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*Results from MARS – Men, Accidents, Risk and Safety*

Hansen, Claus D.; Nielsen, Kent J

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# Masculinity and Lifting Accidents among Danish Ambulance Personnel

Results from MARS – Men, Accidents, Risk and  
Safety

Hansen, CD<sup>1</sup> & Nielsen, KJ<sup>2</sup>

<sup>1</sup> Department of Sociology & Social Work, Aalborg University

<sup>2</sup> Department of Occupational Medicine, Herning Hospital, Denmark



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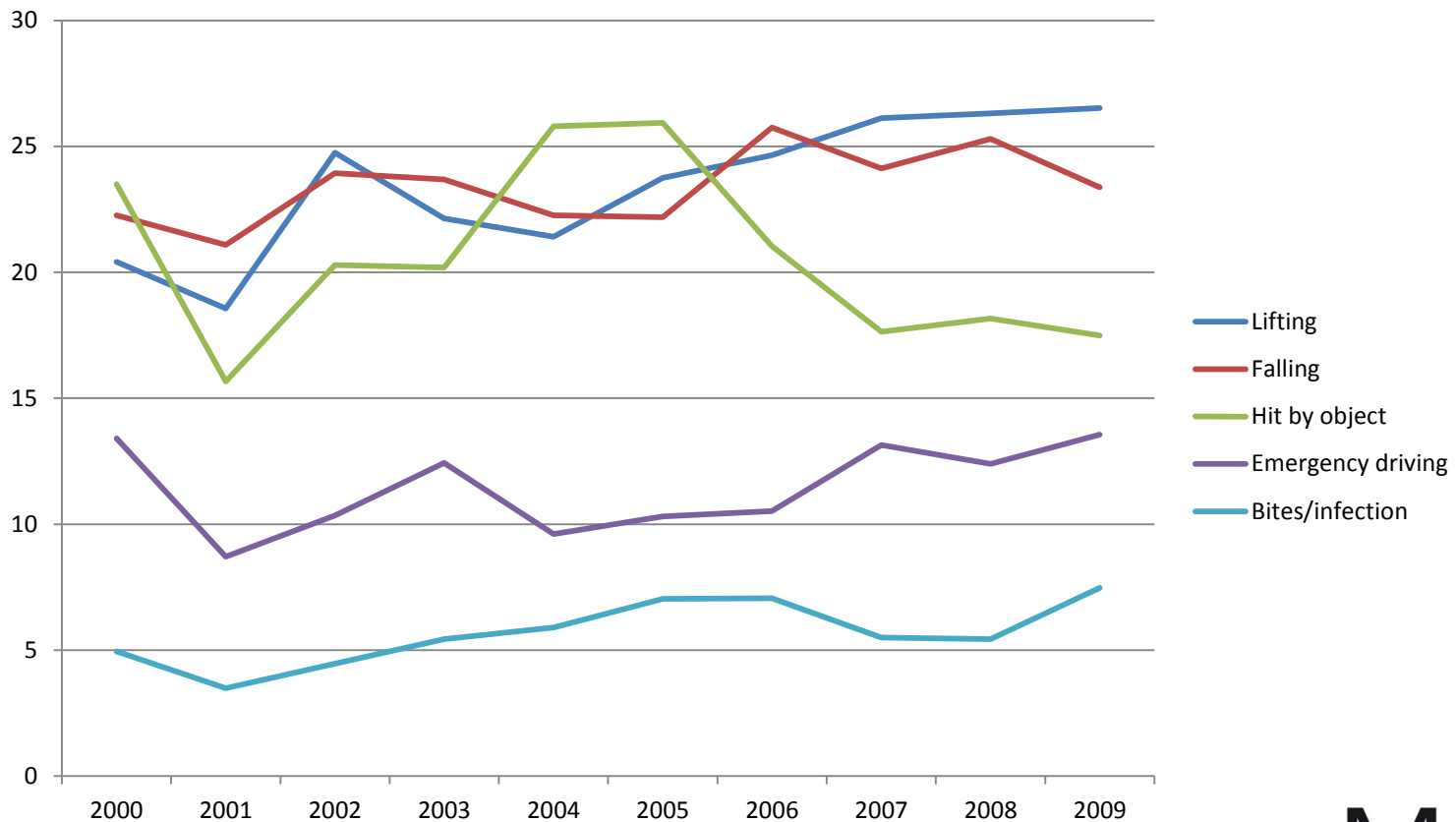
Arbejdsmedicinsk Klinik  
Hospitalsenheden Vest  
Regionshospitalet Herning

MARS  
MEN | ACCIDENTS | RISK | SAFETY

# Background

## Relevance of lifting accidents for ambulance personnel

Top 5 - types of accidents among emergency service workers. Pct



# Background

## Relevance of lifting accidents for ambulance personnel

Work injuries related to lifting are the most prevalent among ambulance personnel (AP) despite the introduction of 'assistive technologies' (AT) that help reduce situations of manual lifting.

One third of the AP report using AT only 'sometimes' and 10% report having lifted a patient alone.

What are the reasons for choosing not to use AT? Can theories of gender and masculinity be used to explain this choice? Is refraining from using AT's or lifting alone a way – for men – of displaying masculinity?

# Masculinities

## Studying differences between men

### **Masculinities and femininities as *social constructions of gender*.**

Everyone is 'doing gender' as part of the routines they take part in through their everyday living (West & Zimmerman, 1987). Doing gender is enacted by a diversity of practices e.g. 'gender displays' (Goffman, 1976). The consequence of this is that being a man or a woman is not something singular – there are different ways of doing 'man' and 'woman'. It is not a question of being masculine *or* feminine. It is a question of which *masculinities* or *feminities* are enacted through a person's actions (Connell, 2005).

"There is no such thing as masculinity; there are only masculinities, and the view of 'all men' as a single, large category in relation to 'all women' is misleading." (Sabo 2005, p. 336)

# Example

## Lifting alone or without AT's



“One of the male ambulance-workers biggest challenges in their everyday work practices in relation to safety is the (gender-)stereotypical expectations they are faced with by personnel in care homes and hospitals. I was informed by several ambulance-workers..., that nurses in hospitals and social- and health assistants often show little understanding when EMTs would like equipment for lifting a non-emergent patient, although very conscious of the fact that they themselves are not allowed to lift the patient, they never understands why an EMT cannot do it. Male ambulance-workers often explained how female nurses and social- and health assistants would do ‘ceremonial work as the ritualization of gender order’ (Gherardi 1994:598ff), ‘ohh, there comes two strong guys, would you not grab the patient’, in order charm them to lift more than they like to. Interestingly, most male ambulance-workers were too health and safety aware to be charmed. Actually it oftentimes has the opposite effect, they often get offended, ‘do they think their backs are worth more than yours?’... Part of the problem is probably self-induced because of the past ‘Tarzan-syndrome’ among Danish emergency-workers.” (Kyed 2012, p. 4)

**Lifting alone or without AT's as a way of performing masculinity.**

# Hypotheses

Men more in line with traditional ideals of masculinity will be more likely to lift heavy burdens alone or without using AT than men who are in opposition to these views.

Hypotheses:

- 1) The more traditional masculinity ideals a man adheres to the higher the risk of reporting having lifted alone (because lifting alone is seen as a display of masculinity and asking for help as a sign of weakness).
- 2) Lifting alone or without using AT's increase the risk of experiencing a work accident due to lifting related injuries (such as sprains and strains of the back).

# Methods and Materials (1)

Cohort study of ambulance workers in a Danish firm covering 85 % of all emergency dispatch calls in Denmark (N = 3,888)

62% (n = 2,426) completed questionnaires in autumn/winter 2010/11. In this presentation only males employed as AP were included (N = 1,606)

Outcome measures:

1. Self-reported accident due to lifting ('Har du været udsat for en arbejdsulykke indenfor de sidste 6 måneder?' 'Yes, due to excessive strain caused by lifting')
2. Company-registered accidents classified as caused by lifting



# Methods and Materials (2)

**Lifting with assistive technologies:** *Do you use assistive technologies, when you lift or move a patient?* (No, never; Seldom; Sometimes; Often; Very often)

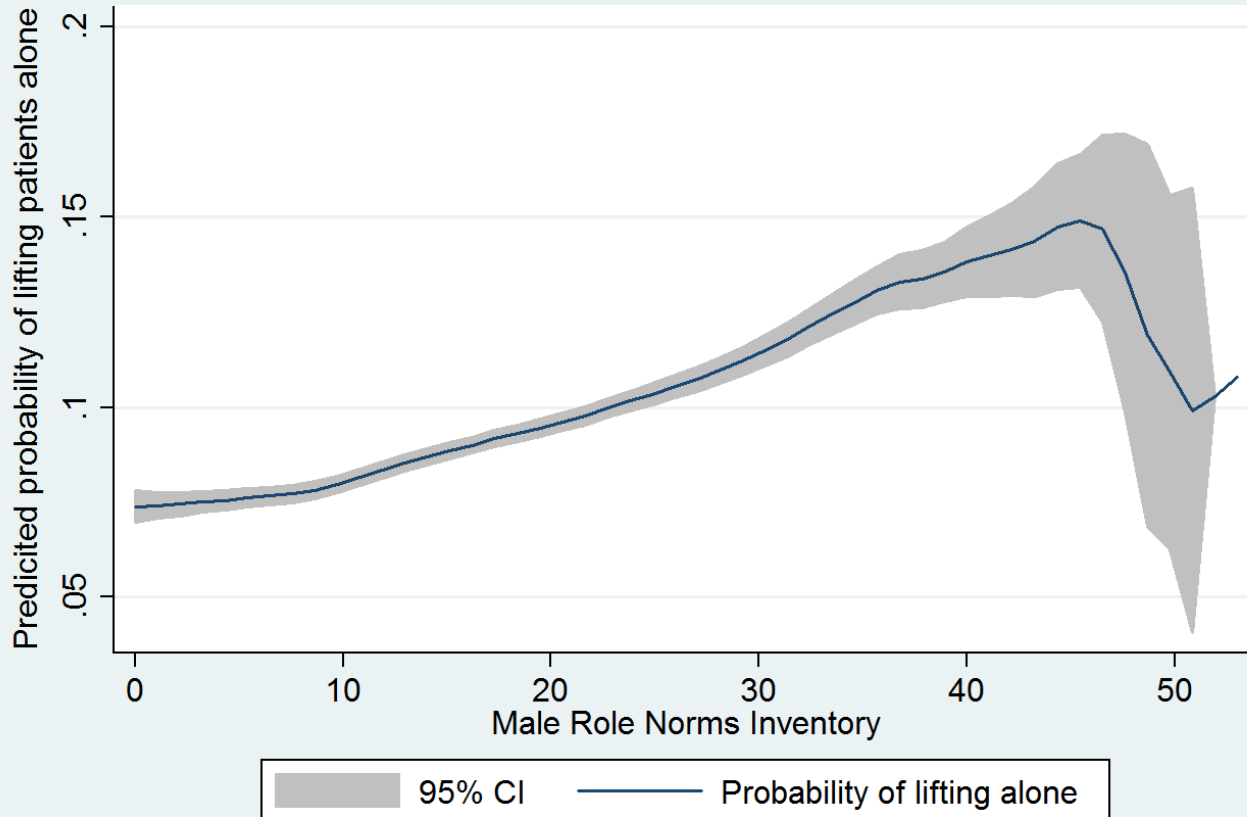
**Lifting patients alone:** *Does it happen that you lift or move a patient alone even if you should have been two doing that job?* (No, never; Seldom; Sometimes; Often; Very often)

**Show Strength:** *I like to show that I have the strength to manage my work alone* (Strongly disagree, Disagree, Neither agree nor disagree, Agree, Strongly Agree)

# Results (1)

## Masculinity (at t1) and lifting alone (at t2)

Association of masculinity and lifting alone



The probability of moving alone is lowest for those adhering the least to the traditional masculinity ideals – among this group app 6% report having lifted alone.

For those scoring above the 95th percentile on MRNI – the probability is 17%



# Results (3)

## Lifting alone and risk of subsequent lifting accidents (company register)

```
Logistic regression                                Number of obs   =          1629
                                                    LR chi2(4)      =          25.87
                                                    Prob > chi2     =          0.0000
Log likelihood = -351.99309                        Pseudo R2       =          0.0354
```

---

liftingacc	Odds Ratio	Std. Err.	z	P> z	[95% Conf. Interval]
movealone	.9309113	.147291	-0.45	0.651	.6826988 1.269368
ryg	1.26211	.0800466	3.67	0.000	1.114581 1.429166
showstrength	1.541913	.339506	1.97	0.049	1.00147 2.374005
alder	1.027145	.009732	2.83	0.005	1.008247 1.046398
_cons	.0077989	.0042717	-8.86	0.000	.0026657 .0228172

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Lifting alone (at t1) is unassociated with lifting accidents in the 2 year follow-up period.

However, indicating that the participant would like to show that he has the strength to do the work tasks himself raise the risk of experiencing a lifting accident in the follow-up period even after adjusting for low back pain at t1.

# Conclusions

This presentation has argued that:

- 1) Scoring higher on Male Role Norms Inventory-Revised leads to a higher risk of lifting alone and lifting without AT's
- 2) Those lifting alone or without AT's have a higher risk of experiencing a self-reported accident in the 1 year follow-up period
- 3) Those indicating they would like to show that they have strength to carry out their work tasks themselves have a higher risk of experiencing a lifting accident in 2 year follow-up period.

In other words – adherence to traditional masculinity ideals may raise the risk of engaging in risky behaviour that could lead to lifting accidents (although the evidence is not completely conclusive)

# Implications of the study

1. Can the results be generalised beyond the (narrow) context of ambulance workers? To other occupations? To other countries? Why for instance do female nursing assistants often lift patients alone? Certainly not in order to perform masculinity? (Slaughterhouse workers and cutting injuries?)
2. What is the relevance of gender and masculinity? If less than 10% report having lifted alone, and only a very small minority are in favour of the traditional ideals of masculinity – are there not more cost-effective ways of preventing accidents due to lifting or low-back pain?