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The Nursing Profession in the UK and Lebanon: A Case Study of how Nurses Perceive
Care, Gender, Emotional Capital and Professional Habitus

Randa El Soufi

Thesis submitted for the degree of Doctor of Philosophy

School of Education

Durham University

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Abstract

Abstract

This research explores how Lebanese and British nurses, at different career stages, describe and delineate the relationship of nursing education and the role of gender, care, emotional capital and professional habitus within the nursing profession, using a qualitative comparative case-study approach. Nursing, almost universally, has been historically and till the present time known to be a numerically female-dominated profession. Nursing shortage, another universal constant in the nursing workforce, is a major factor that negatively affects the healthcare of patients. The recruitment of more men in nursing may have several benefits on the system. It could mitigate the extent to which nursing is devalued, given its frequent association with traditional female roles. It may also enhance nurses' remuneration in general as nursing would be viewed as a more gender-balanced profession.

To elucidate the complexity related to gender, a sociological perspective is utilised in this thesis making use of Bourdieusian concepts of habitus, field and capital. Care ethics is another conceptual framework which can support this study well. It could be argued that while men base their care on justice, women base their care on relationships (Cloyes, 2002). This study will therefore explore the meaning of gender, a highly culturally bound term, and nursing education, in a qualitative comparative study, as described by Lebanese and British nurses. To capture the meaning of gender, a highly culturally bound term, I conducted 20 semi-structured interviews in each country. Interviews depict the meaning of gender, care, emotional capital and professional habitus for both male and female nurses and how it is influenced by cultural variations. The participants were professional male and female nurses and nursing students of various age groups, years of experience and nursing specialties.

The study also considers the professional image of nursing, which is an important theme in nursing. The professional image of nursing has many consequences for the recruitment and retention of nurses. Despite numerous efforts made worldwide to improve the professional image of nursing, the image of nursing still needs improvement. Socialisation of nurses is an important factor that helps in forming the professional image of nursing. This thesis will make recommendations on tailoring nursing education into a more gender balanced approach, to recruit and retain more men in nursing and to combat the nursing shortage.

Statement of Copyright

The copyright of this thesis rests with the author. No quotation from it should be published without the author's prior written consent and information derived from it should be acknowledged.

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I dedicate my work to my mother's and father's souls. A mother and father who highly valued our education and invested in it, bestowed on us a legacy of education and appreciation for education.

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I dedicate this work to my niece and nephew Nour and Khaled, who will inherit our legacy of a love for education.

Prologue

My Story with “Care”

Prologue: My Story with “Care”

It is interesting that care has always fascinated me as a theme in nursing and as a theme in education. During my undergraduate studies, when Lebanon was amid an ongoing state of war, I felt that I was too absorbed by care while other students were focused on pathophysiology, for example, or at least this is how it appeared to me.

I remember myself, with a group of students and our instructor, in a room of a pediatric patient, with an amputated leg, caused by a bomb. I still have this scene clear in my mind. Our hospital, at this time, must have been fiercely struggling for survival in a harsh and devastating war. There was neither time nor adequate resources for the “psychological aspect” that we learned a great deal about in our school of nursing. I can still remember how this child appeared in his bed. To me, he looked like a small pile under his hospital sheets, an amputated body and probably, an amputated soul. From his appearance, it was clear he was traumatised beyond description. What can anyone expect from such a trauma at such a young age? If I recall well, we had no one attuned to the “psychological” aspect, or at least this is what appeared to me as a student at that time. I was definitely traumatised myself. I was so traumatised that I wrote one page about my feelings and read it and reread it to myself again without sharing it with anybody. That must have been around 1988. I did not hear about reflection in education at that time, but rereading my one-page story of this child was a therapy to me.

Similar to all new nursing students, I have vivid memories of the first encounter with death, the first encounter with severe illness, a mother crying over her child diagnosed with cancer, the first encounter with a patient on a ventilator. The scenes are often so strong that we, as nursing students and later as nurses, have them as lasting memories. At that time, we were not really taught much how to endure these heavily laden scenes, except by pretending that we are strong

and that we were not affected by these emotionally laden events. These scenes are not only loaded with emotions of pain and sympathy for the patient, but I think they normally evoke our vulnerabilities as human beings and our feelings of vulnerabilities for the people we care for, especially at a young age.

As an undergraduate student, I often discovered books by authors such as Joyce Travelbee on “interpersonal relationships” during my visits to the library. I would read and admire them, and I would wonder how I could implement what I learned in those books.

Then, I began my professional journey. We were in a post-crisis situation struggling with all types of resources, especially immediately after a devastating war. Again, I had many questions that revolved about care.

Later, I started taking education courses in preparation for a teaching diploma and I started teaching early in my career. I came across Carl Rogers, his “Student centered learning” and his “Freedom to learn”, which I read avidly and repeatedly at that time. These books also intrigued me with so many questions that I entertained in my mind. I tried to understand the concept of caring for student nurses, what it means, and how to implement it.

I have always wondered about the affective domain when I took education courses. I wondered if it is possible to teach care and if it is possible to teach any concepts that relate to the affective domain.

Many years later, my initial topic of interest for the PhD was not directly related to care in nursing. However, I remember very well that while preparing for the master’s degree, it was my intention to examine these questions. At that time, I was discouraged by my supervisor. She told me to address the topic about the professionalism of nursing and then care will emerge. I did not

quite understand how it will emerge. I was disappointed for not being able to examine care as a topic for my master's degree, but I did as she advised me. Unfortunately, care did not emerge as a theme due to the limited scope of a master's dissertation. Later, when I wanted to select a topic for my PhD thesis, I selected gender and nursing to be the main topic. Fortunately, care emerged this time as a major theme and offered an opportunity to learn about care ethics.

Glossary

Glossary

This glossary helps define major themes in this thesis, which are referred to later. The first section defines Bourdieusian themes while the second section defines general terms.

Habitus: “a system of durable, transposable dispositions, structured structures predisposed to function as structuring structures...” (Bourdieu, 1990)

Field: “The field as a whole is defined as a system of deviations on different levels and nothing, either in the institutions or in the agents, the acts or discourses they produce, has meaning except relationally, by virtue of the interplay of oppositions and distinctions.” (Bourdieu & Thompson, 1991)

“a social space... is always a site of struggle” (Collyer et al., 2015)

Capital: “the resources actors bring to social interaction or else to the products of those interactions” (Collyer et al., 2015)

Cultural and social reproduction: terms used by Bourdieu to describe the recurrence of interactions within groups (Harker, 1984)

Production: production of new structures, as opposed to reproduction of old structures (Harker, 1984)

Symbolic power: “Symbolic power is a power to construct reality; the immediate meaning of the world particularly of the social world” “Symbolic power, a subordinate power, is a transformed i.e., misrecognizable, transfigure.” (Bourdieu, 1979)

Symbolic power is a type of power that is reinforced by authority which is the essential goal of social life and which is therefore defined as a struggle to conquer everything in the social world. (Pellandini-Simányi, 2014)

Registered Nurse: professional nurse holding a university degree or a high technical degree
(Order of Nurses in Lebanon, 2016)

A Nurse Practitioner/Advanced Practice Nurse: “a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level” (International Council of Nurses, 2016).

Chapter 1- Introduction

Chapter 1- Introduction

The aim of this thesis is to explore nursing from a gender perspective utilising the views of nurses and nursing students in both Lebanon and the UK. Nursing has been historically associated with gender. Nursing as a profession has been dominated by women and until the present time, women still outnumber men in the nursing workforce, almost globally.

Understanding how male and female nurses perceive the nursing profession is important, as it can illuminate recruitment efforts by attracting more suitable candidates into the nursing profession.

The historical association of nursing with gender (Cottingham, 2016) might have delayed the professionalisation of nursing. Associating nursing with gender, emotional capital and care and a feminised domestic role might have devalued nursing as a feminised role and care work are usually devalued in society. Emotional capital and care are two constructs strongly associated with gender and nursing. The two constructs delineate the professional habitus of nursing and influence the nursing professional image. Bourdieusian concepts of capital and habitus, combined with care ethics, thus offer valuable theoretical constructs that may help understand and analyse care.

In light of the above, this thesis draws on Bourdieusian theory and care ethics in an attempt to examine nursing and gender utilising four major core concepts: care emotional capital, professional habitus and gender and the way they interrelate with the professional nursing image, from a cross-national perspective. To examine these concepts, forty semi-structured interviews were conducted with nurses and nursing students in both Lebanon and the UK between April 2019 to January 2021. The participants are nursing students and nurses at different stages of their

careers with varying years of experience ranging from nursing students in their first year to professional nurses with 34 years of experience. Nurses interviewed were nearly equally divided between male and female nurses. The next section will provide an overview of each of the core concepts underpinning this thesis. These are examined and discussed in more detail in Chapter three.

Care and Care Ethics

Nursing as such has always been defined as both an art and a science (Jasmine, 2009; Motter et al., 2021). However, nursing has always been perceived to be a caring profession, and the nursing profession has always been categorised as care work. The strong association between caring and nursing is a tenacious and long-standing relationship (Cloyes, 2002). Nursing has been historically and until the present time closely connected with caring. Caring keeps on being considered as one of the defining elements of nursing. Care ethics is a theoretical construct that can help us theorise care in nursing. Ethics, traditionally, have been associated with justice. A justice ethics is a historical male orientation to ethics. Only recently, care ethics emerged as a response to the male model of justice ethics to theorise a relationships-based model. Although this model emerged initially to be a feminine model, men too, may claim to adopt a care ethics construct.

Emotional Capital

Emotional capital is a construct drawn on Bourdieusian concept of capital. Although Bourdieu defined capital to be the resources people bring to their social interactions, Bourdieu, himself, never used the term emotional capital (Andrew, 2015; Cottingham, 2016; Gillies, 2006; Reay, 2000; Zembylas, 2007). At a later stage, feminists adopted Bourdieusian concept of capital and defined emotional capital as the emotional resources people bring to their interactions. Feminists

claim that women, mainly, utilise emotional capital much more frequently than men. On the other hand, many theorists claim that men too may possess emotional capital as women. Other theorists assert that men claim to possess an emotional capital to excel in feminised professions, such as in nursing, a phenomenon that was coined as “climbing the glass escalator”. Emotional capital, by itself, has always been hypothesised as gendered and has also been associated with nursing (Cottingham, 2016; Gill & Baker, 2021).

Professional Habitus

Habitus is another Bourdieusian term defined by Bourdieu as the predispositions a person has to certain behaviours and social interactions in a certain field. Professional habitus refers to the predispositions of a certain profession, that, similarly to familial predispositions, dominate a certain profession. It can be theorised that nursing is associated with a professional habitus closely connected to care, an emotional capital and a feminised profession. The image of nursing itself is a societal image that mirrors these associations, as will be reflected in this thesis. A concept closely associated with the professional habitus of nursing is gender, which will be discussed in the next section.

Gender and Nursing Education through History

It can be easily argued that education is a medium whereby socialisation occurs. Likewise, nursing education can be viewed as a medium whereby new recruits are socialised in the profession and where the professional habitus of nursing is transmitted from generation to another. Hence, in this thesis, both nurses and nursing students were interviewed. As discussed above, the profession of nursing has been specifically connected with care, emotional capital, and a feminised profession. Nursing education is an important influencing factor in the nursing profession as nursing education guides and mirrors the values of nursing as a profession, and it is

a medium of socialisation of the nursing workforce. Globally, nursing education evolved from apprenticeship to academia (Abu-Saad Huijjer et al., 2005; Akers & Mauk, 2023) and nursing progressed from an intuitive occupation to a sophisticated knowledge-based science, at least in Lebanon and the UK. Today, the nursing profession and healthcare alike are challenged by a nursing shortage (Quaranta, 2024; Turale & Thummathai, 2024) and the recruitment and retention of a more diverse population of nurses including male nurses, almost universally across the world. Education is an important element in the preparation of professional nurses for their role and hence their retention in the nursing profession. Nursing education also shapes the nursing image to a certain extent. The image of nursing as a feminised profession might have impacted its professionalisation and social dynamics within an otherwise male dominated healthcare system. This thesis will shed light on realistic nursing image to which recruits should be directed. Schools of nursing administrators can work on recruiting the most suitable candidates for future professional nurses. Nursing education should address optimal preparation of nursing students to the requirements of a complex healthcare system. Nursing education has a role in recruiting and retaining a more gender-balanced population of nurses.

Nursing education had its roots in religious (Grypma, 2017) and military institutions which continue to influence nursing education today, at least in certain traditional systems in some small hospitals, where there is rarely a room for exchange of ideas between the nurse educators and the students. Students are not consistently given the opportunity to challenge current views. This is especially true in certain less prestigious traditional schools. Similarly, nursing students, specifically in certain traditional schools, have few opportunities to challenge authorities including physicians and administrators alike (Mason, 2006).

Contemporary nursing education moved relatively recently to academia when compared to medical education, which has a longer academic history. Historical developments may shape contemporary issues in nursing education, to which we now turn.

Modern Issues for Nursing and Nursing Education in the UK and Lebanon

It is worth comparing the UK and Lebanon as these two countries may have a lot of cultural differences, especially when examining gender, a culturally bound construct. Also, the UK and Lebanon have many differences in their nursing education system, as will be discussed in chapter four on the context of the two countries. While the UK defined the level of entry for a registered nurse to be at the age of 17 and to be at the university level with degree courses to be at least three years (Robinson & Griffiths, 2007), Lebanon struggled in the past with multiple regulation issues related to nursing education including regulating bodies, entry level, degree provided, monitoring of nursing education, certification and years of preparation (El- Jardali et al., 2014). It is ironic that the Order of Nurses in Lebanon has worked on a draft on the upgrading of nursing education in Lebanon, as a response to a global appeal from the International Council of Nurses. The draft remained dormant for more than 12 years. El-Jardali, et al. (2014) allude to a “gender/power gradient” as most of the members of the Lebanese parliamentary health committee who halted this law are male physicians. Certainly, the committee had no female or nursing representation.

Currently in the UK, there are multiple concerns related to the advanced nurse practitioners: there is confusion over a unanimous definition of advanced nurse practitioner, there is a multitude of roles, problems of recognition of certain roles of the advanced nurse practitioner and a diversity of the educational levels and qualifications of the advanced nurse practitioner (Health Education England, 2016; Wood et al., 2021). Also, nursing education and nursing staff

include multiple levels which will be described in the chapter on the educational context. The next section will consider nursing relationship with other professions.

Relationships with other Professions

It is nearly impossible to study one discipline such as nursing without referring to its relationship with other professions such as medicine for example. Professional socialisation starts before entry to a profession. Price et al. (2014) illustrate the role of early professional socialisation, including pre-entry recruitment, on how both nursing and medicine are socialised into opposing dynamics and misconstructions related to their various roles, which affect collaboration and both medical and nursing practice. Early professional socialisation influences the image of a profession, hence one of the main focuses of this study will be the image of nursing. It is worth mentioning that the professional image is shaped even before the recruit joins a profession and this image is entrenched in society; it greatly affects the socialisation process and may be resistant to change during socialisation. Price et al. (2014) recommend the use of pre-entry recruitment as an early opportunity to initiate collaboration and understanding of respective roles between the two professions. Although many initiatives are launched in the formal curriculum to endorse inter-professional education notably between nursing and medicine, true collaboration in healthcare is still not at its optimal level in a consistent manner in diverse settings and across nations (Horsley et al., 2016; Schapmire et al., 2018; Zimmerman et al., 2020). It would be interesting to understand these influences in this study. We now proceed to explore the background of the study and the overarching research question.

Background of the Research, Significance and Overarching Research Question

The above discussion has shown that gender impacts contemporary nursing and contemporary nursing education. The nursing condition in the UK and Lebanon has many similarities and

many differences. While nursing is in universal shortage, Lebanon specifically is in pronounced need for recruitment of students into nursing. According to El-Jardali, et al. (2014), Lebanon had 1.18 nurses per 1000 individuals, in 2018, just prior to the COVID-19 crisis, 1.674 nurses per 10000 population (Chaiban et al., 2023). In the UK, in 2004, Robinson and Griffiths (2007) estimated the number of nurses to be 9.2 nurses per 1000 individuals. While the UK relies increasingly on nurses recruited from abroad, Lebanese nurses are attracted heavily to emigrate to the USA and other countries where work opportunities are better than those available in Lebanon, especially after 2020 and after COVID-19 and the accompanying severe Lebanese economic crisis. In the UK, from 2010 to 2015, the ratio of nurses recruited from abroad increased from 11 to 29 per cent (Stubbs, 2015). Alameddine et al. (2017) reported that 20% of Lebanese nurses with a bachelor's degree leave Lebanon within 1 or 2 years of their graduation.

Within this context, it is interesting to be able to understand if male nurses and female nurses perceive nursing, care and the nursing image differently across various national contexts.

Conducting a comparative study between the UK and Lebanon will help understand gender and other culturally bound constructs in a deeper manner as it shows shades of differences between two different cultures.

Understanding the difference between male and female nurses may help guide nursing recruitment efforts into recruiting a more gender balanced future population of nurses. It may also help in better retention of nurses by recruiting more suitable candidates for the profession. This is facilitated by targeting the recruitment efforts to more suitable candidates as the recruitment efforts reflect a more realistic image of the nursing profession. While traditionally nursing has been occupied by female nurses, more men are joining nursing. However, nursing is

still a female dominated career. Recruitment of a more gender-balanced nursing workforce may have many advantages to the nursing profession, such as changing the nursing outlook from being a feminised career.

In this study, I aim to explore nurses' perceptions of gender, emotional capital, care, and professional habitus and their relationship with the nursing image. This may illuminate recruitment efforts of nurses towards the attraction of the new recruits to nursing, whether male or female nurses, and towards attracting more male nurses to create a more gender balanced profession to minimise the nursing shortage. Recruitment efforts need to target both genders equally by reflecting a more realistic image of nursing suitable for a more modern nursing profession and image.

It is important for nursing as a profession to delineate its identity and identify the essential elements of nursing as a profession. This will help tailor nursing recruitment efforts into attracting to the profession the most suitable candidates who will be well informed of the requirements of nursing as a profession, which by itself will help retain nurses.

Considerations of the background and significance lead us to the overarching research question which guided this study.

Overarching Research Question:

How do male and female nursing students and nurses at different career stages perceive gender, emotional capital, care and professional habitus in their nursing role in two different contexts: the UK and Lebanon?

The research question emerged after careful review of the literature. There are many studies that attempted to examine the nurses' perception of gender, care, emotional capital and professional

habitus in the Western countries like Australia and the USA (Cottingham, 2014; Cottingham, 2016; Cottingham, 2017; Huppatz, 2006; Huppatz, 2009; Huppatz, 2012). Similar studies are lacking in the Arab world or in Lebanon and more specifically in a comparative perspective between the Western cultures and the Lebanese or Arab culture. This thesis addresses a gap in research in the Arab world and in comparative studies about nursing and gender. Gender, emotional capital and care are highly entrenched in the contextual and cultural factors; the definition of the term gender, for example, may take different meanings in different cultures. Hence, examining these constructs using a comparative perspective is highly valuable.

Methodology of this Research

Gender is a dynamic and intricate concept which is highly influenced by cultural factors. To study such a complex concept as gender, a comparative qualitative approach was used in this study following the interpretive paradigm. It allows us to comprehend the nuances in cultural understandings of gender. Semi-structured interviews were utilised in this study to capture the nurses' own experiences and life stories through their own words and ideas. Let us discuss briefly the major findings of this study.

A Summary of the Findings

This thesis shows that the practice of nursing requires a great deal of emotional labour, specifically as expressed by the Lebanese nurses. Although nursing has been associated with care, nursing is a multifaceted profession that requires knowledge of the social and biological sciences and requires a great deal of caring work simultaneously. The Lebanese nurses have shown a great deal of dissatisfaction with nurses' remuneration specifically in north Lebanon and this may be the reason for the Lebanese nurses marked ambivalence about the profession and the

nursing image in Lebanon. While the Lebanese nurses were much occupied with the basic needs of the nurse in Lebanon, the British nurses emphasised the role of holistic care in nursing. This will be discussed further in the findings' chapters. Let us introduce the chapters of this thesis.

The Chapters of this Thesis

This thesis is divided into two main sections. The first section encompasses four chapters. The first chapter introduces the thesis. The literature review and the conceptual framework are addressed in chapter two. Chapter three examines the research design and methods while chapter four addresses the underlying educational context of both Lebanon and the UK. The second section comprises the findings of the study and is divided into four chapters. Chapters five and six of section two examine consecutively the nursing profession in both Lebanon and the UK, exploring both male and female nurses' perspectives. Chapters seven and eight address the nursing image in Lebanon and the UK consecutively, again highlighting the perspectives of both male and female nurses. Chapter nine concludes the thesis. The following section addresses the literature review.

**Chapter 2- Literature Review
and
Conceptual Framework
Chapter 2- Section 1
Literature Review**

Chapter 2- Literature Review and Conceptual Framework

Chapter 2- Section 1- Literature Review

Introduction to the Literature Review

This chapter aims to review the literature on the nursing profession, nursing image, gender and care, which are the major themes in this thesis. This chapter also provides a brief overview of the historical development of nursing education worldwide with a particular emphasis on Lebanon and the UK within healthcare, a historically male-dominated and patriarchal system. Gender is a major theme in this thesis. Although care was not initially the focus of the study, it emerged as an essential element of nursing that was impossible to overlook in this study because of its close relationship with nursing and its great association with nursing in the literature.

In brief, this chapter provides a sequential examination of the major themes of this thesis. First, it discusses gender, organisations and nursing, then it turns to care/care ethics as an essential aspect of nursing, and finally, it examines the image of nursing.

The nursing profession in this thesis refers to the global nursing profession as it has many commonalities, such as the nursing history, the nursing shortage and social dynamics of a female-dominated occupation within a male-dominated healthcare system. In the system where I studied nursing, the nursing history, textbooks and the nursing curriculum were based on an American system. Until today, most, if not all, “prestigious” nursing programs in Lebanon use either American or French textbooks and curricula, an under-researched area in Lebanon. All these systems have many commonalities as well as specific characteristics that make them unique. This next section aims to explore gender and organisations, with a particular focus on nursing.

Gender

Gender is a term that has many meanings. While this section draws on academic research to discuss the more concrete and empirical manifestations of gender in organisations, the conceptual discussions around gender and the understanding of gender in this thesis will be explored in the conceptual framework chapter.

Gender and Organisations

Globally, organisations have gendered meaning around their processes and interactions which are affected by masculine and feminine dichotomy (Abrahamsson, 2015). Men in healthcare are often in the highest positions. The interactions within the organisations are governed by a masculine domination translated into patterns of communication, and interactions between players of the same sex and players of different sexes as may be observed in the communication between the members of the medical team and nurses and the communication between members of the hospital administration and nurses. This is mostly valid in certain traditional settings than in modern settings. Gender guides essential organisational relationships (Acker, 1990; Hearn, 2019; Valdes et al., 2022). It would be worthwhile to explore if this is valid in healthcare and nursing.

The cultural depiction of gender is produced and reproduced within organisations (Acker, 1990). As discussed earlier, healthcare and nursing are good examples. It is imperative to understand the interrelatedness of gender when studying gender and organisations (Acker, 2006). Social class is another factor that has many implications, especially when studying the history of healthcare, medicine, and nursing. In this study, social class was not examined because of the inherent complexity in this comparative study.

Many concepts are already examined such as cultural and gender viewpoints. Perceptions of gender and culture are the focus of this thesis. Gherardi (1994) argues that both gender and organisational culture are challenging experiences and difficult to comprehend. They are pervasive, elusive, and ambiguous. Capturing both phenomena in words can be elusive and intricate. Organisations are spaces where both gender and organisations process their twofold expressions. The way we “do gender” in our organisations either minimises gender inequality or further endorses its impact on our work organisations (Gherardi, 1994). Examining whether the organisational culture of nursing and healthcare reinforces or minimises gender inequality would be valuable.

England (2010) suggests that many women enter men’s jobs but very few men enter women’s jobs because women’s work is still devalued despite the so-called gender revolution. Similarly, Alvesson and Billing (2009) contend that men and women have the tendency to occupy different professions and occupations. Segregation of the workforce is both among different occupations and within the same occupation. It is worth examining this issue in this study.

Although men are less numerous than women in feminised jobs, such as the nursing profession, men tend to be in higher positions at a higher rate than women within the feminised jobs (Huppertz, 2012). While men occupy no more than nine percent of the nursing workforce, they occupy over fifty percent of the high positions in nursing (Brown, 2009; Huppertz, 2012). The distribution of work by gender is a major factor in women’s subordination in both the workplace and society. Women are more inclined to work in less stable occupations with lower income and lower prospects for advancement. Most of the work is gendered, and characteristics that are associated with every occupation are tightly tied to cultural understandings of masculinity and femininity.

Old, gendered structures and relationships are reflected in modern tendencies of sex segregation in certain gendered jobs such as nursing. A growing body of research suggests that women tend to occupy feminised jobs and do not occupy lead positions within the jobs they dominate (Huppertz, 2012; Royal College of Nursing, 2023). Nursing is an example of a feminised job where men are overrepresented in the top management positions. Gender keeps on retaining its essential role in sieving men into higher status occupations and professions or higher positions within the same professions occupied by women.

Although women are entering male-dominated occupations such as medicine, law and academia, men still retain higher-ranked positions in these fields. Women are still less numerous compared with men who are in high professional positions (Nicolson, 1996). There appear to be many obstacles to women's representation in high status professions and/or positions.

Barriers to women's advancement in their careers can be ascribed to organisational, psychosocial and historical factors. There is strong agreement among scholars that there are many barriers to women's advancement in their careers (Jefferson et al., 2023; Nicolson, 1996; Tlaiss & Kauser, 2010). One barrier is organisational such as patriarchal organisations. Another barrier to women's advancement is woman's socialisation into a female figure and women's orientation to relationships which is in opposition to the male model of achievement and success. This creates an identity conflict for ambitious women while this is not the case for men whose socialisation encourages power and competition. Nicolson (1996) also affirms that ambitious women have fewer career models to follow than men.

Another barrier to women's advancement in their careers is the stereotyping of socially imposed gender role characteristics. Successful career women are not associated with images of

femininity (Haines & McKeown, 2023; Nicolson, 1996; Tabassum & Nayak, 2021). The dilemma of professional women is the female identity of unassertiveness, and the demands of professional life socially perceived as conflicting with femininity. Some scholars (Nicolson, 1996; Tabassum & Nayak, 2021) further note that the successful woman is ostracised because her success represents an unfeminine characteristic which is socially unattractive. Taken together, these views imply that socially constructed gender role stereotypes position femininity as incongruent with dominant norms of career success, thereby disadvantaging women in professional contexts.

Apparently, a woman's promotion to higher position inflicts more stress on her than men might experience in similarly high positions. Emotional health requires that one is satisfied and comfortable with one's own gender (Nicolson, 1996). The experience of professionally successful women creates a conflict and a dilemma in this aspect as socially acceptable characteristics of femininity contradict and conflict with the male-dominated patriarchal world and culture of the work organisation. This is not problematic for men in top positions. On the contrary, power related to higher-ranking positions is associated with manhood.

Some scholars have even presented a radical interpretation of gendered perceptions of success. The stereotype and image of a high-achieving successful woman is totally different from the image of a successful man. There are different views related to this matter in the field. On the one hand, some scholars argue that while successful men are perceived as wise and experienced, successful women may be perceived as irrational and may be socially ostracised (Nicolson, 1996). On the other hand, according to Nicolson (1996) and Brown et al. (2020), women's lives and experiences do not prepare them well for high professional positions and professional life. Although it might not be applicable in all contexts, this perspective underscores how entrenched

stereotypes can lead to barriers to women's professional advancement, while overlooking contextual factors, such as organisational culture or individual strategies that may mitigate such biases. For example, certain cultures and contexts may present more barriers than others to women professionally struggling to reach higher career positions.

It can be argued that unlike common belief, it is not a biological, gender-related or psychologic difference inherent in women. Women have a shorter history than men in interrelating with, supporting and mentoring other women. Nicolson (1996) provides a compelling account of how women in professional positions seem to be "isolated". Although women currently occupy many professional spheres, it is still common to view the natural place of a woman as being in domestic and familial roles rather than the work environment (Nicolson, 1996). Nursing is one of the fields where the work is highly associated with domestic and familial roles, at least as perceived at times. Moreover, work environments are most often controlled by men (Acker, 1990). With this understanding in place, the focus shifts now to nursing professionalisation.

Nursing Professionalisation

It is imperative to define the term "profession". McMurray (2011) emphasises the difference between an occupation and a profession. While they are frequently used interchangeably in the literature and share common ground, the term "profession" denotes higher status than an occupation, and a profession has many prerequisites not necessarily implied in an occupation.

There are many debates in the literature concerning the status of nursing as a profession. While McMurray (2011) asserts that there is a long-standing debate in the literature on the professional status of nursing, Wall (2010) argues that nursing is a semi-profession rather than a profession and reiterates the factors in the literature that differentiate a profession from a semi-profession.

Gunn et al. (2019) assert that nursing is a profession. The possession of a body of knowledge and autonomy are salient factors in the professionalisation literature. In contrast, Wall (2010) argues that nursing has failed to demonstrate the possession of a body of knowledge different from medicine and that it has failed to demonstrate its autonomy from medicine.

Unlike nursing, medicine has succeeded in enculturating its authority in a historical manner that seems difficult to dismantle. One of the reasons why nursing has failed to professionalise as Wall (2010) proposes is that nursing, in its effort to produce its own body of knowledge, has emulated the gendered medical model which is unsuitable to meet the needs of the female dominated population of nurses. Wall (2010) believes that nursing has utilised a male-oriented model of professionalism borrowed from medicine altogether which might be ill-suited to professionalise a female-dominated occupation such as nursing. It is essential to explore the viewpoints of nurses on nursing as a profession.

By positioning itself within the knowledge field, nursing is perceived as emulating medicine and is criticised for its failure to produce its own unique image. Caring has been highly publicised in nursing as a basic characteristic of the profession. Dahle (2003) argues that caring work implies female work, and it is culturally accepted that woman's work is usually undervalued. By identifying nursing as a caring field, nursing is critiqued for its selection of a female traditional role originating from the housewife role. It seems that nursing has failed to develop an original and unique identity (Dahle, 2003). There is a continuous debate in nursing whether to promote nursing as a knowledge field or as a caring field. It is worth noting that despite this debate, caring can be theorised to be a science (Brewer & Watson, 2015; Watson, 2007; Watson, 2008; Watson, 2009). It is interesting to examine the nurses' perception of nursing as a science or as a caring field and the way they depict the relationship between the two. Moving forward, we will

examine the issues of men in nursing related to their profession and gender and their interrelatedness. We will discuss masculinity or masculinities and their relationship with nursing in the next section.

Masculinities in Nursing

Having examined gender and nursing, let us consider masculinity or masculinities in nursing. Nursing has been perceived as a feminised occupation for a long time. The entry of men into nursing is relatively new and is still modest as demonstrated by the ratio of men entering nursing as compared to women. Cottingham (2014) asserts that there is still a need to theorise how men meet the emotional demands and requirements of emotions-heavy laden nursing and similar caring occupations or professions. It is interesting to examine this issue in this study. There is limited research on how men handle the heavy emotional requirements of nursing. Cottingham (2014) contends that understanding how men conduct a traditionally feminine work such as nursing can be enlightening in recruiting and training men in nursing. It would be interesting to examine in this study how men in nursing conduct feminised and emotional work. There is a great need for contemporary healthcare to attract more men into nursing to fight the universal shortage of nursing which is internationally taxing for the healthcare system.

Previous research has documented that men are promoted at a higher rate than women in nursing. Although men are promoted at a higher rate than women within the nursing profession, men in nursing feel discordance between their belonging to a masculine identity and their fitting into their nursing role (Brown, 2009). Masculinity is associated with self-control. Men are raised and socialised, or even “oppressed” to learn to master emotions in Brown’s (2009) terms.

As men join nursing, their traditional masculine role conflicts with their new role within the nursing profession historically linked to an “emotional capital” (Huppatz, 2012) and a gendered

habitus closely associated with caring. At the same time, men displaying caring and emotions are accused of losing their masculinities. This obviously creates a conflict which might be the reason Brown (2009) uses the term “oppression” of men in nursing. Although Brown (2009) does not utilise any Bourdieusian terms, his analysis is easily translated into Bourdieusian concepts. This is evident in the following paragraph.

Brown (2009) asserts that men are innately capable of an “emotional habitus” as women are, but they are culturally socialised into the “masculine habitus” devoid of emotions with the cultural expectation to be socialised into an aloof and well-regulated masculine image. The entry of a man in nursing seems like a social and cultural threat to a man’s masculinity. In fact, a nurse is frequently assumed to be a woman, and it is known that the worst accusation for a man is loss of his masculinity (Huppatz, 2012). Nursing is still associated with femininity. This may explain why men are unhappy in nursing while they tend to occupy a relatively higher rate of high positions in nursing which occurs relatively faster and is not necessarily justified with better qualifications. They are also better paid and tend to attain higher education in nursing (Brown, 2009).

The emotional load of nursing as an occupation is demanding on men despite the greater opportunities that nursing offers them. Similarly, Cottingham (2014) argues that managing intense emotions is a highlight of the most essential characteristic of the nursing profession which demands a stereotyped man’s cultural identity that is devoid of emotions. Men in nursing may utilise a variety of coping strategies to handle the challenges to a man’s identity.

Cottingham (2014) theorises that men in nursing may, as a coping strategy, hyper-emphasise and market certain aspects of their nursing roles such as technical and physical strength in addition to an over interest in women, which is termed “hegemonic masculinity” as a proof of their

masculinity. Transitioning to the next topic, we will consider the hierarchical structures of nursing education.

Cottingham's work provides a significant contribution to research on emotional labour in nursing by demonstrating how men's emotional management is utilised strategically and reframed within the nursing and healthcare field. Rather than presenting care exclusively as requiring overt emotional self-expression, men in nursing display men's emotional labor as emotional control, calmness under pressures, and rational responsiveness, thereby positioning affective competence with culturally dominant and acceptable forms of masculinity/masculinities. This form of masculine reproduction is significantly valuable because it challenges traditional assumptions that men are inherently unsuited to emotional care work, simultaneously demonstrating how organisational narratives can dynamically produce new forms of emotional labour, forms that are culturally accepted and legitimate. Along the same lines, Cottingham's identification of alternative forms of masculinities, where care, compassion and emotional attentiveness are also valued, suggests that emotional labour can produce, rather than simply reproduce, limited gender structures. By describing these tensions, Cottingham not only transforms understanding of how men manage emotions in nursing but also invites further inquiry into how men practice emotional labour.

Cottingham has made a significant contribution to understanding the gendered organisation of nursing, particularly in highlighting the persistence of male dominance in managerial positions. Her analysis tends to present power relations within nursing as relatively fixed and rigid, leaving limited opportunity to consider variation in organisational differences, or recent processes of the professionalisation of nursing. As a result, Cottingham's account may minimise the extent to

which nurses exercise agency and negotiate authority within contemporary healthcare settings and within various nursing cultures.

The Hierarchical Structures of Nursing Education: Vocational versus Academic Education

The nursing field has been influenced by its historical association with apprenticeship away from academia until the advent of modern nursing. Nursing education has been influenced by many factors. Universities are gender-biased because of their long-standing domination by men (Macintosh, 2002). Universities had hosted exclusively men for a certain period of time before the entry of women into higher education. Furthermore, the medical profession, in contrast to nursing, is dominated by men. The hospital system is controlled by physicians and hospital administrators, frequently, men. Nurses “carry” doctors’ orders and often administrators’ “orders”. “Carrying a physician’s order” is an expression still used by both doctors and nurses, at least in certain traditional systems, such as some small hospitals in north Lebanon.

Evans (2004b) describes the doctor and nurse relationship as a reflection of a husband-and-wife relationship and compares the hospital system to the family system, both consisting of a patriarchal system. The physicians and administrators have control over the hospital system; they have all the power and monetary and social gratifications as a reward to being a physician or a hospital administrator. The nurse, typically a woman, historically from low to middle class, with less education would normally do the menial tasks and receive little social and monetary gratification from her work. Also, women from lower social class, and consequently with less education, are delegated the most menial tasks on the ward. Women with higher status act as the head nurses on the ward.

The hierarchical system prevailing between the nursing and medical profession is also echoed in the relationships within nursing, or at least this is how I perceive it. Nursing has the potential to move away from traditional influences which are suitable for contemporary healthcare and nursing as a requirement of a knowledge-based profession and identity. Although Bourdieu is known for his concept of reproduction, production was theorised as a possible alternative, also by Bourdieu (Harker, 1984). Cottingham (2017) builds on Bourdieusian concepts and perceives the habitus as a flexible concept that may be affected and altered by new experiences. Nursing has the potential to produce new dynamics and interactions away from historical hierarchy and patriarchy. This may be true in certain advanced academic centers where nurses are socialised with an open dialogue between the nurses and the administration, or nursing students and their administration, for example, to create opportunities for improvement. The following section shifts focus to the nursing environment.

Patriarchal Environment of Nursing and Unequal Gender Relations

Although nursing and medicine have always worked in the same setting, they both managed to work in a somehow disconnected manner. The divisive organisation of the healthcare team is described as the “tribes” of healthcare (Beattie, 1995). The analogy portrays well the strong identification of each discipline with its own group, while displaying a minimal level of belonging to the common group, the healthcare team. Leininger (1994) uses the term “tribes of nursing” to describe differences among nurses’ groups. Although gender and class are not as powerful in today’s society as they were in the Victorian period, their effect on the contemporary healthcare system still exists. Price et al. (2014) argue that traditional conflicts between medicine and nursing, affected by their class and gender divisions, still mark the relationships between the two professions. Many theorists argue that the presence of male nurses may change the social

dynamics within healthcare. Carnevale and Priode (2017) argue that the comprehensive integration of male nurses within the nursing profession can have a crucial influence on how healthcare perceives the nursing profession. In fact, there is still unequal power between medicine and nursing.

Carnevale and Priode (2017) make a significant contribution to scholarship on men in nursing by examining how healthcare systems and professional cultures continue to perceive nursing through a gendered perspective. Their work is especially helpful in illustrating how male nurses are frequently situated as “exceptions” within a feminised nursing profession, which is often associated with technical competence, physical strength, or leadership potential rather than the emotional and caring aspects of nursing. By highlighting these perceptions, Carnevale and Priode (2017) enhance the understanding of how institutional attitudes transform male nurses’ professional identities and daily experiences within healthcare settings.

However, Carnevale and Priode’s also reveal the paradoxical characteristic of these views. While the depiction of men as authoritative or technically skilled can function to legitimise their acceptance in nursing, it ironically reinforces gender hierarchies by indirectly minimising the value of caring and emotional labour, which are essential elements of the nursing profession. The authors prove that that such perceptions may advantage men on an individual basis but may reproduce historical stereotypes that maintain the marginalisation of women and the feminisation of care work. A valuable suggestion of their argument is that increasing male representation alone does not necessarily minimise gender inequalities; rather, it may reproduce it in ways that privilege masculinised traits in a feminised profession such as nursing.

The greater implication of Carnevale and Priode's analysis lies in its appeal to healthcare organisations to critically consider how inclusion of more men in nursing is structured. Their analysis suggests that efforts to recruit more men in nursing must surpass instrumental and stereotypical foundations. It should instead reinforce caring, emotional competence, and relational work as professionally valuable and indispensable despite gender. The scholarship contributes to a more nuanced and valuable understanding of gender integration in nursing, highlighting that guaranteed equity requires not only gender numerical change but also well studied and strategic cultural and organisational transformation.

A major hindrance to nurse-physician collaboration today is that nurses still do not feel that their feedback on patients is valued by physicians, at least not universally in all healthcare systems. In a systematic review of 23 articles written between 2002 and 2012 about nurse-physician collaboration, Tang et al. (2013) conclude that nurses, frequently do not feel that their input on patients is valued by physicians, which is a hindrance to nurse-physician collaboration. Also, it diminishes nurses' feelings of self-worth as professionals. This finding is widely reported in small peripheral hospitals. Nurses and physicians may still have unequal power within the hospital system. This claim is persuasive in pinpointing the entrenched professional power relations and aligns with theories of medical dominance. It demonstrates how professional hierarchies may constrain nurses' contributions to patient care.

An effective and healthy nurse-physician relationship is acknowledged by many researchers as an important pre-requisite to better patient outcomes and to improve both nurse and physician satisfaction and nurses' retention and recruitment (Tang et al., 2013). Some studies have found that male nurses have even higher attrition rates than female nurses due to the unequal power

distribution in healthcare (Chen et al., 2012). Nurses' retention and recruitment are a problematic area in today's healthcare almost globally. Also, the retention and recruitment of a diverse population of nurses is a contemporary need for healthcare.

A healthy nurse-physician relationship needs to be cultivated early in the relationship. This relationship has attracted significant scholarly attention and is described in the literature as the "nurse-doctor game". The analogy of a "game" implies the existence of a winner and a loser, and the prevalence of non-productive interactions and unequal powers between physicians and nurses. Studying the influence of the healthcare "game" on today's health system is an interesting endeavour. Holyoake (2011) examines the "nurse-doctor game" originally described by Stein (1967) and analyses its impact on contemporary nurse-doctor relationships. He identifies the "game" to be still active as nursing attempts to assert itself as a profession.

Nursing has struggled throughout the years to emulate the medical profession by taking some of its basic medical functions, providing physicians with more time to take on more complicated tasks. Morrall (2001) perceives the delegation of tasks from physicians to nurse practitioners as an attempt to render the nurses' role more attractive to nurses and as interference from physicians into nurses' role. It can be argued that the advanced nurse's role merely makes nursing practice similar to novice doctors and does not really help in the professionalisation of nurses as it does not help create and develop nurses' own identity as a profession. This is a debatable point of view, and many nurses would disagree with this perspective.

To summarise this section, gender is a complex construct, difficult to define, and highly entrenched in social and cultural contexts. Nursing and healthcare are gendered organisations, almost universally. Comparative studies on gender are even more complex. For example, the

translation of gender to Arabic may be problematic because of the lack of an appropriate synonym in Arabic and because the term gender may hold many unintended connotations to the word. This specifically applies to the Lebanese culture. Moreover, the conceptualisation of gender as a non-binary construct, may make understanding gender easier; however, it may complicate its meaning in Arabic for instance as the non-binary conceptualisation of gender in an Arab traditional culture may be problematic by itself and may be resisted. Men in healthcare, like in many other organisations, tend to occupy higher positions in general although they may suffer from more role strain than women for instance. Gender segregation is common among professions and within the professions, including nursing and medicine. Old, gendered structures may be mirrored in modern transactions within healthcare organisations although the production of new structures is possible. We now proceed to explore the relationship between nursing and care.

Care

Defining Care

Care is challenging to define because it is such a multifaceted construct. The lack of conceptual and practical clarity in defining care is a source of concern for many critics and proponents of care theories. Because of this theoretical vagueness, care has been described as a wide range of psychological states, behaviours, and meanings (Green, 2012). Care is an important concept in nursing theory and practice, and it has been defined in a variety of ways (Cloyes, 2002).

Green (2012) offers a unique contribution to nursing theory by conceptualizing care as founded on relation, grounded on ethics, and context and culturally dependent practice, overlooking traditional task-oriented or biomedical perspectives. Based on feminist ethics, Green (2012) emphasises that care arises from relationships of interdependence, involves responsibility for

minimising vulnerability, and is affected by social, cultural, and gendered power structures. This framing is valuable because it challenges assumptions that care is a neutral or purely technical activity, instead emphasising its ethical and social dimensions and highlighting relational and emotional labour as essential to professional practice. Analytically, Green's theoretical focus may provide a framework for reflecting on how organisational structures and hierarchies and gender norms influence delivery of care and the professional identity of nursing. By incorporating ethics in nursing practice, Green (2012) positions care not solely as nurses' actions, but as what care means and how it functions within morally and socially complex contexts and cultures, offering both conceptual complexity and meaning and practical relevance for developing and transforming nursing into more equitable and more reflective practices.

Care and Nursing

Turning to a new aspect of the topic, we consider the relationship between care and nursing. New perspectives on care have emerged, emphasising the importance of connections in social and gendered identities. Nursing work necessitates an understanding of interactions with a variety of cultures and communities. As a result, caring encompasses a wide range of gendered, cultural, and socially varied ways of thinking and acting in the world. Consequently, personal and social beliefs and experiences linked with culture, gender, power, and politics have repercussions on care (Green, 2012). I, personally, described in the prologue to this thesis my experience of care throughout my journey in nursing and how it evolved in different stages of my career.

In nursing science, relationships have been described as essential intellectual, theoretical, and heuristic substrate. Care, for example, might be understood as a special relationship or contract that entails a promise to help another person who is vulnerable (Green, 2012). There are many traits which are connected with caring. Responsiveness, sensitivity to others, tolerance, and

relatedness are the most common traits connected with caring from an ethical standpoint (Green, 2012). Others' responsiveness entails acknowledging and affirming others' worth, as well as paying attention to and observing others' actions in order to comprehend their actions (Green, 2012). Sensitivity to others is paying attention to and identifying the needs, desires, and views of others, which is essentially about validating them. Acceptance includes allowing others to feel psychologically secure or free to convey their goals, feelings, needs, and beliefs (Green, 2012). Finally, the caregiver's sense of self as connected to or interdependent with others gives rise to relatedness (Green, 2012). This sense of interconnectedness necessitates a caregiver's cooperation or partnership with others (Green, 2012). These are all valid requirements for caring in nursing.

Concerns for feelings, relationships, and individual needs are reflected in this caring attitude. A feminine ethic of care entails that responsibility arises from a person's sense of interconnection with others. This represents the importance that these relationships play in ethical decision-making. The core assumption of feminine ethics is that women are remarkably similar in having a shared worldview founded in the biological potential and expectation of motherhood, which includes feminine attributes like compassion, empathy, ability to nurture, and kindness, which can be argued to be socialised qualities rather than innate. Traditionally, females are known to be more socialised into these qualities that are built on relationships. Care ethics, which is integrated in this thesis and will be discussed in the following chapter, provides a more tangible and concrete frame for care, precisely as 'care' is such a broad term which is harder to define and integrate into the conceptual framework, as discussed before. In the upcoming section, attention will be directed toward the nursing image.

The Nursing Image

This section on the nursing image will start by defining the professional image and the nursing image. The next subsection will identify the nursing image as a collection of positive and negative perceptions. The third subsection identifies competency as a valuable component of the image of nursing. The fourth subsection describes the nursing image utilising an international lens. The fifth subsection traces the nursing image over time. The sixth subsection highlights the intricacies of nursing roles and how it reflects the nursing image. The seventh subsection describes the societal perspective on the image of nursing.

Defining Professional Image and the Nursing Image

The nursing image is the image reflected in society about the profession of nursing. Nursing image or nursing professional image is an essential element to the profession because it affects recruitment and retention, among many other factors, and therefore it affects the nursing shortage and consequently the quality of nursing care.

The professional image or nursing image is defined in the literature in many ways. Roberts (2005) defines professional image as the collection of key stakeholders' perceptions and views on the professional's skills and competencies. Key stakeholders include customers, supervisors, subordinates, and colleagues. Uysal and Demirdağ (2022) define a profession's image as the way a society and the other disciplines perceive a certain profession.

Many scholars (Roberts, 2005; Uysal & Demirdağ, 2022) offer complementary and simultaneously divergent lenses on professional and nursing image. Roberts (2005) regards a professional image as an actively built, dynamic process, emphasising how individuals and groups perceive competence, character, and commitment within organisational and social

contexts. In contrast, Uysal and Demirdağ (2022) define the nursing image utilising a more external perspective, emphasising public perceptions, societal attitudes, and stereotypes about the nursing profession. Analysing these perceptions underlines a tension: while Roberts (2005) emphasises agency and identity within the nursing profession, Uysal & Demirdağ (2022) minimise the constraints forced by societal expectations on how the nursing profession is recognised, appreciated and valued. Analytically, this suggests that the nursing image cannot be fully perceived through either lens solely; a more valid professional image management necessitates simultaneously internal strategies by nurses, as Roberts (2005) emphasises, and awareness of external public perspectives and cultural norms, as Uysal and Demirdağ (2022) demonstrate. This blended lens also calls for initiatives aimed at improving the nursing image, whether through media campaigns, professional development, or organisational strategies, to simultaneously address how nurses present themselves and how the profession is perceived externally to achieve lasting change.

Collection of Positive and Negative Perceptions

Kosterelioglu (2021) defines professional image as the collection of positive and negative perceptions and views which can be constructed in a conscious or unconscious manner as a result of direct or indirect public interaction between society and the professional. This professional image is destined to change over time. Moreover, the professional image may be positive, negative, or neutral. A professional image is always viewed and perceived in comparison with the image of other professions. Along the same lines, this thesis will include both nurses' perceptions, whether negative or positive, which will be detailed in the findings' chapters. Kosterelioglu (2021) argues that nursing as a profession has always been compared to medicine.

This is evident in the interviews conducted in the Lebanese context, which will be detailed further in the findings' chapters.

Competency, Valuable Nurses' Role and the Image of Nurses

Having defined the image of nursing, let us consider one of its most important components. Chênevert et al. (2016) add another perspective to the definition of professional nurses' image, which involves three elements: the self-perception of being a competent and qualified nurse, the self-view that the nurse is able to achieve valuable functions related to the nurses' role, and the self-perception of being a fully-fledged member of a valuable and successful team. Thus, the contribution of Chênevert et al. (2016) is valuable in shifting attention inward to how nurses construct their identity and sense of value in their nursing practice. Chênevert et al. (2016) highlight the existence of a relationship between a nurse's negative image and the intention to leave the nursing profession.

The Nursing Image: An International Glimpse

We now turn to an international lens of view to understand how the image of nursing is perceived in the literature. A range of international scholars have examined nursing image from different perspectives, by interviewing nurses, nursing students and different stakeholders including patients. It is worth noting that there is consensus among international researchers that although nursing is the most trusted profession, as demonstrated in a Gallup poll (Demarinis, 2019; Royal College of Nursing, 2023), the nursing image is still affected by historical gendered unrealistic stereotypes of the profession. A Gallup poll was done in both the USA and the UK where the nursing profession was found to be one of the most, if not the most trustworthy profession, over more than seventeen years in a row (Demarinis, 2019; Royal College of Nursing, 2023).

Image of Nursing through Time: A Need for Change

The next section of this chapter addresses how the literature reflects a need for change in the image of nursing. The public in general, at least in certain areas in Lebanon, as will be discussed in the findings chapters, does not realistically recognise the actual roles and responsibilities of the nursing profession. Moore et al. (2019) contend that the image of nursing has changed over time. There were many depictions of the nurses' image throughout time including the self-sacrificing nurse, among many other stereotypes. Some of these stereotypes tend to reflect a negative image about nursing, consequently compromising nursing recruitment.

Although the nurses' image has improved over time, it still appears that the public may not be completely aware of the contemporary and evolving role of the nurse in healthcare and its critical contribution despite the fact that nursing was selected to be the most trusted profession in a Gallup poll extending over a long period of time, as stated above. In Poland, for example, there is a lack of knowledge of the actual vital roles of the nurse. Marcinowicz et al. (2016) argue that nursing is still stereotyped in Poland. Marcinowicz et al. (2016) offers a valuable perspective on how Polish nursing students perceive the nursing profession, revealing that students are aware of persistent stereotypes. By displaying how superficial or incomplete views of nursing persist even among nursing students, the study draws attention to the internalisation of societal stereotypes, which may influence professional identity, and future nursing practice.

In England, Morris-Thompson et al. (2011) argue that the nursing image has both positive and negative aspects. Although the nursing image in England has positive aspects, it is still surrounded by many stereotypes and misconceptions. Some of the misconceptions about nursing are that nursing is a woman's work. Gill and Baker (2021) contend that the nursing image in the media in England is gendered and stereotyped. In direct opposition, Anderson (2022) argues that

although the stereotyped role of the nurse has changed in the UK since 1990, nurses are still dominated by women. The nurses' image has changed from being perceived as "assistants to the doctor" to a healthcare professional. The nurses' expanded scope of practice has many benefits to healthcare, including quicker access of patients to healthcare. Many scholars have expressed views that correspond with Anderson's (2022) argument, which will be discussed in chapter eight about the British participants' viewpoints.

Similarly, Anthony et al. (2019) contend that the nursing image in the media in the USA is gendered and stereotyped, specifically in novels, where nurses are depicted as angels and are always females. Another international example is Apaydin Cirik et al. (2022) who conducted semi-structured interviews with nursing students and concluded that the nursing image is stereotyped in Turkey. Some of the stereotypes are related to the feminisation of the profession and its dependency on medicine. Along the same lines, Uysal and Demirdağ (2022) contend that the nursing image still retains many misconceptions and inappropriately gendered stereotypes in Turkey despite some improvement in the nurse's image right after the COVID-19 pandemic. Additionally, González et al. (2023) reviewed sixty studies published in English, Spanish and Portuguese, including studies from 2000 till 2022 and found that the nurses' image in the media is still negative and inaccurate.

After reviewing seventeen articles from around the world, López-Verdugo et al. (2021) contend that nursing is still dominated by gendered stereotypes and perceived as a profession of lower status than that of physicians. Also, the nurses' roles and responsibilities remain largely unknown to the public. There is general consensus in the international literature that although nursing appears to be appreciated by the public in general, it still fails to be appropriately recognised and understood, specifically as it relates to its multiple crucial roles in healthcare. We

now proceed to explore the intricacies of nursing roles. Therefore, research across diverse contexts and cultures consistently highlights the persistence of stereotypes that shape both the image of nursing and nurses' professional identity.

The Intricacies of the Nursing Roles

The nursing profession has an array of intricate roles that members of the community may not recognise well, which might have negatively affected the image of nursing. Holland (2020) offers a distinctive contribution by contending that nursing work is too intricate to describe in a simple manner because it comprises a wide variety of skills and knowledge. There seems to be a lack of public awareness about the intricate details of the real and accurate roles of nurses in healthcare. Moreover, it could be that this intricacy of the nurse's role itself is difficult to convey in a simple manner to different public communities. It is easy to argue that nursing is still pervaded by nursing stereotypes from the past. It could be argued that the advancements in nursing and healthcare alike were too abrupt, which prevented similar societal advancements in the nursing image, and maybe healthcare as a whole, to occur at the same rate. These abrupt healthcare advancements place an essential and heavy responsibility on governmental and non-governmental entities to enhance the nursing image and the vast, advanced and essential role a nurse has in healthcare. The subsequent discussion will investigate the societal perspective of nursing.

Nursing: A Societal Perspective

This leads us to a discussion of how the nursing image is evidently associated with its societal perspective. Stewart et al. (2020) contend that both the nurse's image and the nurse's role must always be viewed within the perspective of the society where nursing is practiced. Many nursing professional developments in the UK and the USA are affecting the roles of nurses while these

are either absent or they may be different in other places in the world such as Africa and India, for example, depending on the economic situation of the region. Both the UK and the USA have a great influence on other countries in terms of developments in nurses' roles. For example, as in the UK and the USA, the advent of the role of the advanced practice nurse into nursing is a role that is relatively new in Lebanon. However, it is still not pervading all the Lebanese healthcare systems and is relatively limited to large university hospitals, specifically in capital Beirut.

It is worth noting that employment of advanced practice nurses, though few in number, is largely concentrated in some medical centers in capital Beirut. It should be emphasised that none of the Lebanese participants is an advanced practice nurse as the Lebanese interviews were conducted in small hospitals outside capital Beirut, while a good number of the British participants were advanced practice nurses. This variety within the whole group of participants reflects the two societal variations, enculturating the image of nursing in two different ways. However, the two groups hold many similar aspects which reflect their belonging to one community of nursing. Further elaboration will be provided in the final chapter.

This section has shown that the image of nursing is an important issue since it affects recruitment and retention of nurses and hence the nursing shortage and the quality of nursing care. The nursing image is defined in several ways in the literature. The nursing image, for example, can be defined as the perception different stakeholders hold of nursing as a profession. Therefore, this section has provided a glimpse of the international perception of the nursing image. Almost internationally, the nursing image needs to be enhanced. Although the social status of nursing is recognised in many countries, it remains sub-optimal, which negatively affects the recruitment of an adequate nursing workforce, the retention of nurses, the nursing shortage and the quality of care.

Nursing Image and Gender

Turning to a new aspect of the topic, we consider nursing image and gender. Until the present time, nurses tend to be perceived as exclusively women, at least this is how it is expressed in the literature. The “feminisation of the profession” persists today; nursing is stereotyped as a solely female occupation, and men joining nursing are labeled as “anomalous” and homosexuals (Liminana-Gras et al., 2013; McDowell, 2015; Pullen & Simpson, 2009; Puzio & Valshtein, 2022). Men are still a minority within the nursing workforce worldwide. The association of nursing with a woman’s job implies that nursing is a non-scientific work, work based on “common sense” (Brodie et al., 2004).

Nursing Image: Caring versus Science

This next section aims to explore the nursing image from the perspective of caring and science. Contemporary nursing is still facing the dilemma of whether to promote nursing as a science or as a caring profession. In fact, several scholars agree that caring is a science (Brewer & Watson, 2015; Watson, 2007; Watson, 2009). Evans (2004a) finds that the classification of nursing as a woman’s work devalues the profession because it depicts nursing as an extension to a woman’s domestic functions. This is reflected in the low salaries of nurses in general. Gordon and Nelson (2005) argue that nurses today, in universal shortage and in great need for recruitment, must carefully examine their “virtue script” of nursing as work typically undertaken by females. The advent of male nurses into nursing may help redefine nursing as a non-gendered career. Nursing practice requires sophisticated knowledge of the biological, medical, and nursing sciences in order to provide highly complex nursing care. It is worth exploring the nursing profession and the nursing image in this study in two different cultural contexts.

Conclusion

This chapter has shown that nursing has been undervalued and nurses may be underpaid because nursing has been historically and is still perceived as a female-dominated profession (Dill & Frogner, 2024; Royal College of Nursing, 2023; Shannon et al., 2019). This issue aggravates the healthcare crisis, which is facing a universal shortage of nurses, hence negatively affecting the healthcare system. It is imperative to understand the male and female nurses' perception of gender and its role in career advancement or failure and the male and female nurse's perception of the nursing professional image.

Nursing has always been perceived as a gendered profession; it is important to explore nursing from a gender perspective. Emotional capital and professional habitus are two Bourdieusian constructs that provide insight into a gendered profession such as nursing. Emotional capital is theorised to be gendered (Cottingham, 2016). The professional habitus of nursing may also be influenced by a historical feminisation of the profession. Both emotional capital and professional habitus will be explored in greater depth in the chapter on the conceptual framework. It is worth reminding the reader of the research questions.

Overarching Research Question

How do male and female nursing students and nurses at different career stages perceive gender, emotional capital, care and professional habitus in their nursing role in two different contexts: the UK and Lebanon?

Research Sub-Questions:

1. How do male and female nursing students and nurses at different career stages perceive the role of gender in nursing in two different contexts: the UK and Lebanon?

2. How do male and female nursing students and nurses at different career stages perceive the role of gender in career advancement/failure to progress in nursing in two different contexts: the UK and Lebanon?
3. How do male and female nursing students and nurses at different career stages perceive the image of nursing in two different contexts: the UK and Lebanon
4. How do male and female nursing students and nurses at different career stages perceive the importance of caring emotional and possibly gendered work in two different contexts: the UK and Lebanon?

Chapter 2- Section 2
Conceptual Framework

Chapter 2- Section 2- Conceptual Framework

Introduction

Building upon the insights gained from the literature review, this chapter presents the conceptual framework underpinning the study. This chapter examines the theoretical foundations for this thesis in relation to the concepts of care ethics and Bourdieusian concepts of habitus, capital, and field. The conceptual framework is comprised of four main sections. The first section examines gender while the second section addresses care ethics, and nursing. The third section examines nursing socialisation. The fourth section discusses the Bourdieusian concepts in nursing and emotional capital and emotional labour.

Gender and Nursing

Gender

Defining Gender

The subsequent discussion will explore gender. Gender is an elusive and obscure term and may be defined in different manners; it is a dynamic and complex construct entrenched in social and cultural contexts. The Cambridge dictionary defines gender as “the physical and/or social condition of being male or female” (Landau, 2018). However, Nentwich and Kelan (2014) theorise that gender identity is not merely a defining characteristic of the individual; it is rather an action done in a certain situation. Similarly, West and Zimmerman (1987) assert that gender is not a description; it is rather an action that someone performs repeatedly in a relationship with others. The emphasis is on the doing of gender rather than gender as being. Nicolson (1996) defines gender as the social qualities which are socially and culturally constructed and reconstructed rather than inborn. Caring is commonly perceived as a feminine associated quality.

Caring has been historically and is still associated with nursing. Gherardi (1994) argues that gender can only be expressed “by default”; what is ascribed to one gender is “by default” implicitly negated to the other gender. Globally, there is a historical association between nursing and gender since nursing has been dominated by women. It is worth reminding the reader that there are many global commonalities within the nursing profession such as being a female dominated profession. Those commonalities cannot be ascribed to a single culture but rather refer to the nursing profession worldwide.

Many theorists have struggled with the concept of gender and “doing gender” in order to elucidate and illustrate their meanings. Gherardi (1994) maintains that the ambiguity of gender is multifaceted; it is verbal, conceptual, and empirical. Researching and reporting outcomes of research on gender is also problematic because gender is defined differently by various researchers and may be operationalised in research in different terms. For example, in this study, which was partially conducted in Arabic and partly in English, the “term” gender may be particularly difficult to translate to Arabic. It may be translated to sex and may even evoke many taboos that are not as prominent in the English language and culture. The Arabic translation of the term “gender” itself has been evolving for the last four years and has been strongly associated with LGBT movements, which may be resisted in certain conservative Lebanese and Arab cultures. Gender is a fluid and flexible concept as definitions and interpretations of masculinity and femininity might vary among different contexts and among different cultures such as a Western British culture and a Lebanese culture. Mazzuca et al. (2024) contend that gender has a cultural component. West and Zimmerman (1987) emphasise the social aspect of gender rather than the individual who is “doing gender”. They stress the importance of distinguishing between sex and gender as two independent concepts. Although sex and gender are often used

interchangeably, sex generally denotes biological dimensions while gender tends to highlight the socio-cultural context attached to the meaning of the term (Borna & White, 2003; Diamond, 2002; Gould, 1977). In addition, Unger (1979) argues that the term sex implies biological determinism. The relationship of the term gender to the cultural context makes the term gender more appropriate for this study.

The social component of gender is an important element in understanding gender. West and Zimmerman (1987) emphasise that traditionally gender was defined as an accomplished state. Gender is created and influenced by psychosocial and cultural factors which misleadingly imply a static and fixed concept of gender. It is worth mentioning that this study is an attempt to represent a fluid concept of gender, which is also affected by cultural variables. West and Zimmerman (1987) ascertain the complexity of the term gender and “doing gender” and identify several related factors. Gender is a complex construct involving social, cultural, relational, and micro-political events and actions which produce specific and individual presentations of what is culturally understood as masculine and feminine.

Let us consider the meaning and role of gender in organisations. Nentwich and Kelan (2014) believe that research on gender within work organisations has focused on the social construction and structure of gender. A literature review on the concept of “doing gender” including seventeen articles written between 1991 and 2009 has categorised five themes related to “doing gender”. The themes are gendered structures, hierarchies, identity, flexible and context specific, gradually relevant and subverted. Nentwich and Kelan (2014) identify five different themes related to gender and underscore the difficulty of capturing gender and “doing gender” as a concept and to operationalise it in research. The complexity and heterogeneity of gender make it a challenging construct to research. The concept of gender is used differently in various

theoretical practices and constructions. The first theme associated with gender involves its interrelatedness with structures. The second theme identifies how gender implicates hierarchies; traditionally male nurses enjoy a relative advantage over female nurses, which is a valid observation in the healthcare system, especially in traditional peripheral small hospitals. The third theme revolves around how gender involves identity and the process of its creation in different situations. The fourth theme relates to the fluidity and flexibility of gender as a construct and the way gender is influenced by different contexts and situations. The last theme indicates that gender may not be pertinent in every context and may be enacted in an implicit manner in some situations. Nentwich and Kelan (2014) conclude that research about gender is challenging and problematic, especially where gender is theorised as static while it is fluid and flexible. Their analysis is valuable in showing how the term gender and any related research can produce a versatile list of themes and meanings. We now turn to an examination of the difference between two possibly related terms such as gender and sex. This will elucidate the reason the term gender and not the term “sex” was used throughout this thesis.

Sex and Gender

Nursing has been historically perceived to be a female-dominated profession. The influence of a female-dominated image may have persisted and influenced the modern professional nursing image. Because gender has a close relationship with nursing, it is worth examining gender first.

The interchangeable use of sex and gender is commonly observed in the literature and is a source of controversy. Both terms may have more than one meaning and may be confusing and difficult to define. Unger (1979) argues that it is easy to confuse sex and gender. Similarly, Borna and White (2003) contend that there is confusion around both terms: sex and gender. Davies (1996) argues that there is no agreement on defining the term gender. Sex and gender

may not be effortlessly distinguished since they are both dependent on cultural analysis and understandings (Carrera et al., 2012). The multiple meanings the term sex holds make its definition even more elusive. The word sex may have at least five different meanings starting with sexual intercourse to biological traits and characteristics (Borna & White, 2003). The exclusive binary understanding of sex and gender may be inadequate to describe diversified meanings of gender. Both gender and sex are better perceived on a spectrum and a continuum rather than as binary and exclusive entities (Carrera et al., 2012).

The variation between a binary perspective and a spectrum viewpoint may also have a great relationship with certain cultural values. The Arab or Lebanese culture, especially for certain conservative groups, may have different degrees of associated taboos with a spectrum viewpoint and may prefer the “traditional” binary perspective of sex and gender. This makes gender studies even more complicated especially that certain variations in gender such as LGBT (lesbian, gay, bisexual and transgender people) are non-apparent and socially stigmatised, probably in Lebanon to a greater extent than in the UK, where certain laws and policies attempt at protecting the rights of LGBT. Similar laws and policies are lacking in Lebanon. Moreover, some conservative cultures in Lebanon, much more than the Western British culture, may strongly reject non-binary perception of gender and prefer the “traditional” binary perception of gender. Having outlined the background, this following section explores the meaning of gender as articulated by Butler (1986) who has conducted extensive research on the subject.

Gender as Theorised by Butler

Butler is considered one of the prominent theorists that discussed gender. Although Butler’s theory may not be relevant in this study where Bourdieusian theory forms the foundation and

will be discussed in the following chapter, it will be interesting to briefly review Butler's theory because Bourdieusian theory was critiqued for its lack of attention to feminism and to gender (Skeggs, 2004). Similar to the previous theorists, Butler (1986; 1988) defines gender as a dynamic concept evolving with time and an identity formed by repetitive actions affected by a cultural and historical context which are examined in the next section. Although many aspects of her theory of gender will not be utilised in this study, there are, however, certain aspects that are applicable to this study. Like many other theorists, Butler (1999) argues that gender is not as fixed as sex, and it is not directly caused by sex; gender is therefore flexible and fluid. There is a difference between sex and gender which implies an essential division between the body, sex and gender which is culturally constructed. Gender is not a personal attribute; it is a group of "relations". Gender is a set of repetitive practices which are not limited by the twofold limitations of masculinity and femininity. The meanings of gender cannot be restricted to a list of possibilities; there is a multitude of perceptions of the meaning of gender. For Butler, womanhood, for instance, can be perceived as a spectrum of possibilities interrelated with cultural, social and political factors rather than having a single unified implication of womanhood. Gender is complex. For Butler (1999), gender is "performative" which means that gender has no meaning except for the different actions that create its truth and reality. Gendered bodies have important histories which bind their options and constructions of meanings. Gender is created by repetitive actions; the focus is on repetitive actions. Gender is an implicit social understanding and arrangement controlled by society. Butler (1999) contends that gender cannot be separated from political and cultural influences, a highly prominent aspect in this study. This is evident in the intertwining relationships of gender, nursing, the feminine associated image of

nursing and predominantly male physicians and administrators alike. It is also evident in the cultural entrenchment of the term gender, as previously discussed.

Despite the critique on Bourdieusian theory for its lack to attention to gender, Bourdieu is better aligned to thinking about gender and nursing in this study because this allows us to consider the more institutional or structural aspects of gender and nursing, which is more elusive with Butler. This will be examined in relation to the core concepts of emotional capital and professional habitus later in this chapter.

Care Ethics

Care Ethics Defined

The discussion now progresses to care ethics. Many authors have attempted to define care ethics. Care ethics necessitates moral reasoning and judgment but also includes attentiveness to embrace the needs of all people involved (Haddad, 2016). For Collins (2015) and Bennett (2023), an essential element of care ethics is the emphasis on the other's needs. The relational aspect of ethics in contrast to individualistic ethics is emphasised in care ethics. Care ethics recognises the social and moral consequences of ethics (Gallagher, 2017; Held, 2006; Rabin & Smith, 2013; Van Dijke et al., 2019). Understanding and answering others' needs is emphasised in care ethics (Rabin & Smith, 2013). Slote (2007) proposes that care ethics is characterised by attention to relations.

Care Ethics: The Evolution

In the 1980s, care ethics emerged as a recognised approach to moral philosophy, based primarily on women's experiences (Noddings, 2012). Relationships are essential in care ethics, and the caring relation is fundamental from an ethical or moral standpoint. Every human existence

begins in a relationship, and all human beings develop because of relationships (Noddings, 2012). Relationships within nursing and nursing care are frequently illustrated in this thesis in the findings chapters.

While in the past, women's emphasis on relationships was regarded to be a developmental impedance to their moral judgment, Gilligan (1977) argues that this relationship bias in women's thinking is a feminine developmental characteristic, which can be shared by men too.

This feminine inclination appears to represent a distinct social and moral perspective instead of being perceived as a developmental deficit. Gilligan's work, on the other hand, reshapes caring impulses as a notion (Green, 2012). As a result, people respond to emotional and psychological demands that can only be met through interpersonal connections. Relational autonomy, according to care theorists, is critical to the development of one's own identity and autonomy (Green, 2012). Relationships, according to feminist perspectives, are conceived in interpersonal and societal settings.

Although philosophy has always positioned care as a moral responsibility, obligation, or justice characteristic, this viewpoint has predominantly highlighted a male perspective. The justice-based moral obligation approach is based on studies about the development of moral stages undertaken by men only. Care has been seen as a response to gender oppression and structural inequality in other conceptions (Cloyes, 2002).

It is maintained that professionally oriented nursing practices are founded primarily on a widely acknowledged moral commitment to provide expert care, and that a care-based ethic is the key element in the development and maintenance of these practices (Woods, 2011). In contrast to moral commitment, care ethics relates to social relationships. Woods (2011) maintains that the

nursing profession is one of the best illustrations of the potential significance of an ethic of caring because nursing involves relationships and because nursing has been traditionally perceived as a feminised profession.

A few nurse philosophers and theorists have consistently argued that caring is the philosophical, theoretical, practical, and ethical cornerstone of nursing and that a care ethic is an intrinsic, if not the core, aspect of nursing (Woods, 2011). The social context in which a person lives, as well as the personal interactions that exist within these surroundings, have an influence on autonomy (Green, 2012). As a consequence, a comparative lens is very useful in this thesis because of the importance of social and cultural context. Although care ethics has started to be a feminist approach to ethics, it can be easily argued that care ethics is not innate but socialised to be gendered. Males are socialised into a justice ethics, while females tend to be socialised into care ethics. Men may also have strong dispositions to care; therefore, care ethics are not exclusively female. Other aspects of social identity, such as ethnicity, class, and sociability, have an impact on gender-care relationships. Nonetheless, care has long been thought to be a symbolically feminine characteristic and perspective (Green, 2012).

Nurturing roles and service vocations are dominated by women. Women in these roles are more likely to have altruistic, relational, and maternal moral dispositions, whereas males in competing public sphere roles are more confrontational, independent, and ego-directed (Green, 2012).

Although care ethics was initially theorised by feminists, care ethicists believe their theory to be valid irrespective of gender (Collins, 2015). Care is situated at the intersection of gender and power (Cloyes, 2002).

Caring entails gendered and socially different patterns of perception and behaviour in the environment as a result of cultural assimilation and socialisation. As a result, the personal and social values and experiences linked with gender, power, and politics are interwoven in the implications for care (Green, 2012). Whether we can reconcile the discourses of care ethics and politics without reverting to either masculinist or maternalist paradigms needs to be examined (Cloyes, 2002). Without resorting to favouring explanations of either feminist or masculinist models, it is feasible to view care as crucial to the experiences of women and those who are positioned as caretakers (Cloyes, 2002). Sex and gender have been conflated with the universal narrative of motherhood, and the relationship between care and power has been under-theorised in care ethics (Cloyes, 2002).

This focus on ethics of care was fueled even more by the fact that the ethics of care included a gendered aspect in its early forms, making it a female-oriented approach to ethics rather than a male-oriented approach to ethics (Edwards, 2009). Hence, the conceptualisation of care ethics is very useful in this thesis.

In the care ethics approach, care provides the foundation for a new ethical framework that is believed to be opposed to both androcentric moral theory and the political arena (Cloyes, 2002). In care ethics, care is based on relationships, not justice. Care ethics aims to structure social and moral philosophy around the idea of care, focusing on women's experiences and actions in place of dominant masculinist values like autonomy, independence, conflict, and power (Cloyes, 2002). Green (2012) argues that relationships, not obligations, are the essential variable of care, according to Gilligan's feminist ethic of care.

Human interconnectedness and connectedness are stressed by care theorists (Green, 2012).

Feminist theory recognises the inherently structured disparities of power and the often-unseen intricacies of micro-politics that maintain these structures, as well as a unique focus on gender relations. Feminist thought has shown how formal institutions such as justice, health, and welfare have reinforced and reproduced limiting structural forms that impede the formation of powerful community relationships, with the backing of post-colonial and post-structural theorists (Green, 2012).

Gender, knowledge, and privilege are all socially created power relations that may be learnt or unlearned. As a result, privilege and knowledge can be undone. Modern understandings of a feminist ethic of care are considered more inclusive than the conventional moral justice perspectives because they give a theoretical rationale for viewing caring as emerging from a social standing that anyone can acquire and use (Green, 2012).

Moral dilemmas are treated in an ethics of justice in the same way that other kinds of problems are approached: they are analysed, opposing principles are considered, and a decision is formed (Edwards, 2009). In an ethics of care, on the other hand, rather than conceptualising applicable moral concepts, one concentrates on the situation. As a result, contextual aspects, including the nature of the connections among people engaged in the situation, are considered. One tries to keep these connections alive by engaging in their emotional realms (Edwards, 2009).

An ethics of justice is individualistic whereas care ethics prompts us to consider social relationships and contexts not individuals. An ethics of care, hence, lends itself well to a comparative qualitative approach, as the approach used in this thesis. Care ethics emerged from a feminine perspective. However, it has relevance for males too. It is an especially valid

perspective on ethics in nursing because of many reasons. Nursing emerged initially as a feminised profession. Care ethics also emerged as a feminine perspective on ethics. Additionally, both nursing and care ethics are engaged in relationships. Care ethics emphasises the relationships aspect of ethics. Although nursing care is multifaceted and requires a wide variety of skills including technical and the knowledge of the biological sciences among other skills and competencies, the relationship between the nurse and the patient, colleagues and other members in the field is a major component of nursing. Specifically, the nurse-patient relationship has taken much attention among nursing theorists such as Travelbee (1963), Leininger (1988), Watson (2007), Watson (2009) and Brewer and Watson (2015) to name a few.

Implications of Care Ethics

The next section will explore the advantages of care ethics. Historically, developmental theories were shaped exclusively by men (Gilligan, 1977). One setback of developmental theories is the disregard to the female perspective in these theories. Women certainly pose challenging issues in these developmental theories as women's sexuality differs from men's in being more diffuse and women's self-perception is much more highly entrenched in relationships as compared to men (Gilligan, 1977). Gilligan (1997) describes the progression of women's moral development after analysing interviews with women contemplating abortion to illustrate her theory on care ethics. Although care ethics was criticised for determinism, it can be easily argued that women are rather socialised into a care ethic perspective.

As a critique of caring, Gilligan's point of view has some merit since it includes a critical analysis of relationships from the perspective of those who have been systematically excluded from power. This idea is important in the nurse-patient relationship because people who seek medical help may be vulnerable and dependent. From a feminist perspective, marginalised

people's experiences may enhance social consciousness and give vital insights into how care is delivered in society (Green, 2012).

Care might transform into a political term as nursing practice is based on relationships and is reliant on political frameworks for support. Including a feminist perspective in the development of nursing principles will help both the act of teaching and theoretical conceptions of caring practice (Green, 2012). The patriarchal construction of women's gender obscures women's individuality and relationality, causing them to grow estranged from themselves. A true reconstruction of the female gender, on the other hand, must be based on women's own experiences and self-perceptions that are not driven by male interests (Green, 2012).

This section has discussed the advantages of considering care ethics as relational and not individualistic. This implies that care ethics takes account of the individuals' perceptions of themselves, which is a solid framework for qualitative comparative research.

Care as an Essential Element of Nursing

Moving forward, we will examine care as an essential element of nursing. Generally, it is argued that "caring" and "nursing" are intertwined concepts (Woods, 2011). It is necessary to examine care and its relationships with nursing and gender because care is an essential element of nursing whether we take the perspective of the literature on nursing or whether we look at the interviews in this thesis.

There is a long history that associates the nursing profession with care. Care is an essential framework in this study that can help elucidate and examine its findings. Care and nursing have always been interrelated and intertwined. It would be interesting to examine in this thesis how care is perceived in nursing by both male and female nurses.

Moreover, many nursing theorists have depicted nursing and care as two associated fields. In nursing history, starting from its early inception and until the contemporary nursing era, care has always had a valuable place in nursing discourse. Many modern nursing theorists, like Travelbee (1963), Leininger (1988) and Watson (1963) emphasise care in nursing in one way or another. Ever since Nightingale, nursing has been seen as the field that most exemplifies caring (Woods, 2011). Travelbee (1963) highlights the role of rapport, relationships, and care in nursing. Leininger (1988) theorises that care is an essential aspect of nursing. Later, Watson emphasises caring relationships (Brewer & Watson, 2015; Watson, 2007; Watson, 2009) but Watson (2007; 2009) also emphasises caring as a science. Watson also emphasises relationships in caring in nursing (Lachman, 2012). Care is portrayed by nursing theorists as crucial to, if not, the foundation of nursing practice (Cloyes, 2002).

Conclusion to Care Ethics

Care ethics is a relational concept of ethics initially viewed as feminine. However, care ethics has validity for men. Traditionally, women are socialised into relational ethics while men are socialised into justice ethics. These conceptualisations are evolving as socialised conceptions rather than determined modes and into complementary modes of perception rather than a binary mode. Nursing, per se, has a strong relationship to care ethics since both evolved as feminised and both involve many social interactions. Moreover, care ethics holds extensive meaning in this thesis since it is a comparative qualitative study, and this relates well to care ethics and its relationality.

Nursing Socialisation

Attention now turns into the examination of nursing socialisation. Professional socialisation is the medium by which generations of a certain profession share expectations, cultural unwritten rules, and structures with the next generations. The purpose behind professional socialisation is to develop and create a group of competent and knowledgeable professionals. These professionals are accountable and responsible members who can provide a valuable service to their community (Higgs, 2013; Howkins & Ewens, 1999). There are many expectations placed on professionals including their ability to control quality of service, knowledge of its members, accountability and up-to-date knowledge. Also, an expectation of ethical practice is an essential element of professional requirement (Higgs, 2013). During professional socialisation, new members in the organisation develop their professional values and skills through dialogues and experiences provided either during curricular implementation and/or during workplace learning (Higgs, 2013; Hunter & Cook, 2018).

Social practice is a set of general practices dictated by a certain profession. General practices dictate the professional practices of a profession while practices involve the specific scope of a certain profession (Higgs, 2013). These social practices form fields of practice in Bourdieusian terms (Higgs, 2013). Habitus and field are important Bourdieusian constructs where habitus is the result of socialisations and interactions and simultaneously acts as a predisposing factor for professionals to act in a specific manner (Higgs, 2013). Acculturation is an essential purpose of socialisation where the novice professional acquires the professional identity, skills, and knowledge needed in a certain profession (Higgs, et al., 2009; Higgs, 2013). Standards of practice are also an essential component to be controlled through professional organisations (Higgs, 2013). Professional socialisation involves both formal and informal structures (Higgs,

2013). It is a common occurrence to have gaps between the university values and expectations and the workplace values and expectations, a phenomenon commonly called reality shock, which is usually inevitable (Higgs, 2013).

Nursing from a Bourdieusian Perspective

Following the discussion above, the next section explores nursing from a Bourdieusian perspective. Today, the nursing profession has partially succeeded in asserting its professional status. The historical legacy of patriarchy and hierarchy of yesterday's hospitals is somehow reproduced within the contemporary hospital system, within nursing and through nursing education. Meerabeau (2005) describes the healthcare structure as a "gendered" organisation where transactions are reproduced. The traditional power inequalities between medicine and nursing are reproduced in today's healthcare system and within the nursing field. Bourdieusian theory can be a useful paradigm to analyse the healthcare system and specifically nursing within the healthcare field. Many feminists believe that Bourdieusian theory can be useful in analysing gender issues and feminist concerns (Mottier, 2002) and that the concept of capital is a useful concept to understand contemporary interactions of both class and gender (Huppertz, 2009). In Bourdieusian terms, nurses have a minimal amount of cultural, social, economic, and symbolic capital, especially when compared to physicians. This thesis will partly examine the evidence related to this issue.

Inequalities of power and the hierarchical system of historical healthcare are somehow reproduced in contemporary healthcare and within the contemporary nursing system. Bourdieu has described both processes of reproduction and production. This is well illustrated in the work of Connell (2012) who asserts that the gender effect persists in influencing healthcare with other

ethnic and international disparities that together form complex and interconnected factors that affect healthcare. Connell (2012) focuses on the ability of gender as a social construction to transform and be subject to alteration although other possibilities of stagnation of gender are possible. He gives international examples of how gender powers have evolved in certain countries whereas stagnation and reproduction of imbalanced powers of gender persisted in other countries. It is interesting to note that similarities between religion and dogmas are common among the two groups of countries cited by Connell (2012). Consequently, nursing has the potential to produce contemporary transactions away from traditional influences which are suitable for contemporary healthcare and nursing as a contemporary requirement of a knowledge-based profession and identity.

Globally, contemporary nursing is a key player in healthcare. Coordination of care among different disciplines, especially nursing and medicine, is a major determinant of patient outcomes. Contemporary nursing is challenged by creating a new image that parallels its evolution into a knowledge-based science. Nursing education is a principal determinant of future nursing development, including the enhancement of the nursing image in society. Contemporary nursing education has a challenging role in the socialisation of nurses into a modern professional image common to nurses at all levels.

Vocational and Professional Habitus

The discussion now progresses to an examination of vocational and professional habitus. Habitus is a theoretical Bourdieusian concept, as defined in the glossary of this thesis, which is malleable and has been extensively used in many disciplines. Habitus as defined by Bourdieu relates to familial and social dispositions. After studying eighteen vocational learning sites in England,

Colley et al. (2003) developed the term “vocational habitus” to illustrate an essential facet of students’ experience as they are socialised into a vocation and as they become familiarised with a specific array of idealistic and realistic “dispositions” of a vocation.

Vocational habitus is defined as the act by which the learner develops a group of characteristics required by the vocational field and culture. The specific vocation or disciplinary field prescribes, to a certain extent, not only the learners’ actions but also their values, beliefs and feelings specifically in the caring vocations or professions. Certain congruence between the vocational habitus and the individual habitus is required and excessive dissonance between the two habitus jeopardises the learning and the socialisation process. For example, nursing vocational habitus entails the common use of emotional labour and care. Nursing students and nurses whose habitus is not in congruence with the use of emotional labour will find nursing to be a tedious task and may eventually leave nursing or perform their tasks ineffectively in the workplace. There are predisposing characteristics for every vocation related to gender and class that are essential for effective learning and socialisation into a vocation (Cahill, 1999; Colley et al., 2003). For example, it is believed that the feminised associated characteristics of nursing may be more suitable to female nurses. Certainly, this can be contested to be a gendered stereotype related to the nursing profession associated with a historical tendency to feminine predominance in the profession. This study will attempt to examine the evidence related to this issue in two countries: Lebanon and the UK.

Vocational habitus enhances and cultivates these characteristics correspondingly with the requirements of the vocation. Vocational habitus develops the vocational identity and as importantly an emotional capital, which involves required feelings, emotions, ethics, and

competence in emotional labour (Colley et al., 2003). There is a constant interaction between the habitus and the field. The gendered habitus is affected by the gendered occupational space (Huppatz & Goodwin, 2013). “Professional habitus”, a term used by Spence and Carter in 2014 while studying accounting firms, was not explored extensively in different professions. Hence, in this study I will explore the concept of “professional habitus” of nurses and how it relates to gender in both north Lebanon and the UK.

Nursing demands an amount of feminised emotional capital and labour that is connected to societal expectations and traditional understanding of feminine and masculine roles creating a tense relationship for men entering nursing. This research will explore how men in nursing resolve this conflict and exercise a socially acceptable masculinity while performing their nursing role which may elucidate gender complexities and dynamics within the nursing profession.

Classic Bourdieusian concepts of capital are invaluable constructs that may illuminate the stoic grounds of masculinity within the emotional field of nursing. Although Bourdieu was critiqued for his lack of attention to gender and although he never used the term emotional capital, feminists appropriated Bourdieusian theory and inoculated his theory with the construct of gender and introduced the concept of emotional capital. Femininity as well as masculinity have been traditionally perceived as acquired characteristics. Women who possess considerable emotional capital are socially accepted while men are viewed as less capable of emotional work. Masculinity is a highly cherished quality and lack of it has long been socially ostracised and considered a space for relentless jokes and sarcasm. Men in nursing can illustrate the construction of emotional capital and emotional expression at work within feminised jobs.

Nursing: Emotional Capital and Emotional Labour

Defining Emotions

Emotions per se are another difficult construct to conceptualise and no one definition can capture the meaning of emotions. Scheer (2012) argues that emotion is an obscure and elusive concept.

Emotions are both the feelings experienced by people, and they are the feelings displayed by people; therefore, emotions have both an inner and an outer aspect. This further complicates the study of emotions as some theorists emphasise the feelings while others focus on their outer aspect; many other theorists confound the two facets or do not demarcate the difference.

Some theorists attempt to define emotions as solely experienced while others describe emotions as exclusively expressed emotions, which brings more intricacy to the concept of emotions. A perception of emotions that includes the two views is a more realistic description of emotions because it is more comprehensive. Another challenge when defining emotions is that they have both a physical aspect and a cultural perspective. Zembylas (2007) identifies the term affect as the physical sensations accompanying basic bodily sensations of emotions while emotions are the various social and cultural interpretations. Accordingly, emotions are constituted of both bodily sensations and socio-cultural interpretations and therefore are multi-dimensional.

Expression of emotions may be displayed differently by men and women.

Cultural elements may be one of the factors that affect the expression of emotions in various ways. It is intriguing to study how emotions relate to feminised jobs especially that more men are entering these fields. The gendering of emotional capital into being more feminine reduces it to the traditional view that women are more emotional than men (Zembylas, 2007). It is imperative to examine emotional capital within different roles and various fields other than traditionally feminine roles. It is interesting to study emotional capital of both genders in a female field such

as nursing. Although nursing is regarded as a female field, it is situated within the healthcare field, a field traditionally dominated by administrators and physicians who are largely men. Although there is an abundance of literature on emotions and emotional intelligence, emotional capital is a relatively scant area of study, which will be discussed in the next section.

Defining Emotional Capital

Emotional capital is also an obscure term. The concept of emotional capital, a form of cultural capital, was developed as an extension to Bourdieusian theory by many feminist social scientists. Reay (2004a) identifies the lack of reference to emotional capital in Bourdieusian theory although she admits that Bourdieu alludes to it in his work “Practical Reason” written in 1998 by describing a certain emotional work mainly assumed by women which deals with emotional management and relationships of mothers that helps buffer men’s and children’s stressful life situations. Reay (2004a) postulates that women have more emotional capital than men while Manion (2007) disagrees with this theory. It is easy to argue that men have a different expression of emotional capital rather than having a reduced amount of it.

Many theorists attempted to define emotional capital, and the literature is abundant with endeavours to delineate its meaning in one definition. Manion (2007) defines emotional capital as a mode of “feeling, thinking and perceiving” which is disseminated to children during the socialisation process. Therefore, emotional capital is developed in families progressively and embraces the past social and communal capabilities. Emotional capital includes both conscious and unconscious emotions and feelings (Manion, 2007). Zembylas (2007) defines emotional capital as “emotional resources”. Similarly, Cottingham (2016) believes that emotional capital involves the use of certain emotional resources in different situations in certain fields. She asserts

that the construct of emotional capital is a good means to understand how emotions as assets are disseminated, collected, and swapped with other types of capital. However, she emphasises the importance of distinguishing between emotional capital as a resource and its embodied exercise. The concept of emotional capital is a useful construct for exploring the manner in which emotional processes are managed in an educational framework grounded on emotional standards which are static and dynamic at the same time, meaning that emotions have the ability to produce new modified emotions and the ability to reproduce in tandem the same emotional processes.

Emotional capital may be an asset that is further developed during professional socialisation. Cahill (1999) identifies a relationship between emotional capital and professional socialisation in his seminal research, on students of mortuary science. Cahill (1999) defines emotional capital within a certain category of people, the mortuary students, and suggests that people tend to select jobs in harmony with their emotional capital affected by their family upbringing and cultural milieu. Those students whose cultural background and emotional capital are in dissonance with the professional milieu tend to eventually drop from their selected professional fields.

It is worth exploring how the emotional capital of nursing students and professional nurses helps their retention in the nursing profession. This is especially important because nursing is a profession that has a great need to retain and recruit a higher number of professionals considering the marked and widespread shortage of nurses. It can be hypothesised that nursing, like many other feminised jobs, is a social and cultural field where a variety of gendered cultural tendencies and practices are displayed and are in a continuous interaction incessantly creating new meanings for gender and nursing.

Bourdieuian Theory and Emotional Capital

In what follows, we investigate the relationship between Bourdieusian theory and emotional capital. As discussed above, the term capital is a Bourdieusian concept indicating resources that people use in their interactions (Collyer et al., 2015) and there are many definitions in the literature of the types of capital that were theorised by Bourdieu, such as economic, symbolic and social (Reay, 2004b). Bourdieu himself never used the term emotional capital, but his theory was the backbone upon which many theorists conceptualised and coined the term emotional capital which is a construct that requires further exploration (Zembylas, 2007).

The term emotional capital was delineated based on Bourdieusian theory by many feminists. Bourdieusian theory of practice is especially valuable in studying emotions as both the body and the social system fuse together to produce an emotional experience. Emotions as practices are both bodily predispositions combined with the social and cultural context which is historically characterised (Scheer, 2012).

Bourdieu's powerful conceptualisation offers a flexible description of constructs away from dichotomies and dualism portraying a marriage between previously opposing constructs such as agency and structure where production and reproduction of historical habitus is simultaneously possible (Scheer, 2012; Zembylas, 2007). Bourdieusian theory elucidates emotions as it studies both the physical experience and the social context of emotions. Practices do not exclusively produce emotions; emotions are perceived as a practice relationship with the universe (Scheer, 2012).

Many theorists (Andrew, 2015; Cottingham, 2016; Gillies, 2006; Reay, 2000; Zembylas, 2007) assert that the first theorist to introduce the term emotional capital is Nowotny (1981) who

studied Austrian women. There are many definitions of emotional capital in the literature. Reay (2000) defines emotional capital as an emotionally valued collection of resources such as care, affection, psychological support, and responsibility formed through time spent inside families and utilised by children. For Reay (2000), emotional capital is a form of social capital. Reay (2000; 2004b) defines social capital as engendered through the social means between the family and society and is created by social interactions. Emotional capital is therefore a form of social capital limited within the boundaries of emotional relationships between the family members and the friends and include the affective and emotional resources we transmit and pass on to the people we cherish in our families (Reay, 2000).

Parkins (2012) argues that emotional expression is more pronounced in women only as an external expression and Cottingham (2016) argues that emotional capital is not exclusively feminine. For other theorists, emotional capital is a gendered resource present more abundantly in women than in men. The gendered aspect of emotional care will be discussed in the next section. This is unlike other types of resources such as cultural, economic, and symbolic capital (Reay, 2000). Huppatz (2009) agrees on this premise and adds that “emotional capital is both gendered and classed”. Gendron (2004) asserts that emotional capital has a gender aspect and varies between males and females. Similarly, Andrew (2015) postulates that since emotions are constructed and performed within a structure of power relationships within a cultural background, they mirror society’s inequalities of class, race and gender. Many theorists claim that emotional capital is gendered (Adkins, 2004; Gillies, 2006; O'Brien, 2008; Zembylas, 2007).

Reay (2000) studied mothers’ emotional involvement in their children’s schooling and identified an array of maternal emotions related to children’s schooling. This spectrum of feelings identified that both positive and negative emotions were displayed by both mothers and children

such as frustration and anxiety alternating with understanding and encouragement on the part of the mothers while children's emotions fluctuated between resistance and eagerness to learn.

Emotional Capital and Gender

There is a strong relationship between emotional capital and gender. Gender tends to be perceived socially as fixed and static; however, the social meaning of gender is flexible and malleable (Butler, 1999); it is created both socially and linguistically (Huppatz & Goodwin, 2013). Gender and gendered occupations tend to interact and influence each other. Occupations are socially dynamic sites, which produce a diversity of practices and cultural dispositions that are gendered (Huppatz & Goodwin, 2013).

Emotional capital is a gendered concept, highly associated with femininity; however, it is not entirely feminine. Although traditionally emotional capital has been linked with femininity, men might claim to enjoy the possession of emotional capital (Cottingham, 2016). To exemplify these emotional concepts, Cottingham (2016) utilised interviews and audio-recorded diaries of forty male nurses. Men generate emotional capital out of their early socialisation called by Cottingham (2016) primary emotional capital and at the same time develop secondary emotional capital earned during their professional training.

Male nurses bring to the profession their primary emotional capital earned during their socialisation. Male nurses also develop secondary emotional capital corresponding to their professionalisation into nursing which is guided by emotional virtues such as compassion and the exercise of empathy as noted in the interviews conducted by Cottingham (2016). Cottingham (2016) observes that men identify emotional capital as mostly primary rather than secondary capital and therefore it is more associated with the habitus. It is an observation analogous to Cahill's (1999) findings that people tend to be attracted to professions in congruence with the

primary emotional capital related to their initial social and cultural milieu although Cahill's study was limited to mortuary students. Although it is traditionally thought that men are less capable of emotional capital than women, it may be that men may perform emotional capital differently than women (Cottingham, 2016). Another explanation would be that the category of 'men' used in many studies is itself fixed, rigid and homogeneous. As will be discussed later, masculinities may be a preferred term than masculinity.

Masculinity may characterise emotional capital in a different manner that may alter its expression in men. The interplay between masculinity and emotional capital renders different display of emotional capital in men than women. Cottingham (2016) theorises that men in nursing can illustrate how masculinity and emotional capital interrelate and are exemplified in an emotional capital pertinent to men's experience specifically in nursing.

Different Gender-related Capitals

From this point, the discussion moves to different gender-related capitals. Gender-related capitals are not solely male or female. Huppatz and Goodwin (2013) identified distinct types of gender-related capitals, the male and female capital and feminine and masculine capital. They define male capital as the advantage a gender has from having a male body, which is different from masculine capital. The gendered male advantage, as revealed in one of the interviews conducted by Huppatz and Goodwin (2013) with medical specialists, is that the gendered male advantage related to male gender capital is the inability to conceive which in the case of females may delay training and require a maternity leave. The male gender capital is also associated with masculine competencies that may be recognised as more important for management positions in certain feminised jobs such as nursing which may explain why men are more commonly promoted in such occupations (Huppatz & Goodwin, 2013).

There is a difference between female and male capital and feminine and masculine capital.

Female and male capital is associated with the advantage related to being perceived as having the female or male body. On the other hand, feminine and masculine capital are related to the advantage possessed by gender disposition or from a cluster of abilities related to being feminine or masculine or from being simply acknowledged as feminine or masculine (Huppatz & Goodwin, 2013).

Emotional Capital in Feminised Jobs

This brings us to the central issue of emotional capital in feminised jobs. Emotional capital can be conceptualised within occupational fields. Huppatz and Goodwin (2013) interviewed male workers in different feminised and masculinised jobs. They found that male workers who participated in the interview utilised different types of gendered capitals including male capital, masculine capital and feminine capital to gain access to certain occupations, to flourish and to be promoted in these occupations. Masculine body appearance is one aspect of masculine capital, which may be valued in certain occupations. It is also paradoxically valued in certain feminised jobs such as nursing where physical strength is needed in some nursing tasks such as handling and lifting patients.

Gendered dispositions and social gendered spaces, such as occupations, interact with each other where gendered dispositions are not merely affected by gender; they also “produce gender” (Huppatz & Goodwin, 2013). It is interesting to delineate how gendered dispositions of nursing as a profession produce gender while also being affected by gender.

Men can also employ feminine capital, which may be valuable in feminised jobs such as nursing (Huppatz & Goodwin, 2013). In certain instances, men employ feminine capital to climb the “glass escalator” if they are willing to utilise their feminine capital which may be socially

disadvantageous as their social circle may be reluctant to accept men in feminised jobs and to doubt their sexuality. The glass escalator, a term first introduced by Williams (1992), indicates the advantage men have in certain feminised jobs such as nursing.

Emotional Capital, Masculinities and Nursing

Following the discussion above, the next section explores emotional capital, masculinities and nursing. Emotional capital is a repertoire of innate characteristics developed further during nursing professionalisation (Cottingham, 2016). Emotional capital, a type of cultural capital associated with femaleness and feminised jobs can be related to masculinity when men perform feminised jobs. Cottingham (2016) in her study of male nurses explored how emotional capital is related to masculinity. Men in the study challenge the assumption that they are less capable of emotions and empathetic compassion than women. Men may express emotions differently but are not less capable of emotions than women. Men in traditionally feminised nursing can reflect on their unique experiences. The possible incongruence between a man's masculine habitus and the feminine characteristic of care work may illuminate unconscious and obscure processes (Cottingham, 2016). The study by Cottingham may help elucidate the relationship of gender with emotional capital. However, Cottingham (2016) utilised in her study male nurse's audio-diaries and interviewed male nurses excluding female nurses, which can be considered a limitation as it excluded the perceptions of female nurses. The study can be perceived like a depiction of one side of the coin, lacking a female perspective other than the researcher herself. It would have been more valuable to include female nurses' perception of masculinity in specific and gender in more general terms and their interaction with care work and nursing. This leads us to a discussion of the next section on emotional labour, care work, and nursing.

Emotional Labour, Care Work and Nursing

The concept of emotional labour was first introduced by Hochschild in her book on the topic, “The Managed Heart” (1983). Emotional labour as she conceived it, referred to the process of managing feelings and emotional expressions to fulfill the requirements of certain professions.

The post-industrial era is characterised by a new market that is more dependent on services.

Providing services demands a high level of emotional regulation among employees during their interactions with customers. Wharton (2009) defines emotional labour as the practice by which employees manage their feelings and emotions in harmony with institutional policies and regulations. Husso and Hirvonen (2012) define emotional labour as the efforts done by the care worker to manage their feelings for the benefit of the institution. The emotions and feelings of the employee transform into a commodity and product for selling, and the empathetic capabilities of the care workers become goods exchangeable through wages.

Husso and Hirvonen (2012) argue that because women have less authority and power in the work arenas and specifically in the corporate field, they compensate this weakness by transforming their emotions into resources, such as care work, much more frequently than men. More commonly than men, women do emotional work that specifically improves the wellbeing of others which is required in care work. Nursing is a typical example of an occupation providing emotional labour as Theodosius (2008) asserts.

Caring work is associated with femaleness much more than being perceived as a natural man’s work. Husso and Hirvonen (2012) assert that caring work demands many characteristics that are natural to women although usually seen as incongruent with manhood. After conducting interviews with 24 Nordic social workers and nurses between 2007 and 2009, they concluded that female care workers face the emotional requirements of care work more heavily than men.

Caring work is reproduced as gendered and feminine work. Expectations of care workers are different and relate strongly to their gender as women are expected to display caring in their work much more than expected of men (Husso & Hirvonen, 2012). Within the same job, women tend to face higher expectations of emotional labour than men. Gender dictates an unwritten job description that establishes uneven degrees of emotional labour between men and women within the same job. Although unwritten, the hidden job description is powerful and impacts the delivery of nursing care and imposes a greater emotional load on women than men. This emotional load is not traditionally valued by society. Care work is often undervalued because it is commonly done by women (England, 2005). In return, the amount of reward a society offers to care work reflects gender inequality. England (2005) utilises the “prisoners of love” framework to explain why care workers agree to low wages. Forbes first conceived the term “prisoners of love” in 2001, which postulates that workers accept low wages because of their altruistic and humane intrinsic incentives. England (2005) suggests that because women are denigrated in society in general, work associated with women is consequently depreciated by society because of its association with women.

There is a relationship between emotional capital and habitus. While Cottingham (2016) asserts that the acquiring and the use of the emotional capital is part of the person’s habitus, Zembylas (2007) argues that the emotional capital and the habitus are in an ongoing interaction where the habitus is affected by emotional capital and affects it simultaneously. Let us explore the relationship between emotional capital and emotional labour.

Emotional Capital and Emotional Labour

Andrew (2015) argues that it is imperative to distinguish between emotional labour and emotional capital. Emotions are governed by power relations specifically related to a number of

inequalities mirroring societal discrimination associated with gender, racial, and class differences. In contrast, emotional capital is defined as the emotional resources, skills, and dispositions that may become exemplified in emotional labour. Emotional capital brings benefits to both those who perform emotional labour and those who are at the receiving end. Andrew (2015) focuses his study on the benefits emotional labour brings to its contributors while Hochschild (1983) emphasises the emotional costs of emotional labour. Hochschild (1983) interviewed flight attendants and identified the negative aspects of these employees who must display work-dictated emotions at work, which involves negative consequences for the flight attendants. In contrast, Andrew (2015) identifies the positive impact of emotional labour on childcare workers and describes it as beneficial to both the childcare workers and recipients of the service. According to Andrew (2015), even though emotional capital brings internal benefit to those who possess it, emotional capital might have a limited ability to generate external benefits to its holders because of the characteristics of the field. The field offers value to the emotional capital corresponding with the historical result of negotiations within the specific field. Andrew (2015) suggests that the value of the labour of childcare is placed by powers outside the field of childcare. Likewise, nursing, a field with considerable emotional labour is not well paid. The value of nursing labour is historically negotiated outside nursing, within the medical administration and physicians' field.

Andrew (2015) postulates that emotional capital is not inevitably engendered by emotional labour. The element of reflexivity is important when childcare staff, for example, reflect on the emotional labour they perform and make decisions and judgements on their feelings accordingly. Reflexivity is an essential element that forms emotional capital away from the gendered and classed limitations of childcare work which Andrew (2015) identifies as the effect of the habitus

more than the effect of the emotional capital. Andrew (2015) might imply that it is a system of production rather than reproducing historical predispositions. He takes the flawed viewpoint that the habitus is mainly founded on reproducing historical and past predispositions. This is a critique to Bourdieusian theory that can be easily refuted as Bourdieu was misunderstood for emphasising reproduction while he actually maintained that both production and reproduction are characteristics of the habitus. In fact, Bourdieu has also incorporated in his theory the concept of production, where people can produce new structures as opposed to reproduction of old structures (Harker, 1984). Many critics of Bourdieusian habitus identified his theory as deterministic while disregarding that Bourdieu also defined in his theory the concept of production where there is a gap in the reproduction cycle and production is a possibility instead of reproduction (Harker, 1984).

It is worth mentioning that Andrew (2015) conducted interviews with childcare staff, predominantly females. Like nursing, childcare is described by Andrew (2015) as dirty work. Unlike Hochschild (1983), who emphasises the negative aspects of emotional labour, Andrew (2015) focuses on the meaningful facet of the work, on emotional capital, and the gift to see the work as emotionally satisfying. Some staff members emphasise the agreeable nature of their relationship with the parents. Andrew (2015) postulates that childcare employees reflect on their work as beneficial work to the children and their society which enhances their self-worth and self-respect and contributes to their emotional capital. This is how they cope with their feelings of working within a job which is accorded low status. Emotional capital operates to reduce staff stress and burnout (Andrew, 2015). It is emotional capital that conveys the value of childcare and permits staff to perform such an intricate job as childcare with devotion and expertise. Moving forward, we will examine in the next section emotional capital as an essential capital.

Emotional Capital as an Essential Capital

Attention now turns to the examination of emotional capital as an essential capital. Although the concept of emotional capital was extended to Bourdieusian theory, Bourdieu never utilised the term emotional capital, as discussed before. Away from Bourdieusian perspective, Gendron (2004) postulates that emotional capital is an essential capital; it is not a supplementary capital. Emotional capital has a special position among the different types of capitals as it is essential for the development of social capital as well as human capital (Gendron, 2004). Also, emotional capital is a galvanising capital as it is a necessary capital to be able to utilise other forms of capital such as social and human capital because emotional capital expedites individual and social wellbeing (Gendron, 2004).

The field of early childhood is highly influenced by female characteristics as teachers and care givers in early years are predominantly females. Work that involves care giving is a good illustration of care ethics, which will be discussed in the next section. Girls in early school years have a pool of emotional competencies that predispose them to success in early school years more than boys. The girls' socialisation reinforces self-control, compliance and receptivity which vastly helps in the successful acquisition of academic skills like reading and writing, where boys at this stage are at a disadvantage as they are more competitive, disobedient and less docile and receptive. As children grow older, male emotional competencies of argumentation and competitiveness are more advantageous than female emotional skills in both academic and employment cultures. This leads to males being at an advantage for success in these fields and specifically in more competitive fields such as medicine and engineering where women were traditionally a minority in these fields. Consequently, males and females are not similarly

academically equipped with analogous emotional skills as their socialisation is gender-differentiating.

Females, on the other hand are more predisposed to follow educational and employment pathways centering around the humanities and requiring more emotional competencies than males (Gendron, 2004; Voyer & Voyer, 2014). Educationally, it is vital to modify the teaching culture into a more equitable environment where both genders are socialised in a more emotionally balanced context, and both sides of the emotional competencies are proportionally reinforced, developed and rewarded. The work environment, in general, reinforces and requires male emotional competencies of competitiveness, which places females at a disadvantage. Consequently, women are more likely to take certain careers and reach certain positions (Akpınar-Sposito, 2013; Ellemers, 2014; Holman et al., 2018; Reay, 2004a, Rincón et al., 2017). More feminine emotional competencies are less rewarded, less paid, less valued, and less remunerated. One of the competencies reinforced in a girl's upbringing is self-regulation, which is less reinforced in boys' socialisation (Gendron, 2004).

Hochschild (1983) argues that emotional labour is stressful for employees. Emotional labour is defined as the management of an employee's emotions for the overall benefit of the organisation. Emotional labour is required by the organisation and is remunerated for a salary and sold as a product or service. Emotional labour is gendered. According to Andrew (2015), emotional labour is the ongoing performance and practice of emotions while emotional capital involves the skills and characteristics which may be expressed through the processes of practices and performances of emotional labour. "Emotional Capital" emphasises the concept of capital. In "emotional capital", emotions are not merely experienced or practiced as in emotional labour; they are an

expressed set of resources, a type of capital (Andrew, 2015). We now proceed to explore emotional capital and ethics.

Emotional Capital and Ethics

Virkki (2007) studied a totally different aspect of emotions. Virkki (2007) maintains that the ethical and moral aspect of emotional management and regulation needs more examination because ethics and morality are fundamental facets surrounding social relationships related to work. Professionalism and professions are founded on values and ethics and are driven by professional codes of conduct which guide professionals into adopting the right behaviours and attitudes. In fact, nursing is highly established on values and ethics which guide the profession to the appropriate behaviours and attitudes dictated by the nursing profession and its code of ethics which could be national or international published by nursing professional organisations like the American Nurses Association (2010; 2014; 2016) and the Royal College of Nursing (2023).

Virkki (2007) defines emotional capital as an accumulation of resources and skills which can be collected and exchanged with other forms of capital within a certain field. The representation of emotional capital may vary in different cultural fields as the ethics of the cultural context control what is considered appropriate emotion or emotional capital.

Within the field of caring work, Virkki (2007) defines emotional capital as the ability to use the person's individual emotions to enhance the ethics or values of caring work. Virki (2007) links the two concepts of emotional capital and the ethics of care to elucidate and highlight the ethical perspective of emotional capital in caring work.

Caring work is fundamentally grounded within ethics and moral values as it is essentially concerned with the care of vulnerable people. Caring work assumes ethics of care where the feelings of empathy integrate with the accountability for providing individual needs for the user

of the service. This ethics of care is an integral constituent of the concept of professionalism. Virkki (2007) disagrees with Hochschild's (1983) concept of emotional management and the harmful consequences on employees due to control exercised by the organisation on the controlling of employees' emotions. Virkki (2007) argues that employees do not feel that their emotions are imposed by the organisation. On the contrary, employees at times gain personal and emotional satisfaction from their ability to perform organisationally required emotional skills. While Hochschild (1983) perceives emotional skills as exploitative, Virkki (2007) highlights the personal satisfaction derived from these emotional skills. Virkki (2007) conducted interviews with Finnish nurses and social workers and focused her study on the use of emotional skills in preventing violence in the communication between nurses and social workers with their clients and with their professional community. The interviewees were predominantly women. Virkki (2007) identified several themes in her study. The nurses and social workers identified essential skills for their demanding caring professions which necessitate both emotional skills and knowledge as well as technical skills and competence. Virkki (2007) notes that there is an abundance of literature on emotional labour whereas emotional capital is an under researched area. Similar to Virkki (2007), Andrew (2015) highlights the ethical and moral dimensions of the work that bring personal satisfaction to employees.

Both emotions and "emotional capital" are highly intricate and multifaceted concepts. There is not one simple definition that can capture the concepts in a comprehensive manner without eliminating important elements from the definition. Emotional capital is a gendered and classed concept. Nursing is a traditionally female career with a tendency to attract a classed and gendered population of nurses. Studying emotional capital within the nursing field may capture many of the elements of emotional capital.

Conclusion

Nursing has always been associated with gender and care. Care ethics is a relatively new feminine perspective to ethics that can also hold validity in men. The relational aspect of care ethics is emphasised in contrast to a justice perspective. Care provides the emotional foundations of the ethical framework and care is based on relationships. Consequently, contexts hold essential validity in care ethics. Care is an essential element of nursing. With this background in mind, the nursing profession may be regarded as having predisposing characteristics, like other professions.

There are fundamental predisposing characteristics that can be conceptualised as the habitus in Bourdieusian terms, for every career or vocation. These may relate to gendered stereotypes that may be associated with nursing historical feminine predominance. Nursing requires a certain amount of emotional capital and labour. It is postulated that women have more emotional capital than men, which may be debatable, as discussed in the previous section, as men may express their emotional capital in a different manner than women. Bourdieu never used the term “emotional capital”. However, feminists have utilised Bourdieusian theory and appropriated Bourdieusian capital to define a new concept, the “emotional capital”, a concept highly pertinent in nursing occupational field. It is worth discussing in the next chapter the research design and methods. A qualitative comparative approach is best suited to explore such complex and fluid constructs as gender and organisations.

Chapter 3

Research Design and Methods

Chapter 3- Research Design and Methods

Introduction

This chapter will discuss the research design and methods adopted in this study. It will describe the research paradigm, the research approach, and the methodology adopted in this study. It will outline the research instruments used along with their benefits. It will also describe the data analysis techniques that were utilised. The final section will describe the challenges faced in this study, the way they were managed and the limitations. Positionality of the researcher will be discussed in the last section.

Research Question

How do male and female nursing students and nurses at different career stages perceive gender, emotional capital, care and professional habitus in their nursing role in two different contexts: the UK and Lebanon?

Research Aims and Outcomes

Research Aims

This research aimed to explore how gender shape nurses' identities, practices, and careers through a Bourdieusian lens, using qualitative methods to examine how habitus, field, and capital are produced and reproduced in the healthcare field.

Research Outcomes

While the research aims were centered around Bourdieusian concepts, the research outcomes expanded to care ethics. This qualitative research provides insights into how gendered habitus

and forms of capital shape care in nursing and nursing practices, revealing how care ethics is negotiated and practiced within gendered professional and social fields, utilising both a Bourdieusian lens and care ethics lens.

This research started with the aim of examining nursing and gender through a Bourdieusian lens, drawing on key concepts such as emotional capital, habitus, and field to explore how gendered power relations are produced and reproduced within nursing. These concepts were initially used to analyse how nurses acquire, mobilise, and value emotional competencies within a professional field historically influenced by a gendered profession. As the study progressed, however, additional themes emerged from the data, such as care and care ethics, which were not part of the original analytical framework. The centrality of care in participants' interviews revealed aspects of nursing practice that extended beyond Bourdieusian constructs, particularly the moral, relational, and ethical dimensions of nursing. As a result, care ethics was incorporated as a complementary conceptual framework, allowing the research to more fully engage with the ethical and relational aspect of care. Together, Bourdieusian theory and care ethics provide a more comprehensive framework for understanding how gender, power, and care are intertwined in nursing, capturing both the structures shaping nursing practice and the care ethics that underpin it.

Qualitative and Interpretive Research

This study utilised qualitative research methods since it is the most suitable to explore such a complex cultural concept as gender. Gender and care are two constructs well entrenched within the cultural contexts. Qualitative research depicts the richness of these concepts in high fidelity as it vividly transmits to the reader an accurate perception of the participants. The qualitative approach belongs to the interpretive paradigm where reality is considered to be interpreted and

not researched (Robson, 2011). Also, this research studies nursing within the healthcare field and in society; therefore, it benefits from the qualitative approach, distinguished by its use of interviews, which captures images using the participants' own words as discussed before.

As opposed to the positivist paradigm, the interpretive approach highlights the experience of the participants, usually engaging with the participants' own words to highlight an in-depth amount of data rather than utilising numbers. The comparative qualitative and interpretive approach highlights the interplay of contextual and cultural factors and therefore is suitable to explore gender and its relation to nursing education. A qualitative approach explores perceptions within a natural setting and acknowledges the researcher's own interpretations intertwined with the participants' understandings which focus on the participants' perceptions (Cohen et al., 2017; Liamputtong, 2019; Prasad, 2015). Gender and care are two intertwined constructs within their cultural contexts.

Although the term "qualitative" research is widely used, Robson (2011) prefers the term flexible research design as the qualitative research design emerges during the study and may use quantitative data. Flexibility is one of the characteristics of qualitative research. Also, qualitative research produces a variety of descriptions using words, direct quotes and pictures rather than numbers (Merriam & Tisdell, 2009). Moreover, qualitative research is reflexive in nature. The researcher reflected on how their background, cultural, and individual experience affects their interpretations of the meanings of the data (Creswell, 2014; Tracy, 2013). This is especially useful in studying gender and care, two culturally bound constructs that can be best depicted by qualitative research.

The interpretive approach has many characteristics which distinguish it from the positivist “scientific” approach. Interpretivism assumes that the social world needs to be studied within its natural context away from experimentation and manipulation of variables. Events cannot be viewed as static as they are contextual, fluid, and rapidly evolving. People are viewed as active agents constructing their social world. Social events and situations are unique and individual and not easily generalisable to other similar situations as is the case with positivism (Cohen et al., 2017; Robson, 2011). The social world is complex and socially constructed by people in multiple interpretations and perceptions, which characterises interpretivist research with its complex “thick descriptions” unlikely to exist in positivist research (Cohen et al., 2017). This study described the social world of nursing. It used a constructivist approach where the views of nurses are depicted in their “true colors”. Constructivism, where reality is subjectively constructed, is often used interchangeably with interpretivism as the researcher naturally constructs reality rather than describes it in a detached manner, which is often impossible because of the human nature of the researcher (Merriam & Tisdell, 2009; Tracy, 2013). In the following diagram, both the Lebanese and British nursing cultures intersect within the nursing field at many points. They may have a similar gender habitus, nursing professional habitus and emotional capital at certain points and some differences that may be related to cultural variations at other points, as will be described in the findings’ chapters.

([Diagram 1](#))



The Nursing Profession in the UK and Lebanon: a Case Study of how Nurses Perceive Care, Gender, Emotional Capital and Professional Habitus

Case Study

This study has utilised the case study approach as a case study is characterised by more richness and depth (Flyberg, 2013). The two cases under study are two different hospital settings or systems within two different national contexts: north Lebanon and the UK.

There are multiple ways a case study can be defined. Schwandt and Gates (2018) define the case study as a methodology. The case study is complex and may be difficult to define. It may be used with a variety of methods including qualitative methods (Schwandt & Gates, 2018).

Defining a case may also be diverse; a case can be an incident or an event or a person or a group of persons (Schwandt & Gates, 2018). The case can be identified at the micro level indicating the

study of one person, the meso-level identifying a group of people within an organisation or at the macro level targeting the community or the whole society. In this study the two case studies are two groups of nurses from the UK and north Lebanon.

There are diverse definitions of a case study instead of one single unified definition (Schwandt & Gates, 2018). The qualitative case study shares many of the characteristics of qualitative research such as the focus on meaning the participants bring to the research, the rich descriptions the researcher contributes to the research, the inductive process, and the researcher being the essential instrument of data generation (Merriam, 2009). A case study is also characterised by its focus on a unit of analysis rather than a topic under research (Merriam, 2009). The case study does not demand the use of any specific method of data collection or even data analysis. The qualitative case study helps in developing insight, understanding and interpretation as well as construction of meaning of the participants rather than the testing of hypotheses (Merriam, 2009). It is holistic in its description and interpretation in addition to its integration of the entrenched contextual elements (Merriam, 2009). The case study is particularistic by definition and does not attempt to build generalisations; it focuses on particular instances or cases. The strength of the case study lies in its ability to research highly complex issues entrenched with multiples factors. The case study is deeply rooted within its context and the natural setting (Merriam, 2009).

Comparative Perspective

In this section, comparative education and its diverse definitions in the literature will be discussed. Phillips and Schweisfurth (2014) define comparative education as the examination of any of the dimensions of the educational experience in two or more various settings whether

national or regional; the purpose of this systematic comparison is to formulate conclusions about the educational phenomena and experiences. The obvious aim is to recommend policy borrowing or borrowing of practices which is common but at the same time debatable because of the entrenched nature of education within cultural context. This makes borrowing a delicate issue that may cause more harm than good if done in the wrong manner or done in a random fashion where contextual and cultural factors are overlooked. This is commonly done in Lebanon where western curricula are imported to the Lebanese system without due evaluation of the transfer of the curricula and without taking into consideration cultural and contextual factors, an unresearched area, as previously mentioned.

Comparative education has the advantage of using a spectrum of approaches (Edwards, 1973). The methodology of comparative education is based on the purpose of the study (Kandel, 1959). As stated before, nursing and care are intertwined, and care is best understood as a set of cultural and social relationships impacted by political and structural factors (Green, 2012). Care and culture are inseparable in nursing (Leininger, 1988). Consequently, a comparative approach is best suited for this thesis. The practices ingrained in cultural norms, traditions, and customs govern the care of the community, social group, or person since culture is socially formed (Green, 2012). Nursing science could benefit from theories of partiality, relationships, independence, and connectedness. These cultural and societal variables shape people's attitudes, beliefs, and lifestyles, as well as their care for others. Caring is influenced by different processes and meanings since it is represented differently in various cultures. Culture involves various philosophical issues underpinnings such as freedom and determinism and identity. Culture also refers to a set of meanings that shift and change throughout time (Green, 2012).

It is worth noting at this point that culture is a complex term to define (Jahoda, 2012; Raeff et al., 2020). Meşeci Giorgetti et al. (2017) identify at least two manners by which culture can be defined by using either a narrow view or a broader view. Holliday (1999; 2018) identifies the advantage of describing the culture from a narrower perspective rather than a broader perspective, which lessens the degree of reflecting societal stereotyping and mirrors a more realistic view of cultural view. Holliday (1999; 2018) defines a “small culture” as the narrow view of a small group of people who have in common certain characteristics rather than adopting the “large culture” framework which somehow stereotypes a large group of people to have common characteristics, which is less realistic. The “large culture” framework reflects a rigid perspective or view while the “small culture” perspective reflects a more dynamic and fluid view emphasising the existence of common behaviours of a group away from ethnic stereotypes.

Moreover, it is good to consider intra-cultural variations over and above intercultural variations such as urban versus rural cultural variations within the Lebanese or the British cultures. It is also worth noting that conducting intercultural comparisons does not negate intra-cultural variations. As discussed before the interviews conducted in Lebanon, were conducted in north Lebanon outside capital Beirut, while the interviews conducted in the UK were not restricted to a certain region in the UK.

The cultural differences between the two groups may rather reflect a rural versus an urban perspective. It is also possible that the social desirability is most probably more evident in the Lebanese culture, an Arab culture versus the British culture, a Western culture. Bergen and Labonté (2020) define social desirability as one of the research biases which is caused by people’s tendency to display one’s image in a manner which is more socially acceptable to the

researcher; however, this personal self-presentation may not be an accurate representation of the self. Mahmood et al. (2015) argue that social desirability is a common trait and characteristic in collectivistic cultures such as Arab cultures. This study follows a comparative qualitative approach to explore the nurses' perception of gender and nursing education.

Literature Review

During the first phase of the research, a comprehensive literature review was conducted including databases, research articles, and books where essential key words such as gender and nursing education are examined. This literature search directed and guided the study in terms of current literature on gender and nursing education. The literature was also searched for various studies done on gender and its effect on nursing education and professional socialisation.

The second phase involved the research design where I developed the research question, the methodological approach which is the interpretive/qualitative approach, and then the research methods. The third phase entailed the use of one-to-one interviews. Interviews were conducted with nursing students and professional nurses to capture their perception of the nurses' professional education and the image that nursing education attempts to perpetuate about the nursing profession.

Research Instruments

Sampling

This study utilised convenience sampling which is a non-probability sampling. In a non-probability sampling, selection of the participants reflects the particularity of the group selected. Paik and Shahani-Denning (2017) define convenience sampling as the sampling by which participants are selected because of practicality and feasibility of access. The sample is not

expected to be statistically representative of the population under study, which is not the aim of qualitative research. Also, neither qualitative research nor convenience sampling aims at generalisability of research findings (Paik & Shahani-Denning, 2017).

Qualitative samples are naturally small because of the detailed and comprehensive nature of qualitative research (Ritchie et al., 2003). Barbour (2008) proposes that sampling in qualitative research reflects the variety that may be present within a population rather than aiming at selecting a representative sample. The use of qualitative interviews adds depth to the collected data and enriches it.

Interviews

Interviews are most suitable to depict a rich amount of data which may not be as easily displayed in other quantitative instruments such as surveys and graphs. The interviews faithfully paint the participants' perspectives with their rich colours and meanings.

For this study, a total of forty participants ([Appendix 2](#)) were interviewed with half of them in Lebanon and the other half in the UK, nearly equally distributed between male and female nurses. A total of forty participants were selected as the aim was to select a relatively large sample. Wutich et al. (2024) recommend twenty to forty interviews per site in comparative research. Vasileiou et al. (2018) argue that little meaningful information and data is gained after interviewing around twenty people in qualitative research. Hennink and Kaiser (2022) argue that saturation is achieved in qualitative research within a range of nine to seventeen interviews. The literature reflects some degree of consensus on the number participants for qualitative comparative research to be around 20 participants for every comparative group.

Directors of schools of nursing and hospitals were contacted via email, telephone or personal visits for their approval to conduct the interviews on the premises of their institution with their students or nursing staff. The purpose of the research was explained to the directors of the schools of nursing and the hospitals. An information sheet ([Appendix 1](#)) was provided to the directors and discussed with them before they granted their approval.

The interviewees were selected from both genders in order to capture both genders' perspectives. The interviewees constituted a diversity of different career stages of nursing staff and nursing students to capture a diversified array of perspectives with the participants comprised of nursing students and professional nurses. They included nursing students in different educational levels, nursing educators, nursing administrators, and managers. This provided a more comprehensive insight into the nurses' perspectives. The interviews were conducted as qualitative one-to-one interviews. They were conducted based on a set of pre-prepared open-ended questions. They were audio-recorded. The interview questions were designed and developed based on the research question as semi-structured interviews because the semi-structured interviews provide a rich amount of data which is suitable for this study.

The interpretive constructionist philosophy guides interviewing and provides a framework for its practice (Rubin & Rubin, 2005). Qualitative interviews are widely used in many disciplines and for various aims. The importance of the interview lies in its ability to obtain the perspective of the interviewees and to capture their experiences and their own words. The researcher can make note of the meanings which are not verbalised, verbal as well as non-verbal messages, and mark how meanings are constructed and voiced during the interview (Kvale, 2009). By definition, the interview is a “social situation”, multifaceted interaction between two people, each one of them

bringing with him or her a complete set of demographic and other variables that affect the interaction and mark the interview with a special and unique imprint affected by gender, age and other characteristics of both interviewer and interviewee (Alvesson, 2010). The qualitative interviews provide thick and rich information and seek to convey qualitative information away from quantification (Kvale, 2009).

I reconstructed the story of the interviewee into a reorganised form which is not identical with what the interviewee has verbalised during the interview (Finlay, 2014). I put them into themes ([Table 2](#)- Codebook). There is always an element of reflexivity that is highly influenced by the researcher's status, position, gender and relationship to the subject being studied. Alvesson (2010) theorises that the interview can be a site of identity construction or identity challenge. Specifically, gender can play a role in interviews with male interviewees whose masculinity may be challenged or on the contrary, the interview may play the role of a site where masculinity is constructed. I, in this study, am a female researcher and this may be an advantage because a female researcher, may be perceived as less threatening in gender studies. This might have caused some participants, maybe from both genders, to be more open to interviews. A possible disadvantage is that in the Lebanese culture, some male Lebanese nurses may have been less open to the interviews.

Cohen et al. (2011) propose that the interpretations of interviews by different researchers will never be identical. Although interviews can provide valuable voices to certain marginalised groups in society, there is a power asymmetry in the interview process (Kvale, 2006). The power asymmetry may be less obvious in this research because I am a female nurse and may be viewed as an "insider". I may have been perceived as a nurse, "one of them" and this may have caused

some participants to be more open to the interviews. However, for some participants, this may have caused them to be less open to voicing their opinions because they may have perceived me as a threat as I could convey their opinions to their supervisors, for example. For this reason, before starting the interviews, I explained that the interviews are confidential, kept anonymously and will not be shared with other parties including their employers. Introducing myself as a nurse, as one of them, I felt, made them more open to the interviews.

It is theorised that the interviewer, by his mere position as an interviewer, has the upper hand and control of the conversation. After all, the interviewer initiates the interview, ends it, controls it and interprets it. The interviewee is more like a passive recipient of suggestions by the interviewer. This effect may have been minimised in this study as I was perceived as “one of them”.

Despite its potential disadvantages, the interview remains a powerful tool to explore and understand complex, delicate, and multifaceted issues (Lewis, 2003). Gender is typically a complex construct that can be explored in an effective way through the use of interviews where the researcher can examine the individuals’ perceptions and perspectives. Let us examine the use of interviews and research methods from a Bourdieusian perspective.

Interviews, Research Methods and Bourdieusian Analysis

This qualitative research was positioned within a Bourdieusian theoretical framework to examine how gender is negotiated, produced, and reproduced within the nursing profession through the use of semi-structured interviews. Rather than treating participants’ perspectives as isolated or pure subjective experiences, this study perceived them as socially situated experiences structured and influenced by wider structural powers operating within the healthcare field. Bourdieu’s

theory offers a valuable perspective for examining individual experiences of gender in nursing within the historical power relations, professional hierarchies, and institutional norms that structure the nursing field. Semi-structured interviews were therefore employed not only as a data collection tool but as a methodological approach that allowed analysis of participants' reflections.

Essential to this study and analysis is the concept of habitus, which refers to the dispositions through which individuals perceive, interpret, and act within the social world, which is healthcare in this study. In the context of nursing, habitus is influenced by gendered expectations of care, emotional labour, and professionalism. These are often rooted in the historical feminisation of the profession. The selection of semi-structured interviews is especially useful to examining the habitus because it allows participants to narrate their career trajectories, workplace interactions, and professional identities in their own terms, revealing patterns of thought and practice that may otherwise remain less understood. The semi-structured interviews offered a space for participants to articulate reflective accounts of gender and nursing and the embodied norms that direct their behaviours, such as assumptions about leadership, caring, or appropriate gendered behaviour within various clinical settings and cultures.

Bourdieu's concept of capital further shaped the research design and analysis by directing attention to the unequal distribution of resources within the nursing field, specifically across cultures. Cultural capital, including educational qualifications and scientific knowledge, influences how nurses are positioned and position themselves as a profession in gendered hierarchies within the healthcare field. Social capital, in the form of professional networks and collegial relationships, affects access to opportunities, support, and informal power within

healthcare organisations. Symbolic capital, such as prestige, recognition, or perceived authority, is particularly salient in understanding how gender operates in nursing, where certain roles, specialties, or leadership positions may carry differential value depending on gendered norms. Semi-structured interviews enabled participants to articulate how these forms of capital are accumulated, mobilised, or/and constrained across the profession and how gender influences their conversion into status or power.

This methodological approach also recognises the interview as a social encounter structured and influenced by relations of power and capital. Participants' willingness to speak, the language they use or do not speak, and the aspects of their experience they emphasise are influenced by their habitus and capital, as well as by the researcher's position within the field. In my case, being a nurse. Positioning qualitative research on gender and nursing through Bourdieu's concepts of habitus and capital enables a valuable understanding of how individual experiences are intertwined and interrelated with structural conditions, and how semi-structured interviews can reveal the gendered structures that organise professional practice within nursing and the healthcare field across settings and cultures.

Interview Questions

The research started by putting the research questions based on the literature review and with a back-and-forth movement between the research questions and the literature review. The research questions were edited, reviewed and revised several times. Then, the interview questions were extracted from the research questions and the literature review, and they were revised, edited, and reviewed several times, before they were piloted and revised again after the pilot.

Interview Questions

What attracted you to the nursing profession?

What has your career journey been like in nursing?

What motivates you in your career? What keeps you going into this profession?

What is the most important thing for you in your profession as a nurse?

What are your ambitions for your future as a nurse?

What would you like to achieve in your future career as a nurse?

What is the relationship between your gender and your relationship with physicians?

Does your gender matter in your nursing role?

Interview Questions

How do you perceive nursing as a caring and emotional work?

Since caring and emotional work is more socially associated with femaleness, how do male nurses or female nurses practice nursing? Do you see any differences between male and female nurses in practicing nursing?

How do you perceive the relationship of your gender with nursing as a caring emotional and gendered work?

How does your gender as female/or male help you or hinder you in providing caring emotional nursing work?

What is the relationship between emotional capital and the professional role of the nurse?

How did you develop emotional caring skills in your nursing care?

Can you describe the professional habitus of nursing in terms of emotional capital?

Are there any gender characteristics that helped you or hindered you in your journey/career as a nurse/nursing student?

Ethical Issues

This section discusses ethical issues related to this thesis. The study respects and abides by regulations from BSA (Statement of ethical practice for the British Sociological Research Association) and BERA (Ethical Guidelines for Ethical Research). It also respects the institution's (where the research was conducted) policy and regulations on research, where this is applicable. I also obtained ethical approval from Durham University. An IRB approval was obtained, and a consent form ([Appendix 1](#)) was explained to participants before they signed it.

Participants were assured that the information they disclose in their interview will remain confidential and private and if it is published, the information will be anonymous. Moreover, participants were informed about their right to refuse to participate and their right to withdraw at any time from the study. The purpose of the study was explained to participants. Moreover, participants were advised that the information they disclose will remain confidential and private, especially to their employer whenever this is applicable and will not be utilised to evaluate their performance. Before the interviews, an informed consent form ([Appendix 1](#)) and an information sheet ([Appendix 1](#)) were discussed with participants who were asked to sign the consent form after having read it. Information gathered in this research was stored and saved anonymously using pseudonyms.

Gaining Access

I approached participants by communicating with directors of university programs for nursing students and hospital directors for professional nurses. I contacted the directors of both types of institutions via emails or telephone calls and explained the purpose of this study and conducted interviews at the university or hospital where the participants are available. Contacting Lebanese participants was relatively easier than contacting the British participants, which might be due to my lack of knowledge of the British culture.

It is always easier to gain access to a system within your own culture. However, I also had several rejections from several Lebanese hospitals and universities to participate before being able to conduct my 20 Lebanese interviews which were mainly done in three small hospitals in north Lebanon. In the UK, around 10 hospitals and medical centers were approached via a face-

to-face visit. Initially, none of the centers approved the interviews because the hospital and nursing administration refused to have their nurses interviewed because of their heavy workload.

After several failing attempts at face-to-face interviews in the UK, the interviews were conducted online to give the opportunity for participants to be more at ease during interviews away from the work demands. The interviews conducted in the UK 20 interviews coming from nine different hospitals, universities or medical centers. It is worth noting that more than 50 candidates for the interviews were contacted by email and only a final number of 20 participants accepted to be interviewed and responded positively to the request.

Obtaining the approval of nurses to participate, whether British or Lebanese, was my first challenge in this thesis. Although both groups of participants were difficult to approach, the British participants were particularly challenging. The main reason is that I live in Lebanon and visited the UK only for short periods of time. As I was trying to get the approval of the British nurses, I visited many hospitals in Durham County, Durham city and surrounding cities, but my interviews were completely rejected by the hospital administrators. The main reason for the rejection was because nurses in the UK are apparently very busy, and the hospital and nursing administrators did not approve that I approach the nurses during working hours for the interviews. I approached more than 25 hospitals. Some hospitals were visited in person while other hospital administrators were emailed, but they all rejected my interviews. Being a foreigner in the UK, I did not have any personal contact that could facilitate my access to any hospital.

At a later stage, and as suggested by my supervisors, I opted to do the interviews with the British nurses online. I utilised a new strategy. Nurses' email addresses are not enlisted on hospitals' websites and therefore, I could not contact them. I had this idea of looking up the websites of

British universities and getting the emails of nursing professors and contacting them, which I did. The response of the nursing professors was easier. Still, rejection to participate was not totally absent. There were more than 50 emails sent to nursing professors in British universities and nursing chairmen in universities. However, I eventually was granted access by many nursing professors, nursing chairmen and eventually nursing students to do online interviews. It is worth reminding the reader that unlike the British interviews, most of the Lebanese interviews were conducted face-to-face.

Access to the Lebanese nurses was not much easier. I contacted more than 10 hospitals and nursing schools. All the nursing schools rejected my request. Finally, one hospital administration where I conducted most of the interviews accepted that I interview nurses and was very open to receiving me. There were another couple of hospitals in Lebanon where I conducted the rest of the interviews, who were also receptive to my research.

Initiating Rapport and the Researcher's Influence

I am an “insider”, being from the nursing field myself. This can be a two-edged sword as interviewees may be more open to the researcher, and it might be easier for the researcher to initiate rapport being an “insider” especially in the case of the researcher's country. However, the perspective of the “insider” can also have a drawback as the researcher's perspective may be reflected in their own interpretation of the research.

Being aware of this drawback is one of the elements that can minimise its effect on research. To minimise this factor, I tried to transcribe the audio recordings verbatim and immediately as early as possible after the interview to ensure fidelity to the participants' points of view.

Specifically for the Lebanese nurses, instead of saying emotional labour, I told the participants to tell me about their experiences in the event of a death of a patient or his/her severe illness, for example. Holmes et al. (2013) identifies the non-transferability of certain concepts to certain languages. The term “gender” by itself is another example of the non-transferability of certain concepts to certain languages such as Arabic for example.

Piloting

The interview questions that were used in both types of interviews were piloted for clarity, inclusiveness and ability to elicit responses from the interviewees and for the timing required for the interview. Bryman (2012) recommends piloting the interview questions because of the useful input the piloting brings to the research. After piloting the questions, I developed, refined and modified the research question as seen fit before the actual data collection started. No major changes were implemented in the interview questions as such. However, the way to ask the questions in Arabic was modified in certain instances. For example, emotional labour may be difficult to translate to Arabic. However, after the piloting of questions, I opted to utilise examples to illustrate emotional labour such as death of a patient or the nurse having to confront severe or terminal illness and the feelings these situations entail. Many sociological terms were translated into Arabic in sentences to replace the term rather than explaining it in one Arabic word. Other important information gained from the pilot was the importance of utilising short questions rather than long ones. A long question was divided into two shorter questions. Also, the pilot helped sort the questions into a more logical order.

Relationship with the Participants

I, as a researcher, am a nurse myself and that made initiating rapport with the participants easier and smoother. The participants were immediately able to relate with me, as a researcher, and did not hesitate to voice their opinions. Nearly all participants showed enthusiasm about the topic, claiming that it is an original and interesting topic compared to previous interviews that they had with other researchers that seemed to be studying redundant topics. The participants, both Lebanese and British, voiced their interest in the topic and their willingness and eagerness to share their ideas with me, as discussed previously.

Language Barriers and Lack of Knowledge of the British Culture

Gaining access to participants seemed to me the greatest ordeal. Apparently, as I advanced in my work on this thesis, I understood that what appeared to me to be the greatest ordeal, was only the beginning of ongoing challenges. It is worth noting, at this point, that there are two important issues associated with the interviews. The first one was that the interviews conducted with the Lebanese nurses were conducted naturally in Arabic, mixed with some French, as many Lebanese use the French language and the second language for the Lebanese hospitals, where I conducted the interviews, was French. That necessitated translating my interview questions to spoken Arabic and the translation of the interviews with the Lebanese nurses to English.

Translation of interview questions to spoken Arabic is not a straightforward process.

I had to translate the sociological concepts to sentences instead of one word in Arabic, as discussed before. Examples include the word gender by itself as there is no exact translation in Arabic, and it is only recently that the term gender has been translated as is to Arabic. However, translating it to Arabic, as is, held an association to LGBT rights, which is commonly a taboo in

the Arab/Lebanese culture, specifically in more conservative areas such as north Lebanon, where the Lebanese interviews were conducted.

Other examples of sociological concepts which are not easily translated to Arabic are emotional capital and habitus, which were translated utilising a sentence for every word. Translating the Lebanese interviews to English was also challenging. However, I translated all interviews as soon as I could after the interviews were conducted, to guarantee accuracy. Of course, all interviews were audio-recorded. Immediate translation of all interviews while transcribing them helped me keep track of the work and perform it more efficiently.

Another challenge for me was the British interviews as I was not a native speaker. Although I have a high level of proficiency in English, listening to British native speakers and transcribing many interviews was a challenge by itself. Audio-recording the interviews was very beneficial, and I could replay the interviews several times to ensure accuracy and a comprehensive transcription of the interviews.

Data Analysis

Data analysis in this study was both inductive and deductive. It follows the five cycles of thematic analysis as described by Yin (2011). This approach is relatively simple to use. The cycles include:

- Compiling is putting data in a sort of order that can be thought of as a type of database. At this point, I transcribed the interviews.
- Disassembling is splitting data into smaller pieces of information. This phase can be accompanied by labeling data with codes. The disassembling phase can be repeated several times such as in a trial-and-error phase for testing the codes and as part of the

cyclical nature of data analysis which is implemented in a back-and-forth movement between phases. Analysis in this cycle is nonlinear and iterative in nature. At this point, I split interviews into smaller sentences. For example, I would split a larger sentence from transcription into the first sentence: “My nursing journey was bitter and sweet”. The second statement may be “nursing is a calling”. ([Appendix 5](#)). [Appendix 5](#) displays the progression of themes organisation and how it occurred in steps.

- Reassembling is reorganising the disassembled pieces of data into a different type of organisation than originally done in data collection. The phases may be repeated or alternated with other phases because of the cyclical nature of the process. At this point I grouped the sentences from the interviews into similar sentences. All sentences that contain the theme of “nursing is a calling” were grouped together.
- Interpreting involves using the reassembled data to make new interpretations. At this point, I assigned every group of sentences a shortened sentence such as “nursing and remuneration.”
- Concluding means making conclusions out of the fourth stage, which is the interpreting phase. At this stage, I tried to identify commonalities and differences between the Lebanese and British nurses.

Information gained in this study was analysed following the five cycles described by Yin (2011). At this stage I entered the codes into NVivo. The interviews were transcribed verbatim and were immediately translated from Arabic to English for the Lebanese participants, simultaneously as they were transcribed. After that, the transcriptions were read several times and a group of themes were extracted and put in an excel file, where duplicate themes were removed by sorting the statements exemplifying the themes ([Appendix 5](#)). The themes were then sorted out and

transferred to NVivo. A total of thirteen codes were identified and transcribed to NVivo and a total of thirty-three subthemes were identified by NVivo. The transcriptions were coded by NVivo ([Table 2](#)- Codebook).

At a later stage, the codes extracted from NVivo ([Table 2](#)- Codebook) were transposed to an outline for the four chapters on findings. The transcriptions and codes obtained were rearranged into new themes and subthemes that formed the outline for the four findings chapters.

Some of the identified themes were the image of nursing, nursing as a calling, nursing as an economic choice, ambivalence about nursing, etc....

Inductive and Deductive Data Analysis

The qualitative data analysis in this study of gender and nursing was both inductive and deductive, allowing for a dynamic and theoretically informed interpretation of participants' voices. An inductive approach is used in the initial stages of analysis to remain based in the empirical data and to privilege nurses' lived experiences. Through close, repeated reading of interview transcripts, patterns, meanings, and recurring ideas related to gender, professional identity, workplace relations, and power were identified without imposing predefined categories. This process enables themes to emerge from the participants' own language and accounts, capturing the intricacies and variability of gendered experiences in nursing within the healthcare field and ensuring that the analysis remains considerate to context and culture.

Simultaneously, the analysis was deductively guided by Bourdieu's theoretical concepts of habitus and capital, which provide an interpretive framework for capturing how these emergent themes are socially structured. Also, the analysis was deductively guided by many authors such as Huppatz and Cottingham, who were cited frequently in this study and had many common

grounds with their research which was identified several times in this thesis. Examples are the choice of nursing as a career and appreciation to nursing. Once inductive themes are established, they are examined in relation to Bourdieusian concepts to explore how nurses' experiences reflect internalised gendered structures of the habitus and different access to resources and power, the capital, in Bourdieusian terms. For example, narratives about leadership, caring practices, or career progression can be analysed deductively to identify how gendered habitus shapes perceptions of competence and authority, while references to education, professional networks, and recognition can be analysed through the lens of cultural, social, and symbolic capital. This deductive analysis deepens interpretation by linking individual experiences to wider structural conditions within the nursing field, specifically when comparing two different cultures.

The joint inductive-deductive approach also enhances reflexivity by acknowledging the role of theory in framing the interpretation while remaining open to emerging findings. Where participants' accounts challenge Bourdieusian assumptions, these tensions are treated as analytically productive, prompting further interrogation of how gender operates in specific nursing contexts and different cultures. By moving back and forth between data and theoretical analysis, the study produces a finer understanding of how gendered power relations are both embodied and enacted in nursing practice. This integration of inductive and deductive analysis strengthens the methodological rigour of the study, enabling rich empirical description while situating findings within a strong sociological framework.

[Bourdieuian Theory and Data Analysis](#)

This study adopted a qualitative research design informed by a Bourdieusian theoretical framework to examine how gender is structured, reproduced, and negotiated within the nursing

profession. Data were generated through semi-structured interviews, which are particularly appropriate for exploring participants' experiences while allowing flexibility to probe meanings, practices, and assumptions related to gender and professional life. Within this methodological approach, interview data are not treated as neutral or purely individual accounts but are understood as socially structured narratives shaped by participants' professional trajectories, institutional contexts, and power relations within the healthcare field.

Bourdieu's theoretical concepts guide both data interpretation and analytical strategy. Specifically, the framework enabled a move from individual interviews to an analysis of the social structures that organise those interviews. Semi-structured interviews are used to elicit detailed narratives of nurses' professional experiences, through which gendered practices and norms can be examined as both embodied and institutionalised. The interviews therefore function as a methodological tool for assessing how gender operates in everyday nursing work, rather than as a means of capturing isolated opinions.

The concept of habitus is operationalised as a key analytical lens in the coding and interpretation of interview data. Habitus is understood as the set of internalised dispositions through which nurses perceive their roles, interpret workplace experiences, and enact professional practices. During analysis, attention was directed towards recurring patterns in language, attitudes, and descriptions of practice that suggest shared gendered dispositions. This includes how participants discuss leadership, power, caring work and emotional labour.

Bourdieu's concept of capital further structured the analytical process by providing a framework for examining power and differentiation within the nursing field. Cultural capital is analysed through participants' references to education, credentials, and professional knowledge,

particularly in relation to career progression and appreciation of the profession. Social capital was examined through accounts of professional networks, collegial support, highlighting how access to influential connections is often gendered and unevenly distributed, specifically across cultures. Symbolic capital was explored through narratives of authority, power and professional legitimacy, with attention to how certain roles or identities are valued over others. The analysis focuses on how participants describe the accumulation, conversion, or absence of these forms of capital and how gender shapes these processes.

By applying a Bourdieusian framework throughout the data analysis, the study moved beyond descriptive accounts of gender inequality to systematically identify the social mechanisms that structure nurses' experiences. Overall, this methodological approach enables a theoretically informed analysis of how gendered power relations are produced, reproduced and maintained, within everyday nursing practices.

Amount of Information

The next challenge was encountered after I transcribed all forty interviews, which resulted in a vast amount of information consisting of around 75,000 words. It was a challenging and a tedious work to try to categorise information into meaningful themes. I had to read the interviews several times and try to give a title or a theme to each section. Afterward, I tried to put every section under a title or a theme such as “nursing and femaleness”, “nursing as a choice”, etc...

This was definitely a time-consuming process even with NVivo, which helped me categorise this huge amount of information. Categorising them into themes and codes brought me to the next challenge. I needed to reorganise themes and codes to put them into meaningful paragraphs that

would flow smoothly. That means I had to identify links between the different themes and also links between the themes, the codes, and the conceptual framework.

It was not always a straightforward process and was not always a smooth process. It took time and effort and much reshuffling of the information. Reading the interviews several times and rereading, alternating with reading and re-reading the conceptual framework several times helped, along with a discussion with my supervisors and reading their notes related to my several drafts.

The Inherent Complexity

The presence of four entities, males, females, British and Lebanese, made the process more complex. I had to be careful to arrange my information based on these four entities and their combinations. For example, I had to organise the data based on what female British nurses stated about male nurses versus what male British nurses stated about female British nurses. Another complexity inherent in this study was carefully and accurately documenting recurrent comments and other comments which were atypical of a certain category. Accuracy was an important issue and concern for me in this thesis as there were a multitude of inherent factors.

Also, the interviews were done in mainly two languages in addition to the French language which is commonly used in Arabic. For the British nurses, I had the challenge of not being a native speaker. However, this was overcome by audio-recording the interviews. Therefore, I could replay the audio-recording as much as needed, as discussed before.

The Overlap of Themes

There are many themes that are complex and overlap, for example, professionalism and professional image, which are two major themes that overlap at the “appreciation to nursing”. I had to read and re-read the findings chapters many times to minimise overlap.

The Advent of COVID-19 Pandemic and the Lebanese Economic Crisis

My plan was to visit Durham university every summer for one month and to conduct the interviews with the British nurses during my visit. I could not visit Durham more than two times over the course of my studies due to the pandemic and the Lebanese economic situation followed by the war in Lebanon. Instead, I did most of my work online.

Generalisation in Qualitative Research

Traditional concepts of reliability and validity have particular conceptualisations in qualitative research. These concepts are conceived differently in qualitative research. Lincoln and Guba's (1985) criteria propose credibility, transferability, dependability, and confirmability for qualitative research. Lewis (2003) proposes that generalisation in qualitative research is not statistical but may be theoretical, away from empirical generalisations. Empirical generalisations are irrelevant to qualitative research. Yin (2011) recommends the use of precise, clear and thorough techniques and procedures to enhance the trustworthiness of qualitative research. It is important to emphasise that the purpose of this study is not to build empirical generalisations since each group of nurses may be unique. There are variations between different groups and there are variations within the same group of nurses.

Limitations of the Study

Every study has its own set of limitations. Studying gender is a complex task. Even the literature is highly contested with debates about ways to define gender. As described before, translating gender to Arabic is another challenge as there is no accurate synonym for the word in Arabic. It is worth noting that it was only around four years ago that the word gender was used in Arabic “as is”. The use of the term “gender” in Arabic took a new meaning, which is the acceptance of a non-binary meaning to gender, as described before.

The Arabic culture in general is a conservative milieu, and the acceptance of gender as a non-binary concept received much public resistance. The term in Arabic may be translated to sex which is even more confusing. Both gender and sex are concepts highly intertwined within the cultural background. Also, the questions for both types of interviews are written in English and translated to Arabic. The translation of concepts related to gender are highly challenging in Arabic. It is worth noting that a concept like gender might need to be translated in a sentence form to capture its precise meaning, as discussed before.

Moreover, the literature review and the conceptual framework are highly culturally bound since the literature in Arabic is scarce in the field of education and sociology. It is interesting to note that education in Lebanon is mainly provided in French or English, whether at school or university levels. The Arabic is taught solely as a language and all the scientific references that are used, in Lebanon, are either in English or French. Therefore, academics predominantly utilise French or English and not Arabic when producing academic literature. Consequently, Arabic literature on gender in terms of academic sociology is scant if not nearly absent. According to Holmes et al. (2013), certain languages are more privileged in terms of research publication. English is much more privileged in terms of research publication than the Arabic language. It is

worth noting that the software coding in this research was done in the English language not in the Arabic language. Holmes et al. (2013) suggest doing the coding in the original language of the interviews, Arabic, in my case.

Coding with a use of a different language raises valid questions for Holmes et al. (2013) about the “imperialism” of the English language. It is important to highlight that the adopted language of communication in most institutions in Lebanon is usually French or English and only in certain less privileged or governmental institutions, it is Arabic. Of particular importance is that specifically in Lebanese institutions (healthcare, education, etc....), the Lebanese use a lot of code-switching and code-mixing between Arabic, English and French.

Although the interviews were done in the Arabic language, a great deal of code-switching and code-mixing between Arabic, English and French was utilised in the interviews, as it is commonly the case in nearly any “Lebanese context”. The process of multilingual research may be affected by the context of the research (Holmes, 2022). This research was conducted in two different contexts: the Lebanese and the British contexts.

Although interviews are known to provide a voice to participants, power asymmetry between interviewee and interviewer is still a concern in studies utilising interviews (Kvale, 2006). The interviewer is at an advantage as they initiate, direct, and end an interview, as discussed before. Specifically, inexperienced interviewers must exercise caution regarding the existing power symmetry inherent in interviews. Being aware of this power asymmetry is one method by which an interviewer may minimise its effect.

One of the limitations of this study is the apparent variation within each group in addition to the variation between the two groups, mainly related to their educational qualifications. It is very clear that the British group of nurses had a higher level of educational qualification, in general. A relatively large number of British participants had either a master's degree or a PhD in nursing, while many of the British participants were nursing students in their first year. At the same time, none of the Lebanese participants had a PhD and only one of them had a master's degree. All the Lebanese nurses were registered nurses, and none of them was an advanced practice nurse, with no higher educational qualifications. Also, none of the Lebanese nurses was a student. This variation between and within the two groups was a limitation, however; this is a convenience sampling, and it was very challenging to find two equivalent groups for this study. It remains that this variation between the two groups represent a normal variation existing between the two groups since the advent of the Advanced Practice nurses is relatively new in Lebanon, especially when compared to the UK. One of the reflections I made several times during this research was what if I did my research interviews in a large medical center in capital Beirut and many of my participants were advanced practice nurses. How this will impact my findings and the comparison of the two groups and if the two groups would appear more similar then and more homogeneous. I was wondering if both groups were mainly advanced practice nurses, there would be more similarities in the findings within the two groups.

Another limitation to this study is having access to interviewees. Some institutions might be more open to research than other institutions. This might introduce a certain type of bias as more open institutions might be the ones that were included in the research and the less open institutions were excluded from this research.

Positionality of the Researcher/Reflexivity

It is good to remind the reader about reflexivity and positionality influence on this research. A section on positionality is fully entertained in the section on; “Research Design and Methods”

Throughout this thesis, I perceived my findings taking into consideration my perspective of a Lebanese nurse who was educated and who worked exclusively in an American system.

Although the comparison in the thesis is mainly between a British system and a Lebanese system, the facets of comparison are much more complex. I have always compared my findings and my participants’ stories to my own experience, as a Lebanese nurse working in an American system. I perceive that there are not only two comparative groups but at least three comparative groups, the third being myself and my own experience. It is worth noting that the Lebanese condition by itself is complex as curricula are imported from the French system or the American system, a rather unresearched area. Throughout the thesis, I compared my findings with my Lebanese background and my “American” education which are interwoven and may intersect with my findings and may contrast at certain points, as will be described in the findings’ chapters. Frequently in this thesis, the nursing history and the nursing conditions in Lebanon may overlap with the global influences because a great part of education in Lebanon is imported. Although this is an unresearched area in Lebanon, I recall very well that for instance, all our nursing textbooks during my undergraduate studies were American books, and this is still the case, at least in most private “prestigious” programs.

I, as a researcher, in this study, being a female nurse, a citizen of one of the countries under study, has spent thirty-five years as a nurse educator in one of the largest, if not the largest,

American medical centers in capital Beirut. It is natural that this study will be affected by the work experience, national and cultural background and the gender of the researcher.

Although I have spent long years of service in a university hospital in capital Beirut, I am originally from north Lebanon. However, I have never worked in small hospitals outside Beirut. Although I am a Lebanese nurse, I was able to identify with the British nurses more than identifying with the Lebanese nurses, especially in discussions relating to the work environment on numerous occasions during the interviews. For example, when one of the Lebanese nurses strongly advocated for annually celebrating nurses day in their hospital, I found this to be a “granted right” for nurses in the medical center where I work. Many other examples related to the rights of nurses, their ability to voice their concerns and their right to professional development were another “granted right”.

In contrast many of the concerns of the British nurses which were, may be less basic, and at a higher level, were a concern to me also. Coming from an American system, where shared governance is a major framework for nursing, I found myself, many times, identifying with more advanced demands of the British nurses, like the nurse’s presence in national governing bodies, for instance. On the other hand, gender is a culturally bound concept and construct. This made my understanding of traditional Lebanese nurses’ views, coming from an Arab background to be easily understood.

This study brings contributions to qualitative comparative research. I, as a researcher, had a special dynamic positionality in this research.

As a start, I am a Lebanese female nurse who studied and worked for 35 years in a Lebanese healthcare system that adopts the American standards. Although this study claims to compare nurses’ perception in two different healthcare settings, there was always an implicit third

healthcare setting and a third nursing setting in this comparative research. The comparison, for example, between the image of nurses in Lebanon and the UK has always been compared implicitly and sometimes subconsciously to a third setting: the American system with a Lebanese tint, if I may say.

My perception of nursing was always at the back of my mind, when nurses discussed their concerns, as will be described in the findings chapters. My standpoint as a researcher was also fluid and dynamic as I could identify with the Lebanese nurses in certain areas such as the cultural Lebanese perception of a nurse's image in Lebanon. However, I could also identify with the British nurses in certain areas while they were discussing holistic care and advanced practice nurses' issues for example. While I could identify with certain cultural Lebanese standpoints, I think there were many British cultural viewpoints that I may have missed because I am not British myself. Although I had a limitation because of my nationality and culture, I had many advantages as a researcher in this study because of my positionality.

Reflecting on my positionality in this research, I find myself to be in both the "insider" and the "outsider" standpoint. I am at the insider standpoint because I am a nurse, "one of them", and this is how I introduced myself to the participants. I am one of them, a female nurse. However, I am also an outsider as I work in a more prestigious hospital in capital Beirut, hence they were keen on delivering to me their messages of discontent with a hope that I deliver the message to concerned people, "may be the Lebanese order of nurses", as they alluded to it several times. I am an outsider, I work in an American system, but I am an insider and linguistically well positioned as I can understand Arabic and French. I am an outsider to the male nurses because of my gender. I am an insider to the participants because I am from the north Lebanon. I am an

outsider because I live in Beirut and so on, and so forth. Both my identity and positionality as a researcher are “liquid and multiple”.

This comparative study has shown that positionality is multiple and fluid as Yip (2024) describes it, and this brings much richness and fluidity to the research. I, as a researcher, felt that reflection by itself is an endeavour to delve into the self and I as a researcher was put on the research agenda along with the other participants. This is an important element that this research brings. The methodological comparative approach allows the researcher to unveil their own standpoint and subjugates it to study and comparison along with the other elements of comparison. I, as a researcher, my background, age, gender, education, experience and other defining elements of my positionality are drawn into the research. I am simultaneously the researcher and one of the participants.

Conclusion

This chapter has discussed the research design and methods for this study. The research in this study utilised qualitative comparative case study research following the interpretive paradigm. It utilised forty semi-structured interviews with British and Lebanese nurses. Manual as well as NVivo coding was utilised to interpret the data which was rearranged into themes. The positionality of the researcher is acknowledged in the qualitative research and hence was discussed and elaborated in the final section of this chapter. Let us now move to chapter five and the educational context of Lebanon and the UK.

Chapter 4
Educational Context
Nursing Education
in
Lebanon and the UK

Chapter 4- Educational Context - Nursing Education in Lebanon and the UK

Introduction

This study is a comparative case study conducted in the UK and north Lebanon. Although apparently there are two comparative sides to this study, the comparison is complex and multifaceted, especially taking into consideration my positionality as a researcher. As discussed before, I am a Lebanese nurse working in Lebanon in an American system. I conducted the research in small private hospitals outside capital Beirut, which are less advantaged than the medical center where I work. These hospitals are definitely not affiliated with any university or any prestigious association. It is worth mentioning that in this study the discussion on the nursing condition is often presented as holding a universal aspect such as when discussing the nursing shortage and the healthcare interprofessional social dynamics which were discussed in the literature review chapter.

Throughout the research, I could identify with many of the participants, whether the British or the Lebanese. It is normal to be able to identify with some of the Lebanese participants' testimonies because of obvious cultural commonalities. Identifying with the British nurses is due to my work in an American system which holds many similarities to the British system in terms of healthcare. Holliday (1999; 2018) theorises that there may be cultural variations within a certain culture as there are variations between different cultures. On the other hand, Lebanon is known to import its curricula from either the French or the American system. Because education is highly influenced by cultural factors (Osborn, 2004), this may create many problems despite some benefits.

In the section below, I will discuss the educational context of both countries to situate nursing and nursing education and healthcare in their cultural contexts. Specifically in Lebanon, many contextual factors affecting education and influence healthcare in a similar fashion. In the next section, I will discuss gender in Lebanon and the UK and how it is perceived differently in the two countries. In the last section, I will discuss commonalities and differences in nursing education in Lebanon and the UK.

The Lebanese Educational Context

As I am rewriting the final chapters of this thesis, Lebanon is struck by war one more time and this time it is devastating. The Lebanese educational system, healthcare and many services in Lebanon are greatly affected by the recurrent conflicts and the uneven distribution of resources. There is a fundamental relationship between education and recurrent conflicts. It is a relationship that persists after a conflict. The Lebanese educational system is a typical example of the interplay between the educational system in conflict-prone countries and the political situation. Many scholars (Baytiyeh, 2017; Fontana, 2017; Shuayb, 2012) have argued that before, during and after, conflict in Lebanon, like in many post-war countries and divided societies, education, through the curricula, has contributed to the socialisation of students into separate hostile identities related to the different religious groups in Lebanon. Lebanese strong affiliations to religious communities eliminate a common Lebanese citizenship. The contribution of different political parties in writing the Lebanese history book to failure to write a homogeneous national history book which reflected, mirrored and simultaneously guided discord over a common national identity and Lebanese citizenship (Fontana, 2017).

Fontana (2017) and Baytiyeh (2017) assert that the Lebanese educational system mirrors the conflict of strong religious communities within a weak state leading to diverse identities instead

of one common identity. The educational system in Lebanon is marked by strong independent private schools affiliated with religious communities. Fontana (2017) adds that due to disagreement on Lebanese history and its civil war extending from 1975 till 1990, Lebanon fails to agree on one version of a history book after a war that reflects the state's weakness.

The Lebanese educational system has no one formal educational curriculum; private schools are free to adopt their own curriculum. It is a typical illustration of how formal education in divided societies plays an important role in producing or reproducing separate national identities through the curriculum and other educational practices (Baytiyeh, 2017; Fontana, 2017).

Education, like many other services in Lebanon, has always been provided by foreign religious missionaries. Lebanon is characterised by a weak state governed by a group of religious and political parties with external affiliations.

In Lebanon, the Ministry of Education has no power over the private schools which propagate their own hidden curricula of confessional religious communities ignoring the pluralism of Lebanon (Fontana, 2017). The weakness of the state schools and the strength of the private schools further reinforce the religious communities as the sole providers of services in Lebanon and further weaken the state as a feeble provider of services for citizens which fosters communal religious affiliations away from citizenship belonging (Fontana, 2017). As a result, there is a huge educational gap between the Lebanese educational public sector and the private sector. Children coming from high income families have much better opportunities than children coming from low-income families (Avis, 2017).

Likewise, schools of nursing are somehow categorised into prestigious schools and less prestigious schools based on their affiliations. The less prestigious schools have less resources and the more prestigious schools follow the French or the American curricula.

Like all other services, education in Lebanon reflects the Lebanese condition. In the healthcare sector, specifically private hospitals and medical centers provide varying levels of service quality depending on their affiliations. There are the ‘advantaged’ healthcare institutions which are affiliated with missionary communities and the less advantaged institutions specifically outside Beirut with a deep difference and “gap” in the quality of care and resources.

North Lebanon is a relatively disadvantaged area of Lebanon, and the healthcare sector and education alike have much fewer resources than other areas of Lebanon, specifically, less than capital Beirut, as was noted by many Lebanese participants which will be discussed in the findings chapters.

The United Kingdom Educational Context

In contrast to Lebanon, which suffers from a chaotic and highly decentralised educational system, the UK has a somewhat centralised educational system governed by external evaluations and quality control. The United Kingdom encompasses four countries: England, Northern Ireland, Scotland and Wales. Each one of these countries has its own devolved accountability for education policy (OECD, 2015). Each country has its educational governance system. However, these four countries have commonalities in their educational governance structures (OECD, 2015). School appraisal systems have increased reliability on external evaluations as in England while Northern Ireland and Scotland, school evaluation relies on combined external and internal evaluations.

The UK launched several initiatives to diminish educational gaps between students of various socioeconomic statuses. Some of these are the “Pupil Premium Programme” of England that provides funds for disadvantaged students and reduces educational attainment gaps. Also, the

Northern Ireland policy, “Every School a Good School”, helps schools to advance standards. The Scottish “Teaching Scotland's Future” targets teacher educational improvement.

In addition, the “Wales” “Qualifications Framework” for 14–19-year-olds is another initiative aiming at reducing educational inequalities (OECD, 2015). The UK created several schemes to minimise educational gaps. It is of interest to examine gender in both Lebanon and the UK.

Gender in Lebanon

Gender has a cultural connotation entrenched in the culture and even embedded in the language itself. The term gender is even more confusing in Arabic as it is often confused with women and matters related to women (Avis, 2017). Its translation to Arabic reflects sex and ignores other contextual meanings that might be inherent in the term.

Gender inequalities are a major gap in Lebanon for many reasons. Lebanese Gender Gap Index ranks the last third; only two Arab countries are behind Lebanon in this aspect (Avis, 2017).

Lebanon has made limited advancement in enhancing gender equality. There are many discriminatory laws against women in Lebanon such as the Nationality Law Act No. 15 where only men can pass their citizenship to their children while Lebanese women are unable to pass their citizenship to their children in the case of their marriage to foreigners (Avis, 2017). Another gender issue in Lebanon is gender-based violence as the Lebanese law does not acknowledge marital rape (Avis, 2017). Moreover, there are no Lebanese laws against sexual exploitation or harassment within the workplace and even more ironically, the Lebanese law permits the victim to leave the work in case of an alleged sexual exploitation or harassment without having to give prior notice (Avis, 2017). Gender is a problematic issue in Lebanon in many aspects and needs to be regulated by fair and just policies.

Another aspect of inequality in educational opportunities in Lebanon is related to students with special needs who specifically cannot be accommodated in public schools where they may be accommodated in expensive private schools unaffordable to many families. Moreover, female students with special needs commonly encounter more bias than their male colleagues and their families feel more burdened than families who have a male child with special needs (Avis, 2017). Female students with special needs seem to suffer from two types of bias, having a special need and being a female.

Gender stereotypes and issues are persistently problematic in Lebanon. According to UNESCO (2015), gender stereotypes persist in the Lebanese educational system in Lebanese textbooks even after several attempts at educational reforms. An examination of Lebanese school books reveals that gendered stereotypes are prominent in these books. In addition, Avis (2017) highlights the fact that 75.2% of Lebanese teachers are females, which reinforces a gendered stereotype of education and of women. It is worth noting that parliamentary participation by Lebanese women has always been minimal being around 3% (Avis, 2017). The Lebanese system seems to be highly gendered.

Gender in the UK

While Lebanese women suffer from unequal rights and obsolete laws or absence of laws reflecting inequalities specifically to women not to mention the absence of laws to protect the rights of LGBT and other minority groups, the UK enjoys a structure and action plans that safeguard the rights of women, LGBT and other minorities or vulnerable populations (Government Equalities Office, 2018). While Lebanese women are underrepresented in the Lebanese parliament, the UK has a minister for women and equalities. While minorities in Lebanon, specifically related to gender differences, are ostracised in the community, the UK is

recognised to be one of the best European countries to have equal LGBT rights addressing their health, education, diversity of the teaching profession, the workplace, employment, safety, representation and laws through governmental surveys, action plans and a fund to implement the action plan (Government Equalities Office, 2018).

There is a striking contrast between Lebanon and the UK in both the educational system and gender equality, as highlighted above. This will provide insight into deeper understanding of nursing education and gender as they are explored in two diverse and opposing settings and contexts.

The Nursing Context

As discussed in the introduction to this chapter, the two contexts of this study are the UK and Lebanon. However, there are many commonalities between the Lebanese and the British system, at least from my perspective, as I work in an American system. I outline below the educational preparation of nurses in Lebanon and the UK

Today, within nursing and because of nurses' educational preparation, there are at least five different levels of nursing, serving healthcare, in Lebanon and to a certain extent in the UK.

1. Nurses' aides (healthcare assistant in the UK) with minimal training, or apprenticeship in the UK.
2. The practical nurse having a certain degree of formal education.

The nurses' aides and the practical nurses are not considered professional nurses while they provide most of the traditional bedside care.

3. The registered nurses.
4. The advanced practice nurses and the nurse practitioners.

The Lebanese law does not acknowledge nurse practitioners in Lebanon.

5. Nurses with doctoral preparation.

It is worth noting that the latter three categories of professional nurses are usually and, in most countries and systems do not provide the traditional bedside care. While the practitioners and advanced practice nurses have succeeded in acquiring from the physicians some of their basic tasks, they succeeded in reflecting a new image of nursing different from the traditional image, implying that they are different than other nurses including the registered nurses. At the same time, the registered nurses and less trained nurses such as the practical nurses and nurses' aides keep on struggling with the relatively traditional less prestigious image; at least this is how I perceive it.

Conclusion

This chapter has shown the many commonalities and differences in the educational contexts, healthcare and nursing education of both Lebanon and the UK. It has also compared and contrasted gender issues in both contexts. The purpose of this chapter was to give a description of the backgrounds of both contexts. Nursing education in Lebanon might be very different in general from education in the UK. Nursing has imported American and French curricula including the nursing curricula and the hierarchical system for nurses in healthcare.

After the war, Lebanon will again succumb to disparities in education, healthcare and other services, as it has always been the case, as previously described. Gender is an important construct in this thesis. It is important to describe gender in both cultural contexts: Lebanon and

the UK. There are many differences in how gender is perceived in Lebanon and the UK as described in the above section. The following section provides a detailed presentation of the findings, setting the stage for the interpretation in the discussion chapter.

Findings- Chapter 5
The Nursing Profession in Lebanon

Findings- Chapter 5- The Nursing Profession in Lebanon

As previously stated, the overarching research question is:

Overarching Research Question

How do male and female nursing students and nurses at different career stages perceive gender, emotional capital, care and professional habitus in their nursing role in two different contexts: the UK and Lebanon?

Introduction

The themes in this chapter describe the condition of the profession of nursing as identified by the Lebanese participants. These following sections describe the most salient themes as highlighted by the Lebanese nurses. The condition of the profession of nursing is an essential theme to the Lebanese nurses and together with the image of nursing form the two major themes of this study. The two themes are interrelated and overlapping. This is particularly prevalent in the participants' discussion of their appreciation of the nursing profession. In this thesis, the two themes are separated into different chapters to simplify the analysis. However, the overlap in the themes in certain interview findings is due to the fact that they are inseparable. This overlap does appear in certain sections of the chapters reflecting the true nature of the themes. Hence, the two major themes of the condition of nursing as a profession and the nursing image were separated for the sake of clarity; however, the overlap still appears in many sections.

The Lebanese female nurses had a rather idealistic perception of nursing which is reflected in their emphasis on ethics and the "calling" aspect of nursing. Additionally, nursing seems to be still associated with a gender gradient for the Lebanese female nurses.

Emotional labour is still a major component of the nursing profession for both male and female nurses in Lebanon. Despite the lack of monetary remuneration to the Lebanese nurses especially in rural areas, nursing is a choice driven by economic reasons that may ensure employment to some Lebanese nurses, specifically in rural areas. The universal nursing shortage may ensure employment and immigration opportunities to many Lebanese nurses.

The association of caring to nursing does not negate its strong association to science, specifically for male nurses. Although nursing seems like a feminised career, it requires a heavy load of physical strength which requires the recruitment of more men into nursing. Moreover, there are many challenges to the nursing profession in Lebanon, and the challenges are more pronounced in rural areas in small hospitals because of the uneven distribution of resources in Lebanon in general.

Chapter Highlights

This chapter highlights the Lebanese nurses' perception of the nursing profession in Lebanon and underlines their perceptions of the nursing professional conditions in Lebanon. The different sections in these chapters describe the most salient themes in Lebanese nurses' perceptions. In section two, the Lebanese female nurses identified three main themes associated with nursing: nursing and femaleness, nursing as a calling, and ethics in nursing. Section three addresses emotional labour as discussed by both male and female Lebanese nurses. Section four addresses the male nurses' perception of nursing as both a science and caring. Section five addresses physical strength or power as an advantage to male nurses as perceived by both male and female Lebanese nurses. Section six addresses the choice of nursing as a profession for both the male and female Lebanese nurses. Section seven addresses the challenges of nursing as a profession in Lebanon. Section eight concludes the chapter.

The Lebanese Female Nurses' Perception

The Lebanese Female Nurses' Perception: Nursing and Femaleness

Many of the Lebanese female nurses in this study made a direct association between nursing and femaleness. Dina, for instance, like many other Lebanese nurses in this study, associated nursing with femaleness and motherhood. She says:

Especially as a female nurse, I feel like I am giving of myself. I am a mother, and I am doing something I love and something which is a blessing from God.

Dina, female Lebanese nurse, head nurse, 11 years of experience

The expression: “giving of myself” may be related to emotional labour, which Dina associates with being a female and being a mother. Emotional labour is a major theme associated with caring and nursing.

Another theme that emerges from this study is that female nurses tend to perceive the nursing profession as closely associated with caring and with being humane in addition to being centered around the patient rather than being associated with the knowledge and the scientific aspect of nursing. This is one of the essential arguments raised by many female Lebanese nurses. Amale, for example, says:

The patient is the most important element in nursing.... To be humane with the patient is the most important act. It is to be able to understand the patient even if he does not talk.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Understanding the patient as an important component of nursing, as perceived by Amale, illustrates a common theme in the interviews with the Lebanese female nurses. The next section will explore the nursing profession as a calling.

The Lebanese Female Nurses' Perception: Nursing as a Calling

Another major theme for Lebanese female nurses is the perception of nursing as a calling. Mirna, like many Lebanese female nurses, highlighted the calling aspect of the nursing profession.

Mirna says:

The nursing profession is a calling and a humane mission.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

Nursing as a calling may date back to the historical affiliation of nursing with religious institutions, specifically the institutions that were managed by nuns, well before the 19th century and before Florence Nightingale. This may be the influence of a strong association of nursing with a calling and with self-sacrifice.

Another example on the “calling” aspect of nursing is illustrated in part by Dina, a Lebanese female nurse, who brings her own unique perception of nursing as rescuing and saving her patients:

I lived the family's tragedy, and I lived their joys at the progress a newborn makes. I tried to be the rescuer as much as possible. I saved the lives of preterm babies and full-term babies. I felt that nursing was not a wrong decision after all.

Dina, female Lebanese nurse, head nurse, 11 years of experience

The association of nursing with a religious calling was a common theme among Lebanese nurses, specifically Lebanese female nurses, interestingly belonging to non-Christian institutions, although the historical religious association to nursing was mainly of a Christian nature. It is worth noting that male Lebanese nurses did not verbalise the association of nursing with religious aspects, and neither did any of the male or female British nurses. The association of

nursing with religious aspects for the Lebanese female nurses may be attributed to the fact that all the Lebanese interviews were conducted in north Lebanon, an area of Lebanon, outside capital Beirut, known for being a rather conservative area and less advantaged than capital Beirut. Dina articulated this aspect of nursing in her own way when she says:

I felt I was in my place, and I felt being blessed by God in my journey in nursing. Saving lives requires a special type of people and thankfully I do have this capacity and competence.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Along the same lines, Maya identified the caring, emotional, and humane aspect of nursing as an essential and fundamental element of nursing where nursing cannot be practiced successfully without it. Furthermore, the obligation of nursing as a profession, where lives are “entrusted” to nurses, makes a strong sense of duty integral to nursing as a mission for Maya when she says:

All the nursing care should be done with caring, emotional and humane touch, otherwise the nurse will not be successful in her/his role. We have lives entrusted to us. If it were not my mission, I would not have been able to remain in nursing.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

On the other hand, many female Lebanese nurses like Mirna articulated their love for nursing as a profession despite the lack of economic incentives for nurses in Lebanon. However, Mirna seems to be enthusiastic about her nursing profession and compares the feeling of coming to the hospital for her work to a feeling of “coming home”.

Mirna says:

What motivates me to keep on in this profession is that I like it. Thankfully, my economic condition allows me to leave if I want. But I will stay because I like it. I like it so much. When I come to the hospital, I feel like I am coming home. The nursing profession is a calling and a humane mission.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

Like many other Lebanese nurses, Mirna emphasises the importance of the nursing profession where nurses stay next to the patient much more than any other professionals including physicians and this is highly important as the nurse is the liaison between the patient and other healthcare workers. Mirna said:

The nurse is the one in direct contact with the patient in a continuous manner. She transmits his complaints to other members of the healthcare team. And this is an important function unique to the nursing profession.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

At this point, Mirna illustrates the role of the nurse as a collaborator between different healthcare workers, a role unique to nursing and essential to the coordination of care for the patient. This section synthesised the key elements of the Lebanese female nurses related to their perception of nursing as a calling. Moving forward, we will examine the Lebanese female nurses' perception on ethics and nursing.

The Lebanese Female Nurses' Perception: Ethics in Nursing

Ethics in nursing was a relatively common theme detailed by the Lebanese female nurses, whereas other categories of participants did not verbalise it as a common theme.

Mirna adds another element to the definition of nursing which is duty and responsibility towards not only her patients but also people. Mirna defines nursing as such:

Nursing means responsibility to the patient and the people.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

On the other hand, Nora articulated a common observation with other Lebanese nurses. Nora says:

There are so many nice things that you feel you have achieved when you see a critical patient improving after you have worked with them, and you exerted effort on them. That is beautiful.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

At this point, Nora emphasises the benefits of emotional labour to the caring nurse; she emphasises the personal satisfaction created when caring for patients and seeing them improve. Emotional labour was a theme raised frequently by the Lebanese nurses and will be discussed in the next section.

To summarise, the female Lebanese nurses highlighted three main themes that were unique to them: nursing and femaleness, nursing as a calling, and ethics in nursing. Interestingly, these themes were not common themes to male Lebanese nurses or the British nurses. Overall, the discussion above underscores the Lebanese female nurses' perception. In the following section, we will delve into a common theme among male and female Lebanese nurses, the relationship of nursing with emotional labour.

Nursing in Lebanon and Emotional Labour

This section will include both female and male nurses' perception of emotional labour.

Emotional labour is an important theme in all caring professions, including nursing. Emotional labour is necessitated by the organisation and is compensated for a salary and exchanged as a product or service in many occupations including nursing. Both genders may use emotional labour differently since emotional labour is gendered. Although emotions are traditionally associated with femaleness, emotional labour is a major theme associated with nursing and both male and female nurses are expected to perform a kind of emotional labour while practicing their work as a nurse.

The level of emotional labour required from nurses as perceived by the Lebanese female nurses is high as Maya verbalised it:

The nurse puts his/her problem at the door of the hospital before going to duty to give complete attention to the patient. This is not easy. But with experience, I am now very competent at this.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

Males in feminised occupations are also required to perform emotional labour. Many Lebanese male nurses expressed the strong association of nursing with emotional labour. For Adham, like many other Lebanese nurses, emotional labour is translated into the requirement of being patient in nursing as he says:

Patience is the most important characteristic of nursing.

Adham, male Lebanese nurse, registered nurse, 4 years of experience

Adib goes a step further and compares the level of emotional labour with that of a physician. He identifies the effect that this emotional toll has on his personal life. Adib says:

Patience is very important in nursing so that a nurse performs his job in a relaxed manner. The level of emotional labour required of nurses is higher than that of the physician. The nurses sustain stressors much more than a physician can sustain. Nursing has taught me patience, communication and diversity. Nursing has also given me more stress and less time for myself and my family.

Adib, male Lebanese nurse, registered nurse, 12 years of experience

At this point, Adib illustrates the two seemingly dichotomous aspects of emotional labour in one paragraph. Nursing has both taught Adib patience and gave him more tension. In summary, the findings from this section highlight both male and female Lebanese nurses' perception, the next section will explore the Lebanese male nurses' perception.

The Lebanese Male Nurses' Perception:

The Lebanese Male Nurses' Perception: Science and Caring

This section discusses how male Lebanese nurses identified the need to perceive nursing not from the sole perspective of caring but also from a scientific perspective.

Certain qualities of nursing may be challenging to identify in other professions, like trustworthiness, professionalism, and confidentiality. These are not simple requirements; the skills demand a great level of expertise, complexity, and understanding of human psychology, as well as knowing how to approach and react to individuals in certain situations. While these abilities may appear to be intuitive, they are scientific abilities and skills that require a high level of human understanding. To develop these abilities and skills, which are not gender-specific but are rather a set of competencies, nurses need training.

For the Lebanese male nurses, the caring and humane aspect is not sufficient, as Fadi and many other male Lebanese nurses emphasised:

It is important to be accurate in nursing. It is important to be clever and to identify mistakes quickly before they occur. The nurse should develop himself/herself well and be ready to deal with any health situation. The nurse needs to know how to act.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Moreover, caring was not absent from the Lebanese male nurses' discourse as verbalised by Salim, who was one of the few male Lebanese nurses who were driven by caring into their choice of nursing as a profession.

My grandmother was sick and was admitted to the hospital and one nurse was so caring for my grandmother. This caring nurse was my motivation to choose this profession.

Salim, male Lebanese nurse, head nurse, 15 years of experience

Although Fadi views nursing to be a humane profession, he simultaneously emphasises the scientific aspect of nursing.

It is a humane profession. It is a highly demanded profession. The nurse should develop himself well and be ready to deal with any health situation. There should be a more active role for the nurse. The physician is not there all the time. The nurse is the one present constantly with the patient. The nurse needs to know how to act.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Very few male Lebanese nurses elaborated on the ethical aspect of the nursing profession unlike the female Lebanese nurses who frequently detailed this aspect as described in a previous section. Nabil was one of the few male Lebanese nurses who defined nursing by relating it to conscientiousness.

Nursing is working conscientiously and meticulously.

Nabil, male Lebanese nurse, registered nurse, 5 years of experience

It is worth noting that the association of nursing with the knowledge and scientific aspect was not totally absent from the female Lebanese nurses' perspective. Few female Lebanese nurses elaborated on this aspect. This is well illustrated by Maya, who says:

Nursing is about listening and analysing what you are hearing, so you introduce health changes in the life of the patient in a smooth way.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

Analysis of information is a scientific endeavour that should be assumed by nurses as Maya confirms. It is important to perceive science and caring as complementary elements of nursing rather than a binary perspective. Nursing and caring for people are complex skills that require a diversity of subskills. These subskills include a seemingly paradoxical set of skills that are actually complementary and harmonious. As a continuation of the themes discussed, the subsequent section will address Lebanese nurses' views of the advantage that male nurses have.

The Lebanese Male Nurses' Advantage: Physical Power

For many Lebanese nurses, both males and females, it was commonly noted that the presence of male nurses is important in certain clinical units that require heavy physical lifting. Lebanese nurses viewed that the male nurses have an advantage unique to them in nursing as they possess more physical power. Many Lebanese nurses perceived that there are certain specialties in nursing such as intensive care areas where male nurses are more valued because of their physical strength.

Along these lines, Lama says:

Male nurses are preferred for intensive care units because they can carry patients.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Lama's comment echoed a common theme specifically among the Lebanese participants, both male and female nurses, who perceived physical strength as an advantage for male nurses. Adib holds the same view as Lama, adding that his physical strength in addition to his ability to handle more emotional labour is needed, for example, when treating severe wounds and burns. Adib argues:

Also, they depend on our physical strength to move patients and in tough procedures such as a severe burn, we, male nurses may be at an advantage.

Adib, male Lebanese nurse, registered nurse, 12 years of experience

The physical challenges that the nursing profession entails are not the only dominant challenges of the nursing profession. There are many challenges to the nursing profession in Lebanon, which will be examined in a following section. Despite the challenges relevant to the nursing profession, there are many attractions to the nursing profession in Lebanon, as will be discussed later. Next, we turn our attention to the choice of nursing as a profession in Lebanon.

The Choice of Nursing as a Profession in Lebanon

Amale says:

For the new generation, economic reasons are the most dominant for students to join nursing.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Along the same lines, Maya says:

There is a new perception that the new generation chooses nursing just to get a job.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

Older female nurses frequently identified nursing to be an outcome of a limited choice for them at that time. This was verbalised many times by many female Lebanese nurses such as when Dania states:

Nursing was not my first choice.

Dania, female Lebanese nurse, head nurse, 13 years of experience

Lama says:

My family chose it because they thought nursing jobs were available.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Nora combines the two aspects of nursing: the humane aspect and the benefit of securing a job.

She says:

I liked it. I like dealing with patients. It is a humane profession, and you can find more jobs than other fields of work.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

This is evident in Maya's proclaims:

Nursing involves Biology and the knowledge of diseases and nursing care procedures. It also involves helping others.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

Adib, a male Lebanese nurse says:

Unfortunately, the economic situation in Lebanon dictates that we think of financial and job security.

Adib, male Lebanese nurse, registered nurse, 12 years of experience

Although nursing is not well paid in many hospitals in Lebanon, the nursing shortage entails that nurses can easily find jobs inside and outside Lebanon which gives a feeling of job security.

Like in many areas of the world, Lebanon, is always affected by the global trend of the shortage of nurses and the nursing profession consistently faces a staffing shortage in Lebanon as well as internationally. Many nurses join nursing because of the availability of jobs in nursing. Fadi proclaims:

I joined nursing because I wanted to find a major which ensures my future employment.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

At the same time, there are many challenges surrounding nursing, particularly in Lebanon. With this understanding in place, the focus shifts to the implications of the challenges to nursing as a profession in Lebanon.

Challenges to Nursing as a Profession in Lebanon

The challenging nursing situation in Lebanon is a theme that emerged in the interviews.

Interestingly, it surfaced in a more pronounced manner when interviewing the Lebanese nurses than when interviewing the British nurses and more specifically in the interviews with the Lebanese female nurses. The Lebanese female nurses were more verbal about the challenges around the nursing profession in Lebanon and the Lebanese female participants had many

comments and discussions around this theme. It is worth noting that the challenges of the nursing profession in Lebanon and the condition of the Lebanese nurses' profession were not essentially a part of the study and the interview questions. However, particularly, the Lebanese nurses diverted in their interviews to the condition of the nursing profession in Lebanon. The British nurses discussed the condition of nursing in the UK, but it was a less extensive discussion. This may be because the Lebanese nurses' condition was a major issue and concern for the Lebanese nurses. Turning to a new aspect of the topic, we consider appreciation of nursing as a profession in Lebanon.

Appreciation of Nursing as a Profession in Lebanon

A major theme identified in the interviews with the Lebanese nurses was the general lack of appreciation to the profession in Lebanon, socially and financially especially when compared to European and American countries, as verbalised by the Lebanese nurses. A major plea of the Lebanese nurses was to have the nursing profession valued and appreciated as a profession like medicine is appreciated. Amale says:

I wish we, as nurses in Lebanon, had more motivation by being a profession equal to the physicians' profession.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Maya asserts:

I really wish nursing in Lebanon is more appreciated and has more value. I have ambitions that other means of appreciation are shown such as appreciating that the nurse has a body that gets tired and a spirit that suffers a lot.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

In this sentence, Maya summarises the agonies that the nurse faces in a very demanding profession. The nurse in Lebanon needs to be appreciated as both body and soul are affected by a highly demanding career. It is worth mentioning that many of the issues raised by Maya are concerns mostly related to small hospitals outside capital Beirut while many of the nurses employed in large hospitals in Beirut may enjoy some of the benefits that Maya mentioned to be missing in the hospital where she works.

Similarly, Nora felt the nursing profession in Lebanon needs to be more appreciated:

There is a sense of achievement when you see a critical patient improving after you have worked with them, and after having exerted effort on them. That is beautiful. What is not nice is that the nursing profession in Lebanon and in the north in specific is not given its proper value. The problem is when there are uneducated people who do not know the exact role of the nurse. I wish the nursing profession would advance more. I wish every hospital would develop their nurses more even if they need to pay for it.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Nora illustrates care ethics in her emphasis of working with the patient. On the other hand, the professional development of nurses as a program by itself is present in some large hospitals in Beirut, for example, while it may not be available for many smaller hospitals in areas outside Beirut.

Another issue raised by a few Lebanese nurses was nurses' vulnerability to violence and aggression. The issue was raised by Mirna who says:

We as nurses are exposed to violence and aggression from patients much more than physicians are. Our hospital administration is supportive of the nurses. But this does not apply in all hospitals as the customers are viewed as always right, and the hospital

perceives the work as a business rather than the nurses' perception of being a calling or humane mission.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

Salim expresses the nurses' vulnerability to aggression in a different manner. He says:

The nice words we receive frequently give us a sense of satisfaction and heal our wounds as nurses are aggressed at times.

Salim, male Lebanese nurse, head nurse, 15 years of experience

Many times, Lebanese nurses contrasted the status of nurses in Lebanon with the status of nurses in other countries where the Lebanese nurses felt that the nursing profession in other countries is much more appreciated and has a higher status than in Lebanon. Again, like many female nurses, the nursing profession was compared to the medical profession. Dina proclaims:

I have so many ambitions for nursing. Unfortunately, there is not much serious work in this regard. I aspire that we become like other countries where the nurse is respected. In our communities, the people think that the nurse merely gives an injection or just does tasks. I wish we had more motivation in Lebanon to be equal to the medical profession.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Similarly, Yara says:

I aspire that nursing in Lebanon is more supported and organised. This should be considered when a nurse commits a mistake where she/he is blamed but the inappropriate staffing or long hours of work and shifts are not condemned as a cause for the errors.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

Once again, the concerns of Yara about the nursing profession may be more valid and much more pronounced in certain smaller hospitals outside capital Beirut. It seems there is in Lebanon a major discrepancy for the allocation of resources between rural and urban hospitals, at least as far as nursing is concerned. Appreciation of a profession can take many forms. Let us consider some of these forms of appreciation which are related to salaries and incentives.

Scheduling, Remuneration and Incentives for Nurses in Lebanon

The next item on the schedule that was not initially part of this study but emerged during the interviews in a prominent manner, specifically with the Lebanese nurses was the conditions of the work for the nursing profession including the shift patterns and hours of work. In addition to the conditions of the nursing profession is nurses' dissatisfaction with remuneration, inconsistencies in the working hours and shifts as well as inconsistencies in remuneration among different hospitals in Lebanon. Like many other Lebanese nurses, Adham raises the issue of scheduling and salaries of nurses:

I wish the scheduling and salaries of nurses would be improved in the future.

Adham, male Lebanese nurse, registered nurse, 4 years of experience

Interviews with the Lebanese nurses revealed nurses' dissatisfaction in general with the nurses' conditions of work in Lebanon. The sources of dissatisfaction of the Lebanese nurses include the low salaries especially in certain areas outside capital Beirut and the unfair differences in salaries among areas in Lebanon. Other sources of dissatisfaction for the nurses included the scheduling, the lack of incentives for nurses, and the overload of nurses with little or no organisational support services for the nurses, leaving the nurses burdened by transportation of patients and clerical services.

Adham notes:

There is a need to adjust both nursing scheduling and the nurses' salaries in Lebanon.

Adham, male Lebanese nurse, registered nurse, 4 years of experience

It is worth reminding the reader that at the time the interviews were conducted in Lebanon, which is prior to the COVID-19 pandemic, the situation of the country was not at its best. After the interviews, the condition of the nurses' profession was further affected by the sub-optimal situation of the country and the dire deterioration after the COVID-19 pandemic and the pronounced national economic crisis, not to mention the international economic situation. On the other hand, Fadi proclaims that in Lebanon, the nursing profession is not given its value. Unlike the rest of the Lebanese nurses, Fadi was terribly dissatisfied with the nursing profession and specifically with the nurses' salaries.

Fadi adds:

The nursing profession in Lebanon is nil. Some nurses do not earn more than 700 to 800 American dollars.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Again, this is the estimated salary of a Lebanese nurse at that time. After the COVID- 19 crisis accompanied by the Lebanese severe economic crisis, the value of the salaries significantly dropped, which is devaluing to the profession and might have a strong negative impact on the nursing profession, specifically in small hospitals outside capital Beirut. It is worth mentioning that the scheduling of nurses and the nursing shortage, that were a source of complaint of some of the Lebanese nurses during the interviews conducted in 2019 and in early 2020, have

experienced further deterioration after February 2020 and the economic crisis in Lebanon. While many large hospitals, especially in capital Beirut provide incentives to nurses, Nabil emphasises:

Nurses who work night duties or overtime need to have financial incentives.

Nabil, male Lebanese nurse, registered nurse, 5 years of experience

Dania brought another perspective as she specifies the north of Lebanon as an area less advantaged for nurses. It is known that the north of Lebanon is identified as an area which is economically disadvantaged in comparison to other areas in Lebanon. After the many crises Lebanon faced after 2019, the condition of the north of Lebanon deteriorated even further. Dania claims:

The economic conditions and the work conditions of nurses especially in the north of Lebanon need to improve.

Dania, female Lebanese nurse, head nurse, 13 years of experience

Zeina gives more details of her dissatisfaction with the Lebanese nurses' conditions and details her recommendations for shorter shift patterns, better staffing, better working conditions and more benefits including medical insurance and fair salaries. Zeina proclaims:

I aspire that the nursing shifts will be shorter. Twelve-hour shifts of work are too long. Hospitals are not well staffed, which puts pressure on nurses. I also would like to emphasise the issue of staffing and how it affects patient outcomes. Inappropriate staffing affects negatively patient outcomes. Many times, a female nurse is forced to handle and transfer heavy patients including male patients because of the unavailability of male nurses on certain shifts. The Lebanese nurse's working conditions are very tiring. Another situation is when the nurse needs to withstand a very high number of patients, more than 14 patients, and the nurse is the only registered nurse on duty. The nurse needs

to handle all requests, medications, physicians, and telephone calls alone. Some hospitals do not give the nurse all her/his rights related to medical insurance and fair salaries.

Zeina, female Lebanese nurse, registered nurse, 6 years of experience

Zeina articulates an extremely valuable insight into the influence of inappropriate staffing and its effect on patient outcomes.

Many hospitals in Lebanon, still suffer from low staffing level. This was mentioned by many Lebanese nurses. Yara states:

It is very unfair to have only one Registered Nurse handling fourteen patients on her own. And it is impossible with this staffing to provide fair treatment for all patients and have all patients receive their appropriate care.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

Moreover, Yara summarises many concerns of the nursing workforce in Lebanon. These concerns are prominent in many hospitals in different areas in Lebanon. It is worth mentioning that many larger university hospitals specifically in capital Beirut enjoy better staffing and support services that relieve the nurses from certain services that may be done for example by clerical staff and patient transport services. Also, many larger hospitals compensate the nurses well for long shifts. Yara says:

Nurses have many issues like working hours and long shifts issues and the physical burden involved in nurses' work. Nurses should have a transport team within the hospital. This decreases the load on the nurses. Also, not all hospitals have a secretary in the unit who takes care of clerical issues. The employment of secretaries in the hospitals is needed as it decreases the load on the nurses and relieves them from unnecessary clerical

work. Many times, the clerical work of a hospital unit consumes the nurses' time. Nurses are even pressured by physicians. The nurse has many stressors like taking care of the responsibility of the patient and sometimes a heavy load of fourteen patients in one shift. The nurse must withstand the physician's demands, which are frequently relentless. Sometimes a patient's condition is critical.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

To summarise, the nursing profession in Lebanon, specifically in smaller hospitals where the interviews were conducted, needs significant attention to the conditions of the nurses' work. It is worth noting that the interviews were conducted in small hospitals, where the conditions of the nurses' work may not be the typical condition of all nurses in Lebanon. This nevertheless sheds light on a discrepancy between nurses in Lebanon in different hospitals and in different areas in Lebanon. Paradoxically, the same economic reasons, that were of concern to the Lebanese nurses, kept some Lebanese nurses from leaving the nursing profession to other work fields. This leads us to a discussion of the identified reasons for the Lebanese nurses not to leave the nursing profession.

Lebanese Nurses' Inability to Leave Nursing because of Economic Reasons

Nursing remuneration in Lebanon was one of the major concerns of many Lebanese nurses in this study. Paradoxically, the economic condition was a major reason why many nurses in Lebanon stayed in nursing. Amale says:

The economic reasons and stability were the reasons why I stayed in nursing.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Similarly, Mona proclaims:

What keeps me in the profession is mainly the Lebanese economic situation.

Mona, female Lebanese nurse, head nurse, 21 years of experience

Despite all the concerns for the nursing profession in Lebanon, nursing was sought by many Lebanese nurses as an attractive career because they can secure a job much more easily than other jobs as the level of unemployment in Lebanon is very high especially after February 2019 where the levels of unemployment went even higher on a large scale.

Many Lebanese nurses expressed their inability to leave nursing because of economic reasons. This is a very complex issue as Lebanese nurses are unable to leave nursing because of financial reasons while at the same time nursing is not a well-paid profession, at least not consistently in all hospitals and areas of Lebanon. Despite these factors, nursing remains in Lebanon a secure job sought by many male and female nurses because of the universal shortage of nurses, as identified by the Lebanese nurses. Following this analysis, it is essential to explore nursing as a secure job from the Lebanese nurses' perception.

Lebanese Nurses and Nursing as a Secure Job

A major issue related to nursing appreciation is the nursing shortage in Lebanon and its related quality of care as verbalised by Nabil:

The nursing profession in Lebanon is in danger because of shortage and this affects the quality of care.

Nabil, male Lebanese nurse, registered nurse, 5 years of experience

The shortage of nursing seems like a two-edged sword. Along with jeopardised quality of care and a burdened healthcare system, comes a high influx of available jobs for nurses, especially

outside the country, with high attraction for immigration whether to Europe, the Gulf region or the United States which further drains the Lebanese system especially after the latest economic crisis aggravated by the COVID-19 pandemic crisis. The worldwide shortage of nurses somehow gives them a sense of security because of the availability of jobs internationally accompanied by the universal high demand for nursing. Fadi for example illustrates this aspect when he comments:

I wanted to look for a major where I can find work.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

This is another aspect highlighted by the Lebanese nurses in their depiction of the nursing profession in the security of the job as discussed by Mirna when she says:

You have a secure job within an institution and a salary and medical insurance.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

Along the same lines, Yara proclaims:

The nurses' salaries are acceptable depending on the degree the nurse holds. My nursing job ensures that my family and I are medically ensured. My motivation keeps me going in the profession because I am happy with my work, and I need the work for financial reasons.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

However, security of nursing as a job may not entitle nurses to long-term career plans because of the various physical and psychological challenges of nursing. We now proceed to explore nursing in Lebanon as a long-term career.

The Future of Lebanese Nurses: Nursing as a Long-Term Career

The Lebanese nurses had many doubts and uncertainties around the future of nursing in Lebanon. The physical and psychological demands of nursing are many and are probably an obstacle to Lebanese nurses' long-term retention in the profession. Salim explains that the nursing profession has no future in Lebanon. Salim says he is contemplating changing his career:

Our profession has no future. I think of changing my career. I feel that I would not be able to go on with this type of job when I am fifty. It is a very tiring job, both physically and psychologically especially in certain units where we have a lot of contact with people. I do not feel I can go on as an older person practicing nursing.

Salim, male Lebanese nurse, head nurse, 15 years of experience

Similarly, Nora comments:

It is disgraceful to see the nursing profession in Lebanon and in the north of Lebanon, more specifically, not given its proper value. The salaries of nurses are unfair, and the duties are tough. Recognition and incentives for night duties and other demanding conditions of nursing are not offered as they are offered in other professions.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Nora adds:

I hope that my daughter will opt for another profession where she can be more comfortable and where she can develop herself better.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Nora proclaims

Outside our country, the nursing image is a lot better. Some people in Lebanon do not know that a nurse is an educated person and that she can specialise. They think that a

nurse is a maid who just gives medication. Very few people are educated and know and appreciate what a nurse does. I was advised by my family not to go into nursing, and I did not listen. I advise the new generation to go into an easier and more rewarding field of work that they like. There are many other professions more important to the woman and easier for a woman. The nursing profession is much more appropriate for a man than for a woman especially as far as scheduling is concerned and night duties. The woman can sustain less work. The woman has more home and kids' responsibilities.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Nora, at this point, reflects the view of many Lebanese people who assume that the female has the role of being responsible for the house chores in addition to the children's upbringing and care. Nora thoroughly discussed in her interview the condition of the Lebanese nurses' profession where nurses are unappreciated as they should be and they are not as appreciated as the nurses who work abroad where they are better remunerated.

Along the same lines, Rania says:

I do not have any ambitions in our country as there are not many opportunities because of corruption. In other countries, nurses are more respected, and their salaries are better. Nursing is a profession that requires more respect in Lebanon. Nursing, in Lebanon, is not offered its proper value and rights as other professions such as medicine. Also, nurses need to be given more incentives, more opportunities as a profession and more accountability.

Rania, female Lebanese nurse, nurse manager, 13 years of experience

Although many times the Lebanese nurses expressed their community's appreciation of nursing as a career, they did not feel that this social appreciation is translated into any tangible acknowledgement of the nurses, unlike other careers such as medicine and nursing in other countries.

Conclusion

This chapter has shown that the nursing profession requires a good amount of emotional labour, as expressed by the Lebanese participants in this study. It is a profession that may still be associated with caring although there is a diversity of skills and abilities that are needed to successfully navigate a profession such as nursing besides caring which could also be perceived as a skill. Although caring is still viewed as an essential element of nursing, knowledge of the biological sciences is as important as well. It is good to view nursing in its multidimensional skills. Although it is traditionally viewed as a feminine profession, men in nursing are needed since nursing requires some heavy physical strength, especially in certain clinical units such as intensive care units.

Moreover, some interviewees stated that men in nursing may be equally capable of required emotional labour. As pointed out in this chapter, both male and female Lebanese nurses repeatedly expressed in various ways their admiration and appreciation of the nursing profession as a calling and humane profession that requires caring and a heavy load of emotional labour. However, Lebanese nurses frequently expressed their dissatisfaction with the nurses' conditions in Lebanon and the need to address many concerns and challenges to the nursing profession to be a better profession comparable to other professions like medicine.

Challenges to the nursing profession in Lebanon was an important theme for the Lebanese nurses. The challenges included the salaries of nurses, scheduling and staffing issues.

Let us address now the interviews' findings with the British nurses and their perceptions about the nursing profession and the condition of nursing in the UK.

Findings- Chapter 6
The Nursing Profession in the UK

Findings- Chapter 6 - The Nursing Profession in the UK

Introduction

Having examined the Lebanese nurses' perception, the discussion now turns to British nurses' perception on the nursing profession. Similarly to chapter five, the themes in this chapter describe the condition of the profession of nursing as identified by the British participants in this study. These sections describe the most salient themes as highlighted by the British nurses. The condition of the nursing profession is a central theme in this study and together with the image of nursing form the two major components of this study. Both themes are interrelated and overlap at many intersections, which is apparent in many sections in the interviews. For the sake of clarity, they are discussed separately as two different entities; however, it is evident that the intersections do appear in many interviews, as discussed before.

The female British nurses presented a unique point of view about the nursing profession, which is the relationship of nursing to holistic care. Physical strength was another theme for the female British nurses, which was not very common to them; however, it was a common theme for the Lebanese nurses. "Nursing and 'symbolic power'" was a theme unique to the British nurses. Although physical strength or power was mentioned by the Lebanese nurses, "symbolic power" per se was not a theme for the Lebanese nurses. Emotional labour and "nursing as a science" was a common theme to both male and female British nurses. The British male nurses had many unique themes, which were not shared by the female British nurses. These are "Science and Caring" and "Nursing as an Economic Choice". Although these two themes were not shared with the female British nurses, they were common with some of the Lebanese participants as discussed in chapter five. The challenges to nursing as a profession for the British nurses was a common theme for both male and female British nurses.

Chapter Highlights

This chapter discusses the nursing profession in the UK as perceived by the British female and male nurses. The first section discusses the British female nurses' perception about the nursing profession. There are two main themes in the first section. The first theme involves the nursing profession and holistic care. The second theme involves the British female nurses' perception of male nurses and physical strength.

The second section discusses both male and female British nurses' perception of the relationship between nursing and "symbolic power". The third section addresses nursing and emotional labour. The fourth section discusses nursing as a science. The fifth section discusses the British male nurses' perception of the relationship of nursing to science and caring, and nursing as an economic choice. The sixth section discusses the challenges to nursing as a profession in the UK for male British nurses, specifically, in its first subsection, as it is related to the appreciation of nursing as a profession. The last subsection of section six discusses scheduling, salaries and incentives as challenges to the British nurses, both males and females. We now proceed to explore the British female nurses' perception and holistic care.

The British Female Nurses' Perception

The British Female Nurses' Perception: The Nursing Profession and Holistic Care

A significant theme related to nursing as a profession emerged in the interviews with a few British female nurses who elaborated on the unique characteristics of the nursing profession. Although not many British nurses discussed this theme, the two female British nurses who discussed holistic care, elaborated on these discussions. An important aspect of nursing is its holistic approach which distinguishes it from medicine and other professions. This theme was absent from the Lebanese interviews, maybe because the Lebanese participants had many basic

needs that had to be addressed as a priority before addressing a relatively more advanced theme, such as holistic care in nursing as discussed in chapter five. According to British female nurses, holistic care in nursing should further develop and expand as an essential element of nursing.

Helen, a British female nurse, adds an important theme that was unique to the interviews of the British female nurses. Helen emphasises the distinctive role of the nurses and their pivotal role in practicing holistic nursing, which is both essential and unique to nursing. Moreover, Helen articulates a significant analysis of the nursing profession where she identifies holistic care as the competitive advantage of the nursing profession while, according to her, many nurses overlook this matter and attempt to emulate the medical profession to gain more “symbolic power” for the profession. This strategy backfires at nursing because the only way the nursing profession can gain “symbolic power” is by highlighting its uniqueness. Helen argues:

Nursing nowadays plays such a pivotal role in health. Nurses have so many areas where they can really make a difference, particularly in the advanced practice role. However, that needs to get recognised and be developed and that those nurses who are in these roles learn to not just do the technical, but they really learn to think about nursing and what it is and what its value is. Sometimes, there is a little bit of discourse that goes on where they want to be “mini doctors”, where nurses can do lots of extra skills. However, they have also got to hold onto what is so unique about nursing and one of the things that is very unique about nursing is the holistic way that nurses approach the patients and their families. Nurses need to hold on to that. Nurses need to be making sure that they are giving this kind of holistic and slightly longer-term picture of people when they are seeing them. You know. Not: “They’ve gotta cut. We are gonna fix it.” But actually: “They’ve gotta cut. They’re going to go home. They live in a house with stairs. How are

they going to manage?” We kind of look at patients as real people and we need to hold on to that as nurses. That is something quite unique and I think that we do as nurses.

Sometimes, medicine has so much power and nursing has lost some of its power. To get this power back, nurses have kind of thought: “Well, if we do what doctors do, the doctors will respect us.” So, they, the nurses then try to mimic the doctors.

Helen, female British nurse, professor, 31 years of experience

At this point, Helen gives a summary of what should be important to the nursing profession. She gives a unique view that was not mentioned by any other participant, except for Jessy, another female British nurse whose opinion will be presented in the next section. This viewpoint about the uniqueness of nursing and the way nurses should hold on to what is unique to nursing was not a common discourse in this study. Also, Helen raises the issue of the role of the advanced practice nurse, which is totally absent in small hospitals, specifically outside capital Beirut.

Although I am Lebanese myself, and unlike the Lebanese participants in this study, who did not have any similar comments on this theme, I could strongly identify with Helen’s concerns. The reason could be that I work in a large university medical center which is the pioneer in Lebanon in introducing the role of the advanced practice nurses.

Moreover, concepts of holistic nursing are an important theme for me, as I studied and worked in an American system. The Lebanese participants were mostly graduates of the French system, where such concepts of holistic care may not be as salient in the French curriculum, as they are in the American nursing curriculum. I personally agree with Helen about the nurses having to hold on to what is unique to nursing, such as the unique holistic perspective of the patient. I do share with Helen the perspective that, at times, nurses seem to emulate medicine to gain

“symbolic power” and that this seems to me counterproductive. I believe nursing has to gain “symbolic power” by holding on to its own identity, which is characterised by the holistic approach to patient care. Helen continues:

That is one of the things with the advanced practice roles. I know some of them are being developed in line with the Royal College of Surgeons or the Royal College of Physicians. We, as nurses, need to be careful with that because we are not just trying to be junior doctors. We are trying to be advanced practice nurses and that is very different to being junior doctors. I think a lot of the documentation that has been developed for advanced nurse practice really encourages us to think of the advanced practice role as if it has different elements within it. It has an element of physical assessment and prescribing but it also has an element of education and an element of collaboration. It has an element of nursing research and we, as nurses, need to make sure we don't lose those other pillars of advanced practice and only focus on the physical skills side of things.

Helen, female British nurse, professor, 31 years of experience

It is worth noting that the quotations from the interviews for this chapter are relatively longer than the quotes from chapter five, for example, because the British nurses, specifically, in this chapter, presented very unique views of nursing, which could not be but included to present the British nurses' perspective. A reason to these detailed interviews by the British nurses could be that mostly, the British nurses, had higher educational qualifications, as a group, than the Lebanese participants. A good number of British nurses had a doctoral degree in nursing, whereas none of the Lebanese nurses, for example, had a doctoral degree. Most of the Lebanese nurses had only a bachelor's degree, as the interviews were conducted outside capital Beirut, in

small hospitals, as described before. This could have affected the level of analysis of the British nurses.

Along the same lines, Jessy highlights the importance of holistic care in nursing and the way the healthcare system hinders the holistic exemplary nursing care that is taught in schools of nursing. Jessy defines the holistic care of the nursing practice as a competitive advantage for nursing while it is hindered by a healthcare system that fragments the care of the patient and makes it impossible for the nurse to practice holistic care the way it is taught in nursing educational institutions. Jessy declares:

If we have a patient for surgery, he should have the full package of health, not just the surgery. Every other need of the patient is sorted out and addressed, so they do not have to go to so many clinics. We could do so many preventative care. But the system where we are working does not allow that. We learn it in university and suddenly when we are in practice, we forget what we have learned and because the environment is not particularly helpful in this aspect.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

Jessy and Helen depicted holistic care as a unique quality of nursing that may be neglected at times or overlooked, and that should be further developed and instilled again in nursing practice. The major hindrance is nurses following the physicians' focus on certain standards of care such as physical assessment and prescribing, while somehow neglecting collaboration and nursing research. Collaboration and nursing research are two aspects of nursing that are unique to nursing and must be emphasised by nurses in their practice as they are the real pillars of nursing and may further enhance the role of nursing as a profession.

Helen argues:

And I think, you know, it is just that they are capable of doing lots of extra skills. But they have also got to hold onto what is so unique about nursing and I think one of the things that is very unique about nursing is the holistic way we approach the patients and their families. We need to hold on to that. We need to be making sure that we are giving this kind of holistic and slightly longer-term picture of people when we are seeing them.

Helen, female British nurse, professor, 31 years of experience

In conclusion, the British female nurses in this study brought a unique and valuable perspective to nursing, which is the importance of holistic care in nursing. Parallel to holistic care in nursing, according to the British female nurses in this section, nurses must hold on to the unique characteristics of nursing such as coordination of care and the unique nursing perspective on the patient instead of attempting to emulate other professions such as the medical profession. The physical assessment and the prescribing function of nursing are important but patient education, coordination of care and research in nursing are as important. These elements of nursing are essential for the advancement of the profession. In the next section of this work, we address the British female nurses' perception about male nurses and physical strength.

The British Female Nurses Perception: Male Nurses and Physical Strength

Physical strength was a common theme for the Lebanese nurses in chapter five. However, the British nurses did not elaborate much on this issue. Exceptionally, Clare, a nursing student, commented on the difference in physical strength between male and female nurses. Male nurses are more needed in mental health nursing because of the need to restrain patients at times, which obviously requires some physical strength. Clare asserts:

I think being a female nursing student, it was much easier than my male friends who are also nursing students. If we had spoken about it, we would have had very different experiences. Although saying this, I think for him, for one of my friends, he was very appreciated in the setting as a male nurse, especially mental health. You know, helping with restraints, engaging with male patients and stuff like that. It was a lot easier for him than for me. For me, I was perceived as a female and student. So, they wouldn't come to me for help in restraint, for example. They would go to male staff member. So, I think in that sense, our experiences are very different.

Clare, female British nurse, student, 1 year of experience

Interestingly, none of the British male nurses elaborated on this theme. Clare perceived that male nurses had an advantage over her, as a female nurse, because of the physical strength. This is specifically valid in certain clinical units, such as the Psychiatry unit, where physical strength is needed to restrain patients, at times. Having discussed physical strength, let us now consider nursing and “symbolic power”.

Nursing and “Symbolic Power”

Nursing and “Symbolic Power”: The British Female Nurses’ Perception

The “symbolic power” of nursing as a profession was another theme that was not elaborated by many participants except for very few female British nurses, who presented valuable views on this theme. Helen declares:

I think in some areas, the power imbalance is less about gender and more about the profession. But I think we can't escape society's positioning of women and men and that

is very strong. Therefore, it kind of comes into medicine, into healthcare because it is pervasively strong.

Helen, female British nurse, professor, 31 years of experience

At this point, Helen describes the social positioning of nursing and the way it is affected by male dominance and the female positioning in society and specifically in the government. An important point to consider is that the involvement of nurses in the government and their influence was not among the Lebanese nurses' concerns. There may be many reasons for this. One of them is that the Lebanese nurses had many more basic concerns related to the profession.

Jane, another British female nurse, echoes Helen's thoughts about wanting the nurses to have their voice heard in governmental institutions such as the parliament, side by side to medicine and not less valuable than medicine.

I would like to see nursing as a profession, listened to, in the national parliament also, to see nursing in leadership, driving political and global health agendas alongside medicine not underneath medicine. So, that would be my ambition for nursing; that's the platform nurses need to be on. And to do that, nurses need to foster and keep the education and research going.

Jane, female British nurse, lecturer, 21 years of experience

Jane identifies education and research to be two valuable fields for nursing to advance its "symbolic power" so that nursing is considered of equal value to other healthcare disciplines such as medicine. Jane's ambitions revolve not only around the governmental influence of nursing but also around global health influence. Jane wants nursing to affect and drive global

health decisions, a great nursing ambition that was definitely not on the Lebanese participants' minds. Again, the reason for its absence maybe due to the presence of more urgent needs for the Lebanese participants.

Jane adds:

My personal ambition is to be part of that movement and part of that progress so that nurses are progressing and to have the confidence, knowledge and skills to be able to negotiate complex information, complex decisions, build and kind of understand situations and develop strategies. And I would like to be part of that. That is really important. Nurses want to do a good job and when they are moved around like that, they don't feel they are doing a good job. I want to see a quality and an educated profession. People shouldn't be moved around by managers who aren't nurses. That's really gets to me actually. That we are treated as a resource, like a pen or a paper or a piece of equipment rather than a person, and not a skilled person either. Nurses are rather to be looked at as autonomous professionals, people rather than a resource. I would like to see the government taking nursing as a profession seriously.

I would like to see more on making sense of data, making sense of disease spread and illness. Like if nurses want to do research, to be able to read data. This is important because nurses are in an era of misinformation. And so many can reach out on social media.

Jane, female British nurse, lecturer, 21 years of experience

Jane summarises important issues for the nursing profession in the UK, and maybe in many places elsewhere, where nurses and nursing decision making in medical centers may be allocated

outside nursing. For Jane, nurses need to be decision makers and not subjugated to decisions from, for example, managers, who are not knowledgeable about nursing and health. This may happen in many places in the UK and other places, where managers are employed to direct clinical units and are given the authority to take the decisions for nursing and without the agreement with nursing or without taking the opinions of the nursing team.

Suzan, another female British nurse, brings to the discussion new insights as she notes that the society tends to perceive nurses to be solely females while overestimating male nurses, who paradoxically have many issues related to their decision to become nurses, as described in the literature review.

Suzan says:

The NHS in the UK is systematically underfunded. So, nursing can be a difficult journey. Overall, my journey in nursing was positive. I think it is essential that the nursing workforce is well educated and competent and professional, and is recognised, because I don't think that nurses now in the UK are recognised, and possibly that is a worldwide issue as well. I aspire that the nursing profession is recognised, respected, compensated, and remunerated for its achievements instead of people thinking that it is something anybody can do. I think the traditional image of a nurse in the UK is a female image. I think that it is also of a working class and the public image of nursing is a perception that it is a very female profession. What I think is interesting is that society tends to think of a nurse as a female. For example, patients assumed that male nurses I'm working with are more senior persons while I was in charge. Society perceives men to be more senior

nurses. Paradoxically, in terms of acceptability, I think in the UK, there is still a lot of issues in terms of men wanting to do nursing.

Suzan, female British nurse, lecturer, 30 years of experience

Suzan expresses the need for nurses in the UK and worldwide to be appreciated, compensated and recognised fairly. Suzan addresses the nurses' image, which will be detailed in chapter seven and eight. Suzan identifies a stereotypical image of the nurse to be a female and nursing to be a feminine profession. This may have negative repercussions for the profession.

Moreover, Suzan brings about societal gender biases. Society, in general, assumes male nurses to be more senior, and may be more knowledgeable. Paradoxically, men in nursing have issues about wanting to be in nursing in the first place, may be because of social stigma, which will be discussed later in this chapter.

Suzan again brings important arguments to the discussion as she raises the question of representation, wondering about the reason why nursing was absent on the COVID-19 advisory committee. Again, British nurses highlight the importance of nurses' representation in governmental and advisory bodies. Interestingly, Suzan contributes a new perspective about nursing and a new ambition to nursing. It is worth mentioning that none of the Lebanese nurses raised this issue and very few British nurses discussed this topic. Suzan suggests that the nurses are represented on advisory boards and committees where major health decisions are taken, specifically when the whole world was struggling with the COVID-19 pandemic in 2019. It seemed like the whole world disregarded a great area of expertise. Likewise, in many hospitals in the world, nurses are not present on advisory boards. In Lebanon also and in many other places in the world, nurses are not represented in many essential boards where major health related

decisions are taken. None of the Lebanese participants commented on this issue. Suzan depicts health in the UK as “very medically dominated”. In Bourdieusian terms, it seems as if in the social field of health, medicine has more “symbolic power” than nursing.

Suzan highlights not only the disadvantage to nursing but also the loss of nursing expertise in important decisions:

Because I don't think we, now, in the UK, are recognised, and possibly, that is a world-wide thing as well. The COVID-19 situation in the UK is really interesting because there are no nurses on the main advisory committee and I think if there were, the situation might have been handled differently. A massive area of expertise has been ignored. Health in the UK is very medically dominated and until you have someone who has a bit more respect for the knowledge of nursing, nurses lose their place in society.

Suzan, female British nurse, lecturer, 30 years of experience

“Symbolic power” and authority are important elements that determine the admission of an occupation to the privileges of a profession. Likewise, nursing, a field with a significant amount of emotional labour, is not well paid and not well remunerated. The value of nursing labour is historically and traditionally negotiated outside the field of nursing, specifically within the medical administration and physicians' field.

Helen continues:

Health in the UK is very medically dominated, and I think until you have someone who has a bit more respect for the knowledge of nursing, We won't. We lose our place in society. I suppose.

Helen, female British nurse, professor, 31 years of experience

Helen identifies the domination of medicine in healthcare, at least in the UK. However, this observation may be easily generalised to other systems. In Lebanon, this observation is valid. Healthcare is extremely controlled by medicine, and nurses have little “symbolic power”, as described in chapter five.

Helen adds:

You know we have quite a male, again a male dominated government at the moment. I don't think that is doing us any favors as women and the way we're seeing.

Helen, female British nurse, professor, 31 years of experience

The male power is not only in healthcare, but Helen also identifies the presence of a male dominated government, which is a drawback to nursing as they have no power in governmental decisions. Again, this is a valid observation in Lebanon, that was not mentioned by the Lebanese participants.

Moreover, Helen argues:

I am sure if I was a male, I probably would be more senior today than I am. So, in that way, it probably hindered me. I personally find it in the hospital very frustrating the power play that goes on between medicine and nursing. And I suspect, that is worse, because nurses are mainly female-dominated profession.

Helen, female British nurse, professor, 31 years of experience

On the professional level, Helen also identifies a power gradient which puts men, in the nursing field and outside it, at an advantage. This was not discussed by the Lebanese nurses, may be because of a cultural taboo.

Helen argues again:

I think we just aren't strong enough to argue our career and get what we need and get what we deserve.

Helen, female British nurse, professor, 31 years of experience

Helen, at this point, raises an important issue related to the difference in the education required and offered to nurses versus the education required of physicians. In this aspect, again there is a discrepancy that puts medicine at an advantage.

Helen adds:

People think nurses are nice, but they don't hold very much high esteem of nurses.

People think that nurses are very good and very kind, but they definitely assume that you don't have the knowledge that medical people have.

Helen, female British nurse, professor, 31 years of experience

Helen identifies a difference in the image between medicine and nursing where nurses are not viewed as knowledgeable and as powerful as physicians are. This is another area where nurses need to work on to improve their image.

Helen argues:

Men have a lot of confidence. I think society doesn't instill a lot of confidence into women and I think women are often on their backfoot because they don't feel over-confident in themselves. But I certainly see that in a lot of my student nurses. They are

very lovely; they have good levels of knowledge, but they often lack a little bit of confidence. I see it more in women than in men.

Helen, female British nurse, professor, 31 years of experience

Helen argues that women have less self-confidence than men as society gives men more power in this aspect. This is a drawback to being a female, and this is an area where nurses and maybe nurse educators need to work on. Helen identifies this difference between male and female nurses and students as well.

To summarise, the British female nurses held unique views on the nursing profession and the need to gain “symbolic power” for the nurses’ profession. While “symbolic power” was absent from the Lebanese nurses’ interviews and was discussed briefly by male British nurses, the female British nurses elaborated on this theme and identified “symbolic power” to be an important aspect that nurses need to work on. The female British nurses held high ambitions for nursing as a profession, not only in the healthcare field but also in governmental and global health decisions. According to the female British nurses in this study, currently, nursing is affected by a feminine image and a relatively “less self-confident” population of female nurses, who need to learn to speak up and affect decision making in nursing, healthcare, governmental decisions and global health. The following section shifts focus to the British male nurses’ perception on nursing and “symbolic power”.

Nursing and “Symbolic Power”: The British Male Nurses’ Perception

As discussed before, “symbolic power” in nursing is a theme that was exclusive to the British nurses. The reason the Lebanese nurses did not discuss “symbolic power” in nursing, may be attributed to their engagement with more basic concerns such as scheduling, remuneration, and

conditions of the nursing profession which were discussed in chapter five. Very few male nurses shared the female British opinions discussed in the previous section. James was one of these few male nurses who shared the female British opinion on “symbolic power” and nursing.

James argues:

I suppose it's the normal things that people say it motivates them in their career. They want good for people. They want to support individuals and particularly mental health. I work very hard to try to promote recovery in mental health. Those are the things that attract me to it. But then also, I think nursing has in some ways been damaged certainly in the west, I don't know about other cultures. Was it being a predominantly female dominated workforce? Over the years nurses have accepted low wages when it comes to wage negotiations because they always don't want to do harm with regards to going on strike. But you know we are often labelled with things like angels and heroes, and my argument is that I am not an angel, and I am not a hero. I am a professionally qualified nurse who should be remunerated in the most appropriate way. I think other comparable careers like firefighting or police have a far higher career package of remuneration than nursing. And I think that has been quite sexist reasons for this.

James, male British nurse, nurse manager, 25 years of experience

The next section will explore nursing in the UK and emotional labour.

Nursing in the UK and Emotional Labour

Care is based on relationships much more than being based on justice for women.

Nursing and its relationship with the emotional aspect of care and emotional labour were extensively elaborated as the most essential elements of nursing by the female British nurses in this study. For example, Jessy maintains:

Caring emotional work is the most important part of nursing.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

Jessy's comment exemplifies, again, how care and emotional work are significant elements for women, which is a good illustration of the care ethics model.

For Clare:

Communication in nursing is very important. Patience and communication. Also, you have to be very open-minded. I think that is a very big part of nursing. The other technical and knowledge part will not be adequate without it. Emotional work is the essence of nursing.

Clare, female British nurse, student, 1 year of experience

Clare demonstrates in her comment how relationships are important, specifically for women, another illustration of the relationship of care ethics and the feminine perspective.

Eve emphasises empathy and kindness, by stating:

Certainly, you need to be kind and empathetic. You got to be able to demonstrate that.

Eve, female British nurse, lecturer, 20 years of experience

For Eve, kindness and communication are important aspects of nursing care. This is another example of the feminine perspective on care and care ethics.

For Julian:

Nursing got a significant amount of emotional labour. I think that if you are going to be a nurse, you need to have an element of empathy and you do need to put someone else's comfort, someone else's wellbeing ahead of your own. I think, in terms of how these two are related, nursing and caring. These terms are often used interchangeably. I see caring as an act which makes someone comfortable, empathetic. But nursing is actually much more than that. Being kind and caring and empathetic is an element of nursing. But to be a nurse involves a mixture of art, a mixture of science. It involves a degree of technical skills. Nursing is multifaceted because there are different elements. And you can't say just because someone is caring that they would make a good nurse.

Julian, male British nurse, lecturer, 24 years of experience

Julian raises the issue of the complexity of nursing that encompasses both art and science in addition to caring without eliminating the need to utilise science in nursing. Also, Julian, being a male nurse, adds another perspective to nursing, which is science, while female nurses emphasised care ethics and relationships.

Similarly to the Lebanese nurses, the caring aspect of nursing emerged as a defining element of nursing. Interestingly, it appeared in both British male and female nurses. It is worth mentioning that in the Lebanese interviews, it appeared more prominently in the Lebanese female nurses than in the interviews with the Lebanese male nurses. Much more frequently than men, women

perform emotional work that particularly enhances the wellbeing of others which is necessary in care work.

The British nurses emphasised the fact that nursing per se as a profession does not bring many benefits to nurses. For someone to select nursing, there must be other elements of attraction to the profession. For Norma:

I don't think that somebody would come into nursing, because there aren't many benefits to it, there isn't a massive pay. It's not like doctors where you know, you get a lot of money, but you know what I mean.

Norma, female British nurse, nursing student, 1 year of experience

Similarly, Julian proclaims:

You can't do nursing as a job unless you actually genuinely want to do it because I think that the demands of the job are great. If you don't have the passion and the desire to be a nurse, you cannot stay in the profession because it is a very stressful job. It is very time pressured. I do really think that you need to be a nurse, and this must be your biggest driving factor. I think you need to want to be a nurse to be a nurse in the beginning. But I don't think you can take someone who doesn't want to be a nurse and put them in a classroom and teach them how to do it.

Julian, male British nurse, lecturer, 24 years of

The vocation or professional field demands and dictates not only the learners' actions but also their values, beliefs, and feelings specifically in the caring vocations or professions. Certain

harmony between the vocational habitus and the individual habitus is needed and dissonance between the two habitus jeopardises the learning and the retention of the recruit within the profession. Emotional care in nursing is an important aspect of holistic care in nursing which is a theme brought up by one of the female British nurses.

One of the particular characteristics of the nursing profession is its relatedness to emotional labour and emotional care. Although emotional capital is a type of cultural capital related to femaleness and feminised jobs, emotional capital can be associated with masculinity when men occupy feminised jobs such as nursing.

The British male nurses also perceived the emotional care of nursing as very valuable and were able to identify essential elements of emotional care in nursing like compassion and empathy such as when Joe articulates:

Nursing is all about caring and emotional support because nurses are there 24/7 with the patient even if the patient is in a good or bad condition. All other professionals stay briefly with the patient. Nurses are there all the time.

Joe, male British nurse, professor, 20 years of experience

Similarly, Ken believes:

You need to have this level of compassion. Having empathy as well, just the kind of being able to understand and take on what they are going through as well.

Communication is another one. Empathy. You got to be quite empathetic to a certain level so you can relate. I think that is one big characteristic of nursing. Caring.

Ken, male British nurse, student, 1 year of experience

The care ethics model was not absent from the discourse of male nurses. Ken, at this point, illustrates the importance of compassion, empathy, and communication in nursing.

James says:

I know a lot of male nurses who appear to be caring.

James, male British nurse, nurse manager, 25 years of experience

Along the same lines, Jessy for example reveals:

Male and female nurses and physicians assume that males are in a position of authority, being more knowledgeable or competent. There is definitely an advantage for being male.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

It is worth noting that the advantage males have by utilising both masculine and feminine practices is not available for females. On the contrary, female nurses who utilise for example masculine practices of leadership are ostracised. The traditional social expectation of a woman is away from masculine roles.

To summarise, this section has discussed the relationship of nursing with emotional labour.

Emotional labour can be perceived differently by different people. For some nurses, emotional labour gives a sense of satisfaction while for other nurses, emotional labour is a source of strain.

The discussion now moves to the relationship between nursing and knowledge and how nursing is viewed as a science by a few British nurses.

Nursing and Knowledge: Nursing as a Science

Nursing has traditionally been perceived as a caring profession. However, the scientific aspect of

nursing is very important as nursing is based on biology, the pathology of diseases, and other sciences. Nursing is a profession with a significant scientific defining entity, especially with the advent of a fast-growing health and technical explosion of information highly linked with the nursing sciences.

Minimising or overlooking the scientific work of nursing may be a major hindrance to the promotion of nursing as an independent profession. Norma states:

The most important thing in my profession as a nurse: being a good nurse, being a competent nurse, being able to look at a patient and look at them as a whole, being able to kind of recognise when they deteriorate that those are the things for me.

Norma, female British nurse, nursing student, 1 year of experience

Similarly, Helen argues:

I think so little is put into developing nurses once they have qualified. When doctors qualify, they all have eight years of quite concentrated post registration education. So, they develop their knowledge. They are very motivated because they have to be.

Helen, female British nurse, professor, 31 years of experience

The need to invest in nurses' educational development is an important theme that needs to be addressed by hospitals and governments. The need to address the nurses' continuing educational development is imperative because nursing is definitely categorised as a science. Turning to a new theme, we consider the British male nurses' perception in nursing as science and caring.

The British Male Nurses' Perception

The British Male Nurses' Perception: Science and Caring

Although science and caring may appear as contradictory, the British male nurses identified both caring and the scientific aspect of nursing as important as verbalised by Ben and James.

Ben asserts:

Empathy and compassion are the most important thing in nursing,

Ben, male British nurse, student, 1 year of experience

James however argues:

Although there is a scientific part of the job, the art of it is wanting to help people, being caring.

James, male British nurse, nurse manager, 25 years of experience

Perceiving the two sides of nursing; caring and science is a more realistic and comprehensive perception as it encompasses the varied characteristics and required skills of nursing. Nursing is a career with a diversity of required skills, and this attracts recruits for different reasons. This next section aims to explore the British male nurses' perception on nursing as an economic choice.

The British Male Nurses: Nursing as an Economic Choice

Ken notes:

I'm getting paid to be at the university from the military. It's kind of my reason for just carrying on.

Ken, male British nurse, student, 1 year of experience

Paradoxically and similarly to the Lebanese nurses, Teddy declares:

I saw nursing as a job that had security.

Teddy, male British nurse, student, 1 year of experience

This is also evident in Ben's proclamation for example when he states:

I just thought that I would get a job.

Ben, male British nurse, student, 1 year of experience

Perceiving nursing as an economic choice was prominent among newly recruited nursing students rather than the old generation who were attracted to nursing for probably other reasons. This leads us to a discussion of the challenges of nursing as a profession in the UK.

Challenges of Nursing as a Profession in the UK

The British Female Nurses and Appreciation of Nursing as a Profession

Similar to Lebanese nurses, but maybe to a less pronounced degree, the British nurses thought that the nursing profession is not appreciated enough and maybe only recently, after the COVID-19 pandemic, people started to appreciate the value of nursing. It is worth noting at this point that the interviews with the Lebanese nurses were conducted before the COVID-19 pandemic while the interviews with the British nurses were conducted during the COVID-19 pandemic. Norma proclaims:

There is a lot more to the job than just what people see. This is a lot deeper than that. I think a lot of people have realised that nurses are very much underpaid in terms of what they do. I think they don't realise that the emotional intelligence that comes with nursing is a skill rather than taking it for granted.

Norma, female British nurse, nursing student, 1 year of experience

Once again, nursing skills are undermined because of their relationship to emotional labour as well as being considered feminine skills. In fact, these are intricate skills that need training and are not necessarily gendered skills that are naturally acquired, specifically by women, as is the misconception within the community. It may be a main reason why nursing is not fairly remunerated, as will be discussed in the next section. Having discussed the female nurses' perception on challenges to nursing in the UK, we consider the male nurses' perception and appreciation of nursing as a profession.

The British Male Nurses and Appreciation of Nursing as a Profession

The male British nurses elaborated well on the need to have more appreciation for the profession of nursing. It is worth noting that the COVID-19 situation has helped in a way in highlighting the value of the nursing profession, which was not actually materialised in any specific tangible action as Ken affirms:

To be fair, I think the whole situation of COVID-19, in a sense, has kind of made people more aware of exactly how much nurses go through. So, this ambition would be to just see more recognition. They get the clapping of hands, but they're not getting more than the clapping of hands. It's nice to show that recognition, but I think, ambition wise, they just need that little bit extra cause a lot of people over COVID-19 have been putting their lives on the lines.

Ken, male British nurse, student, 1 year of experience

On the other hand, Martin holds nurses accountable for their own image. He argues:

For the profession I have ambitions for it to rise above its self-imposed restraints. As a profession, we hold ourselves back. We undervalue our importance. I don't think we communicate our importance enough to other people. We do not establish ourselves enough in interdisciplinary decisions. We are way behind medicine, for example. There are still a lot of nurses who say all we must do is being kind and caring. Yes, we do. But that is not enough. We can influence practice. We are face to face with patients all the time. We are on the front line. The profession needs to establish itself as the most important part of healthcare. And we should have the voice and be listened to. We are getting there but it is slow progress. I tell my students to tell everybody about how important we are. We don't only wash patients and do tasks. We are fundamental to the decision-making process in healthcare. We are at the centre of the interdisciplinary teams. It is nurses who communicate with all other members of the multidisciplinary teams, and we make sure they work harmoniously together. It is absolutely fundamental. Don't be happy with just being a nurse. It helps to raise the salary as well for nurses (giggles). We get paid a lot less than all other healthcare professionals.

Martin, male British nurse, professor, 30 years of experience

It is worth noting that the British nurses, unlike Lebanese nurses, held themselves responsible for their professional image and for promoting a better image in the future. This may also be related to the difference in context and culture. The following section focuses on nursing scheduling, salaries and incentives in the UK.

The British Nurses: Nurses' Scheduling, Salaries and Incentives in the UK

Similarly to Lebanese nurses, the British nurses made many remarks surrounding salaries, incentives and the working conditions of the nursing profession. Similar to Zeina, a Lebanese female nurse, Ben relates the level of staffing to patients' outcomes, a fact well-evidenced in the nursing literature. Ben argues:

Nurses in England are understaffed and that puts a lot of pressure on them. The government needs to show a bit of awareness and get more funding for the nurses so that there is more serious effort. Because whenever hospitals are understaffed, mistakes can happen.

Ben, male British nurse, student, 1 year of experience

Lynn states:

I dream that the nursing profession has better staffing, more nurses. In an ideal world, I would dream that nurses have slightly less workload if they have got more staff. And, I dream of having better shift patterns. Sometimes, I think nurses are known to do long 12-hour shifts which is a long time. And support, maybe support groups or things like that they can talk about if they were to lose a patient. I know it helps me to talk to my mom who is also a nurse when I lose patients.

Lynn, female British nurse, student, 1 year of experience

The staffing issue is an important concern for both groups of nurses, Lebanese and British nurses. It was mentioned frequently by both groups. The need for nurses to have support groups was an issue raised by the British nurses. Again, it may be because the group of British nurses had more academic qualifications. Another possible explanation would be that support groups

are more prominent in western culture. Support groups are more prevalent in the UK than in Lebanon, where familial and social support appear to be more prevalent than in western culture. Norma, in the following quote summarises many concerns regarding the nursing profession: their salaries, the need for continuous professional development, and the emotional toll that nursing care takes on the nurse. Norma says:

Nurses, apart from their annual mandatory training, do not get many more opportunities for self-development. I believe a lot of people have realised that nurses are very much underpaid in terms of what they do, but people don't realise the emotional toll it takes on the individual.

Norma, female British nurse, nursing student, 1 year of experience

James adds a valuable reflection that was not brought up by the Lebanese participants; however, it was echoed by many British nurses. The association of nursing with caring and the reduction of caring to a feminine intuitional skill may have reduced the appreciation of nursing. James argues:

Nurses are held in very high esteem. Nurses are still probably the most trustworthy profession among all the professions that they ask people to rate as trustworthy. My ambitions for the profession are that it is fully funded and seen as a professional organisation. I would like to have safer nursing staffing levels and a pay increase. My ambitions are to ensure that nursing is seen as a professional organisation and is funded that way. I think the way the job was set up; the nurses will never be millionaires. It's not the type of job people do only for the money. Although there is a scientific part of the job, the art of it is wanting to help people, being caring. Yes, I think these are essential

elements to the job. I think nursing has been disadvantaged because of that female stereotype where they may not fight as hard for higher pay rises or to go on strike the way police officers and other professions would.

James, male British nurse, nurse manager, 25 years of experience

James, at this point, summarises very important issues related to nursing because the nursing profession has been considered traditionally a female gendered profession associated with caring which might be considered a barrier to negotiations around nurses' wages. The caring emotional aspect that might be viewed as an extension to a woman's domestic natural work is an intricate skill that needs training.

James details unique characteristics of nursing that may be rare to observe in other professions, such as the trustworthiness and the professionalism of nurses who withhold such intimate information about patients who can confide about the most intimate aspects of their lives to nurses. This is not a simple task; on the contrary, it requires a high level of professionalism, complexity and knowledge of human psychology as well as how to approach people and react in these instances. While these skills might be perceived as intuitive, they are actually scientific skills that require a deep level of human understanding. Nurses need training to develop this skill and competency that is not actually gender associated but rather a competency.

Joe notes:

Nurses need more economic incentives. There needs to be more emotional and psychological care for nurses. They need more resources like when they are working with COVID-19 patients such as personal protective equipment.

Joe, male British nurse, professor, 20 years of experience

The need to address the emotional and psychological care of nurses was a common concern with Maya, the Lebanese nurse, as discussed earlier in chapter five. The provision of adequate personal protective equipment during the COVID-19 pandemic was a governmental obligation. However, the failure of the government to secure the required equipment jeopardised the safety of nursing staff in many countries during the COVID-19 pandemic in many areas in the world.

The financial concerns of nurses addressing the need for better financial incentives especially after COVID-19 pandemic were a common theme for the British nurses especially that the nursing care during the pandemic exposed nurses to the risk of infection with COVID-19 and its severe complications, at that time. Ken specifies the insufficiency of moral and symbolic reward for nurses and the necessity to ensure material and financial remuneration to nurses, similarly to medicine which is well remunerated. Ken explains:

I have ambitions that nurses would get more recognition. There needs to be a bit more kind of respect for the nurses. The needs are definitely financial. I don't think nurses get paid enough for what they do. I think there must be more support from the government. Nurses deserve to get paid more for what they do, especially as they put their lives on the line. I hope for the nursing profession is that nurses continue to push forward and to realise that we, nurses, are a specialty in certain areas of practice where you can see growing in the role in the UK such as advanced nurse practitioners and more autonomous roles. And that is where I hope to see more autonomous practitioners.

Ken, male British nurse, student, 1 year of experience

At this point, Ken raises the issue of the advanced practice nurses and the nurse practitioners and the significance of their work and independence in their roles. It is worth mentioning that the advanced practice nurses' number in Lebanon is relatively low compared to the UK or the USA. Steven shares Ken's observation about the need to see more autonomy and independence in nurses' decision making. Steven comments:

I would like nurses to work more autonomously because sometimes nurses that have worked on the wards for 20 years and they have got a wealth of knowledge still devolve immediately to the doctors for decision making. And that saddens because nurses have this knowledge but often lack confidence to enact their plans. I wish for more upskilling of all nurses and increasing their confidence so that they feel more empowered to make decisions if they have got the skills to do so definitely.

Steven, male British nurse, Advanced Practice Nurse, 16 years of experience

Autonomy, knowledge and decision-making ability of the nurses are key themes related to nursing as a profession.

Conclusion

In conclusion, this chapter has presented that the British nurses in this study highlighted many important themes such as the importance of holistic care to nursing. An important recommendation by the female British nurses is for the nurses and specifically for the advanced practice nurses to preserve the uniqueness of nursing and holistic approach of nursing as these bring “symbolic power” to nursing. This chapter has also exemplified the British nurses' perspective on care ethics as an entrenched element of relationships. The care ethics, although

initially a feminine perspective on care, is a valid perspective for male nurses, in many instances as demonstrated by the comments of many British male nurses in this study.

A few British female nurses brought up the theme of holistic care in nursing and highlighted its importance to the nursing profession. This theme was unique to the British female nurses.

“Symbolic power” was another important theme for some of the British female nurses, which is according to one of the participants, is mainly caused by a gender influence.

“Nursing and knowledge” was another theme for the British nurses along with caring. The British male nurses identified both caring and science to be essential elements of nursing.

Appreciation of nursing as a profession was a concern for many male British nurses. The concern over the nursing conditions such as salaries, staffing and the work conditions was not absent from the British nurses' interviews.

Having examined views on nursing from both Lebanese and British nurses, it is worth reflecting on the findings of chapter five and six in relation to each other. There are many similarities and few differences between the Lebanese and British participants related to their views on nursing. The Lebanese female nurses emphasised the association of nursing with gender and femaleness. They emphasised nursing to be a calling and they emphasised the ethical aspect of nursing. On the other hand, the British female nurses emphasised holistic care and the need to enhance the “symbolic power” of nursing as a profession. Some common themes also emerged. Both the Lebanese and the British nurses, whether males or females, agreed on the importance of emotional care in nursing and the association of nursing with a heavy load of emotional labour. While the Lebanese female nurses emphasised the gendered feminised aspect of nursing, both male Lebanese and British nurses perceived nursing to be a two-sided profession incorporating

both science and caring. The Lebanese male nurses tended to see the physical power of male nurses as an advantage in nursing. This was not emphasised by the British participants.

On the other hand, in both Lebanese and British participants, there were many reasons for selecting nursing as a career choice. A prominent reason in both groups was the financial reason and the availability of jobs, which is due to the shortage of nursing even though nursing is not well paid, as perceived by both groups of interviewees. Paradoxically, the financial reason is a major factor why some nurses felt unable to leave nursing, specifically in Lebanon.

Challenges to the nursing profession are similar in both countries. Both groups of British and Lebanese nurses aspired to have more appreciation to the nursing profession in general. The appreciation of the nursing profession is needed in both the symbolic and the social status in general, but to a larger extent in its monetary form. Both groups, Lebanese and British emphasised the need to offer nurses more chances for professional educational development. What was unique to the British nurses is their perception of the need for and importance of providing for nurses' support groups. This may be because support groups are much more prevalent in the British culture than in the Lebanese culture. Finally, another commonality between the British and the Lebanese interviewees is their emphasis on the need to provide better staffing and scheduling for nurses because of the documented close association of these issues with patient safety and patient outcomes. While the prior two findings' chapters explored the nursing condition in both Lebanon and the UK, we turn now to the findings' chapters exploring the image of nursing

Findings- Chapter 7
The Nursing Image in Lebanon

Findings- Chapter 7 - The Nursing Image in Lebanon

Introduction

Further to the exploration initiated above on the nurses' perception, this chapter explores the Lebanese nurses' perception on the nursing image. The nursing image or the nursing professional image is a major theme in this thesis because of its obvious relatedness and association with professionalism and the professionalisation of nursing. The following two chapters will address the image of nursing and all related issues. The image of nursing not only relates well to professionalism and the professionalisation of nursing but also has many associations with gender. Nursing has been historically and traditionally perceived to be a feminine career or a profession. These two chapters will also address the nursing image and its association with femininity and how it interacts with masculinity. The professional issues of nursing were discussed in the first two chapters. As discussed before, this division of the chapters into first, professional issues and then the image of nursing can be described as a theoretical division or categorisation of themes, because in real life situations, it is difficult to separate the two themes. This theoretical separation was implemented for the purpose of clarity and to simplify complex themes like professionalism and professional image. However, repeatedly throughout these chapters, these themes naturally overlap, which is evident in the participants' quotes, which, for the purpose of accuracy, cannot always be separated. This chapter will address the Lebanese nurses' perception of the image of nursing while chapter eight will address the British nurses' perception regarding the image of nursing. It is worth noting that the image of nursing was a major theme that was salient in the Lebanese nurses' interviews. The Lebanese nurses avidly discussed this theme, as will be detailed later in this chapter.

Chapter Highlights

The first section is an introduction to the chapter. The second section lists the different sections of the chapter. The third section of this chapter gives a brief theoretical background of the image of nursing. The fourth section details positive Lebanese nurses' perspectives, both female and male nurses. The fifth section explores the Lebanese nurses' negative perception of the image of nursing. The sixth section highlights feelings of ambivalence from the perspective of the Lebanese nurses towards the image of nursing. Some of the Lebanese nurses had simultaneously positive and negative viewpoints about the image of nursing in Lebanon.

Positive Image of Nursing

Lebanese Female Nurses Expressing a Positive Image of Nursing

Nursing as a profession was described by many Lebanese participants who detailed their roles and highlighted their importance in their community much more than the British participants did in general, which will be discussed in chapter eight. The Lebanese participants were much more verbal in valuing the nursing career, which might be attributed to social desirability. Social desirability can be understood as the participants' tendency to bias their responses in surveys and experiments to appear in a more favorable light. It is worth noting that being a Lebanese myself, I may be more attuned to the understanding of social desirability exhibited by the Lebanese group much more to being able to understand social desirability of the British group because of cultural factors and my familiarity with behaviours of the Lebanese group.

The Nursing Role in the Lebanese Community

We turn our attention to the nursing role in the Lebanese community. Samia, a Lebanese female nurse extensively discusses the nursing image. Like many Lebanese nurses in this study, Samia

proudly details her role in the community when she is often consulted in her community about the choice of a physician, a wrong medication prescription, which might not be necessary, the care of the patient taking a certain medication. She firmly believes that she is a resourceful person to her immediate as well as her extended family, and she points to the “high social status of the nurse” because of their knowledge. She proudly declares:

As a nurse, I am being consulted in my community. I offer caring for my community when I provide consultation to them and sometimes, I correct misunderstandings or a wrong physician’s decision because of my experience. I use my experience as a nurse with my family and kids where I am able to know how to deal with their sickness. I am consulted in my community about the choice of a physician. I correct physicians, for example, when they prescribe my mother an anti-inflammatory medication, but they forget to prescribe gastric protection with it. For example, my niece was prescribed by a physician an antibiotic which in my judgement should not be prescribed. I stopped her from taking it because she had a viral infection and did not need an antibiotic. All my family members consult me. The nurse is well informed about medications, for example. And I can challenge a pharmacist giving the wrong medication for commercial purposes. The nurse has a very high social status in society because of her knowledge.

Samia, female Lebanese nurse, head nurse, 10 years of experience

Similarly, Yara, a female Lebanese nurse asserts:

My community is proud of me as a nurse, and they depend on me regarding many health issues and questions. I facilitate resolving many health issues in my family and community.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

To summarise, many of the Lebanese female nurses described in detail the meaning and value of their nursing profession, specifically in their community. They described their role in their community, and they offered great testimonies about the recognition they receive in their community. Interestingly, none of the nurses specifically described how nurses are valued in their community and how this value, status, “symbolic capital” is translated in their professional and social life. In chapter five, there were many examples cited by the Lebanese nurses, how the value of nursing is not translated into material and tangible value, as discussed before. This next section aims to explore the Lebanese male nurses’ perception of a positive image of nursing.

Lebanese Male Nurses’ Expression of a Positive Image of Nursing

Similarly, many Lebanese male nurses verbalised their positive thoughts about nursing and their role in their community. However, they were not as elaborate as Samia as described in the previous section, who provided comprehensive details about her role as a nurse in her community. The positive comments of the Lebanese male nurses were relatively succinct. However, like the Lebanese female nurses, the Lebanese male nurses failed to describe how they are valued in their community and how the value of the nursing profession is translated at the personal and professional level. Fadi, as described in chapter five, highlights the role of the nurse in “saving lives” and the “prestige” of the profession, which was not elaborated or described.

Fadi, a Lebanese male nurse, states:

I am a resourceful person. Society needs the nurse’s knowledge and experience, and I am appreciated, and I feel like a special person in my community. The nurse is appreciated in his/her society because he/she saves lives. Nursing is a prestigious profession.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Along the same lines, Nabil declares:

I am a resourceful person in my community.

Nabil, male Lebanese nurse, registered nurse, 5 years of experience

The ideas of the above mentioned two young nurses were echoed by male nurses with relatively long years of experience as will be detailed below. Salim identifies the positive change in the nursing image over time. Salim proclaims:

Previously, in our society, people thought that a nurse does only menial things like cleaning the patient or giving an injection. Nowadays, the nursing image has improved.

Salim, male Lebanese nurse, head nurse, 15 years of experience

Samir, another seasoned nurse, echoes the previously mentioned nurses' positive comments about being consulted in his community and the appreciation he receives in his community without specifying how he is appreciated. Samir explains:

I am consulted on many health issues, and I am appreciated in my community as a nurse.

The nursing image has improved.

Samir, male Lebanese nurse, head nurse, 21 years of experience

To summarise, many Lebanese male nurses had many positive comments about the nursing profession and their role in their community. They were not as elaborate about their role as the Lebanese female nurses. Similarly to the Lebanese female nurses, the Lebanese male nurses could not specify how their claimed professional “prestige” is translated in their professional role or their social life. Again, one of the possible explanations behind this proclamation of the “prestigious” status of nursing could be related to social desirability as discussed before. My

possible understanding of the Lebanese community may have made me more attuned to some of the Lebanese nurses overemphasising their feelings of pride in the profession because they wanted to show me as a researcher the best image of nursing, although these may not be their true feelings towards the nursing image. This explanation is especially possible because none of them was able to explain how this feeling of being valued is translated.

Negative Image of Nursing

Lebanese Female Nurses Expression of a Negative Image of Nursing

Having discussed the positive image of nurses related to the Lebanese nurses, let us now discuss the negative image of nursing. It is interesting to note that most of the negative comments about nurses' image were received from the female Lebanese nurses. Only two male nurses had negative comments about the nurse's image. All the rest of the negative comments came from the female Lebanese nurses, predominantly from one participant who seemed to be resentful of the condition of the nursing profession. She provided many negative instances about the professional life of the Lebanese nurse. However, this does not necessarily represent the opinion of all Lebanese nurses. It is important to remind the reader that the Lebanese participants were nurses working in small hospitals in north Lebanon. The condition of these specific hospitals in north Lebanon may be very different from other university hospitals located in capital Beirut, for example.

It is interesting how the nursing image is, at times, in bad standing even with medicine, a closely situated profession that ought to know better about the importance of nursing. Lama, one of the Lebanese female nurses, bitterly mentions that often physicians would pose the following question to a nurse:

You are very clever, why you are in nursing. I find this remark from a physician

to be very demotivating for me as a nurse.

Lama, female Lebanese nurse, head nurse, 14 years of experience

This statement highlights the medical profession's denigration to nursing as a profession although it does not represent the opinion of all Lebanese physicians. Also, it is important to note that this kind of remark from a physician, for example, was entirely absent from the British interviews.

In addition, Lama was extensively bitter about her experience as a nurse. She extensively discusses her discontent with the nursing career from her perspective. As opposed to the nurses who were positive about the image of nursing in Lebanon, Lama specifies how nurses are scapegoated in the healthcare system by the administration and the patient alike because the physician is "untouchable. Lama argues:

I regretted my choice, and I still regret it. There is no reason I would not regret it. I have pain for my profession. The nursing image is negative in our community, and nobody is working on improving it. This is a common problem for all nurses, and no one is really working on improving it. The nurse is always the scapegoat between the administration and the patient.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Nursing: A Gloomy Perspective

Let us now move into one of the gloomiest perspectives related to nursing as perceived by one of the Lebanese nurses. Lama, a Lebanese female seasoned nurse, had a very gloomy perspective about the whole nursing career, specifically in Lebanon. She felt that even the nurses' dress code "denies caring to the self" for nurses. It is interesting that the nurses' dress code is a known "rigid" legacy of both religious and military institutions, that has failed to progress into more modern lenient and cheerful dress code, specifically in more "traditional" small hospitals, as the

hospital where Lama works. The description of the nursing journey of Lama is “tiring and destructive to the self” as she describes it. This opposes Dina’s perspective of both bitter and sweet moments in her nursing journey in section six.

Lama argues:

The general image of nursing in Lebanon is not very positive. My journey into nursing was a tiring journey which I perceive as destructive to the self. I passed through episodes of depression because the nursing profession denies caring to the self. The nurses’ dress code dictates that I, as a nurse, should not wear jewelry and should not have polished nails and should not put on make-up. I also have to wear a scrub suit that looks like pajamas. These matters per se are disgusting. For me, these things are very meaningful, and nursing makes it easier to be careless about appearance as if it becomes a habit and most of the nurses become not very careful about their appearance. My life circumstances make me go on with my work and if I had much better circumstances, I would not have continued with my work without any hesitation.

Lama, female Lebanese nurse, head nurse, 14 years of experience

It is unfortunate that Lama provides so many details about the unfairness to the nursing profession, yet no details were given by the nurses who believed that nursing is well-appreciated. Lama addresses the lack of care for the health of the nurses and the sub-optimal salaries they are paid. Lama also addresses the missing “professional prestige”, the sub-optimal “symbolic capital” of the nurse who needs to feel “untouchable” after long years of service. Instead, after long years of service, the nurse is “scapegoated” and is not well paid and remunerated and does not have medical insurance after retirement, as Lama complains. Lama adds:

We as nurses have no rights. We take care of the health of all the people and when we retire, nobody takes care of our health. It is important that after 14 years, I should, as a nurse, have a goal more than just the thanking of a patient. It is important that after 14 years of hard work, I should have a sufficient salary. It is important that after 14 years, I should feel untouchable. In addition, new nurses come with no experience, and they are given a better salary. You teach the new nurse who has a better salary than you do.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Lama continues:

Since the nursing profession did not offer me anything, I cannot offer nursing anything.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Lama maintains:

I think that my ambitions for the profession will not be actualised during my life. I think that unfortunately, increasing the salaries of nurses improves their image in society. I think that the Lebanese society is a contradictory society, and it is a society that is affected by economic reasons. In other countries, the nursing image is very positive. The nurses' image in Lebanon is not as good although we as nurses are consulted frequently. Without nursing, there will be no medicine. If nursing is given its rights, it will be a wonderful thing. The nurse is a scapegoat. Nursing is still disrespected in the Lebanese community. I wish nursing is given its value. I feel sorry for myself after 14 years because I still have the same salary as a newcomer and the same level of respect. Nurses are much more respected in other countries. Here, in Lebanon, the nurse is disrespected and scapegoated for the physician's delays for example. The bank employee, for

example, is treated differently in Lebanon and is more respected than nurses in Lebanon. The image of nursing in Lebanon needs a lot of work. I will never allow my daughter to go into nursing even if she does not find a job. Let her stay at home without a job. It is better than going into nursing.

Lama, female Lebanese nurse, head nurse, 14 years of experience

To summarise, Lama in this section depicts the gloomiest perspective of nursing and identifies all the bad sides of the nursing profession. She elaborates on the nurses' dress code and how gloomy it is, especially for her, and she ends it by the concern over health insurance upon retirement, which is a valid concern. Lama, however, admits the vital and essential role of the nurse in healthcare and in the community. It is evident that the nurses' role is essential; however, as discussed in the previous section, it is not translated into tangible remuneration, benefits and symbolic power for the nurse. The nurse actually, at least in the community and healthcare environment where Lama works, has no symbolic capital. Rather, the nurse in the area where Lama works, is "scapegoated" for the physician's mistakes because the nurse is vulnerable while the physician is "untouchable", according to Lama and many other nurses who verbalised this same concern. Lama has also compared the symbolic power of a nurse in her community with that of a banker and finds a great disparity between the two. This leads us to a discussion of the intersections of nursing with class.

Nursing: Intersections with Class

Having discussed one of the nurses' gloomiest perspectives on nursing, let us consider the intersection of nursing image with class. As will be discussed in chapter eight, nursing was traditionally viewed to be "associated with lower classes".

Lama complains:

Unfortunately, nursing is associated with lower classes. People often ask, if you have money, why did you go into nursing. If you can travel to get an education, why did you go into nursing.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Again, at this point, Lama depicts a gloomy perspective on nursing solely associated with a “lower class” as she says. However, very few other nurses shared her belief. In the upcoming section, attention will be directed toward the need to educate the public on the nursing professional role.

Nursing Image: Needs Education of the Public

Mirna observes:

Nursing is still somehow regarded in society as an inferior profession. My family strongly objected at first when I wanted to join nursing. My father wanted me to be either a physician or a lawyer. I still have reservations about the professional status of nursing in the Lebanese society. People do not really understand the real work of the nurse. We, nurses, stay with the patient while the physician leaves the patient. A schoolteacher has more status than a nurse. This includes my husband’s opinion. Although I have more education than most schoolteachers, in our society the schoolteacher has more status than a nurse. People do not really understand the real work of the nurse. We, nurses, stay with the patient while the physician leaves the patient. Our society needs education on the nurses’ role. They think a nurse is a maid and sometimes patients are disrespectful to the nurse. Here in the Middle East, the nurse’s image is bad. She is viewed as a maid or as a bad person. There is not enough education on the nurse’s role in our society. The role of the media is also important in elucidating the nurses’ role in our society. Although people

in my community consult us on many health issues, we are not really appreciated and valued enough in our society. Nursing is a highly valuable profession that is not valued enough in our country.

Mirna, female Lebanese nurse, head nurse, 18 years of experience

Care work is often not given its proper value because it is commonly done by women (England, 2005). Along the same lines of thought, Dina states:

Very few people respect us as nurses. Nurses are still viewed as mere assistants to the physicians. Sometimes, nurses are not respected in our community. A nurse is sometimes viewed as a servant. It is very difficult to change the cultural perspective about nursing. We will not reach the status of nurses in other countries. A nurse's mistake is highlighted much more than a physician's mistake for example. Even in some institutions, nurses are scapegoated for a physician's mistake where a nurse may get dismissed from his/her work because of a physician's mistake. Nurses have now accepted this situation.

Dina, female Lebanese nurse, head nurse, 11 years of experience

To summarise, Dina and Mirna in this section highlight the need to educate the public on the nurse's role at least in their community. Again, similarly to Lama in the above section, Mirna compares the symbolic power of nursing to another profession, teaching, and identifies a great discrepancy. It is important to educate the public about the various important essential roles of nurses in healthcare as identified by Dina and Mirna who are both seasoned nurses. While nurses are currently scapegoated and perceived as assistants to the physician, nurses do play a vital role in healthcare institutions, and this is not perceived accurately by patients. It is worth noting that a possible reason would be that the area served by this specific hospital in north Lebanon is a relatively rural area and characterised by small villages, where the users of the services of this

specific hospital and similar small hospitals may not be as educated as, for example, the clientele of more prestigious large university hospitals in capital Beirut. This also illustrates the discrepancy in resources, including education and healthcare in Lebanon as described in the chapter on the Lebanese context.

Ambitions for Nursing

Mona, a Lebanese female nurse notes:

My ambitions are to improve the nursing image in the Lebanese society. We as nurses are not maids. We serve the health of the patients; we do not serve the patients, and we are not maids. I aspire to improve the nursing image in society. The nurse is a resourceful person for her community and family.

Mona, female Lebanese nurse, head nurse, 21 years of experience

Rania states:

I do not have any ambitions as in our country there are not many opportunities. The salaries of nurses are not encouraging, and nurses' efforts are not much appreciated in Lebanon. In other countries, nurses are more respected, and their salaries are better. Nursing is a profession that requires more respect in our Lebanese society. Nursing in our society is not offered its proper value and rights as other professions are valued and given their rights in our society.

Rania, female Lebanese nurse, nurse manager, 13 years of experience

Similarly, Amale, a Lebanese female nurse explains:

Both male and female nurses are not perceived well in our society.

Amale, female Lebanese nurse, head nurse, 33 years of experience

To summarise, the ambitions of the Lebanese nurses for nursing and the image of nursing varied between hope and despair. Nurses expressed a hope for a better image similar to other professions or similar to nursing in other countries and despair or a yearning for a more “prestigious” image and nursing profession, and maybe for a better country, where nurses are more appreciated. The subsequent discussion will investigate the intranational discrepancies in nursing opportunities in Lebanon.

Nursing Opportunities: Intra-National Discrepancies

Dina proclaims that in Lebanon, there is not much motivation for a nurse like in other countries where there is more organisation of the profession. Dina explains:

In the north of Lebanon where I work, there are not enough opportunities for continuing education and development like there is in capital Beirut. I wish I could find more motivation in Lebanon to be as equal to physicians.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Dina adds:

We, as nurses, need the support of a government which is in fact absent. Technical resources are also needed in our hospital, which are not as available as in other central university hospitals. There is also an overall deterioration in all schools of nursing. We need to look again at the level of the graduating nurses.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Dina also notes:

I have so many ambitions for nursing. Unfortunately, there is not much serious work in this area. I aspire that in Lebanon the nurse becomes like in other countries where the nurse is respected. However, our society does not appreciate my real value as a nurse.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Maya states:

Many times, in our country the male nurses are less accepted in our society as families have ambitions that their male children go into medicine, engineering or other prestigious professions.

Maya, female Lebanese nurse, nursing supervisor, 22 years of experience

At this point, Maya raises an important issue about the male nurses, which may be valid for the female nurses, as well. In Lebanon, as might be the case in certain other societies, parents often prefer to have, specifically their sons, and their daughters at times, pursue medicine, engineering or other “prestigious” professions. Also, it is worth noting, at this point, as described in the chapter on the Lebanese context, that there is a great disparity in the distribution of resources in the Lebanese community, including resources in education and resources in healthcare, as verbalised by Dina. Dina identifies that she has fewer opportunities than nurses who work in the capital Beirut.

To summarise, female Lebanese nurses had many negative comments on the image of nursing much more than the male Lebanese nurses despite the many positive comments discussed earlier.

The Lebanese female nurses had many ambitions and many regrets for the profession of nursing. The Lebanese nurses detailed the different negative aspects of the unfavorable condition of nurses in Lebanon and compared it to nurses in capital Beirut, to nurses outside the country, to physicians and to other profession in Lebanon such as bankers and teachers. They felt that nurses, in small hospitals in the north of Lebanon, have less resources in general and less resources to advance their profession. The male Lebanese nurses were generally more positive towards the image of nursing. However, they had a few comments that will be discussed in the next section.

Lebanese Male Nurses Expressing a Negative Image of Nursing

The subsequent section will explore the Lebanese male nurses' negative image of nursing. As discussed before, male nurses have many challenges related to nursing. Nevertheless, the Lebanese male nurses were less verbal about the negative image of nursing in Lebanon. However, some male nurses still verbalised some of their concerns related to the negative image of nursing.

Towards Improving the Image of Nursing

With the preceding analysis as context, we proceed to male nurses' recommendations to improve the image of nurses in Lebanon. Salim explains:

We still have a negative image of the nursing profession in Lebanon and the nursing image should be improved through the media and there should be education of the society on nurses' role.

Salim, male Lebanese nurse, head nurse, 15 years of experience

Salim is one of the very few Lebanese nurses who commented on the role of the media in improving the nurse's image and the education of the society on the nurse's image.

Nurses Compared to Physicians

Expanding upon the concepts just introduced, the next section explores the nurse's image as compared to that of physicians.

Salim argues:

The nurse who accompanies the patient for 12 hours is not valued. Nurses follow up on the patient continuously while the physician sees the patient for 15 minutes. Nurses follow up on the patient. Nurses follow up on the patient while he sleeps at night. Nurses do not have their rights as in other countries. In other countries, where I have been, the nurse is well respected and is given many benefits. Till now, when a patient comes to the emergency room, the nurse does all the necessary procedures on the patient, but when the physician shows up, the patient forgets about the nurse, and he listens to the two words the physician gets to utter in his short visit and sticks to them as his salvage. We as nurses are also to be blamed because of our failure to deliver the whole message about the nursing profession.

Salim, male Lebanese nurse, head nurse, 15 years of experience

The male Lebanese nurses were less verbal about the negative aspects of nursing, which may be attributed to the fact that male nurses have better chances at promotion than female nurses.

The male Lebanese nurses exhibited fewer negative perceptions of the image of nursing in general. Similarly to many female nurses, Salim compares the symbolic capital of nurses to that of physicians and to other nurses in foreign countries. Salim offers an additional perspective by

holding nurses accountable for their lack of effort in enhancing their image and in educating society about their professional responsibilities. This was not mentioned by the Lebanese female nurses, who blamed the government and other entities for the need to improve the nurse's image in Lebanon.

Ambivalence towards the Nursing Image: The Lebanese Perception

Nursing as an Instrumental Choice of an Appreciated Career

These findings pave the way for a deeper analysis of the Lebanese nurses' perceptions. During the interviews with the Lebanese participants, the nurses frequently expressed some ambivalence towards the image of nurses in Lebanon. The Lebanese nurses discussed many positive aspects of nursing and described in detail the extent to which they are appreciated in their community. Simultaneously, the same group of nurses expressed a lack of appreciation to the nursing profession from many different stakeholders, whether related to hospital administration, the government or the public in general. This ambivalence is further reflected in the fact that despite their choice of nursing as a profession, the nurses were unable to identify nursing as an independent field. Nursing in this specific Lebanese community seems to be always tied to medicine and rarely seen as an independent field on its own. For example, Fadi, a relatively young nurse, argues:

I wanted to look for a major where I can find work.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Fadi adds:

The nurse is appreciated in our society because he saves lives. It is a prestigious profession.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Initially, Fadi exemplified an instrumentalist perspective to nursing, similarly to many young men and women in Lebanon, where unemployment rate has tremendously increased especially after the Lebanese economic crisis accompanied by the worldwide pandemic. Nursing has been historically sought in the last few decades or more in Lebanon, like many other countries, to secure employment because of the shortage of nurses in many countries such as the USA and Lebanon. Specifically, nurses in Lebanon are attracted to better job conditions in the gulf, United states and Europe, which further adds to the shortage of nurses in Lebanon. However, this situation paradoxically attracts more nurses to join nursing. This is a two-edged sword as it helps fill the gaps of the nursing shortage momentarily. However, nurses soon leave to go to foreign countries for better opportunities. Moreover, nurses' motivation to join the profession because of economic necessity or employment purposes may not have intrinsic motivation for a nursing career and may lack skills that match the professional habitus of nursing of care and ethics.

In contrast, Fadi paradoxically identifies the ethical and moral aspect of nursing, and a valuable social capital associated with the nursing profession, although he chose nursing to secure a job.

At a later stage in the interview Fadi argues:

In our country, the nursing profession is not given its value; it is ostracised. The nursing profession in Lebanon is nil and zero.

Fadi, male Lebanese nurse, registered nurse, 4 years of experience

Fadi, at this point, depicts a gloomy side of the profession that may not be unrealistic due to many factors affecting the profession. This is specifically prominent in the north of Lebanon,

where this study was conducted, as healthcare and many other services are unsatisfactory compared to other areas such as in capital Beirut. As described in the previous chapter on the Lebanese context, many services in Lebanon, including healthcare and education among other services vary tremendously among Lebanese regions depending on their affiliations. Resources are somehow distributed unevenly among different regions and different institutions.

These paradoxical views were prominent in the Lebanese interviews where participants seemed to value the nursing profession and at the same time seemed ambivalent about the nursing image and how it is perceived in different areas of the world.

Nursing as an Alternative to Medicine

With this understanding in place, the focus shifts to the Lebanese perception of nursing as an alternative to medicine. Along the same lines, Nabila, a Lebanese female nurse, expresses her ambivalence towards the nursing image when she notes that her family selected the nursing career for her because they wanted to have a family member in the medical field. At this point, nursing appears like a second choice to medicine and like a complementary field to medicine when Nabila states:

They wanted to have one of the family members to be in the medical field.

Nabila, female Lebanese nurse, registered nurse, 8 years of experience

On several occasions in the interviews, nursing appears to be a second choice, as discussed in chapter five, or an alternative to medicine. Later, Nabila displays the positive aspects of nursing. Nabila proclaims:

The nursing image has improved, and I am well appreciated by both my family and my community.

Nabila, female Lebanese nurse, registered nurse, 8 years of experience

At the same time, Nabila articulates this societal ambivalence towards nursing. Nabila expresses her community's lack of understanding of the nurse's role in Lebanon by confusing it with medicine or perceiving it as an affiliated discipline to medicine without an independent and integral identity. Nabila argues:

I am perceived in my community as a physician and my family sometimes forgets that I am a nurse, not a physician. The nurse is considered half a doctor.

Nabila, female Lebanese nurse, registered nurse, 8 years of experience

The statement is paradoxical as it illustrates how the Lebanese community views nursing as a profession, always compared to medicine. This is expressed by many scholars such as Ayala (2020) who argues that nurses, for example, are traditionally viewed as less knowledgeable than physicians. It is as if the Lebanese society persistently fails to delineate nursing as an independent well-defined career, at least as revealed in this group of nurses. Nursing appears, on many occasions, as a second choice in another field, usually the medical field. It is relatively unusual to have nursing being selected as an independent first-choice career, at least in this group of participants. However, Nabila concludes by saying:

The nurse's image has improved.

Nabila, female Lebanese nurse, registered nurse, 8 years of experience

The Lebanese participants repeatedly expressed their community's appreciation of nursing. Paradoxically, the Lebanese participants often expressed a negative image of nursing when they defined nursing as an adjunct to medicine: "half a doctor".

Nursing: A Smaller Amount of “Symbolic Capital”

Informed by the earlier arguments, the discussion now advances to the “symbolic capital” of nursing. One of the issues identified in the nursing profession, at least by this group of Lebanese participants, is the ongoing comparison of nursing to medicine although nurses are acknowledged to be consulted on a variety of health issues.

Adib proclaims:

A nurse is called a doctor in my community.

Adib, male Lebanese nurse, registered nurse, 12 years of experience

Again, this proclamation illustrates well the failure of the Lebanese society to delineate the nursing profession as a well-defined independent profession with a separate identity different from medicine although Adib proclaims that nurses are consulted on everything in his community. It seems as if nursing, at least in certain Lebanese communities, often appears as a field defined exclusively in comparison with the medical field. This is especially prominent in Lebanon. Another identified issue for the nursing profession is that although some nurses claimed to be appreciated in their community, they would not recommend that their children follow their path because of the stress that arises from the profession.

Although Nora speaks highly of her nursing profession all through the interview, she concludes by stating:

If my daughter wants to go into nursing, I will not allow her because of the stresses of the nursing profession and because the nursing profession is not appropriately rewarded. It is discouraging to observe that the nursing profession in Lebanon and in the north in particular is not given its proper value. The problem lies in the lack of education about the exact role of the nurse. There is a misconception of the nurse as a maid who merely

gives medication. Very few people are educated and know and appreciate what a nurse does. I advise the new generation to go into an easier and more rewarding fields of work that they like and there are many other professions which are more important and easier for women.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Adham, expresses this ambivalence towards the image of the nursing profession:

I joined nursing by pure chance and nursing was not my dream, it was a secure job for me. However, I enjoyed it when I worked and found out how patients improved.

Adham, male Lebanese nurse, registered nurse, 4 years of experience

However, the dilemma about the nursing profession is again evident when he adds:

I am viewed in my society as half a doctor.

Adham, male Lebanese nurse, registered nurse, 4 years of experience

Another Lebanese female nurse, Lama, states:

I am appreciated in my community as a nurse. However, it is still very disgraceful to see other professions being more appreciated in our society much more than nursing.

Lama, female Lebanese nurse, head nurse, 14 years of experience

One of the Lebanese female nurses, Yara, notes:

Although nurses are consulted on many health issues in their community, they are still not appreciated and valued enough in their community.

Yara, female Lebanese nurse, registered nurse, 2 years of experience

One of the female Lebanese nurses, Dina makes the following observation:

Many times, nurses prefer to introduce themselves as a nurse manager and not as a nurse.

This is because our Lebanese society does not value nurses appropriately.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Dina comments very proudly:

Many times, people in my community say nursing suits me. However, they add: If you had the chance to be more than a nurse, it would also suit you.

Dina, female Lebanese nurse, head nurse, 11 years of experience

This is another example of the ambivalence towards nursing. Lama provides the following explanation:

I am appreciated in my community, however, nurses in Lebanon do not have their rights.

Lama, female Lebanese nurse, head nurse, 14 years of experience

Similarly, Dania states:

I do not regret going into nursing although it was not my first choice.

Dania, female Lebanese nurse, head nurse, 13 years of experience

Dania adds:

The Lebanese nurses are not given their rights especially when it comes to monetary remuneration and especially in the north of Lebanon. The nursing profession does not offer us our rights and fair salaries as nurses, especially here at the north.

Dania, female Lebanese nurse, head nurse, 13 years of experience

Similarly, Mona states:

We are not given our rights in terms of salaries especially in the north.

Mona, female Lebanese nurse, head nurse, 21 years of experience

Nora comments:

There are many other professions which are more important to the woman and easier for a woman.

Nora, female Lebanese nurse, registered nurse, 23 years of experience

Throughout this section, there were several positive views of the nursing profession and the nursing image in addition to its perceived value. Simultaneously, there were many negative comments by the same nurses, who at many times, either felt unappreciated or not fairly remunerated. The nursing profession was often compared to other professions, particularly to physicians. Nurses also complained about the lack of appreciation of the nursing profession as compared to medicine. Specifically, in this section, the nurses did not recommend the nursing profession to be a familial inheritance to their children because of its many stresses and lack of appreciation in general.

Nursing: “Sweet and Bitter Moments” in One Journey

With this understanding in place, the focus shifts to the sweet and bitter moments of the nursing journey as perceived by some of the Lebanese nurses. This section presents another series of ambivalent statements by the Lebanese nurses. For example, Dina, a female Lebanese nurse, describes her journey of nursing as

A nice journey that includes both sweet and bitter moments.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Dina continues:

I aspire that we, Lebanese nurses become like other countries, where the nurse is respected. In our communities, people think that the nurse merely gives an injection or just does tasks.

Dina, female Lebanese nurse, head nurse, 11 years of experience

Another example is when Amale notes:

I stayed in nursing because I love my work. At the same time, the economic reasons and stability were reasons why I stayed in nursing.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Then she continues at a later section in the interview:

Both male and female nurses are not perceived well in our society.

Amale, female Lebanese nurse, head nurse, 33 years of experience

Dina illustrates in only one statement the Lebanese nurses' ambivalence towards nurses by describing her journey as "bitter and sweet". Amale echoes Dina's feelings of ambivalence in a series of somewhat contradictory sentences. Many journeys and possibly the majority of life work journeys cannot be but a mixture of intertwining of some "bitterness" and some "sweetness". Specifically, the nursing condition in Lebanon particularly for nurses who work in less privileged areas involves the bitter and the sweet together. I can identify with this ambivalence although I worked in a different hospital setting. I experienced a mixture of ambivalent feelings of a certain type of pain at times because of the natural roughness of the nursing work and because of the pains of the patients in addition to our own vulnerabilities as healthcare workers. However, episodes of satisfaction always naturally alternate with episodes of

pain. Satisfaction is brought by the conquering of our own fears or by soothing a patient soul with a tender word.

To summarise, this section has addressed the Lebanese nurses' feelings of ambivalence towards nursing. It addressed the instrumentalist aspect of nursing. It discussed how nursing in Lebanon is often viewed in comparison to medicine as discussed before. This section has also considered nursing from the perspective of symbolic capital which was viewed as scant by the Lebanese nurses. The last subsections discussed the sweet and bitter moments of one journey.

Conclusion

This chapter has shown that the Lebanese nurses' perceptions of the image of nursing is ambivalent encompassing many positive and negative elements. The Lebanese nurses elaborated well on their nursing roles and elaborated on detailed descriptions of their nursing professional role in their community. However, they did not specify how the appreciation of their community is actually translated in the nurse's professional and social life. A possible explanation could be social desirability. The female Lebanese nurses were more elaborate on the negative aspect of the nurses' professional image than the male Lebanese nurses. Mainly, one of the female nurses was the most elaborate on the negative side of the nursing professional image. There were many sources of dissatisfaction for the Lebanese nurses such as intra-national discrepancies in resources within hospitals and the need to educate the public on the nurses' role. At the same time, the Lebanese nurses had many sources of ambivalence for their perceptions on the nursing image in Lebanon. On many occasions, the Lebanese nurses started with some positive statements around the nursing professional image; however, they ended their conversations with either a direct or an indirect inference to a negative nursing image in Lebanon. It is worth mentioning that the interviews with the Lebanese nurses were conducted in small hospitals in

north Lebanon and the condition of the nurses and their image may not represent the perception of all the nurses in all Lebanon. Exceptionally, one of the female nurses was extremely negative about the image of nursing, especially the image of nursing in Lebanon. This brings us to another theme, as verbalised by a few Lebanese participants; the need to educate the public about the nurses' role, especially in small hospitals in rural communities, where the nurses' role may not be well known to the community. Another important theme for the Lebanese nurses is the intra-national discrepancies, not only in the resources but also the opportunities for professional development for the nurses in different hospitals. Many Lebanese nurses also expressed some ambivalence towards the nurses' image in Lebanon. Another theme that was common to the Lebanese participants was the perception of the nursing profession as an alternative to medicine. It is worth mentioning that the female Lebanese nurses communicated a relatively more negative perspective on nursing in general than the male Lebanese nurses. Many female Lebanese nurses had concerns over the nursing profession, including the low salaries, the lack of respect and the scapegoating of Lebanese nurses. The Lebanese nurses considered that the social status of a Lebanese nurse is less than other professions in Lebanon such as a banker or a schoolteacher. Male nurses had unique thoughts on nursing. One of the male nurses identified the role of the media in enhancing the nursing image in Lebanon. One of the male nurses blamed nurses themselves for not enhancing the image of nursing.

Findings- Chapter 8
The Nursing Image in the UK

Findings- Chapter 8 - The Nursing Image in the UK

Introduction

Having discussed in the previous chapter the image of nursing as perceived by the Lebanese nurses, the next chapter will explore the image of nursing from the perspective of the British nurses. The image of nursing is a salient theme in this study that was addressed in the second part of this thesis because of its deep relationship with both the professionalism of nursing and gender. Although it is discussed separately from a major part of this thesis, which is the profession of nursing, it intertwines in several areas with the profession of nursing as it appears in many quotes in the findings' chapters. As indicated previously, the chapters on the profession of nursing and on the image of nursing were designed to be separate for clarity purposes. However, for accuracy purposes, some interlapping of themes still appears because of the naturally interwoven two major themes. For example, appreciation of nursing may appear in both major themes because it naturally relates to them both.

Chapter Highlights

This chapter highlights many important themes related to the image of nursing and to gender. The image of nursing is an essential theme due to its relatedness to the professionalisation of nursing. The first section aims at exploring the British nurses' perception of the nursing image in two different aspects, whether perceived positively or whether perceived negatively. The second section presents the British female nurses' perception of the relationship between the image of nursing and gender. Femininity and how it relates to nursing was a major theme for the British female nurses. The third section presents the British male nurse's perception of the image of nursing and gender, and it is divided into many subsections that address the nurse's image in general, nurses' image and masculinity and images of leadership as it relates to male nurses.

British Nurses' Perception of a Positive Image of Nursing

A Positive Image of Nursing: Succinct British Descriptions

This section addresses the British nurses and how they expressed a positive image of nursing. It includes three main subsections. First, it describes how the British nurses were succinct in describing the positive image of nursing. Second, it describes the effect of COVID-19 on the nurses' positive image and the third subsection describes the nurses' professional role as a non-exchangeable "symbolic capital". The definition of the image of nursing has been extensively discussed in the previous chapter and it can be defined as the perception of the nursing profession in society as viewed by different stakeholders including other members of the healthcare system. In contrast to the Lebanese nurses, the British nurses were not extremely verbal about the positive aspects of the nurses' image. It seems that the Lebanese nurses, as discussed in chapter seven, elaborated more on this theme and described more fully what their nursing role meant to them in their community while the British nurses were more reserved and did not elaborate on these details. A possible explanation relates to the cultural difference between the British and the Lebanese society.

Nurses' Image and COVID-19 pandemic

Transitioning to the next theme, we will consider the nurses' image and COVID-19 pandemic. A major theme related to the British nurses' perception of a positive image of nursing is associated with the role of the COVID-19 pandemic in illustrating the vital role of the nurse. It is worth reminding the reader that the interviews with the Lebanese nurses were conducted before the COVID-19 pandemic. George takes the perspective of the patient to illustrate the effective work nurses do as he shares his previous experience as a patient. George also raises an important issue which is the importance of the COVID-19 pandemic in demonstrating the great altruistic care

nurses offer throughout their career. It is as if the pandemic has shed light on nursing and its altruistic value. George says:

I have been a patient myself and I think that nurses in the UK do a good job. Nurses are often recognised for the work they do and if the global pandemic has done anything for nurses it's really shone a light on just the work that they do. The nursing profession has demonstrated altruism during this period of the pandemic. I think, yeah. You know it's recognised them, that they are important.

George, male British nurse, student, 1 year of experience

Around the same lines of thought, Jane, an experienced nurse, accentuates the importance of nursing especially as highlighted by the pandemic. She says:

It's become very much recognised as a profession and actually interestingly, the COVID-19 pandemic has probably done quite a lot for the nursing profession in terms of recognising their values and attributes to the broader and wider society as well and now the community is much more educated about the role of the nurse.

Jane, female British nurse, lecturer, 21 years of experience

Jane highlights the effect of the pandemic in elucidating the role of the nurse in the community.

We turn our attention to the nurses' professional role.

Nurses' Professional Role: Non-Exchangeable Symbolic Capital

Teddy, very briefly, states:

Most people are aware that nurses are needed more.

Teddy, male British nurse, student, 1 year of experience

However, Teddy does not give any details about how nurses are needed and what their services are or what they bring to healthcare that other professions do not offer. As mentioned in chapter seven, this was evident with the Lebanese participants who gave many details about their services specifically to their community.

At this point, it is worth noting that none of the British nurses, both males and females, gave any details about how nursing is recognised in the UK, other than being considered trustworthy by people. Although nurses are recognised socially, the recognition remains at the symbolic level as it is not exchangeable with other material resources such as remuneration, benefits, social prestige, etc. The recognition is not being materialised while for physicians, the recognition is exchangeable with material resources such as remuneration, benefits and social prestige among other benefits.

To summarise, very few British nurses, whether male or female nurses, drew upon their own experience to give elaborate details on the positive aspects of nursing or how nursing adds value to healthcare in general and in the UK in specific or to their own community. The British nurses' descriptions of how nursing displays a positive image in the public view were relatively succinct. The lack of elaboration by the British nurses may be related to a cultural tendency to be less verbal or because social desirability is more pronounced in the Lebanese culture. Also, it may be that social desirability was more prominent to me as a researcher within the Lebanese group because I am more familiar with the Lebanese social context and behaviour, being a Lebanese myself. The British nurses did not elaborate much on the negative image of nursing either. The following section focuses on how the British nurses expressed a negative image of nursing.

British Nurses Expressing a Negative Image of Nursing

This section addresses the negative image of nurses as perceived by the British nurses. The first subsection considers nursing remuneration, the second subsection discusses nursing image and the media, while the third subsection addresses nursing expertise as an unrecognised realm. The last subsection addresses nursing professional development.

Very few British nurses had negative comments on the nurse's image, especially when compared with Lebanese nurses. It may be because the British nurses were less elaborate and verbal about nursing as a profession. This may be due to an inherent characteristic within the western British culture especially when contrasted with an Arab culture, at least this is the way I conceived it, as a Lebanese myself.

Nursing as a Female-Dominated Profession and Nursing Remuneration

This next section aims to explore nursing remuneration. One of the negative aspects of nursing, highlighted by the British nurses, is that because nursing is a female-dominated profession and females tend to negotiate less for better wages and better benefits, nursing, when compared to other professions, is not given its proper value in terms of remuneration. Unfair remuneration of nursing because it is a female-dominated profession was a frequent remark by the British nurses who were able to delineate how the female predominance in nursing negatively affected its remuneration. Females negotiated less than men in general which tends to devalue the nursing profession even more. Again, this theme of less-than-optimal remuneration for nursing as a predominantly female profession was a theme exclusive to the British nurses. The Lebanese nurses did not raise this issue in their interviews. James compares nursing and other professions such as a firefighter or a police officer who is more assertive in negotiation for better wages.

James argues:

Over the years nurses have accepted low wages when it comes to wage negotiations because they always don't want to do harm with regards to going on strike. Other comparable careers like firefighting or police have a far higher career package of remuneration than nursing and there are quite sexist reasons for this.

James, male British nurse, nurse manager, 25 years of experience

Although nursing is known to be suffering from inadequate remuneration, a paradoxical theme in both Lebanese and British nurses is the financial rewards of nursing.

Paradoxically and similar to many Lebanese nurses, Joe highlights the fact that nursing is sought by many people because of its economic advantage as it can secure them a job because of the nursing shortage in the UK. This is also evident in the literature. The financial security of nursing attracts nurses who do not have the needed passion for the profession. They are attracted to nursing by mere financial motives without any altruistic professional motivation. Joe reveals:

One of the types of nurses joining nursing is the type of people who join because nursing has good salaries, or because they could not find another job. Those nurses lack power and authority in relation to other professions.

Joe, male British nurse, professor, 20 years of experience

Those nurses are attracted to nursing because of a financial advantage but may have an unmatching “professional habitus” for a “caring” career. In the upcoming section, attention will be directed toward the nurse's image and the media.

Nurse's Image and the Media

Another negative aspect highlighted by one of the British male nurses is that the media highlights negative incidents related to nurses much more than highlighting the positive aspects of nursing. George delineates the contradiction between the caring and professional aspect of nursing and how it is portrayed in the media which accentuates unfortunate or accidental happenings. George states:

Although nursing is a very caring professional work, it receives a lot of bad press in the media that focuses on the things that go wrong.

George, male British nurse, student, 1 year of experience

Although George is in his first year, this was a well-studied comment on his part. The subsequent discussion will explore nursing professional development.

Nursing Professional Development

Similarly to many of the Lebanese nurses who raised the issue of the professional development of nurses, Joe believes that the professional development of nurses is a valuable indicator of a profession and requires more consideration. Joe argues:

Professional development is another important marker of a profession that needs further attention.

Joe, male British nurse, professor, 20 years of experience

To summarise, the British nurses had minimal negative remarks about the image of nursing, and they were less elaborate about the negative aspects of nursing. Some of the British nurses discussed many themes that were already shared by the Lebanese nurses such as ensuring a fair remuneration to the nursing profession and the importance of advancing the professional development of nurses. A unique theme to the British nurses was the association of nursing with

a female-dominated image which has negatively impacted a fair remuneration. The British and the Lebanese nurses shared many common themes, however, each group also raised certain themes that were distinctively unique to either an Arab eastern culture or a British western culture.

Nursing Image and Gender: British Female Nurses

Turning to a new theme, we consider the image of nursing and its relationship with gender from the perspective of the British female nurses. This section is divided into several subsections. The first subsection addresses the traditional nurses' image. The second subsection discusses nursing image and femininity. The third section discusses nurses' image and maternal instincts. The fourth subsection addresses nursing as hard work. The fifth subsection considers nursing, gender and patient preference. The sixth subsection discusses nursing, femininity and the media. The seventh section discusses men and compassion. The eighth section addresses the value of nursing in society.

The Traditional Nurses' Image

One of the common images of nursing is a very traditional image. Clare illustrates this image by describing female nurses as more “genuine” and more accepted in society. She explains:

In society, a female nurse is seen as more genuine and accepted.

Clare, female British nurse, student, 1 year of experience

Many British nurses echoed Clare's thoughts. Suzan also reflected the traditional female image of a nurse in the UK and the traditional image of a nursing profession.

I think the traditional image of a nurse in the UK is a female. I think it is also of a working class. I think the public image of nursing is a perception that it is a very female profession.

Suzan, female British nurse, lecturer, 30 years of experience

However, there is broad consensus among nurses that nursing is a career for both genders although society tends to perceive nurses as females only. Clare also discusses how the image of the founder of nursing, Florence Nightingale, might instigate people to make this stereotypical association. Clare argues:

I think nursing is a job for both genders but there are a lot more females in nursing than males. I think when you say nursing and think female, it just fits. You have this image in your head. You think of a nurse as a female, you think of Florence Nightingale. So, when I said I wanted to be a nurse, no one really questioned it, nobody said anything about it. It was kind of a normal gender-assigned job role.

Clare, female British nurse, student, 1 year of experience

British nurses, at some point, like many Lebanese nurses have associated nursing not only with femininity but also with maternal instincts, as will be discussed in a following section. We now proceed to explore nursing image and femininity.

Nursing Image and Femininity

Similar to the interviews with the Lebanese nurses, the association of the nursing image with femininity is a major theme for the British female nurses. Although many males are currently joining nursing, the image of nursing remains strongly associated with femaleness by the society,

which is not necessarily true. The association of the nursing profession to femaleness may act as a constraint for males to join the nursing profession. The entry of more men in nursing may be greatly needed to ensure a more diverse nursing workforce and to counteract the nursing shortage in the UK and Lebanon as well as in many other areas of the world. Helen, a highly qualified nurse, argues that the association of nursing with femaleness has a strong negative effect on nursing as society positions men at a higher status than women, which is an inescapable fact.

But I think we can't escape society's positioning of women and men, and I think that is very strong.

Helen, female British nurse, professor, 31 years of experience

For many British and Lebanese nurses, as discussed in the previous chapter, it is more acceptable to see female nurses. Norma verbalises her preference, or maybe a societal preference, reflected by her. Norma argues:

It is more accepted as a woman to be a nurse.

Norma, female British nurse, nursing student, 1 year of experience

Some nurses resisted this idea; they considered the assumption that nurses are only female as a form of stereotyping. They thought that both male and female nurses can equally perform the job. Lynn, also a first yearer, explains:

I think it is very stereotypical that nurses are viewed as mostly women not men.

Lynn, female British nurse, student, 1 year of experience

Although Lynn and Norma have comparable experience in nursing, they seemed to disapprove of each other's view. Expanding upon the concepts just introduced, the next section explores the nursing image as associated with maternal instincts.

Nursing Image Associated with Maternal Instincts

Nursing was associated not only with femininity but also with maternal feelings by both the Lebanese and the British participants. It would be worth noting that this perspective of maternal feelings, femininity and its association with nursing was more prevalent in the British younger nurses with less experience. More seasoned British nurses did not make this association, maybe specifically because of their experience and their knowledge of nursing, at least in the British group of female nurses. Maybe the students did not have enough experience in nursing and still carried the society's perspective of nursing without sufficient nursing experience of their own.

Norma states:

But as a whole, yeah, I think like I said, going back to the whole maternal instincts of a woman and the expected set of skills that a woman should have that suits the role of a nurse. It is more accepted as a woman to be a nurse.

Norma, female British nurse, nursing student, 1 year of experience

It seems that Norma, with her limited experience in nursing, does not recognise the wide repertoire of skills needed for a nurse, some of which may be far from feminine. As discussed in the conceptual framework, caring, a skill highly associated with nursing, can be perceived as competency, which can be argued to be a science by itself. As discussed before, the nature of nursing may be paradoxical in relation to femininity as it entails hard work, heavy emotional labour, and sometimes heavy physical work, like carrying patients.

Nursing: Hard Work as Opposed to a Soft Career

With this understanding in place, the focus shifts to discussing nursing as hard work. Contrary to common belief, nursing may require hard work and can hardly be considered a “soft” career. Eve argues:

I think we are still looked at as a female dominated profession. And they tend to say that this is due to the soft nature of the profession, which is not necessarily true.

Eve, female British nurse, professor, 39 years of experience

At this point, it is important to note that nursing may involve a considerable amount of hard work like lifting patients and dealing with blood and wounds for example which is by no means “soft”. Following this progression, the discussion next addresses nursing, gender and the patient’s preference.

Nursing, Gender and Patient’s Preference

Norma echoes the thoughts of Eve and elaborates a little more that the service users do not differentiate between male and female nurses. This is interesting to note because several Lebanese nurses, expectedly, in a reserved community such as north Lebanon, would require a nurse of the same sex. In contrast, Norma explains that British patients do not require a nurse of the same sex, and they do not require a female nurse exclusively, as it was discussed in the previous chapter. Norma states:

No. At the moment, I am in the university and my close friend is a male and we are doing our degree together and I’ve known him for a few years. We’re both learning. We both have common sense. We’re both competent enough to move forward. So, I disagree with the fact that gender matters because I think it doesn’t as long as your fundamental skills

are the same. And obviously, the service user doesn't have a preference for the service. I think it doesn't matter. I just feel like society puts these pressures and created a stigma about a nurse being a female.

Norma, female British nurse, nursing student, 1 year of experience

Young Norma, who seemed to have a contradictory view of a more traditional nurses' image affirmed that the same competence is required of nurses irrespective of the gender of the nurse. Turning to a new aspect of the topic, we consider nursing, femininity and the media

Nursing, Femininity and the Media

Helen raises the issue of the image of the nurses in the media and how nurses are usually portrayed as female. The male nurses are either not represented in the media or are presented as "deviant" or with other "bad" images:

I would like to add on how nursing is portrayed in the media. How often nursing is portrayed. Is it portrayed as a male thing or a female thing? Nurses are dominantly females in the media. That reinforces to people what a nurse looks like. And if there is a male nurse, they are often deviant. They are often not good nurses. They may be managers who are not nice to people. If there is a male nurse, they are often not a good person.

Helen, female British nurse, professor, 31 years of experience

Again, the media is the culprit here, for disseminating to the public unrealistic images about nursing. The following section focuses on men and compassion in nursing.

Men and Compassion

It may be traditional to theorise that men are not capable of compassion. For Eve, nursing is not actually a profession which is exclusive to women. Eve explains:

I worked along male nurses who are far more compassionate than a female nurse. In society, when you say a nurse, they immediately come out with the image of a female.

Eve, female British nurse, professor, 39 years of experience

Eve brings to the discussion a new dimension. Doctors are always, or maybe frequently, perceived as males because of stereotyping. Eve argues:

A doctor is always regarded as a male. But sometimes the doctor is a “she”. So, gender stereotypes are always there. And it is not because men are not accepted in nursing. It is slowly changing.

Eve, female British nurse, professor, 39 years of experience

It makes one wonder why female doctors do not object to a male-dominated image. It could be that medicine is more valued in society. The subsequent discussion will explore the value of nursing in society.

The Value of Nursing in Society

Helen, a seasoned nurse, argues that society, maybe in an indirect manner, values the medical profession more than it values the nursing profession. This is especially evident when men in society are not encouraged to join nursing and are urged to consider the option of a medical career instead when selecting nursing as a career. Helen says:

I think society has a very stereotyped picture of what are male nurses like. I don't think young boys are encouraged to think about being a nurse. So, I think when a boy decides

to be a nurse, it is very much something that they develop for themselves. I don't think society paves a way for them and in fact, society probably puts up a few barriers. So, probably if a boy is saying that they want to be a nurse probably they will almost inevitably be told by somebody. "Oh really. Why don't you try and be a doctor or really do you think that's a good career for you?" So, I think that the men who get through are people who've had to let society perceptions and forge their own way. I don't think society encourages them to be nurses.

Helen, female British nurse, professor, 31 years of experience

To summarise, the British female nurses' perception of the nurses' image is associated with femininity; many British female nurses reflected society's stereotyping of the nurses' role. However, it seemed like a mere reflection of societal expectations. More seasoned and experienced nurses acknowledged the association of nursing with femininity to be stereotypical. Additionally, the British female nurses discussed the nurses' image and its association with femininity. Male nurses are often questioned in nursing about their sexuality. Men are generally not expected to enter the nursing profession. Moreover, the media has contributed to inflating negative incidents and propagating a negative nursing image. On the other hand, although men are traditionally viewed as incapable of compassion, many British nurses perceived men in nursing to be capable of compassion.

Nursing Image and Gender: British Male Nurses

Moving forward, we will examine the British male nurses' perception on gender. The first subsection considers male nurses and the nurses' image. The second subsection addresses nursing and emotional care. The third subsection discusses the image of men in nursing as a

double-edged sword. The fourth subsection discusses male nurses and masculinity. The fifth subsection considers men in nursing and professional satisfaction. The sixth subsection considers nursing and stereotypes. The seventh subsection considers nursing as a non-gendered career. The eighth subsection considers male nurses and images of leadership. The last subsection addresses the multidimensional aspects of nursing.

Male Nurses and Nurses' Image

Being a male nurse may raise many questions. This is an issue exclusively discussed by the British nurses. This might be attributed to the conservative attitude of the Lebanese community in the north of Lebanon where the interviews were conducted. In addition, discussing sexuality may be a taboo in certain Lebanese communities. Chris, a seasoned nurse with 34 years of experience, claims:

As far as personal life, I still find it very funny because people make a lot of assumptions and the main ones are whether you are gay so there is nearly always, if not an assumption, a wondering. So, when I started seeing women, it was nearly always a question. "I wouldn't be seeing you out for a date if I was gay". I find it funny. I can imagine for some people it is not as funny. I guess for men in nursing who are gay, and it may pose some difficulties. Yes, it is still out there. It is a bit unusual, and people wonder about your sexuality. Men in nursing are still perceived as a bit unusual.

Chris, male British nurse, researcher, 34 years of experience

Steven, another seasoned nurse, argues:

I think, socially, people perceive nursing to be a female occupation or other stereotypes. I was often asked during my practice about my sexuality.

Steven, male British nurse, Advanced Practice Nurse, 16 years of experience

Julian, a seasoned nurse, makes a very important argument. It seems that society perceives nurses and physicians in a different manner. Female patients accept male physicians much more easily than accepting a male nurse. This point was not addressed by other British nurses, who generally did not dwell on the sex difference between the patient and the nurse as the Lebanese nurses did. Julian argues:

I am not sure why a woman is happy to have a male gynecologist, or a male obstetrician do intimate examination. Yet they don't seem happy to have a male nurse. Members of the public don't often understand why a man would do nursing.

Julian, male British nurse, lecturer, 24 years of experience

George, a nursing student with one year of experience, states:

I think it's seen as more of a female profession than it is a male profession. Yeah. I'd say so here. I mean I've got friends who are male nurses, and you know they sort of encouraged me to go and take it, but I think not that it's frowned upon, but some people would sort of think, oh yeah, you're a nurse and you're a man kind of thing here. There are connotations of being a nurse and a male nurse in the UK and so yeah.

George, male British nurse, student, 1 year of experience

James, a seasoned nurse with 25 years of experience, underscores the social stigma around being a male nurse and refers to societal bullying jokes. However, his son has chosen the nursing profession, James highlights the insufficient promotion and recruitment efforts that relate to the

nursing profession at both the societal and the school levels where nursing was not promoted at all as a career for men, at least in the school where his son was taught.

I still think there is a social stigma to being a male nurse. And that comes out in very small ways in some respect, for example, sometimes someone makes a joke to me “you are sister X”. but there are also societal issues in regard to it. For my son for example, in school, nursing was never promoted or suggested. The only thing from a medical point of view was to be a doctor. The school may be thought it is appropriate to be a male doctor but not a male nurse. So, within his skill, nursing was not promoted as a career, and he was the only one out of 250 boys to become a nurse.

James, male British nurse, nurse manager, 25 years of experience

To summarise, the British nurses addressed an important theme which is the stereotyping of male nurses as gays. This theme was not discussed in the Lebanese interviews possibly because of a social taboo. For the British nurses, nursing as a profession is still associated with a feminised stereotype which affects the image of male nurses who are frequently viewed as gays. In addition, British nurses discussed the association of nursing with femininity and the stereotyping of nursing as a feminine profession. We now proceed to explore nursing and emotional care.

Nursing and Emotional Care

Similarly to the British female nurses, British male nurses realised societal stereotyping of the image of a nurse as feminine and the necessity to change it. Martin states:

Someone few years ago, someone went to a primary school and asked them to draw the image of a nurse and all of them drew the traditional picture of a female nurse in a dress.

So even at early age the expectation is that a nurse is a woman. I don't know how you change that.

Martin, male British nurse, professor, 30 years of experience

Martin, however, goes a step further and argues that both male and female nurses practice nursing in the same manner. This may be true of technical skills. However, emotional labour could be an exception since it is a gendered skill and practiced differently by male and female nurses. The literature previously discussed concludes that male and female nurses may practice emotional labour, defined earlier, in different manners since emotional capital is highly gendered and emotions may be expressed differently by men and women. However, Martin argues:

I don't think male and female nurses practice nursing differently. Actually, it is a misconception.

Martin, male British nurse, professor, 30 years of experience

Adam, a first yearer, agrees with many other British male and female nurses that nursing is still being perceived as a gendered female profession. However, given his limited experience in the profession, he might think it is a "soft" caring career. He misses the scientific aspect of nursing, and he argues that many men may be unable to fit into this "soft" caring profession. Adam asserts:

I think nursing is still seen as a female profession. It is a soft caring profession where you must be emotionally intelligent and a lot of men still have the attitude of "I man", you know.

Adam, male British nurse, student, first year

James, a seasoned nurse with 25 years of experience disagrees with Adam arguing that some male nurses may exhibit a more caring attitude than female nurses. This echoes many of the Lebanese nurses previously quoted. This is a more realistic view of the caring ability of men and women in general.

James argues:

I suppose it is fundamentally a caring and emotional job and work. I suppose when you're looking at nursing as a whole, it is easy to stereotype people. I know a lot of male nurses who appear to be caring, and I am sure there are plenty of female nurses who aren't caring.

James, male British nurse, nurse manager, 25 years of experience

Martin, another seasoned nurse admits seeing a non-verbal sign of surprise when people know he is a nurse, which reflects a feminine social stereotype of nurses. Martin explains:

I still see this little reaction in people's eyes, a little surprise. It is a social attitude because it is a social expectation that nurses are women.

Martin, male British nurse, professor, 30 years of experience

To summarise, the British nurses' perception of nursing seems to be tightly associated with the societal expectations of nursing to be a feminine profession. As discussed in the conceptual framework, masculinity is often linked with self-control. Men are raised and socialised to learn to control their emotions. At the same time, men demonstrating caring and expressing their emotions have their masculinity questioned. Nursing requires an amount of emotional capital and

labour, associated with femininity, that is connected to societal expectations and traditional understanding of feminine and masculine roles generating tension for men recruited into nursing. However, it seems that as nurses' experience develops with time, nurses realise the universality of nursing as a caring science to transcend gender. Let us move into discussing men in nursing as a double-edged sword.

Men in Nursing: The Double-Edged Sword

Martin, unlike many other male nurses expresses his surprise that male nurses are not only treated differently at work, but also in society because they stand out as different. Martin admits that this can be a double-edged sword when male nurses are treated differently as this proves beneficial to them. Martin argues:

People treat you differently because of your gender across society not just in nursing. This is unfortunate. There are a lot of patients who would rather to be looked for by a woman rather than a man, even among male patients. There is still an amount of suspicion about men in nursing because we are still 1 in 10 which has not changed for a decade. We stand out more. That is global human behaviour. If you look different, you will be treated differently. Sometimes, in a positive way as well.

Martin, male British nurse, professor, 30 years of experience

With this background in mind, the subsequent section will explore male nurses and masculinities.

Male Nurses and Masculinity/Masculinities

Historically, men were a scarce minority in nursing and in many societies. They were restricted to certain specialty areas where physical strength is needed such as in intensive care units and in western societies, in mental health units, where restraining a patient requires physical force, for example. For the most seasoned male nurses, nursing was at that time a “faulty choice” as society has labelled it. Martin, a nurse with 30 years of experience, expresses it this way:

I thought I didn't think nursing was something men did. When I left school, it was not an option for men.

Martin, male British nurse, professor, 30 years of experience

James, a seasoned nurse with 25 years of experience, presents a new perspective to the discussion as he considers himself “not a typical male”. The gendered professional space has an impact on the gendered habitus and vice versa. James expresses this interaction in simple terms:

I would argue, my wife would laugh at this, I am not a typical male and maybe that's why I am a nurse. And I am not a police officer. You know I am not afraid to cry. I am an emotional type of person. I suppose you can argue this is because I am a nurse or I am like this, I went into nursing then. It's a chick and eggs I suppose.

James, male British nurse, nurse manager, 25 years of experience

James, at this point, illustrates the non-binary nature of gender when he states that he is not the typical male. The subsequent discussion will consider men in nursing and professional satisfaction.

Men in Nursing and Professional Satisfaction

Although society stigmatises and stereotypes men who select nursing as a career, many men in nursing still find that personal and career satisfaction in nursing and masculinity does not negate self-satisfaction and self-actualisation for men in nursing. Teddy argues:

I'm quite happy to be a nurse, although it is a stereotyped job because I come from a sort of military role as an army nurse. There's a lot of people that sort of do see it as more of a woman's job, but I think they're missing out. So, I don't really care.

Teddy, male British nurse, student, 1 year of experience

Many men nurses, especially the young nurses, realise that the advent of men into nursing and the acceptance of their role in nursing is occurring slowly. Adam argues:

I think there is a very apparent stigma. It's definitely a female dominating career, which is slowly changing. I think males are starting to understand it is not a female role and there is no female role and embarrassment in being a nurse.

Adam, male British nurse, student, first year

Adam highlights the independence of nursing from a gendered and “stereotyped” role.

Nursing and Stereotypes

Following this analysis, it is essential to consider nursing and stereotypes. Labeling or stereotyping male nurses in society as “feminised” or gays just because they selected a female-dominated profession was one of the themes exclusively discussed by the British nurses. It could be that the Lebanese nurses did not highlight this issue because the Lebanese society is more conservative in discussing this topic than the British society. Also, the north of Lebanon, where

all the Lebanese interviews were conducted, is known to be a region that could be more conservative than capital Beirut for example. It is worth noting that the issue of “feminisation” of men in nursing is also a matter that is evident in international literature.

Male Nurses and Stereotypes of Men in Nursing

Teddy, in his first year, depicts the societal stereotyping of the nursing profession in a simple manner, like Martin, by asking people to draw a nurse. The image of a female nurse with a dress is perpetuated and pervasive in society although this image is archaic. Doctors are also still perceived as men although there are many female doctors now. However, deep-rooted and gendered stereotypes still pervade both professions, in better terms, pervade healthcare. It appears that healthcare by itself is a gendered organisation as many argue. Teddy argues:

I would say that they are accepted. It just depends. There are some people that would still, if you were to draw a picture of a nurse, it would be a woman in a nurse’s dress rather than just a person in medical uniform. So, I think yeah from the outside, there’s still stereotyped truth of what a nurse looks like. I think people still see the doctors as the males and the nurses as the women.

Teddy, male British nurse, student, 1 year of experience

Chris shares a comment that was repeatedly mentioned in the interviews with the British nurses, while it was totally absent from the interviews with the Lebanese nurses. Chris argues:

Those men in nursing have their sexuality questioned frequently in society.

Chris, male British nurse, researcher, 34 years of experience

Chris makes a direct remark about the association of men in nursing with a questioned sexuality.

Female Nurses and Stereotypes of Men in Nursing

Eve and Norma with vast difference in years of experience identify the stereotyping of men in nursing as gays and this issue was noted in the previous section when discussing male nurses' perception:

Eve, a seasoned nurse with 39 years of experience, argues:

It has been too long where male nurses are questioned for their sexuality. Stereotyping unfortunately remains.

Eve, female British nurse, professor, 39 years of experience

Norma argues:

Female nurses are more accepted. I think there is a stereotype. If we had a male nurse, your first kind of impression would be that they're gay. Um, Yeah, that they must be kind of feminine in some sort of way, unless they are in the military. Because in my university, we have lots of military students in my university, so some of the military guys are accepted cause they're in the military. So, it's kind of like a manly thing, but they kind of override the whole nursing aspect of it because they're in the military. It almost makes it OK. But as a whole, yeah, I think like I said, going back to the whole maternal instincts of a woman and the expected set of skills that a woman should have that suits the role of a nurse. It is more accepted and as a woman to be a nurse. And I think a lot of guys who would potentially be interested in nursing maybe aren't so forward in applying because of that kind of stigma.

Norma, female British nurse, nursing student, 1 year of experience

Norma brings new dimensions to the discussion. It seems there are many other stereotypes in nursing: “military guys are accepted”. It seems the professional value of nursing is distributed unequally, maybe outside the profession, but equally within the profession.

To summarise, it seems that it is a societal expectation that nursing is performed by females only. Males too have an essential role in nursing. The categorisation of nursing under a gender feminine role may hinder the professionalisation of nursing. On the other hand, masculinity is stereotyped in society in a manner that limits variation within the same gender. Another bias within the culture of nursing identified by the British nurses is the bias related to the perception of men in nursing as more senior. There are many characteristics related to men such as leadership and authority as will be discussed in the next section.

Nursing as a Non-Gendered Career

Adam identifies stereotypes of men as “strong and rough” while women are labelled as “delicate” which is not always true. Also, Adam was the only male British nurse who commented on cultural preferences for some patients to have a nurse of the same sex in certain cultures. As expected, this concern was frequently discussed in the Lebanese interviews that were conducted in conservative north Lebanon. Adam says:

People may not be used to having a male care for their family member, or they may think because you’re a man, you’re stronger and more rough than a woman who is deemed to be delicate. So yeah, I just believe it’s perception. In some religions and cultures, they prefer the same sex to treat you, you know, because of their beliefs, which is absolutely fine.

Adam, male British nurse, student, first year

Adam introduces many aspects to the discussion about this “stigma” and how it should be changed. He identifies that men are not necessarily the stronger sex and women are not necessarily more emotional and nicer. Adam acknowledges the existence of emotions in men who do not often express them. Adam argues that this might be harmful to men when they inhibit their emotions. Adam adds:

Yes, I think it’s quite an outdated view. The women are the sensitive ones. You know. And men are the big manly ones. You know, it’s a stigma again that needs to be eradicated. And I don’t think there is men who are more manly, and women are the nice emotional ones. It is worse for their mental health. Because a man is more likely to bottle it up because they don’t want to show their emotions. So, if anything, it is more dangerous to the individual.

Adam, male British nurse, student, first year

Ken, another young nursing student, echoes Adam’s thoughts on how stereotyping it is to think that nursing is a solely female profession. While more men are needed in the profession, still many men do not identify with the profession, maybe because of societal stereotyping gender roles. Ken notes:

It is more stereotyping in nursing. It would be nice to see more male nurses. I think a lot of men see what nurses do and just go and say, that’s not for me.

Ken, male British nurse, student, first year

Adam argues:

I think males are starting to understand it is not a female role and there is no female role and embarrassment in being a nurse. It needs to improve. The gap needs to decrease quicker than it is. I don't think gender matters in the role of nursing. I think it's perception. And, you know, it's perception for many reasons.

Adam, male British nurse, student, first year

For some male nurses, particularly, the more experienced ones, society appears to strongly oppose their decision to join nursing. Steven, a nurse with 16 years of experience, declares:

When I applied to nursing, my friends would ask why on earth do you want to be a nurse? You know it is a predominately female profession.

Steven, male British nurse, Advanced Practice Nurse, 16 years of experience

Male Nurses and Images of Leadership/Seniority/Authority

Female British nurses, much more than male nurses, identified the advantage for being a male nurse over being a female nurse. Male nurses are often mistaken to be either physicians, or more senior, or more qualified nurses. The Lebanese nurses did not discuss this issue; however, a few male British nurses did. Adam addresses the male advantage in nursing by arguing that within the nursing education culture, specifically in the UK, males are asked for their input.

Yeah, because I'm a male, when you do answer a question, people are more likely to listen to you, and they're quite interested to what you've got to say. How does your opinion as a man, compare to theirs as a female? Sometimes, the lecturers ask for your input because you're a male.

Adam, male British nurse, student, first year

Ben proclaims:

Well, yeah, females are probably more accepted in general because there's even sometimes, I'm working on the ward and I'm in my nurse's uniform, the same as the girls. And some of the patients will call me doctor just because I'm a guy. And there's been other placements I've been on in the community. We have to wear our clothes, some trousers and a shirt. And everyone thinks I'm a junior doctor, you know, so I guess there is a stereotype of men as doctors and nurses are girls. But I think girls are accepted more as nurses, even some of the patients. I'll say, sure, guys can be nurses, you know, and say that's absolutely ridiculous, that people would still think that.

Ben, male British nurse, student, 1 year of experience

Suzan theorises that because people think that nurses are solely female, they tend to identify men in nursing as if they are of a higher rank or to be more senior. Suzan argues:

What I think is interesting that society tends to think of nursing as female. For example, patients assumed that males I'm working with are more senior persons while I was in charge. Society perceives men to be more senior nurses.

Suzan, female British nurse, lecturer, 30 years of experience

Male nurses, for Clare, are overrated in general.

I think personally males are much more likely to be hired for nursing jobs. You see a male nurse and you think wow, there is a male nurse, who is doing this role and who wants this job and they'd be looked up. I think a lot more than a female.

Clare, female British nurse, student, 1 year of experience

Jessy, a seasoned nurse, with 20 years of experience, explains further. Both male and female nurses and physicians alike assume that male nurses are more senior, more authoritative, more knowledgeable and more competent even when comparing two identical nurses, a male and a female, in terms of experience, qualifications and competencies.

Male and female nurses and physicians assume that males are in a position of authority, being more knowledgeable or competent.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

Jessy uses the term “gender imbalance” when she discusses how it is easier for even nurses themselves, to assume that male nurses are senior to female nurses and that even nursing students have more trust in male nurses.

I remember once we were at the nurses’ station, and it happened that a nurse coming from another unit mistakenly took it for granted that the male nurse was the most senior while he was the less experienced. It was interesting. One of the things that I noticed is that student nurses believe male nurses more, they trust them more. There is a gender imbalance there.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

The British nurses mentioned that people in the community tended to address male nurses as doctors and female nurses as nurses. Interestingly, as previously discussed, the Lebanese nurses, both males and females were addressed as doctors, at least in the group interviewed in this study. Jessy argues:

Interestingly, a male nurse may be called a doctor in the community while a female nurse is called a nurse. It is as if the male nurse is much more important than a female nurse.

Jessy, female British nurse, Advanced Practice Nurse, 20 years of experience

The Multi-Dimensional Aspects of Nursing

The following section shifts focus to the multidimensional aspects of nursing. James, a seasoned nurse, with 25 years of experience adds an important perspective to the discussion when he remarks that Nursing incorporates caring as well as complex competencies that complement each other. Caring is a complex competency by itself. James asserts:

There is no point in being a kind person if you can't take bloods or prep somebody for theatre or run a dialysis clinic or manage a mental health ward. Being caring is one aspect of it but I think we devalue the profession if we only think only caring people can be nurses. I also think that we will reduce nursing to a one-dimensional concept if we think you only need to be caring to be a nurse because I think we devalue ourselves if we only define our profession from a caring point of view.

James, male British nurse, nurse manager, 25 years of experience

James, at this point, raises an important issue in the nursing profession which is the importance of promoting nursing in society not as a solely caring profession but rather a competent profession in order not to devalue the profession.

George, in his first year realises the importance of both males and females in the profession.

George states:

As life modernises, and we realise the importance of both males and females, I hope that more males do go into nursing because some males may be put off by nursing as a career because it is not seen as a profession for males. And I think that needs to be changed. It's important that we have both sides to be able to work alongside effectively. I hope more males do go into it. I really do.

George, male British nurse, student, 1 year of experience

Although nursing has been associated with femininity for a long time, nursing can still be viewed as a non-gendered career.

To summarise, this section has discussed the British male nurses' perception of the nursing image and the stereotypes that pervade it. It also discussed the variety of natural shades of masculinities instead of depicting manhood with one shade of masculinity. They also depicted nursing as a non-gendered career. Additionally, the British nurses identified a misconception of male nurses in nursing to be senior to female nurses.

Conclusion

This chapter has shown that the British nurses' perception of the nursing image was relatively discussed in a succinct manner, which might be due to cultural reasons. The British nurses identified the nurses' role as one of the most trustworthy roles. However, it did not seem that this is translated into any tangible or monetary benefits or social status for the nurses. The British nurses identified a relationship between nursing as a female-dominated profession and its unfair remuneration in general, a relationship that the Lebanese nurses were unable to identify.

Additionally, the British nurses identified many stereotypes about the role of the nurse in the community and in the media. The British nurses identified the role of the media in highlighting negative stereotypes about nursing, which is another theme that the Lebanese nurses failed to consider. Another major theme for the British nurses is the lack of recognition of nursing expertise at governmental as well as global levels. The need to provide more nursing professional development was highlighted also in this chapter, which is, interestingly, a common theme with the Lebanese nurses.

The British nurses brought attention to some themes which were also discussed by the Lebanese nurses. However, some ideas explored by the British nurses were unique to them such as the association of male nurses with certain stereotypes questioning their “sexuality”. This theme may not be unique to the British nurses. This theme might have been overlooked by the Lebanese nurses because the interviews were conducted in a relatively conservative area, north Lebanon, as discussed before. A major highlighted theme is the relationship of the image of nursing to gender and to stereotypes. Stereotypes of gays associated with male nurses were specifically explored in this chapter and were absent from the previous chapter addressing Lebanese participants as it seems that sexuality may be more of a taboo, specifically in certain Lebanese cultures, at least much more than in the British culture.

As previously discussed, caring may be defined as a skill or a competency associated with a gendered feminised capital. However, men in nursing claim to possess this skill similarly to female nurses, as they can climb the “glass escalator”.

Chapter 9

Conclusions and Recommendations

Chapter 9- Conclusions and Recommendations

Introduction

This thesis has examined nurses' perceptions of the nursing condition as a profession and the nursing image from a gender perspective in both Lebanon and the UK. The nursing profession, which is traditionally perceived as a gendered profession, is a profession that requires a high amount of emotional capital, as shown in this thesis and as also reflected in the literature (Adkins, 2004; Gillies, 2006; Huppatz, 2009; Huppatz, 2012; O'Brien, 2008; Zembylas, 2007). It is controversial whether men in nursing can equally provide such a high emotional capital. This thesis has shown that while the Lebanese nurses expressed great pride in their nursing role and described it in detail, they could not identify how their appreciation in the community is translated into monetary compensation or social status. While the image of nursing has greatly improved in both Lebanon and the UK, this thesis has shown the need for further enhancement of the image of nursing in both countries, specifically in north Lebanon. There is a need to educate the public on the image of nursing since this will enhance recruitment and consequently the quality of nursing care, specifically in north Lebanon. Nursing is in universal shortage and requires recruitment of a more diverse population including the recruitment of more male nurses.

Globally and historically, the nursing profession has undergone a tremendous transformation from a vocational apprenticeship to an academic degree including doctoral degrees in nursing. Nursing traditionally has been associated with gender and has been delineated as a female dominated career. It is theorised that the association of nursing with a feminised career might have devalued the profession and negatively affected its fair remuneration (Evans, 2004a), as

was perceived by the British male nurses in this study. The nursing work conditions, and the nursing image alike have improved over time to result in a fully-fledged nursing profession. However, it is still argued that the nursing work conditions and the nursing image are not optimal and need to improve especially in certain communities such as north Lebanon, as shown in this study.

Globally, healthcare suffers from a nursing shortage, which negatively affects the quality of healthcare. The recruitment of more male nurses might help reduce nursing shortage and provide a more gender balanced care. Understanding how gender, nursing, and the nursing image interact may help develop more efficient recruitment strategies.

Overview of the Thesis

This thesis was a comparative qualitative case study research on gender and nursing. Using a Bourdieusian lens, this study drew on Bourdieusian concepts such as habitus, capital and field to help understand the nursing profession and gender within the healthcare system. Care ethics was another salient lens to help interpret this study's findings. This thesis has shed light on many important aspects related to nursing such as the importance of holistic care in nursing in bringing to nursing more symbolic power. Also, equally important was the conceptualisation of nursing as a set of more diversified skills such as both caring and science. Nursing was identified as having a major and essential role in making healthcare decisions both at the national governmental and international levels which was neglected in the past and which could have negatively affected important healthcare decisions, mainly during the COVID-19 pandemic.

What this Research Brings

It is worth reminding the reader of the overarching research question:

Research Question

How do male and female nursing students and nurses at different career stages perceive gender, emotional capital, care and professional habitus in their nursing role in two different contexts: the UK and Lebanon?

This study has depicted in some details the life stories, concerns and perceptions of a group of Lebanese nurses and a group of British nurses. The main purpose of this study was to explore the meaning of gender and how it is perceived in nursing. While the Lebanese nurses perceived nursing from a more idealistic perspective, mainly an ethical perspective and nursing as a calling, the British nurses identified holistic care as the essence of nursing and the competitive edge that would bring more symbolic power to nursing. This study has shown that more work is needed on improving nursing image to better enhance nursing recruitment efforts and to face the challenges of the universal nursing shortage negatively affecting the quality of healthcare. Nursing may have been perceived in the past as a gender-associated profession; however, nursing may also be conceptualised as a diversified set of skills that includes caring, which can also be perceived as a skill that requires a high level of knowledge of psychology for example, as shown in this study.

The findings in this study about Lebanon and the UK resonate with an idea much discussed in the literature that the nursing image has been perceived as stereotypical, gendered and surrounded by many controversies whether it is a positive or negative image (Anderson, 2022; Anthony et al., 2019; Gill & Baker, 2021; Morris-Thompson et al., 2011; Uysal & Demirdağ, 2022). However, Lebanon seems to be a relatively less researched area, a gap which is addressed in this thesis.

The Themes

There are a number of themes that emerged in this thesis in relation to the research questions. Some of the major themes were the condition of the nursing profession, the nursing image and care ethics. These themes are intertwined throughout this research and the interviews. Both group of participants, Lebanese and British nurses, identified two sides of the image of nursing: a positive image of nursing and a negative side of nursing. Although some ambivalence about the image of nursing was depicted by both groups, ambivalence was more clearly articulated by the Lebanese participants as discussed in the findings' chapter (Chapter 7). It was common to hear the Lebanese participants providing many positive testimonies about nursing, but then suddenly making a remark about the image of nursing that was either implicitly or even explicitly negative, as described in chapter 7. The ambivalent opinions of the Lebanese nurses within the same interview, for example, were relatively more common than the British participants who were mostly consistent about their testimonies on the image of nursing. Therefore, ambivalence about the image of nursing was not a theme for the British nurses, as was the case with the Lebanese nurses. This study was a cross-national comparative qualitative perspective. The next section reflects on the comparative perspectives that emerged from the findings.

Comparative Perspective Reflections: Lebanon versus the UK

This following section addresses the comparison of the main themes across the two cases: the UK and Lebanon, situating them within the context of existing research and literature.

Key Point of Comparison 1: The Female Nurses Perception

As shown in the findings' chapters, while the female nurses' perception in Lebanon was centered around three main themes: nursing and femaleness, nursing as a calling and ethics and nursing, the female nurses' perception in the UK was centered around holistic care in nursing.

The female nurses in Lebanon viewed nursing as being a calling, "giving of the self", as one of the participants expresses herself. Not only was femaleness a central theme to the female Lebanese participants, but also motherhood was another theme central to the female Lebanese participants. Moreover, the female Lebanese nurses perceived nursing to be a "blessing from God", as expressed several times by the female Lebanese nurses. In contrast, the British female participants did not address any of the above-mentioned themes by the Lebanese nurses, perhaps due to cultural factors. The Lebanese culture, specifically in North Lebanon, is known to be very religious.

In contrast, the British female participants emphasised holistic care in nursing and argued that nursing should retain this characteristic unique to nursing because holistic care is a major competitive edge for nurses, where they can provide the best care to the patient. Holistic care is defined as the care that acknowledges the whole patient and recognises the different relationships existing between the various aspects of the patient (Frisch & Rabinowitsch, 2019). It is worth reminding the reader that there were many advanced practice nurses in the interviewed group in the UK, while none of the Lebanese nurses was an advanced practice nurse. Also, in general, the British participants had higher educational qualifications than the Lebanese participants. This might have affected the findings and could be the explanation why the British participants solely discussed holistic care.

With the preceding analysis as context, we proceed to briefly compare this theme to the relevant literature that was discussed in details in the conceptual framework. Several studies have examined this issue from different perspectives. Hochschild (1983) defines emotional labour as the process of managing feelings and emotional expressions to fulfil requirements of certain professions. Similarly, there are certain inclinations for every vocation related to gender and class that are necessary for effective learning, integration, and socialisation into this vocation (Colley et al., 2003). The nursing profession has always been associated with caring and femaleness. Likewise, Huppatz (2012), drawing on Bourdieusian theory, argues that practicing nursing is mainly a form of “doing gender”. The female nurses’ “gendered habitus” might be leading the female nurses’ career choices. Huppatz (2012) argues that there is harmony between feminine “dispositions” and nursing as an occupational space which is experienced by female nurses. It is important to note the way nursing nowadays is also strongly associated with health sciences although nursing is still perceived in certain cultures as associated with caring. The findings in this study align with the arguments made by Huppatz (2012).

Comparable conclusions were reached by Edwards (2009) who theorises that there is a strong relationship between nursing and care, which is undoubtedly one of the reasons for nursing researchers' continuous interest in care ethics because care ethics can inform thoughts about nursing and care.

The perception of nursing as the ability to understand the patient that the nurse cares for, a common finding in this research, is reflected in the literature. For example, Noddings (2012) argues that the ability to understand the individual one cares for is an essential theme. Although Noddings (2012) did not particularly discuss nursing, the emphasis was on the need to understand the other fully to be able to empathise with them. As described in the conceptual

framework chapter, Gilligan (1997) describes the progression of women's moral development and identifies care ethics as different for men who follow a justice ethics while women essentially base their ethics on relationships, and hence the term "care ethics". This is in accordance with Edwards (2009) and Green (2012) who believe that relationships, not obligations, are the essential variables of care, according to Gilligan's' feminist ethic of care.

Many female Lebanese nurses related nursing to being religious. These findings resonate with the history of nursing. There was a historical association of nursing with religious institutions (Capparelli, 2005; Nelson, 2001; Tastard, 2022). Although the literature is scarce on the history of nursing in the Arab or Muslim world, there are very few articles on Muslim Arab female nurses like "Rufaida Al Asalmiya" at the time of Prophet Mohamad, who influenced Arab Muslim nurses like Florence Nightingale did (Jan, 1996; Yahya, 2017). Islam as a religion has also influenced modern nursing although research on this subject is sparse. It is worth mentioning that in my nursing education, the Western history of nursing was taught but nothing was mentioned about the Arab/Muslim history of nursing. A possible explanation could be that our Lebanese curricula are imported from the West.

Key Point of Comparison 2: Nursing and Emotional Labour

The findings of this study indicate that both Lebanese and British nurses, whether male or female acknowledged the toll emotional labour can have on their career as nurses. To contextualise this study, it is essential to examine the existing body of literature related to emotional labour, which was discussed in detail in the conceptual framework. Husso and Hirvonen (2012) describe emotional labour as the care workers' efforts to control their emotions for the institution's benefit.

Employees' emotions and feelings are transformed into a product to be exchanged with wages, and the care workers' empathy skills are converted into goods that can be exchanged for money.

In the same vein, Colley et al. (2003) discuss a vocational habitus which is defined as the act by which the learner develops certain essential characteristics to the vocational field and culture.

Emotional capital is a group of innate qualities developed additionally in nursing as a profession (Cottingham, 2016). Similarly, Huppatz and Goodwin (2013) theorise that men can also utilise feminine capital, which may be valued in feminised jobs such as nursing. On certain occasions, men utilise their feminine capital to climb the “glass escalator” if they are inclined to use their feminine capital which may be socially and culturally disagreeable as their social environment may be hesitant to approve men in feminised occupations and to doubt and question their sexuality. As Cottingham (2016) argues, while emotional capital has been highly associated with femininity, men might claim to possess valuable elements of emotional capital; emotional capital is not solely feminine. The care ethics model of Gilligan (1977) remains a valid framework to perceive nursing and emotional labour. The findings highlight the complex nature of emotional labor and its association with the nursing profession.

Key Point of Comparison 3: Science and Caring

The association of nursing with not only caring but also with science was mainly emphasised by both the Lebanese and the British nurses and mainly by the male nurses. In order to position this research within the broader academic discourse, the following section reviews key contributions in the field. A growing body of literature has examined the relationship between knowledge and the professionalisation of certain occupations. The possession of a body of knowledge and autonomy are prominent characteristics of a profession (Wall, 2010). Brodie et al. (2004)

propose that the association of nursing with a woman's job suggests that nursing is a non-scientific work, work based on "common sense". This is in congruence with the literature that affirms that knowledge is one of the fundamental elements of a profession (Saks, 2012; Young & Muller, 2014)

Watson (2008) brings a new perspective to nursing. Watson (2008) emphasises the scientific aspect of caring. Many scholars (Fukui et al., 2009; Knutsson et al., 2022; Sela et al., 2021) perceive that the caring emotional aspect, which might be identified as an extension to a woman's domestic natural role, is a complex skill that requires training. Emotional skills are defined by Denham et al. (2016) as the purposeful ability to express an array of emotions, the ability to regulate emotions, and the skillful understanding of the emotions of the self and others. In fact, Preston (2021) and Amendolair (2021) hypothesise that the art and science of nursing need not be exclusive and dichotomous. Both aspects of nursing are needed and do co-exist. Overall, the literature indicates that the existence of an emotional capital within nursing implies certain professional predispositions that can be perceived as the professional habitus of the nursing profession.

A different perspective is presented by Huppatz (2012) who highlights that the caring aspect of nursing was not identified by male nurses in her study of Australian nurses. She theorised that there is a social dissonance between caring and masculinity and caring is highly associated with femininity. In contrast, Brown (2009) asserts that men are innately capable of an "emotional habitus" as women are, but they are culturally socialised into the "masculine habitus" devoid of emotions with the cultural expectation to be socialised into an aloof and well-regulated masculine image. However, the male Lebanese nurses combined both aspects of nursing in their view of the profession. For male Lebanese nurses, both aspects of nursing are as important.

Similarly, Huppatz (2012) contends that the profession seems to be internally segregated. Therefore, the professional segregation is not only between professions but also within professions. Along the same lines, Alvesson and Billing (2009) contend that men and women have the tendency to occupy different professions and occupations. The findings of this study are largely consistent with the existing literature. Segregation of the workforce is both among different occupations and within the same occupation.

Key Point of Comparison 4: Symbolic Power

Another theme that emerged in the interviews was symbolic power. However, it was not discussed by any of the Lebanese nurses. In contrast, symbolic power was elaborated specifically by the female British nurses and to a lesser extent by the male British nurses. The British nurses mainly aspired that nurses would have a higher level of symbolic power, where they would be able to influence the governmental national health decision and global health decisions. To ground the study theoretically, this following section will briefly review studies related to symbolic power. Andrew (2015) argues that the power of the labour of childcare is placed by authorities outside the field of childcare. Similarly, Carnevale and Priode (2017) assert that there is still unequal power between the medical and the nursing profession in the USA, where the article is written. This might be because the medical field has always enjoyed a higher prestige in society than the nursing “field” (Freidson, 1970), in Bourdieusian terms, involving a larger amount of “symbolic capital”. In the UK, the importance of teamwork among different team members and healthcare and surgeons is highlighted by the Royal College of Surgeons based on reviews done in hospitals (Rimmer, 2019; Royal College of Surgeon, 2019). These suggestions from the literature resonate with the nurses’ proclamations in this study that nurses need to have more symbolic power within the healthcare system.

Key Point of Comparison 5: The Choice of Nursing as a Profession

For both the Lebanese and the British nurses, nursing was presented as an economic choice and also as an opportunity to find a job. There are many similarities that exist in the literature.

Huppatz (2012) has explored the choice of nursing as a profession. She maintains that although nursing is frequently a “gendered choice” for women, nursing is not necessarily a first choice for all the female nurses. Financial reasons may attract some nurses to join nursing, especially the new generation. Currently in many countries, many schools of nursing provide partial or full scholarships to nursing students to address the international shortage of nurses. In addition, job opportunities in nursing are more available than in other domains because of the shortage of nurses.

Also, according to Huppatz (2012), older female nurses frequently identified nursing to be an outcome of a limited choice for them at that time. Huppatz (2012) argues that many times, female nurses may be forced to adhere to gendered occupations. For her, an occupational choice such as nursing may be a socially acceptable choice in congruence with femininity. Huppatz (2012) coins the term “symbolic violence” when the parents of older female nurses did not see university education to be an appropriate choice for females and therefore selected nursing for their daughters at the time when nursing was not yet a university degree.

Another type of “symbolic violence” as described by Huppatz (2012) refers to the selection of nursing by female nurses, which is considered a gender-appropriate choice because of the lack of suitable career guidance. On the other hand, Huppatz (2012) argues that whereas nursing is frequently selected as a gendered choice, some female nurses perceive nursing as an opportunity.

For Huppatz (2012), female nurses rarely identified the technical or scientific aspect of nursing. It is interesting that Huppatz (2012) also concludes that some women join the nursing profession because of an interest in Biology and not because they identify nursing with a caring career. This highlights the limitations of understanding nursing solely through ‘gendered dispositions’, as nursing is also characterised by scientific knowledge and not solely by caring.

Huppatz (2012) contends that nursing can be not only a gendered choice but also an economic choice when certain nurses admit going into nursing because they are sponsored for the training. This view was expressed by the British nurses, similar to many Lebanese nurses, as detailed previously in the findings’ chapters. Huppatz (2012) also discusses how some nurses identified job stability as their reason for joining nursing because there are always job vacancies in nursing. Huppatz (2012) identifies stability as unnecessarily associated with high wages in nursing. The results provide further empirical evidence on how nursing, although unfairly remunerated is still an economic choice for many nurses who cannot leave nursing due to economic instability.

Key Point of Comparison 6: Appreciation to Nursing

The lack of appreciation to nursing as a profession was a major theme for the Lebanese nurses who felt that nursing was not appreciated as a profession. Similarly, though with less bitterness, the British nurses identified a lack of appreciation to nursing as a profession. However, with the advent of the COVID-19 pandemic, the British nurses felt more appreciation to the profession. These findings support earlier studies. A multitude of problems influence the nursing profession in Lebanon, including the inadequate supply of nurses in the country, which is the result of the poor working conditions, inadequate pay, insufficient benefits, and limited opportunities for professional growth (Alameddine et al., 2017; Alameddine et al., 2020). Senek et al. (2020), on

the other hand, highlight inadequate organisational support for nurses as a key source of dissatisfaction. The lack of appreciation for the nursing profession in general is another source of dissatisfaction for Lebanese nurses. Similarly, in a questionnaire-based study conducted with nurses in Australia, Takase et al. (2006) describe the traditional image of nursing as "stereotypical" which is consistently contrasted with physicians as inferior to them, weaker, dependent on medicine, and paid less. This is consistent with many of the studies discussed previously about the image of nursing. In line with Lynas (2007) who mentions how nursing ranks among the most trustworthy professions, Olshansky (2011) argues about the importance of ranking nursing as the most trustworthy profession and how nursing is regularly ranked as either the most trustworthy or among the most trustworthy professions. The American Nurses Association (2016) declared that nursing had ranked as the most trusted profession for fifteen years in a row. The World Health Organisation recognised 2020 as the year of the nurse and midwife (Nuttall & Pezaro, 2020). The findings of this study are consistent with those reported by previous researchers. The recognition of nurses is not at its most optimal level and is highly needed for nurses both in Lebanon and the UK.

Key Point of Comparison 7: Scheduling, Remuneration and Incentives for Nurses

Both the Lebanese and the British nurses had many comments related to scheduling, remuneration and the incentives for nurses. The Lebanese nurses were very bitter, specifically about different work opportunities within Lebanon and disparities in remuneration and the nurses' incentives within Lebanon. Scheduling and incentives were another issue common to both the Lebanese and the British nurses. The British nurses specifically identified the female domination of the nursing profession as one of the main reasons for the inadequate remuneration of the nursing profession. These findings align with existing evidence. This is clearly illustrated

in Aiken et al.'s (2014) retrospective study involving nine European countries and 422,730 patients in 300 different hospitals. The study is a large-scale investigation that evidences the relationship of nursing staffing, nursing education and patient outcomes including mortality of patients. The results of the study confirm that adding even one patient on a nurse's load raises the chance of a patient passing away within thirty days of admission by 7%. Aiken et al. (2014) also associate the level of nursing education with patient outcomes and patient mortality. This is evident in a considerable number of studies such as Rosenberg (2021) and Dall'Ora et al. (2022) to name just a few, that demonstrate the relationship of nursing staffing and nursing education to patient outcomes, including mortality. This view is congruent with the existing literature (Brennan et al., 2013; Dietermann et al., 2021; Fukui et al., 2009; Granberg, 2014; Knutsson et al., 2022; Sela et al., 2021) among others. The present study extends prior research by demonstrating that the scheduling, remuneration and the incentives for nurses still need to be improved.

Key Point of Comparison 8: The Image of Nursing and Male Nurses Sexuality

The image of nursing and male nurse sexuality was a theme exclusive to male British nurses. The male British nurses discussed how the community, in general, associated male nurses with a stereotype of homosexuality. This theme was not discussed by any of the Lebanese nurses possibly because of a cultural taboo. To position this research within the broader academic discourse, the following section surveys key contributions in the field. This study's findings can be compared with the existing literature. The nursing image has been gendered for a long time (Kaur et al., 2023; Liminana-Gras et al., 2013). Although Huppatz (2012) argues that the emotional care required of nurses may be challenging to male nurses, many male nurses believe

that male nurses are as adept as female nurses in providing all aspects of the nursing care including emotional care.

On the other hand, male nurses report experiencing more role stress and workplace discrimination, as well as feeling rejected by various members of the healthcare team (Carnevale & Priode, 2017; Chen et al., 2012). Another challenge for male nurses is that femininity has historically been associated with "emotional capital," a gendered capital in the nursing profession (Huppatz, 2012).

As discussed in the conceptual framework, although emotional capital has traditionally been associated with femininity, men in nursing often claim to possess emotional capital of their own and therefore emotional capital is not exclusively feminine in nature (Cottingham, 2016). Parkins (2012) argues that a possible explanation is that the emotional expression in women is rather more marked than in men.

As men join nursing, their traditional masculine role is incongruent with their new role within the nursing profession historically associated with an "emotional capital" (Huppatz, 2012) and a gendered habitus closely associated with caring. Brown (2009) asserts that men are innately capable of an "emotional habitus" as women are, but they are culturally socialised into the "masculine habitus" lacking emotions with the cultural expectation to have a well-regulated masculine image.

Nursing may still be associated with femininity in society. It may explain why men are not retained in nursing while they tend to occupy high positions in nursing (Brown, 2009). The emotional weight of nursing as a profession is emotionally challenging to men and managing intense emotions is a highlight of the nursing profession which is demanding on a stereotyped

men's cultural identity devoid of emotions (Cottingham, 2014). Carrera et al. (2012) identify the need to move beyond binary and exclusivity thinking when theorising gender. Liminana-Gras et al. (2013), Spanish scholars, state that nursing is a feminised career. Kaur et al. (2023), Canadian researchers, argue that nursing is not only a female-dominated profession but is also a gendered profession. Weaver et al. (2014), Australian academics, note that men in nursing are subject to stereotypical images. A comparison between the literature reviewed and the results of this study indicates that nursing is mostly still gendered.

In summary, both the British nurses and the Lebanese nurses discussed in detail the association of nursing with emotional capital and a heavy load of emotional labour. The Lebanese nurses perceived nursing to be more of a calling and they emphasised the ethical aspect of nursing while the British nurses, specifically female nurses emphasised the holistic aspect of nursing as a central role of nurses. In addition, the British nurses recommended that nurses should adhere to this essential and vital role of nursing. The Lebanese nurses showed more ambivalence about the nursing image in general, much more than the British nurses. The British nurses emphasised the role of COVID-19 pandemic in highlighting the essential role of nurses in healthcare.

While the British nurses were more positive about the nursing image in general, they did not elaborate on the description of their role. The Lebanese nurses, specifically the female Lebanese nurses detailed their role in their community. However, the Lebanese nurses could not identify how their appreciation in their community is translated. Moreover, the Lebanese nurses identified the need to educate the public about their role, which the British nurses did not identify.

The Lebanese nurses also identified intranational discrepancies in the hospital resources and in opportunities for continuing professional development and work opportunities for nurses. The north of Lebanon is at a disadvantage, specifically when compared with capital Beirut. The Lebanese nurses, much more than the British nurses, kept on identifying nursing as a career as an alternative to medicine. In contrast, the British nurses, while they were more positive than the Lebanese nurses in general, were relatively more succinct in their description of their role in the community.

While the British nurses identified the role of the media in influencing the nursing image, the Lebanese nurses did not particularly emphasise this role, that was mentioned much more succinctly by the Lebanese nurses. The British nurses identified the stereotyping of the male nurses' image in many different ways which were not identified by the Lebanese nurses. For example, the British nurses identified, on several occasions, the way the male nurses are stereotyped to be perceived as more senior or having a higher rank or having leadership roles even when they are the least senior. Other stereotypes identified by the British nurses is the association of the male nurses' image with "gays" or with being feminised. These stereotypes were totally absent from the Lebanese nurses' interviews may be because the interviews in Lebanon were conducted in north Lebanon, a rather conservative area of Lebanon.

While there were many differences, as described above between the British and the Lebanese nurses' perceptions on nursing as a profession, both groups of nurses, British and Lebanese, had many similarities in their interviews. Both of the groups, Lebanese and British nurses had many concerns related to the nursing profession, specifically in their respective countries. These concerns are mainly related to the condition of the nursing profession in the UK and Lebanon. Their concerns were related to the remuneration of nurses, whether monetary or symbolic,

staffing issues, scheduling and the continuous professional development of nurses. The Lebanese nurses were concerned with physical support services for nurses such as the employment of more transport services and secretarial services for hospitals to minimise the load of these services on the nurses. In contrast, the British nurses were concerned with psychological support that can be provided to the nurses such as support groups. Although both British and Lebanese nurses had many financial concerns related to the fair remuneration of nursing in both the UK and Lebanon, specifically and paradoxically the Lebanese nurses identified economic reasons to be reason why the Lebanese nurses could not leave the nursing profession.

The findings of this study are largely consistent with the existing literature. Similar to previous studies, the results indicate that nursing involves a great amount of emotional labour as expressed specifically by the Lebanese nurses. Although nursing is traditionally associated with caring, science is a major component of nursing, and the biological sciences are highly needed in the practice of nursing, as shown in the literature (Huppatz, 2012) and as discussed in this thesis. Therefore, this thesis has shown that nursing is a multidimensional field, as highlighted by both Lebanese and British nurses. The Lebanese nurses have argued that although nursing has been traditionally perceived as gendered, men are needed in nursing, specifically in certain fields where physical power is needed to lift patients such as in intensive care units. This thesis has shown that men are equally capable of emotional labour although nursing has been regarded as gendered.

On the other hand, participants' views revealed that there is some amount of dissatisfaction with the Lebanese nurses' conditions of the profession including appreciation of nursing in the community, remuneration of nurses, staffing and the image of nursing. Although the Lebanese nurses elaborated on their role in their communities in detail, none of them provided any details

on how their communities appreciated them. The Lebanese nurses' details about the image of nursing encompassed both positive and negative views, as well as ambivalence. Their perceptions of the nurses' image were detailed in both negative and positive perceptions. Social desirability might be one of the reasons why the Lebanese nurses elaborated on the positive image of nursing. What was unique to the Lebanese participants is their marked ambivalence about the nurses' image. While they offered positive testimonies about their nursing role and image, they somehow managed to slip a negative comment about the image of nursing, whether directly or indirectly.

On the other hand, the British nurses emphasised holistic care in nursing and the role of the advanced practice nurse in preserving the traditional role of the nurse to preserve the nurses' symbolic power. Some of the British nurses aspired that nurses would have a vital role in global health and governmental bodies impacting health decisions. That was unique to the British nurses as the Lebanese nurses seemed to be more preoccupied with the more basic life needs for nurses, like fair monetary remuneration, improvement of the nursing work conditions in general, and fair distribution of resources among hospitals in Lebanon.

What was common to both the Lebanese and the British nurses is the paradoxical condition of the profession where nurses, although unfairly remunerated in nursing, cannot leave the nursing profession because of economic reasons and because of the availability of jobs in nursing due to nursing shortage.

The British nurses were more succinct in describing both the positive and negative aspects of nursing, may be due to cultural factors. Although there were many stereotypical images of nursing in the community, what was unique to the British nurses is the presence of one

stereotype of male nurses to be “gay” just because they joined a feminised career. On the other hand, the British nurses recommended to hold support groups for nurses to help them handle the heavy load of emotional labour. This was not mentioned by the Lebanese nurses, may be due to cultural factors, and may be because the Lebanese community relies more on communal support much more than the British culture. The British nurses also identified the positive effect of COVID-19 in illuminating the role of the nurses in the community. This was not highlighted by the Lebanese nurses because the interviews with the Lebanese participants were conducted immediately before the COVID-19 pandemic.

Methodological Contributions

This study brought many methodological contributions to research. Positionality and the deep reflections I developed during this study constituted one of the contributions. Additionally, the comparative nature of the study was another methodological perspective. Although this study directly involved two cultures, British and Lebanese, it also involved comparison with a third healthcare system, the American system as practiced in Lebanon.

Multilingual researching was another contribution of this study. I was educated in a French school run by nuns. I later had my undergraduate education in an American system, where I have been working for the last 35 years. Therefore, I knew three languages: Arabic, French and English, which was an advantage for me in this study. The language used in the Lebanese hospitals where I conducted the study was Arabic because they were small private hospitals, not affiliated with any university, like the hospital where I work. However, many of the Lebanese participants were educated in the French system, as it is common in Lebanon and hence, we did much code-switching and code-mixing between the three languages as most of the participants could understand English too.

Moreover, I translated some theoretical concepts, such as emotional labour to sentences and scenarios as described in the methodology chapter. For example, instead of asking Lebanese participants about their emotional labour, I asked about their feelings and experiences in the event of the death of a patient or the severe illness of a patient, as previously discussed. The Lebanese participants frequently used the three languages in their interviews: Arabic, French and English. It is common in Lebanon, specifically in private institutions including educational and healthcare institutions to use either English or French as the official language for either education or communication, combined with some Arabic. Therefore, all the sciences, including the nursing sciences for example, at least in most of the private institutions, are taught in either French or English. In healthcare institutions, specifically in most of the private institutions, medical terms and all communication, including communication among nurses and including communication among different departments, is in either the French language or the English language.

Additionally, this use of the English or French language mixed with some spoken Arabic has made the study in this setting a unique multilingual as well as multicultural amalgamate of languages and cultures, with the final product that could be referred to as a Lebanese “melting pot” of cultures and languages.

Contributions

Nursing is currently in shortage of staff. This is a global concern for both the British and the Lebanese. The nursing shortage has been a persistent problem in the history of healthcare and at the same time a determinant of the quality of healthcare. The recruitment of more male nurses may alleviate the nursing shortage and enhance the diversity of the nursing workforce.

Understanding the relationship between gender, nursing, and the nursing image may help

develop more efficient recruitment strategies. Nerges et al. (2022) and Linden et al. (2022) recommend recruitment strategies that improve the gender balance in the nursing workforce and hence minimise nursing shortage and produce more efficient work dynamics. This is an area that needs further examination since the nursing image that the recruit develops before joining nursing affects their perception of the nursing roles (Price et al., 2014). Hence, it is imperative to develop well-studied nursing recruitment strategies that help attract a diversified population of nurses with a realistic knowledge of the roles and responsibilities of the nursing profession. Recruiting a gender-balanced population of new nurses who are knowledgeable of the intricacies of the nursing roles, responsibilities and requirements of such a vital profession is essential.

Limitations of this Study

This study is a comparative study utilising two case studies, a group of Lebanese nurses and a group of British nurses. It depicts in some richness the testimonies, stories and at times life stories of nurses, their perceptions about gender, its relationship to nursing, the condition of nursing in both countries, and the image of nursing specifically in both countries, at the time the study was conducted. It is acknowledged that these two relatively small case studies are by no means representative of all nurses' perceptions, neither globally nor at the Lebanese or British level. Nevertheless, this study has provided rich insights which contribute to a deeper understanding of British and Lebanese nurses' perceptions, whether male or female nurses.

Recommendations for Future Research

It could be interesting to replicate this study in other different settings both inside the UK, Lebanon and other countries. It would also be interesting to replicate this study and conduct it in other professional groups. These professional healthcare groups could be the well-established medical profession and other similar professions to nursing, such as physical therapists,

inhalation therapists, social workers, who, similar to nurses, have only recently acquired the social status of a profession. The meaning of care, gender, professionalism and professional image for this array of healthcare profession is of interest.

It is also of particular significance to explore how physicians for instance theorise or depict these four constructs: care, gender, professional habitus and emotional capital. It would be interesting to identify the similarities and differences across professions along the four constructs, utilising both lenses of the Bourdieusian theory and of care ethics. I would be intrigued to identify if physicians from both genders, for example, would identify care to be based on relationships or justice.

To summarise, this study has depicted in a certain amount of richness two unique nursing settings at a certain point in time. It has examined the nursing image and gender in two different cultural settings. Taken together, these findings both confirm and extend previous research, contributing new insights into nursing and how it is traditionally perceived as a feminised career. Modern nursing requires a multitude of highly sophisticated technical skills and the knowledge of a diversity of the biological sciences among other sciences. Globally, nursing and the quality of healthcare have suffered from recurrent waves of nursing shortage. Lebanon and the UK are no exceptions. The recruitment of more male nurses may help halt the nursing shortage and recruit a more gender balanced nursing workforce. This study highlights the multiple and sophisticated nursing roles and can help guide more studied recruitment efforts that attract to the profession nurses who are potentially more aware of the multifaceted nature of nursing and the challenges of the profession. Glerean et al. (2019) argue that the nursing image the nursing recruits bring from society is unrealistic. Nursing as a career choice should be based on realistic expectations in order to promote better job satisfaction and less job attrition. Additionally, this

thesis has depicted in great fidelity the life stories, joys, sorrows and struggles of a profession.

This thesis has examined in a certain amount of fidelity the life story of nursing as a profession.

This story can be used to enhance the public and nursing recruits' knowledge of nursing as a profession. Although findings are confined to the participants in this study, methodological replication of this study is possible across countries and across professions.

Afterword

Afterword

As I am working on rewriting the chapters of this thesis, war strikes Lebanon again, and this time, it is striking hard. Away from taking a political stance, civilians are being regularly targeted. Hospitals and healthcare teams including the nursing teams are being targeted by ongoing bombardment all over Lebanon. The interviews with the Lebanese nurses were conducted before the war, before COVID, and before the Lebanese economic crisis. The Lebanese nurses had already many ordeals related to the condition of the nursing profession. Even before the succession of crises striking Lebanon over six years, the Lebanese nurses interviewed in this research had serious concerns related to the nursing profession in Lebanon. Their concerns centered around the nursing image in Lebanon, the remuneration for the profession, and the working conditions. This makes me wonder about the current situation for the nurses in Lebanon after around six years of crises culminating in an aggressive war in Lebanon, that extensively exhausted the resources of the hospitals including the human resources and specifically, the nursing teams. It was a recurrent thought on my mind, as I am writing the findings chapter, to imagine what would be the comment of a particular Lebanese participant on the Lebanese nurses' condition after six years of successive crises. Many of the Lebanese nurses' ordeals might be even more accentuated now largely because of all the events that have affected Lebanon.

Appendices

Appendices

Appendix 1- Consent Form and Information Sheet

Research Consent Form

I, the undersigned, volunteer to participate in a research project conducted by ~~Banda El Soufi~~, a Doctoral student in Education in Durham University. I understand that the research is intended to collect information about gender and nursing education.

1. My participation in this research is completely voluntary. I may withdraw from this study at any time without penalty.
2. I have the right to refuse to answer any question or to end the interview at any time.
3. The interview will last approximately around 45 to 60 minutes. The researcher will take notes during the interview and audio tape the interview which will be later transcribed.
4. I understand that the researcher will not identify me by my name in any reports or publications utilizing the information obtained from this interview, and that my confidentiality and anonymity as a participant in this study will remain protected.
5. Administrators from my institution will not be present during the interview and will not have access to notes and transcripts of interviews. This is done in an effort to prevent my participation in this study from having any negative consequences on my work or on any subsequent performance appraisals.
6. I understand that this research study has been examined and approved by the Durham University ethics committee.
7. I have read and understood the explanation provided to me. I have had all my questions answered to my satisfaction, and I voluntarily agree to participate in this research.

Name of participant _____ Signature _____

Name of the Investigator _____ Signature _____

Date _____

Participant Information Sheet

Project title: Professional habitus, gender and nursing education in Lebanon and the UK

Researcher(s): Randa El Soufi (doctoral student)

Department: Education

Contact details:

School of Education

Durham University

Leazes Road

Durham

DH1 1TA

United Kingdom

Email: ed.pgrstudents@durham.ac.uk

Date of project: March to December 2019

Supervisor name: Prof. Marta Moskal and Prof. Oakleigh Welply

Supervisor contact details: Same as above address

Email: marta.z.moskal@durham.ac.uk, oakleigh.welply@durham.ac.uk

You are invited to take part in a study that I am conducting as part of my Dissertation PhD at Durham University.

This study has received ethical approval from *the School of Education Ethic Review committee* of Durham University. Also, *I am a nurse educator with 30 years of experience in Education.*

Before you decide whether to agree to take part it is important for you to understand the purpose of the research and what is involved as a participant. Please read the following information carefully. Please get in contact if there is anything that is not clear or if you would like more information.

The rights and responsibilities of anyone taking part in Durham University research are set out in our 'Participants Charter':

<https://www.dur.ac.uk/research.innovation/governance/ethics/considerations/people/charter/>

What is the purpose of the study?

The aim of this study is to...

- *This study aims to explore the role of gender in nursing education in a comparative qualitative perspective between Lebanon and the UK. Understanding influences will help develop a well-informed nursing education sensitive to the future needs of a modern nursing profession. The researcher will explore the nurses' perception of the effect of gender on nursing education.*
- *The study is part of a doctoral dissertation which will be completed entirely in 2024.*

Why have I been invited to take part?

You have been invited because ...

- *You are a nursing student/ a nursing professional and we would like to know your feedback about the study.*

Do I have to take part?

Your participation is voluntary and you do not have to agree to take part. If you do agree to take part, you can withdraw at any time, without giving a reason.

What will happen to me if I take part?

If you agree to take part in the study, you will...

- *Asked few questions either within a group of participants or individually.*
- *The interview/ focus group meetings will be conducted in your school of nursing/ hospital where you work after approval of your director/ employer.*
- *The interview/ focus group meetings will take around 56 to 60 minutes.*

Are there any potential risks involved?

- *There are no risks involved related to participation.*

Will my data be kept confidential?

All information obtained during the study will be kept confidential. If the data is published it will be entirely anonymous and will not be identifiable as yours.

Specific permission will be obtained during interviews/ focus group meetings whenever direct quotes will be used.

What will happen to the results of the project?

- *The results will be published after completion of the dissertation.*
- *I hope to publish anonymous data from this study in a conference and in research journals.*
- *The data will be archived anonymously and will not be shared with others for any purposes including further research.*
 - No personal data will be shared, however anonymised (i.e. not identifiable) data may be used in publications, reports, presentations, web pages and other research outputs. At the end of the project, anonymised data may be archived but not shared with others for legitimate research purposes.

All research data and records needed to validate the research findings will be stored for 10 years after publication of the results / the end of the project / the end of active data collection.

Durham University is committed to sharing the results of its world-class research for public benefit. As part of this commitment the University has established an online repository for all Durham University Higher Degree theses which provides access to the full text of freely available theses. The study in which you are invited to participate will be written up as a thesis. On successful submission of the thesis, it will be deposited both in print and online in the University archives, to facilitate its use in future research. The thesis will be published open access.

Who do I contact if I have any questions or concerns about this study?

If you have any further questions or concerns about this study, please speak to the researcher or their supervisor. If you remain unhappy or wish to make a formal complaint, please submit a complaint via the University's [Complaints Process](https://www.dur.ac.uk/ges/3rdpartycomplaints/). At <https://www.dur.ac.uk/ges/3rdpartycomplaints/>.

Thank you for reading this information and considering taking part in this study.

Appendix 2- Table 1 - The Participants

Interview Location	Gender	Position	Specialty	Years of Experience	Degree
1. Lebanon	Female	Head Nurse	Pediatrics	10 years	License Technique
2. Lebanon	Female	Head Nurse	Surgery	13 years	BSN
3. Lebanon	Female	Head Nurse	Obstetrics	18 years	Masters
4. Lebanon	Male	Head Nurse	Medicine	12 years	Bachelor of Science in Nursing
5. Lebanon	Female	Head Nurse	Medicine	14 years	Licensee Technique
6. Lebanon	Female	Head Nurse	Neonatal	11 years	BSN and Diploma
7. Lebanon	Male	Head Nurse	Emergency	15 years	Technique Supérieure
8. Lebanon	Male	Head Nurse,	Operating room	21 years	BSN, Diplome Universitaire
9. Lebanon	Female	Registered Nurse	Dialysis	8 years	Technique Supérieure
10. Lebanon	Female	Registered Nurse	Intensive Care Unit	13 years	BSN, Masters (DESS)
11. Lebanon	Female	Registered Nurse	Surgery	4 years	License Technique
12. Lebanon	Female	Head Nurse	Medicine	33 years	BSN, Diplome Universitaire
13. Lebanon	Male	Registered Nurse	Dialysis	4 years	license Technique
14. Lebanon	Female	Registered Nurse	Pediatrics	2.5 years	BSN
15. Lebanon	Female	Registered Nurse	Dialysis	23 years	Technique Supérieure
16. Lebanon	Female	Head Nurse	Cardiology	21 years	BSN
17. Lebanon	Male	Registered Nurse	Intensive Care	4 years	BSN
18. Lebanon	Male	Registered Nurse	Dialysis	5 years	Technique Supérieure
19. Lebanon	Female	Nursing supervisor	Emergency	22 years	BSN
20. Lebanon	Female	Registered Nurse	Surgery	6 years	BSN
1. UK	Female	APN	Emergency	20 years	Masters
2. UK	Male	Lecturer	Adult nursing	30 years	PhD
3. UK	Female	Prof	Orthopedics	39 years	PhD
4. UK	Male	Researcher	Research	34 years	PhD
5. UK	Female	Prof	Adult nursing	31 years	PhD

Interview Location	Gender	Position	Specialty	Years of Experience	Degree
6. UK	Male	Prof	Adult	20 years	PhD
7. UK	Male	APN	Adult	16 years	Masters
8. UK	Female	Lecturer	Learning Disability	33 years	EdD
9. UK	Female	student	Mental health nursing	3rd year	BS
10. UK	Female	Student	Adult nursing	1st year	BS
11. UK	Male	Student	Adult nursing	1st year	BS
12. UK	Male	Student	Adult nursing, military	1st year	BS
13. UK	Female	Student	Adult	1st year	BS
14. UK	Male	Student	Adult	1st year	BS
15. UK	Male	Student	Adult	1st	BS
16. UK	Male	Registered Nurse	Mental Health	1 month	BS
17. UK	Male	Nurse Manager	Mental health	25 years	Masters
18. UK	Female	Lecturer	Research Nursing	30 years	PhD
19. UK	Male	Lecturer	Emergency	24 years	Masters
20. UK	Female	Lecturer	Research/ education	21 years	Masters

Appendix 3- Table 2 Codebook

Name	Description	Files	References
Developing emotional care in Nursing		8	11
Emotional care and negative role models		2	2
Emotional care and role models		8	11
Emotional care as innate and brought from early socialisation		25	43
Emotional care developed during professionalisation		21	33
Emotional care in nursing and education		17	28
Undecided about emotional care whether innate or developed		14	17
Gender and emotional care		40	288
Ambivalence about ability of male nurses providing emotional care in nursing		13	18
Male nurses are equally capable of providing emotional care		30	56
Male nurses are NOT equally capable of providing emotional care		20	47
Nurses' salaries		0	0

Name	Description	Files	References
Nurses' salaries in Lebanon		6	10
Ambivalence towards nurses' salaries in Lebanon		0	0
Nurses' salaries in Lebanon are good		3	3
Nurses' salaries in Lebanon are not good		15	34
Nurses' salaries in the UK		5	13
Ambivalence towards nurse's salaries in the UK		1	1
Nurses' salaries are good in the UK		0	0
Nurse's salaries are NOT good in the UK		1	1
Nursing and burnout		27	94
both genders are equally prone to burnout		1	1
Female nurses and burnout		12	14
Male nurses and burnout		7	8
Nursing and gender		40	553
Ambivalence about relationship between nursing and gender		5	10
Nursing and gender no relationship		32	100
Nursing and gender relationship		40	380
Female nurse advantage		22	59

Name	Description	Files	References
Female nurse disadvantage		28	76
Male nurse advantage		33	112
Male nurse disadvantage		24	66
Nursing and physicians		35	102
Physicians' ambivalence towards gender in nursing		2	2
Physicians and nursing gender has no effect		16	17
Physicians and nursing gender matters		9	10
Nursing and professional distance		12	30
Nursing as a choice		0	0
Ambivalence towards nursing as a choice		8	13
Nursing as a first choice		7	7
Nursing as a second choice		18	25
Nursing as an overall positive experience		0	0
I like nursing		9	19
Nursing as a positive experience		17	43
Nursing is attractive		23	42
Nursing image		36	249
Ambivalence about nursing image		13	24
Negative image of nursing		23	117
Positive image of nursing		25	46

Name	Description	Files	References
Nursing situation Lebanon versus UK		0	0
Lebanese situation and nursing		19	187
The UK situation and nursing		13	70
Professional habitus of nursing		0	0
Ambivalence Nursing as BOTH difficult and easy		14	15
Nursing and professional development		23	58
Nursing and spirituality		6	10
Nursing as a calling		13	28
Nursing as a difficult career		20	69
Nursing as a humane profession		26	61
Nursing as a profession		35	356
Nursing as ethics		14	37
Nursing as knowledge		18	41
Nursing as service and giving		21	42
Support to nursing		29	142

Appendix 4 - Sample Transcription - Interview 2

Gender: Male

Position: Nurse Lecturer, Adult nursing

Years of experience: 30 years

Degree: PhD

Date: 22 June, 2020

Mode: Skype

Interview 2

What attracted you to the nursing profession?

It is a difficult question. Before I became a healthcare assistant in 1987, I was working in engineering. I did not like it much and I did not enjoy it. Then my older sister who was a nurse, said have you thought of doing nursing. I thought I didn't think nursing was something men did. When I left school, it was not an option for men. Then I thought about that, and I said may be. I liked the idea of working around the hospital environment, working with other people. It is a challenging environment. I thought I'll give it a try. That's why I became a healthcare assistant, and I really enjoyed it. I felt this is really me. I like talking to people and I like knowing people, but I never thought about it. I didn't grow up thinking I will go into nursing.

What kept you there?

I like working in a team. I like working with other people. All the different challenges we have, difficult people, different people, difficult situations. I enjoyed working within the healthcare team.

The people I worked with were really nice people, they were very good, very committed. I really enjoyed the working environment and seeing people get better. I never really looked back. I really never thought of doing anything else after that. I liked being part of the healthcare team effort to help someone. It was fulfilling. I felt satisfied at the end of the day because I did something positive. I was part of something good.

What has been your journey/ career like in nursing?

(Giggles)

Long and slow. I was engineering because it was a low skilled job. At the time, I had no qualifications, I did my certificate and then a diploma and a degree and later an MA and PhD. I had to continue my education because I was teaching.

It has been a very long journey. On a personal level it was a huge developmental journey for me as a person. In nursing you learn a lot about yourself and about the way you think about the world and what you think about other people. I think it is a fascinating, incredible journey. It was a long journey because I started at the bottom. Even now as an educator, you keep on learning, you never stop learning. Every time you get a new group of students, or you teach a new module, you update your knowledge. It is an ongoing journey, it is interesting. Hard but interesting. The PhD was probably the hardest bit.

You said difficult journey. Would you like to talk about that?

It is difficult because you never really achieve a level where you are entirely competent or confident. There is always something you want to learn or you need to do. This is where the difficulty is. In other jobs, you may reach a level of competence. In nursing, you never feel this way, you always feel I need to know more about that, you always develop yourself. You got to keep learning. It has been a hard journey. I am now 55, it was only last year when I was 54 that I finished studying for qualifications. It has been 30 years I have been doing qualifications, course after course, doing degrees masters. That is difficult. The job itself is not inherently difficult because. Nursing is about being yourself, it is about being true and honest with yourself and with your patients. That part which I found easy. You only need to keep up with the knowledge you need. It was a long road but I keep on learning.

What motivates you in your career?

What keeps you going in your profession?

Now, it is the students. I do not have contact with the patients any more. Patients have been replaced by students. I invest a lot of my energy in seeing them develop. I like seeing them naïve, willing to learn, I like being part of this journey with them. It is so satisfying to see them graduating.

It is like seeing a patient get better and is discharged. That what keeps me going that what gives me the energy, seeing students' progress. That is not without frustrations but that what keeps me energized.

What is the most important thing for you in your profession as a nurse?

The most important thing is to get back and think about things. It is being objective about situations. This is of critical importance. You have to understand people. This is fundamental to nursing. You have to never make judgements or assumptions and listen to their stories and to try to understand their position. It is understanding the subjectivity of the patient experience. To be objective enough. Not to impose your interpretation on situations. That is for me. Yes, you got to be clinically competent. You got to be skilful at things but that is fairly easy.

What are your ambitions for your future as a nurse?

For me I am around near the end of career. I am running out of ambitions (giggles) after the PhD.

Are there ambitions that you think you have not reached yet?

For the profession I have ambitions for it to rise above its self-imposed restraints. As a profession, we hold ourselves back. We undervalue our importance. I don't think we communicate our importance enough to other people. We do not establish ourselves enough in interdisciplinary decisions. We are way behind medicine for example. There are still a lot of nurses who say all we have to do is being kind and caring. Yes, we do. But that is not enough. We can influence practice. We are face to face with patients all the time. We are on the front line. The profession needs to establish itself as the most important part of healthcare. And we should have the voice and be listened to. We are getting there but it is a slow progress. I tell my students to tell everybody about how important we are. We don't only wash patient and do tasks. We are actually fundamental to the decision-making process in healthcare. We are at the centre of the interdisciplinary teams. It is nurses who

communicate with all other members of the multidisciplinary teams, and we make sure they work harmoniously together. It is absolutely fundamental. Don't be happy with just being a nurse. It helps to raise the salary as well for nurses (giggles). We get paid a lot less than all other healthcare professionals.

Is there a relationship between your gender and your nursing role?

Yes. It shouldn't be but there is.

When I was in my last clinical job, on many occasions, the physicians listened to me more than they listened to their female counterparts

Not always but sometimes. A lot of times, I would say, I will go talk to him because he listens to me.

There is a difference. I know I was treated differently by physicians.

Sometimes it is the ways they spoke to me, sometimes about football. I tried not to allow that to happen but definitely it happened. Sometimes. They didn't listen to me but on many occasions, they took me like one of them rather than one of the nursing team.

Does your gender matter in your nursing role?

It does because people treat you differently because of your gender across society not just in nursing. This is unfortunate. There are a lot of patients who would rather to be looked for by a woman rather than a man, even among male patients. There is still amount of suspicion about men in nursing because we are still 1 in 10 which has not changed for a decade. We stand out more. That is human global behaviour. If you look different, you will be treated differently.

Sometimes, in a positive way as well.

Lifting heavy patients is always delegated to the male nurses.

There is hostility as well sometimes and suspicion about sometimes

In your opinion male nurse are more or less accepted in the place you live in / work than female nurses?

I still see this little reaction in people's eyes, a little of surprise. it is a social attitude because it is a social expectation that nurses are women.

Someone few years ago, someone went to a primary school and asked them to draw the image of a nurse and all of them drew the traditional picture of a female nurses in a dress. So even at early age the expectation is that a nurse is a woman. I don't know how do you change that?

How do you perceive nursing as caring and emotional work?

If it's not emotional work, then you are not doing it right.

When you are working with patients, you have to invest some of yourself. That is where empathy come from. That does have an emotional impact on you. It is heart breaking when you see people in terrible situations or are suffering. You feel this compassion, you suffer with them. I am a bit careful about the word caring because caring is a fundamental human behaviour, it is not a term unique to nursing but nursing has somehow appropriated this term. Many people can be caring but cannot be a nurse. Caring is not sufficient to be a nurse. That is my feeling.

Nursing characteristics?

You need to have genuine concern for other people and be prepared not to be judgmental. To have openness to see the world through other people's eyes. This is

fundamental. Without that you can go nowhere in nursing. You can learn the skills only. But you got to be able to understand people.

Since caring and emotional work is more socially associated with femaleness, how do male nurses or female nurses practice nursing?

I don't think male and female nurses practice nursing differently. Actually, it is a misconception. Being caring is intrinsic. The way it is interpreted. Men and women slightly operationalize it a bit differently. Men are perfectly capable of being compassionate and caring as women are. I think sometimes they communicate it a bit differently. Their body language is a bit different. Our mannerisms are gendered. The motivation behind it is much the same. There are individual differences among female nurses themselves. There is no one way that women do it or one way that men do it. We all do it in slightly different ways. We learn to express this caring in slightly different ways.

It is gendered but is probably more like individual differences.

It just is that the majority of nurses are women, so we define caring based on a female model in nursing.

What does it take from you as a person to provide emotional support to your patients?

I can be very emotional and this taxing. And this is common.

This is draining. It is a fine balance to find of giving of yourself and at the same time keeping yourself from being traumatized.

As I got older it became easier, I learned to detach.

How did you develop emotional caring skills in your nursing care?

The evidence is that people come to the profession with that innate ability. In the profession, we learn how to utilize our compassion. So, you move from being an emotional person to actually use it in a clinical situation. So that what development is. It is how to use it in a therapeutic way. I do not think I became more compassionate or more caring in nursing. I am the same person at heart. It is just I learned how to manage my emotions, when to be compassionate and when to keep a distance. that is the developmental part of it.

Gender characteristics hindered you or helped advance your career?

Sometimes it is helpful sometimes with female patients. It takes a longer time sometimes for female patients to accept that they are being cared for by a man. I usually use my gentle side when especially if the patient seems a bit distrustful about being cared by a man.

Are male or female nurses more susceptible, more likely to feel hurt, emotionally, exhausted, burnout?

I never thought of this question. I am not aware of this difference. I think differences are mostly individual. Societal perception is that men are more resilient. But that is not true.

What kind of support the nurses would like to have in their workplace/ in terms of training and development needs?

Resilience training is needed in nursing (giggling).

We need to be more proactive at what to expect from nurses who are struggling emotionally. Nurses at the beginning of their career are particularly reluctant to admit that they are not coping. This is a very emotionally and physically challenging job and it is ok to be drained by work. We do need to have some outlets. They need to learn some resilience. They need to be more aware of signs of burnout and when and how to seek help. There are a lot of ways of doing that. And feeling empowered to say I am not coping and I am finding it difficult.

I remember at the beginning of my career that I was feeling that things are difficult but was not able to say to anybody that. Men in nursing are already treated suspiciously.

Have you worked in different settings of hospitals?

Pretty much the same environment. The work might be a bit different.

Appendix 5- Progression of Themes Organisation

Preliminary Themes

- Male versus female nurses
- Male nurses and physical strength
- Married female nurses' issues
 - Married female nurses and night duties
 - Married female nurses and responsibilities
- Nursing and continuing education
- Order of nurses in Lebanon
- Image of nursing in Lebanon
 - Versus outside countries
- Physicians and gender of nurses
- Nursing as a gender associated profession
- Physicians versus nurses as work as profession
- Nursing and emotions
- Men and emotions/ emotional care/ expression of emotions
- Habitus/ characteristics of nursing
- Nursing and economy and rewards
- Accreditation of Registered nurses in Lebanon

Codes Classified by Theme and Category

I. Codes under Theme: “Professional Nursing Habitus”

A. Defining Characteristics of Nursing

- a. Self-development in nursing.
- b. I have ambitions for nursing.
- c. Hierarchy within nursing
- d. Keeping professional distance with the patient.
- e. Nursing as a job versus a humane profession.
- f. Nursing has a positive image.
- g. Nursing is a remarkable profession.
- h. Nursing is a humane profession
- i. Spirituality of the nursing profession
- j. Nursing is not merely a job

B. Nursing as Emotional Capital

- a. Nursing as sweet and hard moments at the same time.
- b. Nursing as sacrifice
- c. Nursing as a blessing.
- d. The nurse as a rescuer/ saviour.
- e. Nursing is giving
- f. Nursing offers satisfaction to nurses.
- g. Nursing as a humane touch
- h. Nursing is associated with ethics, giving and humanity.
- i. Nursing has an emotional side.
- j. The humane touch is important in nursing regardless of gender.
- k. Some nurses deal in a tough way with patients.
- l. Nurses may burnout especially with time and they lose their humane touch.

C. Nursing as Gendered Habitus

- a. Femininity and nursing.
- b. Nursing and maternal role
- c. The humane aspect of nursing is more relevant to female nurse than being relevant with male nurses
- d. The society needs to be more supportive to a female nurse.

II. Codes under Theme: “Nursing and Gender”

A. Gender Characteristics of Nursing

- a. Femininity and nursing.
- b. Nursing and maternal role
- c. Both male and female nurses are needed in nursing.
- d. There are individual differences regardless of gender.
- e. The humane touch is important in nursing regardless of gender.

B. Female Nurse Advantage

- a. Female nurses are more affectionate than male nurses.
- b. Some male nurses cannot play this emotional role in nursing.
- c. Male nurses do not listen till the end
- d. The female nurse listens more than a male nurse does.
- e. Female nurses may be more affectionate at times.
- f. The humane aspect of nursing is more relevant to female nurse than being relevant with male nurses.

C. Male Nurse Advantage

- a. Male nurses are equally capable of emotional role in nursing.
- b. Some male nurses are equally emotional as female nurses.
- c. Some male nurses are more affectionate at times.
- d. Male nurses have more time for self-development in our society.

D. Female Nurse Disadvantage

- a. The society needs to be more supportive to a female nurse.
- b. A female nurse is at a disadvantage if she wants to continue her education.

III. Codes under Theme: “Emotional Nursing Care”

A. Male Nurses and Emotional Nursing Care

- a. Male nurses are equally capable of emotional role in nursing.
- b. Some male nurses cannot play this emotional role in nursing.
- c. Some male nurses are equally emotional as female nurses.
- d. Some male nurses are more affectionate at times.
- e. Male nurses do not listen till the end.

B. Female Nurses and Emotional Nursing Care

- a. Female nurses are more affectionate than male nurses.
- b. The female nurse listens more than a male nurse does.
- c. Female nurses may be more affectionate at times.
- d. The humane aspect of nursing is more relevant to female nurse than being relevant with male nurses.

C. Role of Earlier Socialization versus Nursing Socialization

- a. This is an innate skill and later developed during socialisation within nursing.
- b. The home is the most important factor in developing the emotional aspect of nursing.

IV. Codes under Theme: “Organization of the Nursing Profession”

A. Nursing Image in Lebanon (Positive)

- a. Nursing is appreciated in my community.

B. Nursing Image in Lebanon (Negative)

- a. Negative perception about the nursing profession
- b. The nurse is not respected /appreciated in our community
- c. Male nurses have more time for self-development in our society.
- d. Nursing as a second option.
- e. We have ambitions to be a central hospital and to be better than the best hospital in Lebanon.
- f. Nursing as an alternative choice to medicine

C. Nursing Curricula in Lebanon

- a. The nursing curricula should be standardised and unified.
- b. Role of nursing socialisation to know the nurse’s responsibilities and rights.

D. Unequal Work Opportunities for Nurses in Lebanon.

- a. Unequal work opportunities for nurses in Lebanon.

E. Quality of Nursing Education in Lebanon is not Controlled

- b. Quality of nursing education in Lebanon is not controlled.
- c. Unequal opportunities for continuing education in Lebanon.

F. The Government Role in Nursing Professional Regulation

- a. The government role in nursing professional regulation is absent.
- b. Role of the nurse as compared to physician’s role
- c. Nurses in Lebanon need more professional motivation.
- d. Unequal nursing resources.
- e. There is a lack of standardisation in nursing care.
- f. Nursing needs to have more resources in our country.

Sample Interview with Codes Lebanon

Gender of interviewee: Female
Position: Head nurse, Specialty: Neonatal care
Years of experience: 11 years
Degree: Licence Academique and diploma
Duration: 37 minutes

Interview	Codes	Categories	Themes	Additional Themes
What attracted you to the nursing profession?	Nursing as an alternative choice to medicine.	Nursing Image in Lebanon (Negative)	Organization of the Nursing Profession	Professional nursing habitus
<i>Nursing was not my dream. It was an alternative to medicine</i> because economically I could not afford to study medicine. So, my father enrolled me in a nursing program. I passed the entrance exam and I continued in the program. It was an alternative choice.				
What has been your journey/ career like in nursing?	Nursing as sweet and hard moments at the same time.	Nursing as Emotional Capital	Professional nursing habitus	
It was a nice journey including <i>the sweet moments and the hard moments</i> . I have worked mostly with infants and later with newborns. <i>I lived their tragedy and I lived the family's joys</i> at the progress a newborn makes. I tried to be				

Interview	Codes	Categories	Themes	Additional Themes
the rescuer as much as possible. <i>I gave from myself</i> in order to save lives of preterm babies and full-term babies. I felt that nursing was not a wrong decision after all. I felt I was in my place and I felt being <i>blessed</i> by God in my journey in nursing. <i>Saving lives</i> requires special type of people and thankfully I do have this capacity and competence. <i>I felt appreciated as a nurse in my community</i>. God has given me the opportunity to be a good member in my profession.	Nursing as sacrifice Nursing as a blessing The nurse as a rescuer/ saviour. Nursing is appreciated in my community	Nursing as Emotional Capital Nursing as Emotional Capital Nursing as Emotional Capital Nursing Image in Lebanon (Positive)	Professional nursing habitus Professional nursing habitus Professional nursing habitus Organization of the Nursing Profession	Emotional Nursing Care Emotional Nursing Care Emotional Nursing Care Professional nursing habitus
What motivates you in your career? What keeps you going into this profession?				
I like to go on with giving and the fact that I am an active member as a nurse especially in such small hospitals in the north which is not a university hospital and where resources are relatively scarce. For me, <i>it is not merely a job</i>. It is about giving. Especially as <i>a female nurse</i>, I feel like <i>I am giving of myself</i>. I am a <i>mother</i> and I am working <i>something I love</i> and something which is <i>a blessing from God</i>. I always say I should stay in nursing and I should <i>develop myself</i> to be able to stay where I am and help others. And also, to be able to overcome obstacles and in order to see the	Nursing is not merely a job Nursing is giving Femininity and nursing Nursing and maternal role. Nursing offers satisfaction to nurses.	Defining Characteristics of Nursing Nursing as Emotional Capital Nursing as Gendered Habitus Nursing as Gendered Habitus	Professional Nursing Habitus Professional Nursing Habitus Professional Nursing Habitus Professional Nursing Habitus	Emotional Nursing Care Emotional Nursing Care Nursing and Gender Emotional Nursing Care

Interview	Codes	Categories	Themes	Additional Themes
smile on the face of the parents of the babies. This smile is very important for me to see no matter what the case is. And even in cases where we have high morbidity and high mortality. The fact that I did something to improve and that I always put ahead of me that I want to offer the best nursing care.	Nursing as a blessing. Self-development in nursing.	Nursing as Emotional Capital Nursing as Emotional Capital Defining Characteristics of Nursing	Professional Nursing Habitus Professional Nursing Habitus	
What is the most important thing for you in your profession as a nurse?				
The most important thing in nursing is its ability to keep on <i>having this humane touch</i>. We are not robots merely dealing with data, protocols and procedures. <i>The humane touch is very important to stay with nursing</i>. I have been working with newborns now for a while. I tell the nurses to touch the newborns while providing care. <i>Let the newborn feel your touch and feel his touch</i>, give him your tenderness. He needs it. Let the nursing care be given with affection and softness. Make the baby feels his humanity. He is not a merely sick newborn who has to take treatments and be pricked. <i>I feel the nursing care is to be given with ethics, giving and humanity.</i>	Nursing as a humane touch Nursing offers satisfaction to nurses. Nursing as a humane touch Nursing is associated with	Nursing as Emotional Capital Nursing as Emotional Capital Nursing as Emotional Capital	Professional Nursing Habitus Professional Nursing Habitus Professional Nursing Habitus	Emotional Nursing Care Emotional Nursing Care Emotional Nursing Care Emotional Nursing Care

Interview	Codes	Categories	Themes	Additional Themes
What are your ambitions for your future as a nurse? <i>I have so many ambitions for nursing.</i> Unfortunately, there is not much serious work in this aspect. <i>I aspire that we become like other countries where the nurse is respected. In our communities, the people think that the nurse merely gives an injection or just does tasks.</i> Many times, when a nurse is introducing themselves, <i>they prefer to say I am a head nurse.</i> For me, I still introduce myself as a nurse not a head nurse. This is not to minimise of my value. <i>However, our society does not give my real value as a nurse.</i>	ethics, giving and humanity I have ambitions for nursing. The nurse is not respected /appreciated in our community Hierarchy within nursing The nurse is not respected /appreciated in our community	Nursing as Emotional Capital Defining Characteristics of Nursing Nursing Image in Lebanon (Negative) Defining Characteristics of Nursing Nursing Image in Lebanon (Negative)	Professional Nursing Habitus Organization of the Nursing Profession Professional Nursing Habitus Organization of the Nursing Profession	
What is the relationship between your gender and your relationship with physicians? Here in nursery, especially with preterm babies, female nurses are preferable because <i>they are softer than male nurses.</i> This is <i>because females are known to be softer and to be more affectionate and to have special touch</i> , to be more tender. The babies here need a <i>maternal touch</i> as they are born ahead of their time. The babies should be with their moms. Here the female nurses <i>play a maternal role.</i>	Female nurses are more affectionate than male nurses.	Female Nurses and Emotional Nursing Care	Emotional Nursing Care Professional Nursing Habitus	Nursing and Gender Nursing and Gender

Interview	Codes	Categories	Themes	Additional Themes
But also, <i>male nurses are equally capable.</i>	Nursing and maternal role	Nursing as Gendered Habitus	Emotional Nursing Care	Nursing and Gender
However, <i>some male nurses cannot play this role.</i> And, the physician in this case may prefer a female nurse.	Male nurses are equally capable of emotional role in nursing.	Male Nurses and Emotional Nursing Care	Emotional Nursing Care	Nursing and Gender
Does your gender matter in your nursing role?	Some male nurses cannot play this emotional role in nursing.	Male Nurses and Emotional Nursing Care	Nursing and Gender	Professional Nursing Habitus
I do not think it matters. <i>Both male and female nurses are needed. Male nurses may be more needed in certain services. Also, female nurses are needed in other services.</i> Both male and female nurses must have the same ethical and humane perspective and the passion for giving. This is a sacred issue. As nurses, we need to deal with all patients no matter who they are, or what colour they are or whether they are old or young, whether they can understand or not, whether educated or not. Both male and female nurses are needed to improve the profession. My husband is a nurse too. <i>I sometimes feel that he is so soft in dealing with patients, sometimes softer than most female nurses I work with.</i> He has a special touch. He has a magic touch in his	Both male and female nurses are needed in nursing.	Gender Characteristics of Nursing		
	Some male nurses are equally emotional as female nurses.	Male Nurses and Emotional Nursing Care	Nursing and Gender	Emotional Nursing Care

Interview	Codes	Categories	Themes	Additional Themes
hand. He does so many procedures and these are sometimes tasks to be done by a resident physician. He is so skilful; they depend on him for helping in the medical procedures not only nursing procedures. Although he is a male nurse and his hand size is different than a female, <i>he is softer than a female nurse</i>. He is able to even work with newborn.	Nursing has an emotional side. Keeping professional distance with the patient.	Nursing as Emotional Capital	Professional Nursing Habitus	Emotional Nursing Care
How do you perceive nursing as a caring and emotional work?				
<i>Nursing has an emotional side but in nursing we need to keep a professional distance.</i> And it should not be pity, it should be an empathetic relationship. There should be professional barriers between the nurse and the patient. Here, in our nursing unit, we see many inborn malformations and many morbidities and many difficult cases where we need as nurses to keep some distance. Otherwise, we will burn out.				
Since caring and emotional work is more socially associated with femaleness how do male nurses or female nurses practice nursing? Do you see any differences between male and female nurses in practicing nursing?	Male nurses do not listen till the end.	Male Nurses and Emotional Nursing Care	Emotional Nursing Care Emotional Nursing Care	Nursing and Gender Nursing and Gender

Interview	Codes	Categories	Themes	Additional Themes
The <i>male nurse by nature does not listen till the end. The female nurse listens more. There are also individual differences. Some male nurses are even better than female nurses in certain aspects. Sometimes, they are more affectionate. Female nurses may be more affectionate at times.</i> Some nurses deal in a <i>tough way</i> with patients, female nurses are more affectionate.	The female nurse listens more than a male nurse does. There are individual differences regardless of gender. Some male nurses are equally emotional as female nurses. Female nurses may be more affectionate at times. Some nurses deal in a tough way with patients.	Female Nurses and Emotional Nursing Care Gender Characteristics of Nursing Male Nurses and Emotional Nursing Care Nursing as Emotional Capital Nursing as Emotional Capital	Nursing and Gender Nursing and Gender Professional Nursing Habitus Professional Nursing Habitus	Professional Nursing Habitus Emotional Nursing Care Emotional Nursing Care
How do you perceive the relationship of your gender with nursing as a caring emotional and gendered work? How does your gender as female/ or male help you or hinder you in providing caring emotional nursing work?				
Some male and female nurses are too technical, they lose the humane touch and this is especially valid for people who spend long years in the profession where they lose their humane touch as they get burned out. For other people who still care and live the nursing profession's sweetness and bitterness, they will feel there is always renewal and progress in				

Interview	Codes	Categories	Themes	Additional Themes
the profession. <i>Both genders are equally capable of offering in nursing.</i> The humane touch is very important in nursing which can be absent even in females. <i>Some male nurses are more affectionate at times. Nurses may burnout especially with time and they lose their humane touch.</i> Also keeping a professional distance is important in nursing. If a nurse does not, <i>she/ he will suffer from anxiety and depression. Keeping the professional distance is important so we have continuity in the profession.</i> <i>The male nurse has more advantage because he has more time as the male nurse does not have home responsibilities as a female nurse does.</i> As a female nurse you need more support from your environment if you need to develop yourself because your personal time is dedicated to a family. All the nursing theorists are females. The humane aspect of nursing is more	Both male and female nurses are needed in nursing. Some male nurses are more affectionate at times Nurses may burnout especially with time and they lose their humane touch. Male nurses have more time for self-development in our society.	Gender Characteristics of Nursing Male Nurse Advantage Nursing as Emotional Capital Nursing as Emotional Capital Male Nurse Advantage	Nursing and Gender Nursing and Gender Professional Nursing Habitus Professional Nursing Habitus Nursing and Gender Emotional Nursing Care	Professional Nursing Habitus Professional Nursing Habitus Emotional Nursing Care Professional Nursing Habitus

Interview	Codes	Categories	Themes	Additional Themes
<i>relevant to female nurse than being relevant with male nurses.</i> How did you develop emotional caring skills in your nursing care? This is an innate skill and later developed during socialisation within nursing including dealing with colleagues, physicians and administration. But the <i>root has to be there as innate. The home is the most important factor.</i> Later nursing socialisation <i>only helps us structure</i> it and organise it and directs it in the right way. <i>Also, the nursing socialisation teaches us to put limits where it is needed.</i> Can you describe the professional habitus of nursing in terms of emotional capital? Some people take nursing like a <i>mere job</i>; they just come and spend their day and leave at the end of the day without being affected. Others believe it is a <i>humane profession</i> where a nurse appreciates the rights of the patients and appreciates the obligations of a nurse. Here the nurse lives the profession as a profession. <i>This</i>	The humane aspect of nursing is more relevant to female nurse than being relevant with male nurses. This is an innate skill and later developed during socialisation within nursing. The home is the most important factor in developing the emotional aspect of nursing. Nursing as a job versus a humane profession.	Female Nurses and Emotional Nursing Care Role of Earlier Socialization versus Nursing Socialization Role of Earlier Socialization versus Nursing Socialization Defining Characteristics of Nursing	Emotional Nursing Care Emotional Nursing Care Professional Nursing Habitus	Professional Nursing Habitus

Interview	Codes	Categories	Themes	Additional Themes
is regardless if the nurse is a male or female.	The humane touch is important in nursing regardless of gender In our country there is not much motivation for a nurse. In our country the profession needs to be more organised.	Nursing as Emotional Capital The Government Role in Nursing Professional Regulation The Government Role in Nursing Professional Regulation	Professional Nursing Habitus Organization of the Nursing Profession Organization of the Nursing Profession	A contradictory Nursing image
Are there any gender characteristics that helped you or hindered you in your journey/ career as a nurse/ nursing student?				
The <i>humane touch is important</i> and this is regardless of gender as some female nurses do not have it either.				
In our country there are not much <i>motivation</i> for a nurse like in outside countries where there is <i>more organisation</i> for the profession.				
How does your family and community see you or perceive as a nurse? Do you feel appreciated by your community?				
They tell me nursing suits you (proudly). If you had the chance to be more than a nurse, it would also suit you.	Nursing has a positive image. Nursing as a second option.	Defining Characteristics of Nursing	Professional Nursing Habitus	A contradictory Nursing image
Concluding Remarks				

Interview	Codes	Categories	Themes	Additional Themes
Nursing is a <i>remarkable profession</i>; it is a humane profession that requires the person working with it to be <i>humane</i> and <i>capable of giving</i>. Also, the nurse should be able through the nursing socialisation and education to protect themselves by knowing the nurse's responsibilities and rights. <i>Protecting oneself as a nurse is as important as protecting the patient because the nurse who cannot protect themselves will not be able to protect the patient</i>. The family of the patient, of course, is also included as a part of the responsibility of the nurse. I wish in our society there is more education on the role of the nurse whether a male or a female nurse. <i>Nursing is a gift from God</i>. Initially nursing was a <i>religious profession</i> where both Islamic nurses and religious nuns initiated the profession. This is because the profession has a <i>merciful side</i>. This should be <i>sacred</i> profession where you offer yourself to the service of others and where others appreciate you. I wish our profession has <i>more resources</i> in our country like other outside countries. Our hospital is a peripheral hospital, it is not a central hospital although we may have special good characteristics.	Nursing is a remarkable profession. Nursing is a humane profession	Defining Characteristics of Nursing Defining Characteristics of Nursing Nursing Curricula in Lebanon	Professional Nursing Habitus Professional Nursing Habitus Organization of the Nursing Profession	Emotional Nursing Care Emotional Nursing Care
	Role of nursing socialisation to know the nurse's responsibilities and rights.			
	Spirituality of the nursing profession	Defining Characteristics of Nursing	Professional Nursing Habitus	
	Nursing is a gift from God. Spirituality of the nursing profession	Defining Characteristics of Nursing	Professional Nursing Habitus	
	Nursing needs to have more	The Government Role in Nursing	Organization of the Nursing Profession	

Interview	Codes	Categories	Themes	Additional Themes
We also <i>have ambitions</i> to be a central hospital and to be better than the best hospital in Lebanon. <i>But we do not have enough resources</i> that can help us shine as one of the best hospitals. <i>The society needs to be more supportive to a female nurse where she can give more time to her self-development as a nurse.</i> Sometimes we lose a female staff because she does not have enough resources to support her if she works especially if she is married and has kids. Also, <i>here in the north there are not enough opportunities for continuing education and development like there is in capital Beirut.</i> As a development opportunity, a <i>married woman does not have enough time to continue her education because she</i> cannot find time if she needs to take care of the kids in the afternoon. I have a child who has a chronic condition and I need to help him in the afternoon	resources in our country. We <i>have ambitions</i> to be a central hospital and to be better than the best hospital in Lebanon. we do not have enough resources. The society needs to be more supportive to a female nurse. Unequal opportunities for continuing education in Lebanon. A female nurse is at a disadvantage if she wants to	Professional Regulation Defining Characteristics of Nursing Female Nurse Disadvantage Quality of Nursing Education in Lebanon is not Controlled Female Nurse Disadvantage	Professional Nursing Habitus Nursing and Gender Organization of the Nursing Profession Nursing and Gender	

Interview	Codes	Categories	Themes	Additional Themes
with his school tasks which takes priority for me over continuing my education. <i>I wish we had more motivation in Lebanon to be as equal to physicians.</i> <i>We need the support of a government that is absent.</i> We need more resources for nurses. I am thankful to God for giving me the ability to give and this is compensated by God with the health of your kids. When I see the family of a kid being discharged from my unit smiling. This is enough for me even if they previously have complained. I really forget about the complaints. I am happy with the outcome and I forget about all the obstacles we faced. I tell the nurses to forget and just keep in mind that we have a baby being discharged in good health with a happy and satisfied family. <i>We were able to save a life.</i> Living with a premature baby for a month or two gives me a feeling of satisfaction more than what a physician who just rounds for a short period of time. <i>This gives me so much satisfaction.</i>	continue her education. Nurses in Lebanon need more professional motivation. The government role in nursing professional regulation is absent. The nurse as a saviour.	The Government Role in Nursing Professional Regulation The Government Role in Nursing Professional Regulation Nursing as Emotional Capital	Organization of the Nursing Profession Organization of the Nursing Profession Professional Nursing Habitus	Emotional Nursing Care

Interview	Codes	Categories	Themes	Additional Themes
Technical resources are also needed in our hospital which are not as available as in other central university hospitals. We also have a lack of standardisation in nursing care. My responsibility as a head nurse is to make sure We deliver a standardised care. There are so many schools of nursing and as if nursing education is marketised. The nursing role is much more important than the physician because she stays with the patient. The nursing curricula should be standardised and unified. There are schools of nursing that do not require attendance which is very bad as we cannot guarantee the quality of the graduating nurses from these schools. The degree of the Lebanese university where I graduated from may not be prestigious as other private schools if nursing. I worked with graduates of these schools and they are not better than us. But in our country private schools are more prestigious ad their degrees are more on demand. There is also an overall deterioration in all schools of nursing. We need to look again at the levels of the graduating nurses. I have regrets about the profession.	Role of the nurse as compared to physician's role Nursing Curricula There is a lack of standardisation in nursing care. The nursing curricula should be standardised and unified. Quality of nursing education in Lebanon is not controlled. Unequal work opportunities for nurses in Lebanon. Quality of nursing education in	The Government Role in Nursing Professional Regulation The Government Role in Nursing Professional Regulation The Government Role in Nursing Professional Regulation The Government Role in Nursing Professional Regulation Nursing Curricula in Lebanon Quality of Nursing Education in Lebanon is not Controlled Unequal Work Opportunities for Nurses in Lebanon Quality of nursing education in	Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession Organization of the Nursing Profession	

Interview	Codes	Categories	Themes	Additional Themes
	Negative perception about the nursing profession	Lebanon is not controlled. Nursing Image in Lebanon (Negative)	Organization of the Nursing Profession	

Sample Interview with Codes UK

Gender of interviewee: Male
 Position: Nurse Lecturer, Adult nursing
 Years of experience: 30 years
 Degree: Phd
 Date: 22 June, 2020
 Mode: Skype
 Duration: 66 minutes

Interview 2	Codes	Categories	Themes	Additional Themes
What attracted you to the nursing profession?				
It is a difficult question. Before I became a healthcare assistant in 1987, I was working in engineering. I did not like it much and I did not enjoy it. Then my older sister who was a nurse, said have you thought of doing nursing.				

Interview 2	Codes	Categories	Themes	Additional Themes
<i>I didn't think nursing was something men did.</i>				
When I left school, <i>it was not an option for men.</i>	Nursing as a female occupation	Nursing as Gendered Habitus	Nursing and gender	
Then I thought about that, and I said may be.				
<i>I liked the idea of working around the hospital environment, working with other people.</i>	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
<i>It is a challenging environment.</i>	Nursing as a challenge	Nursing working environment	Professional habitus of nursing	
I thought I'll give it a try.				
That's why I became a healthcare assistant, and I really enjoyed it.				
<i>I felt this is really me.</i>	Nursing as identity	Nursing working environment	Professional habitus of nursing	
<i>I like talking to people and I like knowing people but I never thought about it.</i>	Nursing as communicating with people	Nursing working environment	Professional habitus of nursing	
I didn't grow up thinking I will go into nursing.				
What kept you there?				
<i>I like working in a team. I like working with other people.</i>	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
All the different challenges we have, difficult people, different people, difficult situations.				

Interview 2	Codes	Categories	Themes	Additional Themes
<i>I enjoyed working within the healthcare team.</i>	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
The people I worked with were really nice people, they were very good, very committed.	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
<i>I really enjoyed the working environment and</i>	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
<i>seeing people get better.</i>	Nursing and caring	Nursing has an emotional side	Professional habitus of nursing	
I never really looked back. I really never thought of doing anything else after that.				
<i>I liked being part of the healthcare team effort</i>	Nursing as working within a team.	Nursing working environment	Professional habitus of nursing	
<i>to help someone.</i>	Nursing and caring	Nursing has an emotional side	Professional habitus of nursing	
<i>It was fulfilling.</i>	Nursing and caring	Nursing has an emotional side	Professional habitus of nursing	
<i>I felt satisfied at the end of the day because I did something positive. I was part of something good.</i>	Nursing and caring	Nursing has an emotional side	Professional habitus of nursing	
What has been your journey/ career like in nursing?				

Interview 2	Codes	Categories	Themes	Additional Themes
(Giggles) Long and slow.				
I was in engineering because it was a low skilled job. At the time, I had no qualifications.				
<i>I did my certificate and then a diploma and a degree and later an MA and PhD. I had to continue my education because I was teaching.</i>	Nursing and continuing education	Nursing curriculum in the UK	Professional development of nurses in the UK	
<i>It has been a very long journey. On a personal level it was a huge developmental journey for me as person.</i>	Nursing and continuing education	Nursing curriculum in the UK	Professional development of nurses in the UK	
<i>In nursing, you learn a lot about yourself and about the way you think about the world and what you think about other people.</i>	Nursing as learning about the self and the world	Nursing as personal growth	Professional habitus of nursing	
<i>I think it is a fascinating, incredible journey. It was a long journey because I started at the bottom.</i>	Nursing as learning about the self and the world	Nursing as personal growth	Professional habitus of nursing	Professional development of nurses in the UK
<i>Even now as an educator, you keep on learning, you never stop learning.</i>	Nursing and continuing education	Nursing as continuing growth	Professional habitus of nursing	

Interview 2	Codes	Categories	Themes	Additional Themes
Every time you get a new group of students or you teach a new module, you update your knowledge.				
<i>It is an ongoing journey, it is interesting.</i>	Nursing and continuing education	Nursing as continuing growth	Professional habitus of nursing	
<i>Hard but interesting.</i>	Nursing as positive and hard at the same time.	Nursing journey	Professional habitus of nursing	
The PhD was probably the hardest bit.				
You said difficult journey. Would you like to talk about that?				
<i>It is difficult because you never really achieve a level where you are entirely competent or confident. There is always something you want to learn or you need to do.</i>	Nursing and continuing education	Nursing journey	Professional habitus of nursing	
<i>This is where the difficulty is. In other jobs, you may reach a level of competence.</i>	Nursing and continuing education	Nursing journey	Professional habitus of nursing	
<i>In nursing, you never feel this way, you always feel I need to know more about that, you always develop yourself. You got to keep learning.</i>	Nursing and continuing education	Nursing journey	Professional habitus of nursing	

Interview 2	Codes	Categories	Themes	Additional Themes
<i>It has been a hard journey.</i>	Nursing as a hard journey	Nursing journey	Professional habitus of nursing	
<i>I am now 55, it was only last year when I was 54 that I finished studying for qualifications.</i>	Nursing and continuing education	Nursing journey	Professional habitus of nursing	
<i>It has been 30 years I have been doing qualifications, course after course, doing degrees masters. That is difficult.</i>	Nursing as a hard journey	Nursing journey	Professional habitus of nursing	
<i>The job itself is not inherently difficult because nursing is about being yourself, it is about being true and honest with yourself and with your patients. That part which I found easy.</i>	Nursing is about being yourself	Nursing journey	Professional habitus of nursing	
You only need to keep up with the knowledge you need.				
<i>It was a long road but I keep on learning.</i>	Nursing as long road	Nursing journey	Professional habitus of nursing	
What motivates you in your career? What keeps you going in your profession?				
<i>Now, it is the students. I invest a lot of my energy in seeing them develop. I like seeing them naïve, willing to learn.</i>	Nursing and continuing education	Nursing curriculum in the UK	Professional development of nurses in the UK	
<i>I like being part of this journey with them.</i>				

Interview 2	Codes	Categories	Themes	Additional Themes
<i>It is so satisfying to see them graduating.</i>	Nursing continuing education and teaching satisfaction	Nursing curriculum in the UK	Professional development of nurses in the UK	Professional habitus of nursing
It is like seeing a patient get better and is discharged.				
<i>That what keeps me going that what gives me the energy, seeing students' progress.</i>	Nursing continuing education and teaching satisfaction	Nursing curriculum in UK	Professional development of nurses in the UK	Professional habitus of nursing
<i>That is not without frustrations but that what keeps me energized.</i>	Nursing as positive and hard at the same time.	Nursing journey	Professional habitus of nursing	
What is the most important thing for you in your profession as a nurse?				
The most important thing is to get back and think about things. It is being objective about situations. This is of critical importance.	Nursing and objectivity	Defining characteristics of nursing	Professional habitus of nursing	

Interview 2	Codes	Categories	Themes	Additional Themes
<i>You have to understand people. This is fundamental to nursing. You have to never make judgements or assumptions and listen to their stories and to try to understand their position. It is understanding the subjectivity of the patient experience. To be objective enough. Not to impose your interpretation on situations. That is for me.</i> Yes, you got to be clinically competent. You got to be skilful at things but that is fairly easy.	Nursing as understanding people	Defining characteristics of nursing	Professional habitus of nursing	
What are your ambitions for your future as a nurse?				
For me I am around near the end of career. I am running out of ambitions (giggles) after the PhD.				
Are there ambitions that you think you have not reached yet?				

Interview 2	Codes	Categories	Themes	Additional Themes
<i>For the profession I have ambitions for it to rise above its self-imposed restraints. As a profession, we hold ourselves back.</i> <i>We undervalue our importance. I don't think we communicate our importance enough to other people.</i> <i>We do not establish ourselves enough in interdisciplinary decisions.</i>	Nursing undervaluing itself as a profession	Defining characteristics of nursing	Professional habitus of nursing	
<i>We are way behind medicine for example.</i>	Nursing undervaluing itself as a profession	Defining characteristics of nursing	Professional habitus of nursing	
<i>There are still a lot of nurses who say all we have to do is being kind and caring.</i> <i>Yes, we do. But that is not enough. We can influence practice. We are face to face with patients all the time. We are on the front line. The profession needs to establish itself as the most important part of healthcare. And we should have the voice and be listened to.</i>	Nursing undervaluing itself as a profession	Defining characteristics of nursing	Professional habitus of nursing	Nursing as emotional capital

Interview 2	Codes	Categories	Themes	Additional Themes
<i>I tell my students to tell everybody about how important we are. We don't only wash patient and do tasks. We are actually fundamental to the decision-making process in healthcare. We are at the centre of the interdisciplinary teams. It is nurses who communicate with all other members of the multidisciplinary teams and we make sure they work harmoniously together. It is absolutely fundamental.</i>	Nursing undervaluing itself as a profession	Defining characteristics of nursing	Professional habitus of nursing	Nursing image in the UK
<i>Don't be happy with just being a nurse. It helps to raise the salary as well for nurses (giggles). We get paid a lot less than all other healthcare professionals.</i>	Nursing undervaluing itself as a profession	Defining characteristics of nursing	Professional habitus of nursing	Nursing image in the UK
Is there a relationship between your gender and your nursing role?				
<i>Yes. It shouldn't be but there is.</i>	Nursing and gender	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>When I was in my last clinical job, on many occasions, the physicians listened to me more than they listened to their female counterparts.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing

Interview 2	Codes	Categories	Themes	Additional Themes
Not always but sometimes.				
<i>A lot of times, I would say, I will go talk to him because he listens to me. There is a difference. I know I was treated differently by physicians.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>Sometimes it is the way they spoke to me, sometimes about football.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>I tried not to allow that to happen but definitely it happened.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>Sometimes. They didn't listen to me but on many occasions, they took me like one of them rather than one of the nursing team.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
Does your gender matter in your nursing role?				
<i>It does because people treat you differently because of your gender across society not just in nursing.</i>	Male nurses are more powerful in nursing	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
This is unfortunate.				
<i>There are a lot of patients who would rather to be looked for by a woman rather than a man, even among male patients.</i>	Female nurses are preferable	Gender characteristics of nursing	Female nurse advantage	Professional habitus of nursing

Interview 2	Codes	Categories	Themes	Additional Themes
<i>There is still some amount of suspicion about men in nursing because we are still 1 in 10 which has not changed for a decade.</i>	Female nurses are preferable	Gender characteristics of nursing	Female nurse advantage	Professional habitus of nursing
<i>We stand out more. That is human global behaviour.</i>	Female nurses are preferable	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>If you look different, you will be treated differently. Sometimes, in a positive way as well.</i>	Gender as a double-edged sword	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>Lifting heavy patients is always delegated to the male nurses.</i>	Male nurses are preferable because of physical power	Gender characteristics of nursing	Male nurse advantage	Professional habitus of nursing
<i>There is hostility as well sometimes and suspicion about men sometimes.</i>	Female nurses are preferable	Gender characteristics of nursing	Female nurse advantage	Professional habitus of nursing
How do you perceive nursing as caring and emotional work?				
<i>If it's not emotional work, then you are not doing it right.</i>	Nursing and emotional work	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>When you are working with patients, you have to invest some of yourself.</i>	Nursing and emotional work	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>That is where empathy come from. That does have an emotional impact on you.</i>	Nursing, emotional work and toll on nurses	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>It is heart breaking when you see people in terrible situations or are suffering.</i>	Nursing, emotional work and toll on nurses	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care

Interview 2	Codes	Categories	Themes	Additional Themes
<i>You feel this compassion, you suffer with them.</i>				
<i>I am a bit careful about the word caring because caring is a fundamental human behaviour, it is not a term unique to nursing but nursing has somehow appropriated this term.</i>	Nursing needs to be cautious with caring	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care (caring should be a cautious theme in nursing)
<i>Many people can be caring but cannot be a nurse.</i>	Nursing needs to be cautious with caring	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care (Caring is insufficient in nursing)
<i>Caring is not sufficient to be a nurse. That is my feeling.</i>	Caring is insufficient in nursing	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care (Caring is insufficient in nursing)
Nursing characteristics?				
<i>You need to have genuine concern for other people and be prepared not to be judgmental. To have openness to see the world through other people's eyes. This is fundamental. Without that you can go nowhere in nursing. You can learn the skills only. But you got to be able to understand people.</i>	Nursing and emotional work	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
Since caring and emotional work is more socially associated with femaleness, how do male nurses or female nurses practice nursing?				

Interview 2	Codes	Categories	Themes	Additional Themes
I don't think male and female nurses practice nursing differently.	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	
<i>Actually, it is a misconception. Being caring is intrinsic.</i>	Caring is intrinsic	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care (Caring is insufficient in nursing)
<i>The way it is interpreted. Men and women slightly operationalize it a bit differently.</i>	Equality of gender in nursing (emotional interpretation might be different in different genders)	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>Men are perfectly capable of being compassionate and caring as women are.</i>	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>I think sometimes they communicate it a bit differently.</i>	Equality of gender in nursing (emotional interpretation might be different in different genders)	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care

Interview 2	Codes	Categories	Themes	Additional Themes
<i>Their body language is a bit different.</i>	Equality of gender in nursing (emotional interpretation might be different in different genders)	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>Our mannerisms are gendered. The motivation behind it is much the same.</i>	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>There are individual differences among female nurses themselves.</i>	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>There is no one way that women do it or one way that men do it. We all do it in slightly different ways. We learn to express this caring in slightly different ways.</i>	Equality of gender in nursing (emotional interpretation might be different in different genders)	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>It is gendered but is probably more like individual differences.</i>	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>It just is that the majority of nurses are women so we define caring based on a female model in nursing.</i>	Nursing as a predominantly female profession	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
What does it take from you as a person to provide emotional support to your patients?				

Interview 2	Codes	Categories	Themes	Additional Themes
<i>I can be very emotional and this taxing. And this is common. This is draining.</i>	Nursing, emotional work and toll on nurses	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>It is a fine balance to find of giving of yourself and at the same time keeping yourself from being traumatized.</i>	Nursing and balancing emotional work	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>As I got older it became easier, I learned to detach.</i>	Nursing and balancing emotional work	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
How did you develop emotional caring skills in your nursing care?				
<i>The evidence is that people come to the profession with that innate ability.</i>	Emotional care as innate	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>In the profession, we learn how to utilize our compassion.</i>	Role of nursing professionalization in emotional care	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>So, you move from being an emotional person to actually use it in a clinical situation. So that what development is. It is how to use it in a therapeutic way. I do not think I became more compassionate or more caring in nursing. I am the same person at heart.</i>	Role of nursing professionalization in emotional care	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care
<i>It is just I learned how to manage my emotions, when to be compassionate and when to keep a</i>	Role of nursing professionalization in emotional care	Nursing as emotional capital	Professional nursing habitus	Emotional nursing care

Interview 2	Codes	Categories	Themes	Additional Themes
<i>distance. that is the developmental part of it.</i>				
Gender characteristics hindered you or helped you advance in nursing?				
<i>Sometimes it is helpful. Sometimes, it takes a longer time sometimes for female patients to accept that they are being cared for by a man. I usually use my gentle side especially if the patient seems a bit distrustful about being cared by a man.</i>	Nursing as a predominantly female profession	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
Are male or female nurses more susceptible, more likely to feel hurt, emotionally, exhausted, burnout?				
<i>I never thought of this question. I am not aware of this difference. I think differences are mostly individual.</i>	Equality of gender in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
<i>Societal perception is that men are more resilient. But that is not true.</i>	Gender and resilience in nursing	Gender characteristics of nursing	Professional habitus of nursing	Emotional nursing care
What kind of support the nurses would like to have in their workplace/ in terms of training and development needs?				
<i>Resilience training is needed in nursing (giggling).</i>	Need for resilience training in nursing	Nursing as emotional capital	Professional habitus of nursing	Emotional nursing care

Interview 2	Codes	Categories	Themes	Additional Themes
<i>We need to be more proactive at what to expect from nurses who are struggling emotionally.</i>	Need for resilience training in nursing	Nursing as emotional capital	Professional habitus of nursing	Emotional nursing care
<i>This is a very emotionally and physically challenging job and it is ok to be drained by work. We do need to have some outlets. They need to learn some resilience. They need to be more aware of signs of burnout and when and how to seek help. There are a lot of ways of doing that. And feeling empowered to say I am not coping and I am finding it difficult.</i>	Need for resilience training in nursing	Nursing as emotional capital	Professional habitus of nursing	Emotional nursing care
<i>I remember at the beginning of my career that I was feeling that things are difficult but was not able to say to anybody that.</i>	Need for resilience training in nursing	Nursing as emotional capital	Professional habitus of nursing	Emotional nursing care
<i>Men in nursing are already treated suspiciously.</i>	Men are treated suspiciously in nursing	Gender characteristics of nursing	Male nurse disadvantage	Professional habitus of nursing

Sample Transcription Quotations

Sample transcription quotation	Themes
1.Both genders are needed in nursing	1.Gender and nursing
1.Gender advantage in nursing depends on specialty	Gender and nursing
2.Gender is a neutral factor in nursing	Gender and nursing
3.In emergencies, both male and nurses are equal	Gender and nursing
4.Nursing is a female field not a male-work.	Gender and nursing
5.Nursing is not a gender-associated work.	Gender and nursing
6.There are no gender characteristics per se that hinder or advances someone's' career in nursing.	Gender and nursing
7.Female nurses are at an advantage	2.Female gender advantage
8.Female nurses are more detailed oriented	Female gender advantage
9.Female nurses are more responsible than male nurses	Female gender advantage
10.Female nurses provide better emotional care	Female gender advantage
11.Male nurses may be less meticulous for example with pain management	Female gender advantage
12.Male nurses may be not always be better at handling emergencies	Female gender advantage
13.Male nurses may depend on this career for a living	Female gender advantage
14.Male nurses need to be very mature to practice nursing.	Female gender advantage
15.Male nursing students do not like to study a much as female nursing students	Female gender advantage
16.Some female nurses are stronger than male nurses.	Female gender advantage
17.There are many female nurses who are much more competent than male nurses.	Female gender advantage
18.Male nurses are at a disadvantage	Female gender advantage
19.The female nurse as a leader may be more emotional in her work and this may affect the work positively or negatively.	Female gender advantage
20.A man can control his emotions more than a female nurse	3.Male gender advantage
21.Females tend to have their emotions interfere in their work	Male gender advantage

Sample transcription quotation	Themes
22.I, as a male nurse leader, put my emotions to the side and I am more objective than a female leader would be.	Male gender advantage
23.The male nurse may be more ambitious and their role may be more of a leadership role.	Male gender advantage
24.Male nurses are more scientific	Male gender advantage
25.Male nurses can be more flexible with scheduling	Male gender advantage
26.Male nurses do not carry family responsibilities as a female nurse	Male gender advantage
27.Male nurses have an advantage in case of emergencies	Male gender advantage
28.Male nurses have more time for the work	Male gender advantage
29.Male nurses learn faster than female nurses	Male gender advantage
30.Male nurses may be more practical than a female nurse	Male gender advantage
31.Male nurses may be needed more in tough procedures like changing a burn dressing	Male gender advantage
32.Male nurses may have to work harder as they are relied on for transferring heavy patients	Male gender advantage
33.Male nurses tend to be more in the leader role.	Male gender advantage
34.Males are at a physical advantage.	Male gender advantage
35.Men tend not to control their anger as women do.	Male gender advantage
36.The female nurse ambitions are halted by her family responsibilities, which is not true for males.	Male gender advantage
37.The female nurse as a leader may be more emotional in her work and this may affect the work positively or negatively.	Male gender advantage
38.The female nurse is more emotional and tends to be more distracted with her personal life because she has more responsibilities outside the work.	Male gender advantage
39.Both genders can provide the same level of emotional care in nursing	4.Emotional nursing care and gender
40.Male nurses are equally capable of providing emotional care in nursing.	Emotional nursing care and gender
41.Male nurses are more able to control their emotions	Emotional nursing care and gender
42.Male nurses may not show their emotions.	Emotional nursing care and gender
43.Male nurses provide better emotional care	Emotional nursing care and gender

Sample transcription quotation	Themes
44.Males are sometimes even more capable than female of emotionally empathizing with patients.	Emotional nursing care and gender
45.Female nurses are more able to provide emotional care than male nurses	Emotional nursing care and gender
46.Both emotional earlier socialization and nursing socialization have a role	5.Earlier emotional socialization versus nursing socialization
47.Emotional care is learnt during early socialization	Earlier emotional socialization versus nursing socialization
48.The home and the nursing education are equally important.	Earlier emotional socialization versus nursing socialization
49.The home is the most important factor in developing emotional care.	Earlier emotional socialization versus nursing socialization
50.Nursing education needs to sensitize the nurse student to the worries and pains of the patient.	Emotional socialization and nursing education
51.A nurse is the most essential element in a hospital.	6.Positive nurses' image
52.It is a prestigious profession.	Positive nurses' image
53.People are getting more aware of what a nurse does	Positive nurses' image
54.The nurse as a consultant in community	Positive nurses' image
55.The nurse is appreciated in his/ her community	Positive nurses' image
56.The nurses' image in Lebanon has improved	Positive nurses' image
57.Female nurses are 'angels of mercy'	7.Reserved nurses' image
58.Only patients who come frequently to the hospital know the real role of the nurse	Reserved nurses' image
59.We need to highlight the nurse's role in the community in Lebanon	Reserved nurses' image
60.I am perceived in my community as a physician	Reserved nurses' image
61.In Lebanon, nurses are viewed as "half a doctor"	Reserved nurses' image
62.Aboard, the nurses have higher status.	8.Negative nurses' image
63.I wish we had more aspiration in Lebanon to be as equal to physicians.	Negative nurses' image
64.In Lebanon, they avoid to call you a nurse, because it has a bad image, they call you a doctor.	Negative nurses' image
65.Many times, when a nurse is introducing themselves, they prefer to say I am a head nurse.	Negative nurses' image
66.Nurses are not appreciated in our community	Negative nurses' image

Sample transcription quotation	Themes
67.Nurses are still viewed as mere assistants to the physicians.	Negative nurses' image
68.Nurses' image in Lebanon needs to improve	Negative nurses' image
69.Nursing is associated in our country with menial tasks	Negative nurses' image
70.Nursing is not well valued in Lebanon	Negative nurses' image
71.Nursing is still not considered a profession	Negative nurses' image
72.Nursing was not socially acceptable previously for both genders	Negative nurses' image
73.People do not have an accurate perception of nursing as a profession	Negative nurses' image
74.People in society also ask if we are a nurse or a nurses' aide. For me, we are all nurses	Negative nurses' image
75.Female nurses are more accepted in our society	9.Nurses' image and gender
76.Image of male nurses is more favorable in Lebanon	Nurses' image and gender
77.In Lebanon a woman is not appreciated for doing a night shift	Nurses' image and gender
78.In Lebanon, a male nurse is perceived as inferior	Nurses' image and gender
79.In Lebanon, female nurses are more socially accepted than male nurses	Nurses' image and gender
80.Male nurses are less appreciated in our society than female nurses	Nurses' image and gender
81.Male nurses are nowadays more accepted than before	Nurses' image and gender
82.Male nurses may be more acceptable in our community than a female nurse because of the night duties	Nurses' image and gender
83.Society sees nursing as a female career	Nurses' image and gender
84.Communication is very important in nursing	10. Professional nursing habitus
85.Continuing education of the nurse is very important	Professional nursing habitus
86.Emotional care is essential in nursing	Professional nursing habitus
87.Ethics is essential in nursing	Professional nursing habitus
88.Holistic nursing care is the most important thing	Professional nursing habitus
89.In nursing, we are entrusted on lives	Professional nursing habitus
90.Nurses are more holistic than physicians in their approach	Professional nursing habitus
91.Nurses should feel untouchable	Professional nursing habitus

Sample transcription quotation	Themes
92.Nurses stay with patients 24 hours, seven days a week	Professional nursing habitus
93.Nursing is a humane service	Professional nursing habitus
94.Patient satisfaction is the most important thing.	Professional nursing habitus
95.The nurse has serious responsibilities	Professional nursing habitus
96.The nurse is scapegoated in the system	Professional nursing habitus
97.The nurses sustain stressors much more than a physician is able to sustain	Professional nursing habitus
98.The nurses work is very important and requires critical thinking	Professional nursing habitus
99.The nursing profession imposes many sacrifices on the nurse	Professional nursing habitus
100.We are also as nurses to be blamed because of our failure to deliver the whole message about the nursing profession	Professional nursing habitus
101.We are important players in healthcare.	Professional nursing habitus
102.We as nurses go home taking so many pains with us	Professional nursing habitus
103.We, as head nurses, we take our work problems to our homes	Professional nursing habitus
104.Without nursing, there will be no medicine	Professional nursing habitus
105.Competence of the nurse is more important than emotionality	Professional nursing habitus
106.Female nurses join nursing because they like to help others	11.Reasons for joining nursing
107.I chose nursing as a career because I did not have many choices	Reasons for joining nursing
108.I have always wanted to be a nurse	Reasons for joining nursing
109.I joined nursing because I like to help other people	Reasons for joining nursing
110.I wanted to go into medicine	Reasons for joining nursing
111.In Lebanon, there are not plenty of career choices	Reasons for joining nursing
112.Males tend to join careers where they can be leaders	Reasons for joining nursing
113.More men entering into nursing because of economic reasons	Reasons for joining nursing
114.Nursing was a second choice that I liked after medicine	Reasons for joining nursing
115.Nursing was an available choice	Reasons for joining nursing
116.I stay in nursing because of economic reasons	12. Nurses' satisfaction with career
117.I am satisfied with what I achieved in my nursing profession	Nurses' satisfaction with career

Sample transcription quotation	Themes
118.I have pain for my profession	Nurses' satisfaction with career
119.I regret my choice of career as a nurse	Nurses' satisfaction with career
120.Liking the nursing profession is an important factor to succeed in it	Nurses' satisfaction with career
121.My journey as a nurse has been valuable	Nurses' satisfaction with career
122.Nursing has been a nice journey	Nurses' satisfaction with career
123.My nursing journey has been sweet and bitter at the same time	Nurses' satisfaction with career
124.What motivates me to continue to work in this profession is that I like it	Nurses' satisfaction with career
125.I wish to continue my education in nursing	13. Nurses' ambitions
126.I would like to extend the nursing role outside the hospital	Nurses' ambitions
127.I would like to keep on developing in nursing	Nurses' ambitions
128.In Lebanon, women tend to work for self-actualization	Nurses' ambitions
129.Hospitals need to develop nurses more	14. Hospitals nurse relationship
130.Hospitals need to support nurses appropriately	Hospitals nurse relationship
131.Nurses are not protected by their administration.	Hospitals nurse relationship
132.For physicians, competence of the nurse is more important than his/ her gender	15. Physician nurse relationship
133.Nurse and physicians may be more comfortable working with their own gender	Physician nurse relationship
134.Physicians can be more spontaneous with a male nurse	Physician nurse relationship
135.Physicians do not deal in the same way with different nurses' gender	Physician nurse relationship
136.Physicians do not like male nurses. They are even more arrogant with male nurses	Physician nurse relationship
137.Physicians trust male nurses more.	Physician nurse relationship
138.Physicians look down at nurses both whether female or male	Physician nurse relationship
139.The nursing order has a lot of responsibility.	16. Nurses and order of nurses in Lebanon
140.The nursing order needs to be able to reach all nurses.	Nurses and order of nurses in Lebanon
141.The Order of Nurses in Lebanon does not respect nurses	Nurses and order of nurses in Lebanon
142.The role of the nursing order is a bit weak.	Nurses and order of nurses in Lebanon

Sample transcription quotation	Themes
143. We as nurses have an order which means we are a profession.	Nurses and order of nurses in Lebanon
144. We do not have a proper order of nursing that supports us and that we can be proud of	Nurses and order of nurses in Lebanon
145. The only thing is that the nursing order and our government need to work harder on improving our conditions and salaries.	17. Nurses and order of nurses in Lebanon/ Lebanese government
146. The private institutions do not standardize hours of work for the nurse and do not have fair salaries.	Nurses and order of nurses in Lebanon/ Lebanese government
147. The schools of LT were open to students and they were approved by the government.	Nurses and order of nurses in Lebanon/ Lebanese government/ 18. Nursing degrees qualifications of nursing
148. This is the job of the nursing order. Why the LT graduate in governmental hospitals are given the same salaries as LA graduates? The law should be applied the same way in all Lebanese hospitals.	19. Nurses and order of nurses in Lebanon/ Lebanese government/ Nursing degrees qualifications of nursing
149. The head of the order of nurses in Lebanon only cares about requesting from nurses with LT to upgrade their degree.	20. Nurses and order of nurses in Lebanon/ Nursing degrees qualifications of nursing
150. In Lebanon, nurses have more vacancies than other jobs	21. Nurses' conditions in Lebanon
151. In Lebanon, there is not much motivation for a nurse for the profession	Nurses' conditions in Lebanon
152. It is a secure job.	Nurses' conditions in Lebanon
153. Nurses need to be given their rights as professionals	Nurses' conditions in Lebanon
154. Nursing and nursing education used to be better.	Nurses' conditions in Lebanon
155. Nursing is a secure job.	Nurses' conditions in Lebanon
156. Nursing is not rewarded at all in our society.	Nurses' conditions in Lebanon
157. Our nursing profession has no future.	Nurses' conditions in Lebanon
158. Technical education of nursing needs to enhance the level of education	Nurses' conditions in Lebanon
159. The curricula need to be unified.	Nurses' conditions in Lebanon
160. The nurse does not have her rights in general	Nurses' conditions in Lebanon
161. The nursing profession has deteriorated in competence and communication	Nurses' conditions in Lebanon
162. The nursing profession needs more organization in Lebanon	Nurses' conditions in Lebanon
163. We as nurses have no rights.	Nurses' conditions in Lebanon

Sample transcription quotation	Themes
164. We need more resources for nurses.	Nurses' conditions in Lebanon
165. Nurses salaries are good	22. Economic conditions of nurses
166. Nurse's salaries in Lebanon are less than optimal	Economic conditions of nurses
167. Nursing is not well paid in Lebanon	Economic conditions of nurses
168. The economic situation is very important in keeping us in nursing.	Economic conditions of nurses
169. The salaries of nurses are relatively very low and are not unified among hospitals and among Lebanese regions as for example, Nurses in the capital of Lebanon are better paid.	Economic conditions of nurses
170. Economic incentives are needed in nursing	Economic conditions of nurses
171. Economic satisfaction is important but it is not the only factor.	Economic conditions of nurses
172. We need the support of a government that is absent	23. Role of Lebanese government

Themes Tabulated in Excel

103	Nurses are not appreciated in our community	Nurses' image
104	Nurses are still viewed as mere assistants to the physicians.	Nurses' image
105	Nurses's image in Lebanon needs to improve	Nurses' image
106	Nursing is associated in our country with menial tasks	Nurses' image
107	Nursing is not well valued in Lebanon	Nurses' image
108	Nursing is still not considered a profession.	Nurses' image
109	Nursing was not socially acceptable previously for both genders.	Nurses' image
110	Only patients who come frequently to the hospital know the real role of the nurse.	Nurses' image
111	People are getting more aware of what a nurse does	Nurses' image
112	People do not have an accurate perception of nursing as a profession.	Nurses' image
113	People in society also ask if we are a nurse or a nurses' aide. For me, we are all nurse	Nurses' image
114	The nurse as a consultant in community	Nurses' image
115	The nurse is appreciated in his/ her community	Nurses' image
116	The nurses's image in Lebanon has improved	Nurses' image
117	We need to highlight the nurse's role in the community in Lebanon	Nurses' image
118	Female nurses are more accepted in our society	Nurses' image and gender
119	Image of male nurses is more favorable in Lebanon	Nurses' image and gender
120	In Lebanon a woman is not appreciated for doing a night shift	Nurses' image and gender
121	In Lebanon, a male nurse is perceived as inferior.	Nurses' image and gender
122	In Lebanon, female nurses are more socially accepted than male nurses	Nurses' image and gender
123	Male nurses are less appreciated in our society than female nurses	Nurses' image and gender
124	Male nurses are nowadays more accepted than before	Nurses' image and gender
125	Male nurses may be more acceptable in our community than a female nurse because of	Nurses' image and gender
126	Society sees nursing as a female career.	Nurses' image and gender
127	I am satisfied with what I achieved in my nursing profession	Nurses' satisfaction with career
128	I have pain for my profession	Nurses' satisfaction with career
129	I regret my choice of career as a nurse	Nurses' satisfaction with career
130	Liking the nursing profession is an important factor to succeed in it	Nurses' satisfaction with career
131	My journey as a nurse was valuable	Nurses' satisfaction with career
132	Nursing was a nice journey	Nurses's satisfaction
133	Sweet and bitter.	Nurses's satisfaction

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