Masculinity and Non-Traditional Occupations: Men's Talk in Women's Work.

Abstract

Occupation segregation is a consistent aspect of the labour market, and scholars have often researched what happens when women and men enter into what are seen to be 'non-traditional' work roles for their sex. Research on men within women's work roles has concentrated mainly on their personal experiences in the job, focusing on the challenges men face to their masculine identity and the strategies they adopt in order to construct, preserve and emphasise this identity. Existing research on workplace language has focused mainly on women's linguistic behaviour in non traditional employment (i.e. police, managers in business companies, Information Technology). To date, there has been relatively little research into the linguistic behaviour of men working in occupations seen as women's work (i.e. nursing, primary school teaching). To address this gap, this article focuses on men's discursive behaviour in the feminine occupation of nursing. Empirical data collected by three male nurse participants whilst at work in a Northern Ireland hospital is explored using discourse analysis and the Community of Practice paradigm. This paper discusses how the participants linguistically present themselves as nurses by performing relational work and creating rapport with their nurse colleagues by actively using an inherently 'feminine' discourse style.

Key words: Non traditional occupations, nursing, masculinity, femininity, discourse analysis, community of practice.

Introduction

Despite the rise of equal opportunities and equality in employment, women and men still generally work within different industries meaning that occupational segregation by sex remains a consistent aspect of the labour market (Angouri, 2011; Holmes and Schnurr, 2006; Nilsson and Larsson, 2005) as professions are often not gender neutral but are frequently categorised as suitable for one gender or another (Holmes, 2006; Padavic and Reskin; 2002). This division of labour is linkable to traditional gender dichotomies (Ku, 2011; Holmes and Meyerhoff, 1999; Acker, 1998). It is suggested that as men often hold the more prestigious, challenging and better-paid jobs they would find it problematic to work in female areas of work, which are often considered to be of low status (Lupton, 2000; Williams, 1995). However, with the recent credit

crisis, rising unemployment, a reduction of relatively well paid jobs in industry, business and commerce (seen as 'men's' work) more men are beginning to target the area of women's occupations. Whilst there has been an abundance of research on women working in men's jobs (police, I.T. companies, senior management positions in business companies [Angouri, 2011; Baxter, 2010, Kelan, 2010; Miller, 2004; Powell et al, 2008; Rhoton, 2010]), relatively little research has explored what happens to men who work in such 'women's jobs' ([i.e. primary school teaching, hairdressing and nursing] Cross and Bagihole, 2006; Whittock and Leonard, 2003; Holyoake, 2001). Often seen as different from 'real' men who confirm their masculine identity by doing 'men's' work, men in 'women's' jobs are accused of failing to measure up to a 'real' man's role (Padavic and Reskin; 2002). Through one to one interviews, scholars have examined the implications of men's non-traditional career choices on their gendered identity as well as the strategies they have developed to maintain, emphasise, or adjust their masculinity. Few scholars however have empirically investigated men's linguistic behaviour or how they use language to perform their masculinity in such contexts (Kiesling, 2007; Holmes, 2006; Mullany, 2007; Schnurr, 2008).

The aim of this article is to combine the wealth of research centring on workplace discourse and gendered occupations to focus on men's discursive behaviour in the feminine occupation of nursing. To explore how male nurses use language to structure their identity, Interactional Sociolinguistics (IS), discourse analysis (DA) and the Community of Practice (CoP) paradigm will be utilized to scrutinize naturally occurring discourse collected from male nurses whilst in the context of a Northern Ireland hospital. In acknowledging the importance of examining the social-cultural context in which the talk takes place (a female work role) discursive behaviour will be addressed using the Community of Practice approach as the nurses' speech style aids them in fulfilling tasks essential to their work role. As examination of the micro-level of interaction while on the job reveals that, for these participants, the specifics of the work-role and the desire to participate appropriately in the workplace CoP exerts more influence than gender. In conclusion it is suggested that each participant is 'doing' being a nurse revealing that gender is not the only or primary influence on workplace talk.

Gendered occupations

Gender is the social and cultural construct placed on people as a direct result of their biological sex, placing constraints on how each sex should perform directly affecting, and to some extent controlling, the societal roles that are deemed suitable for men and women (Kelan, 2010). This

gender dichotomy has formed stereotypes of appropriate masculine and feminine behaviour (both linguistic and non linguistic), and women and men should behave according to what is socially appropriate for their gender. Society views people who step out of this gender construct as deviant to the mainstream often stripping them of their masculinity or femininity (Baxter, 2010; Ku, 2011). This dichotomy has directly affected the work roles seen to be suitable for men and for women meaning that occupational professions are often not gender neutral but are frequently categorised as suitable for one gender or another (Latu, 2011; McDowell and Schaffner, 2011; Nilsson and Larsson, 2005). Gendered jobs have emerged from the skills and characteristics that men and women are *assumed* to encompass due to their sex and therefore what society deems as 'feminine' or 'masculine'. Feminine workplaces are characterised by the stereotypical features of femininity (caring, facilitative supportive, person orientated) and masculine workplaces those associated with masculinity (dominance, aggressiveness, competitiveness, control and power [Baxter, 2010; Burke and Collins, 2001; Hendal et al, 2005; McDowell and Schaffner, 2011; Trauth, 2002]).

Strong opinions still exist in regards to gender segregated jobs, with many men still feeling that office work, child care, and indeed any care related job are only suitable for girls and women (Brennab, 2005; McDowell, 2001). This article focuses on men in nursing, which is culturally typified to be "women's work" classed as a semi-profession with low pay and low status (Brown *et al*., 2000; Evans, 1999). With its sex composition predominantly consisting of women, nursing is a gender typed role defined in opposition to 'masculine' characteristics (Britton, 2000; Whittock and Leonard, 2003) so is consequently deemed appropriate only for those with feminine characteristics. The fact that men mainly hold positions of power and management in the medical profession (i.e. doctors, surgeons) while the actual undertaking of nursing (caring, bathing, feeding) is characterised by female attributes and performed mainly by women supports this point and highlights the sex role division also visible *within* workplaces (Padavic and Reskin; 2002). Eckert and McConnell- Ginet (2003) claim that as women's work activities are perceived to have lesser status than men's, men entering into this area initiate a challenge to the traditional ideas of what is appropriate gender behaviour, challenging the traditional notions of masculinity and what it means to be a man.

Traditional notions of masculinity

Hegemonic masculinity is seen to be the socially dominant form of masculinity that embraces the characteristics of leadership, strength, heterosexuality, and authority and perhaps most importantly, it is seen as different from and superior to femininity (Connell, 1995; Connell and Messerschmidt, 2005; Hearn *et al*., 2012; Holmes, 2006; McDowell and Schaffner, 2011). Hegemonic masculinity is produced not just in relation to femininity, but also to other forms of masculinity and homosexuality (Adams *et al.,* 2010, Connell and Messerschmidt, 2005). Those who demonstrate an alternative form of masculinity do not necessary follow and support the 'powerful, static, economically successful and heterosexual' characteristics that society deems men should have (Williams, 1995, p.141) so are often are labelled deviant, gay, wimpy and girlie (Connell and Messerschmidt, 2005). So although multiple masculinities exist (Connell, 1995) hegemonic masculinity is seen as the ideal and is viewed to be the dominant form making all other forms subordinate, resulting in many men striving to exhibit hegemonic masculinity often through the cultural discourse that indicates this form (Kiesling , 2007, 2011; Hearn *et al.,* 2012).

Men in non-traditional occupations

Society's view of 'real' men revolves around traditional stereotypes of men being technically competent, authoritative and strong leaders (Hodges and Budig, 2010). The man's role as chief breadwinner in the home is also strongly linked to demonstrating hegemonic masculinity in Western society (Padavic and Reskin, 2002). One result of changing social and economic situations has seen more men entering into professions deemed to be typically female (Cameron, 2000; Mullany 2007), and as masculinity is defined in opposition to femininity, men who take women's jobs are seen to be more effeminate. Often seen as different from 'real' men who confirm their masculine identity by doing 'men's' work, men in 'women's' jobs are accused of failing to measure up to a 'real' man's role and are stereotyped to be wimpy, homosexual and passive (Evans, 1999; Lupton, 2000; Williams, 1995) especially those who work within a caring role (Cross and Bagihole, 2006). As a result, these men frequently face several challenges to their masculine identity. Previous research has examined the implications of such non-traditional career choices on gendered identity, and investigated how men manage possible conflict in this context- mainly via exhibition of characteristics associated with hegemonic masculinity to navigate female work places (Cross and Bagihole, 2006; Evans, 1999; MacDougall, 1997; Whittock and Leonard, 2003). They are active reproducers of their masculine identity via social performances designed to separate themselves from their female

colleagues and the 'feminine' aspects of nursing ([Cross and Bagihole, 2006; Holyoake, 2001; Evans, 1999; MacDougall, 1997]). They self-report that they redefine their work and recast the nature of their job away from its nurturing and caring aspects to align with hegemonic masculine characteristics to reduce its strong association with women (Brown *et al.,* 2000; Lupton, 2000). Differentiating between the roles male and female nurses perform sustains the idea that even within the same occupation men bring different abilities to the job that women cannot offer (Williams, 1995). Men also tend to work within seemingly more masculine and therefore acceptable areas such as emergency wards or psychiatric nursing, rather than in midwifery or elderly care (Brown et al, 2000; Issacs and Poole, 1996). A further distancing strategy sees the male nurse portraying their current job as a way station for a future job that is higher in prestige and superiority (Williams, 1995) that is more suitable for a man (Cross and Bagihole, 2006, Kiesling, 2007). Indeed, earlier studies have explored the power and benefits that come with hegemonic masculinity to examine the influence that gender has upon promotion opportunities within nursing (Padavic and Reskin, 2002; Simpson, 2004). Williams (1995) refers to this as the 'glass escalator', where men rise to higher positions quickly (p.101).

The disadvantages of being a male within nursing however are also said to be numerous, for example some feel they cannot enter into midwifery due to their sex (Chung, 2002; Lupton, 2000). So although the majority of male nurses adopt strategies to emphasise their hegemonic masculinity, a very small minority of male nurses choose alternative (and hence subordinate) forms of masculinity. These men view their careers as an expression of their alternative perspectives which allowed them to identify better with their work (Williams, 1995).

Performing gender through language

It is widely accepted now amongst scholars that gender is performative and can be actively constructed and displayed (Butler, 2004; Kelan, 2010; Holmes, 2006, Mullany, 2007). As gender is socially constructed, gender identity is not something one has but does (Butler, 2004) and workplaces are local spaces where people can exploit and over perform their gender because of the societal stereotypes linked to it (Mullany, 2007; Holmes, 2006). Interactional Sociolinguistic studies of interaction have illustrated how Western men use language to create and demonstrate their power in both institutional and conversational talk orienting toward the desired social position of hegemonic masculinity they strive to portray (Arib and Guerrier, 2004; Cameron, 1994; Kiesling 1997, 2011). Coates (2003, p. 196) has noted this 'orientation to the hegemonic norms of masculinity' through various linguistic strategies as the most striking

feature of men's talk. Stereotypical masculine strategies are said to include interruption, topic control, swearing, aggravated comments, avoidance of personal and emotive topics and self disclosure, boastful storytelling, and unsupportive conversational behaviour in regards to a lack of backchannels and delayed minimal responses (Cameron, 2007; Holmes, 2006; McDowell & Schaffner, 2011). Adams *et al* (2010) refers to this linguistic behaviour as masculinity establishing discourse.

An innovative and ever increasing important aspect of examining how gender is performed is the disregarding of the notion that there are only two categories of masculinity and femininity. Embracing the notion that there are multiple masculinities and femininities allows us to deconstruct the notion of a single male and female type and to examine the different ways of doing being a man or woman (Connell, 1995). Following this notion of multiple masculinities, there is no cause to suggest that all men are homogenous and no reason why an individual man should be consistent in their speech in all situations and contexts. If language is no longer regarded to reflect one's gender but is instead actively used to build, and maintain a gendered identity one can then enact gender, both masculine and/or feminine, through language. Scholars have found that men and women adopt gendered speech styles of the ' other' to be more masculine or feminine in order to fit in to their surrounding context (although this is not always an easy task to accomplish for some speakers; see Baxter's 2010 study of women executive leaders in international business companies). Research has also shown that men and women often use a very similar range of linguistic strategies when in the same work role of Community of Practice (CoP) outlined in the next section (Holmes, 2006; Mullany, 2007; Schurr, 2008). Despite this, sex is still commonly used as a factor to explain differences in interaction and the terms masculine and feminine are still employed by scholars to describe certain linguistic behaviours.

Nursing as a Community of Practice

When investigating discourse the Community of Practice paradigm (henceforth CoP) has been increasingly embraced by linguistic scholars in their research (Holmes and Marra, 2011; Holmes, 2006; Mullany, 2007). CoP has been defined as 'an aggregate of people who, united by a common enterprise, develop and share ways of doing things, ways of talking, beliefs, and values-in short practices' (Eckert and McConnell-Ginet, 1999, p. 186). These practices relate to the discursive strategies and interaction styles specific to each particular CoP in which members mutually engage (Eckert and McConnell-Ginet, 2003; Schnurr, 2008; Wenger, 1998).

CoPs are built and performed at the local level, meaning they are constructed from the bottom up, with the members' working together to form a mutual practice (Wenger, 1998). This entails that there are *bottom up* rather than *top down* elements of behavioural constraint in a CoP. The shared practices in each CoP can control the available linguistic repertoire acting as a verbal constraint and members, to fit in, must use the language considered acceptable. But despite pressure for participants to behave appropriately in order to be socially accepted as a member, speakers can deviate from this if they so wish if other identity characteristics have more control on how one behaves, for example gender or age (Coates, 2004). So whilst the linguistic repertoire may be utilised to form and demonstrate group membership, it may also be dismissed to illustrate the rejection of this group identity (Wenger, 1998). However, even if one feels constrained to linguistically perform in a certain and suitable manner in a workplace to fulfil and signal their membership identity (Cameron, 2000; Mullany, 2007), behaving in this required manner can be nutritious to one's professional identity and allow one to achieve a sense of belonging and collegiality to that particular CoP. Therefore there is an outside force, but also an individual force, that drives individuals toward the CoP identity (Wenger, 1998).

Workplace groups can be described as communities of practice each with their own linguistic repertoire and language pattern (Holmes and Marra, 2011; Holmes, 2006; Eckert and McConnell-Ginet, 2003). Members of a workplace need linguistic resources to negotiate meaning, so shared repertoires between speakers help develop relationships and display insider knowledge. This discourse is acquired over time, the extent of which distinguishes between core members and peripheral members (Eckert and McConnell-Ginet, 2003, 1999). To communicate effectively in the workplace, both sexes have been found to draw on features traditionally associated with both "masculine" and "feminine" speech (Holmes 2006; Mullany 2007). Evidence of adapting one's language to the surrounding context has been found in studies of the workplace or one's work role (Baxter, 2010; Cameron, 2000; Holmes, 2006; Mullany, 2007; Schurr, 2008). As a result, scholars stress the importance of looking for linguistic patterns in relation to the particular community of practice (i.e. workplace and job role) (Eckert and McConnell- Ginet, 2003) as the established speech norm in the workplace will become part of the member's communicative style (Holmes and Meyerhoff, 2003). Therefore, when examining the linguistic repertoire of any CoP it is important consider the ideology and rules of said CoP; its role and institutional status; how it is viewed by society (Mullany 2007), and whether these CoPs are gendered (Baxter 2010, Holmes 2006). So here a brief outline of the CoP of nursing and the nursing role is provided.

Employees are expected to work collaboratively in many workplaces so any disagreement in workplace talk seen to be face threatening is 'typically rare … as interactants pay special attention to the face needs of their interlocutors' (Angouri and Bargiela-Chiappini, 2011, p.213) in order to maintain employee rapport. Nursing is an example of a work role where such linguistic behaviour is viewed as fundamental. Communication is a vitally important tool in nursing as it can affect the standards of the care given and even patient well-being. As a member of this CoP, nurses have a range of acceptable linguistic resources that must be learnt when dealing with colleagues and patients (see Murray-Grohar and DiCroce, 1997). Stereotyped to be non-assertive, caring and gentle, nurses are expected to create a positive socio-emotional climate (Timmens and McCabe, 2005). Maintaining a harmonious nursing group is an important element of the ward environment as nurses often must work in teams to address work-related problems using their combined knowledge and expertise. As a result, nurses are required to maintain solidarity and form a collaborative group with their co-workers (Marquis and Huston, 1998; Murray and DiCroce, 1997). Therefore attempts are made to avoid confrontation via for instance small talk, humour, and the mitigation of instruction, all of which are deemed to be typical female discourse strategies (Timmons and McCabe, 2005, Holmes and Major, 2002, 2003). Nurses who hold managerial roles require skills that allow them to negotiate internal conflict through their leadership style and choice of linguistic strategies (Angouri and Bargiela-Chiappini, 2011). Although leadership skills are traditionally associated with stereotypical masculine characteristics (i.e. directness, unmitigated directives, and competitiveness), the skills needed for nurse managers are arguably the opposite of this as research has shown that good leaders in a nursing context are not overly assertive (Hendel *et al*., 2005).

Research Aims

This research adopted a social- constructionist approach to investigate the lexical strategies male nurses used in their CoP adopting the view that workplaces are gendered and the language used within them take place in this gendered arena. Using empirical data this study aimed to explore male nurses' linguistic behaviour in their work context, and whether their use of language strived to perform first and foremost a masculine identity in line with hegemonic characteristics, or a nursing identity using language indexical of the environment in which they work.

Methodology

In order to explore male discursive behaviour, empirical data was collected from three male nurse participants when interacting with their fellow colleagues whilst at work in a hospital in Northern Ireland.

Primary and secondary participants

At the time of data collection there were approximately 20 male general care nurses working across the 9 wards in the case study hospital. Following an advertisement in the hospital for male participants to take part in a communication study, 3 men volunteered to take part providing an adequate sample. An unforeseen benefit of the volunteer sample was that it was not a homogenous group. All three men were at different stages in their nursing career; of different religions (protestant and catholic); had different status (charge nurses and staff nurses); worked on different wards specialising in different areas of care, and one participant had a different cultural background. It is noted at this point that all male participants are described as core members of their CoP as all have been in this workplace for numerous years[i]. An added benefit of this sample lies in this variation as such differentiation in identity often creates variation in how individuals utilise speech (Holmes, 2006). Despite such differing variables (age, status, religion, expertise, cultural background) if all three males were found to make use of similar linguistic strategies for comparable purposes, this would aid the exploration behind such linguistic behaviour. These volunteers were informed that the study was aimed at examining how nurses communicate with their colleagues on the ward.

Data Collection

Audio recordings are a vital part of ethnographic research when gathering linguistic data. They are regarded as one of the best methods to collect detailed data for fine grained analysis of identity in action (Holmes and Meyerhoff, 2003) so were employed for this current study. The three participants, who were in full control of the data collection process, wore audio-recording equipment to collect their interactions over a six month period. In total, approximately 50 hours of spoken interaction was gathered with each participant generally contributing the same amount of talk time. This provided a vast dataset of language-in-use within a range of contexts (chatting in staff rooms, staff meetings, shift hand-over, lunch at the canteen) and covered different topics (work and personal). Talk also took place in mixed and single sex groups; and levels of speaker status differed (charge nurse or staff nurse).

The 3 male nurses were the primary participants in this study as they carried the recording equipment. However, as communication is a jointly performed task (Nevile and Rendle-Short, 2009) capturing all interlocutors' speech in each interaction was important as it permitted a rounded examination of how the talk was actually accomplished. Therefore, female nurses, other male nurses, plus any other players in the medical field (i.e. doctors, porters, and canteen staff) acted as secondary participants as they interacted with the primary male respondents. Any nurse-patient interaction that was collected was not utilised in the study as the focus of the research was to examine how male nurses interact with their colleagues. Verbal consent was obtained from the secondary participants by the primary participants before any recording took place. This provided a vast amount of discourse from female nurses as well as other medical professionals.

Data collection also involved interviewing participants to allow the researcher to acquaint themselves with each male nurse participant and provide contextual knowledge to aid the analytical process of the spontaneously spoken data (Angouri and Bargiela-Chiappini, 2011). Semi-structured interviews were conducted with each nurse individually to provide some insight on the nurses' attitudes to their workplace, whether they felt they integrated in the nursing environment, and how they dealt with being outnumbered by female nurse colleagues the majority of the working day. Interview data was transcribed and thematically analysed using NVivo software. Interview data will be briefly highlighted in this article but the main focus is on the males' spontaneous spoken interaction to examine how they actually linguistically behave 'on the ground'.

Analytic framework

A combination of the CoP paradigm and discourse analysis provided the basis to examine workplace language and investigate how the nurses engaged in the reproduction of their communities. The discursive analytical approach taken in this article was that of Interactional Sociolinguistics (IS), a multidisciplinary paradigm which allowed a fine grained examination of the data set. Many disciplines are welcomed by IS when analysing speech- including pragmatics (im)politeness theory; conversational analysis (i.e. examining structure of turns); and semantics (modality), providing an integrated analytic framework for this current study. Material gathered was orthographically transcribed and analysed using linguistic frameworks complied from previous sociolinguistic language and gender research (Holmes, 1982, 1995; Coates 1996, 2004). These frameworks are well established and frequently used within IS to categorise

linguistic features and their functions. The categorisation of functions was also based on each feature's syntactical position, prosody and pragmatic role. Conducting data analysis in this manner enhanced what could have initially been a rather subjective interpretation of the data, strengthening arguments for the categorisation and function of linguistic features used by the participants and what their language acts are used to socially perform.

The socio-cultural context in which the analysis is taking place is also considered as the workplace of nursing is a gendered work space. Conclusions of what is present in the text is warranted by a detailed analysis of the language used in accordance with the constraints of the context in which the speakers are situated (Milani, 2011). The researcher does not align with the position of speculating that particular discourse features are gendered but uses the interactional context and the data itself to observe the meaning behind the use of such discourses. Terms such as 'feminine' or 'masculine' speech are still utilised by many scholars despite the acceptance that gender can be placed on a spectrum. Even newest research into gendered discourse refers to typical masculine or feminine discourse styles (Angouri, 2011; Kelan, 2010; McDowell and Schaffner, 2011). This paper adheres to the premise that men and women can use both all types of linguistic strategies regardless of their gender (Cameron, 2007; Holmes, 2006). But as no other terminology yet exists to refer to such behaviour, and perceptions of gendered discourse are still strong, the author will use the terms 'masculine' or 'feminine' in this article when referring to speakers' linguistic behaviour and when discussing certain previously gendered linguistic features.

Results

Interview data

In general, MnA and MnC reported that they did not feel their masculinity was under threat whilst at work. However, MnA did claim that when he started nursing he began weight training and suggested that this may be an indirect result of his job:

MnA: "I went out of my way to try to get myself all buffed up at the gym. That could be linked I dunno, I could have been trying to make myself look more masculine."

When asked about communication on the ward, he discusses a noticeable difference in how male and female nurses interact with each other and patients:

MnA: "Well yeah there's definitely a difference between the communication strategies between the two with colleagues and patients. I'm more directive but I just am I think, maybe cause I'm a man."

MnC continually distinguishes his role very much from his female colleges to carve a masculine niche. He argues that for him, masculine identity overrides the need to assimilate to his female colleagues' communicative styles, even going so far as harbouring feelings of resentment toward their discursive style:

MnC "…sometimes there's decisions to be made and I think males can make decisions quicker, than females, whereas females would all sit down and have a conference about it, and-and-..share responsibility and share decisions and I would resent that. I think they're wasting time. ….I think, that's just being male."

MnC: "No, I can't do it, assimilate to their conversational strategies … don't feel comfortable doing it you know, I don't, b-because they're so many of them about, you tend to feel as though you have to make a concessions for them sometimes but you know it's going against your grain and against your way of doing things."

MnB did feel that his masculinity may be threatened a little because of his job but claims he didn't feel the necessity to emphasise it. He strongly dislikes certain aspects of 'female' linguistic behaviour such as gossip:

MnB. "no I've never had to show my masculinity, to be honest, because they're all females, and I'll get, I'll get on with them okay, you know, it's fine…..I hate gossipers, I hate… I hate that. I don't talk about others…everywhere there's bitchiness."

Albeit a very brief highlight, responses such as these were recurrent throughout interview and provide some insightful background of each male's participant's views on their communication style when examining the empirical data.

Spoken interaction

An examination of the micro-level of interaction on the job revealed that the specifics of the work-role and the desire to participate appropriately in a workplace CoP exerted more influence on the males than their gender. The lack of any significant differences in communication style of male and female CoP members indicates that they use strategies which could be termed 'feminine' but are more directly related to the kind of role nursing is whoever does it (i.e., caring, facilitative, not overtly hierarchical). Furthermore, data reveals that the male nurses (and females) employ a variety of lexical strategies to exhibit their professional identity of being a nurse. Similarities are evident across all three men in regards to how they perform relational work and strive to create a strong rapport between themselves and their colleagues. Arguably,

the overriding mechanism behind such behaviour here is to express collegiality and group membership; nurses appear to use this linguistic behaviour to bind themselves to other nurses and to their CoP (Oddo, 2011; Wenger, 1998). To negotiate solidarity, nurses use various linguistic indices to maintain a sense of community reducing speaker differences such as gender and status. It is noted at this point that the same discursive behaviour to perform a masculine gendered identity was not found anywhere in the dataset. The men in this study did not use typical 'masculine' linguistic indices to emphasise their masculinity or separate themselves from their female nurse colleagues. Instead, they used lexical resources (often classed as feminine) to build and maintain a nursing CoP and enact their identity as a nurse.

To understand how speakers form and maintain relationships with their colleagues in the CoP, the remainder of this article will examine the common techniques found in the data used by the nurses to present a professional nursing identity and demonstrate group membership. Extracts are chosen that best represent the linguistic strategies recurrent in the database used to do so.

Creating an in-group, *Us* vs. *them*

Nurses are part of a larger hospital community in which there are numerous factions including porters, nurses, doctors, kitchen staff and surgeons. The nursing population itself can be further separated into smaller communities, for example nurses can be of different types, (general, psychiatric, emergency, community), work on different wards (elderly, children's, surgical) and be of different hierarchical status (staff, charge). There is empirical evidence of a discursive construction of an *us vs. them* binary in their communication with nurse colleagues to emphasise the difference between their particular nursing group and its ideas in opposition to the *others*. In doing so, nurses demarcate their CoP group members from the other CoP types in the medical profession (i.e. doctors, surgeons and other types of nurses). This section outlines a number of extracts to demonstrate the various lexical strategies used by the male nurses to discursively construct this binary distinction in order to reveal their belonging to their CoP and exhibit their nursing identity.

Often, the nurses talk about 'others' in a negative, critical manner, demonstrating a collective feeling of exasperation toward them and their actions. The following extract, an excerpt from a mixed sex group conversation, demonstrates male and female nurses using language to present their own group's opinion in a positive way whilst the 'others', in this case community nurses, are presented as negative. The three nurses are discussing how they are irritated with

a current patient's situation, presenting themselves as a united group distinct from the 'outsiders' whom they are criticizing[ii]:

Extract 1

(Two male nurses and one female nurse are talking about a patient who needs extra treatment)

MnC: *surely* the community nurses have to provide the pressurising
mattress *wouldn't they/*
Fn: yeah
Mn: the district nurses <?> have *they* nothing better to do that ring *us*
up asking *us* when was the last time we had seen the patient/
I rang them back on the phone and says *we* are enquiring …
[and] <?> will need a a mattress when goes home from [here]
MnC:[ay] [I know]
if someone went home with me *they* would soon ring [us]
Mn: [oh]
definitely
MnC: *wouldn't they/* why did this patient (.) why weren't *we* informed
Fn: but I suppose then maybe *they* wouldn't know if it was there or
not would they\ in this case or not (.) because they would have
no reason to see it
Mn: <?>
Fn: yeah
Mn:cause then *the family* weren't letting them into the house for
while [either]
Fn: [where they not/]
Mn: no
MnC: that would make it very difficult *like (.) you know/*

Male nurse MnC uses the collective nouns *'us', 'we'* and '*they'*, to form two distinct groups and differentiate his audience, and himself, from the *others*. In lines 1 and 4, the two male nurses clearly define the outside group with which they are all annoyed as the *'community people',* also referred to as *'the district nurses'.* MnC's recurrent use of the inclusive pronouns '*we'* and *'us'* acts to form an alliance between all three participants (lines 4-6, 9 and 12), whilst the district

nurses are referred to repeatedly as *'they*' (lines 2, 4, 9, 12-14, and 18). This concept of *us* vs. *them* establishes a connection between the speakers based on the knowledge they share as a result of their nursing identity. District nurses have a partially different occupational role than that of ward nurses. Ward nurses work with patients within a hospital, whereas district nurses work with patients in the outside community. Based on this difference, the nurses in this extract form an alliance, and openly criticise the *'community people'* as the *other* that are causing problems in regards to a particular patient. By highlighting the unison of the speakers in the group, MnC is creating a sense of mutual agreement (shared anger at the community group), reducing the likelihood of offending his listeners when making negative comments.

The use of 'we' is used as a relational indicator; it allows the discursive construction of group identity through bonding allowing group consensus and decision. The speakers' selection of 'we' rather than the personal pronoun 'I' or 'you' is of importance here as the choice of this particular pronoun has certain sociological meaning (Oddo, 2011; Wodak, 2011). Using the personal pronoun 'I' means the speaker claims sole responsibility for a task or an opinion. *We* however is a collective pronoun and its use allows the speaker to make themselves part of a collective sharing responsibility for actions or comments, or mitigate orders by reducing authority and creating a sense of equality. The use of the plural can therefore be used as a bonding process to create an in-group.

The speakers, especially MnC, also make argumentative appeals to the knowledge common to them all due to their nursing role. This is a common strategy is *us vs. them* discussions used to build an in-group, creating consensus between the group members especially when criticising others, making decisions on what to do, or deciding to act on a problem (Wodak, 2011). In doing so, the nurses also mitigate their opinions and their criticisms toward the outside group as a precautionary measure (if a group member *is* affronted) whilst simultaneously seeking consolidation from and establishing collegial relationships with their fellow group members (Coates, 2004). MnC's tag question '*wouldn't they'* for example, seeks agreement with his suggestion that the '*community people'* should be providing the equipment needed for the patient (Holmes, 1982):

1 MnC: *surely* the community people have to provide the pressurising
2 mattress *wouldn't they/*

He later hedges when he critiques the district nurse behaviour in line 11:

8 MnC: ay I know if
9 someone went home with me they would soon ring *[us]*
10 Mn: [oh]
11 definitely
12 MnC: *wouldn't they/* why did this patient (.) why weren't *we* informed

Collaborative agreement is apparent in the nurses' use of simultaneous turns throughout the conversation. The two males in particular partly coincide with each other to show their agreement and support for one another's' comments, especially when negative remarks are made. The female however, remains relatively quiet until line 13. At this point, she attempts to provide an excuse for the community nurses' behaviour. She introduces her thoughts with two hedges to soften her opinion in case her two colleagues disagree,

13 Fn, but *I suppose* then *maybe they* wouldn't know if it was there or
14 not *would they*\ in this case or not (.) because *they* would have
15 no reason to see it

Following this, a second set of *others* are brought in to the conversation (line 18). MnC learns that '*the family'* of the patient under discussion has acted as a barrier to the '*community people',* because they have not permitted any access into the patient's house:

18 Mn, cause then the family weren't letting them into the house for
19 while [either]
20 Fn: [where they not/]
21 Mn: no
22 MnC: that would make it very difficult *like (.) you know/*

As a result, MnC begins to empathize with the district nurses (line 22), as he understands that the family's behaviour has perhaps hindered them from doing their job. His use of the pragmatic particle 'you know' with rising intonation signals that he is mitigating his opinion whilst seeking agreement regarding his comment from the group. It appears that the nurses in this conversation now identify with the original outside group of '*community people'* (who they have

more in common with than '*the family)'*; and now see the second outside group as the source of the difficulties they have encountered.

Such simultaneous talk, joint agreement, heavily hedged statements and use of the collective pronoun 'we' throughout all function to establish and maintain collegial relationships and stress group collectiveness. Using these strategies to present biased accounts or opinions in favour of the group/speakers ideals and interests are recurrent throughout the data

Creating this in-group establishes collegiately between nurses in general, but more specifically between nurses that work within each ward. Nurses frequently strive to form a close knit group with all nurses in relation to 'others' but on several occasions nurses form a closer group with the team of nurses on their ward. This is done by isolating other nurses on different wards or new nurses only on the peripheral of the nursing community group (i.e. student nurses). Ward loyalty was found to be a common theme to establish CoP membership by nurses in each of the three different wards observed. Each of the male nurse participants appear to have a stronger bond with the colleagues that work on their ward to the extent that they feel negatively toward working on other 'wards' in the hospital. Every male nurse participant spoke detrimentally not just about other specific staff on other wards but also in relation to other certain wards, expressing their reluctance to work elsewhere in the hospital, the thought of separating from his colleagues almost unbearable. These feelings were also echoed by their female colleagues when conversing on this topic. Excerpt 2 is taken from an interaction where male nurse A is conversing with a female nurse about how he has worked on his ward for many years. The topic of moving wards arises to which both nurses react in the same manner. Using mitigated statements, they both convey their desire not to move wards supporting each other's comments with minimal responses and overlapping turns:

Extract 2

(Male and female talking how about they enjoy working on their ward)

1	Fn1:	I couldn't go anywhere else now (.) do you know what I mean/ <?>
2	MnA:	nah I *couldn't go anywhere else* (.) I think I'd be paranoid if I went
3		anywhere else anyway.
4	Fn1:	no I find since I've worked here *I really belong on this ward*
5	MnA:	see when I take a walk if I go back up to level seven and start (.) I usually

come from (.) 6E and F and then go up [to 7D] and walk across to <?> and by the time *I get to the end I'm in bad form*( ) some of the other wards are just so *you know*\ *despe[rate looking]*

6 Fn1: [aye]

7 MnA: u-huh

8 Fn1: u-huh

9 MnA: I *wouldn't want to leave this ward and all you guys*

Extract 3 below is taken at a latter point from the same conversation between male nurse B and two other female nurses. They discuss and express their aversion to a forthcoming potential 'shuffle', but this time the move is not to another ward. Instead it is a team swop where the nurses work on the same ward but move teams to work alongside a different set of nurses:

Extract 3

(Male nurse and two females talking about ward loyalty)

1 MnB: here. (.) where am I going/ (2.0) not in team two.

2 Fn1: *I don't wanna be shuffled.*

3 MnB: I know I don't wanna//

4 Fn2: //I think it's just a skill mix (.) you know with [Diane

5 going and me] going.

6 Fn1: *[I don't*

7 *wanna] be shuffled]*

8 MnB: *Well I'll want to stay where I am (.) I usually do (.) I'm happy here*

In this extract, Fn2 interrupts MnB's protests about being moved (line 4) to provide her opinion on the move that will take place. Taking the surrounding conversation into account, this interruption can be classified as supportive rather than dominant as all speakers are sharing the floor to express their loyalty to their fellow colleagues and their ward, also demonstrated in the overlapping of turns (lines 6-7). Later in this conversation, male nurse B expresses why he wants to work with the same nurses; the group had its own jokes and in group shared knowledge. They trust each other with not only their concerns regarding work issues but also

with their personal stories that disclose sensitive information, stories that were frequent in the data set.

Creating an in-group- *Gossip*

Gossip, a form of small talk that plays a pivotal role in social relationships and group member bonding (Johnson and Finlay, 1997), occurs regularly in the data. Despite being regarded as typical of female speech, the male participants recurrently take part in gossip and are often the protagonists who begin such topics. This section will examine how this type of interaction is used and managed by the speakers, and how it functioned to unite these CoP members regardless of gender or status differences.

Gossip is intrinsically negative, so mitigation is frequently utilised by male and female nurses throughout these interactions. Disapproving comments never occurs without mitigation and negative gossip is always heavily hedged by the speakers, anther strategy claimed to be typically feminine. This alleviation ensures that speakers soften their comments in case they offend their interlocutors. Arguably, this is a successful strategy, as listeners signal their agreement and their acceptance of such comments as demonstrated in example 4 below. This extract has been chosen to demonstrate an example of a type of gossip found to be frequent in the data. It is taken from a rather lengthy discussion about a charge nurse who has higher status that those within this interaction. This charge nurse is portrayed as the outsider, and is negatively criticised by all in this group as a method to build upon their collegial relationship and solidarity strengthening their in-group (Heikes: 1991):

Extract 4

(Nurses gossiping about another female nurse who works on their ward)

Fn1: ...she's really odd (1.0) *isn't/ she*\
Fn2: I can't work with *her she's shes no erm* <?> see down in that ward see the back there they can't wait to see the back of her
MnB: why=
Fn1: =[<?>] keeps it to herself *you know the way you would share things with* [her] but she wouldn't (.) she would just go in and say go and do this (.) go and do that (.) she wouldn't really have thought of one ward one as
Fn2: yes her equal/\=
Fn1: =yeah *you know*\ *you just* (.) you have to work with her to

11 know what we're on *about to really (.) a very good hands-on worker like*
12 *You can't take that away from her but (.) she just has no erm (5.0) she*
13 doesn't know how to communicate to ya apart from work (.) *do you know*
14 *what I mean/*
…….
15 MnB: *she is very insecure and part of me does feel sorry for her*=
16 Fn1: =that's what it is
17 Fn3: she's not old enough (.) she's immature
18 MnB: but she's not mature she's [not]
19 Fn1: [no] she's not (.) I think there's like a child in
20 there trying to get out or something
21 MnB: and here another thing like I was busy and there's a patient going home
22 and she said (.) 'can you get blood' but I didn't hear it's from her that
23 'oh can I do it later because I'm busy' I said and then 'right okay (.) whose
24 patient (.) for me to get blood for' 'No from me.' 'What/!'
25 Fn1: u-huh.
26 MnB: she must have had *a sort of (.) screwed up sort of childhood or*
27 *something<?>*
28 Fn2: I mean I think it's an *awful pity because she does have a lot of practical*
29 *skills (2.0) I mean she does ( ) like practically and* she does have
30 knowledge MnB that she could help us *but (1.5)*
31 MnB: yeah (.) I know (2.0) that drama [queen]
{joint laughter}

To protect their own face and that of others the speakers here wish to present themselves as non-threatening. They use discursive strategies found to operate within the constraints of being 'nice', whilst being able to express their real feelings to their close friends/allies. To counteract their constraints, they heavily hedge and mitigate their criticisms and negative gossip, even when their listeners are in agreement. They often introduce a negative comment with an utterance in order to appease themselves, a strategy typically seen as 'feminine' (Coates, 1999). Such 'feminine' strategies frequent in this example, used by both the male and the female speakers to gossip about 'others' to create a group identity. For example '*she is a a very good hands-on worker like* (lines 10-13)*; she is very insecure and part of me does feel*

sorry for her (15); *an awful pity because she does have a lot of practical skills* (26-30). Each of these comments occurs directly before a negative comment as an act of appeasement.

The whole conversation is heavily mitigated with softeners (*sort of*) tag questions (*isn't she*), repetition (*she's she's no erm*) and restarts ([*do you not] think (.) I think the girl*) and appealers (*you know, do you know what I mean*) which mitigate the speakers negative comments whilst appealing for agreement and feedback from their interlocutors. The main reason for their dislike of their colleague, who is their superior, appears to stem from the fact that she doesn't treat anyone in the ward as '*her equal'* (line 8) and gives direct unmitigated orders, which the group does not like. Furthermore, the nurse under discussion does not appear to bond with her fellow workers by sharing personal information like this group does (line 5-7). In this particular CoP, this is obviously not an effective way that a colleague should act and both male and female nurses ally with each other through speech to separate themselves from this nurse via negative gossip and criticism. Furthermore, here we see MnB engaging in gossip, a trait typical of female speech that he claimed in which he would not take part. In this extract, nurses are using gossip as a means of bonding and expressing their in-group loyalty and MnB actively joins in.

Discussion

In contrast to previous literature that reports that male men in traditionally female jobs like nursing construct their identities in contrast to their female colleagues, underlining their masculine difference (Cross and Bagihole, 2006; Simpson, 2004,) these interactions that take place between nurses reveal the desire to participate appropriately in a workplace CoP and demonstrate one's in-group nursing identity exert more influence than gender. The three male participants (and other male and female nurses included through secondary recording) use language to form a close group with (certain) colleagues that is based on their nursing identity. Despite such differing variables (age, status, religion, expertise, cultural background) all three males were found to make use of similar linguistic strategies for comparable purposes. They utilized discourse to demonstrate their nursing identity, reducing differences and increasing group collectiveness (Geyer, 2008). They frequently position themselves within an in-group by using linguistic strategies to discursively construct an *us vs. them* binary distinction between their and the other CoPs; attributing shared knowledge to their listeners which can only be acquired through their work as a nurse; and gossiping with their colleagues about other members of staff.

The Community of Practice (CoP) approach is a beneficial framework to explore this work environment where the male participants may be adapting to the non-traditional field as it allows us to think about the effect the context may have on their communication styles (Angouri, 2011; Cameron, 2000, Holmes, 2006; Holmes and Marra, 2011; Mullany, 2007, 2011; Vine, 2001). The male nurses' (and the females' and other males') linguistic performance could be to some extent determined by their workplace culture with the context, work role and shared linguistic repertoire of their setting having *some form* of influence on their linguistic choices. Within the workplace, people choose from the available discursive resources to construct their identities as professional (Mullany, 2007; Holmes and Schnurr, 2006; Stubbe, 2008). In this particular feminine job role, the linguistic practices found in the data used by both men and women are typical of features associated with a 'feminine style' used to allow speakers to communicate effectively in their milieu (Holmes, 2006). Nursing gives men the contextual license to use, or even coerces them into using, this type of linguistic repertoire. The nurses use language that allow them to fulfil discourse tasks essential to their profession including being non aggressive to form a positive and collaborate relationship with other nurses to show a united team (Holmes and Major, 2002, 2003). Further evidence for this can be found in the numerous books devoted to teaching nurse-appropriate linguistic behaviour (see Murray-Grohar and DiCroce, 1997). The 'feminine' ability to support and nurture others, build solidarity and create a sense of teamwork has been described as good qualities for any worker let alone nurses (Barrett, 2004; Priola, 2004). Throughout the entire dataset, all nurses appear to pay a great amount of attention to each other's face, even those with power strive to reduce social discontent and build solidarity. For example, charge nurse MnA even with his higher status still strives to be part of the group, perhaps as the consequences of not linguistically behaving as part of the in-group can be particularly grave (as seen in extract 4). Therefore it can be extremely nutritious to ones' identity to belong to the group rather than deviant from it (Rhoton, 2011; Wenger, 1998).

Peoples' identities manifest themselves through speech. However, it is important not to only examine the identity we expect to see for that person (i.e. masculine, feminine) as in doing so we cannot examine the complexity of identity that people possess within each community of practice. Gendered identity is not always of primary importance in the workplace, as people can focus instead on their role construction (Holmes and Schnurr, 2006). Perhaps the men use discourse stereotypical of gendered language not to construct a feminine gendered identity, but rather a nursing identity to align themselves with their surrounding interactional context (Milani,

2011). This appears to be a subconscious act when their interview data is taken into consideration. All three claimed during interview that they could not conform to the discourse of females that encompasses them as this could conflict with their masculine identity. Yet this is exactly what they do do but to create and emphasise their *nursing* identity. Arguably then the male nurses are unconsciously disassociating themselves from masculinity due to their position in the social context (Benwell, 2011). Conceivably, all three male nurses, perhaps subconsciously, are undoing their gender (Kelan, 2010, Butler, 2004).

Conclusion

Previous research on non-traditional occupations has shown that men in these work roles have repeatedly noted challenges and threats to their masculine identity, and report the non verbal strategies they use to emphasise what is classed as hegemonic masculinity. Language however, is a major way one can perform identity. Despite the investigation of occupational language being a growing area in workplace studies, more research is needed into linguistic behaviour in non-traditional jobs. This study begins to address this gap.

Using a combination of discourse analysis and the CoP paradigm, empirical data was analysed from three male nurses whilst at work (plus their fellow interlocutors which included female nurses and other male nurses). Whilst previous research into male nurses has outlined men exerting their masculinity by separating themselves from female colleagues and the feminine aspects of the nursing role, here we have 3 males adopting what have typically been considered 'feminine' strategies to emphasise their identity as a nurse. Rather than separating themselves from all things feminine, they used tactics to increase collegiately with their female colleagues. Gender and status differences are minimised, with a strong prominence placed on exhibiting one's nursing identity and a joint collective- a nursing team.

Overall, this research supports recent debates that men and women use very similar strategies to enact their professional identity in their work role context. An implication of these findings contributes to studies of men and women in non-traditional occupations (Angouri and Bargiela-Chiappini, 2011; Baxter, 2011; Cameron, 2007; Holmes, 2006; Kelan, 2010; Mullany, 2007) by lending support to existing arguments that gender is not the only influencing variable on speech.

Further insightful research on this area would involve additional data collection from a wider range of male nurses across different areas of nursing (i.e. areas which are deemed more

appropriate for a man to enter, such as emergency wards, psychiatry), providing a comparison of male speakers across various CoPs in this non traditional work role.

Notes

[1] Nurse Participant Information

MnA was 34 years old at time of data collection; worked as a staff nurse for 8 years and spent over 2 years as a charge nurse, which means he is in charge of all nurses on his ward. He is a general care charge nurse working on a ward that specializes in rectal colon surgery after care. He cares for young and old patients. He is from Belfast, white and from a catholic background.

He is from Belfast, is white, Irish and is Catholic.

MnB was 35 years old at time of data collection; has worked as a staff nurse for 10 years. He is a general care staff nurse working on a ward that specializes in care for elderly patients. He is from the Philippines and has lived in Belfast for 15 years.

MnC was 38 years old at time of data collection; has worked as a nurse for 4 years. He is a general care staff nurse working in a ward that specializes in liver disease and transplant surgery after care, his patients are mainly elderly. He is from Belfast, is white and from a protestant background.

NB, Staff nurses are a specific type of nurse in the UK that provide pre and post care to patients who are in hospital for surgery. it involves tasks like changing dressings, changing adult diapers, delivering meals and often feeding patients, cleaning the ward and administering medicine. These nurses in this study work in direct general care; they provide direct care to patents, rather than indirect care (cleaners, porters etc).

Protestant and Catholic religious backgrounds are very important identity markers for residents of Northern Ireland. Research has demonstrated that speakers from different backgrounds often speak differently depending on their religious and demographic background (certain areas of Belfast, Falls Road, Shankill Road are either entirely catholic or protestant so speech acts as an important identity marker).

[1] Transcription Conventions

The following transcription conventions are used,

=	Next speaker's turn begins with no break after current speaker
[…]	Square brackets indicate overlapped speech
<?>	Indecipherable speech
//	Point at which speech is interrupted
(.)	Indicates very brief pause
(.5)	Indicates pause, with length in seconds
/	Rising intonation on word or part or syllable

\ Falling intonation on word or part or syllable
\/ Falling-rising intonation on word or syllable
/\ Rising-falling intonation on word or syllable

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