and inclusive team. The more I think about dialogues with colleagues, the more I start to wonder how different we are and the ways in which we are the same.

In addition I feel that this study has implications for our society at large. Already, talking about this study with friends, family and colleagues has yielded some interesting results including: the clarifying of roles; challenges to stereotypical thinking and questioning assumptions. Overall it is my hope that this study has created a challenge for male medical social workers to accept characteristics that are traditionally viewed as female thus creating a wider view of masculinity.

Evolution of the Study

The idea for this study developed out of a curiosity about the limited knowledge I had regarding other male medical social workers. Interestingly, while there is a mass of literature in social work about men and masculinity, issues of men as social workers have been largely ignored (Pease in Christie 2001). The purpose of this research project was to better understand the researcher's experience and that of other male medical social workers. This was accomplished by questioning men practising medical social work. Research of this type is important because it will add to the understanding of being male engaged in the work of medical social work. Gaining this information will enhance the field of medical social work, be useful in preparing male social work students entering the field of medical social work, and may clarify more generally societal norms regarding men working in non-traditional occupations. The significance of this study is supported by a literature review on men in social work, which yielded very limited data pertaining to men as social workers.

While there are many areas in the field of social work, I decided to focus on medical social work. The primary reason for this choice relates to the fact that of the many kinds of social work, medical social work is an area where caring and emotional support are a large component of the work involving grief and loss. To me this fact identifies the role as non-traditional and I wondered what impact it had on me and other male medical social workers.

I work in the social work department of Greater Victoria Hospitals where approximately 24 percent of the social workers are men. This low percentage and medical social worker's required tasks may support the premise that medical social work is a non-traditional profession for men. Whatever the reason, the bottom line is that being male and engaging in medical social work is a phenomenon that is rarely discussed and has been largely ignored. Given this, a phenomenological study on male medical social workers held many possibilities.

The Question

What are the lived experiences of being male and engaging in the work of medical social work?

Theoretical Sensitivity

Being male working as a medical social worker gives me first hand knowledge of the phenomenon. This fact arguably enhanced the study as it speaks to theoretical sensitivity, or my ability to be sensitive to the data. According to Strauss and Corbin (1990) theoretical sensitivity is a useful concept from which to evaluate the researcher's skill and readiness to attempt a qualitative study.

> Strauss and Corbin believe that theoretical sensitivity comes from a number of sources, including professional literature, professional experiences, and personal experiences. The credibility of a qualitative research report relies heavily on the confidence the readers have in the researcher's ability to be sensitive to the data and make appropriate decisions in the field (in Hoepfl, 1997, p. 4).

Values, Beliefs and Experience

Given that a characteristic of qualitative approaches is the emphasis on open-mindedness and curiosity it was important to identify my values, beliefs and experience in relation to the topic under investigation. This is particularly important in a study where I have first hand knowledge of the phenomenon. Identifying my values, beliefs and experience regarding the phenomenon helped me to assume a more reflective posture so that new light could be shed on the experience of being male engaged in the work of medical social work.

Acknowledging male privilege was an integral piece to this study as it is an issue that affects me in day-to-day life. In this study male privilege identifies social workers, myself included, as different. It also has an impact on what and how information is shared.

It has been my experience that men engaged in this type of work are seen as different and there are a variety of assumptions associated with the difference. In addition, while I believe there is a role for men in medical social work there is unspoken discomfort associated with it. As I entered this study it was important to set aside my own personal bias towards being male engaged in medical social work and to make room for different experiences, keeping an open mind so to speak. I included some checks and balances along the way to ensure that it was the voices of the participants speaking, not myself. These checks included: sharing the data with committee members, engaging in

on going consultation, use of verbatim quotes where possible, and having discussions with colleagues as the findings emerged.

My beliefs, values and experience as a medical social worker led me to this research study. If I felt uncomfortable about this part of my life I wondered what the experience of other male medical social workers would be like. Despite my discomfort in the role I believe that it is important to have men in the field of social work. As I entered into this study I was reminded of the dialectics we experience in everyday life and have found it helpful throughout this study to refer back to the words of Murphy (1971) to keep me focused and on track.

> The dialectical exercise is simple in the extreme, for it requires only that the analyst of society question everything that he sees and hears, examine phenomena fully and from every angle, seek and evaluate the contradiction of any proposition, and consider every category from the viewpoint of its noncontents, as well as its positive attributes. It requires us to also look for paradox as much as accommodation. It portrays a universe of dissonance underlying apparent order and seeks deeper orders beyond the dissonance. It urges the critical examination, in the light of ongoing social activity, of those common-sense guidelines to behaviour and common-sense interpretations of reality that lie at the core of our cultural systems. p.117

What is Next?

In the next chapter a review of the limited literature regarding men as social workers will be provided. The review will include a section regarding men working in non-traditional occupations. Given the limited literature available with respect to men as social workers and in particular men as medical social workers, comments regarding men more generally will be included. Chapter 3 introduces the phenomenological method and provides the reader with a brief overview of the methodology. A description of the data analysis will be included. Chapter 4 provides the initial level of analysis of the

participants' experience with data excerpts provided. Chapter 5, Making sense of the data, expands on the findings and provides a detailed discussion of the analytic categories surrounding the five themes. The final chapter will include an account of the study, the implications and recommendations for future research.

CHAPTER TWO: LITERATURE REVIEW

Introduction

In order to conduct a comprehensive literature review a variety of strategies were used. This included an extensive electronic search for books and social science journals using the University of Victoria's Gateway database. In addition an Internet search was also conducted using the search engine Google. Although my goal initially was to find relevant and current research within the last five years this proved difficult and I ended up searching twenty years back. To date I have not found a research article directly relating to the experiences of being male engaged in the work of a medical social worker.

The key words and descriptors used in the computer and database searches shifted from narrow (male medical social workers) to broad (social workers). Some of the key words and descriptors used included: social worker + male, male medical social worker, men in non-traditional occupations, social worker in healthcare settings, and sex differences. The result of the literature search will be presented in the following section.

> Although 'man' has been the subject of a great deal of academic writing, men themselves have conventionally been very little explored and little theorized, leading to a position where the differences between men as well as those between women and men have been under-researched and largely non-theorized" (Cree, in Christie, 2001, p.151).

The above quote highlights the researcher's struggle to find relevant literature pertaining generally to male social workers and more specifically, the lived experience of male social workers in health care settings. Alistair Christie (2001) points out that his book *Men in Social Work: theories and practice*, arose out of his unproductive search for a book that critically discussed relationships between men and social work.

Is medical social work considered non-traditional and feminine? It is important to address this question within the context of the literature review given that current definitions of social work have tended to describe the role as gender-neutral (Christie, 2001). While this will be discussed in some detail throughout the study I wonder what impact this question has on the experience of being male engaged in the work of medical social work.

Male Occupations

Despite ongoing efforts and education, our society continues to assign work based on gender. As we grow up we are conditioned and provided many examples of how and what boys and girls and men and women should and should not do. This includes the career that we choose. A recent example of this was found in the *Scottish Household Survey Bulletin No.5* released January 29, 2001. The survey focused on differences and similarities between men and women's experiences of living in Scotland. The results were based on data collected from approximately 22,000 homes between February 1999 and June 2000. The survey highlights included the statement "men are more likely to work in manufacturing, construction and transport, and storage industries, while women are more likely to be in health and social work, education and hotels and restaurant industries" (p. 1). This would suggest that in Scotland, men working in social work and health would not be the norm. I would argue that similar findings would be found in my community.

Social Work

According to Cavanagh and Cree feminist social work literature maintains that social work has always been a woman's profession with its historical origins based in

women's philanthropic activity in the nineteenth century (1996, p.2). In general, widely held attitudes regarding social work indicate that social work functions tend to be viewed as extensions of the traditional female roles of wife and mother (Kadushin, 1976, p.441). The Canadian Social Work Occupational Study 2000: Aug. 1998 - Sept. 2000 (2000) found that more than 70 percent of social workers in the field are women, which is considerably higher than the 46 percent ratio of women in the overall workforce.

Baines, Evans and Neysmith point out that "... although 70 percent of the profession are women they are concentrated in lower-paying direct service positions committed to an ethic of caring about and for marginal populations" (p.60, 1993). Similar findings regarding women in social work were reported in an article by Britton and Stoller (1998). The authors point out that while men represent a quarter to a third of all social workers, women earn between 62 and 88 percent of what men earn, hold fewer administrative positions, and acquire disproportionately fewer post graduate degrees (Britton & Stoller, 1998, p.2).

Balloch et al.'s 1995 survey [conducted in England and involved 1200 employees in five different social service departments] that describes fields of practice associated with men and women finds:

> ...While both men and women work in childcare and generic social work, men are more likely to work in mental health services and women to be employed in services for older people. This difference is accentuated in social work management, with a higher proportion of men managers working in mental health services and a high proportion women employed as social work managers in services for older people (Christie, 1998, p.495).

Social work researchers Cavanagh and Cree (1996) have identified differences for men and women in social work. On one hand, the authors found that men who enter the field of social work do so knowing that they are different (possess qualities that are not

stereotypically held to be male). It is also suggested that males have some confidence that their prospects for promotion are higher than those of women (Cavanagh & Cree 1996, p.83). On the other hand, Cavanagh and Cree, contend that women entering the field of social work are "...pursuing a career which draws on characteristics which are widely held to be feminine" (1996, p.83). Despite the above, authors such as Taylor and Daly (1995), Cavanagh and Cree (1996), Christie (1998, 2001), found that the profession of social work has largely ignored gender issues due to principles of inclusion and gender blindness.

Social work has been described as fluid, given that the nature of the work is constantly changing. According to Christie (2001), the work was produced initially through numerous more 'established discourses', such as discourses of law, medicine and health. Christie points out that in the twentieth century, social work has been increasingly defined by discourses of welfare which has influenced practice in the following manner:

> The relationships between men and social work are complex, often contentious and also constantly shifting. Discourses of welfare emphasize certain men's practices while leaving others obscure and/or hidden. Similarly, men and men's practices are 'present' and 'absent' in particular areas of social work as workers and service users/recipients (Christie, 2001, p.8).

In conducting an overview of social work practice Christie found that the work of the profession is largely taken up with responding to the consequences of men's violence. Despite the above, male social workers and their women colleagues find themselves working primarily with women and children rather than the male perpetrators (Christie, 2001, p.2).

Taylor and Daly (1995) note that social work definitions have portrayed social workers as both nurturing and gender neutral despite the fact that the work has

traditionally been assigned to women and the majority of social workers are female (Taylor & Daly, 1995; Williams, 1995). As I became more familiar with the literature I wondered about the impact that framing or not framing the work as feminine and non-traditional had on the study and on the work more generally. I also wondered how participants would define medical social work. Pockett defines the social work role within the hospital setting as follows.

> …contributing directly to the care and treatment of individual clients, influencing hospitals' delivery of services and their responsiveness to patients' needs, and affecting and developing health policy. Secondly, hospital social work makes an important contribution to the social work profession and to professional knowledge, particularly in terms of its response to, and management of, the prevailing ideology which may be influencing social policy and social provision (2003, p. 2)

Williams (1995) and Cavanagh and Cree (1996) argue that men's involvement in social work has led to a defeminizing of its activities and value-base. While there appears to be a variety of reasons for the lack of research involving men and social work, the bottom line is little analysis of both gender and men in day-to-day social work practice has occurred (Christie, 1998). Further, Christie (2001) found that while relationships between men and social work are seldom discussed explicitly in social work literature a number of varied opinions regarding men as fathers, partners, workers, and members of the broader community have been offered. Moreover Christie (2001) and others (Pringle, 1994; Williams, 1995) contend that opinions about men and social work have tended to be conflicting and contradictory. To me, the above suggests that a study regarding the lived experience of male social workers in health care setting was justified.

Social Work in Health Care

A recent study "Staying in Hospital Social Work" was very telling. It identified the hospital as a workplace environment that is both challenging and ambiguous (Pockett, 2003). The purpose of the research was to explore the question – what keeps social workers working in hospital settings? The assumption made is that social work has an important and continuing role within the hospital setting. In the study concerns were identified relating to retention and turnover given the current climate of "doing more with less." The qualitative study concluded that "self-actualized social workers have high self-esteem, and openness to learn, to change, and to try new things" (Pockett, 2003, p.14). The concept of self-actualisation has some merit as it may be applicable to male medical social workers in the areas of job satisfaction and retention.

Role Strain

Authors such as Gilbert and Scher, (in Williams, 1993, p. 108) maintained that male social workers must subvert traditionally defined and socially normed male roles. The authors argued that when a man chooses to enter female dominated professions he may be subjected to stereotyping and stigmas that single him out as "different" from other males. Gilbert and Scher further pointed out that "…those who choose to enter the field may experience a 'discrepancy strain', a failure to live up to the standards, expectations, and norms of their traditional gender roles" (in Williams, 1993, p.108).

According to Williams (1995) male social workers are subjected to socialization pressures that compel them to fulfill the 'breadwinner' role. Additionally, men have been found avoiding feminine characteristics while segregating themselves from women in the

profession and selecting speciality areas that society deems more appropriate for men (Christie, 1998, 2001; Williams, 1995).

A definition of role strain was helpful in placing the experience of being male and a medical social worker in the field.

> Each person functions in a number of different roles. Role strain results when the perceptions and expectations related to one social role conflict with those related to another role held simultaneously by the same person. (Kadushin, 1976, p.441).

It is important to note that role strain occurs well before the social worker enters the field. Britton and Stoller shared a personal experience of their first day at the University of Chicago in the social work program-

> Entering the building, I knew I was different. While I understood men would be scarce, I had not expected such a disproportionate disparity. I sat alone. As the lobby started to fill, I was relieved to spot a former co-worker, another male. We shared our apprehensions about our decision and speculated in what manner our gender might shape our experience (1998, p.1).

What are the perceptions regarding men as social workers?

Men and Social Work

According to Pringle (1994) the position of men in social work is contentious "...partly because of men's tendency to rise further up the management hierarchy than women, and partly because of men's actual and potential violence towards children, women, and other men" (in Christie, 1998, p.492).

Kadushin's 1976 study entitled "Men in a woman's profession", though somewhat dated, makes some interesting points regarding men and social work. The findings indicated that of the 249 male social workers surveyed only 9 percent of social workers were employed in medical social work. The study pointed out that the general orientation

of social work to psychosocial problems and problem-solving is more characteristically "female" than "male" (Kadushin, 1976).

Stephen Hicks draws on his own experience as a child protection worker and pointed out that most people are not used to seeing men working with young children. Given this unfamiliarity assumptions are made regarding the man 'soft', 'nice', 'unusual', or even 'gay', in order to make sense of a situation (Christie 2001). "Many of the women - mothers of the children- with whom I worked, told me that they were not used to men who did childcare, or actively listened to them. Instead, often the women were themselves survivors of men's sexual, physical or emotional violence" (Christie, 2001, p. 85).

Christie submits that "men's employment in social work could not be understood without addressing the complex interaction between changes in the labour market, the varied content of the work involved, wider policy developments and the shifting of identities in different contexts" (1998, p.503). Despite the varied opinions regarding men as social workers they are still men. Thus a general discussion regarding men is warranted.

Men

> Men working in traditionally female occupations symbolize a challenge to - if not an outright rejection of - masculinity. Picture a male nurse, librarian, elementary teacher, or social worker. The image that comes to mind is probably not a hyper masculine Rambo-type of man, but a softer, more effeminate man (Williams, 1995, p. 144).

A review of literature pertaining to definitions of masculinity is useful given that social work is described as a woman-centred field and a "non-traditional" occupation for

men (Christie, 1998, 2001; Williams, 1995). While some aspects of social work involve monitoring and control, emphasis has traditionally and currently been placed on concepts of care. Christie points out that the "emphasis on 'care' positions social work as a 'feminized' profession" (2001, p. 2).

It has been suggested that there are different ways in which masculinity is expressed in our society thus the plural form 'masculinities is often used (Cree, in Christie 2001). Cree points out that while other forms of masculinity exist they tend to be compared to normative, hegemonic definitions of masculinity such as Kimmel's ideological 'rules of masculinity':

> a) No sissy stuff: avoid all behaviours that even remotely suggest the feminine.
> b) Be a big wheel: success and status confer masculinity.
> c) Be a sturdy oak: reliability and dependability are defined as emotional distance and affective distance.
> d) Give'em hell: exude an aura of manly aggression, go for it, take risks (1990, p.100).

Men in Non-traditional Occupations

Given the limited literature directly related to male social workers I decided to include research pertaining to men in other occupations considered both non-traditional and feminine such as nursing and early childhood education. The review of literature in this area consisted of searching recent journals in both child and youth care and nursing. The search yielded some interesting findings.

An article entitled "Men in Early Childhood Education: Their Emergent Issues" (Cooney & Bittner, 2001) provided some insight into issues faced by men in non-traditional occupations. The issues identified by participants in the study included: low salaries, family and other influences on entering the field, teaching beyond the basics,

improving pre-service education, recruitment of males into the field and advantages and disadvantages of being male in a field dominated by females (Cooney & Bittner, 2001, p.78). The authors make the point that the issues raised were linked and overlapping. Of particular interest in the study was the acknowledgement of differences between male and female teachers in the classroom. The participants also identified feeling isolated and uncomfortable talking with female teachers in the classroom (Cooney & Bittner, 2001, p.82).

A study by Scott Okamato (2002) examining the clinical challenges that male practitioners face in their work with high-risk, female youth clients was very eye opening. The findings illustrated gender-specific clinical challenges that male practitioners face when working with female youth clients such as client's sexual behaviours, sexual abuse allegations and use of physical restraints (Okamoto, 2002, p.265). The study identified age and gender as issues that had an impact on the therapeutic relationship. The findings indicated that male practitioners may place themselves at higher risk for adverse clinical reactions.

Richard Tewksbury's 1993 two year participant observation study of five male strip groups was enlightening. Tewksbury found that men occupying roles traditionally assigned to women reconstruct the role to emphasize masculine ideas of success, admiration and respect (Williams, 1993). Tewksbury concludes that "crossing over" is a reworking of social and occupational structures that sustains men's privileged social status (Williams, 1993, p.180). In terms of social work, the above example suggested that while men may be in a non-traditional occupation for men they often occupy traditional positions for men within that setting.

A review of recent nursing journals identifies similar findings regarding men in other non-traditional occupations. An article entitled "The Concept of Care in Male Nurse Work: An ontological hermeneutic study in acute hospitals" (Milligan, 2001), raised the issue of male nurses reluctance to seek support. The study cited difficulties for men in managing the emotional load of practice due to sensitivity on their part to the male stereotype of being able to cope under pressure. The findings included a recommendation that the issue of gender should be emphasized in nursing education. Additional points of interest included the fact despite the low percentage of male nurses they were often given leadership positions (Robertsson, 2000).

It has been suggested that the male nurse role is constantly called into question (Robertsson, 2000; Williams, 1995). In his attempt to answer the question how masculinity and the gender power system is recreated in the health sector Robertsson (2002) finds in his study on male nurses, "it's about all of us, usually consciously, helping to re-establish the predominant male female ideal. …go against the group and you may get frozen out. This is particularly clear if you study a group which does not follow the conventions" (Robertsson, 2000, p.2). Robertsson concludes that as male nurses are called into question in their professional life, they are forced to reflect on their own personality. This may have a positive effect in that they dare to accept traditional female characteristics and create a "wider view of masculinity. This premise was of interest for this study as identified a potential positive outcome.

Conclusion

The above review suggests that men who choose the profession of social work do so knowing that they are different than stereotypical males. It has also been suggested

that men enter the field of social work believing that their prospects for advancement are greater than that of their women colleagues. Authors such as Cavanagh and Cree (1996) and Christie (2001) have suggested that the phenomenon of men as social workers has been largely ignored and non-theorized.

The literature reviewed to date has convinced the researcher that learning more about the lived experience of male social workers would offer additional insights into gender issues and female/male inter-relational dynamics within the field of social work, just to name a few. The research will provide insight into the profession that could be applied to enhance social worker/social worker, social worker/client, and student/social work educator relationships. In addition, understanding the experiences of male medical social workers may help more generally with social work retention. This is of particular importance in today's climate where saving money is of paramount consideration and vacancies are often not filled.

As the reader is guided into the methodology section of the study I would like to leave one final thought relating to men and social work. Given the above discussion it would appear that while people may be clear how they should act toward either a male or a social worker, they are not as clear how they should behave in the presence of a male social worker. I am left wondering about the effect this may have on male medical social workers.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

> Excellent phenomenology touches us; it reaches our own souls, beneath the part of us that superficially declares, 'that's it!' ... The power in phenomenology is in the sharing, not because the experience is shared, but because the glimpses of pain, indecision, and uncertainty revealed by the writer during his or her own exploration are imprinted on our souls (Morse, 1990, p. 91).

Introduction

This chapter is divided into two sections. The first section addresses research design/conceptual framework issues. It will include discussions of concepts, process, and essential elements of the design. The second part of the chapter is the methodology section and includes methods and procedures developed in preparing to conduct the study. In addition methods pertaining to collecting, organizing, analyzing and synthesizing the data will be talked about.

Research Design

The researcher's decision to use phenomenology was based on a number of considerations. Firstly, the analysis lends itself to describing the experience of being male and engaging in the work of medical social work. Secondly, it could contribute to the uncovering of meanings attached to the actions of male medical social workers. Thirdly, a phenomenological perspective could help create a picture that would reflect the everyday life of male medical social workers and expand commonsense understandings. Finally the researcher decided to conduct a phenomenological study with the hope that in doing so it would be epistemologically in harmony with the reader's experience and thus more meaningful.

There are several methodological assumptions underlying a phenomenological study that should be acknowledged. Firstly, the phenomenon should be studied in a holistic way not as a decontextualized unit. Secondly, there is an explicit expectation that the researcher and participants interact throughout the process of inquiry and influence each other. Thirdly, there is no absolute truth. Assertions of truth are bound by a person's culture, history and life story. Finally, a phenomenology study is influenced by the choice of problem; how it is framed and the question asked; and the collection and analysis of the data (van Manen, 1990).

What is Phenomenology?

At the turn of the century phenomenology was founded as a philosophy by Husserl and was further developed by Heidegger. Later it was taken into a more existential and dialectical direction by Merleau-Ponty (Kvale, 1996). Kvale notes that the "subject matter of phenomenology began with consciousness and experience, was expanded to include the human life world by Heidegger, and to include human action by Sartre" (1996, pp.52-3).

According to van Manen, phenomenology aims to come to a deeper understanding of the nature or meaning of our everyday experience (1990, p.37). Phenomenology offers the possibility of plausible insight that brings us in more direct contact with the world (Kvale, 1996, p.52).

Kvale has crystallized the phenomenological perspective, which he suggests includes "a focus on the life world, an openness to the experiences of the subjects, a primacy of precise descriptions, attempts to bracket for knowledge, and a search for invariant essential meanings in descriptions" (1996, pp. 38-9).

Others such as Rothe (1994) shed light on the role of the researcher within the context of a phenomenological study. The researcher focuses on how one internalizes the objective world into consciousness, how one negotiates reality in order to make it liveable and shareable, or how one constructs social reality within the confines of the world's constraints.

> Phenomenology is the study of the lifeworld – the world as we immediately experience it pre-reflectively rather than as we conceptualize, categorize, or reflect on it. Phenomenology aims at gaining a deeper understanding of the meaning of our everyday experiences. Phenomenology asks, "What is that kind of experience like? (van Manen, 1990, p.9).

Creswell defined phenomenology as an approach to studying that includes entering the field of perception of participants, seeing how they live and experience the phenomenon, and searching for meaning of the participants' experiences (1998, p.31). In short, "phenomenology attempts to get beyond immediately experienced meanings, to make the invisible visible" (Kvale, 1996, p. 53).

Methodology

An important part of research is describing the steps taken from the beginning to the end. Thus it is important to outline the steps taken in the conduct of this research. Clark Moustakas (1994) has very succinctly outlined the phenomenological research methodology that I followed during the course of this study.

Preparing to Collect Data

1. Formulate the question: Define terms of question.
2. Conduct literature review and determine original nature of the study.
3. Develop criteria for selecting participants: Establish contracts, obtain informed consent, insure confidentiality, agree to place and time commitments, and obtain permission to record and publish.

4. Develop instructions and guiding questions or topics needed for the phenomenological research questions or topics needed for the phenomenological research interview.

Collecting Data

1. Engage in the Epoche [setting aside prejudgements and opening the research interview with an unbiased, receptive presence] process as a way of creating an atmosphere and rapport for conducting the interview.
2. Bracket the question.
3. Conduct the qualitative research interview to obtain descriptions of the experience.

Organizing, Analyzing, and Synthesizing Data (pp.181-2)

The actual treatment of the data occurred following a 1978 model developed by Colaizzi (in Creswell, 1998). This model will be discussed in some detail later on in the chapter.

Ethical Considerations

In order to ensure that the research (data collection and analysis) was conducted in an ethical manner I developed a set of guidelines following the University of Victoria Human Research and Ethics Committee guidelines. The guidelines served me well as I prepared to collect and collected the data. They included the following considerations:

- Ensure and maintain the safety of the participants.
- Address any costs associated with participation.
- Provide written instruction and signed consents obtained (see Appendix D).
- The results of the study and its impact shared with participants.
- Opportunities to withdraw from the process provided on an ongoing basis.
- Maintain confidentiality of participants by changing identifying information and securing the data.

- Participants informed of the limits to anonymity
- Meet the requirements for obtaining approval from the Human Research Ethics Committee (UVIC and VIHA).

Once approval to conduct this study was granted by both the University of Victoria [January 22, 2003] and the Vancouver Island Health Authority [February 4, 2003], I began to collect data for the study. I addressed ethical concerns in accordance with the University of Victoria Human Research Ethics committee throughout the study. This included attending to the above considerations and will be discussed in the following passages.

Sampling

The following section is a detailed description of the process leading up to the interviewing of participants. It is important to note that the researcher is employed in the social work department at the Royal Jubilee Hospital where potential participants were recruited. In order to conduct the study in an ethical manner, given the potential pre-existing relationship with employees at the Royal Jubilee, Victoria General, and Gorge Road hospitals, they were excluded. This elimination of participants significantly diminished the sample size.

Gaining Access

In order to conduct this study in an ethical manner I applied for permission and was granted approval by both the Ethics Committees of the University of Victoria and the Vancouver Island Health Authority. Once permission was granted I began the task of finding participants. As previously discussed, male medical social workers working at the Royal Jubilee, Gorge Road, and Victoria General Hospitals were automatically excluded from the study.

While the exact sample size required for this study was not known, the sample size is typically small in phenomenology studies (Patton, 1990). A breakdown of the number of male and female medical social workers within VIHA was not available, however, the total number of social workers employed by the Vancouver Island Health Authority at the time of the study was estimated to be 118 employees. I was interested in obtaining several detailed descriptions of male social workers' experiences of working and living within that identity. Given that the research design presupposes there is no ultimate truth to be discovered, rather multiple truths, the aim of the data collection was to obtain sufficient numbers of unique experiences, described in sufficient depth, to permit me as a researcher to probe similarities and differences among the accounts provided. Having completed three interviews, each of 110 minutes duration, I was of the mind that I had the breadth and depth of material I was looking for to engage in some analysis consistent with the methodological principles outlined above.

Originally I proposed two methods in which to access participants. The first method was to forward an email via the VIHA Social Work Practice Council (see Appendix A). The second method was to have a letter of invitation (see Appendix B) forwarded to all VIHA employees working in known social work positions by a VIHA Human Resources Assistant on behalf of the researcher. The onus to contact the researcher was placed on participants. This was one of the ways in which I ensured that participation was voluntary. Despite initial agreement and approval by both Ethics Committees, the latter method was not possible. The difficulty arose due to an issue of freedom of information and privacy.

As an alternative recruitment strategy the VIHA suggested that I place submissions in the South, Central and North Island newsletters. Given this change in

recruitment strategy I requested approval for an amendment from the Office of Vice President of Research at the University of Victoria. Once approval was granted I placed a 150-word advertisement in each of the three Vancouver Island Health Authority newsletters (see Appendix C).

Research Sample

In phenomenology anyone who has experienced the phenomenon under investigation is a suitable source of data. The onus to contact the researcher was placed on respondents and once contact was made three participants were selected. It should be noted that I was approached by four other male medical social workers but they were excluded from the study due to a pre-existing relationship.

Purposive Sampling

A purposive sampling structure was used to select participants and is defined as "a sampling strategy that is governed by emerging insights about what is relevant to the study and purposively seeks both the typical and the divergent data these insights suggest" (Erlandson et al., 1993, p.33). Purposive sampling was used in order to identify "information rich cases for in-depth examination" (Patton, 1990, p. 169). The sampling strategy was appropriate for conducting a small in-depth study, as I had no intent to generalize the findings. Ideally, I hoped for four to five participants but unfortunately, due to time constraints; the large number of colleagues excluded due to the potential relationship with the researcher; high risk of being identified; and the relatively small number of male medical social workers to draw from; three participants comprised the sample.

If I were to conduct this study again I would have chosen a different sample base from which to draw. Unfortunately, I discovered too late how diminished the sample was

following the exclusion criteria. As with many things, limitations of time and money ultimately ended my search for participants. Despite the above, I am very thankful to the participants who volunteered their time.

Criteria for Sample Selection

To be eligible for the study participants had to meet the following inclusion criteria:

1. Male.
2. A medical social worker.
3. Have a Bachelor, Masters, or PhD, in the field of Social Work.
4. An employee of VIHA excluding the Social Work Department of the Victoria General, Royal Jubilee, or Gorge Road hospital.

Informed Consent

In order to ensure that participants participated freely in the study the issue of consent was addressed with each participant on several occasions. The first time the issue of consent was raised was during a general discussion of what the study entailed either by phone or email. The second discussion regarding consent occurred in person where prior to interviewing each participant I read through the participant consent form. I explained how and why participants were selected and what was required of them. This included having the interview audio-taped and participation without compensation. I had participants sign a copy of the consent form for my records and left a copy with each of them (see Appendix D).

The fact that participants had the right to withdraw at anytime, was highlighted prior to and throughout the interview process. I emphasized the fact that if they decided to participate in the study that they could withdraw at any time without any consequences

or any explanation. I also agreed to forward a copy of their verbatim transcript for feedback.

During my discussions with participants it was important for me to be aware that some of them may have been marginalized. Given my background in counselling I watched for triggering events and was prepared to end the interview should the task prove too difficult. In addition I had a follow-up support plan should it have been needed. The support plan to help the participant manage their reaction and encourage follow-up support through the VIHA employee assistance program, if required. I also stressed the fact that while I would take steps to ensure the anonymity of participants given the small number of male medical social workers, I could not guarantee it.

Data Collection

Once approval to conduct the study was granted and prior to meeting with participants of the study, I conducted a practice interview with a colleague who met the sample criteria. The purpose of the interview was to test out the interview questions to ensure they would stimulate conversation in order to obtain rich and informative data. At the time of the interview I explained to my colleague how the data would be used and he agreed to have the interview audio-taped. Once the interview had been completed it was transcribed verbatim. I read the transcript a number of times and also had my thesis committee read the transcript and give feedback with regards to both the questions and the interview style.

Loosely following an interview guide one, one-to-one in-depth semi-structured interview was conducted with each participant. Conversational style interviews were conducted by me, a social work practitioner engaged in medical social work. The questions were open-ended so as to allow participants an opportunity to freely discuss

their experience. Notes were taken to highlight areas of interest and questions as shared by participants. For me, it was very important to create an atmosphere where participants felt free to discuss the experience of the phenomenon.

Interview Questions

Based on a review of the literature and feedback from committee members, thirteen questions evolved into an interview guide. The guide was followed loosely as the focus of the interview was to probe deeply into the experience of being male and a medical social worker. Some of the questions were answered without being asked. The interview guide is reproduced in Table 1.

Table 1

Interview Guide

1. How long have you been a medical social worker?
2. What is it like to be a male medical social worker?
3. How has your experience affected your relationship with peers? Patients and their families? Your boss? Other staff?
4. Do you see any way that gender has had an impact on your experience as a social worker? Can you think of a specific example?
5. Has it ever made a difference that you are a male medical social worker? How?
6. What qualities/traits make a good medical social worker?
7. Do you think that you do the work any differently because you are a male social worker?
8. Has anyone ever drawn gender to your attention in the work place? What were the circumstances?

9. What impact has social work education had in preparing you to work in your area of practice?

10. What attracted you to social work? Social work in a medical setting?

11. What motivates you to stay?

12. Are you aware of any advantages that being male has had while practicing medical social work? Disadvantages?

13. Is there anything else you would like to tell me about?

The Participants

In order to respect the privacy and confidentiality of participants identifying information such as names, work sites and work areas have been altered. I have named the participants Keith, Kelly and Allan. It should be noted that participants were selected in the area of medical social work as it has been identified as a specialized area where men have tended to avoid. As previously discussed, while there are a number of reasons why men have tended to avoid this area, the bottom line is there are significantly fewer male medical social workers than females. In the case of the Vancouver Island Health Authority the ratio is slightly less than one to four.

The participants were selected using a purposive convenience sample. All participants met the previously noted inclusion criteria. While a brief description of the participants will follow, it should be noted that the specific details of their jobs or lives in general were not included and was not necessary to explore the phenomenon. All participants were chosen because they work in an area of social work considered to be non-traditional and feminine.

Two of the participants were middle aged and one was younger. All were in long-term relationships and two of the three participants had children of their own. All of the

participants had been involved in raising children. Two of the three participants had a bachelor's degree in social work and one had a master's degree in social work. All participants have been engaged in a variety of social work positions.

In spite of their different personalities, their varied work experience, age, and sexual orientation, the participants' experiences of being male engaged in the work of medical social work had much in common. This included having fathers who worked in occupations considered to be traditionally male and were described as quiet men who kept their feelings to themselves.

During the interview it was apparent that all participants appreciated and valued the profession of social work. In particular they cited examples of the work that they valued that included acceptance, self-determination and respect for differences and individuality. As well, the participants cited ways of working that identified ethical practice including: promoting social change, collective social problem solving and the belief that social conditions of humanity can be bettered. In addition participants individually identified ways in which they attempted to separate themselves from their work during their time off and they described themselves as being both private and introspective.

Finally it should be noted that each participant struggled at times during the interview process to describe his experience and to put his experience of being male and working as a medical social worker into words. While they agreed that at times they had thought of the phenomenon, they were unable to recall many times when they discussed it. Where possible I included verbatim statements of their experience (in the analysis section that follows in Chapters 4 and 5?). I noted many times during the interviews where questions were avoided, not fully answered, experiences minimized, and times

when the participants disconnected themselves from the experience (using words such as "we" or "they" or "social workers tend to", etc.).

Meeting the Participants

The study included participants who worked throughout the Vancouver Island Health Authority (VIHA) and thus interviews occurred in various locations up and down Vancouver Island. All of the interviews occurred in the month of April 2003.

Instrumentation

Following the interview guide (see Table 1) one in-depth semi-structured audio-taped interview was conducted with each participant. Notes were taken during the interview and immediately following. The interviews were transcribed and examined to better understand the phenomenon as experienced by participants. Significant statements were pulled out and later formulated into meanings and then clustered into themes. Finally, the themes were integrated into a narrative description.

The Interviews

In this study the interviews were carried out in a relaxed conversational style. The questions that I asked were open-ended to provide an opportunity for participants to share their ideas in their own words. Although I had developed an interview guide, most of the questions were covered during the course of participants talking generally about their experiences of being male and a medical social worker. As previously discussed participants were interviewed in a variety of locations throughout Vancouver Island.

When the interviews occurred the participant and I were the only ones present. In an attempt to make participants more comfortable I introduced myself and shared my interest and connection to the phenomenon. I also discussed my previous and current work experiences. It was important for me to develop a rapport with participants in order

to create a safe environment where participants would feel open to share their stories. During the interview I was aware of the fact that they had all volunteered their time to meet with me and I tried to use the time responsibly.

Immediately following the interviews I reflected on the experience and made notes about both the participant's and my own conduct during the interview. As the participants shared their experience I reflected on my own experience and began to understand some of my own confusion regarding being a male working as a medical social worker. I also noted that while participants were relaxed and open about their work it was very difficult for participants to talk personally about their experience. This difficulty showed up in a number of ways including: talking in the third person; long pauses; avoiding questions; talking in generalities; and humour, just to name a few. In addition since reading the transcripts and listening to the audio-tapes I was aware of times when I was uncomfortable and avoided clarifying issues and responses. I was surprised at how difficult it was to get participants to talk specifically about their experience and my reluctance at times to press them further. My reaction will be explored in more detail in the latter part of this study.

Data Analysis

In order to manage and analyze the data in a systematic way I followed a phenomenological analysis using a methodology developed by Colaizzi (1978) found in Creswell's book, Qualitative inquiry and research design: Choosing among the five traditions (1998, p.280). The steps I took are outlined as follows.

1. Once I transcribed the interviews, files for collecting and organizing data were created. The three transcribed interviews of male medical social workers and journal entries became the text from which the analysis evolved. All the participants' descriptions were read several times in order to acquire a feeling for them.

2. Significant statements were extracted from each description and included phrases and sentences that directly pertained to the investigated phenomenon. Statements were eliminated that contained the same or nearly the same information (Creswell, 1998).

3. Meanings were formulated by spelling out the meaning of each significant statement. This process of formulation helped the researcher to uncover meanings that were hidden in the various contexts of the phenomenon that were present in the original descriptions. (Creswell, 1998, p.280).

4. Clusters of themes were organised from the collective formulated meanings. This allowed for the emergence of themes common to all the participants' experience.
    - The clusters of themes were referred back to the original descriptions in order to validate them. This was done in order to look for anything that may not have been accounted for in the original description of the experiences.
    - At this point it was important to look for any discrepancies between the various clusters.

5. An exhaustive description (the ***essence*** a single unifying meaning of the experience) of the experience of being male and a medical social worker resulted from the integration of the above steps.

6. The exhaustive description of the phenomenon is as unequivocal a statement of the essential structure of the phenomenon as possible (Creswell, 1998, p.280).

7. Tables, figures of statements and meaning units were used to provide clarity to the narrative. (Creswell, 1998, pp. 148-9).

Trustworthiness and Credibility

Phenomenologists suspend questions of truth for the sake of developing insights into the essence of the phenomenon. The emphasis of phenomenology is on developing a genuine empathic understanding of the experience in question. There are times when it is necessary to become involved in the experiences under consideration to gain first hand information (Moreau, 2000).

A quote by Seifert (1987) helped me to come to terms with the issue of trustworthiness. "In some cases, the only and most significant criterion for the

trustworthiness of a report is the inner truth and plausibility of the reported message itself." (Seifert, 1987, p.302).

The trustworthiness of the study was ensured following a model outlined in Lincoln and Guba (1985) as cited in Creswell (1998). It was important to address issues of trustworthiness and credibility for the same reason that a quantitative study cannot be valid unless it is reliable. In a qualitative study it cannot be transferable unless it is trustworthy and credible.

Within the model of trustworthiness eight verification procedures have been identified (Creswell, 1998, p. 201). The eight verification procedures named are: prolonged engagement and persistent observation, triangulation, peer review or debriefing, negative case analysis, clarifying researcher bias, member checks, rich thick description, and external audits. The following will include a brief outline of the verification procedures in general and a more detailed discussion of the procedures followed during this study.

Verification Procedures

Creswell (1998) recommends that qualitative researchers engage in at least two verification procedures in any given study. Prolonged engagement and persistent observation includes building trust with participants, learning the culture, and checking for misinformation stemming from distortions (Creswell, 1998, p.201).

Triangulation is described as a process where researchers use multiple and different sources, methods, investigators, and theories to provide corroborating evidence (Creswell, 1998, p.202).

Peer review and debriefing provides external checks of the research process. "In negative case analysis the researcher refines working hypotheses as the inquiry advances" (Creswell, 1998, p.202).

Clarifying researcher bias includes identifying past experiences, biases, prejudices and orientations that have likely shaped the interpretation and approach of the study (Creswell, 1998).

Member checks is considered to be the most crucial technique for establishing credibility and involves taking data, analyses, interpretations back to participants so that they can judge the accuracy and credibility of the account (Creswell, 1998, p.203).

Rich thick descriptions allow readers opportunities to make decisions about the transferability of the study.

External audit "allows an external consultant, the auditor, to examine both the process and the product of the account, assessing their accuracy" (Creswell, 1998, p.203).

Trustworthiness of the Study

Criteria to establish credibility in this study were prolonged engagement, persistent observation, the use of reference materials, triangulation, member checks, peer debriefing and external audits. In terms of phenomenology the question to be asked regarding trustworthiness of the study was: "Does the general structural description provide an accurate portrait of the common features and structural connections that are manifest in the examples collected?" (Creswell,1998, p.208). Asking this question is supported in the work of Guba and Lincoln (1985) who suggest that credibility of a study is achieved when it presents an explanation of a human experience that would be immediately recognisable to other people who have had that experience.

As previously stated, the research design presupposes there is no ultimate truth to be discovered, rather multiple truths. In this study the aim of the data collection was to obtain sufficient numbers of unique experiences, described in sufficient depth, to permit me as a researcher to probe into the similarities and differences among the accounts provided. Once I completed the three interviews I believed that I had the breadth and depth of material I was looking for to engage in some analysis consistent with the methodological principles of phenomenology.

In this case I concentrated on clearly defining what was being addressed, the research results, and then showing how I got there. In order to increase the trustworthiness of the study I have written it in a way that ensures that the methodology and data analysis could be followed and that similar conclusions could be reached given my data, perspective and situation. I have identified my experience and biases that related to the phenomenon and asked committee members to read data and analysis pieces in order to ensure that it was the words and experiences of participants, not my own.

The results were not intended to be replicable, nor repeatable. It should be noted that member checks occurred in a limited way by returning verbatim transcripts to participants and asking for clarification of the information provided. While I had hoped for some additional insights and clarity regarding the phenomenon, instead I received grammatical corrections. The two participants who responded both expressed concern regarding the limits of the information they had given. Participants will have access to the final report. Use was made of three experts (my master's supervisor and two committee members) to critically examine my analysis in order to ensure that it was the words of participants being examined and interpreted, not my own.

Conclusion

In the proceeding sections I have outlined the steps taken in gaining the sample, obtaining informed consent and carrying out the interviews. I have maintained confidentiality of the data by keeping the transcripts and audiotapes locked in a filing cabinet in my home. My supervisor and committee members were the only people, other than myself, who had access to the transcripts with false names. The transcripts and audiotapes will be kept until all requirements for the thesis have been met and then I will destroy them. I have addressed the issue of trustworthiness within the context of the study. In the next chapter, I present the data derived from interviews with three male medical social workers.

CHAPTER FOUR: PRESENTATION OF THE DATA

Introduction

The following discussion will outline the steps taken in order to develop an exhaustive description of the phenomenon. It will include a discussion of the statements of significance, the emergence of five themes and then a presentation of an exhaustive description derived from the proceeding steps. In order to help the reader relate to the phenomenon a common metaphor has been used.

Statements of Significance

Once I completed transcribing verbatim the three taped interviews, as previously discussed, I followed a phenomenological analysis developed by Colaizzi outlined in Creswell (1998, p.280). I began by reading and re-reading each transcript several times. In addition, I listened to the audiotapes a minimum of three times each. I then began the process of extracting significant statements. Where possible I used the participants' exact words. During the process I noted in the margins of the transcripts: pauses, affect (louder or quieter voice), vague answers and both consistencies and inconsistencies. While extracting significant statements I eliminated duplication, noting the phrases that appeared a number of times. The remaining statements of significance appear in Table 2.

Table 2

Statements of Significance

1. Monitoring
2. Earn a good living
3. Avoid feelings
4. Humour
5. Expected to fix it
6. Acceptable work for men
7. Protect everyone
8. Afforded privilege
9. Disclosure is different
10. Silence
11. Keep your distance
12. Shame
13. All encompassing
14. Being different
15. Acknowledge difference
16. Talk philosophically
17. Rejection of stereotypical traits
18. Abusive
19. Contradiction
20. Different language
21. Avoiding men
22. Not something I would talk about
23. An anomaly
24. What's he doing
25. No one wants to know
26. Uncomfortable being a social worker
27. Much more alone
28. I didn't live up to expectations
29. Perpetrators were mainly men
30. Shouldn't be doing that
31. Things woman wouldn't talk to me about
32. I'm embarrassed
33. Being considerate
34. Pretty odd
35. All eyes stop and look
36. Listened to
37. The way I am treated is because I am a man
38. I get away with things
39. I am the helpless male
40. Misunderstood
41. Feeling judged
42. Being comfortable
43. I made a difference

Significant statement number 1 (monitoring) and number 2 (earn a good living) have been extracted from the interview with Keith:

> "...Monitoring and ensuring the kids were okay... most of the social workers were men. The director was the supervisors were and most of the social workers."

> "My mother's approach to it has always been you earn a good living; you are providing for your family; you are okay."

Significant statement 3 (avoid feelings) is expressed by Allan as follows.

> "Just that it was different kind of hanging out with the males…it was our shared sense of humour…and maybe it was easier to forge out a relationship with him because he was a man."

> "If there was a female there then the dynamics could potentially change…I think there would be some of the macho, bravado stuff for whatever reason, that they might not open up as much about these feeling or emotions."

Kelly also talked about how he avoided feelings.

> "Not a lot of talking about feelings or talking about helping someone through a change process when you are pulling lumber with someone."

Significant statement 5 (expected to fix it) have been extracted from the interview with Kelly:

> "Someone was getting angry, I didn't hear anything but a secretary came to get me right; hey [participant's name] can you just kind of take a walk around for to have your presence there."

> "You might be expected to fix it or some people in a social situation might be a little uncomfortable with it."

Kelly's experience reinforces the subtle ways in which male medical social workers are encourage to act such as being the "enforcer" and being the "steady oak" expected to fix things. These statements serve as examples of contradictions where participants maybe trying to be different (medical social worker) they are encouraged at different levels to perpetuate activities and attitudes that are considered to be masculine (do male type things).

The following extracts (significant statements 6-8) from Allan's interview identify experiences of being male.

> "It seemed to be the males that were kind of focused on that or guided toward doing a practicum in probation…it wasn't really working with people all that much other than making referrals out and being an agent of social control…traditional male trait to be controlling." (acceptable work for men)

> "I'm more likely to take on someone and this is sometimes my partner's [female] preference, someone who has offended, so that a sexual offender or male offender will in all likelihood come to me." (protect everyone)

> "There maybe some assumptions that come with being male, that people think that you are kind of here and you are going to advance because that happens more...I think that people may assume you are upwardly mobile." (afforded privilege)

Significant statements 1-8 are indicative of work and behaviours that participants identified as being more traditional and characteristic of males. This is supported by Kimmel's rules of masculinity (cited in Christie, 2001). Interestingly the three participants felt that these statements (1-8) were the kinds of behaviours and tasks and attitudes that they were encouraged to engage in and felt most comfortable with. Even when participants attempted to engage in work defined as non-traditional and arguably more inclusive, they point out that their colleagues, clients and even social work educators unconsciously were noted to perpetuate traditional gender definitions rather than re-write them. This statement is supported in the work of Cooney and Bittner (2001) regarding men in early childhood education where one of their participants commented that he was fighting the line all the time.

Significant statement 9 (disclosure is different) Allan identifies differences in disclosure between men and men and men and women.

> "Disclosure is different, examples would be different, um, it's good, it's kind of hard to say but, I think just what gets talked about would be different."

Significant statement 10 (silence) is extracted from Kelly discussing avoiding emotions.

> "I don't really like letting it out too much. But it is kind of an up and down, it's kind of panic mode, its oh hey my heads above water I can do this. Then boom, back again."

Additional statements from Keith highlight how emotions are avoided.

> "I don't share my work at home I use the long drive to wind down."

> "I don't maybe some guys do, I just don't and I guess partially because my relationship with my father and parents and I am a private type person and it is just one of the things I keep within, that I generally don't talk about with people."

Significant statement 11 (keep your distance) from a discussion with Keith is telling.

> "I think when we talk about it we talk about it in clinical terms when we talk about what is happening with this and what is the situation of this person and what is right and wrong about it and what we can do to fix it."

Statements 10 and 11 were common elements identified by all three participants and reflective of literature regarding men in non-traditional occupations. This aspect of the experience identifies an area where further work and research is warranted. It is important to point out that studies have found that connecting and having a sense of belongingness may have significant impact on job satisfaction and decrease rates of burnout (Pockett, 2003, p. 2).

Significant statements 12-14 extracted from interview with Kelly offer some additional insight into the experience of being male and a medical social worker.

> "Personal shame that I am not in a more male orientated profession" (shame)

> "It encompasses all aspects of anything that might dimly relate to anything" (all encompassing)

> "Don't ever reveal anything, I learned that in social work school that you don't self disclose" (being different)

Significant statement 15 in the words of Keith identifies feeling like an anomaly.

> "There may be a more feminine side…recognition that a social worker by nature is more nurturing…there is a bit of an anomaly there." (acknowledge difference)

Significant statements 15-17 have been pulled out of the transcript of Allan:

> "I talk differently as a man with men than when I was in the presence of females." (acknowledge difference)
>
> "There are differences reality is and I don't think that gets talked about nearly enough." (acknowledge difference)
>
> "Easier to talk about things at a philosophical level…I talk philosophically about my beliefs and people will disagree with that and think I am right off my rocker" (talk philosophically)

Identifying 'being different' was common for all participants and impacted them both personally and professionally. Similar findings regarding gender differences between male and female teachers in the classroom (Cooney & Bittner, 2001) and male practitioners working with female youth clients (Okamota 2002) have been identified in research pertaining to other occupations considered to be non-traditional for men. Some of the differences were shared by all three participants and included personal space, ways of connecting, the kinds of work that is identified as important, touching and being singled out, to name a few.

Significant statements 18 –19 in the words of Keith provide some insight into the personal struggles he experiences.

> "The caring is there otherwise I don't think people would take that kind of abuse that we take to do that." (abusive)
>
> "Bleeding heart doesn't go well with duct tape." (contradiction)

Statements 18 and 19 are very telling and will be explored in some detail in the findings section of this report. However, it is important to note some of the difficulty participants' face being male and a medical social worker. One participant likened it to me as walking a tight rope. This rings true for me as well. As with the tight ropewalker you never know when you are going to take a wrong step and loose your balance.

Significant statement 20 was extracted from the interview with Allan identifies a difference in communication.

> "I talk differently as a man with men than when I was in the presence of females, I don't say a lot in staff meetings." (different language)

Significant statement 20 identifies a sense of not belonging and reinforces the differences experienced and carried out. Interestingly while there were a number of differences identified by all of the participants, they could not recall times where these differences were talked about.

Significant statement 21 (avoiding men) and 22 (not something I would sit down over a beer and talk to a guy about) is from the interview with Keith:

> "Easier to discuss issues with women in the field."
>
> "Not something I would sit down over a beer and talk to a guy about."

Significant statement 23 (an anomaly) occurred in the interview with Allan:

> "I think other males would probably perceive what I am doing as different kind of work, like non-traditional…there maybe a more feminine side to it…recognition that a social worker by nature is more nurturing…there is a bit of an anomaly there."

A common thread throughout the transcripts was the way that participants avoided interactions between men with respect to their role as a male medical social worker. Statement 22 is a very telling as it highlights the difficulty Allan has engaging with men around his work as a medical social worker. Other participants acknowledged various ways in which they left their work at the office. Some of the ways included engaging in hobbies considered to be traditionally male such as building, farming, mountain biking etc.

Significant statement 24 (what's he doing) was pulled out of the interview with Keith:

> "This guy does guy types of things what's he doing talking to old people and in his younger years working with kids."

Significant statements 25 (no one wants to know) and 26 (uncomfortable being a social worker) occurred in the interview with Allan:

> "It's a kind of unwritten rule, no one asks right, no one wants to know more than your title…but hey you are different right."

> "I am not always pleased or feel comfortable saying I am a social worker."

Participants acknowledged that because they did not engage in discussions about their work with friends and family they made a lot of assumptions and conclusions that have tended to be negative (not good enough, shouldn't be doing this). Being different is also open to interpretation. I recently had a discussion with my wife about this "difference", which her sister sees me as. I assumed that it was meant in a negative way but when I pressed for details it actually meant different from her husband and it was meant to be positive about me and negative about him. While there maybe some personal relief in the moment, it also creates another dilemma only this time it is with other males. This was another experience that participants identified and may explain why a great deal of time outside of their work time is spent doing tasks considered to be more male.

Significant statement 27 (much more alone) and 28 (I didn't live up to expectations big time) were extracted from the interview with Kelly:

> "Certainly much more alone, not included in the same way as I would be if I was a woman."

> "I didn't live up to expectations big time."

Allan is quoted in significant statements 29 (perpetrators were mainly men) and 30 (shouldn't be doing that):

> "Perpetrators were mainly men, I wouldn't say guilt but kind of feeling that males are generally the perpetrators here and although that's not me you were kind of lumped into the category."

> "Maybe the care taking part of the work, that's women's work you really shouldn't be doing that. No one ever came right out and said that but that's kind of the sense I got...Am I suited for this kind of work...

Kelly's words echo significant statement 30:

> "The taking care part of the work, that's women's type of work and you really shouldn't be doing that. I am not always pleased to say or feel comfortable saying I'm a social worker."

Statement 30 refers to the care-taking component of medical social work that while participants struggled with this part of the work they identified that it was important. In addition, participants in the study acknowledged that their female colleagues were better at the care-taking part of the work. This statement is certainly reflective of traditional male/female stereotypical norms and may explain why there are fewer male social workers in medical social work and more in other areas such as child protection and corrections that are considered more appropriate for men.

Significant statement 31 (things woman wouldn't talk about) has been extracted from the interview with Kelly:

> "There are things that they don't, the women that I work with wouldn't talk to me about because I am a man either because I couldn't possibly understand that so I have no idea what it is because they never told me what "it" is that I can never understand. But that 's another little secret."

Significant statement 32 (I'm embarrassed) extracted from interview with Allan:

> "Embarrassed, not that I wouldn't fit in but should be doing what other males do, go to engineering school, get a degree in math...more avoiding maybe...I have a social work degree and I am an alcohol and drug counsellor and I don't want to talk anymore about that."

Significant statements 33 -39 extracted from interview with Kelly:

> "It was like over 20 years ago being considerate in a way that you normally wouldn't probably. Politically correct language before it was popular to use politically correct language. You became more sensitized to that I think… There is not the bitchiness that I have seen in some disciplines treat other disciplines with women." (being considerate)
>
> "Men as social workers are mostly a pretty odd group." (pretty odd)
>
> "All eyes stop and look in your direction when you are talking and whereas women, they will still carry on talking to the women next to them. And everybody is quiet when I am going to speak, even if I don't have that much to say." (all eyes stop and look)
>
> "I think people on the other end of the phone listen to a male voice more and will follow, you know, try to be, do the request." (listened to)
>
> "I think in the whole hospital, the way I am treated is because I am a man." (The way I am treated is because I am a man.)
>
> "I get away with things at work and permitted things and favoured in a way that a woman in that position wouldn't be." (I get away with things.)
>
> "I am the helpless male around the office and they treat me that way. If they asked me to smarten up and pull up my socks and do these things I would but I play the role of not knowing how to do certain things." (I am the helpless male)

Statements 33-39 included comments linked to advantages experienced by the male social worker. These advantages have been clearly identified in chapter 2 the literature review as per Williams (1995) Cavanagh and Cree (1996) and very much speak to male privilege. Similar advantages of being male were noted in literature regarding male childhood educators, nurses and librarians as well (Cooney &Bittner, 2001). All of the participants were aware of their male privilege; however, Keith was not able to identify any advantages that he was afforded in his role as a medical social worker.

One thing that was not mentioned in the literature I reviewed relates to an issue identified by both Kelly and Allan where advantages become disadvantages. The two

identified times when advantages became disadvantages and stated that they did not feel like they had the right to talk about how this impacted them because of their privilege and fear of being misunderstood, even seen as oppressive and/or insensitive. The impact was significant for the male medical social workers especially during times when they were trying to practice in an ethical manner working with someone rather than telling them what to do. It is interesting to consider that there are times when privilege works against us.

Significant statement number 40 (misunderstood) has been extracted from the interview with Allan:

> "I think men in more traditional kinds of roles get more airtime with that kind of stuff. They are going to talk about their work, other people are more interested, or it's going to go on longer, right because they understand, or have some ability to know what that works all about whereas they don't want to get into our kind of work."

Significant statement 41 (feeling judged) has been extracted from the interview with Kelly:

> "I haven't felt judged in a long time…that was mostly self-imposed."

Significant statements 42 (being comfortable) and 43 (I made a difference) have been extracted from the interview with Keith:

> "Being comfortable in my own skin and to me being a social worker doesn't take away from being a man…it was definitely a process."
>
> "In terms of life's work…I made a difference and some situations looking back on think if I had done something different there would have been a different outcome".

Significant statement 42 is a statement that captures the experience of all of the participants. The words "being a social worker doesn't take away from being a man" are very telling as it identified the essence of the experience. The successful processing of

this statement is what has made room for social workers to discover themselves and maybe even helped them to remain in the field.

Statement 43 is important as it reflects the sentiments of all three participants. Which is the importance of having both male and female medical social workers. Participants identified valuing male and female social workers in the field as the two complimented the work and allowed for more holistic and inclusive outcomes. The following section is my attempt to combine the statements of significance into themes.

Common Themes

From the previously discussed significant statements, common themes or meaning units were developed. Some repetition was noted which helped me to achieve the ultimate goal of developing a unified description of the essence of the phenomenon.

My initial attempts to make sense of the significant statements were confusing and disjointed. In order to make sense of the data it was suggested that I read an article entitled "The Hermeneutics of Transcript Analysis" by Joyce G. Love (1994). This was very useful as it reminded me to return to the purpose of both the study and the data analysis. The purpose of the data analysis was to work toward a common understanding of the meaning of the phenomenon being male and a medical social worker.

While little is actually known about the phenomenon, research pertaining to men working in non-traditional occupations highlight men as being different and afforded more opportunities (Christie 2001). A significant gap in the limited research pertaining to men as medical social workers is the voice of male medical social workers themselves.

This includes descriptions of their experience, perspectives, meanings, and interpretations.

According to Love the hermeneutic circle is a useful concept in transcript analysis as it addresses:

> ...The ways in which two people in conversation, or a reader reading a text, mutually transform each other's ideas through continuing interaction... Additionally, there is an internal dialogue in the hermeneutic circle in which the researcher continually uses metaphors, explanatory principles, and prior knowledge to understand what is read or heard in an interview" (1994, p. 1).

Love (1994) identifies a number of key elements to be considered while identifying themes. These elements include: repetition within and across interviews, levels and nature of affect, historical explanations, descriptions and interpretations; explicit and implicit interpretations; and serendipity or behaviours that are different or unexpected (Love, 1994, p.2). The themes and their essential components are found in Table 3. They are common to all participants. The themes were referred back to the original descriptions of participants' experience of the phenomenon being male and a medical social worker.

Making the Move

As I listened to the experience of the participants and pulled out statements of significance I was reminded of someone (being male) moving from one neighbourhood to another (medical social worker). As with any move there is tension and confusion. The tension and confusion is magnified as individuals go back and forth between the two neighbourhoods. Being male automatically identifies the neighbourhood where the medical social worker comes from. Engaging in the work of medical social work alerts

the old neighbourhood (family and friends) that a "move" is underway. Returning to the old neighbourhood brings with it many possibilities, questions and challenges.

A complicating factor relates to the fact that being male affords the medical social worker certain privileges such as opportunities for advancement and being listened to. In this case making the move can be compared to selling your house in an average neighbourhood for a large profit and then buying the best house in new neighbourhood where the property is viewed by the old neighbourhood as less than.

But wait! Did I mention that they speak a different language in the new neighbourhood? The language taught in the old neighbourhood (being male) revolves around competition, reliability and emotional distance. The new language revolves around collaboration, caring and empathy. An additional challenge for the male medical social worker is the learning of a new language. Along with a new language the stranger is expected to know/learn about the culture and norms associated with the new neighbourhood. This adds to the caution, reluctance and silence experienced by the male medical social worker.

Adding to the confusion is the fact that there are times while in the new neighbourhood the social worker is expected to speak the language of the old neighbourhood. The expectation comes from a variety of sources including female colleagues, society at large and consumers.

In order to make sense of the data I clustered significant statements under five different headings with the aforementioned metaphor in mind. The headings serve as themes. The five themes are resident, acceptance, moving back and forth, stranger and rejection. Table 3 outlines the themes and the significant statements that relate to them. The themes will be discussed in detail in the following sections as the analysis unfolds.

As in any move, individuals face a number of challenges. While they are accepted in the old community and know the rules and norms that define that community, there is tension associated with leaving. In the new community they are considered strangers and thus unsure of what is expected of them. They are considered different and no longer fit in. Leaving the old community and entering the new community may result in rejection.

Some of the things that the male brought along may have worked in the old community, may no longer be appropriate or helpful. It may in fact identify him as different. The privilege that automatically follows the male medical social worker adds to the difference and is paradoxical. The moving back and forth is bittersweet while there are advantages associated with the move or shift there are also disadvantages. The tension, unease, fear, and anxiety that is created trying to relate to both the old community and the new one will be discussed in some detail later on and is a significant component identified by male medical social workers.

Connecting the experience of being male and a medical social worker to the above metaphor occurs in the following discussion. Firstly, being male, participants are viewed as residents of the old neighbourhood. Making the move or shift to an occupation considered to be both feminine and non-traditional signifies a move. It places the male medical social worker in a new neighbourhood and identifies him as a stranger. He experiences rejection in the old neighbourhood because he left and finds it challenging to fit into the new neighbourhood partly due to the language barrier and foreign culture. Table 3 below outlines clusters of significant statements that have been integrated into common themes.

Table 3

Experience of being male and a medical social worker: The Themes

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Theme: Resident

Components: monitoring; earn a good living; avoid feelings; humour; expected to fix it; acceptable work for men; protect everyone; afforded privilege; disclosure is different; silence; keep your distance;

Theme: Going Back and Forth

Components: shame; all encompassing; being different; acknowledge difference; talk philosophically; rejection of stereotypical traits; abusive; contradiction; different language; avoiding men; not something I would talk about; an anomaly;

Theme: Rejection

Components: what's he doing; no one wants to know; uncomfortable being a social worker; much more alone; I didn't live up to expectations; perpetrators were mainly men; shouldn't be doing that; things that woman wouldn't talk to me about; I'm embarrassed;

Theme: Stranger

Components: being considerate; pretty odd; all eyes stop and look; listened to; the way I am treated is because I am a man; I get away with things; I am the helpless male; misunderstood; feeling judged;

Theme: Acceptance

Components: being comfortable; I made a difference;

As the participants engage in the work of medical social work they experienced a variety of reactions from colleagues, consumers and the general population. In addition participants in the study identified ways in which being a medical social worker affected them in their personal life. In terms of the metaphor, the act of moving and returning to the old neighbourhood (moving back and forth) results in a variety of reactions that are both positive and negative. The statement "bleeding heart doesn't go well with duct tape"

highlights the struggles and contradictions relating to men engaged in the work of medical social work or moving back and forth (being male doing non-traditional and feminine work).

Additional conversations with colleagues and committee members have reminded me how difficult it is to go back to the old neighbourhood and my own personal struggle with the phenomenon. Behaviours and attitudes that at one time were tolerable and maybe even endured are no longer acceptable. This creates additional tension for the male social worker to try to fit in while identifying inequities and stereotypical thinking that maybe oppressive. The next step in the analysis was to develop an exhaustive description of the phenomenon being male engaged in the work of a medical social worker.

Exhaustive Description of a Male Medical Social Worker

Finally an exhaustive description of the phenomenon of being male and engaging in the work of medical social work was produced. This occurred by integrating the themes of the phenomenon into a universal description of the experiences representing the group as a whole. While this process proved difficult, the description is presented in Table 4. The description of being male and a medical social worker is a statement of its essential structure.

Table 4

Exhaustive Description of the Experience of a Male Medical Social Worker

Being male and a medical social worker is considered both a non-traditional and feminine occupation for men. Engaging in this kind of work signifies a move or change in traditional male behaviour. Many deemed being male and a medical social worker a contradiction in terms as expressed by the statement – "bleeding heart doesn't go well with duct tape". The phenomenon is viewed as bittersweet. On the one hand, the male medical social worker acknowledges the privilege afforded them in the role. On the other, he simultaneously recognizes that along with privilege comes tension and disadvantage. Interestingly, the experience is rarely discussed despite findings that suggest being male and a medical social worker encompasses all aspects of personal and professional life. There were many examples cited by male medical social workers regarding ways in which they tried to distance and separate themselves from the profession especially during time off. This included isolation, avoiding emotions, engaging in more traditional male activities in their private life, and minimizing their struggles, to name a few. Despite these efforts male medical social workers acknowledge that there are differences between them and their female colleagues. They refer to being seen as "different" by colleagues, the general community and clients/consumers. People know how to relate to a male or a social worker. The difficulty comes when they are asked to do both at the same time. For the male medical social worker, "difference" results in mixed feelings such as shame, pride, pleasure, embarrassment and misunderstanding. Factors such as privilege and socialization were cited as possible explanations for not discussing and exploring their experience of being male and a medical social worker. The final statement "its not something I would sit down over a beer and talk to a guy about" illustrates the point.

Table 4 represents my attempt to capture the essence of the phenomenon. I have asked some colleagues for feedback in terms of its accuracy. The feedback suggests that

it is. In particular one colleague noted that while he had thought about the work he took for granted how difficult it was to actually talk about it. Socialization for him was a significant factor and the impact of privilege surprising.

Conclusion

This chapter has provided a detailed description of the data analysis. As previously stated it was phenomenological and followed the steps developed by Colaizzi (in Creswell, 1998). The steps included identifying significant statements, clustering them into common themes and concluding the analysis with an exhaustive description (essence) of the phenomenon of the experience of being male and a medical social worker. Chapter five is dedicated to interpreting these findings.

CHAPTER FIVE: MAKING SENSE OF THE FINDINGS

Introduction

The purpose of this research was to explore and describe the experiences of being male and a medical social worker. The research question that guided the study was: What are the experiences of being male and engaging in the work of medical social work? This chapter has been divided into 2 sections in order to further explicate and examine the findings. The first section focuses on the data gathered from the participants' experience of being male and a medical social worker. The second section is an account of my experience as a researcher in conducting this study. Wherever possible the participants' words have been used in order to provide a rich and descriptive explanation of their experience.

Analytic Categories

While the themes presented in the analysis are fairly self-explanatory it is important to note that there were three elements common to all participants that appeared to weave in and out of participant's experience of the phenomenon. The three elements will be referred to as analytic categories and will be discussed in some detail in the following discussion. The three analytic categories identified during the analysis were paradox of privilege, all encompassing, and difficult to talk about. The three categories were identified because of their unique features. The features included being pervasive, unique and illuminating in nature. All categories were derived from significant statements and are defined in Table 5.

Table 5

Analytic Categories

1.Paradox of Privilege:

- Social work doesn't go well with duct tape.
- Being a male medical social worker is about acknowledging differences while trying to fit in (being male doing work considered to be non-traditional and feminine).
- A male medical social worker is a combination of resistance and integration.

2. All encompassing:

- Being male and a medical social worker affects both professional and personal relationships.
- It encompasses all aspects of anything that might dimly relate to anything.

3. Difficult to talk about:

- Not something I would sit down over a beer and talk to a guy about.
- There are many factors that make being a male medical social worker difficult to talk about including socialization, fear, shame, embarrassment, and privilege.

The phenomenological analysis resulted in an exhaustive description of the essential construction of being male and a medical social worker is stated in Table 4. There were many common elements shared by the three participants. As a discussion of findings begins, it is important to note that an essential component that emerged was the fluidity or the moving back and forth of the phenomenon. Kegan, describes similar experiences as a "... process of transformation over ones' lifespan, generated by tensions between self-preservation and self-transformation within the person and within the person-environment system punctuated by temporary truces or developmental balances" (1982,p.114).

Within the context of moving, a number of themes emerged despite the varied work experience of participants and their struggle to describe them. The analytic

categories paradox of privilege; all encompassing; and difficult to talk about help make sense of the findings.

Paradox of Privilege

A key part of participants' experience of being male and engaged in the work of medical social work was the bittersweet reception they experienced. On the one hand they identified being afforded opportunities that their female colleagues did not receive. The opportunities included being listened to, possible advancement, and related to with respect, to name a few. On the other hand, participants identified feeling uncomfortable with this privilege noting times when it was the antithesis of social work. The paradox of privilege revealed in males engaged in medical social work results in isolation, confusion, being labelled as different, and a sense that maybe they shouldn't be doing it.

Isolation

For Kelly and others isolation was identified early on "...in the present position I am quite alone and being male makes it more so". Allan adds: "There is no doubt that there is not many men, in the team that I work in, I am the only male."

All participants noted that the isolation associated with being male and a medical social worker spilled over to their personal lives. Allan explained: "I experience being cut off in social settings - What do you do for work? Well I am a social worker seeing this client population ... Oh okay."

According to Keith:

> I think that sometimes people don't expect men in that type of role, and when they are told, yeah, this is what I am, maybe they have some preconceived ideas of what a social worker might be, and yeah, that type of situation I think it isn't my problem, its theirs. So I don't worry about it...

Keith's experience supports Kadushin's 1976 identification of 'male problems' where he makes the point that people may be clear how to act toward either a male or a social worker, but unclear how they should behave in the presence of a male social worker (p.441).

Kelly describes his experience of being isolated as follows:

> If I was a woman social worker doing my job I would be more included in the coffee thing, the clutches, the sewing bee or the after work shower or the social kind of things that they do, I don't want to be, don't get me wrong, but there's not anything else either…

The above statement of significance also serves as an example of gender stereotyping and assumptions that occurs with regards to female colleagues. This is a shared experience and provides an opportunity for discussion between male and female medical social workers.

The isolation is produced internally as stated by Keith, "I am a private person, I don't talk about emotions with people …if I bring my work home its within me." It is also created externally as discussed by Kelly "…. there are things female colleges wouldn't talk about because I am a man." "I am not included in the same way as I would be if I was a women…Certainly much more alone, not included in the same way as I would be if I was a woman."

Allan reports his isolation related to men in more traditional occupations as follows:

> Whereas if I, I think men in more traditional kinds of roles get more airtime with that kind of stuff. They are going to talk about their work, other people are more interested, or it's going to go on longer, right, because they understand, or have some ability to know what that work is all about where as they don't really want to get into our kind of work.

Confusion

All participants experienced confusion within themselves and the people they related to both personally and professionally. Keith's description of his role serves as an example of the confusion experienced due to the contradictions of being male and a medical social worker.

> And I guess that's where being a bleeding heart part of it comes in. And it doesn't go well with duct tape ...or at least I wouldn't want to admit it.
>
> I think females maybe more naturally, more innate at being approachable. Men may have to work on it a little bit more.

Allan accounts for this confusion as follows:

> It probably used to be a kind of fear of rejection or a fear of not belonging with all these other guys that are doing more traditional work, right. But that is long gone, that's not an issue at all for me. I think it, it gets back to kind of my own choice, that I really don't want to talk about it outside of work but I will talk about it philosophically.
>
> The perpetrators were mainly men and that kind of stuff and you couldn't help but feel, I wouldn't say guilt but kind of a feeling that, yeah, you know, it is males that are generally the perpetrators here and, although that's not me, you were kind of lumped together in that category as a man, right. Or my perception, my interpretation.

Kelly states, "This guy does guy types of things, what's he doing talking to old people and in his younger years working with kids." Other participants experienced contradictions at the time they entered the school of social work. Allan described a situation that highlights this issue:

> On the one hand I think I belong, I think the work is more important than more traditional male roles despite attitudes and stereotypes that go with that.

As a male medical social worker Kelly is asked to do the following: physically move people (things or the person), fix things (furnace, septic field, deal with an aggressive dog), processing and gate keeping.

> "I don't think they actually understand the work and wouldn't couldn't imagine doing it."

Being Different

The experience of participants confirmed the findings of Gilbert and Scher (Williams, 1993, p.108) that when men choose to enter female dominated profession they maybe subjected to stereotyping and stigmas that single them out as "different" from other males. Kelly's account of being different is as follows:

> I think I am aware of it. More so at times, like the time there is a staff meeting and they say leave the lid up one more time and you are going to use the garage across the street and I have been great ever since then...being considerate in a way that you normally wouldn't probably. Politically correct language before it was popular to use it...there maybe a bit of, maybe even personal shame that I'm not in a more male orientated profession.

Allan talked about his own experience of being different as follows:

> I experienced this more in the school of social work than I have out in the field, it is more of that sense of, it maybe that's because where I was at in my life as well and kind of, no one ever came out and said that to me but that is kind of the sense I got that maybe I don't belong here ... maybe this, the care taking part of the work, that's the women's work and you really shouldn't be doing that, got at some points in going through the school of social work. ... It is a kind of unwritten rule that and no one asks right, no one wants to know more than your title, you are an alcohol and drug counsellor ...OK, got it!
>
> In the school of social work there was a fear that I don't belong ...I felt that in some ways it maybe it is a disadvantage here being a male.
>
> ...Started in the school of social work that I would be named that way, or named, but hey, you are different right

> The taking care part of the work, that's women's type of work and you, really shouldn't be doing that. I am not always pleased to say or feel comfortable saying I'm a social worker.

Keith identifies the importance of talking about the differences.

> There are differences, reality is I don't think that got talked about enough or doesn't get talked about enough.

Isolation, confusion, and being different are all elements pertaining to male medical social work that need attention and airtime. If these areas are addressed it will create opportunities for change. Some of the changes may include balance, inclusion, and mutual respect for all medical social work practitioners. In addition there maybe opportunities to challenge traditional male stereotypes more generally.

All Encompassing

Men who choose non-traditional occupations and feminine activities face ongoing challenges and questions from the general community, colleagues and clients (Christie, 2001). According to Kadushin, "role strain theory suggests that the male social worker has to be more than normally secure in his sexual self-identification to contend with occupational stereotyping without developing feelings of defensiveness and anxiety" (1976, p.42). The following statements describe participants' experience of the phenomenon of being male engaged in the work of medical social work as all encompassing.

Allan talked about more traditional kinds of work and how he perceived it.

> ...There's not a lot of talking about feelings or talking about helping someone through a change process when you are pulling lumber with someone...I think other males would probably perceive that I am doing different kind of work, like non-traditional male work, for sure. I think, I think I would say it has been a process for me of that identity, that role of what I have chosen to do has been a process to

> feel comfortable with, in a female dominated work force and that it feels really comfortable. There maybe a more feminine side …recognition that a social worker by nature is more nurturing …there is a bit of an anomaly there.

All encompassing is a category that all participants identified within the context of being male and a medical social worker. Being male and engaging in the work of a medical social worker comes with a set of assumptions that identified participants and their work. It dictated what was important and when. Kelly summarized this as follows: "it encompasses all aspects of anything that might dimly relate to anything." For Keith all encompassing relates to "…being male partially my upbringing and the way I was socialized."

Kelly reflected on the value of the work despite the backlash associated with it.

> I think that the work is more important than more traditional male roles despite attitudes and stereotypes that go with that.

Allan notes the all encompassing aspects of being male and a medical social worker leads to mixed feelings and expression:

> Embarrassed, not that I wouldn't fit in but should be doing what other males do, got to engineering school, get a degree in math…more avoiding maybe…I have a social work degree and I am an alcohol and drug counsellor and I don't really want to talk anymore about that.

> I think men in more traditional kinds of roles get more air- time with that kind of stuff. They are going to talk about their work, other people are more interested, or it's going to go on longer, right, because they understand, or have some ability to know what's that work all about where as they don't really want to get into our kind of work

Keith suggested that even the way he talks is different.

> I talk differently as a man with men than when I was in the presence of females, I don't say a lot in staff meetings.

> ... A mix of interpersonal relationships and some form of counselling all tied together with a person that gives a crap about what happens to people in our society.

All encompassing is an analytic category that has been beneficial to me as it helped to identify my own struggles in conducting this study. In the end it helped me understand the experience more fully. It was a helpful tool in interpreting participants' reactions and descriptions of their experience during the study.

Difficult to Talk About

The final analytic category identified was "difficult to talk about." It was alluded to, referred to, avoided and joked about. Interestingly this is not something that was anticipated. There is little mention of this in the limited literature pertaining to male social workers. As Love points out "these unexpected surprises are significant since they allow the research to recognize ideas which have not yet been published" (1994, p.2). Whatever the reason (shame, fear, embarrassment, and socialization) the bottom line being male and a medical social worker is difficult to talk about. A verbatim quote from Allan serves to illustrate this point:

> Not that I ever felt discriminated, that is a pretty strong word but you know, whether it be in poverty because they are First Nations or whatever, what a wonderful kind validating experience, going through the school of social work. For me...what I was learning is that ....in lots of ways of being a male in the field of social work. Because it has always been you know males, middle class males have always been the oppressors not the ones that ever are oppressed in any way or ever seen as being different right. We are the ones that set the standard for everyone else. Not that I value or believe that but that's certainly in our culture. How can I speak up about my experience?

For Allan, even though he felt marginalized he did not feel like he could discuss it because of his male privilege. Privilege means he does not have the right to express his experience.

Given the above, further attention directed at difficulties in describing the experience of being male and a medical social worker is warranted. In order to more fully understand this component of the research I reviewed previous research and literature pertaining to male emotional patterns. David Wexler (2000), Executive Director of the Relationship Training Institute in San Diego, identifies four key elements in male emotional patterns: difficulty in admitting the existence of a problem; difficulty asking for help; difficulty processing vulnerable and caring emotions; and fear of intimacy of the interdependent sharing of vulnerable feelings. These elements ring true in the case of the male medical social worker and will be explored in some detail in the following discussion.

Difficulty in Admitting the Existence of a Problem

During the interview process there were many times when participants found it difficult to admit there were problems. This appeared in a number of ways including: minimizing their experience, making excuses and contradicting themselves and experiences. Statements from the interview with Allan illustrate this point.

> "I don't think there are any differences, well maybe there are differences but…."
>
> " I didn't really come with any expectations that this is what I would talk about because I haven't, didn't put a lot of thought into it"
>
> "Not that I ever felt discriminate against, that's a pretty strong word…."

Kelly offered some of the reasons why he does not talk about problems.

"Don't cry wolf, men don't cry."

"I have a big judge inside."

Keith expresses a phrase that is clearly dismissive and cuts off an opportunity to explore any struggle or problem.

"I don't spend much time thinking about it"

Difficulty Asking for Help

There were a number of references to the fact that the men I interviewed were isolated and the fact that they found it difficult to ask for help. Some of the statements made by Kelly demonstrate his difficulty in asking for help.

"…Not really a team player, I don't call out, I don't reach out"

"I'm not allowed, I'll come to you."

Allan describes difficulties asking for help as follows:

"I haven't talked much in part because of confidentiality..."

"It's my choice that I really don't want to talk about it outside of work, however, I will talk philosophically,"

The issue of asking for help is further explained by the following quote from Cree:

> Men, who are students in social work education, while potentially dominant in terms of conventional expectations of gender role, are likely to share feelings of powerlessness with their women colleagues as they are subjected to scrutiny and assessment. They may have a commitment to professional caring that is non-traditional in terms of gender stereotypes. Men's greater visibility in social work education (caused by their smaller numbers) may bring them additional pressures, both positive and negative. The ambiguities and complexities that are fundamental to the experiences of men in social work offer the possibility of working towards a greater understanding of men and masculinities in social work education and a more enlightened social work practice (Christie 2001, p. 163).

The above sheds light on the experience of medical social workers but needs to be considered in the context of this is difficult to talk about.

Given the above it makes sense that it would be difficult for participants to talk about their experiences especially if there was some strong emotion attached to them. As I relate to my own experience of being male and a medical social worker and what I choose to share or not the words "I'm not allowed" ring very loud. This in and of itself is interesting as it was noted that participants in their practice very much value making room for and encourage individuals to speak about their problems.

Difficulty in Identifying and Processing Vulnerable and Caring Emotions

When I discussed this premise with a male colleague he described his struggle as follows:

> "I don't know if this is because I am male or my own background but I am a very pragmatic practical person and sometimes I have to get my male head around the other emotional things, I have to make a deliberate attempt to, um, not to remain too logical and too focused on tasks and logical things and I that may be because I am male."

The following is an account of the way Keith processes and identifies vulnerable and caring emotions.

> "I talk about things in clinical terms when we talk about what's happening."
>
> "The caring is there otherwise I don't think people would take the kind of abuse they do but I don't think we go around bragging about it."
>
> "I just don't tend to be emotionally incontinent."

For Kelly processing emotions is as follows.

> "And it was the first time I had cried since I was eight, and I had felt really angry but every, no I was feeling really sad really sad and tears but everyone in the room saw me as angry. And anger is another

> emotion that I just don't express. And I don't get that angry either. And I'm not that. So I found that quite interesting."

Fear of Intimacy and the Interdependent Sharing of Vulnerable Feelings

Keith states that when sharing of vulnerable feelings occurs in his private life he tends to leave.

> "When they start doing that, I figure it is time to leave"

For Kelly processing vulnerable feelings is difficult, an account of this is provided below.

> "I don't really like letting it out too much. But it is kind of an up and down, it's kind of panic mode, it's oh hey my head's above water I can do this. Then boom, back again."

> "Men' don't cry, I believed that.' Thought it was ridiculous but I believed it and I have always, and people who display emotion, I have always thought, oh they are so lucky, just fortunate to be able to do that… I just don't see myself doing it though." [Laugh]

> "And there maybe a bit of personal shame that I'm not in a more male orientated profession…Um, probably not being a higher achiever, not living up to whatever expectations I had, or thought I had. And social worker, and certainly, it feels kind of [long pause]. Sort of carry right on because I have lost it again."

> "I don't ever reveal anything and I learned, you are taught in social work that you don't self disclose unless it is appropriate so I did not a lot of it. But I do it more with older people."

> "They yell so loud and Italians in grief or anger are so volatile, it is exciting. But oh no, being reserved, the Englishman I wouldn't. And it would be easy I suppose to be judgmental but I am not a judgemental type I think."

Allan identified feeling like he couldn't and shouldn't let out vulnerable feelings.

> "I feel like I shouldn't do it with a lot of people around my office, that I wouldn't do it, I just happen to have this trusting relationship with this one person and with my wife of course. I would choose who would debrief with and do that."

> "I wouldn't be as nurturing."

> "The care-taking part of the work, that's women's work and you really shouldn't be doing that."
>
> "I don't share my work at home, I use the long drive to wind down."

Difficult to talk about was a unique finding to this research. As an analytic category it has filled in a lot of blanks. Identifying the difficulty in talking about the phenomenon is useful information for social work educators, social work colleagues, and the general population as it identifies a place to start. Dialogue and support around this category may change social interactions relating to male medical social workers and social workers more generally. In hindsight a focus group would have been a helpful tool in providing participants an opportunity to talk about this difficulty.

Experience of the Researcher

My experience with this research began formally in September 2001 and continues to the present date (June 2003), however; I have been a social worker relating to this phenomenon for many years. The best way to describe this experience would be to say it has been a conflicting process resulting in both personal and professional growth and enlightenment. Doing research was at odds with the every day commitments that working full time, being married and parenting brings. Interviewing participants helped me to understand my own struggles with being male and a medical social worker. Like them I feel this struggle is not talked about and both my intentions and who I am are questioned socially and professionally. I am well aware of the advantages afforded to me because I am a male and there have been many times when privilege has interfered with the research. In particular saying what needs to be said I too have fallen victim to the paradox of privilege.

As I reviewed the literature I wondered what use a study like this would be. I was reminded of my privilege as a male and the opportunities afforded me. I agree with the premise that my experience as a medical social worker is different than my female colleges. Reading Alfred Kadushin's 1976 article entitled "Men in a woman's profession" was very enlightening for me. In the section headed Male Problems? The first sentence read as follows: "Regardless of problems that might exist, it is clear and undeniable that there is a considerable advantage in being a member of the male minority in any female profession" (Kadushin, 1976, p.441). After reading it I struggled with what to do next and wondered what right I had to ask men to talk about their experiences of being male and a medical social worker. In particular, I wondered how I could write about any problem or challenge that they might have. While my experience told me there was more to it than men enter the field with the knowledge that they are different and have some confidence that their prospects for promotion are higher than those of women as cited in Cavanagh and Cree (1995, p. 83).

Despite my feeling that there was more to it than the previous statement the bottom line was I was afraid and ashamed to write about it. I wondered how I could move past this fear and worried about how the information would be perceived, used and misused if I was successful. I have struggled with the fact that regardless of problems that might exist, it is clear and undeniable that there is a considerable advantage in being a member of the male minority in any female profession. There were many times when I told myself that I should not be doing this study.

As I started and stopped the research over the months and years I asked myself what is getting in the way? I reflected on what makes it so difficult to talk about the relationship between being a man and a social worker so difficult to discuss and explore.

I explored my resistance with colleagues, friends, and committee members. As I talked about my experience it became clear to me that getting a Masters in Social Work, working as a medical social worker, how I related to others, the values I hold, is not considered to be the norm. This was very apparent as I looked at the number of social workers in the department where I work and the number of men (1or 2) in the classes I attended. The simple truth is I am different and as I talked about this common phrases and words were attached to this difference. Phrases and words that included: "not like a man" "anomaly" "unique" "strong feminine side." On one hand I felt somewhat flattered and on the other embarrassed and maybe a little ashamed.

I recall one night after playing tennis with some male friends getting the usual ribbing for not finishing my research I was asked what the study was about. My initial response was vague and general. When pressed further for details, I reluctantly explained the details of the study that was initially met with silence, some teasing and a quick change of the subject. I interpreted this response to mean that this was not something I should be doing. As I talked to the participants of this study this experience was echoed and like me, there were mixed feelings about being a man doing this work and more generally where men as medical social workers are located in our society.

The upshot for me is that there are many opposing points of view about what being male and a medical social worker means. I was faced with this premise on many occasions during this process. In fact, it was only when I fully understood how different the points of view were that I was able to understand my own resistance and examine the phenomenon more closely. While I listened and read about the phenomenon the voice inside my head was "what's not being talked about?" This struggle occurred when issues

of privilege and advantage were raised and the assumptions and feelings associated with it.

Conclusion

The data collection phase proved to be very exciting, it was then that I began to realize how isolating the phenomenon can be and the possibilities that could come from identifying it. My beliefs that there is a role for men in all kinds of social work were reinforced and validated. I appreciated the work that participants did, their struggle to be different and the subtle ways in which they challenged negative traditional male ideologies on a day-to-day, moment-to-moment basis in both at work and at home.

The excitement of the data collection phase carried over into the analysis and I spent my time off immersed in the data. It was important for me to find a way to articulate the essence of the experience in a meaningful and complete way. During this process I was reminded of the words of Robert Kegan "…to understand the way the person creates the world, we must first understand the way the world creates the person" (1982, p.114). I felt like I was getting somewhere and for the first time in a long time I felt that I would actually complete the research process.

CHAPTER SIX: WRAPPING UP

Introduction

As the study comes to a natural conclusion the final chapter will focus on some final thoughts regarding the participants, a return to the literature regarding men and social work and it will include a discussion about the limitations of the study. In addition "wrapping up" will include a discussion of the implications of the findings and recommendations for future research. This chapter will end with some concluding remarks.

Men in social work, is a topic that has been little theorized and largely ignored. The small number of men in the field and the tasks mainly identified as feminine, categorize it as a non-traditional occupation for men. In this study the experience of being male and a medical social worker was explored. The role is considered to be multifaceted where on one hand men are afforded more opportunities and cooperation than their female colleagues. On the other hand there are disadvantages associated with it. This study supports previous studies, which identifies male social workers as 'different,' including how the work is interpreted and conducted. Findings indicate that the experience is all encompassing, paradoxical, and difficult to talk about. Identifying this experience informs and challenges existing theories regarding men in non-traditional occupations.

The Participants

The three participants acknowledged that they were an anomaly in the field. They described how they constructed the work differently than their female counterparts. For

Allan, "There was a lot of the feeling that I was somehow the enemy." Some of the differences included: talking differently, being less emotional and more practical and being prone to taking action and afforded more respect. In addition participants acknowledged that they worked with men and women differently. The differences in the way they worked included: the examples they shared with male and female consumers, more self disclosure was associated with other men, and extra consideration and a slow and cautious engagement was connected to work with female consumers. All participants acknowledged the isolation associated with doing non-traditional work.

All participants recognized the contribution and balance associated with having both male and female medical social workers. In addition, the participants recognized that there were advantages connected to being a male medical social worker and argued opposing points of view associated with that advantage. It was difficult for participants to describe their struggles connected to being a male and a medical social worker as a problem. Role strain as outlined in Kadushin's 1976 study is one possible explanation. Another explanation may be related to male inexpressiveness as described by Sielder (1994) who contends that men have learned to operate within a framework of problem solving that denies feelings.

> Since we learn to discount our emotional needs and desires, learning to treat them as 'irrational' or as interruptions in a rationally directed life, it is hardly surprising that we are deaf to the expressions of others...For many middle-class men it would seem as if life would be much simpler if it could be organized in the rational ways of the office (Christie 2001, p. 114).

Participants acknowledged times when they felt invalidated and silenced. The invalidation came both internally and externally. All participants acknowledged that how

they were socialized and the ways in which their fathers expressed themselves contributed to their experience of being male and a medical social worker.

It is worth considering that respondents may have a belief that the recognition and admission of problems with respect to being male and a medical social worker might be perceived and resisted as sexist and regressive (Kadushin, 1976). This may have lead to keeping certain experiences to themselves.

Returning to the Literature

The literature search yielded very few results with regards to men as social workers and to date I have been unable to find any research directly related to men as medical social workers. I chose to study male medicals social workers as medical social work is considered to be a field within social work that is considered to be feminine and an area where men tend to be noticeably absent (Christie, 1998, Kadushin, 1976). An ongoing significant challenge faced by the social work profession and highlighted in the experience of participants in this study relates to the work of Cliff (1993) and MacDonald (1996) who assert that "caring does not fit too well with perceptions of masculinity and is seen as only a temporary role" (Christie, 2001, p.121). After completing the analysis and making sense of it, it is important to return to literature in order to remind ourselves about what is known and not. The things that stood out for me were: difference, privilege, and neutral stance.

Being Different

The participants in this study acknowledge being different as identified in the literature (Britton & Stroller, 1998, Cavanagh & Cree, 1996, Williams 1993, 1995) and identified differences in how the work is carried out (Cavanagh & Cree, 1996). It has

been suggested that ignoring the differences between male and female social workers has lead to a defeminsing of the work and value base (Cavanagh & Cree, 1996). Participants acknowledged that they were encouraged to engage in certain kinds of work (fix things, agent of social control) and identified tasks that they felt more comfortable engaging in (teaching, problem-solving). Participants talked about the kinds of work that as men, they were guided toward and felt were more acceptable based on societal norms. The roles they identified tended to be roles that were more closely associated with traditional male stereotypes such as: fixing things, being an agent of social control and engaging in administrative work. Interestingly participants valued the work of their female colleagues and suggested that there was room for both.

Despite pressures and tension participants continue to work in medical social work, a field that is more closely associated with work assigned to women. The effects as previously discussed included isolation (Cavanagh & Cree, 1996; Cooney & Bittner, 2001) and a sense that, at times, they did not belong. Failure to discuss these differences has resulted in a suppression of feelings and participants being marginalized.

Other challenges included working with stereotypic definitions of being male while trying to work in an inclusive and equal manner. It is interesting to point out an opposing point of view regarding men occupying roles traditionally assigned to women. According to Tewksbury (in Williams, 1993), men occupying roles traditionally assigned to women engage in a reworking of social and occupational structures that sustain men's privilege and social status. While participants confirmed this in different ways they also identified feeling uncomfortable and the pressure associated with "being expected to have all the answers." I have referred to this as the paradox of privilege.

While reflecting on the principles associated with being different it is important to note that difference can also create opportunity. Allan noted times when he was able to identify factors in the work that his female counter-part had not addressed. He described some of the differences between men and women as complementary and more holistic. Allan also described times when he worked with men who stated that they would not be able to be as expressive with a female social workers and vice a versa.

Privilege

Participants acknowledged advantages that male privilege brings as identified in the work of Williams (1993) such as admiration and respect. The advantages include being seen as more credible within the hospital setting, afforded more respect and experiencing more co-operation and agreement with consumers and their families, to name a few. Interestingly, findings emerging from this study have identified an opposing point of view to the privilege associated with being male and doing non-traditional work. This leads me to draw the conclusion that male privilege connected to medical social work is bittersweet. This viewpoint highlights the struggle of applying principles and ethics of social work such as working with someone rather than directing someone or "fixing" the problem. This issue has been referred to as the paradox of privilege. The paradox of privilege has not really been addressed in the social work literature I have reviewed to date. What is found is that it leads to silence and isolation among male medical social workers. The paradox was identified in other occupations considered non-traditional such as early childhood educators (Cooney & Bittner, 2001).

While participants described feeling like they were not accepted and times when they felt they did not belong because of their privilege, it was noted that there was no

space for these feelings to be expressed. This has lead to times when participants felt censored and silenced both externally and internally. If there were opportunities to discuss differences there maybe more opportunities to challenge and change root causes.

Gender Neutral

This study supports the findings of Cavanagh and Cree (1996), and Christie (1998, 2001), and who found that social work described as gender neutral is problematic. The challenges associated with being male and a medical social worker are pervasive and overlapping. They start when men enter the field and continue into all areas of their lives including their ability and capacity to discuss it. The challenges and tension associated with being male and a medical social worker included being comfortable doing work considered to be both non-traditional and feminine. Gilbert and Scher argue that "...those who choose to enter the field may experience a discrepancy strain, a failure to live up to the standards, expectations, and norms of their traditional gender roles" (in Williams, 1993, p.108).

All participants described the strain they experienced in social settings and ways in which they distanced themselves from the work in their private lives. The words of Keith come to mind "It's not something I would sit down over a beer and talk to a guy about!" This seems to be a common response shared by participants and is connected to experiences of being different and feeling isolated.

Tension seems to come when participants are asked to discuss this part of the experience. The results tended to be a minimization, a distancing of oneself from the profession and isolation, just to name a few. Two possible explanations have been offered to explain this tension. The first explanation relates to the advantage of being a

male minority in a female profession (Cavanaugh & Cree, 1996; Williams, 1995). The second explanation offered relates to notions of men and their sex role socialization. A quote from David Cohen's book, *Becoming a Man* describes the tension experienced by men as follows:

> Our expressions of any negative feelings get repressed. It's hard to accept them as part of life. Rather they show up as being less in control than society tells we ought to be. It isn't that feelings are less intense than those of women but that certain feelings are shameful. Triumph and success are splendid. If you have cause for any other feelings – misery, fear, worry – it's best to hide them. Put on the mask. Assume the stiff upper lip. (Cohen, 1990. p.85)

A significant challenge comes from working in a profession that is largely taken up with the consequences of men's violence (Christie, 2001). The question participants struggle with is - how does a man overcome this? Despite this challenge participants identified the privilege afforded them within the role and also identified the negative assumptions that came both internally and externally. Kelly provides an example of this "…you don't count because you're not really a man". While the meaning of this is not clear it can be interpreted many different ways.

Limitations of the Study

Critics of qualitative research argue that it is too subjective, difficult to replicate, identify problems relating to generalisation and note it lacks transparency. According to Moreau (2000), the primary limitation is that unlike quantitative research, the findings are not statistically projectable to populations under study. The limitation of qualitative research is created by two facts. Firstly, in qualitative research recruitment is rarely representational. Secondly, given that the research necessitates a small sample size there

is a risk that the participants interviewed were significantly different than the rest of the population.

Despite the above I chose to conduct a qualitative study as it makes sense to me and is reflective of my own beliefs and values. Having said that, this phenomenological study is not without limitations.

Firstly, the small sample size has been identified as a limitation and discussed previously. A small sample size leads to questions regarding the representation of the sample. What is known about the sample (which include three caucasian males) is that it did not allow for analysis regarding issues of race, cultural diversity and sexual orientation.

Secondly, the study is not generalizeable and captures individuals in a period of time and space. The narrow field of exploration that excluded experiences of female medical social workers may also be viewed as a limitation as their perspective has not been included.

Finally, given findings that indicated difficulties in discussing the phenomenon, it may have been useful to re-interview participants. While this did not occur due to time constraints it is something to be considered should additional research regarding the experience of being male and a medical social worker be undertaken. It should be noted that participants' verbatim transcripts were returned and additional feedback and clarification regarding the phenomenon was requested. The response was unfortunately limited in that while two participants returned the transcripts their attention was directed at correcting punctuation and spelling rather than adding to the content.

Implications of the Findings

The present findings challenge social worker practitioners, social work educators, and society at large to re-think perceptions and stereotypes associated with males engaged in the work of medical social work. The findings of this study are intended to expand what is known about the experience of being male and a medical social worker. Possible outcomes from this study include confronting current norms, identifying gaps and creating different dialogues and experiences regarding male medical social workers and men in non-traditional occupations more generally. Christie points out "our gender shapes our life opportunities; it shapes our material and emotional experiences; it shapes the way we view others and it shapes their view of us." (2001, pp. 110-11). This study challenges us to consider the paradox of privilege simultaneously.

There are many questions that rise from this challenge including: - How can the profession keep men in it? How can men and women in the field of social work, work in a more equal holistic manner? How do men and men and women challenge and change stereotypical male ways of caring? How does a man challenge dominant oppressive privilege associated with gender? Despite the many questions that remain this study highlights the need to raise the issue of gender in social work education.

Social Work Educators

Despite considerable advantages afforded to the male minority in a female dominated profession such as social work, problems may exist. Working with this contradiction creates a challenge for social work educators. Unequivocally being a male engaged in medical social work is different than being a female engaged in medical social work. This difference is rarely discussed and male students may be unintentionally marginalized.

All of the participants acknowledge the impact that feminist ideology had on them while studying in the field of social work. The participants recognized their privilege, however, found it difficult to talk about their experience of "being different" and "feeling like I don't belong." Kadushin points out that if a male worker has personal doubts about working in a feminine and non-traditional occupation and this is not addressed he may find objections and challenges especially painful (1976, p.441).

This creates a challenge to social work educators in finding ways to include men while validating the experience of women. Tension is created from an acknowledgment that a great deal of social work occurs as direct result of men. This creates a fundamental shift in how social work is defined including acknowledging differences rather than perpetuating definitions that tend to ignore gender issues.

In addition, this study has identified the need to create learning opportunities for men to experience and talk about emotion. If male social workers are uncomfortable talking about difficult emotions and feelings how can they encourage and assist others? Creating ways for this to occur within an academic setting would create opportunities for learning and thus learning could be passed on to others, helping to challenge traditional stereotypes. Male social workers must be given an opportunity to learn new ways of communicating. This includes being prepared to look at feelings and challenging traditional masculine ways of behaving and relating to others.

If male social work students feel more comfortable in the profession they may in fact feel more confident to speak up and challenge oppressive societal practices. Findings indicate that there needs to be a way in which the experiences of being male and a social worker can be discussed in a safe and inclusive manner.

Social Workers

Findings indicate a need for male and female social workers to have dialogues about the work. This should in no way suggests that ideas relating to gender and how women are disadvantaged should be minimized or discounted. It does highlight the fact that attention in this area is needed. This is supported by the work of Ric Bowl (in Christie 2001 p.125) who identifies the importance in the field of community care not to be directed by a limited stereotype of masculinity. "Despite the attention given to feminist theory within social work, we still have too little detailed information about the specific ways in which gender affects the helping process either from the point of view of helper or helped" (Bowls, in Christie 2001, p.125).

This includes how to work together, role definitions and gender expectations. In addition it will be important to learn more about the experience of female social workers working with male social workers. There are advantages and disadvantages to being a male minority in a female dominated profession; however, this experience is seldom discussed and theorized. If we cannot do it among a profession "committed to the goal of effecting social changes in society and the ways in which individuals develop within their society for the benefit of both", where can we? (British Columbia Association of Social Workers Code of Ethics, 1984, p.3).

Society At Large

The study highlights difficulties in relating to male medical social workers (men in non-traditional occupations). This is useful as it creates an opportunity for clarification and dialogue. A discussion of findings in the study may be helpful in identifying subtle ways in which stereotypical gendered thinking is perpetuated in our society. Being male and a social worker is different. Not talking about it leads to misinterpretations and

assumptions for everyone. While we know how to relate to men and social workers we do not know how to relate to male social workers. This statement is transferable to other occupations that are considered non-traditional and should be seriously considered, reflected upon and discussed.

Future Research

As the study concludes I am left with more questions than answers. Not surprising as men and social work has been largely ignored and little theorized (Chrisite, 2001). Future research has been indicated. This includes an examination of male social workers in other areas (including areas of practice, sexual orientation, race and setting [rural verses urban]).

Given that the experience was seldom discussed it would be interesting to investigate assumptions about social workers. This would include studies of family members, consumers, and societal perceptions of male social workers and more generally men in non-traditional occupations.

Returning to the findings of this study I am reminded of the difficulty in discussing the phenomenon and feelings more generally. Given this,a study regarding men, social work and emotional language would be informative. Reflecting on the limitations of this study reminds me of the importance of including the voices of others, in particular the experiences of female social workers working with male social workers.

Conclusion

Participants from this study acknowledged that despite the paradox of privilege associated with being male and a medical social worker their overall perception was that

it was important to have males doing the work. Keith expresses this as follows: "I think that the work is more important than more traditional male roles despite attitudes and stereotypes that go with that." Allan states, "It was definitely a process, I think I belong." Kelly sums this up by saying "you take me the way I am…acknowledge who we are and what we do."

The most significant things that stand out in this study are the overlapping opposing views associated with being male and a medical social worker or the paradox of privilege and the difficulty associated with describing it. The bottom line is there are differences linked to being male and a medical social worker compared to being male in a more traditional occupation. Furthermore participants have observed that the experiences of male and female medical social workers are different. Looking at women in non-traditional occupations may have yielded different experiences and questions.

Finally, participants described differences in the way the work is organized. On the one hand, noting that their approach tended to be more practical and distant. On the other hand, noticing that their female counter-parts tended to be more nurturing and empathic. As previously noted in my struggle to find research related to the experience of being male and a medical social worker little is known about these differences or their implications both personally and professionally.

Overshadowing this study was the participants' commitment to the work and their belief that men in social work play a valuable role. Male medical social workers have taken an important step away from traditional ways of being male into unknown and unfamiliar territory. Leaving the old neighbourhood brings with it both opportunity and challenge. These challenges and opportunities have been largely ignored and little theorized. Social work literature reminds us that paying attention to the differences

experienced by male medical social workers is the right thing to do. In our society working in non-traditional occupations considered to be feminine is not something we should be talking about. My own experience of the phenomenon is a good news bad news scenario: once you leave, you can never go back!

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Appendix A – Email and Attachment

January 08, 2003

Regional Director
Vancouver Island Health Authority

Dear _____ _____:

RE: Recruitment of participants for a study entitled Male Medical Social Workers: the lived experience

I have been granted approval for the above study under the supervision of Professor Barbara Whittington (721- 8044). Approval was received from both the Vancouver Island Health Authority Research Review and Ethical Approval Committee (VIHA file 2002-86) and the University of Victoria Office of the Vice-President, Research Human Research Ethics Committee. I am sending you this Email and attachment/invitation to ask for your assistance in accessing participants for the above study. I have made a similar request to your counterparts and the Social Work Professional Practice Council. The reason I am seeking your assistance is that the Council is not sure that their distribution list is complete and with your assistance possible participants will not be missed. In addition, if I was to contact social work supervisors directly they may some how feel obligated to participate in the study and therefore they would be excluded from an already small sample. If you are interested, the attachment will offer you some additional information relating to the study.

I am an employee in the Social Work Department at the Royal Jubilee Hospital and a graduate student at the University of Victoria. I am currently working on completing a Masters Degree in Social Work. It is my hope that upon receiving this Email you would forward it to your Managers requesting that they forward it to their social work supervisors who in turn will forward it to all medical social workers under their portfolios. It should be noted that as an employee of VIHA, I am excluding social workers with whom I have a pre-existing relationship with. These include social workers from the Royal Jubilee, Victoria General and Gorge Road hospitals.

I would like to acknowledge that your time is important and offer my sincere thanks for considering this request. In order to track this process would you please send me a reply to this Email letting me know if you have forwarded it on. In addition you are very welcome to contact me with any questions at mjyoung@telus.net or by phone at (250) 598-7779 (Home) or (250) 370-8386 (work).

(Attachment)

Attention all Male Medical Social Workers

You are being **invited** to participate in a study entitled **Male Medical Social Workers: the lived experience** conducted by Martin Young under the supervision of Professor Barbara Whittington. The research is part of the requirements for completing a Masters Degree in Social Work at the University of Victoria.

Research of this type is important because it focuses on an area of social work that has been largely ignored and little theorized. It may offer the following contributions:

- Add to the personal understanding of male medical social workers.
- Offer insight into the field of medical social work.
- May be helpful to social work educators in preparing men to work in the field of medical social work.
- Identify some issues pertaining to men working in non-traditional occupations.

All Participants must meet the following criteria:

- Male
- Possess a Bachelor, Masters of PhD in the field of Social Work
- Practicing in the field of medical social work
- Be employed by the Vancouver Island Health Authority

*****Due to a pre-existing relationship social workers from the Royal Jubilee, Victoria General and Gorge Rd hospitals will be excluded.**

If you agree to voluntarily participate in this research **your participation will involve** 1 or 2 (1 ½ - 2 hour) audio taped interviews. There are no known or anticipated risks to you by participating in this study. If you decided to participate, you may withdraw at anytime without any consequences or any explanation.

If you are interested in participating in this study **please contact Martin Young** at home (after work hours) at 598-7779 or by email at mjyoung@telus.net **by December 31, 2002.**

Appendix B – Mail Out

Dear Colleagues,

You are being **invited** to participate in a study entitled **Male Medical Social Workers: the lived experience** conducted by Martin Young under the supervision of Professor Barbara Whittington. The research is part of the requirements for completing a Masters Degree in Social Work at the University of Victoria.

Research of this type is important because it focuses on an area of social work that has been largely ignored and little theorized. It will make the following contributions:

- Add to the personal understanding of male medical social workers.
- Enhance the field of medical social work.
- May be helpful to social work educators in preparing men to work in the field of medical social work.
- Shed light more generally on men working in non-traditional occupations.

All Participants must meet the following criteria:

- Male
- Possess a Bachelor, Masters of PhD in the field of Social Work
- Practicing in the field of medical social work
- Be employed by the Vancouver Island Health Authority

If you agree to voluntarily participate in this research **your participation will involve** 1 or 2 (1 ½ - 2 hour) audio taped interviews. There are no known or anticipated risks to you by participating in this study. If you decided to participate, you may withdraw at anytime without any consequences or any explanation.

If you are interested in participating in this study or have any questions **please contact Martin Young** at home (after work hours) at 598-7779 or by email at mjyoung@telus.net **by December 31, 2002.**

Sincerely,

Martin Young

Appendix C - Newsletter Advertisement

Attention Male Medical Social Workers

A researcher is looking for voluntary participants for a study entitled Male Medical Social Workers: the lived experience. The research is part of the requirements for completing a Masters Degree in Social Work at the University of Victoria. Approval to conduct this study has been granted by both the University of Victoria and VHIA Ethics Committees.

Research of this type is important because it focuses on an area of social work that has been largely ignored and little theorized.

All Participants must meet the following criteria:

- Male
- Possess a Bachelor, Masters of PhD in the field of Social Work
- Practicing in the field of medical social work
- Be employed by VIHA

If you are interested in participating in this study and meet the criteria, or have any questions **please contact Martin Young** at 598-7779 or email at mjyoung@telus.net **by April 18,2003**.

Appendix D - Participant Consent Form

Participant Consent Form

Male Medical Social Workers: the lived experience

You are being invited to participate in a study entitled ***Male Medical Social Workers: the lived experience*** that is being conducted by Martin Young. Martin is a graduate student in the department of social work at the University of Victoria and you may contact him if you have further questions by calling 598-7779 or by email at mjyoung@telus.net. As a graduate student, this research is part of the requirements for a degree in social work. It is being conducted under the supervision of Professor Barbara Whittington. You may contact her at 727-8044 or by email at bwhittin@uvic.ca.

The purpose of this research project is to better understand the researcher's own experience and that of other male medical social workers. This will be accomplished by examining men practicing medical social work. Research of this type is important because it has the potential to add to both the personal understanding of male medical social workers and to the limited research relating to men as social workers. Moreover the study may provide information to social work educators that may well be helpful in preparing male social work students to work in fields of practice considered non-traditional for men, and it may shed light more generally on societal norms regarding men working in non-traditional occupations.

You are being asked to participate in this study because as a male engaged in the work of a medical social worker you are directly related to the phenomenon being studied. You were invited to participate in this study in one of two ways. Firstly, you were invited to participate by email forwarded to you at the researcher's request by your VIHA Social Work Professional Practice Council. Secondly, you may have found out about this study by an advertisement posted in one of the three VIHA newsletters. Participants should be aware that social workers employed at the Royal Jubilee, Gorge Road and Victoria General hospitals have been excluded from the study due to a pre-existing relationship with the researcher. Given the recent amalgamation of VIHA the exact number of male social workers employed in the VIHA is not known, according to the Social Work Practice Council distribution list there are approximately 120 social workers employed in the region. While the exact sample size required for this study is not known, phenomenological studies are typically based on10 or fewer participants. Participants meeting the sample criteria will be recruited until the researcher ceases to learn new information and theoretical ideas seem complete.

In order to participate in this study you must meet the following criteria: 1) male; 2) practicing in medical social work; 3) possess a Bachelor, Masters, or PhD in the field of social work; 4) be employed by the Vancouver Island Health Authority.

If you agree to voluntarily participate in this research, your participation will include one or two (1 ½ to 2 hour) audio taped interviews. Notes may be taken during the interview. The interviews will take place at an agreed upon location. The interviews will be transcribed by the researcher and examined to better understand the phenomenon as

experienced by you. Your statements will be formulated into descriptions of the experience and then clustered into themes. Finally, the themes will be integrated into a universal description of the experience representing the group as a whole. Participation in this study may cause some inconvenience to you, including the sharing of your time without monetary compensation and minimal travel costs depending on the agreed upon location.

It Should be noted that discussing the experience of being male and working as a medical social worker could be emotionally sensitive given that the topic relates to men doing work that is considered to be both non-traditional and feminine. If a participant was to have an emotional reaction to the questions being asked or the information they have provided during the interview the researcher has expertise in the area psychotherapy. The researcher will be able to assist the participant in managing the reaction and assessing future needs which may include referring them to community counseling services or employee assistance programs.
The potential benefits of your participation in this research include adding to the personal understanding of male medical social workers. In addition, information may be gained that could be useful in preparing male social work students entering non-traditional fields of practice. Further, this study may help to clarify more generally some of the societal norms regarding men working in non-traditional occupations.

Your participation in this research must be completely voluntary. The information and detail you provide is also voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you withdraw from the study, the data collected up to that point would be destroyed unless the researcher specifically obtains another written consent form to use it. Participants will have an opportunity to review and modify the information provided once the researcher has transcribed the taped interviews.

Every reasonable effort will be made to ensure your anonymity. These efforts include: the use of a broad based sample, the coding of interview tapes and transcribed notes, and the altering of identifying information such as names, work sites and work areas. As I am sure you are aware being male employed as a medical social worker makes you a minority among your colleagues. For that reason, despite the researcher's efforts to protect your anonymity there is a chance if you choose to participate in the study that you maybe identified.

Ensuring that all data obtained is stored in a locked filing cabinet will protect your confidentiality and the confidentiality of the data. Data gathered for this study will be disposed of six months after the study has been completed by erasing tapes, deleting computer files and shredding transcripts. The study and collected data is a requirement in order to complete a Masters Degree in social Work. The results of this study will be shared in a Masters thesis and once the thesis has been completed you will be contacted and a copy of it will be made available upon your request. Likewise, it is my plan at some future date to write an article adding to the limited literature pertaining to men as social workers.

In addition to being able to contact the researcher and supervisor at the above phone numbers, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Associate Vice-President, Research at the University of Victoria (250-472-4362). Other individuals that may be contacted regarding this study

include Dr. Ernie Higgs, Vancouver Island Health Authority (SI) Research Review and Ethical Approval Committee at 727-4110, Dr. Patricia MacKenzie by email at patmac@uvic.ca and Dr. Mary Ellen Purkis by email at mepurkis@uvic.ca.

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

_____	_____	_____
Name of Participant	*Signature*	*Date*

A copy of this consent will be left with you, and a copy will be taken by the researcher.

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Title of Thesis:

"Not Something I Would Sit Down Over a Beer and Talk to a Guy About."
Male Medical Social Workers: The Lived Experience.

Author 

Martin Allan Young

August 30, 2003

VITA

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Educational Institutions Attended:

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Simon Fraser University	1984 to 1986
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Degrees Awarded:

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