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The (im)mobility of masculinities: discourses on hiring men in long-term care services in Catalonia

La (in)movilidad de las masculinidades: discursos sobre la contratación de hombres en servicios de cuidado de larga duración

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ABSTRACT

The presence of male job seekers in the long-term care sector poses new challenges for organizations operating in this environment. We take a qualitative approach, drawing on in-depth interviews with managers and care service providers, to analyze discourses and practices related to hiring men, the way they organize their work, and their evaluations of it. The growing number of professionally trained male carers who are willing to work in direct care settings does not seem to be a factor that alters or challenges organizational hiring requirements in terms of gender. Our main contribution is to illustrate, by developing the concept of the mobilization of masculinities, how hiring men is not a priority for care service organizations, even though their recruitment practices do mobilize idealized and alternative conceptions of masculinity. These practices reflect resistance to change in hegemonic masculinity and help to reproduce gender inequalities in the long-term care sector.

Keywords: Masculinity, gendering practices, recruitment, employment, long-term care sector.

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RESUMEN

La presencia de hombres como demandantes de empleo en las ocupaciones de cuidados de larga duración plantea nuevos desafíos para las organizaciones que operan en el sector. Desde una perspectiva cualitativa analizamos los discursos y las prácticas de los gestores que prestan servicios de cuidados sobre la contratación de hombres, para profundizar en cómo se movilizan las masculinidades y comprobar si una mayor presencia de hombres conlleva una alteración de los requisitos de contratación en términos de género. Introducimos el concepto de (in) movilización de masculinidades para ilustrar cómo, aunque las prácticas de contratación de las organizaciones de servicios de atención movilizan concepciones idealizadas y alternativas de masculinidad, la contratación de hombres no es su prioridad. Estas prácticas ayudan a reproducir las desigualdades de género en el sector de los cuidados de larga duración.

Palabras clave: masculinidades, prácticas de género, contratación, empleo, sector de cuidados de larga duración.

INTRODUCTION

Occupational segregation by sex remains widespread in the labor market, although some women and men cross the gender boundaries to work in what are considered to be atypical or non-traditional jobs (Bagilhole & Cross, 2006). While there is extensive research on women working in predominantly male occupations, we know relatively little about men employed in feminized environments (McDowell, 2015; Cross & Bagilhole, 2002; Hussein et al., 2016), and even less about men caring for dependent adults in the highly feminized long-term care sector.¹

We know that male care workers usually go into this sector when traditionally male jobs are scarce, such as during economic crises (Bradley, 1993; Williams & Villemez, 1993; Cross & Bagilhole, 2002; Fagan & Norman, 2013; McDowell, 2015; Bodoque et al., 2016). The rise in available care work occupations due to the aging population has made them more attractive (Cross & Bagilhole, 2002; Cottingham, 2014; Himmelweit, 2017; Hussein et al., 2016), and despite the low salaries and high turnover, they offer more employment stability than male-dominated occupations (Dill et al., 2016; Bodoque et al., 2016).

In Spain, while women still make up 83.7 percent of the long-term social care workforce, in recent years the number of male care workers has risen, albeit modestly, from 13.9 percent in 2008 to 16.3 percent in 2018.² We believe that two main factors have favored this trend. First, the Promotion of Personal Autonomy and Assistance for Persons in a Situation of Dependency Law of 2006 (*Ley de Promoción de la Autonomía y Atención a las Personas en situación de Dependencia*), commonly known as the Dependency Law, stimulated the creation of services to meet the growing need for care, especially among the aging population, which raised employment levels in the sector (*Asociación Estatal de Directores y Gerentes de Servicios Sociales [National Association of Social Services Directors and Managers]*, 2018) and increased the

1 Long-term care (LTC), or social care, is defined as work that supports older people, or adults with long-term illness or disabilities, in activities of daily living and personal care (Geerts, 2011; Hussein, 2011). Globally, paid social care work is predominantly done by women, who in some European countries account for 95% of this workforce. These jobs require little training (a 2000-hour regulated professional training and a 450-hour non-regulated formation), and social care workers are found at the lowest and most precarious levels of the occupational hierarchy. We use the term 'social care' to distinguish social care workers from health professionals, like a nursery, providing medical care, a subject we do not deal with in this paper.

2 Data from the 2018 Active Population Survey (Spanish Statistical Office). According to the national classification of qualifications, these data correspond to "non-residential social service activities" and "residential social service activities". Are qualifications that set up to work on residential care homes, day centers, home help services for dependent adults.

demand for qualified professionals.³ Second, the financial crisis of 2008 and the subsequent economic recession severely affected highly masculinized sectors (transport, construction) and led to soaring unemployment. This situation was initially reversed as unemployed men were steered toward long-term care work through the national job center network (Bodoque et al., 2016). It is important to note that many statutory long-term care services (residential care homes, day centers, home help services) are provided by private commercial organizations (Rodríguez Cabrero, 2011), subject to previous authorization and conditions to guarantee service quality. As a result, these organizations are now the largest employers of care workers.

In this specific context, we wanted to find out how care service providers, represented by specialist managers and employers, have reacted to the increasing numbers of men willing to work in this sector, and how they have dealt with and interpreted the fact that these men are doing what is “naturally” regarded as women’s work. We posed two specific questions: first, what motivates care service organization managers to hire men for direct care jobs? And second, can hiring men alter the ingrained hegemonic gender structure of this type of employment? We start from the hypothesis that, despite the modest incorporation of men into these services, social care work is still regarded as a female occupation. We coincide with Hussein (2011) in that although the composition of the labor market and the availability of jobs at a local level can play a significant role in attracting men into non-traditional occupations, questions related to social acceptance, cultural and gender norms, and especially the secondary position of the care sector can raise barriers to their incorporation, and thus perpetuate occupational segregation.

The increased availability of men for care work jobs poses new challenges for organizations in the sector, which raises the question of whether hiring men for long-term care work might mobilize certain masculinities. We start from the premise that masculinities are relational, situational and changing identities that vary in each cultural context (Connell et al., 1996). Since Connell (1995) introduced the concept of hegemonic masculinity to define the practices that organize, reproduce and benefit from different forms of masculine domination, various theoretical contributions have claimed that it can combine practices from different masculinities to ensure reproduction of the patriarchy, which gives rise to hybrid masculinities (Demetriou, 2001). Our interest lies in the concept of the mobilization of masculinities (Martin, 2001) to illustrate the changes or stability of the ideas about men in a given context. We approach this issue from the view that it is not only individual men who mobilize masculinities (Martin, 2001), but as Cottingham has shown, “organizations themselves also mobilize a plurality of masculinities through mediated representations” (Cottingham, 2014, p. 137). Notwithstanding, we attempt to show how the managers of organizations in the long-term care sector, as highly feminized gendered organizations, show little interest in recruiting men, although the presence of male job seekers and the growing number of jobs available obliges employers to hire them, and they associate them with different stereotypical patterns related to hegemonic masculinity (and, therefore, not predisposed to care work).

We start from the premise that organizations, not only individuals, are gendered (Acker, 2006; Martin & Collinson, 2002; Cottingham, 2014); that is, structures are not gender neutral, nor are jobs abstract or empty “genderless” spaces (Acker, 1990), but continuously reproduce dominant and subordinate patterns of social relations, although these may sometimes be challenged. Despite the prevailing masculine model in the way work is organized, men are not always considered to be ideal workers. In certain sectors (such as care work), these patterns determine that women are obedient, submissive, biddable, and willing to accept low salaries (Salzinger, 2003), and are therefore valued more highly as workers. Connell (1995) argues that the state also

3 This growing demand for employment and lack of qualified professionals in the sector coincided with a government resolution (Resolution 2, December 2008, published in the Official State Gazette, 17 December) recommending that care workers have specific training (minimum 450-hour training course) or accredited professional experience and non-formal training.

reinforces this organizational gendering through policies and practices which channel particular types of masculinities and femininities. Indeed, in many countries, including Spain, the development of public care service provision has relied on the private sector, which by associating care work with women, the bulk of the workforce, continues to reproduce gendered structures and consequently, perpetuate its feminization (Roca, 2018; Bodoque & Roca, 2019).

Studies on men working in feminized professions have centered on individual experiences (Lupton, 2000; McLean, 2003; Simpson, 2004; McDowell, 2015; Cross & Bagilhole, 2002; Evans & Frank, 2003; Baker, 2009) or on how men benefit from their minority position (Kanter, 1997; Simpson, 2004; Evans, 1997; Williams & Villemez, 1993; Dill et al., 2016; Baines et al., 2015; Bagilhole & Cross, 2006; Fagan, 2010). The research has not, however, gone beyond the individual perspective to explore how organizational processes reconcile the cultural contradictions between the demands and the ideals of masculinity (Cottingham, 2014; Hussein et al., 2016; Gärtner et al., 2011; Whittock & Leonard, 2003). In turn, studies on gender in organizations have largely explored levels of interaction, but pay less attention to how organizations (and their representatives), through discourse and policies, intervene in gender practices (Acker, 1990; Sasson-Levy, 2007). Additionally, while the literature on nursing is extensive, there is very little academic research in the field of long-term care, where professions are even more feminized (Hussein et al., 2016). We based our study on organizations operating in the long-term care sector because in the Spanish context, research in this very new, heterogenic and constantly growing business sector is practically non-existent (Parella, 2004).

Organizations and masculinities

Various studies on how organizations function find that they act as powerful arenas for characterizing jobs as masculine or feminine (Twiggs, 2000; Collinson & Hearn, 1994; Collinson & Hearn, 2011; Mills, 1988; Baines et al., 2015; Gärtner et al., 2011; Cottingham, 2014; Hussein et al., 2016) or by explain persistent gender inequalities in the workplace (Acker, 2006; Benschop & Verloo, 2011; Gärtner et al., 2011; Williams et al., 2012; Holvino, 2018). The question we ask is not only which conditions act to mobilize masculinities, but how, when patterns of masculine hegemony are reformulated, the hegemony remains as it is. To examine this question, we must take into account the concept of masculine hegemony and the nature of gender in organizations.

Connell (1995) first introduced the concept of hegemonic masculinity to define the practices that organize, reproduce and benefit from the different forms of male dominance, such that gender is understood as a social practice and masculinity as a configuration of that practice. This hegemonic form of masculinity is measured in terms of economic power and social position, and includes attributes such as emotional restraint, daring and aggression (Enguix, 2012, p. 152). The distinction between hegemonic, complicit and subordinate masculinities (Connell, 2001) has been used to argue that some masculinities tend to dominate and prevail over others, at least ideologically, in powerful organizational positions such as the media and top-level management (Collinson & Hearn, 2011). Scholars have explored its natural dynamism, how it is experienced at the subjective level and how multiple masculinities exist in relation to the dominant (hegemonic) form. It can therefore be said that it is probably internally divided, ambiguous and often contradictory (Collinson & Hearn, 1994; Kerfoot & Knights, 1998). Subsequently, the reformulations and critiques of the concept have incorporated the multiplicity of its expressions, as well as analysis of the costs, benefits, challenges, compliance with, and resistance to this category (Connell & Messerschmidt, 2005). In recent years we have seen a theoretical

refinement in the division of masculinities that has spawned the concept of hybrid masculinities (Demetriou, 2001; Anderson, 2009). Bridges & Pascoe (2014, p. 247) define hybrid masculinities as “contemporary expressions of gender and sexual inequality [that] represent elaborations on the processes by which meanings and practices of hegemonic masculinity change over time in ways that nonetheless maintain the structure of institutionalized gender regimes to advantage men collectively over women and some men over other men.” According to Bridges (2014), hybridization implies the appropriation of cultural elements of subordinated femininities and masculinities, but, Cottingham (2019) argues, it can also imply the appropriation of the politically potent rhetoric developed by the oppressed, suggesting “that men benefit from gender privilege and the rhetoric of equality and diversity forged in the oppression of women and racial minorities” (Cottingham, 2019, p. 208).

Carrigan et al. (1985) consider that (hegemonic) masculinity is embedded in both the dynamics of institutions (the workings of the state, corporations, trade unions and families) and in individuals' personalities, and that jobs and organizations are spaces where it is defined, maintained and challenged. However, individuals and organizations can question the classification of a specific job as women's work (Twigg, 2000). According to Acker (1990), masculine values are integrated into organizational processes, thus marginalizing women and helping to perpetuate gender segregation. She argues that organizations are gendered through various processes that articulate and give meaning to feminine and masculine behaviors. These are intangible processes that are regarded as “given” and, therefore, naturalized. They are, on the one hand, gendered jobs, salaries, hierarchies, power and subordination; and on the other, interactions between individuals and the development of appropriate attitudes according to gender. These processes establish common opportunities, limitations, hierarchies, and concepts in organizational thinking that are grounded in the notion of the universal worker, thereby obscuring gender asymmetry. The social model based on the sexual division of labor is a basic determinant in the construction of organizational culture values, and organizations act in accordance with this model, reproducing social representations in their activities (Acker, 2006), with the result that women, and women's practices, are given less value. These dimensions are crucial to understanding what happens when men move into predominantly feminized jobs, because they go against the organizations' gendered principles.

Studies on the construction of gender in organizations have focused on how gender differentiation, hierarchy and asymmetry are maintained. According to Martin (2006), we must recognize the emergent qualities of gendering practices in collective contexts (groups and organizations) in order to understand how gender is implicated at work. She argues that “people in powerful positions routinely practice gender without being reflexive about it” (Martin, 2006, p. 254). Drawing on West & Zimmerman's (1987) work on “doing gender,” Martin (2001) explores collective gender practices through the concept of the “mobilization of masculinities” to explain “men's use of practices in the workplace that implicate, or ‘bring to bear,’ masculinities in a given situation” (Cottingham, 2014, p. 137). Cottingham (2014) extends this concept by shifting the level of analysis from individual to organizational practices, suggesting that organizations also mobilize masculinities. She analyzes nursing recruitment materials, showing how nursing organizations actively seek to recruit men by attempting “to reconcile the seemingly contradictory demands of nursing [...] with the hegemonic ideals of emotional detachment, hyperrationality and toughness” (Cottingham, 2014:136), thus mobilizing particular aspects of culturally idealized and alternative masculinities. Through research into advertising (Barber & Bridges, 2017) or nursing recruitment material (Cottingham, 2014; Cottingham, 2019) aimed at men, studies on hybrid masculinities increasingly include a broader range of organizational and cultural practices. To what extent do these practices transform masculinities in feminized work contexts or, on the contrary, reproduce them?

Our interest in this article is to discover care service managers' discourses on hiring male care workers, in order to learn the strategies related to the mobilization of masculinities and extend the conceptual and empirical understanding of masculinities in the organizational context of care services. Men's incorporation in these jobs poses new challenges to the culture of organizations in this sector, either by reproducing feminized aspects or by reproducing patriarchal models through the incorporation of new dimensions in care work.

METHODOLOGY

This paper is part of an ethnographic research project⁴ on male carers undertaken in Catalonia (Spain) that has analyzed men's involvement in professional care of dependent adults. We also took into account that responsibility for resources provided under the Spanish Dependency Law is shared between local administrations (town and city councils) and the autonomous regional government of Catalonia; this joint responsibility ensured a homogenous institutional framework in which to explore the role of public bodies and their impact on care provision in one specific region. This is a Responsible Research and Innovation study involving the collaboration of 43 institutions and associations working in the areas of gender equality or care provision.

For this paper we conducted 14 in-depth semi-structured interviews with managers and other senior employees in long-term care services (residential facilities, day centers, and home help services)⁵, and with social service professionals representing the organizations in which they are employed. The units for observation were selected according to the characteristics of the care recipients and the type of service. Our objective was to obtain significant data on male recruitment in this sector and how the respondents understand and construct care workers' masculinity in relation to care work, bearing in mind the varied range of settings in which care is provided. The snowball technique was used to select the sample; that is, the research team widened the search for participants by contacting people connected to the project who work in the sector. The participants were Spanish men and women with managerial responsibility for the services, and with a range of ages and qualifications; their names have been changed to protect their anonymity (see [Table 1](#)). The sample was selected according to the type of service they work for, which yielded a wide representation of the social care services currently provided in Catalonia.

The interviews were held between March 2015 and May 2016. They were conducted by members of the research team, usually in the participants' workplaces, and lasted approximately ninety minutes. All the interviews were recorded in their entirety. The interviewers followed a guide to focus the information on the questions of interest for the study: assessment of care as a profession, profile of recruited staff, reasons for selecting male carers, experiences with male employees, and expectations of reducing gender inequalities to address new care needs in the workplace. Before the interviews began, the participants were given information about the aims of

4 This paper is based on the research *Men as a caregivers, challenges and opportunities to reduce the gender gap and to face new care needs*, guided by Dolores Comas-D'Argemir and Diana Marre. The research has been funded by RecerCaixa, a program organized by Obra Social 'la Caixa' in collaboration with the Catalan Association of Public Universities (2014ACUO00045). It is also based on the research *The Commitment of Men to Long Term Care. Gender, Generations and Care Cultures*, guided by Dolores Comas-d'Argemir. This I+D+i project (FEM2017-83517-R 2018-2020) is funded by the Ministry of Economy and Competitiveness (Government of Spain). We are indebted to the 208 participants who contributed to the specific study of men providing long-term care. We would also like to thank the 43 public and private institutions and associations that gave their support to the projects for they help.

5 These services provide comprehensive care for people in a situation of dependency, attending to their health needs and supporting them in their day-to-day activities, as well as helping them to integrate and participate in their social environment. Residential centers are institutions where people dependent on others for care live either temporarily or permanently; day centers are institutions where people are cared for during certain hours of the day; and home help services provide care for a set number of hours each day or week in the homes of those who need these services.

the project and its implications; their anonymity was guaranteed and they signed the consent form at the end of the interview. The interviews were transcribed by specialists in qualitative techniques who had specific knowledge and awareness of this methodology.

We used critical discourse analysis because it facilitates understanding of social phenomena by revealing underlying purposes and meanings in discourses (Van Dijk, 2002). Critical discourse analysis is linked to the interpretivist paradigms of social anthropology, and to considerations of discourse as social practice, so our aim was to seek explanations rather than rules. The samples we draw on cannot, therefore, be 'representative', but rather 'significant'. We used the Atlas-Ti tool to extract and organize the interviews according to the analytical categories established in the interview guide. This methodology enabled us to approach the object of study through its discourses and practices, and thus make a deeper analysis of how masculinities are understood and constructed in these jobs, and of the cultural barriers present in this profoundly feminized employment sector.

Table 1. Interviewee profiles

Name	Age	Sex	Position	Resource	Type of care
Abel	42	male	Manager	Residential facility	Elderly
María	40	female	Coordinator	Day center	Elderly
Sofía	37	female	Coordinator	Home help service	Various
Aitor	49	male	Manager	Municipal social services	Various
Isabel	42	female	Manager	Private Organization	Various
Joaquim	25	male	Head of service	Home help service	Various
Marta	52	female	Manager	Residential facility	Elderly
Susana	36	female	Coordinator	Home help service	Various
Sergio	43	male	Manager	Home help service	Various
Silvia	36	female	Social worker	Municipal social services	Various
Marina	35	female	Manager	Residential facility	Disabled
Gustavo	48	male	Manager	Residential facility	Elderly
Sara	45	female	Social worker	Municipal social services	Various
Estel	33	female	Coordinator	Home help service	Various

RESULTS

The organizations' positions on recruiting male care workers

The data from our study show that organizations providing long-term care reproduce gendered hiring patterns since most of them either employ very few men or have never considered the possibility of doing so. The first notable finding is that although the majority of managers observed a greater presence or availability of men to do care work, one organization employed no men, while in the others men accounted for only two to eight percent of the workforce.⁶ The most common argument is that the circumstances for recruiting men have not arisen because there is no shortage of

⁶ These data correspond to male professionals working in direct care, as most men in these teams are employed as physiotherapists, nurses or psychologists.

women care workers. In the words of Sergio (manager of a home help service), “it isn’t that we want women or men, but that 98% of the people who send us their resumes are women,” or Marina (manager of a residential facility), “in truth, it isn’t the profile you normally look for. Neither are these the resumes you mainly receive.”

However, when they do have the opportunity to hire a male care worker, their decision is conditioned by the favorable qualities the person has demonstrated during his training in the organization. Marta, manager of a residential facility, who has one male care worker on the staff of her residential facility, said she had not been lucky with the men she had tried to recruit because they showed no vocation or interest in the work. However, she explained that this employee was different, as “he has a different way of doing things [...] a different way of speaking to the senior residents.” She noted that this situation is uncommon.

The profile of the male care professional is neither generally appreciated nor actively sought in the organizations, since care work is fundamentally and in essence considered to be female work: women are ideal carers because they are seen as naturally better equipped for the job, and they perform their tasks with an intuition that most men lack. Marina (manager of a residential facility) refers to this in terms of personal disposition: what she values in the caring role is the level of detachment or proximity the men show. In her view, they apply for a job in the care sector as a last resort, which is the final proof of their lack of interest and motivation, and corroborates their unsuitability for such work and, as a result, she does not consider them as candidates. Marta, manager of a residential facility, is quite clear on this point: “They are coming to work with people, not to assemble pieces in a machine. They have to be a bit motivated. We have found very few men who would make good care workers because they come with the idea that they’ll be pushing people around in wheelchairs, not doing personal hygiene or changing incontinence pads, care work in other words. We’re not interested in them.” For this reason, when men show willingness to reproduce this caring quality (considered “innate” in women) they are valued differently to other men. As Marta (manager of a residential facility) explains, “a highly engaged man is a one-off, he’s a good collaborator, he knows everything about people. When men are good carers... they are different to other men”; or Sofia (coordinator of a home help service): “it’s a profile of a highly aware man, very caring, isn’t it?” It would therefore seem that their exceptionality confirms the rule than men are not ideal carers.

However, recall that the increase in the number of men looking for work in care services is due to the economic crisis and the growing offer of such jobs. That is, this increase owes more to the fact that men need to find employment than to their express interest in doing care work (Bodoque & Roca, 2019). The managers also attribute men’s scant interest in care work to the precarious economic conditions attached to these jobs, explaining that the economic disadvantages deter them from considering care work as an option (Fagan & Norman, 2013). On the one hand, care service managers are resigned to the low salaries established in the sector; on the other hand, they normalize the notion that women have acquiesced to these employment conditions (Salzinger, 2003) but for men, as breadwinners’ Marta (manager of a residential facility) says that “the salary here is not sufficient, especially if they intend to start a family.” This is another reason why women are considered as ideal care workers. In this line, Isabel (manager of a private organization) wonders whether the current economic conditions would be questioned if men were a majority in the sector, and whether this would raise the prestige of care work: “We’re in an environment that, unfortunately, still has this masculine component: it’s valued more than if it’s an exclusively female environment.” This argument perpetuates models of masculine domination, in contrast to the notion that improved working conditions would attract men into feminized professions (Bettio & Verashchagina, 2008; Rubery & Fagan, 1993; Rubery & Fagan, 1995).

7 Spain falls within the Mediterranean model, with a much weaker welfare system than, for example, the Nordic countries, and a strong tradition of families caring for their dependent members. Both these factors reinforce the family model of male provider and female homemaker, as several studies have shown (Torns, Borràs, & Carrasquer, 2004; Miguélez & Recio, 2010).

The final reason is important because it exempts the organizations from all responsibility; the informants argued that care recipients, especially women, are reticent about male carers for reasons of intimacy (“If the person receiving the care is a man and the carer is a man [...], well modesty is still a big issue” according to Abel, manager of a residential facility), customs, and feeling safe (“someone with dementia can be frightened when a man comes near them” says Marina, manager of a residential facility). This argument, however, loses force when we examine the differences between care institutions (residential facilities and day centers) and private home care (home help services). In the former, the organizational connotation of care prevails over individuals’ privacy and intimacy, such that residents make no distinction based on the gender or ethnicity of the carer who personally attends to their needs: “in a residential facility they don’t complain, even if a man comes to shower them” argues Estel, coordinator of a home help service. In contrast, home help service managers see gender as a fundamental question. Sergio, manager of a home help service, justifies the customized response to care recipients’ demands, prioritizing the carer’s gender above all other factors, as follows: “You have to understand that they let a complete stranger into their house to help them with very intimate tasks.”

The mobilization of masculinities: Professional training, personal skills and mixed teams

We have already seen how the growth of the care sector and the 2008 economic crisis opened up employment opportunities for men in social care work. This growing demand for jobs and the lack of qualified professionals in the sector coincided with a series of agreements that recommended specific training for care workers. The incorporation of men as carers in these organizations is therefore explained more by their formal qualifications than by their gender (in contrast to the circumstances of women’s recruitment hitherto). Even so, we have also seen that men were not actively encouraged to join the sector. The opportunity for unemployed men to find work in the sector raised suspicions among some employers about whether these men had the necessary personal skills and qualities to do the work in conditions they would regard as acceptable (Fagan & Norman, 2013). The same misgivings do not seem to have arisen in the case of women care workers (based on their gender). Nonetheless, many of our informants agree with Isabel (manager of a private organization) that, once hired, male care workers show that “they are more vocational and they feel good about working here.”

The demand for qualified staff to fill care work positions has mitigated (but not eliminated) the importance attached to the inherent personal qualities needed for caring, naturally associated with women, which has elevated the notion of professionalization as an essential stage in dignifying and redistributing this work (Roca, 2019). On this point, our informants agree that a priori men and women carry out the same direct care activities, as they all have the same training for the job, regardless of gender. This has allowed men to show their skills in doing this work, on occasions above and beyond simply applying the knowledge learned in training. The managers of organizations that employ men believe they add value to care work, a value associated with stereotypical masculine qualities.

In organizations where men are employed, managers have had to restructure their staff, and reconsider the naturalization of women’s aptitude for caring and the opportunities offered by having men on their teams. Very few of the informants recount negative experiences with their male workers. The most reticent of the interviewees, Marta (manager of a residential facility), explains that men are daunted by care work because they lack imagination and interest. However, the majority report highly positive experiences with their male employees. These men are young (average age forty), have

good training (Isabel, manager of a private organization), and are strong, healthy and well built (Joaquim, head of a home help service). In a highly feminized workforce, the presence of a “masculine figure” imposes a certain order (Abel, manager of a residential facility) and at the same time, the way they behave brings a different perspective, a different working environment and a much more competitive attitude (Isabel, manager of a private organization). Others, like Marta (manager of a residential facility) or Gustavo (manager of a residential facility), also find that men are “less complex,” see things in a different way, enhance the working environment, and allow the managers to redistribute tasks that demand greater physical strength. They also command the respect of the care recipients and are able to deal with situations that require authority (Abel, manager of a residential facility). And despite their insistence that there are no differences between the work men and women do, all the respondents valued the men’s physical strength, a belief based on a normative view that male bodies are stronger than female bodies, rather than seeing this as legitimizing the sexual division of labor and the presence of men in care work (Storm et al., 2017). Differences in gender practices do exist, therefore, and are taken into account when tasks are distributed among male and female workers.

The profile associated with masculinized traits (physical strength or authority) implies that men are deemed particularly suitable for working with older men or people with disabilities. They are often assigned tasks involving less direct care, or given more enjoyable social activities, especially in services caring for people with disabilities or mental illness. Men are more likely to be employed in these two areas than in elderly care, because they are considered more masculine and, therefore, more easily accepted (Brown et al., 2000; Isaacs & Poole, 1996). Likewise in the domestic care sector. Silvia, a social worker in the municipal social services, and Estel, coordinator of a home help service, explain that men are often hired to “... provide company, go for a walk, play chess, in other words, not so much direct caring or personal attention as social activities. Female carers always end up doing the cleaning, cutting nails or doing hair, all those things” (Silvia, a social worker in the municipal social services); or to “take people out in their wheelchairs, because their strength is an asset, but they won’t help people shower” (Estel, coordinator of a home help service). Yet these considerations were not factored into decisions about more specific areas of activity when the care environment was exclusively female. In fact, women carers do perform all the tasks that require strength and authority, as well as those for which they are assumed to have been socialized—such as personal hygiene, tasks related to food or cleaning—regardless of whether men are available to do them or not.

Recruitment managers have had to take certain initiatives to ensure male carers are accepted by people receiving home care without prejudice. Some, like Susana, manager of a home help service, try to raise awareness among their users to convince them “... to accept male carers. But there are only a few, maybe we have three cases.” Others, like Sofía (coordinator of a home help service), deploy male carers in contexts and activities where, until recently, it would have seemed natural to find an exclusive or predominant presence of women, or because they can justify the need for a male presence: “in the case of one boy whose whole environment was female, a male carer was clearly justified. Once he had started work they didn’t want him to leave, because they’d got over their prejudices.” Even so, recall that organizations do not actively seek male carers; it is men with specific training as carers who look for work in residential care facilities, day centers and home help services. And when they are hired, value is given to some of their qualities that mobilize certain aspects associated with masculinity (strength, *savoir-faire*, or authority, which give them an advantage over women) although, according to Abel, manager of a residential facility, the men need to adapt to the specific inherent qualities of the job: “when they have had properly grounded training, you add to that training with the specific base you want them to have.” That is, men are also valued for adopting what are considered to be feminine qualities. The ideal carer is therefore, Sofía, coordinator of a home help service,

argues, an aware, caring man who is already involved in caring for his own family. And the proof that they are good carers comes when those in their care, in the words of Marta (manager of a residential facility), “make them their own,” that is, they become so familiar with them that they do not want any changes (Joaquim, head of a home help service).

DISCUSION AND CONCLUSIONS

We draw on the theories of collective gender practices and hybrid masculinity to illustrate how, although care service organizations’ recruitment practices do mobilize idealized and alternative conceptions of masculinity, hiring men is not their priority.

We agree with [Acker \(1990\)](#) that organizational employee models are conceptualized as “neutral”, but that they are rooted in a male-dominated system, so that in undervalued, feminized, low-paid jobs women are still regarded as the ideal workers. We have seen how, from the organizational perspective, care work is, by default, women’s work. Although more men are available to do care work, they continue to be a minority and employers emphasize their feminized or masculinized aspects when they do recruit them. In doing so, they reproduce patterns associated with hegemonic masculinity, since care work is still regarded as female.

The absence of any specific policies to encourage male recruitment in turn helps to perpetuate the feminization of care work and the stereotyped division of care activities along gendered lines, as well as improvisation in the way care is organized. It is therefore the conditions in the organization and each organization’s management style that determine the integration and acceptance of male carers ([Storm et al., 2017](#)). As Sofia (coordinator of a home help service) explains: “I have colleagues who wonder what a male carer would do in a private home, and to avoid any misfortunes, they send a different worker or bury their heads in the sand.” These practices perpetuate the way care has traditionally been provided and constructed as feminine, associated with the domestic sphere or precarious employment conditions meekly accepted by women workers, has in part excluded men from care work and separated the notion of care from masculinity. It is taken for granted that care work is done under duress, that it is illogical or artificial (antinatural) from the male perspective, and that it prevents men from fulfilling their role as breadwinners.

The Spanish Dependency Law opened up opportunities for this employment sector to expand, and the subsequent financial crisis further contributed to a growth in men’s interest in care work as a means of securing regular paid work ([Borràs et al., 2012](#); [Bodoque et al., 2020](#)). This context allowed men to join these organizations as carers, which was justified by their formal qualifications rather than by their male gender. Men’s interest in these jobs did not match the worker profile the organizations’ managers were looking for, however. In fact, after more than a decade, recruitment and employment of men in the sector continues to be unusual and at times raises the added problem of where and how to place them in the institution’s organizational structure. We found that when recruitment managers receive job applications from both men and women, some do not consider the men because they know the value of women workers is assured. However, some men are hired directly during the work experience on their training program because they have demonstrated an aptitude for the work that goes beyond the mere application of technical knowledge, and because of specific care situations that require a solution that a man could provide. Indeed, organizations that do employ men consider that they add value to care work, a value that, as we have shown, is related to highly stereotypical male qualities, even though these factors were never considered when the care work environment was wholly feminized.

Whereas Cottingham (2019) analyzed how organizations construct forms of hybrid masculinity in the discourses of professional nursing recruitment campaign literature, we have demonstrated that long-term care management organizations do not actively set out to recruit men. Moreover, their presence in the job market obliges organizations to place them in care services, thereby mobilizing hybrid forms of masculinity. This is how managers describe both hegemonic and non-hegemonic ideals to explain why they employ men. On the one hand they point out that, rather than complying with the hegemonic codes, these men fall within what are known as 'caring masculinities' (Scambor et al., 2014; Elliott, 2016), defined as an alternative masculinity based on values of care, interdependence and relationality, either through care-giving tasks in their families, working in 'female' care jobs, or through increased self-care; on the other hand, they mobilize masculinities in line with the hegemonic ideals, valuing masculinized qualities in the job (physical strength, technical skill, authority). In addition, hegemonic forms of masculinity and labor segregation become obvious when men are ruled out as candidates, either because they are assumed to be the family breadwinner, or because they are not welcomed by caregivers and/or care recipients.

The growing number of professionally trained male carers who are willing to work in direct care settings does not, at the moment, seem to be a factor that alters or challenges organizational hiring requirements. However, their presence does represent a significant challenge to organizations in that it forces them to redefine the skills associated with care activities (according to the carer's gender). We might therefore conclude that one of the initiatives to mobilize masculinities in care work would be actions designed to degenderize care work in a socio-economic context that has proved fertile ground for the unexpected incorporation of men in the care work sector. Fagan & Norman (2013) report a series of interesting measures designed to reduce gender segregation by encouraging men into non-traditional jobs, most of which are taken from the report of the European Commission's Expert Group on Gender and Employment (Bettio & Verashchagina, 2008), and include, among others, training and counseling education professionals to challenge gender stereotypes for boys, or developing positive action measures to recruit men into jobs where women predominate.

The study presented here is the result of qualitative exploration of a topic that could be extended through quantitative or longitudinal methodologies that would reveal not only the actual scope of men's employment in long-term care work, but also show how it develops over a longer period of time (taking into account specific periods such as employment or health crises), and allowing us to evaluate the macro factors that mediate in its development.

One possible research line we are considering is related to the ongoing circumstances of the Covid-19 pandemic. We believe it would be extremely interesting to observe whether this context, which has uncovered the importance of long-term care and the need to further professionalize the sector, has altered the demand for labor and the imaginaries of those who foster gender segregation where hiring men in this sector is concerned.

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