Explaining gender divisions of labour in physiotherapy and radiography: a qualitative study

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Appendix 1

Benefactors to the study

The Sir Richard Stapley Educational Trust

Reid Trust

BFWG Charitable Foundation

The Chartered Society of Physiotherapy, including the Barbara Halsey Memorial Fund and Members Benevolent Fund

British Sociological Association

The University of Sheffield

Sheffield Grammar School Exhibition Foundation

Appendix 2

'Lay' and professional descriptions and definitions of physiotherapy and radiography

- **Physiotherapy is the treatment of disorders or injuries with physical methods or agents.**

Physiotherapy is used to prevent or reduce joint stiffness and restore muscle strength in the treatment of arthritis or after a fracture has healed. It is also used to reduce pain, inflammation and muscle spasm and to retrain joints and muscles after stroke or injury.

Methods of treatment used by physiotherapists include exercises which may be active or passive, massage, heat treatments (including ultrasound and short wave diathermy), cold (such as ice packs), H2O (hydrotherapy) and electrical currents (as in TENS).

Physiotherapy is also concerned with the maintenance of breathing capacity in people with impaired lung function or the prevention and treatment of pulmonary complications following surgery. Physiotherapists help treat severe respiratory diseases (e.g. chronic bronchitis) and care for the respiratory needs of patients on ventilators or recovering from major operations. Techniques used include breathing exercises, percussion, postural drainage and the administration of oxygen, drugs or moisture through nebulisers.

- **Radiography - in health care - is the use of radiation to obtain images of parts of the body.**

(Diagnostic) radiographers prepare patients for Xray examinations, take and develop Xray pictures and assist with other imaging techniques. Radiographers give the patient any special instructions that s/he must follow during the Xray examination. Once the examination begins the radiographer is responsible for positioning the patient to provide the best picture of the part under investigation. Radiographers also assist radiologists in performing specialised Xray examinations, such as contrast medium studies and carrying out other imaging techniques such as radio-nucleiide scanning, ultrasound scanning and MRI.

Radiotherapy is the treatment of cancer and occasionally other diseases by Xray or other sources of radio-activity. Before treatment, calculations are made of the doses of radiation needed and of the directions from which the rays should be aimed. The areas of the patient's body to be targeted are marked directly on the patient or a plastic coat s/he wears. The treatment is usually performed on an out patient basis with the patient receiving the treatment several times a week. The patient lies on a table under the machine in a room designed to prevent radiation leakage. A (therapautic) radiographer operates the machine which sends Xrays in the predetermined directions and amount, through the diseased area of the patients body. The procedure causes no discomfort and usually lasts just a few minutes.

Ref: Smith, Tony (medical editor). 1990. *The Complete Family Health Encyclopaedia*. British Medical Association. London: Dorling Kindersley.

- **Physiotherapy**: treatment of injury or disease by exercise, heat or other physical agencies.
- **Radiographer**: obtains picture (radiograph) by Xrays, gamma rays etc.

Ref: Elliott J. (ed). 1997. *The Oxford paperback Dictionary and Thesaurus*. Oxford: Oxford University Press.

- **Physiotherapy**: treatment of disease by remedies such as massage, fresh air, electricity rather than by drugs.
- **Radiography**: photography of interior of body or specimen by radiations other than light, as Xrays (etc); radiotherapy as treatment of disease by radiation, as by Xrays (etc).

Ref: Chambers 20th Century Dictionary. 1983

Physical therapy

Physical therapy is the field of medical care that uses exercise and such physical agents as heat, light, water, and massage to treat certain physical disabilities. Among its objectives are the relief of pain caused by surgery or by medical problems; the improvement of muscle strength and mobility; and the improvement of such basic functions as standing, walking, and grasping in patients who are recovering from debilitating illnesses or accidents or who are physically handicapped.

The physical therapist uses different types of rehabilitative treatment. Heat may be applied to ease stiffening and pain in the joints. The heat source may be a hot bath or a hot compress, special heat-creating lamps, or DIATHERMY or ultrasound waves, both of which generate heat in tissues that are too deep to be reached by external heat applications. Massage is a standard physiotherapeutic technique, both for easing pain and for improving circulation. Hydrotherapy is useful for the slow work of rebuilding wasted muscles. The most frequent type of treatment, however, is exercise, carefully chosen to increase joint mobility or to improve muscle strength and coordination.

Patients with physical handicaps may be trained in learning or relearning elementary motor functions, such as holding a spoon or turning a doorknob. Or they may be taught how to use crutches, prosthetic devices, or other mechanical aids.

Practicing therapists may work in hospitals and other health-care institutions, for physicians or for other therapists, for private or government agencies, in schools, or in private practice. Their work is often closely coordinated with that of the OCCUPATIONAL THERAPIST because both fields involve training patients to improve their motor abilities.

Radiography

The technique known as radiography, in which X RAYS are passed through objects to produce photographic images called radiographs, is used for medical and industrial purposes. Because X rays have a short wavelength and high energy, they can easily penetrate most matter.

Radiography is used medically to diagnose such disorders as tumors and bone fractures. In order to reduce the amount of X ray energy used by up to twentyfold, thus reducing the patient's exposure to ionizing radiation, the film is coated with fluorescent crystalline substances. When these fluorescent substances are used, visible light is produced by the X rays and is permanently recorded on the film. Barium sulfate is often given to a patient to improve contrast if a particular organ, such as the stomach needs to be photographed. Industries use similar radiographic techniques to examine manufactured goods for internal flaws without damaging the product.

Radiation therapy

Radiation therapy, or radiography, is a branch of RADIOLOGY used to threat CANCER. A patient is exposed to ionizing radiation in doses designed to kill a malignancy. Malignant tissues are most sensitive than normal tissue to radiation exposure and can be treated if they have not spread throughout the body and are not surrounded by normal tissue that is especially sensitive to radiation, such as the spinal cord. Sophisticated physical and biological techniques are used for radiation therapy, often accompanied by computer analyses (see NUCLEAR MEDICINE). A radiation therapist develops a treatment plan that permits the absorption of a fatal amount of radiation by all tumor cells but causes relatively minor damage to normal tissue. The usual mode of therapy is an external high-energy beam directed at the tumor site for a few minutes a day for 2 to 6 weeks, depending on the type of malignancy. X RAYS, gamma rays, and such isotopes as cobalt-60 and iodine-131 are often used.

Ref: Grolier Encyclopaedia 1996

Appendix 3 Participants in the study

96 people volunteered to participate in the study, taking part in different parts of the fieldwork. The tables indicate whether people were interviewees, survey respondents or both, as well as biographical details.

The sample by professional group and sex:

- 38 Physiotherapists:
  - 27 females;
  - 11 males
  - (plus 2 females; 1 male pre-physiotherapy interviewees).
- 54 Radiographers:
  - 36 females;
  - 18 males
  - (plus 1 female pre-training interviewee, probably choosing diagnostic radiography).
  - 44 Diagnostic Radiographers: 30 females; 14 males.
  - 10 Therapy Radiographers: 6 females; 4 males.

The sample by professional stage and sex:

- 41 qualified staff: 29 females;12 males.
- 51 students: 34 females;17 males.
- 4 pre-training: 3 females;1 male.

Sub group samples

KEY: = questionnaire returned
* not sent a questionnaire
f = female, m = male
C = Community, H = Hospital
Pr = Private sector
1, 2 3 = year of course (for students)

physio = physiotherapy
radiog = diagnostic radiographer
radioth = therapeutic radiographer
Ex = previously employed in
educ = course lecturer

PHASE 1: PILOT INTERVIEWS (not fully transcribed or analysed)

Interview number	Sex	Occupation & Location		Interview date
1	f	Physio	C	5. 5.95
2	m	Radioth	educ	9. 5.95
3	f	Radiog	ed uc	9. 5.95
4	f	Physio	H	17.5.95

PHASE 2: QUALIFIED STAFF

Questionnaire number ✓ if returned	Sex	Work location and occupation	Interview date	Interview number
1	f	H Radiog.	20.7.95	6
2 ✓	f	H Radiog	5.9.95	18
3	f	H Radiog	19.7.95	5
4 ✓	m	H Radiog	7.9.95	22
5 ✓	m	H Physio	23.8.95	12
6 ✓	f	H Physio	22.8.95	10
7 ✓	f	H Physio	31.8.95	17
8 ✓	f	H Physio	No interview	
9 ✓	f	H Physio	24.8.95	13
10 ✓	f	H Physio	16.8.95	8
11 ✓	f	H Physio	No interview	
12 ✓	m	H Physio	26.7.95	7
13. ✓	f	H Physio	No interview	
14.	f	H Physio	No interview	
15. ✓	f	H Radioth.	6.7.95	3
16. ✓	f	H Radiog	6.7.95	4
17. ✓	f	H Physio	29.6.95	2

18. ✓	f	H Radiog	28.6.95	1
19. ✓	f	H Radiog	16.8.95	9
20. ✓	f	C/Pr Physio.	23.8.95	11
21. ✓	f	C Physio	7.9.95	21
22. ✓	f	C Physio	30.8.95	14
23. ✓	f	C Physio	No interview	
24. ✓	f	C Physio	No interview	
25. ✓	f	PC Physio	No interview	
26. ✓	f	H Radioth.	20.9.95	24
27. ✓	f	H Radioth.	6.9.95	20
28. ✓	m	H Physio	31.8.95	15
29. ✓	m	H Radiog	6.9.95	19
30. ✓	m	H Radioth.	31.8.95	16
31.	m	H Physio	20.9.95	25
32. ✓	m	H Physio	19.9.95	23
33. ✓	m	C/Pr Physio	25.10.95	26

PHASE 3: UNIVERSITY STUDENTS

Questionnaire number ✓ if returned	Sex	Course and year	Interview date	Interview number
1 ✓	f	Radiog 3		
2 ✓	m	Radiog 3	22.2.96	4b
3 ✓	m	Radiog 3		
4 ✓	f	Radiog 3		
5 ✓	f	Radiog 3		
6 ✓	f	Physio 1		
7 ✓	f	Physio 1		
8 ✓	f	Physio 1		
9 ✓	f	Physio 1		
10 ✓	f	Physio 1	14.2.96	1b
11 ✓	f	Physio 2		
12 ✓	f	Physio 2	22.2.96	3b
13 ✓	m	Physio 2		
14 ✓	m	Physio 2	6.3.96	7b
15 ✓	m	Physio 2		
16	m	Radioth 1	14.2.96	2b
17 ✓	m	Radioth 3	28.2.96	5b
18 ✓	f	Radioth 3	21.3.96	8b
19 *	f	Radioth 2	*dropped out	
20 ✓	f	Radioth 2	3.4.96	12b
21	f	Radiog 2		
22	f	Radiog 2	29.2.96	6b
23 ✓	f	Physio 3		
24 ✓	f	Physio 3	26.3.96	9b
25 ✓	f	Physio 3		
26 *	m	Physio 3	*dropped out	
27	m	Radiog 2		
28 ✓	f	Radiog 2	27.3.96	11b
29 ✓	m	Radiog 2	27.3.96	10b
30	m	Radiog 2		
31 ✓	f	Radiog 2		
32 ✓	f	Radiog 1		
33 ✓	f	Radiog 1		
34 ✓	f	Radiog 1		
35 ✓	m	Radiog 1	17.4.96	13b
36 ✓	m	Radiog 1		

37 ✓	m	Radiog 1		
38 ✓	m	Radiog 1		
39 ✓	f	Radiog 1		
40 ✓	f	Radiog 1		
41 ✓	f	Radiog 1		
42 ✓	f	Radiog 1		
43	f	Radiog 1		
44	f	Radiog 1		
45 ✓	f	Radiog 1		
46 ✓	f	Radiog 1		
47 ✓	m	Radiog 1		
48	m	Radiog 1		
49 ✓	f	Radiog 1		
50 ✓	f	Radiog 1		
51 ✓	f	Radiog 1	23.4.96	14b

STAFF QUESTIONNAIRE SAMPLE (n = 29)

Survey form no.	**Occup group**	**Year qualified**	**College location**	**Total cohort**	**Female students**	**Male students**	**% females**
2	DR	88	Sh	14	12	2	86
4	DR	87	Sh	15	12	3	80
5	P	83	Sa	34	25	9	74
6	P	92	Sh	41	35	6	85
7	P	86	?	24	23	1	96
8	P	83	?	22	14	8	64
9	P	91	?	37	5	32	86
10	P	88	Sc	?	?	1	?
11	P	90	?	28	24	4	86
12	P	94	Pi	28	20	8	71
13	P	84	Sh	40	37	3	92
15	TR	71	Co	2	2	0	100
16	DR	75	Sh	10	7	3	70
17	P	94	No	26	23	3	89
18	DR	73	Sh	?	20	?	?
19	DR	54	Sh	12	9	3	75
20	P	81	Ma	25	25	0	100
21	P	86	Le	28	22	6	78
22	P	82	?	30	30	0	100
23	PRG	81	Pi	30	27	3	90
24	P	85	?	25	20	5	80
25	P	85	Co	23	22	1	95
26	TR	87	Sh	3	3	0	100
27	TR	77	Sh	4	4	0	100
28	P	90	Bi	30	24	6	80
29	DR	81	Hu	6	4	2	66
30	TR	95	Sh	9	7	2	73
32	P	90	Br	22	14	8	64
33	P	84	?	26	22	4	86

Summary - staff participants training

- **Qualifying year** - by decade and number of respondents
  Range: 31 years. From 1954 - 1995

• 1950s	1		1x1954
• 1960s	0		
• 1970s	4		1x1971; 1x1973; 1x1975; 1x1977
• 1980s	16	(1980-84 = 8)	3x1981; 1x1982; 2x1983; 2x1984
		(1985-89 = 8)	2x1985; 2x1986; 2x1987; 2x1988
• 1990s	8	(1990-95)	3x1990; 1x1991; 1x1992; 2x1994; 1x1995

- **Course size**
  Range: 2 - 41
  - P = 22-41
  - R = 2-20
  - DR = 10-20
  - TR = 2-9

- **College locations**
  - 3 radiography college locations
  - 9 physiotherapy college locations
  - 10 were students locally (2P; 5DR; 3TR).

  No-one studied in the same course cohort/group

- **% female students** on course **(n = 27)**
  Range: 64 - 100%
  - Physios: 64 -100;
  - Rads: 66 -100
    - 64 - 80% = 12; 7P; 5R (4dr; 1tr)
    - 81 - 90% = 7; 6P; 1R (1dr)
    - 91 - 100% = 8; 5P; 3R (3tr)
    - 2 non responses - 1p; 1dr

PHASE 4: INDIVIDUAL RECRUITS (not sent a questionnaire)

Private sector staff

Interview number	Sex	Work location and occupation	Interview date
27	m	Pr Physio	4.7.96
28	f	Pr.H Radiog	18.9.96
29	f	Pr.H Radiog	3.10.96
30	m	Ex Radiog	17.10.96

Pre-training college students (interviews summarised not transcribed verbatim)

Interview number	Sex	Probable course	Interview date
1p	f	Physio	26.6.96
2p	m	Physio	2.7.96
3p	f	Physio	9.7.96
4p	f	Diag radiog	29.8.96

Appendix 4 The interview guide

Early interviews:	Later interviews:
Background/biographical information;	schooling: subjects, careers advice; family/parents/siblings occupations; interests/abilities; health care/illness.
Personal career choice	how, when, where and why; alternatives considered/experienced; gender in choices; pay, prospects, power, status, information, clinical content and role, caring, technology, abilities, interests; gender in choice.
Other people's choice of physiotherapy/ radiography (p/r)	gender in choices; experience versus stereotypes.
About the gender mix in p/r	reasons for/expers of the gender mix " " female majority as contrasted with reasons for male minority; consequences of gender mix: for self, patients and profession; changes in gender mix: past, current and future; perceptions of change.
Experiences of working/training in p/r	experiences of gender at work/college;with colleagues, other professions and with patients; exper of p/r as 'career'.

UNIVERSITY OF SHEFFIELD
DEPARTMENT OF GENERAL PRACTICE
c/o NORTHERN GENERAL HOSPITAL,
SHEFFIELD.

RESEARCHING THE GENDER MIX IN THE PHYSIOTHERAPY AND RADIOGRAPHY PROFESSIONS

STAFF QUESTIONNAIRE.

Please complete this questionnaire independently of colleagues, and ***return to the researcher in the stamped addressed envelope within two weeks of receipt, and at the latest by 9th February.***

Do not spend longer than 20minutes to complete the form. If you do not wish to/cannot answer all the questions please indicate this, by slashing through the particular question.

This questionnaire is one part of a series of data collections being conducted for a PhD research project. ***All information obtained will be treated as strictly confidential*** and any material quoted directly from the questionnaires will be anonymised.

Thankyou.

Sheila M Kennedy

There are 17 questions to complete.

1) Your age:..................   2) Your sex:..................

3) Years of training? 19.... →19......   In which course? ....

4) When did you first consider physiotherapy/radiography as a career?   19........

5) Other occupations you considered? a) ....
b)....................................... c) ....

6) Other occupations you have done? a) ....
b) .... c) ....

7) As far as you can recall, what were your MAIN reasons for your career choice?

....

....

8) What were your MAIN negative concerns about your career choice? (If any).   ....

....

....

9) Were there any gender aspects to your career decisions?   Yes/No   (Delete as appropriate). If yes, please give details   ....

....

....

10) Give the specific sources of your pre-application career information:
Please indicate in the box(es) whether it was generally a positive or negative source of information.   (+ve or –ve)

- Friend/s ☐
- Family ☐
- Personal experience (e.g as a patient) ☐
- Careers advice/advisor ☐
- Teacher/s ☐
- Other - please specify ....

Any details about the above information ....

....

....

11) When you were training, how many male/female students were in your year?

....

12) **Prior to training,**

a) Did you make any visits to hospitals/clinics/departments or do any 'work experience'? Yes/ No (delete as appropriate).

b) What were the **main** impressions you had of the job then? ....

....

....

c) What were the **main** impressions you had of the people that did the job?........

....

....

13) Why did/do you think you are suited to the job? ....

....

....

14) What reasons can you suggest for your profession attracting more women than men? ....

....

....

15) Do you think the proportions of women to men joining your profession are likely to change in future years? Yes/No (Delete as appropriate)

If yes, to what extent? to 30%male..... 50%male..... 70%male.....(Tick √)

16) What factors do you think would lead to changes in the proportions of women to men in your profession? ....

....

....

17) What might be the consequences of changes in the proportions of women to men in your profession? ....

....

....

ANY other comments/ideas about the proportions of women and men in your profession. ....

....

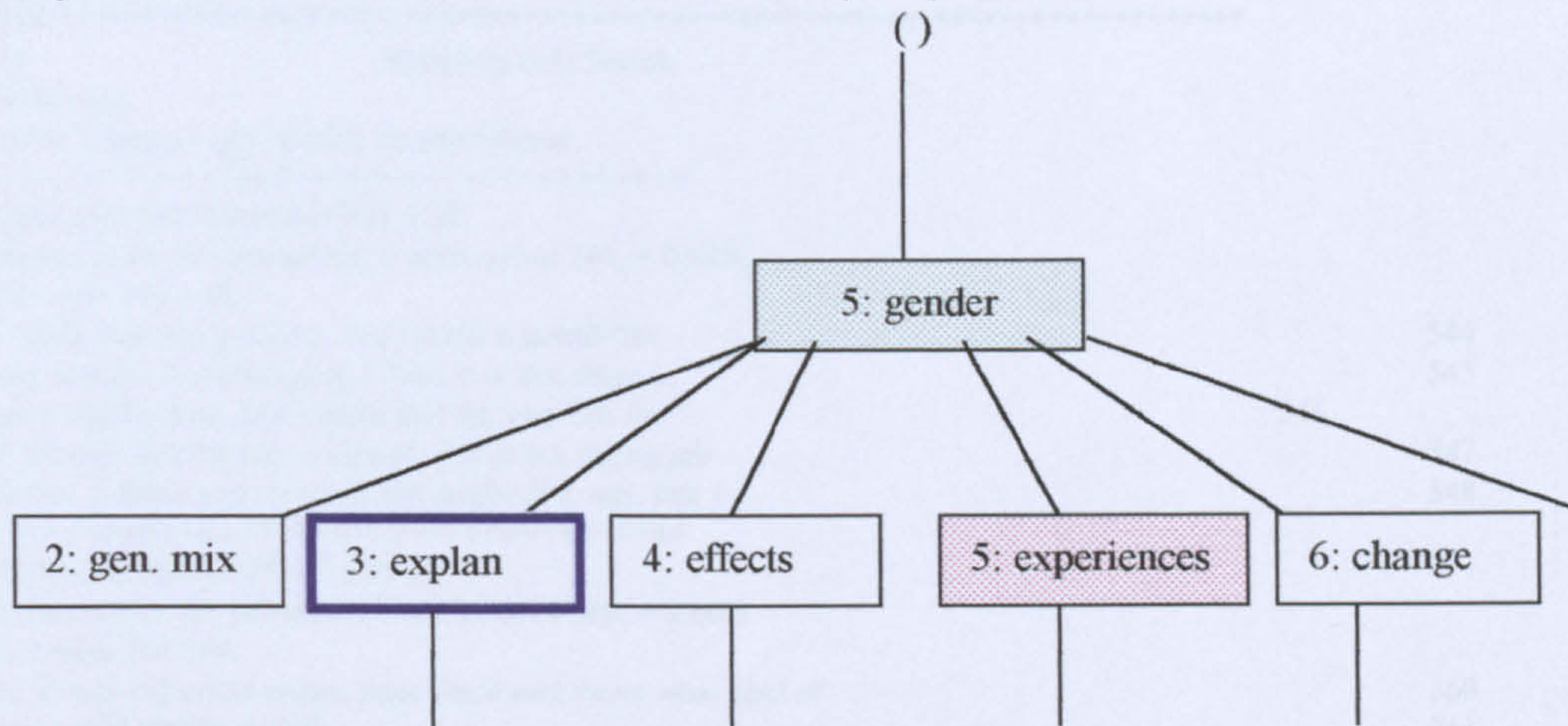
THANKYOU VERY MUCH FOR YOUR TIME AND CONSIDERED OPINIONS. sq1.1doc

Appendix 6 Nud*ist text search and summary of findings

Q.S.R. NUD.IST Power version, revision 3.0.4 GUI.
Licensee: University of Sheffield.
PROJECT: HPROFS, User Sheila, 7:32 am, Aug 15, 2000.
+++
+++ Text search for ' [sexual I queer I effemin I gay I macho I girlie I feminine I manly I soft] ,
'sexual' or 'queer' or 'effemin' or 'gay' or 'macho' or 'girlie' or 'feminine' or 'manly' or 'soft'
+++ Searching document INT 10B...
of women's work and elements of SEXUALity as opposed to 590
does that actually mean a man doing it isn't a MANLY man? What 592
related to radiography about my SEXUALity, but then again if 595
confident about his SEXUALity whatever that may be, and that is 600
what matters, not what the SEXUALity is, but being confident 601
homoSEXUALity then ? 603
anything about my SEXUALity, so I have no worries about it, 605
and your SEXUALity is yours kind of thing. 608
+++ 8 text units out of 614, = 1.3%
+++ Searching document INT 12B...
on in society as being you know that women are always SOFTer, 542
+++ 1 text unit out of 740, = 0.14%
+++ Searching document INT 4B...
Alevels, because nursing wasn't a SOFT option but with project 83
+++ 1 text unit out of 425, = 0.24%
+++ Searching document INT 25...
the SEXUAL harrassment or the molestation, side of things, I, 442
+++ 1 text unit out of 779, = 0.13%
+++ Searching document INT I4P...
+++ Searching document INT 30...
+++ Searching document INT 28...
+++ Searching document INT 17...
Er, SEXUAL harrassment probably is too strong a word for 306
you do get your SOFT tissue injuries and the sports injuries 458
+++ 2 text units out of 681, = 0.29%
+++ Searching document INT 22...
you've got to be careful of er, complaints from you know, SEXUAL 684
harrassment, and SEXUAL interference and things like that, so I have 685
+++ 2 text units out of 839, = 0.24%
+++ Searching document INT 12...
FEMININE? 970
Mmm, again that's sort of biSEXUAL isn't it really, and 975
+++ 2 text units out of 1096, = 0.18%
+++ Searching document INT 13...
+++ Searching document INT 23...
Er, now in terms of SEXUALity, I not really, I think it's 518
and status, and power, MACHO and things like that. 549
men who display a lot of FEMININE characteristics, er, I don't 641
setting, there shouldn't be any SEXUAL connotation going on, 668

'sexual' or 'queer' or 'effemin' or 'gay' or 'macho' or 'girlie or 'manly' or 'soft' :
++ Total number of text units found = 113
++ Finds in 36 documents out of 68 online documents, = 53%.
++ The online documents with finds have a total of 22963 text units,
so text units found in these documents = 0.49%.
++ The selected online documents have a total of 33186 text units,
so text units found in these documents = 0.34%.
+++

Example of search: data indexed at node (5 3)



Q.S.R. NUD.IST Power version, revision 3.0.4 GUI.
Licensee: University of Sheffield.
PROJECT: HPROFS, User Sheila, 6:24 pm, Nov 23, 2000.
****

(5 3) /gender/explanations
*** Definition:
explanations for gender mix, gender experiences etc in own profession
++
+++ ON-LINE DOCUMENT: INT 10B
+++ Retrieval for this document: 147 units out of 614, = 24%
++ Units: 369-424 523-613
++
+++ ON-LINE DOCUMENT: INT 12B
+++ Retrieval for this document: 217 units out of 740, = 29%
++ Units: 514-730
++
+++ ON-LINE DOCUMENT: INT 4B
+++ Retrieval for this document: 32 units out of 425, = 7.5%
++ Units: 393-424
++
+++ ON-LINE DOCUMENT: INT 25
+++ Retrieval for this document: 172 units out of 779, = 22%
++ Units: 559-730
++
+++ ON-LINE DOCUMENT: INT 28
+++ Retrieval for this document: 27 units out of 138, = 20%
++ Units: 65-82 90-94 132-135
++
+++ ON-LINE DOCUMENT: INT 22
+++ Retrieval for this document: 53 units out of 839, = 6.3%
++ Units: 202-208 764-800 828-836
++
+++ ON-LINE DOCUMENT: INT 12
+++ Retrieval for this document: 89 units out of 1096, = 8.1%
++ Units: 60-62 455-490 493-511 900-930
++
+++ ON-LINE DOCUMENT: INT 23
+++ Retrieval for this document: 168 units out of 860, = 20%
++ Units: 285-381 410-418 530-555 755-790
++
+++ ON-LINE DOCUMENT: INT 3
+++ Retrieval for this document: 159 units out of 1189, = 13%
++ Units: 558-600 700-800 1056-1060 1095-1099 1139-1143
++

Appendix 7 Nud*ist text search with 2 line spread

```
******************************************************************************
(12 18)                    /search/A Text Search
*** Definition:
Search for '[stigma | ego | pride]' no restrictions
+++++++++++++++++++++++++++++++++++++++++
+++ ON-LINE DOCUMENT: INT 12B
+++ Retrieval for this document: 5 units out of 740, = 0.68%
++ Text units 544-548:
never really had that problem, and I think it is still like                 544
that and whether it is changing, I think it is that there is                545
still got a stigma there, but I think that the way that the          546
actual the way that the job is viewed, that it is a caring job              547
I think that is what puts them off but maybe if it was, like I              548
+++++++++++++++++++++++++++++++++++++++++
+++ ON-LINE DOCUMENT: INT 22
+++ Retrieval for this document: 5 units out of 839, = 0.60%
++ Text units 360-364:
SK. So if they did know or not, once you'd told them, what kind of          360
reaction would that provoke?                                                361
Er, pride really, yeah, I'd done well at school I'd, I'd gone               362
into an area that neither my parents or my sister had gone into, er,        363
the lady I was talking about before, her daughter had gone into             364
+++++++++++++++++++++++++++++++++++++++++
+++ ON- LINE DOCUMENT: INT 4
+++ Retrieval for this document: 5 units out of 678, = 0.74%
++ Text units 601-605:
S.K So sort of positive experience, being a man ?                           601
mm, Yes                                                                     602
S.K. The friendly teasing and ego boosting, and also you said,              603
possibly, easier career development. (J.H. yes) So from the                 604
man's point of view it seems like quite a good career to get                605
+++++++++++++++++++++++++++++++++++++++++
+++ ON-LINE DOCUMENT: INT 11B
+++ Retrieval for this document: 15 units out of 575, = 2.6%
++ Text units 99-103:
(50) Q. So what kind of things were making you decide yes or                99
no, to the different thoughts?                                              100
I wanted to do a degree, mainly for my own ego, I wanted                    101
to sort of prove that I had the brains that after leaving                   102
school, that I could actually do a degree, that gave me a job               103
++ Text units 484-488:
Q. Mnm, yes, do you think of being a doctor, doing medicine,                484
as being in a caring profession, is it health care?                         485
I think a lot of people do medicine for the ego trip and                    486
the responsibility and the social standing it brings you in                 487
life, nothing to do with wanting to make people better, that is             488
++ Text units 495-499:
of an ...?                                                                  495
Oh it should be looking after people...                                     496
Q. No but your impression of it is that it is more of an ego                497
thing.                                                                      498
Yeah the vast majority of those I have come across, they                    499
+++++++++++++++++++++++++++++++++++++++++
+++ ON-LINE DOCUMENT: INT 11
+++ Retrieval for this document: 15 units out of 789, = 1.9%
++ Text units 581-586:
SK. So there's various aspects to what you've just said then,               581
the money, the independence, the autonomy.                                  582
Mnm; the ego as well isn't it ? I mean al though women                      583
Have egos, yes they do, but they're able to trample on them a               584
little bit more readily than men can, it's a genetic thing I                585
think really, is that they have to be, have to be able to be                586
++ Text units 612-620:
that will quite easily stand up for themselves and say "No                  612
way". I mean although I'm making it sound like men are very                 613
egocentric and all the rest of it, and mm, they are, but there              614
are women who are just as egocentric and just as capable of                 615
being single-minded and focussed on what they want, but it's                616
just in the past they haven't even been given the chance to be              617
```

Appendix 8 Colour coding and margin notes

180 Well, yes, maybe not at the time but since then when I've
181 been speaking to him in the last few years he says that it
182 being a female dominated profession things -often they
183 don't put their foot down where their rights are affected -
184 like at the moment - the local pay situation - they don't
185 seem to stand up and be counted. So its almost like they
186 let things happen and that's what he thought.
187 He thought that was because they were women?
188 Women, yes, that's right, yes.
189 S.K. So where did you train then, at p?
190 Yes. Started there in 1991.
191 S.K. Were there any other male students in your year?
192 Yes, there were eight of us all together.
193 S.K. In your year?
194 In our year - out of, the class originally was 32
195 dropped down by four so that was 28.
196 S.K. Was that similar in the other years.
197 It seemed to be that similar -.it was about 25% and then
198 looking back - I remember looking at photographs going back.
199 to the eighties and it was usually about the same.
200 S.K. So what was it like being a student physiotherapist? Did you
201 enjoy the process?
202 Yes and no. Sometimes I didn't, no. From an academic point
203 of view I actually struggled to be honest. Over all I think
204 I struggled - I think that was with just learning it. The
205 amount of stuff you have to learn is incredible. I mean, I
206 was warned about this, my friend had said 'There's a lot of
207 work' but you don't know until you do it. And although I've
208 done a degree I felt this was the hardest thing I'd ever
209 done. It was harder than I thought it would be. I thought
210 I'd be able to get through it all right but it was harder
211 than I expected.
212 S.K. What was your degree in?
213 Geography
214 S.K. Right. So did you have to do any exams to get in to
215 physiotherapy?
216 No, I didn't no. It was an unconditional offer.
217 S.K. Had you done any science apart from the sort physical
218 science?
219 Only to O level, I took physics and chemistry
220 S.K. So was it the academic side then that was the main problem?
221 Yes, it was just the learning, the revising. I was finding
222 it difficult - more difficult to remember things and also I
223 felt I needed more time to go over things [telephone
224 ringing] - that'll get answered - I'm losing track here
225 other people in the class they would take it in straight
226 away whereas I felt I needed a bit more time for revising,
227 and going back home to do the work I felt I needed longer to
228 do it than some people and I found that hard
229 S.K. How did you get on within the student group - was it a
230 friendly group?
231 Yes, friendly. I had no problems really although I don't
232 think I - because it was a bit of a gap. I don't think I
233 really sort of - I didn't associate really with anybody
234 outside of college hours generally speaking and that was
235 male and female. Some of the older girls there I did, I
236 still know and keep in touch wit, but they're the ones
237 closer to my age group and the same with the lads really. I
238 get on better with the lads who were closer to my own age

Margin notes: gender mix experience; g. mix experience; g. mix experience; g. mix experience; training experience; career selection advice -ve; educ → degree; educ – geography; entry experience; quals; educ – science O level; training experience – struggled; g-mix experience

Career selection | Background | Gender related | Experience

Appendix 9 Descriptive summaries: career selection (examples)

1. FEMALES

a) Radiographers

Interview 4

Failed Maths O level for banking - second choice - **chance vacancy** from advert in paper **plus mother's encouragement** - wonderful to work in **hospital.**

Not scientific, academic, presumed above her level - ***a little bit of a step up*** (58), to be a **student** and have fun, plus **enjoyed hospital** work - **caring attitude, looking after people. Satisfying** to help, plus ***you see an end result pretty soon*** (153). **Went along** with offer, but worried about physics/academic ability - done biology (OK at school), enjoyed physics (at night school) - help/relevant to course/job. Lack of confidence generally - **shy,** yet therefore could **relate to nervous needy people.**

Saw job as **a way to work with people,** but ***didn't want to get too involved*** (230)

Diagnostics - ***wanted patients to get up and walk away and everything would be all right*** (238-9). Therapy too difficult to cope with.

Interview 8B

Wanted **physiotherapy - sport interest** - chose **science A levels,** plus to **go away to university. Caring profession,** not nursing - tough job, no credit. Other options with physiotherapy, **therapeutic radiography - patient contact, get to know. Second choice.**

Physio from sport and caring as good/suit - not very academic, wishy-washy.

Therapy - more **patient contact** than diagnostic plus a **bit different - interesting.**

Failed grades from physiotherapy offer - via 'clearing' onto therapy course - interview - little knowledge of job - treat/work with people with cancer, to get rid of cancer - ***main thing was to go away to university.*** (117-8) - possibly could try to change once started. No personal experience of cancer in family.

Reservations/**worries** - how to comfort **upset people,** to answer questions - especially **psychological/emotional aspects,** coping with workload/**academic knowledge, skills** and communicating. **Physical aspects - OK.** General lack of confidence.

Parents proud, friends unsure - long terms on course, incredible to work in this area - impressed - a very caring person.

Bonus of virtually **guaranteed job** after course.

b) Physiotherapists

Interview 8

Decided early in school - related to **sports/athletics involvement. Alternative to nursing. Not wanting a degree course. Appropriate and enjoyable** plus **caring** aspect - always wanted **caring profession** - enjoyed working **with people, in a medical field.**

Did voluntary work with handicapped; mothers friend a physio - encouragement. Always in back of mind - nursing or physio.

Hospital visit developed insights, helped choice - **extent of physio involvement, autonomy/own decisions, variety.**

2. MALES

a) Radiographers

Interview 2B

Original/**long term desire** to do physiotherapy - repeatedly **in hospital/helped by physios - repay debt** to NHS, **aware/liked work/people** in physiotherapy - continuity/effect - appeal/satisfaction. Long term patient care. ***Attributed my health to them*** (48)

School problems/college for course - fulfil closest alternative to ambition via BTEC course. Careers advice - star sign.

Experienced good physio - had a fair few ratty nurses. Considered Project 2000.

Second choice - actual **treatment** in therapy, **long term patient care/contact** - not just rehab - OT. Physiotherapy not viable **- *requires phenomenal grades*** (34). Maybe transfer later. Degree for a job - good thing from radiotherapy. No personal experience of therapists.

Late decision. Rent payment clinched decision - ***tutor was over the moon my parents loved the idea. I was still coming to terms with it.*** (110-1). A very **worthwhile endeavour.** A **career** to fall back on. Not impressed to discover all female course - surprised and shocked - experience of hospital environments/ aware of female majority, not exclusively female. Mainly female friends/company.

Main reason - owe the health industry, my duty to pay them back, or help people in the future. ***All I've ever wanted to do was work in the health industry*** (458) - physiotherapy brought itself forward.

b) Physiotherapists

Interview 23

Changed for satisfaction - atmosphere/effect/physical and mental work/not too sedentary. Very good match - **what wanted out of** job plus personal/science **qualifications.** Skill with hands, to help people, ***'right action' and a good way to move.*** (76-77). Something **worthwhile, satisfying,** not boring, involved with people, concrete. **Academic level of course = only worry.**

Visit: **really nice people/atmosphere,** ?pre-existing characteristics of people or from doing the job = **nice to work there. Broadness of areas** appealed **- *a totally top idea in every way shape and form*** - really enthusiastic (139). Impressed by atmosphere and effect - job enjoyment - positive about what they were doing. Recognised (more than osteopathy/chiropractic). Get a job with status/career /structure/opportunities: a male thing ??

Felt right. A **total change** in my working **career.** Largely to do with the people. Enjoy group/teamwork and **female environment**/hospital atmosphere. (Previous factory work with women). **Easier,** good place to be - humour, banter, not petty - focussed on the serious, profound aspects of peoples lives, trying to affect change - not worried about being male minority - felt comfortable around women - less competetive environment - could be some positive aspects - always known. Concerned about wrong gender stereotypes.

Mostly interested in **human aspects/content** of job. Not concerned about **money and status** - the materialistic side of it. Emphasis on using hands/manual skill- knew a lot of physical contact involved. Giving to people = laudable. C***haracteristics needed would make me a better person***! (752-3) Buddhist phase. ***A wholly moral job*** (760). **Keen to have broad range of options.**

- **Experiences of training, work and career** (examples)

Female experiences of training

Interview 3 Therapeutic Radiographer	
137 278 302 400	Diploma course post A levels (>necessary). Joint with diagnostic radiographers but chose therapy from start. Tiny cohort (2). Informal timetable taught by doctors. Enjoyed it all. No regrets ever. Patient contact/relationship over time/relative autonomy. Mix of high tech & caring*/clinical (both hands on) + background knowledge & understanding academic/theoretical knowledge, e.g. loved working on old machinery - fascinating. *physical & emotional caring - not talk re diagnosis of cancer with patients = difficult. Liked to be helping people. New 'nursing care in practice' = ward outlines, hygiene, diff hospital areas. Early patient care OK because previous experience in old people's home - old naked man = shock/disappointment (like grandparents) (had expected to find it difficult) V nervous with first patients - how will I react. Amazed re patients' openness & pts acceptance of staff even when just observing - talked re this - got used to it & just do it clinical procedure = not nice for patient. Not taught re gender aspects of handling/caring for patients except not be alone with naked , but not re patient's perspective with 2 's

Interview 14B Diagnostic Radiographer student	
       531- 534	Year out before starting. Likes combination of microdetail & macro-anatomy. Not keen on gory bits- get used to it/adapt/as a routine. Likes university feel of course (not hospital based) Men in radiography not been gay nor different attitude to or different with patient care techniques & sometimes are better. Patient care stems from technical - radiation protection role, care with technique/positioning being good/accurate - brief touching = important aspects of radiographers' care role. Also care re patient comfortable keep still better result. Rotations as student difficult staff/areas – found better than at relating to patients & staff as and = surprising = a bad stereotype (not just interested in getting the film)

Male experiences of work

Interview 23 physiotherapist
Likes colleagues, atmospheric, variety of treatments, teamwork, finds environment easy/pleasant, no harassment/caring. visibility works both ways. OPD: curing, high turnover, limited involvement = enjoy specialisms - different skills, handling, challenges; all = rewarding. Agency (not gender) Physical closeness unavoidable/OK for (pace of job/involvement/emotional caring harder? For)? Life experience. *Career - part time as disabled (not common for man to work part time) Patients - gender preferences, not easy to categorise, works both ways, care with ?, cover yourself/their modesty. Professional relationship = trust ("keep sex out of the equation") Elderly confused ladies like men (offered sex!). Some refused him. Not ask why = prying not taught/intuitive, sensitivity. Rels with colleagues/other professionals increased status as (knowledgeable specialised expert)

Interview 30 ex diagnostic radiographer: now NHS resource manager
Technical developments: merging of hospital depts/equipment/ specialisms - jack of all trades. Clinical areas run by junior bosses/supts. Enjoyed radiography - daily variety / pace of work, valued/ limited time with patients. Caring as responsibility (paternalism) for patients' safety (radiation). Working relationships: Drs' authority (master servant relationship , assertiveness) previously drs ? any difference with radiographers

Male experiences of 'career' (job versus profession)

Interview 15 physiotherapist	
	Wanted universal qualification travel opps.
	V dominated profession (middle class & white)
	View "brilliant profession except financially" especially for breadwinner. Therefore private/sport with outpatient skills for increased money.
130-137 166-178	Soon planned to go abroad & earn more if into private/outpatient work. Took initial NHS job to build broad basic experience for better future prospects. Increased focus on specific outpatients, career direction after 1 year qualified.
581-589	Always had future in mind, with career/ specialisation, course specialisation, decisions
787-801	including money as well as interest/enjoyment coping with emotional strains.
	Early choices (course projects & rotational courses) like a lot of other men sport/outpatients.
833-848	Career qualification enabled to travel & work abroad = another common factor/appeal.
859-867 920-940	Career in caring profession nearly all, in hospitals, caring/massage (involved touch & emotions)
991-8	Above nurses but under doctors' orders with low profile/pay Therefore want a career away from all these independent/autonomy of private work, with increased pay, also not caring for 'sick'
	Medicine with higher profile i.e. health care hierarchy concerns some/many (> ?)
	Status of profession concerns some/many . ∴build status of profession for/with more ?Via increased pay as incentive and increased profile/publicity. Or men may still leave after basic rotation experience.

Interview 16 therapeutic radiographer	
169-172	As a younger person's course/career
226-234	Sees it has become more of an out and out job, before a bit of extra 'pocket money' for women...not just extra £ but some as prime earners.. not family
267-306	Low lack of public awareness/image of the work few
386-395	Work as professionals with control, authority & knowledge, with responsibility for patient welfare/treatment, doing their best & ignoring sex of individuals as far as possible.
526-527	Pay/career factors important to a few but not for all. Not gendered
530-543 547-557	Divisions/differences in pay for different hospitals as bad thing, unity across profession is better.
560-572	Pay = more than adequate - could get more elsewhere. Initial pay = comfortable salary with possibility to progress, promotion/increased pay opps. Potential £60k at top levels.
	Sees pay/grade depends on individual choice/experience. top not so easy for late starters (like him) doesn't want increased responsibility anyway.
573-574 579-583 636-638	Sees 20-25 years career ahead in profession, willing to move for jobs. supt of dept as personal vision limits. More £ outside of NHS but £ not everything. OK/good enough £, drs get more because responsibility level: prescribing.

Interview 19	diagnostic radiographer
443-446	No ambitions to increase grade before or since started not like others who want to specialise & get promoted (rather than seniority & specialise)
507-508 511-512	Because basic pay is limited, therefore have to do overtime ++. Increased autonomy/responsibility/independent work as increase experience and competence. Supervised less
294-304	Enjoyed variety - staff, patients/conditions/treatment
480-493	Applied for senior II because job content, & not needed extra training before job, just experience. Then transferred with hospital closures. O/time done more by staff (breadwinner role)not most seniors (earn enough)
527-534	Basic pay not v good compared to other equivalent professions, only OK if single/no commitments.
549-555	Only aware of ££ since started working. Easy degree career/opens up opportunities.
568-569 633 782-783	Likes environment Can be advantageous for promotion/career for as minorities "more likely to get to the top".
807-808	Most seniors , into research, get name known (less career orientated) as high achievers. Top promote/appoint other especially if done the courses etc,
823-828	research ambitions. Increased career expectations on , external influences Therefore he gets remarked on
847-849 830-844 850-853	for not conforming Doesn't want increased responsibility/studies for promotion. Promotion for £ and power = ego trip/go into management/boss others around. Do less technical/science/treatment of patients
857-863	? degree will increase status of profession/career, increase appeal.

Interview 27 private physiotherapist
RG did conversion to physiotherapy in 80's 'complementary skills'. Some hostility from older physiotherapists, did well out of it with increased work opps. Never interested in private sector work - worked out v well, not been motivated by success/£/career. Year out, marriage/kids responsibility increased/alongside promotions senior II/I superintendent 3 then (asked to do it) over difficult period of transition, over ++. Seen as more neutral than other one. Not keen on higher management = decreased clinical contact for staff/admin, now OK as for himself. private career gives increased autonomy/£ - own business = less safe

Appendix 10 Brief notes: career selection examples

1. FEMALES

Interview 1

Mainly for satisfaction related to interests and being of service - interesting job the main thing - to help people (without hurting) - effect/diagnose for cure/end product. Liked hospitals, wanted (limited) relationship with patients - suited personality and academic abilities/interests - science and art. Money and short course fitted what she wanted from accessible career.

Interview 3

Second choice - failed A levels for medicine - mainly for satisfaction from interests in science/cancer and relationship/contact with patients. Nursing as typical girl's option - more science wanted, limited by academic level.

Interview 14B

Decided during A levels - various aspects - satisfaction from enjoyment of science, limited/quick (easier)caring/contact with patients - 'healing' effect remembered -enjoy continuing learning process in radiography technology - changes/challenges. Mainly for benefits of regular hours, career prospects/opportunities, specialisms /variety, travel - profession. Considered in relation to/suited academic level.

Interview 11

During A levels - from range of medical professions - for satisfaction - enjoyment using interests - sporty, active, people-work - job content - hands on caring. Also looked good, could do it - long term - not prospects/pay - variety/people/atmosphere/profess.

2. MALES

Interview 7

Changed jobs for satisfaction - espec from effects (impressed/incredible). Also related to using interests (sport) = appeal/enjoyment. Do good/feel good - both personal and others get something good out of it. Warned about female majority/elite/things you'll not like doing at first. ? benefits for male minority.

Interview 19

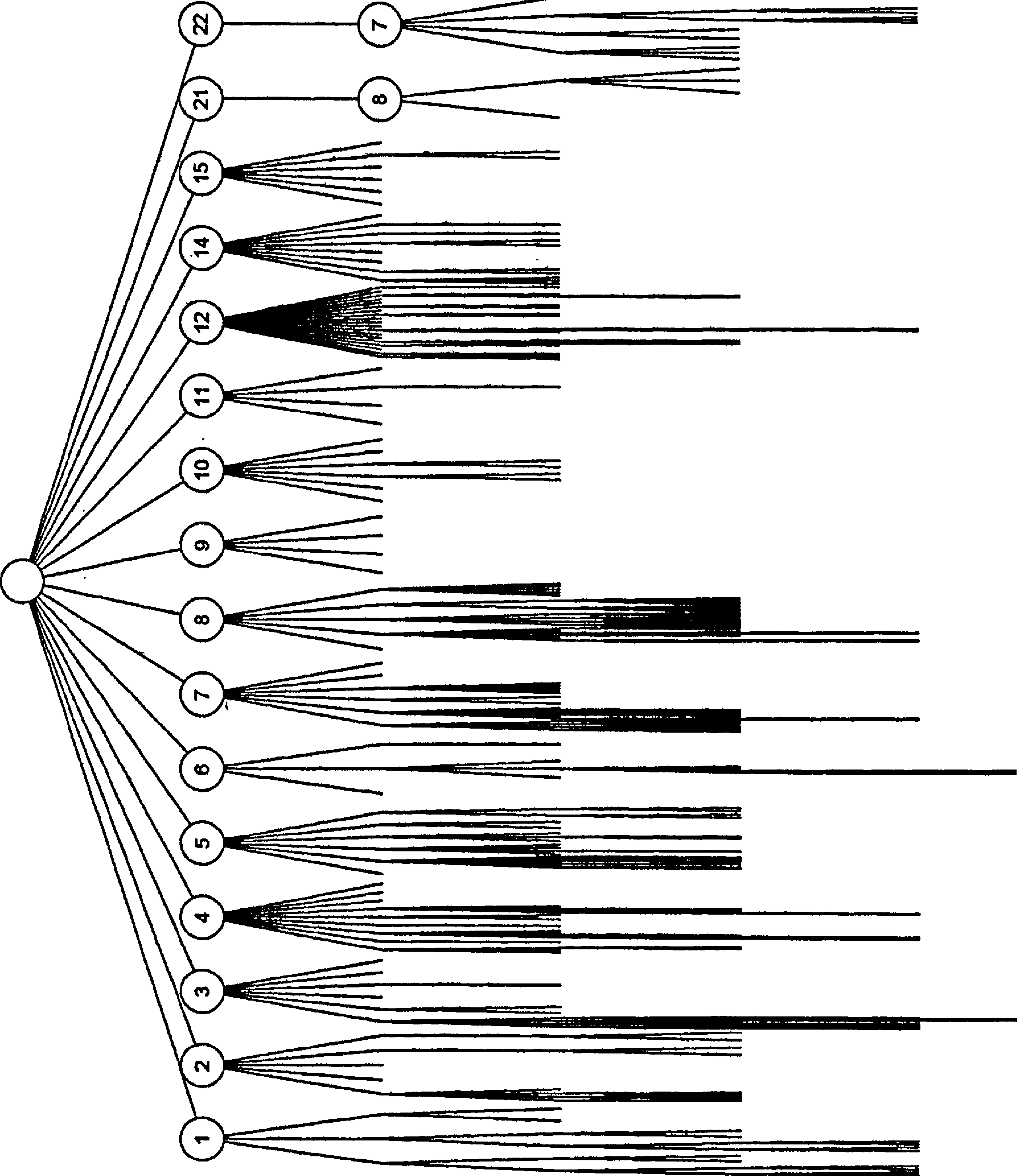
Mainly chosen in relation to satisfaction - science/technical interests/enjoyment in context of failed exams - limited academic abilities. Liked 'female' atmosphere of workplace preferred. Considered nursing - too effeminate - numbers and nature. Not the only male.

Interview 2B *

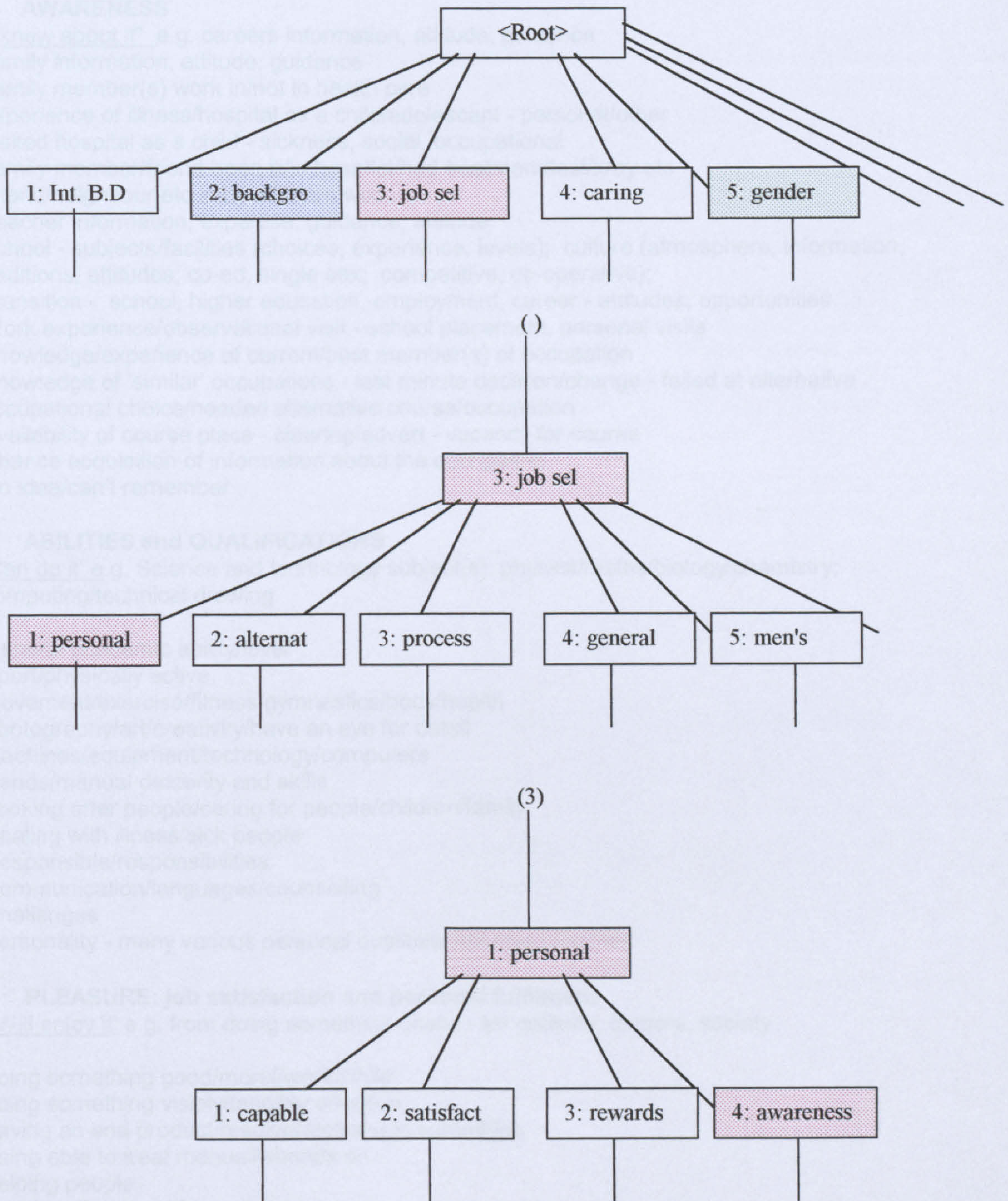
Second choice - academic level below physiotherapy - both closely related to satisfaction from doing good - to repay personal debt to NHS, plus effect, relationship with patients. Aware of/OK with female majority in health care- surprised/shocked by no other men on course.

*left course before qualifying

Appendix 11 Nudist tree



Example of Nud*ist Tree and Nodes Index System (3 1 4 = Job Selection, Personal, Awareness)



Appendix 12 Factors in career selection

First level codes within second level constructs

- **AWARENESS**

"I knew about it" e.g. careers information, attitude, guidance
Family information, attitude, guidance
Family member(s) work in/not in health care
Experience of illness/hospital as a child/adolescent - personal/other
Visited hospital as a child - sickness, social, occupational
Family member/friend been ill/in hospital/had treatment/test/xray etc
Friend/neighbour etc in health care work
Teacher information, expertise, guidance, attitude
School - subjects/facilities (choices, experience, levels); culture (atmosphere, information, traditions, attitudes; co-ed, single sex; competitive, co-operative);
Transition - school, higher education, employment, career - attitudes, opportunities.
Work experience/observational visit - school placement, personal visits
Knowledge/experience of current/past member(s) of occupation
Knowledge of 'similar' occupations - last minute decision/change - failed at alternative occupational choice/needed alternative course/occupation
Availability of course place - clearing/advert - vacancy for course
Chance acquisition of information about the occupation
No idea/can't remember

- **ABILITIES and QUALIFICATIONS**

'Can do it' e.g. Science and technology subject(s): physics/maths/biology/chemistry; computing/technical drawing

General academic ability/level
Sport/physically active
Movement/exercise/fitness/gymnastics/body/health
Photography/art/creativity/have an eye for detail
Machines/equipment/technology/computers
Hands/manual dexterity and skills
Looking after people/caring for people/children/family
Dealing with illness/sick people
Responsible/responsibilities
Communication/languages/counselling
Challenges
Personality - many various personal qualities/attitudes identified

- **PLEASURE: job satisfaction and personal fulfilment**

'Will enjoy it' e.g. from doing something useful - for patients, doctors, society

doing something good/moral/worthwhile
doing something visibly/tangibly effective
having an end product/result/effect/create something
being able to treat manually/hands on
helping people
working directly with people/patients
making a difference in people's lives/illness
looking after people
caring for people
having/building relationship with patients
using sport/being physically active/moving around
science subject(s)
working with machines/new technologies/computers
challenges/having to think on your feet/mental stimulation
constant changes/developments

autonomy/responsibility/independence
work organisation/assessment/decisions/treatments/doses
working with people/teamwork/colleagues
doing something in medical field
doing something in a hospital
like atmosphere of hospitals - excitement, security, support, healing
achieving long term ambition (to work in hospital/health care/profession)
doing a respected job
combining theory and practice/apply knowledge and skills
repaying my community/the NHS
something I can do well/uses my talents/skills
something interesting/a change
something a bit unusual/different/special/fascinating
working with women

- **GOOD CAREER REWARDS and BENEFITS**

'It's a good career' - offers/provides good prospects e.g. Recognised job/profession
Money/pay/salary
Good job
Suits level of ambition
Better conditions than medicine and nursing - hours/shifts
Career structure
Shorter course/career ladder than medicine
Part-time and job share opportunities
Maternity leave/career break attitudes/arrangements
Ideal profession for women
Enhanced promotion opportunities for men
Opportunity to work with women
Security
Independence
Opportunities to travel/work abroad/move around country (international qualification and globally applicable skill)
Vocational and 'professional' degree
Opportunity to go/not go to university/be a student
Job/employment guaranteed/always needed
Diversity of employment opportunities - specialities/sectors/levels/locations
Variety - specialities/skills/mental-physical work/equipment/patients/settings
Provides a good/useful/effective skill
Easier to get into than medicine - lower grades (?)

Appendix 13 Properties and dimensions of factor categories in career selection

Awareness

- Direct/Indirect - from first or second hand sources - From people: personal; parent, family, friend, teacher, careers advisor etc. From books/written/media sources. From places: school, hospital, clinic/departments, sports clubs etc.
- 'Types' - subjective/objective - factual information; experience; personal opinion; impression; perception; stereotype. - experiential; verbal; written; visual;
- Values of/Content (dimensions) - complex or simple; particular or general; positive or negative; recent or long term, cognate or subconscious.

Qualifications

- Types - personal/inter-personal, social, recreational, technical, academic; natural, acquired or achieved.
- Level - basic or advanced; assessed or assumed; at, above or below entry requirement.
- Relevance - particular or general; essential, useful or indirect.
- Effect - satisfaction, enjoyment, interest, ability.

Pleasure

- Types - internal: personal - feel good, fulfilment, altruism, satisfaction, enjoyment; intellectual/scientific/academic - profession; external: social/moral - worthwhile, doing good, helping, caring, vocation, valued, valuable; practical - useful, doing good, effective, active, visible/tangible.
- Sources - job content: challenges - intellectual/academic, social, personal and emotional; skills, techniques and subjects; Relationships - direct/indirect: with patients, colleagues, doctors, bosses, individual or group; Contexts: situations and atmospheres - intense, exciting, dramatic, difficult, changing, varied, supportive, therapeutic, hospitals; Competences - use abilities, do something well, (see previous construct).; Personal values - health, health care work/ professions/institutions, doing good; Outcomes - effect, care, cure, ease, improve, help, agency.
- Levels - high/low; duration - short/long term impact/effect - positive/negative, immediate/delayed.

Benefits

- Types - Material - pay/grant, university/hospital, course, employment, uniforms; Organisational - holidays, hours, shifts, variety, female-oriented; Potential - qualification, career, specialities, prospects, travel; Ephemeral/ideological - independence, security, status, autonomy, ambition, power, authority, respect.
- Sources - Status - social and economic value, qualification - degree or diploma, 'profession'; Security - employment, salary, NHS; Level: academic, occupational, professional - between medicine and nursing etc; Opportunities - specialities, sectors, grades, part/full-time, variety.
- Timing - immediate, future, occasional, regular, progressive.

Appendix 14 Career selection as 'process': 'pathways to a decision'

Definitions of the 5 dimensions:

- **Duration: short or long**
  Within the sample the time taken to reach their final decision varied widely, from those reached in a few days to others taking many years.
  Short = less than one year;
  Long = more than one year.

- **Detail: simple or complex**
  The four types of factors considered above are used to define the level of complexity in the decision-making process, and combined with the number of distinct stages or phases in the decision process (as crossroads in the pathway).
  Simple = those that focussed on details relating to two or less of the constructs, and involved 3 or less stages or phases;
  Complex = those that considered factors relating to three or all of the constructs, and involved 4 or more stages or phases in the consideration process.
  Any transcripts that involved many factors but few stages, or vice versa, was categorised by the number of factors considered in the decision.

- **Agency: active or passive**
  At different stages of the process respondents were more or less active/passive, but the category given for this element is based on *two main indicators*:
  - the overall proportion of *active and passive phrases*: (e.g. *I decided* to look into, *I went* to find out, as compared to *It was suggested, Somebody told me),* and
  - the mix of various *information-gathering activities* (e.g. asking, reading, observing, visiting departments).

  In transcripts that were neither more active nor passive in phrases, the script was defined by the number of activities.
  Passive = if two or less types of active behaviour and information source were used (even if described 'actively');
  Active = if three or more types of active behaviour and information sources were used.
  Decisions taken against advice/recommendations of a 'significant other' (e.g. parent, inside 'expert', teacher/careers advisor) are always defined as active.

- **Range: broad or narrow**
  This dimension involves the range and type of occupations reviewed within the *total* career decision-making process.
  Broad = when the decision involved occupations other than health professions
  Narrow = if only health professions were ever considered (as indicated in both interview and questionnaire).

- **Timing: early or late**
  This is when the respondent *finally* decided on physiotherapy/radiography.
  Early = before taking 'A' level examinations;
  Late = after 'A' level examination results or leaving school.

Appendix 15

Professional bodies and state registration figures

NB Figures include retired, life, honorary as well as practising members, in and out of NHS and UK. Large majority of practitioners are members of prof bodies as they provide best/cheapest liability insurance.

Have to be state registered to practise in NHS.

CSP: Approx. 32000 members including 4000 student and 1000 assistants in CSP in 1995; rise to 34000 members with 1300 assistants by 1997 (CSP Annual Report 1995; 1997)

August 1998 Total: 29,529; X 26,703; Ξ 2826; **90.4%X; 9.6%Ξ.**

Society of Radiographers

Feb 1997 Total (dr and tr) 13526; X 11638 Ξ1888 **86.1%X; 13.9% Ξ**

June 1998 Total 12,723; X 11,003; Ξ1720; 86.5%X; 13.5%Ξ

December 2000 Total 17553; X14968; Ξ2585; 85.4%X ; 14.6% Ξ.

State registered physiotherapists 1998; CPSM: 27975

State registered radiographers 1998; CPSM: 18511

Appendix 16
CONVERSION RATES by sex, course and ethnic group (1994-1996)

Physiotherapy, Therapeutic and Diagnostic Radiography Applications, Offers and Acceptances/Enrolment.

Number Of Places 1996

Locally - Physiotherapy 70; Diagnostic Radiography 55; Therapeutic Radiography 12.
Nationally - Physiotherapy 1440; Therapy Radiography 161; Diagnostic Radiography 527.
UCAS and university report **excess numbers of applicants to available places**: approximately 20:1 in physiotherapy, 12:1 in diagnostic radiography and 10:1 for therapeutic radiography. However this figure is misleading, as some people apply to more than one course or institution, and overall the radiography profession reports problems with obtaining sufficient numbers of suitably qualified candidates, resulting in the number of places filled at the start of training lower than number available/funded.

- **GENDER**

% MALE APPLICANTS to courses (locally; *nationally*)

Year	Physiotherapy Locally; *nationally*	Therapeutic Radiography Locally; *nationally*	Diagnostic Radiography Locally; *nationally*
1994	26; *28*	16; *16*	22; *23*
1995	27; *28*	17; *17*	22; *23*
1996	28; *29*	22; *19*	24; *24*

% MALE students ENROLLING on courses (Locally; *nationally*)

Year	Physiotherapy Locally; *nationally*	Therapeutic Radiography Locally; *nationally*	Diagnostic Radiography Locally; *nationally*
1994	18; *22*	33; *33*	19; *22*
1995	19; *20*	10; *10*	29; *23*
1996	26; *23*	20; *16*	15; *20*

Physiotherapy: smaller numbers of males than females apply and enrol each year, with percentages ranging from **26-28% male applications** and **18-26% male enrolment.**

Male applicants enrol at lower rates than female applicants, both nationally and locally.

National figures for applications by gender are very similar to local figures, but enrolment figures vary a little.

Radiography: smaller numbers of males than females apply and enrol each year, with percentages varying from **16-24% male applications** and **10-33% male enrolment.**

The **conversion rates by gender for radiography courses vary** year on year, and by the two branches of the profession; the percentages applying are fairly constant for each branch with a **higher percentage of male applicants to diagnostic than therapeutic radiography.**

In *diagnostic* radiography in 1995 a higher proportion of male than female applicants enrolled, but in 1994 and 1996 a higher proportion of female than male applicants started; the percentages and conversion rates for the *therapeutic* branch vary substantially year by year. However as this course is very small (locally and nationally) the differences may be due to the increase/decrease of a small number of males/females rather than due to major shifts.

The percentage numbers and conversion rates are similar for local and national data sets in therapeutic radiography but inconsistent in the diagnostic branch.

NB Some differences between Society of Radiographers and UCAS data on enrolment 1996

Gender and ethnicity

There is no available data on the sex of ethnic minority applicants and enrolments. In the study there were few opportunities to address issues related to ethnicity: I decided against actively recruiting ethnic minority respondents as the main focus of the study is gender. Despite this, particular ideas and different experiences were referred to by the one person of colour who volunteered for interview, who happened to be male. His experiences demonstrate the complex linkages between sexualised and racialised experiences.

Personal experience

I have tried to recall the number and sex of 'not-white' physiotherapists I have come into contact with whilst working in 6 health authorities and higher education (either as staff or students). This entailed recalling a period of 24 years and more than a dozen workplaces, and obviously I may have forgotten individuals I met along the way. Notwithstanding memory problems, I can only remember 5 physiotherapists who were 'not white', of whom 3 were female and 2 were male, 3 were staff and 2 were students. To me, the number is a disgrace, as I have been in contact with many hundred whites. Of course, with such tiny total numbers, the gender mix cannot be taken as significant, but it is interesting to find such a different ratio compared to the white female to male ratio.

(Source: UCAS - code B960 - and local university Management Statistics, Management Information Unit, 1997)

Appendix 17 Summary of main issues in career selection

Processes involved

- **Variations by gender**
  Timing of decision: 63% females early; 22% males early
  Range considered: narrow/mainly health professions 67% females; 17% males
  Gender diffs for each of the profs; men varied by occupation a lot
  1st choices for most women; 2nd choices for most men - fails &changed
- **Variations by occupation**
  Diagnostic radiographers different to therap. radiographers & physiotherapists
  Most diag rads passive and late; most t. rads simple and broad; most t rads and and p active and short

  Both sexes career oriented (but different details)

Factors involved

- **Pleasure (= intrinsic factors)** NB Job satisfaction very important for both sexes, from:

  Caring & work with people - f > m
  Male problem with 'caring' i.e. despite wanting to work with people
  Contrast with nurses - caring + autonomy - different for f & m
  Contrast with medicine - different for f & m
  Science
  Physics + other subjects
  f good at it, liked it
  m not bothered, not very good or general interest
  Physicality/active work, esp. physios - both sexes
  Effectiveness/agency: both radiographers & physiotherapists
  Using abilities & having challenges
  f could do more - choose not for practical reasons
  m at upper limits
  Fitting in (social)
  Same/shared goals
  Men focussed on shared interests/approach to life etc, things in common apart from gender

- **Benefits = extrinsic factors** (quite important to most of both sexes) from:

  Profession (not occupation/job) = *important to lots from both sexes/occs* but esp to f physiotherapists. Prof as good quality job using knowledge and skills/providing a service. ? about high **status** recognition at this stage.
  Degree/diploma
  Both sexes discussed
  (Older) F radiographers happy with diploma level qualification
  'Vocational' degree/qualification important to both sexes/occupations
  Prospects
  Different orientation to futures - some not thinking forward
  F (some) want a career that 'fits'
  M (some) want career with opps - travel; interest as prospects
  Promotion by m mainly management
  Range of opportunities - job variety - considered by both sexes especially p. Concern for some drs; not for t.r.
  Job security important to m mainly, not exclusively
  Pay
  Minor concern to both sexes
  Slightly more important to m
  Organisation/hours & shifts
  Fits with f dual role/lives/priorities - (issues for some, not all)

- **Qualifications**
  <u>**Academic**</u>
  f upper limit
  restricted choices for m
  f academic & scientific, especially p and t.r.
  <u>**Personal**</u>
  m as very caring types
  f not important to mention it = take for granted their skills/experience?
  Both sexes said good at communication

- **Awareness**

M remembered <u>specific reasons</u>/events as start of their awareness
F remembered <u>general intro</u>/awareness developing
M had negative information re problems - with female majority and career (nothing said about sexuality**).
F experienced few comments.
Some of both sexes encouraged/praised: proud parents for sound moral choice/worthwhile work.

- **Gender only rarely mentioned**

But differences in numbers of f: m discussing a particular issue/factor.
Some mention gender mix could be an advantage to men.

****Issue of sexuality mentioned by females only (about males)**

Appendix 18 Career selection: decision processes by sex and occupation

Male interviewees (n = 18)

Interview Code	Occupation	Duration	Detail	Agency	Range	Timing
19	DR	Short	Simple	Passive	Broad	Late
30	DR	Long	Simple	Passive	Broad	Late
4B	DR	Long	Complex	Passive	Broad	Late
10B	DR	Long	Simple	Active	Narrow	Early
13B	DR	Short	Simple	Active	Broad	Late
22	DR	Long	Complex	Passive	Broad	Late
16	TR	Short	Simple	Active	Broad	Late
2B	TR	Short	Simple	Passive	Narrow	Late
5B	TR	Long	Simple	Active	Broad	Early
7	P	Short	Complex	Active	Broad	Late
12	P	Short	Simple	Passive	Broad	Late
15	P	Short	Complex	Active	Broad	Late
23	P	Short	Simple	Active	Broad	Late
25	P	Short	Simple	Active	Broad	Early
26	P	Short	Complex	Passive	Broad	Early
27	P	Short	Simple	Passive	Broad	Late
7B	P	Short	Complex	Active	Broad	Late
2P	P	Short	Simple	Active	Narrow	Late

Female interviewees (n = 30)

Interview Code	Timing	Occupation	Duration	Detail	Agency	Range
1	DR	Short	Complex	Active	Broad	Late
4	DR	Short	Simple	Passive	Broad	Late
5	DR	Long	Simple	Passive	Narrow	Late
6	DR	Long	Complex	Passive	Broad	Late
9	DR	Short	Complex	Passive	Narrow	Late
18	DR	Short	Complex	Active	Narrow	Late
28	DR	Short	Simple	Passive	Narrow	Late
29	DR	Short	Complex	Passive	Broad	Late
11B	DR	Long	Complex	Active	Broad	Late
6B	DR	Short	Complex	Active	Narrow	Late
14B	DR	Long	Complex	Active	Narrow	Early
4B	DR	Short	Simple	Passive	Narrow	Early
3	TR	Long	Simple	Active	Narrow	Late
20	TR	Short	Complex	Active	Broad	Early
24	TR	Short	Simple	Active	Narrow	Early
12B	TR	Long	Complex	Active	Narrow	Early
8B	TR	Short	Simple	Passive	Narrow	Late
2	P	Long	Simple	Active	Broad	Late
8	P	Short	Simple	Active	Narrow	Early
10	P	Short	Simple	Active	Narrow	Early
11	P	Short	Simple	Passive	Narrow	Early
13	P	Long	Complex	Active	Broad	Early
14	P	Short	Simple	Active	Narrow	Early
17	P	Short	Complex	Active	Narrow	Early
21	P	Short	Simple	Active	Narrow	Late
1B	P	Long	Simple	Active	Narrow	Early
3B	P	Long	Complex	Active	Broad	Early
9B	P	Short	Simple	Passive	Narrow	Early
1P	P	Long	Complex	Active	Narrow	Early
3P	P	Long	Complex	Passive	Broad	Early

Appendix 19 Career selection processes by sex; by occupation (summary of definitions and graphs)

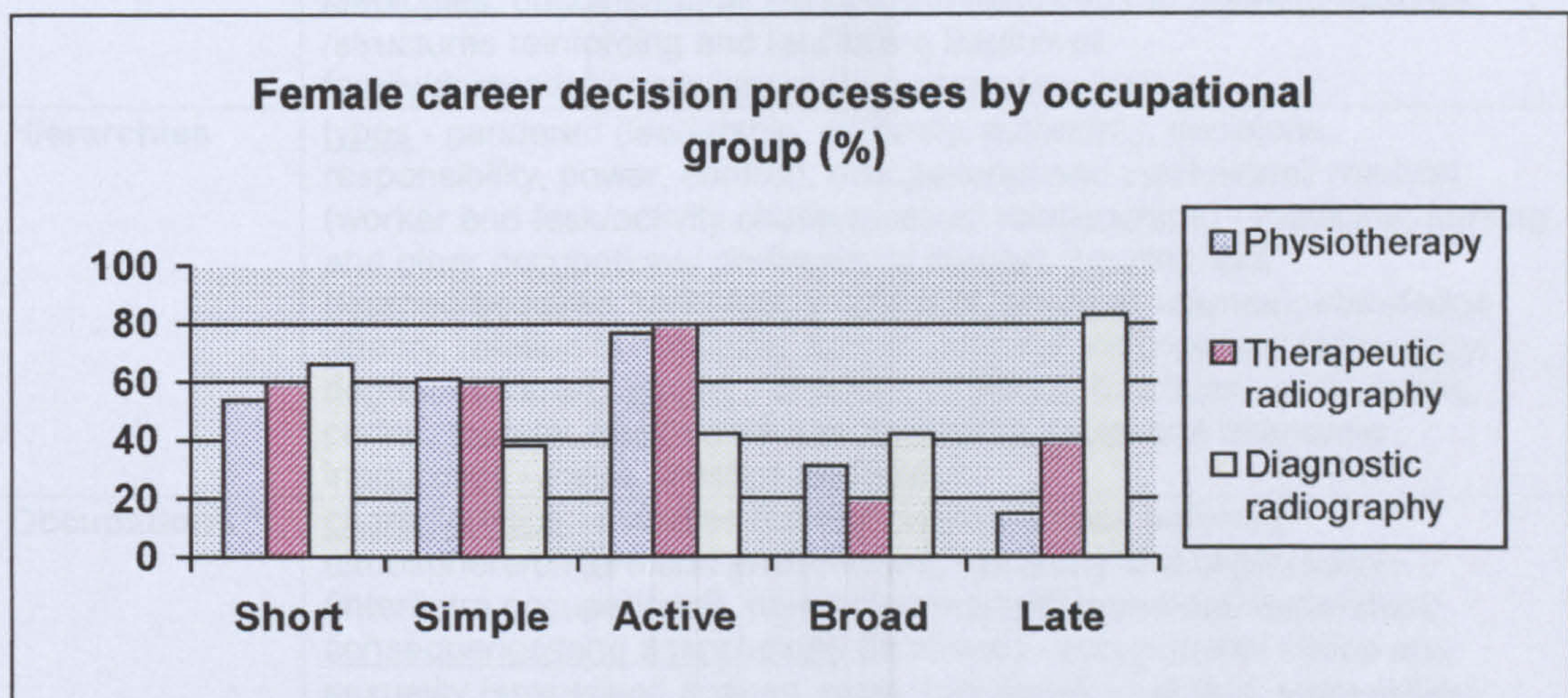
Short decision-making processes: a small majority of females in all occupations decide on their profession quickly, but the proportion of male short: long decisions vary by occupation.

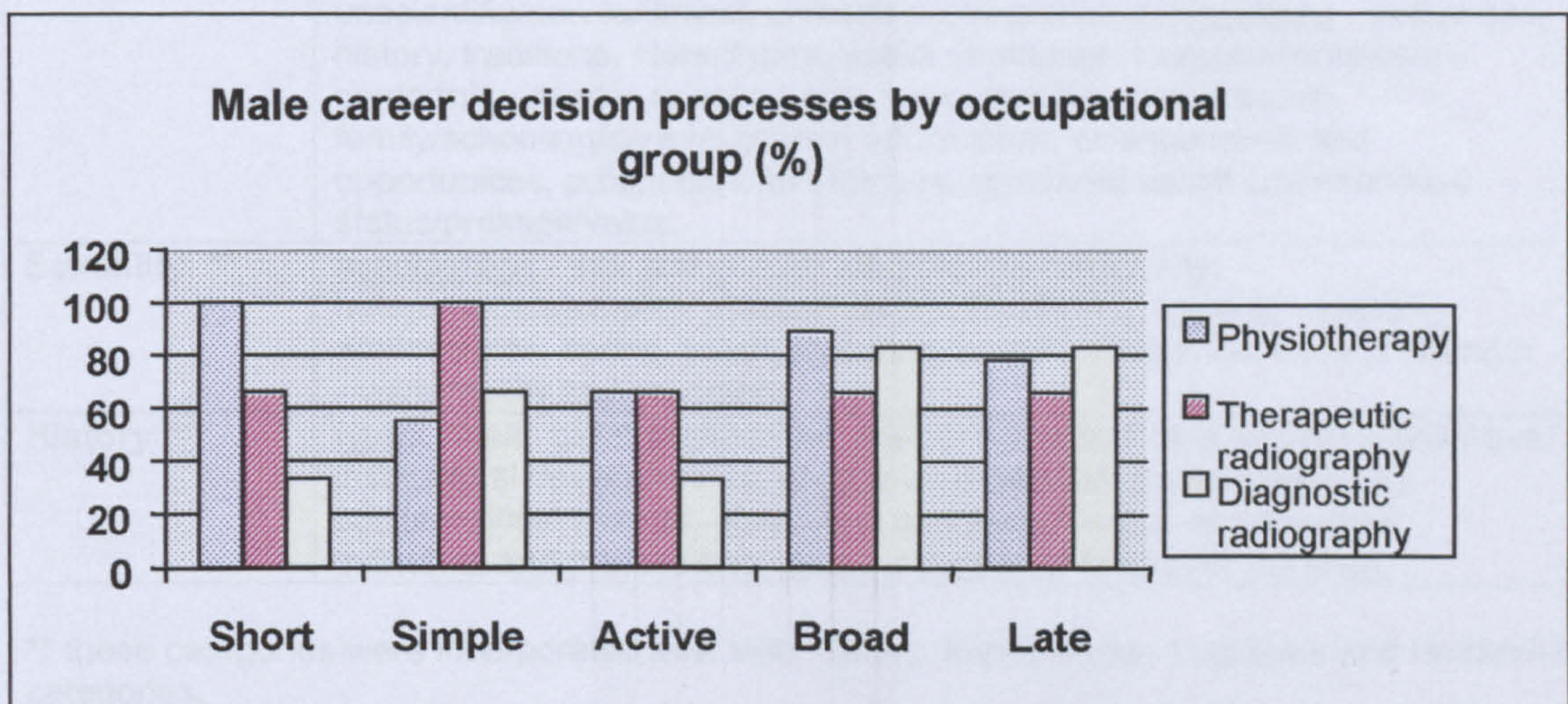
Simple decisions are reached by higher proportions of male than female radiographers, but similar proportions of physiotherapists for both sexes. Similar proportions of female participants across the occupations make simple and complex decisions. Most male decisions are simple but the proportions differ for each occupation.

Active decision-making is similar for both sexes within each occupation, with a minority of diagnostic radiographers and majority of therapeutic radiographers and physiotherapists taking an active role.

Broad range decisions were made by most male participants and a minority of female participants for all occupations. The ratio of males: females choosing from a broad range of options is similar for each occupation, with the highest proportion of broad decisions by male physiotherapists.

Late decisions are made by most male participants but the proportion of late female participants varies by occupation. Most diagnostic radiographers decide after leaving school, in contrast to some therapeutic radiographers and few female physiotherapists.





Appendix 20 Properties and dimensions of categories: explanations for the gender mix

Categories	Properties and dimensions
Caring	types (for, about, emotional, physical, expressive/ instrumental, intellectual, moral); activities(nurturing, tending, therapy, touching); modes (direct, indirect); amounts (frequency, duration); complexity(skill - easy/ difficult - natural/socially acquired/learned); sexuality (machismo); status - low, high, versus/contrast to curing, medicine, healing, therapy
Impressions	source (direct/personal, indirect, informed, experience, opinion); accuracy (images, perceptions, false, partial, limited, poor, gendered, stereotypical); influence (good/bad, early/late, lasting/brief, strong/weak); gendered occupations (status/ economic rewards, tasks, worker); timing (age/stage - adolescent /adult susceptibility/suggestibility).
Tradition	sources - socialisation and socio-economic factors (gender, class, race, family structure and work background), social, economic and political structures; effects - individual/social - patterned personal development - gendered expectations, values, attitudes, opportunities, abilities, interests; social/political inequalities - education, employment, family conventions/policies/arrangements; the status quo - adolescent/adult conformity - critical stages/ incidents/ pathways/ choices/influences/pressures - family, peers, sexuality, school/ careers (advice, information, guidance, channelling, opportunities); media; ideologies, ongoing/actual gender and status based norms/pressures /structures reinforcing and facilitating traditional family/domestic/breadwinner role and responsibilities.
Hierarchies	types - gendered (leadership, authority, autonomy, decisions, responsibility, power, control); occupational and institutional/ medical (worker and task/activity characteristics/ relationships) - medicine, nursing and other occupations/ professions/ careers (health); skill (learned/acquired, technical, intellectual, physical, manual); knowledge (theory, relation to medicine, formal/ informal, science and technology, degree/diploma); effects - divisions of labour, functions, roles (curing, caring, therapy, health care management); social and economic inequalities - value, prestige and status.
Occupations **	characteristics - activities (caring, helping. social, service), atmosphere/culture and environment; hierarchy and organisation (inter/intra occupational), dominated/majority (numbers/leadership); consequencesand associations (feminine) - occupational status and sexuality (sexualised images, roles, functions); unskilled, semi-skilled, unscientific/non-technical, un/semi-professional; explanations - status quo, history, traditions, stereotypes, social structures -inequalities/sexism - conformity, gender roles/spheres, (opportunities, socialisation, family/schooling/careers);career information, arrangements and opportunities, prospects and structure, gendered social and economic status/prestige/value.
Sexuality **	associations - sex and gender roles/norms/conformity; hetero/homosexuality, masculinity and femininity; aspects - identity; adolescence; caring; touch; nurturing; power, control, choice and strength - vulnerability and predators.
History **	types: health care; professions; gender roles/traditions and responsibilities; institutional developments; gender inequality (status and rewards); social/political change, status quo and inertia; equal opportunities; individual and professional status projects (cf medicine, nursing).

** these categories were incorporated later with 'Caring, Impressions, Traditions and Hierarchies' categories.

Appendix 21 Summary of main issues

Experiences of training

Male Training	Female Training
All minorities Several mature men Prefer to be in a group Easier as a mature male - less embarrassed/settled/confident	All majorities A few mature women - harder because of domestic roles
Course content/level difficult Onerous workload	Happy with theoretical & practical Interested in coursework A few re onerous workload
Similar experiences of practical class work = undressing/touching, soon got used to it → manual skills important.	
Soon pick up the professional approach ++ as a way to cope with doing care Detached / Quick / Knowledgeable } gender blind (but aware of gender related probs) Caring for **instrumental skills focus** ie not tending - better than/superior to it	Professionalism not mentioned as an issue/approach for coping with care work **Superior care-work** to that of nursing (ie not tending): learning to use **professional skills/expertise**
Clinical placements	
* both younger f and m found placements hard & both older sexes found it easier.	
Difficult because of emotional stress/ involvement with patients/illness & touch; but **liked the technical skills** m awareness of hierarchy/m career success **Most experienced 'rejection' and/or exclusion** because of their sex - most 'accepting' of this + different to doctors. Do not challenge or question (= patients rights) (ie they accept they/men can be a problem) Only some men liked the patient contact/time & found it easy to get on with patients	A few nervous/shocked but most very happy/comfortable. ? easier as f - mixed views (e.g. some younger f find it hard* ie **not a natural/universal female ability)** A few diag. radiographers not keen on/worried by involvement **None asked to leave** because of sex. Patients generally happy to be treated by them - lovely/encouraging Many like ward/sick/intensive care: 'dependence'.
m staff/students often seen as authoritative/knowledgeable by patients	
Most got on OK with staff /f students but several **extreme examples of experiences with staff** Positive/negative experiences = not sexual harassment	Not thought re f majority before started Mixed views of m patterns of employment **Happy/keen for more m** in prof Got on OK/fitted in well/easily f like m around - natural balance/to ask for help/questions - but socialise with/have deeper relationships with f
Most, but not all (till later) soon had clear focus/**ambitions for future:** career, money, opportunities/ promotion, travel, private practice (physios)	Several with **orientation to future,** but many had open/nothing in mind: career with interest/variety, job satisfaction, NHS & wards Money for comfort not high/top level - (? some indication of the work being appreciated)
	Describe M students = stereotypes ▪ as extremes of lazy/stupid - ambitious/clever ▪ cosseted/given attention

	▪ worried m staff as exceptional/sensitive men; ? as some f also found patient care work quite hard; but f do not have to deal with negative patient reactions.

Appendix 22 Summary of main issues

Experiences of Work

Male work	Female work
Generally happy with job/work with a few problems	Positive re work content Some problems with professional relationships
Job satisfaction	
Enjoy the job content: fascinating, varied, technical, skilled, effective, active = **high status work** to them See themselves as caring individuals – have a **caring attitude** Like **clinical autonomy**, working independently, not working in teams - clinical decision making using individual expertise	**Like the people work and are good at it** - communication & contact - **emotional & technical & physical care.** Observe m's reluctance/dislike of care A few f prefer limited involvement with pts. (esp.diag) radiogs. **Criticism of science/technical imperative in radiography;** value patient relationships/ care relationships Equally like doing practical/effective & useful work - **cure over care** Like **instrumental skills** = androgynous skills; the variety & comprehensive scope/range. f (like the m) value their caring attitude = **morally superior over the physical/tending work** A lot liked teams & recognised m often don't, unless to lead the team
Touch & exposure	
Lots see **touch/exposure as tricky (emotional, homosexual/heterosexual abuse inferences) but essential.** OK to touch another male if clearly for clinical/instrumental effect. **Emphasis on efficiency and effectiveness → detached professionalism** = look expert/authoritative, and be purposeful and swift in application of skills + knowledge; Leave room when female patients undressing/explain beforehand/cover up/accept or avoid rejection and hand-over work to f/**cover own back** (not persuade patient to accept him and change mind) (echoing training)	**Using expressive and instrumental touch. No problems generally** Nothing much said about undressing/exposure/intimacy - beyond **retain respect** for everyone's privacy and consider people's feelings
Relationships - patient	
Prefer outpatients to sick/ill/inpatients **Patient relationships important element for enjoyment & speciality choice,** but with **limited emotional involvement preferred** generally - like the social relationship (a few like having more contact than in medicine) Both **sexes of patients** may prefer f carers, but some men like to have male staff. Some **older women** happy/OK with m carers as 'sex out of the equation' but some more concerned as very traditional. **'Authority' of m can increase compliance** (echoing training)	**Generally get on well with patients of both sexes** **Awareness of professional power** limiting patients' requests for different staff. ? some f patients not happy with m staff, happier with f staff (? because of **expectation/tradition of f carers**). Only a **few mention professionalism** & patients' gender preferences (not an issue for female staff). e.g. Elderly f & m staff - divergent views amongst females. Gender awareness in clinical relationship only recently considered, i.e. **professionalism**

	been gender-blind. ↑ compliance with m staff: (masculine authority / knowledge). m staff seen as a doctor Patient ? respect m staff more Drs ? respect m staff more (seen as equals) **Image/uniforms** = different issues /problems for m and f : effeminate; power of doctors coat
Relationships - colleagues	
Good intra-prof relationships, often gender-blind; gentle teasing occasionally by f. **No** personal **problems with f bosses** but reported lots of other m do. Could explain m into m areas. M allocated work as m = stereotyped as strong/scientific/sporty and knowledgeable. Generally treated fairly by colleagues. Limited social relationships with f colleagues, with some prefer more m. **Bitchiness between f** observed (often) and avoided. m presence can ↓ problem = normal social relationships. **Inter-professional relationships:** m given increased status/respect by other staff/colleagues and students; **doctors as equals** in two-way communication. **Above nursing, (especially from physiotherapists):**? a bit below medicine Elite skills/equivalent to medicine Nursing = dirty, caring/emotional work = low **status** even though difficult & needs learning (social skill not theoretical knowledge).	**Generally v. good intra-prof rels** with both sexes. Male described as stereotypes: Positive/helpful/pull weight vs Lazy (m) avoid patients, busy building careers, with some mentioning experiences/concerns over sexually inappropriate behaviours by male staff **Most prefer mixed environments** (natural balance). Defuse tensions between women **(bitchiness)** **Inter-professional relationships: relationships with drs = treated as subordinate = annoying.** Their skills and authoritative expertise not so recognised (especially physios: we are just as **knowledgeable/experts in our field**). Men also more often asked for their opinion by students/junior female staff (lesser respect/lower professional status: damaged by being a women)
Specialisation	
Male decisions focussed on a few aspects, generally early after training: Skills/machines **Agency and effect**: achieve objective evidence of effectiveness not just feeling better **(cure not care** of nursing) Pace - effect and turnover **Limited involvement**/relationship with patients Like **m co-workers** around Some channelling/expectations/influence of successful male role models (NB all balanced with 'prospects' and rewards (money) from career)	**Consider diverse range** of possible areas, **later decisions** based on skills and patients and chance experiences - rotations available. Like **relationships with patients - emotional & physical** Some f like the 'm areas' - effective, dynamic, fast pace, objective, end result, technical/instrumental skills; less involved/tending. M go to m areas because of difficulties coping with emotional care and inferences re their sexuality: strength through mutual support/role models. Also because of better money/career/ego. Some m problems with female environment/majority/seniors → m avoid socialising with f. Some m collusion/boys club, m bonding **Private radiography very different to private physiotherapy**: skills/range of specialities/money/

	autonomy/status, with very different gender mix. (Diagnostic radiographers help/assist drs in diag process by operating machines independently to produce an objective product Therapeutic radiographers treat in teams; providing patients with emotional/psychological care as well as therapy Physiotherapists assess and treat patients, using effective skills and providing emotional psychological support as autonomous practitioners)

Appendix 23 Summary of main issues

Experiences of Career

Males	Females
Career development	
Active planning/some with clear **ambition:** for some career choices = personal preferences using interests/abilities; for others = social expectation with **'pressures to conform' to gender role.** Career choices related to **money: income** potential, 'masculine' clinical areas. **Career experiences mixed.** Some frustration espec with NHS pay/career structures **Full time & continuity** as norm = commitment. **Acceptance of traditional concept** for career success; not seen as sexist generally **Recognised some m advantages in career** **Money level as problem for m** as breadwinners esp in ***caring professions*** because **caring = low paid.** **Other aspects of the job = good** Qualification & travel & rewarding work.	Generally more positive than m re career prospects & opportunities & experience, because **focus on job content & general social status.** But some **dissatisfaction re gender discrimination (indirect and direct).** Not very ambitious in terms of active planning for long term/↑ promotion **Clinical interest as main priority** & fitting with rest of life (gender roles) Discussed m **advantages in careers/m bonding, jobs for the boys.** See m as wanting power /authority (assumptions not supported by m accounts) **Female enjoyment of seniority** related to clinical knowledge/effectiveness (not for authority relationships/domination). **Management role as not better than clinical but consequence of continuity:** can be a **'cop out' from real/tricky patient care.** **Critical of f at top** generally = single childless or ambitious (as m) & not real f. See **f managers get disrespected** by some m; mainly in f dominated clinical areas trivialised by m, and in low management grades **General acceptance of m at top** as natural, normal, inevitable, but **some hostility re unfair system** discriminating against f getting to top because childbirth/family etc. A few **critical of m's meteoric rise** (in radiog management and quitting of NHS in physio) Despite criticisms, **individual relationships with m were mostly good.** Frequent use of stereotypes + criticism of system. **Part time work = major issue for f careers** ↓ grade = limited prospects, & £ ↓ promotion **Career breaks** - set you back. **F speciality choices for clinical interest & responsibility & lifestyle responsibilities.** Recognise m **career patterns = different concerns**: for status & £ Pay discussed less by women as an issue. Mixed views re pay levels ▪ Reasonable money ▪ Low for skills ▪ Low in comparison to others - professions as middle class jobs Satisfaction from career content but **frustration re lack of respect** from employers & other professions and as less than m

Low status/pay/ autonomy & authority because skill & knowledge not recognised (as compared to other professions). Problem = **Caring** professions = **f professions** with f as 2nd earners and as non-militant. Increased numbers of **men in profession have increased professional status** (yet few details as to what they've actually done), except that more men do research in radiography. Not got increased money/fair reward yet (as m main measure of success/status) i.e. liked increased autonomy & authority + good relationships with drs, but not mens' main concerns/priority. Increased recognition of skills via research etc. f majority as major block to professional career status enhancement, because **caring = feminine = negative**	**Poor long-term career structure.** **Increased professional status** & profile in recent years with campaigning by professional associations. (promote instrumental skills and effectiveness, increased research and degree education - encourages men into professions which in turn helps status and credibility of profession - not dismissed as trivial). None of f identified problems of p/r/ because they are f professions but as **low status** because of the **caring = not seen as skill** and **other aspects of work not sufficiently recognised & respected.**
Differences between radiography & physiotherapy Different career options available Management & clinical*/private (also into research and education) **In radiography** especially like high tech/new development areas (IT and counselling) and into management - expectations more than choice) **In physiotherapy**: sport/out patient orthopaedics/private with less 'caring' involved, fits interests and better money/independence & authority/respect from doctors and public.	**Differences between physiotherapy and radiography** <u>Radiographers</u> Concern re disproportionate promotion of m (some accept) m++ in management (why not job sharing as possibility) <u>Physiotherapists</u> Lower grade/pay of p/t f Speed and focus of m careers (criticism of male ambition > professional altruism/service ethic)

Appendix 24

WHY MAINLY WOMEN?

MOST EMPHASISED

LEAST EMPHASISED

FEMALE RESPONSES

- ***Socialisation*** and ***conformity*** to ***sex role,*** with ***expectations*** for women to ***'do caring'***
- Seen as occupations/training that ***'fit' women's lives,*** roles and responsibilities (dual roles; length of training; p/time work; career breaks: the ***female career***)
- A ***good job for women*** - a women's career/profession: status, autonomy, responsibility, interesting, pay, prospects and opportunities, ***relative to other 'female occupations'***
- ***Health/care*** occupations ***suggested*** and ***promoted*** to girls; traditionally women's jobs →experience/abundance of female carers as ***role models***
- ***Traditional beliefs*** about ***women's nature*** - more ***caring;*** easier and better at working with people/***emotions***
- Job suits ***women's preferences, ambitions*** and priorities - ***job satisfaction*** > socio-economic status and rewards

MALE RESPONSES

Socialisation into ***sex roles,*** with ***tradition*** for women to ***'do caring',*** *show caring nature*

Promoted/presented to girls, as ***female occupations*** - careers/schools advice and professional information/media images and abundant ***role models***

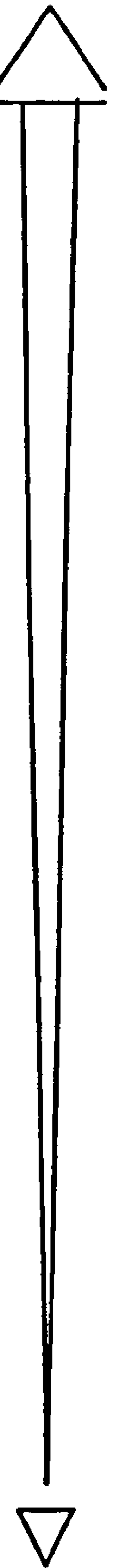
Slowness of change - conformity to convention Difficult to go against established/institutionalised arrangements of home/labour market - ***practical as well as attitudinal barriers to change***

Traditional/stereotypical beliefs about ***women's nature*** - more ***caring:*** easier and better at people work/coping with ***emotions***

A ***good job for women*** - a career/profession with satisfactory ***'second wage'*** and female-oriented career structure/arrangements

WHY FEW MEN?

MOST EMPHASISED



LEAST EMPHASISED

FEMALE RESPONSES

- ***'Girlie' image*** of tasks/occupation (especially ***caring***); ***effeminate*** work/job for men → worry what people will think

  Insufficient power/authority - men expected/want/expect to be ***'in charge'*** → male ego problems with ***subordinate*** position in inter/intra professional hierarchies

- ***Health/caring*** occupations seen as ***women's jobs*** ≡ ***low status/skill*** of 'semi-profession'
- ***Rarely suggested/promoted*** to boys by careers info/guidance, family and school: ***few male role models*** in caring occupations
- ***Boy's/men's ambitions channelled*** into traditionally masculine/higher status/better paid jobs: industry/science/medicine (etc)
- ***Poor pay and career*** prospects - especially for ***middle class, higher educated male*** (breadwinner/family provider - status, role and responsibilities)
- ***Limited recognition*** of ***technological- scientific aspects*** and ***complexity/scope*** of occupations involving ***'masculine' interests/expertise*** and concerns
- ***Caring as difficult/unattractive*** for men: extent of ***involvement*** with patients giving physical/emotional care
- Problems with ***female majority***: difficult environment/atmosphere; ***stigma:*** seen as/feel like social/sexual misfit

MALE RESPONSES

Problems with ***female majority***: dept/staff-room environment, hospital culture; social ***stigma***, teasing, visible minority, feel out of place

Limited/distorted impressions and ***stereotypical*** representations of occupations as caring/female ≡ ***women's jobs and low/semi-skilled work***

Boys *discouraged or unaware* of occupation: as ***traditionally female*** jobs relevant skills/interests not valued or developed (by or in school/careers/family)

Poor/inadequate pay for male ***'breadwinner': role*** & ***responsibility*** for 'primary wage', compared to other acad. equiv. 'men's jobs': ***hard to challenge convention***

Traditional 'girlie' image of caring as ***soft, feminine/ feminised: not macho***; beliefs/attitudes endorsed by current 'evidence' and experiences of mainly female carers.

Channelling of boys/men into ***masculine jobs*** → relevant skills/interests developed and encouraged by schools/family (in science/technology, industry)

Problems with ***female bosses*** - subordinate position as threat to fragile male ego → seen as weak/submissive ≡ feminine/effeminate ≡ ***not a 'real man'***

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