

Article

Gender Perspectives of Male Immigrant Healthcare Assistants in Norwegian Elderly Care

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Abstract

Exploring gender and feminization in healthcare professions within welfare institutions is an important issue. This article explores the experiences of male immigrant healthcare assistants with racialized features in Norwegian elderly care. A key narrative theme was how notions such as gender and categories of class reinforce structural power relationships, positioning male immigrants in elderly care as “lacking” and/or vulnerable with respect to self-esteem. In the analysis, participants’ experiences were perceived, contested, and negotiated within the themes of: (a) Gender Identities: Negotiations among male immigrant healthcare assistants, and (b) The interwoven process of gender and class.

Participatory parity (Fraser, 2008) and perspectives of intersectionality (Crenshaw, 1989) were applied to explore how notions of gender and categories of class limit and reinforce power relationships. The analysis sheds light on how such notions and categories reinforce structural power relationships. Furthermore, the article argues that understanding the impact of gender on the Norwegian care sector must address how specific categories of individuals are affected, in addition to the attendant labour market challenges.

Keywords: gender identities, male immigrants, healthcare assistants, elderly care

1. Introduction

Norwegian experts in labour market initiatives have shown that, a productive workforce is important for stimulating economic aspects of society and as a measure to encourage labour market inclusion. Among other factors, high unemployment rates among immigrants in Norway make them a target group for the supply of labour resources through Active Labour Market Programmes, with studies suggesting that immigrants are overly represented in “low-skilled occupations” (Bratsberg, Raaum, & Røed, 2016; Thorud et al., 2014).

To better understand the challenges concerning Norwegian elderly care and the needs of the healthcare workforce, this article focuses on low-skilled healthcare providers, in which the role of immigrants with racialized features has been understudied. More specifically, the objectives are to:

1. Examine the ways in which male immigrant healthcare assistants position themselves in elderly care, and how this is perceived, negotiated, and contested in their narratives.
2. Explore how notions such as gender and class reinforce structural power relationships that affect a sense of self and opportunities for interaction.

2. Gender in healthcare professions

Traditionally, the healthcare profession has been gendered (Dahle, 2005a; Meadus & Twomey, 2011). Prominent professions such as medicine were male-dominated, and women’s care labour was often concentrated in support roles like nursing and healthcare assistants (Dahle, 2005a; Witz, 2013). The implications of this trend have provoked concern and debate (Dahle 2016; Elston, 2009; Lindsay, 2005), which has led to initiatives to encourage male representation in female-dominated health professions. This is evident in Simpson’s (2004) study on the experiences of men in a female-dominated occupation, which reflected on the privileges enjoyed by men in relation to enhanced leadership and differential treatment, as well as the strategies that males use to assert dominant masculinity in such settings.

In recent years, the Norwegian government has provided a wide range of incentives through a national project to recruit more men aged 22-55 years to caregiving/healthcare assistant jobs (Kårstein et al., 2020). Notions of gender play a key role in how male immigrant healthcare assistants experience care work

(Covington-Ward, 2017; Seeberg, 2012a, 2012b), and how such experiences are informed by ideas of cultural identity. Such ideas, though constantly changing, relate to historical and cultural contexts typically taken for granted and viewed as “neutral” in professional terms (Covington-Ward, 2017). For many of such male migrants, their quest to survive compel them to take on caregiving jobs that may be culturally inconsistent with their notions and perspectives of gender. However, experiences of male immigrants working in caregiving sectors have not been fully represented in gender and migrant discourses. This is supported in Wojnicka and Pustulka’s (2019) research on the past, present, and future of men, masculinities and migration which argued that migration research seldom takes the standpoint of men.

Research indicates that care workers with immigrant backgrounds are valuable resources in the context of workforce challenges in elderly care (Dahle & Seeberg, 2013; Isaksen, 2010; Munkejord, 2017; Seeberg, 2012). At the same time, the literature has raised questions about migrant care workers’ social access and rights (Dahle & Seeberg, 2013) and their care provision for elderly citizens (Christensen & Guldvik, 2014), as well as the political dynamics behind a reliance on elderly care workers (Vike, 2017).

Furthermore, studies have identified that immigrants’ background, language, racial and cultural differences mean that elderly care takes place in complex settings (Bourgeault et al., 2010; Dahle & Seeberg, 2013; Isaksen, 2010). “Unskilled” healthcare assistants with migrant backgrounds’ perspectives (Hervie, 2019), only partially inform the literature, which is a concern as these healthcare assistants take part in workforce opportunities created by Norway’s ageing population.

Following these argument and gap, the present article explores experiences of male immigrant healthcare assistants of the elderly in Norway. Statistics in Norway have revealed that most of the elderly population receive care in nursing homes or in their own homes (Seniors in Norway, 2010). Against this backdrop, we focused on male immigrants providing health care in nursing homes and private homes of the elderly.

3. Theoretical approach

Prominent theories have identified obstacles to attaining a healthy sense of self by considering how equality and/or inequality are (re)produced. In political and theoretical terms, the debates have been framed as a question of social (in) equality entrenched in the struggles for redistribution (e.g., Dworkin, 2018) or as a matter of redistribution and/or recognition (Fraser, 2018, 2014, 2008; Honneth, 2003).

An extensive discussion of these debates is beyond the scope of this article, and we do not endeavour to engage in the normative debates on social (in) equality. However, based on the data, we subscribe to a general understanding of social (in) equality informed by a commitment to the tenets of egalitarianism. This became significant, as the study is located within the egalitarian structure of Norway's elderly care. Thus, our focus is to utilize a framework to explore the empirical phenomenon of how the rhetoric of social (in) equality is done or practiced in Norwegian elderly care through the daily experiences of male immigrant healthcare assistants with racialized features.

Of the theoretical analysis on social inequality, we find Fraser's approach closest to the commitment of egalitarianism, as it is grounded on the liberal notions of equality in redistribution, recognition, and representation. Thus, in our analysis, we draw on Nancy Fraser's (2008) formulation of a critical theory of recognition which argues that social justice is a matter of redistribution, recognition, and representation. According to Fraser, inequality in the distribution of resources may contribute to a subordinated way of life and lack of a voice for recognition, but redistribution, recognition and representation are not reducible to one another as they all involve analytically distinct social structures and relations which are in practice intricate and interrelated. Fraser thus proposed a conception of social justice which maintains that there is "no redistribution or recognition without representation" (Fraser, 2008, p. 282).

An important distinction in Fraser's analysis is how she locates the struggle for "self-worth" in the socio-political and cultural as well the economic structures of society. Fraser's claim is that by paying attention to how the politics of the state are oriented to economic and cultural changes, it is possible to develop an understanding of how individuals and groups struggle to attain a healthy or liberated self-identity against the

politics of denigration. Calling this a framework of recognition, Fraser, in her work on *social justice in the age of identity politics*; considers the practical question of “what misrecognized people need in order to participate as peers in social life” (Fraser, 1998, p. 5). The approach proposed by Fraser claims that the dilemmas and tensions of misrecognized individuals are intrinsically linked to the tensions between redistribution and the struggle for recognition. Discussing the issue of recognition from a status and/or class perspective, Fraser points out that individuals are entrenched in subordinate social status and/or class due to the existence of strategic and systemic social structures that deny individuals the opportunity to equally participate in social life. Fraser further argues that, in practice, inequality is rooted in how the economic order of distribution is stratified along social class and how cultural injustice generates unequal status of recognition in relation to categories such as gender.

Our understanding of Fraser (1998) is that, for society to be “just” it is necessary for both material and non-material resources to be distributed fairly. However, we deem it critical to conceptualize social justice by expanding it to include other dimensions and in this case, recognition. The notion of recognition here refers to “a remedy for injustice, not a generic human need.” Thus, the focus on the dimension of recognition helps us to theorize about the role of power in how individuals—in this context, male immigrant healthcare assistants—are treated during interactions at the micro- and macro-level, which are mediated through institutional structures. For Fraser, social justice as a right for recognition refers to political structures and systems within which the distribution of rights and responsibilities also takes place. To some extent, this can be conceived as distribution of economic resources or the procedure by which power is distributed in society. For Fraser, recognition is about a status and/or class order in which there is equal opportunity for achieving dignity and self-esteem by all. The challenge is that due to cultural injustice, such as the struggles over gender and class, some members of society are denied equal opportunity to obtain respect and/or recognition. For example, while it is acknowledged that male immigrant healthcare assistants have practices which are different from those in Norwegian society, in this light these different practices are not only demeaned but misrecognized through institutional structures that deny immigrants equal participation in society and stigmatize the status of immigrants.

Here, we understand Fraser (ibid.) to mean that status is about the distribution of power in society. Status differentials and its associated power become “neutralized”, or “even” when people are on par with each other. Accordingly, a subordinate status implies that the capacities of subordinated individuals such as the male immigrant healthcare assistants—become stifled or underdeveloped. By highlighting recognition as a matter of rights and equal opportunities, Fraser’s framework enables us to analyse the experiences of male immigrant healthcare assistants as a claim for an equitable distribution of material and non-material resources. However, in an era of globalization, diversity, and cultural pluralism, it is challenging to maintain a set of comprehensive principles to help solve the issue of difference. In this sense, our intention is to analyse how forms of misrecognition related to the gender and class of male immigrant health care assistants can function as a basis for exclusion.

4. Methods

This article is based on the experiences of unskilled immigrant healthcare assistants in Norway. Methodologically, the study employed ethnography and hermeneutic phenomenology, as the focus entails “the study of *experience* together with its *meanings*” (Friesen, Henriksson, & Saevi, 2012, p. 1), which acknowledges that participants’ experiences are a valuable source of knowledge, though subjective. By applying the concept of racialized immigrant health care assistants, we emphasize how misrecognition within power structure is related to inequalities (Fraser, 2009).

The study was approved by the Norwegian Social Science Data Services (NSD), and adheres to the ethical guidelines of the National Committees for Research Ethics in Norway, 2016

4.1 Recruitment and Participants

To recruit participants, e-mails were sent to nursing homes and institutions providing services to the elderly in their private homes in both northern and southern Norway. The sample consisted of thirteen (13) non-Western immigrants and seven (7) managers of elderly care facilities who were interviewed between 2014 and 2015. Six of the immigrants came to Norway as refugees and had participated in the state language programme. For these participants, elderly care work was considered their

“quickest” means of entering the labour market due to their relatively poor knowledge of Norwegian. The participants came from Asia, South America, and Africa. Request letters discussed the purpose and nature of the study, assured participants of confidentiality and anonymity, spelled out participants’ right to opt out at any time or refuse to answer certain questions, and highlighted ethical concerns. This article primarily focused on five of the male immigrant healthcare assistants, as their narratives contained statements of meaning that fit into the objectives of the article. The following presents the demographic characteristics of the participants.

Table 1: Demographic characteristics of the participants

Pseudonym	Gender	Continent of origin	Years of work in elderly care
Pedro	Male	South America	14
Dido	Male	Southeast Asia	5
Amadu	Male	West Africa	25
Tsitsi	Male	Northern Africa	7
Baaba	Male	Central Africa	4½

4.2 Data Collection Methods

Data was generated through observation, individual interviews and focus group discussions. Interviews were conducted at a place of the participants’ choice, and they were semi-structured using an interview guide. Interviews lasted from one to three hours and were conducted in English or Norwegian. Upon request, three of the interviews were conducted with interpreters to enable the participants to fully express themselves in their local dialect. Critical reflection has been discussed and recommended as an answer to such methodological challenges (Berg, Lune, & Lune, 2004; Creswell, 2007). As a result, we critically reflected on our experiences, which ensured that our personal experiences as immigrants did not interfere with the analysis of this data. This was achieved by bracketing our personal perspectives to help avoid biases, thereby opening ourselves to new ideas narrated by the participants.

4.3 Data Analysis

Data analysis followed Smith and Osborn's (2008) analytical sequence of Interpretative Phenomenological Analysis (IPA), which entails looking for themes in the first case, connecting the themes, continuing the analysis with other cases, and writing it up. We individually extracted and coded major themes from the data. The themes considered how statements of meaning present in the data relate to the focus of the article. To ensure credibility of the findings, the codes and themes that were individually developed were thoroughly discussed and further analysed until a consensus was reached. In the final analysis, the themes that emerged were discussed with colleagues with academic and professional knowledge in the field, and this was used to address the objectives of the article.

To help convey the analytical themes and give a thorough amount of attention to context, we decided to highlight examples of participants whose experiences speak specifically to the complexity of the themes. This also allowed us to use longer excerpts to illustrate how experiences were linked and evaluated in the data. Our approach to writing includes elements of what Hall (1992a) refers to as "to speak autobiographically" (p. 277).

5. Findings

Male immigrant healthcare assistants indicated in this study that their experiences in elderly care were complex. Participants perceived that their experiences were intensified due to gender stereotypes, in addition to their cultural identities as immigrant men. The interviews with all 5 participants generated similar responses. The findings elaborate on the following theme: *Gender Identities: Negotiations among male immigrant healthcare assistants, and the interwoven process of gender, race, and class status*. Below is a presentation of the findings and discussion.

5.1. Gender Identities: Negotiations among male immigrant healthcare assistants

The first narrative theme relates to participants' accounts of gender identities through work in elderly care, and of challenging views on gender stereotyping.

This view was present in the account of the participant Tsitsi, while talking about himself as a man doing a woman's job. Similar views were recorded in the interviews

with Amadu and Pedro. Tsitsi's experience is influenced by stereotypical images of gender in his home country

Tsitsi: I didn't take up this work because I wanted to work here [...] I worked in administrative positions as a middle manager in my country. In fact, before I came to Norway, I didn't know that men did this type of work. The men who work in the hospitals in my country are doctors or they work the big machines [...] I would not do this work back home [...] In Norway, everything changed. I needed to find a job [...] It was not easy in the beginning but now, it's okay. I enjoy working for these old people. But the change was very sudden and real.

Interviewer: When you say change, what change are you referring to?

Tsitsi: All the change. For instance, the first time I had to change an old person's nappy, it was a woman. Oh my God! I haven't done it before. Not even with kids. At first, it was like a movie [...] the smells, the shame and feeling very uncomfortable. It took a long time before I realized that I was doing it for real [...] But I noticed that the old people were very kind and warm. [...] they appreciate the work you do for them. I don't know how to describe it [...] I met a man in a white uniform. I thought he was a doctor, but he said he was also a care assistant. I said "Aha! I'm not alone" (laughing). This male care assistant was from Germany, and he told me that men do such work in his country. In my home country, this is rare and not normal. I would say that seeing men do this type of work was a nice surprise, and a big change for me. It's also about the lives of these people in the pictures in their rooms: strong, big, handsome, and beautiful. And you see their lives when they are old and sick and weak. As I keep doing this work, I understand what it means to rot in your own body, and to see the decay of age. It has made me warmer and kinder. When I look back and think about myself, I think that there has been a big change. I have become warmer and nicer like my sister and mother (laughing).

Just like those of Amadu and Pedro, Tsitsi's account highlights how male immigrants in elderly care perceive notions of femininity as a stereotype for care assistant work. For instance, the occupational context in which Tsitsi finds himself has changed him and made him "warmer and nicer" like his sister and mother. This reference to stereotyped feminine characteristics is particularly interesting given that, traditionally, men in Ghanaian (in this sense "African") societies are not supposed to be seen performing direct care roles. If men take on caregiving roles, it is mostly for private reasons and for very close family members and is usually done behind closed doors and not in public.

In this narrative, we interpret what Tsitsi refers to as sudden and real changes as his increasing awareness of the relational and contextual nature of gender in his attempt to fulfil societal expectations (Donato et al., 2006). Significant to this discussion is the knowledge that Tsitsi's experience of care work in Norway lies in sharp contrast to his experience of care work as a female-oriented role in his home country. Tsitsi's

example is important for two reasons. Firstly, it highlights the reality of gender stereotypes, and secondly it illustrates the fact that gender performance is more complex as immigrants enter the labour market with pre-conceived notions and constructed ideas about gender (Datta et al., 2006). The subtleness of gender and class also emerged in the conversation with Baaba, as discussed in the next section.

5.2 The interwoven process of gender and class status

The second narrative theme, the interwoven process of gender and class status relates to the subtleness of gender and class. Like Tsitsi, Baaba is a male immigrant healthcare assistant with racialized features. When he narrated his experience, he included the fact that, as an immigrant, he feels downtrodden

Interviewer: You said to me that your challenges are endless because you're an immigrant from Central Africa. But you also mentioned that there are immigrants from other countries who work as healthcare assistants. What is unique about your challenges that make them endless?

Baaba: Well, there are other immigrants in this job and I'm sure we all have our challenges. But when you're coloured like me, there are more challenges. I used to work in the dementia section, and I remember a weekend where there were three male healthcare assistants in my team: a Swede, a Dane and me. The interesting thing is that one of them was studying medicine and the other was a nursing student. I observed that the two of them stuck together, and I was subtly made to feel that I didn't belong.

Interviewer: In what ways did you feel that you didn't belong?

Baaba: I mean we sat together during breaks, but they talked about their studies and other things that I had no idea about [...]. I was simply quiet and felt a sense of domination, that I was dominated because I was an immigrant of colour, and the fact that they were taking higher education made me feel more dominated because I knew deep within me that I didn't match up to them [...]. We were all immigrant men, but it isn't the same. At least, today, I can talk about it. But I still have the same feeling [...] that tells me that as a man, I can't match up to other men. This happened a long time ago and I'm sure those guys have finished school and are working as a doctor and nurse [...]. It's a masculine battle to achieve something higher in life [...]. I don't know how to explain it to you [...]. As a man, it's the feeling that makes you sit back and say, "Yes! I made it!" Maybe if I had continued working in the field of engineering, I would be a manager or supervisor now like my cousin in the USA. Anyway, let's forget about it and answer another question, I try not to think or talk about it because it doesn't help.

Interestingly, in a working environment with three male healthcare assistants, Baaba's experience illustrates how gender and class can become salient. In explaining how being an immigrant of colour increased his sense of being dominated, we see a process where gender and class intersect to shape his experience. Firstly, Baaba's account highlighted that as an immigrant of colour, there was a status

difference between him and the Swedish and Danish immigrants who are not racialized in Norway. Secondly, Baaba drew attention to gender and his “masculine” competition, which made him feel that as a man, he is expected to have higher goals in life. Knowing that he had not achieved this makes him feel a sense of subordination. This is closely related to the category of class, where Baaba felt that he did not match the educational level of his male colleagues, moving from a professional occupation in engineering to an “informal” job as a healthcare assistant. In an earlier conversation, Baaba lamented on the low-status nature of his job as a healthcare assistant.

In sum, we see why Baaba feels that he has “endless” challenges. The interlocking of Baaba’s gender and class, and low-status job, has placed him in a position where these social categories work to his disadvantage. This is what Crenshaw (1989) referred to as multiple layers of oppression that interact to shape the experiences of women of colour and black women. Crenshaw (ibid.) asserted that the combined effect of gender and class status have exacerbated the disadvantage of women and in this context, people of colour.

Conversely, critics of intersectionality argue that conceptualizations of intersectionality that describe women of colour as disadvantaged could be misleading due to the fluid nature of social categories such as gender, class, and race (Dhamoon, 2011; Yuval-Davis, 2006). For instance, social divisions that may lead to disadvantage are multiplicative, and intersections can appear in subtle ways that can make categories such as gender and class independent instead of mutually inclusive (Yuval-Davis, 2006). Although these criticisms are valid, we argue that the social categories and differences that intersected to make Baaba feel disadvantaged were interrelated and occurred simultaneously such that, in practice, it is difficult to treat them as separate categories. In other words, a racialized and gendered difference, in addition to class and status, constitute the interwoven process that shaped Baaba’s experience of subordination in his work as a male healthcare assistant.

The data also informed us about how the intersection of social categories influence labour market outcomes through conditions that produce systems of advantage and disadvantage. Dido, a nurse from his home country, stated that the connotations of

low levels of education and lack of skills associated with healthcare assistant work in Norway stands in sharp contrast to his skills as a nurse. As a result, his sense of frustration is due to taking up an unskilled occupation, even though he is a skilled care worker in the same professional field. Dido's sense of frustration coincides with the discovery that, obtaining approval for his nursing licence is a drawn-out process. Contrary to his previous image of Norway as a land of equal opportunity, Dido stated: *"Even before I came here, I heard that Norway is the best country to work—there is no discrimination and equal opportunity for everyone. Sometimes I wonder if this is really the case [...] or maybe my story is different because I'm a foreigner."*

Seeberg (2012) has also identified the ubiquity of intersections between class, gender, and race in shaping opportunities for immigrants. In her work on immigrant care workers and gender equality in Norway, she pointed out that "[T]he presence of such workers brings into view established and taken-for-granted inequality structures of gender and class, shaking the Norwegian egalitarian system at its moral foundations" (p. 182).

Like Dido, Amadu, had moved from a semi-skilled occupation as an auto mechanic to work as a care assistant in elderly care. During the interview, Amadu mentioned that he found it extremely difficult to tell his family about the nature of his work in the nursing home. This was because he dreaded the shame and comments that would arise, comparing his work with a feminine role. Most significantly, he was worried that his wife might ask *"Are there no mechanical engineering jobs in Norway that need men"*. It was not easy for Amadu to accept the loss of his previous social status and comments that suggest he is working in a "feminine" job. He therefore decided to tell his family that he had a temporary job as a cleaner in a nursing home, based on the assumption that he would look for work as a mechanic when his Norwegian improved. At the time of the interview, Amadu felt disappointed in himself because he had been unable to find work outside elderly care. Besides the loss of his class status, we observed that Amadu was more preoccupied with how his current role as a healthcare assistant was perceived through traditional gender roles in his home country. This illustrates the complicated nature of talking about class when immigrants must relate to different national contexts where they hold different class positions.

For Amadu, the identity and esteem attached to men doing heavy or technical/ “masculine” work in his home country contrasts with his current “invisible” position as a healthcare assistant, which is further associated with female roles. Speaking in a somewhat frantic manner, Amadu said:

I’m an African man. I need to work for my own money to take care of my family. I would be ashamed to sit at home and get money from state support. It’s like taking money from my mother to take care of my family. In my culture, this means I am no longer a man. That’s not how we do it and you know what I mean [...]. This is not the best, but I still took this job, and it helps me in another way

This quote illustrates how Amadu positioned himself in various ways, which show how gender was performed and made relevant in relation to his immigrant identity. The stereotyped image of taking money from his mother (a woman) goes against Amadu’s masculine image of a hardworking man and thus a moral person, according to the norms of his home country. From this explanation, we can see that the image of not working or living on state support was also a gendered image.

At the time of the interview, there were media reports about an incident in which immigrant youths were accused of causing trouble in some parts of Oslo. When Amadu explained why he continued to work in elderly care, he mentioned that he was aware of negative media reports that make immigrants appear reluctant to work, as a burden on the welfare system and as scapegoats for all issues in society. However, as he explained, taking money from the state takes away his cultural identity as a man. To be precise, *“It’s like taking money from my mother to take care of my family.”* Hence, alongside the preservation of his masculine identity, Amadu underscored how his immigrant status plays a part in reproducing assumptions associated with immigrants in the labour market. In effect, doing a woman’s job helps Amadu assert himself as a moral person in both societies.

In their work on gender and ethnic identities among low-paid migrant workers in London, Datta et al. (2006) told similar stories about how immigrants were perceived to be reliant on state benefits. In their discussion, they argued that contrary to such notions, a significant number of immigrants work and pay taxes that contribute to the welfare system. In their analysis, the immigrant workers rarely migrated from countries with functioning welfare systems, and they believe in hard work. As a result,

work was also epitomized through gendered meanings to elevate men's masculinity. Also in Denmark, Carneiro et al. (2008) reported that having a job and income were a source of pride and self-worth among immigrants.

Similarly in this study, most of the immigrant men felt that work was part of their social responsibility, and this was further justified in terms of earning money to maintain a masculine status and image of a breadwinner.

At the low-status or informal level, we also grasp another understanding, which implies that elderly healthcare assistant work is seen as a threat to the masculine identity, given the general perception that it is a low-status job. For instance, by "denying" or finding it difficult to accept their low-status positions, both Dido and Amadu emphasized a sense of dignity with high status or skilled jobs. Thus, the intersection between gender, class and identity explains what elderly healthcare assistant jobs signify for the male immigrant healthcare assistants.

Interestingly, Pedro described how the motivation to earn a living due to his frustration for not getting his dream job in an office brought him into elderly care. Unlike his male colleagues, Pedro did not emphasize his background or loss of class status. He was initially worried about "a man bathing old ladies", but he learned to overcome this over time. What concerned Pedro at the time of the interview were his limited opportunities to access jobs outside long-term care, which he linked to the feminine connotations associated with elderly care work. According to him:

I tried to be smart by removing the healthcare assistant position from my CV when applying for other jobs. I went for an interview at a warehouse as a forklift driver, and they asked what I was currently doing. At this stage, I couldn't lie because I knew they were going to check [...]. I didn't get the job. The excuse was that I didn't have relevant background experience. But I know it's because they think healthcare assistant work is for females, and if a man is doing it, it means he isn't strong enough for bigger challenges [...] This work is full of ladies so the kind of vacancies they talk about are women's jobs [...] You need connections to get proper job. It isn't easy and I'm still waiting.

In the context of the conversation with Pedro, here a "proper job" refers to work that he perceives as male dominated. Being a male healthcare assistant signalled a lack of skills or an "inability" to transition to work in a warehouse, which Pedro asserts is typical for men. Like his male counterparts, Pedro found it necessary to talk about his competency in a way that reasserted his masculinity, defined his identity and helped

him cope with the degradation associated with doing work that has been traditionally feminized. Studies from the Netherlands (Haile & Siegmann, 2014) and the UK (Datta et al., 2006; Kofman & Parvati, 2006) observed that limited labour market opportunities compelled immigrant men to take up jobs in sectors that have a gender bias towards female roles.

6. Discussion

The analysis explored how notions of gender and class were perceived, negotiated and contested in the narratives of male immigrant healthcare assistants through the themes: *(a) Gender Identities: Negotiations among male immigrant healthcare assistants, and (b) The interwoven process of gender and class status.*

In the following section, we discuss the value and implications of the analysis for research and practice.

Systematic opportunities or systematic discrimination, or both?

The analysis sheds light on how notions such as gender and categories of class reinforce structural power relationships. In recognition of the participants' experiences, we argue that any attempt at understanding the impact of gender on the Norwegian care sector must involve an appreciation of how specific categories of individuals are affected and the attendant labour market challenges. This merits special attention with specific reference to immigrant healthcare assistants.

Indeed, Seeberg (2012) pointed out that:

The presence of immigrant care workers has become a necessity to uphold a Norwegian gender regime where Norwegian women increasingly distance themselves from the lower status care work occupations. Immigrant nurses and other job seekers from immigrant backgrounds willing to take on the less attractive work are welcomed as cheap, often highly qualified care workers [...]. In practice, this means that the continuation of the Norwegian gender equality project is based on the exploitation of others, clearly at odds with the egalitarian ideology underpinning the project (pp. 181–182).

Several years on, as presented in this data the experiences of immigrant healthcare assistants provide stark examples of Seeberg's observation. More specifically, it is the interrelatedness of institutional decisions, and how issues of gender and class are embedded in relationships to produce advantage and disadvantage, that is of interest here. In situating the argument within policy directives, the key objective of

Norway's Equality and Anti-Discrimination Act (LOV-2017-06-16-51) is to "Promote equality and prevent discrimination. Equality means 'equal status, equal opportunities and equal rights....and the Act shall help to dismantle disabling barriers created by society and prevent new ones from being created.'"

The Norwegian Integration Policy (short version of Report No. 6 to the Storting, 2012–2013) also focuses on the right to equal opportunities through participation and the utilization of individual resources to avoid dependence on state benefits. Despite the policy agenda and legal documents, evidence from our data indicates that subtle inequality exists in the labour market, particularly for non-Western immigrants. This recalls Craig's (2007) discussion of different forms of discrimination, particularly systemic discrimination, which often involves informal activities, procedures, and cultures inbuilt into organizational structures and systems of society which are very difficult to identify. Our understanding of Craig (ibid.) is that the covert nature of discrimination leads to a lack of consensus on its prevalence and a significance of discrimination on those affected. The difficulty in addressing systemic discrimination in any form is the fact that where it exists, it is likely to be hidden and where it is known, it is expressed as a failure on the part of individuals (Craig, 2007). When understood as formal practices, embedded in organizational structures that become part of the system, the complex ways in which the labour market denies individuals in unskilled occupations upward mobility reflects what Craig terms systemic discrimination. Consequently, instances in which stereotypes or prejudices, derived from societal and employer's beliefs regarding certain competencies (e.g., "natural" caregiving), are unconsciously associated with immigrants without being clearly related to a capacity can reveal a covert discrimination.

In such a murky context, reference can be made to Gullestad's (2004) work on culture and race in Norway. Here, Gullestad (ibid.) suggested reasons to be sceptical about sanguine views that render the Norwegian state/society colour-blind or neutral in inter and intra-relationships. In principle, Gullestad (ibid.) argued that the Norwegian state expresses disapproval of any form of discrimination and prides itself on the absence of overt discrimination. With its world-renowned influence in international peace negotiations, Gullestad (2004) stated, "*Norway is among those nations in the world that spends the most money per capita on development aid to*

the Third World. Consequently, when minority people complain of local racism, the innocent national self-image and the associated collective memory are at stake" (Gullestad 2004, p. 182 citing Gullestad 2001b, 2002a). According to Gullestad (2004), this can be interpreted as an attitude that conceals discrimination, thereby leading to double standards. From historical and covert perspectives, what emerges is the existence of discriminatory systemic practices and negative stereotypes that reinforce each other. In effect, when discriminatory practices in the labour market are described or justified as individual problems instead of structural challenges, such discriminatory effects go unnoticed.

As argued by Craig (2007), systematic discrimination is difficult to prove, and we observed this in the present article due to the complexity of trying to determine whether this relates to the boundaries relating to job tasks, or the low status ascribed to unskilled occupations or boundaries relating to gender and class. As shown above, there are proactive policies, acts and legislation on employment in Norway. However, the drawback of such policies, as pointed out by Vike (2017), appears to be that managers of institutions feel pressured to minimize the importance of systemic challenges through organizational rationalization, which justifies workload issues or under-representation as individual frustrations.

Despite the "privileged" class backgrounds, as well as the training and skills of immigrant healthcare assistants, the system/elderly care institutions view such backgrounds as inadequate, if not inferior or irrelevant. As a result, the immigrant healthcare assistants were particularly disadvantaged, and faced class dislocation as they move from skilled and semi-skilled occupational backgrounds in their home country to becoming unskilled workers in Norway. More so, as the labour market justifies increased opportunities based on national skills or qualifications, the immigrant healthcare assistants' inability to meet national employment requirements implies that employers adhere to this country-specific competency to help maintain a hierarchy in which immigrants occupy the lowest position. On the other hand, since the state emphasizes a cost-effective healthcare sector, of which elderly care is a major part, it can be argued that maintaining a category of workforce at the threshold of the labour market is economically beneficial and politically strategic. It emerges in participants' accounts that despite regulations governing equality and non-

discrimination, male immigrant healthcare assistants face challenges that appear at the intersection of class and gender. Analysing participants' gender identities also revealed other forms of challenges experienced by immigrant healthcare assistants in elderly care. In many ways, some of the challenges point to cultural dilemmas and a systemic lack of focus on the influence of cultural difference among people working in an unfamiliar context.

7. Implications for social work practice

The findings from the study further affirm the need for social workers to be gender sensitive. This requires social workers to be conscious of how factors such as culture and social structures shape gendered behaviours and vulnerability. This resonates with Weeks' (2003) assertion, which argued that gender factors intersect with the practice of social work at multiple levels in delivering services to people. As seen in the findings, the stereotypical images of gender held by Baaba and Tsitsi, e.g., were shaped by their native cultural beliefs and values. Their need for self-respect, and their discomfort of being men working in a sector dominated by women, sends a signal to social workers to adopt measures and strategies geared toward challenging and addressing gender stereotypes and prejudices that define the relationship between men and women.

Subsequently, there is a need for social workers to integrate gender-sensitive notions and ideas during the delivering of services to their clients while recognizing the contextual influences behind such gender ideas. As evident in the findings, as an African man, Tsitsi, felt extremely uncomfortable working in a female-dominated job. Nevertheless, the male health care assistant from Germany found it acceptable and/or normal to work in elderly care. We therefore argue that it is pertinent for social workers to acknowledge the uniqueness of countries and cultures to ensure effective interventions and services to clients.

8. Conclusion

A key goal of the Norwegian government in enacting policies such as Active Labour Market Programmes (ALMP) was to encourage labour market inclusion for vulnerable populations, such as immigrants, and to stimulate the economic aspects of society. The policy has provided opportunities for employing immigrants, and the elderly care

sector remains a target for the supply of immigrant labour resources because of workforce challenges created by Norway's ageing population. Most critically, the Norwegian government has provided a wide range of incentives through a national project to recruit more men into caregiving/healthcare assistant jobs (Kårstein et al., 2020). However, there appears to be limited knowledge about the experiences of "unskilled" male immigrant healthcare assistants with racialized features who take part in the workforce of the Norwegian elderly care.

Fraser's theoretical perspectives on redistribution also highlight that policy decisions on resources produce inequality. Within the context of policy debates, the dominant rhetoric rests on knowledge that has been generalized and is assumed to apply to all healthcare sectors. This generalized assumption has led to growing knowledge gaps in elderly care, in which the unskilled workforce, for example, male immigrant healthcare assistants, are not given the proper amount of attention. This underscores the importance of obtaining knowledge that is specific to the elderly care institution and labour market. At the time of this study, little research has been conducted on the effects of integration programmes and their contribution to career progression within the labour market. In addition, with respect to cultural misunderstandings in the Norwegian context, the quality of caring relations between immigrant healthcare assistants and their elderly clients were not specifically known. Future research should investigate how gender and class come into play among male immigrant healthcare assistants in elderly care.

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