

**Work-Related Experiences of Medical Workers Occupied in Gendered Professions
in the United Kingdom and Republic of Ireland**

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This research analyses the education- and work-related experiences of people occupied in gendered professions on the case of female surgeons and male nurses in the United Kingdom and Republic of Ireland. The study aims to discover specificities and particularities that accompany these people in their every-day professional life and during education, and compares experiences of men and women. Besides, this study builds a theoretical framework that allows similar analysis in other professional spheres and countries. Overall, this research contributes to the knowledge of gender as of an omni-present category that influences all spheres of our lives.

A theoretical framework for analysis of work-related experiences of people working in atypically gendered professions is proposed to be conceptualized around an integrative paradigm that views gender as a social structure in which gender division of labor plays one of the key roles [6]. The theoretical analysis consists of two aspects.

First, it investigates the notion of gender with close focus on three levels on which it operates as a social structure: institutional level, the level of interactional expectations and the level of internalized gendered selves [6]. Special attention is paid to inequalities which this structure produces and its intersection with other structures such as race, class and sexuality.

Second, gender division of labor is put under analysis. The process of “doing gender” and masculinity/femininity as one of the tools of that process, are proposed as key factors that allow gender division of labor to exist. Two theoretical standpoints are discussed: gender division of labor as gender hierarchy which privileges men and gender division of labor as structural inequality that is more sensitive to context [3]. Practical examples of gender division of labor are demonstrated through discussion of such terms as gender pay gap, sexual harassment, “second shift” etc.

Besides, the study includes literature review of existing papers concerning people working in atypically gendered professions in general, and female surgeons and male nurses in particular. The former is mostly represented by research that analyses discrimination that women face in this medical specialty during education, training and when already in profession [2,5]. The latter is researched from two oppositional points of view. The first point argues that male nurses face discrimination in the same way as women in male-dominated occupations [1,4]. The second point of view, however, highlights the phenomena of “glass escalator” that pushes men to administrative and better paid positions within profession. The term was widely studied by Williams, 1992 [7] who stressed the existence of structural advantages that accelerate men’s careers in female-dominated occupations.

The empirical part of the research consists of analysis of sixteen biographical interviews conducted with female surgeons and male nurses trained and/or working in the United Kingdom and Republic of Ireland. The informants were recruited via professional communities’ accounts on social media (Twitter and Facebook) and via snowball method after acquiring contacts in the field. The interviews were conducted via Skype, all of them were recorded and coded by axis coding method. Interviews covered three major topics related to professional life of

the informants: their experiences during education and training, their career paths and their relationship with peers, colleagues, superiors, patients and “outsiders”.

Preliminary results of the empirical data analysis show that the main phenomena that female surgeons face during their professional lives (both in training and in profession) is an impact of stereotype about surgery as of a “male” profession: they are often mistakenly referred to as nurses by patients and they often face surprised reactions from people outside medical sphere. While noting that there are significantly more female surgeons in the United Kingdom and Republic of Ireland now and that the processes of recruitment and placing have become more objective, respondents point out that system is still struggling to accommodate them - for example, maternity leaves are perceived by the respondents as something that could jeopardize their careers.

At the same time, male nurses also face consequences of nursing being viewed as “female” profession: they feel that tasks that require physical strength are not distributed evenly between male and female workers and sometimes they are stereotyped as homosexuals. Although more interviewed male nurses occupied different kinds of managerial positions within hospitals than female surgeons, no conclusion about “glass escalator” could be made as there were no structural mechanisms noted and the difference could be due to other factors.

Both, female surgeons and male nurses, noted that generational component played a significant role in the attitudes and perceptions of them as professionals. For example, older patients were more likely to question their qualifications than young ones. Both groups also pointed out that younger people were less likely to think of them as of someone “sticking out” because of their gender.

As a result, this study investigated education- and work-related experiences of female surgeons and male nurses, confirming some of the previous findings in the field, but also marking certain improvements in terms of creating environment of equal opportunities. Theoretical framework used for this study can also be used for further analysis of gender-marked professions and workers employed in them in different countries. Besides, this research contributes to the field of studies that compares experiences of men and women which is potentially beneficial for acquiring a broader perspective on gender.

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