

Doing Gender in Physiotherapy Education:

**A critical pedagogic approach to understanding how students
construct gender identities in an undergraduate physiotherapy
programme in the United Kingdom**

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Abstract

Gender in physiotherapy education is somewhat ambiguous. Physiotherapy is historically a women's profession, yet in recent decades there has been a growing proportion of men. The mass media portrays a masculine sporty image of physiotherapy, which notably ignores the presence of women. Previous research in physiotherapy education has shown gender differences in student preferences for work and career pathways. Gender differences in attainment in practice components of the course have also been demonstrated, with men doing less well than women and more likely to fail. As a physiotherapy educator faced with these issues, the aim of this study is to explore the significance of gender in students' constructions of identity.

Social constructionism was adopted as an underpinning theory in this professional practice research involving students from one cohort of undergraduate physiotherapy students at a university in the south east of England. Nine male and female participants were interviewed at the beginning of their second year and were asked to record stories about their experiences both on and off campus throughout the academic year using a digital recording device. Data from the interviews and audio-diary narratives were analysed using Judith Butler's theorisation of gender as 'performative' to understand how gender identities were constructed. Foucauldian and critical pedagogical perspectives were employed to further interrogate the gender discourses that emerged.

The findings indicate that gender was rarely explicitly discussed; yet participants' gender identities were constantly negotiated through relationships that were not limited to the university and clinical settings. A range of discourses of masculinity and femininity were identified illustrating a profound gender orthodoxy in physiotherapy education that simultaneously demanded acceptance, assimilation or resistance. As a consequence, students in this study used a number of discursive strategies in the struggle to be recognised within physiotherapy education and practice.

The implications from these findings raise questions about gender tensions and contradictions in the physiotherapy programme under scrutiny and about the pedagogic practices that reinforce them. In this context, there is a need to raise awareness amongst peers and managers of the possible sites of gender inequalities within this curriculum. Also, gender needs to come 'out of the closet' and be debated within the classroom and the wider social spaces inhabited by students in order to develop more nuanced understandings of gender within physiotherapy and healthcare. Finally this research indicates the need to provide more inclusive spaces within the curriculum for reflecting on the complexity of identity construction and for challenging its institutional forms.

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Chapter 1 Introduction

In this project I am investigating the construction of gender identities in physiotherapy education in my own work context in higher education. This chapter will set the scene for the research by examining how gender is represented in physiotherapy and physiotherapy education. First, the public image of physiotherapy will be analysed in relation to the gendered expectations of students. Second, I locate myself within the research as a physiotherapy educator and consider the implications of my own gender and sexuality. Thirdly, I articulate the particularities of the context in which the research takes place. This will establish the rationale for the research and frame the research questions and the structure of the thesis.

1.1 The public image of physiotherapy

The spur for this research is most easily illustrated by the representation of physiotherapy in the public sphere. With greater media attention, public awareness of physiotherapy has risen over the last three decades. For instance, it is not uncommon to see a physiotherapist at a major sporting event running onto the pitch with a wet sponge and an aerosol can (Parry, 1995). In these portrayals, the physiotherapist is typically male and usually called upon in significant moments of sporting activity and all attention is on the 'physiotherapist in action', in the hope that they will be able to heal their sporting hero's injury to resume play and succeed. Although the field of sports medicine is only one aspect of physiotherapy it is a seductive image.

Rarely is physiotherapy seen in other aspects of the media. For example in TV medical dramas such as '*Holby City*', '*Casualty*' or '*House*', stereotypical portrayals of the doctor / nurse battlefield dominate and there is a noticeable absence of other allied health professionals including physiotherapists. However when physiotherapists are included in such dramas they are either 'extras', or their professional role is inconsequential and they are usually seen as a sexual temptation, conquest or threat. For instance in episodes of '*Holby City*' (BBC1) in 2006, a male physiotherapist was introduced and demonstrated little professional activity but was the 'love interest' of Nurse Jackson. In the

2008 Mike Leigh film *'Happy go Lucky'* the lead female character “flaps and giggles when palpated by a hunky physiotherapist” according to a Guardian newspaper reviewer (Romney, 2008, no page). In both roles the physiotherapist is virtually mute, yet it is their physique and/or manual skills that are being portrayed to the audience. Although it is predominantly men who are depicted in these roles, female physiotherapy characters are not exempt from portrayals based on physical appearance and desirability. In the 2004 *'Footballers Wives' Series 3 (ITV)* an attractive female, ex-athlete, physiotherapist is recruited and provides a sexual distraction for one of the male footballer stars.

Unless otherwise mediated by direct experience, it is understandable that public perception of physiotherapy is 'sporty' and conforming to heterosexual ideals of what it is to be a man, and less frequently a woman. Yet the profession spans many varied and diverse fields and is populated by far more women than men. It is only recently that men have increasingly entered the profession. In the 1980s, approximately five percent of physiotherapists in the UK were men while statistics show that this had risen to 18% at the commencement of the project (Bithell, 2007). Furthermore in 2007/08, 28% of registered students were men (Chartered Society of Physiotherapy, 2008). The figures for students are similar to other countries: men in the profession constitute 30% in the United States of America (USA) (Rozier *et al*, 2001), 27% in Australia (Schofield and Fletcher, 2007) and 25% in Sweden (Öhman, Stenlund and Dahlgren, 2001).

Compared with other professions predominantly populated by women, this ambiguity between the public image and workforce representation is unique. For example, Nursing, Occupational Therapy, Speech and Language Therapy, and Social Work are similarly female-dominated and are more consistently represented by women in the public domain. It is the potential gender ambiguities in physiotherapy practice and education that provided the impetus for this research. In addition, although gender is discussed in physiotherapy literature, it is largely presented as a category rather than as a problematic (see Chapter 2 for discussion). This suggests there may be an assumption that women and men enjoy equal opportunities and expectations in the

physiotherapy profession. In this research I question whether physiotherapy students have particularly gendered expectations of physiotherapy and whether this affects how they construct their professional identities. I also consider whether action should be taken to challenge the stereotypical image of physiotherapy and promote more nuanced understandings of gender within the profession.

Furthermore, the physiotherapy profession in the UK and worldwide has been undergoing significant changes in recent years. First, the number of physiotherapy students rose sharply in response to the New Labour government targets aimed at addressing workforce demand in the National Health Service (Great Britain. Department of Health, 2000). Secondly, the focus of health care on multidisciplinary practice, high quality patient-centred care and life-long management of chronic conditions (Great Britain. Department of Health, 2008) places changing demands on the students of today and the physiotherapists of tomorrow. Finally, government policies to widen participation (Higher Education Funding Council for England, 2003) have led to a greater diversity in the higher education student population, including in physiotherapy (Chartered Society of Physiotherapy, 2008; Bithell, 2007). As an educator I wonder whether these changes challenge or reinforce gender stereotypes in physiotherapy, and how they impact on students during their formative years. These questions have become an initial focus of the research.

1.2 *Locating myself in the research*

As a physiotherapy educator I need to locate myself reflexively and autobiographically within the research (Harré and van Langenhove, 1999b; Grace, 1998), so that my own assumptions are acknowledged and examined. The questions raised have not been created from a neutral position but are personally and historically situated. I began my physiotherapy education in 1987 in Melbourne, Australia. I recall being a somewhat reluctant physiotherapy student. I preferred to socialise outside my physiotherapy peer group, and had an acute sense of not belonging within it. This period was a significant time in my life in terms of my gender/sexual identity. I was 'in the closet', and while I was wishing I could 'come out' I also feared that I would be

forcibly 'outed' without my consent (Grace, 2006; Knopp, 1999). Compared to other university student groups, I perceived my physiotherapy cohort as rather conservative, sporty and overtly heterosexual, and thus different to me. At the time I do not recall being conscious of a greater proportion of women in the profession and in fact my perception of my year group was that there was relative equivalence in numbers. I found myself resisting the 'physiotherapy world' I had chosen to belong to, and despite wanting to practice physiotherapy I was beginning to wonder if it would also stifle me. I recall these early steps into my chosen profession as isolating rather than welcoming and conforming rather than liberating. In relation to the status quo as depicted above, questions around how physiotherapy students' develop gendered professional identities are compelling to me.

Despite my initial concerns, I continued with my studies and graduated as a physiotherapist in 1990. Yet I still found it difficult to consider myself as a physiotherapist and left Australia to travel. At this time my professional identity was overshadowed by my 'traveller' identity. It was a time in which I explored my sexuality and this was of greater importance to me than my professional identity. In 1993 I moved to the UK permanently. I began to achieve successes in physiotherapy and this enabled me to assert my professional identity. I was often asked to speak at workshops and I wondered whether it was my Australian identity that gave me newfound authority. I considered myself well-liked by my colleagues, and I wondered if my gay identity was a novelty and whether I was favoured for the lack of threat that I posed. However this was only one interpretation: perhaps I was afforded privileges in the world of physiotherapy because I was white and I was a man (Öhman, 2001)? Suffice to say, these periods in my physiotherapy career were less isolating and more welcoming; they contradicted my experiences of professional identity formation during my undergraduate education. Whatever the apparent benefits from these self-proclaimed positionalities, they alert me to the fluid nature of identity and how it is always in flux. Through this research I wish to understand the extent of the influence of identity during the formative years of physiotherapy education amongst my students.

In 2001, I began teaching on the undergraduate physiotherapy programme that is the context for this research project. Although I started as a lecturer-practitioner, I moved full time into academia in 2004. It was around this time that my professional identity was further challenged, as I questioned whether I was more of an educator or a physiotherapist and whether I could live comfortably as both. This prompted me to explore the multiple dimensions of professional knowledge required of a physiotherapy educator and helped me acknowledge some areas of conflict in my practice (Hammond, 2006). It also raised important questions about my role in the workplace and how I might understand and eventually influence the professional development of others. Since this time I have continued to teach on the same programme and issues of identity have remained a focus of my thinking and practice.

In addition, issues of gender and sexuality were increasingly influencing my pedagogic practices prior to the commencement of this project. After several years in higher education, teaching the physiotherapists of tomorrow, I started to question whether I assimilated rather too easily into the typical physiotherapist mould because of my white, middle class, male perspective. Not unlike other educators in a similar position (Grace, 2006), I sometimes questioned where my queer side had gone, or whether I really wanted to be understood as 'ordinary' (Skelton, 2000). An assignment for the Education Doctorate gave me a formal opportunity to explore this through reflecting on my interaction with a personal tutee I was working with, who other colleagues had claimed to be gay (Hammond, 2007). Following this reflection I perceived that I had clearly performed as 'professional John' rather than 'personal John', which reinforced the recurring question about whether I was conforming to a professional 'ordinariness'. It made me think about heteronormative practices in higher education and the extent to which I could challenge them. Hence this project is informed by the necessity to consider gender as an analytic focus rather than just an identity category.

1.3 *The context of the research*

The BSc (Hons) Physiotherapy programme in my own work setting is the context for this research. This section analyses the salient aspects of the

university setting, student body and programme curriculum before exploring some of the local gender issues that have prompted this research.

1.3.1 The campus setting

The programme sits within a Faculty that is part of a joint venture between two Higher Education Institutions (HEIs) in London. The students are awarded a degree from one of the parent institutions, which is also where they are based geographically and have their primary affiliation. In order to establish the context for the research I focus on this parent institution, which I have given the pseudonym Parkway University.

On Parkway's campus, health professional programmes such as medicine, biomedical science, midwifery and paramedic sciences are also taught. The physiotherapy students share a significant part of the first year of the programme with other healthcare students completing an interprofessional module. At the beginning of this research project, this module included medical, nursing, radiography and biomedical science students and was based entirely on the Parkway University campus. Originally this module was focused on basic sciences (Tunstall-Pedoe, Rink and Hilton, 2003) but the curriculum has evolved over the years to facilitate students learning from, with and about each other (Barr and Ross, 2006). While these principles are aspirational, it is not clear to what extent students develop professional identities within this context and whether there is any focus on gender.

In addition, Parkway's campus is based on a hospital site and therefore immediately contextualises the health care environment for students. The hospital's primary function is to serve patients and this is evident in the physical features such as signage for wards and clinics, building organisation (front entrance for the hospital and back entrance for the university) and the purpose of the people who enter the premises, which is predominantly for health improvement rather than education. Because of the large amount of patient activity, the students are of secondary importance on campus. In most other physiotherapy programmes in the UK or internationally, students are based on university campuses that are geographically distant from clinical sites. This co-

location with a hospital provides a unique perspective for our physiotherapy students as they construct identities.

Also within the institution, the traditions of a medical school with established hierarchies and 'hidden curriculum' (Lempp and Seale, 2004) can be traced. These are embedded through the organisation and hierarchical structures, institutional policies, staff attitudes and the student union. For example a 'mums and dads' scheme is adopted as a method of peer support within the medical programme, and has been embedded as standard practice across the institution for other programmes. Not unlike the role of prefects in boarding schools, students in higher years adopt the role of 'parents' to the junior year students. Although such schemes are well-intended, research suggests that the competitive atmosphere within medical schools can potentially reinforce patriarchal structures (Lempp and Seale, 2004; Whitman, 2001).

These hierarchies extend to other accepted traditions of the medical school, which are transferred from generation to generation. For example, induction and 'Freshers week' activities continue to centre on alcohol consumption, where drinking games such as 'Spiders' and 'Cobras'¹ are covertly arranged. During 'Rag week'² it is not unusual to see male students collecting money for charity wearing nurses' outfits, make-up and exposing abundant cleavages. The graduation ball maintains a strong 'black tie' tradition, which, despite involving students from all disciplines, is coordinated primarily by medical students. Anecdotally it is not uncommon for pharmaceutical companies to donate money to support the graduation ball. The motive for this may be in the hope of sustaining the loyalty of medical graduates during their careers. These ingrained traditions afford the medical students significant power in planning and decision-making at the university, whereby physiotherapy students have occasionally reported that they feel marginalised. These observations support

¹ 'Spiders' is a drinking game where the aim is to drink seven pints of beer in one hour. If a participant vomits then they are required to drink an extra pint. The aim of 'Cobras' is to drink one pint of every beverage behind the student union bar.

² 'Rag' week is a week of student-run charitable fundraising activities, which happens once a year.

the notion that patriarchal structures are ingrained in this environment with implications for gendered constructions of physiotherapy student identities.

1.3.2 Student diversity

Parkway University is based in an inner London borough with a varied local population in terms of ethnicity and socio-economic diversity. The demographics of students and health care workers have not always been representative of local communities, and New Labour government education and health agencies have called upon institutions to widen access to these professions (Higher Education Academy, 2006; Higher Education Funding Council for England, 2003; Great Britain. Department of Health, 2000; National Committee of Inquiry into Higher Education, 1997). Parkway University has been prolific in its development of 'Widening Participation' strategies and was one of the first universities to introduce selection mechanisms that take into account the students' contextual data. For instance, in 2003 an 'adjusted grade criteria' scheme was introduced for the medical programme, whereby the entrance criteria could be adjusted for candidates from poorer performing schools (Hammond *et al*, 2012). These criteria were implemented for physiotherapy applications in 2011. In addition, research commissioned by the regional Workforce Development Confederation has specifically focused on widening access to the allied health professions (Greenwood and Bithell, 2005; Greenwood and Bithell, 2004; Greenwood and Bithell, 2003). This evidence base demonstrates why students might or might not consider a career in physiotherapy, and its perceived barriers.

As a result of these findings, some of my colleagues developed recruitment strategies for Physiotherapy students in collaboration with NHS Careers. This included a DVD entitled *Ten Reasons to Choose Physiotherapy* (National Health Service Careers, 2006). The DVD's key protagonist is a young Black man. It carries a distinct recruitment message: the autonomous physiotherapist with a good salary and involved in sport. Consistent with my previous arguments about the predominant masculine image in the media, this DVD inadvertently reinforces gender stereotypes to potential physiotherapy applicants, albeit with the remit of encouraging ethnic and gender diversity.

This further consolidates my interest in examining gendered constructions of identity in physiotherapy.

Although it is not possible to assign a specific causality, student populations started to become more representative of the wider population following these recruitment interventions. In 2008/09 admissions at Parkway University, 38% of physiotherapy students were men, 38% were from Black and Minority Ethnic (BME) groups and 36% were from non-traditional routes to university, such as Business and Technician Education Council (BTEC) vocational qualifications and Access to Higher Education courses. This contrasts with 2005/06 where admissions figures were 25%, 19% and 32% respectively - figures which also differ from national proportions (Chartered Society of Physiotherapy, 2008); see Table 1 for comparisons.

Table 1 Physiotherapy programme demographics at Parkway University

	Category	National collated data**	Cohort 2005* (entry = 78) % (Number)	Cohort 2008* (entry = 69) % (Number)
Gender	Men	28%	25% (n=20)	38% (n=26)
	Women	72%	75% (n=58)	62% (n=43)
Entry Qualifⁿ	Standard (A-level equiv/ previous degree)	not available	68% (n=53)	64% (n=44)
	Non-standard (BTEC, Access)	not available	32% (n=25)	36% (n=25)
Ethnicity	White	88%	81% (n=63)	62% (n= 42)
	BME groups	12%	19% (n=15)	38% (n=26)
Age	21 and under	53%	32% (n=25)	43% (n=30)
	Over 21	47%	68% (n=53)	57% (n=39)

(*Data sourced from the institutional annual report (name withheld). **Data sourced from the Chartered Society of Physiotherapy (2008). This is the Annual Report of UK Qualifying Education programmes in 2008 which was at the commencement of the project).

The changing gender make-up of the student population at the commencement of this project, from 25% men in 2005 to 38% in 2008/09, together with the relative absence of discussion in the physiotherapy literature, confirmed for me the significance of the emerging project. Furthermore, despite these trends in the student population, changes in the curriculum and in teaching and learning strategies have been reactive rather than proactive, and I will discuss these now.

1.3.3 The physiotherapy programme curriculum

The curriculum for physiotherapy in the UK is influenced by a number of internal and external factors and agencies. These present both complementing and conflicting agendas. I will briefly evaluate some of the relevant influences on the curriculum below, and critically explore the broader influences and discourses in physiotherapy practice and education in the subsequent literature review.

In the physiotherapy degree programme at Parkway University, not unlike other institutions, students have modular academic work interspersed with clinical placements. It is still common practice to structure modular programmes around subject propositional knowledge (e.g. respiratory, musculoskeletal, neurology) often in response to external requirements (Health Professions Council³, 2009; Chartered Society of Physiotherapy, 2002). Critics of the modular framework claim that it promotes a 'transmission' model of education and fails to help students integrate knowledge and practice effectively (Goodson, 2000; Eraut, 1992). In 2008, my colleagues and I undertook a periodic review of our undergraduate physiotherapy programme. Constructed in collaboration with service-users, students and clinical colleagues, our course philosophy clearly emphasises a focus on professional identity:

The course will promote an understanding of professional identity that includes interprofessional working and modernisation of healthcare roles. Concordant with this, is an attitude to professional practice that embeds continuing professional and personal development. The emergent professional will have an understanding of the political context in which

³ In 2012, the Health Professions Council, was renamed the Health and Care Professions Council to incorporate Social Work Professionals. References prior to this date will continue to use the former name.

they will practice and a strong sense of professional identity (University (name withheld) Definitive Document, 2008, p.8).

To counteract the demerits of the modular structure, we developed a theme of 'personal and professional development' to be threaded through the curriculum. In the review, I worked with colleagues to plan teaching and learning strategies to facilitate integration of this professionalism theme. For example, we constructed cases to use in class in which issues of diversity, communication and team working were increasingly raised. Tutorials were organised where students presented their experiences, with small group discussion facilitating reflection on personal bias and ethical issues. This theme was strongly advocated by the Head of School and was seen as an inclusive way to respond to growing diversity in the student body.

Other influences such as 'evidence informed practice', 'clinical reasoning' and 'enterprise and employability' are also emphasised as themes in the definitive course document. Although these are also important, they continue to be prioritised over 'personal and professional development' topics by both staff and students. I believe that these themes / discourses favour a masculine perspective. For instance, under the theme of 'evidence informed practice', positivist hierarchies of theory and research are promoted. Furthermore, students are encouraged to develop their 'unique selling point' through extra-curricular and entrepreneurial activities, to enable them to succeed in the increasingly competitive job market. Critics argue that pedagogical practices like these are normalised through neo-liberal discourses (Clegg, 2010; Burke, 2007; Davies and Saltmarsh, 2007) where the individual learner must compete in the 'free market' of education and employment. Burke's (2007) argument claims that masculinity is easily mapped onto neo-liberalism and works to maintain a binary gender order. I will revisit these arguments further in Chapter 2 and 3 since they prompt me to question how physiotherapy students perceive these factors during their education.

In addition, despite well-meaning intentions to integrate 'personal and professional development' following the curriculum review, initiatives have been

introduced haphazardly. Teaching and learning sessions on professionalism and related issues continued to be added on rather than integrated. As a symptom of an over-crowded curriculum, they have been increasingly cancelled or omitted altogether. Poor student attendance also indicates their perceived unimportance. Instead, professional development discussions have been continued through other less formal processes such as personal tutoring and peer group support. As others have also argued, professional socialisation in physiotherapy education appears to be “a random process that occurs through osmosis” (Lindquist *et al*, 2006b, p.137). A necessary component of this research therefore is to enhance my own teaching practice and that of those around me by considering professional and gender identities more overtly.

While professional identity has at least been considered and discussed in curriculum review, issues related to gender have been largely ignored. Although curriculum developments included discussions on diversity, these usually centred on disability, ethnicity and socio-economic groupings, as they were perceived to be more important in therapeutic interactions in clinical practice. Many colleagues seemed reticent and wary to engage in discussion about gender. At the time, I wondered whether this response was because gender was not considered problematic, or because it was too uncomfortable to explore.

1.3.4 Local gender issues

However, immediately prior to the commencement of this research, gender had become an issue. Local clinical educators had stated that many of the male students from our institution had an ‘attitude problem’, and this was leading to difficulties with professional behaviour in clinical practice. Some examples cited were that male students did not show an interest in certain specialities, that they could be too casual or lazy and overly familiar with female colleagues. This prompted my earlier investigation into the gender differences in practice-based assessment performance (Hammond, 2009). I examined the assessment results of three different cohorts in Physiotherapy and found that male students performed less well than their female colleagues. In summary, women students, on average, achieved marks 3% higher in practice-based assessment

results. There were a greater number of male students who failed compared with women: seven and two respectively (ibid). Notably these differences were greater in the second year of the degree programme and during the final year appeared to level out, with non-significant differences in clinical placement averages in the final placement. This trend was also visible in their reflective practice portfolio assessment and other written course work, which again began to level out in the third year.

My initial analysis led me to consider accepting the hypothesis that men were performing less well (and failing) because of an 'attitude problem', particularly in the early parts of the course. As a result I wondered whether male students might require remedial work to facilitate a more successful professional socialisation. But were these signs of wayward professional identity that needed a good cracking into shape? A 'bad boys' hypothesis implied that the problem was indeed with the men. After discussing my initial findings with my colleagues, this seemed to be an accepted conclusion. Given these findings I began to investigate remedial learning and teaching responses.

In the media at that time, headlines such as "Why male students brains are light on detail?" (*Times Higher Education* 31/07/08) and "Male students are now the weaker sex" (*Times Higher Education* 11/06/09) were predominant. These reports only seemed to escalate and extend the 'moral panic' surrounding boys' underachievement in primary and secondary education that other authors have critiqued (Francis *et al*, 2008; Francis, 2006; Warrington and Younger, 2006). Francis (2006) suggests that the 'bad boys' discourse is often placated with a 'boys will be boys' discourse that unhelpfully normalises behaviour and consequently avoids attention. Yet Francis also argues that an alternative 'poor boys' discourse is particularly detrimental. In a 'poor boys' discourse it is the systems and structures that are at fault and the boys are the helpless victims. As such the gaze is on women teachers and feminised classrooms and curriculum, leading to calls to restructure pedagogic activities to 'suit' boys at the possible expense of girls (ibid).

Neither argument provides an acceptable explanation for the issues observed locally, nor do they provide strategies for learning and teaching in physiotherapy. The 'bad boys' hypothesis locates the problem with the individual rather than with the social and political structures, yet the 'poor boys' hypothesis shifts remedial attention to everything other than the male student(s). This paradox further fuelled and continues to fuel my desire to investigate and understand issues of masculinity (and femininity) in physiotherapy education and challenge where inequalities may occur.

As such, theoretical conceptualisations that enable an examination of social and individual factors of boys' underachievement in physiotherapy are needed. It is important to recognise that the problem is multi-factorial and not just with the men. Therefore in Chapter 3, I will demonstrate why social constructionism provides an appropriate theoretical perspective for this research. These theoretical perspectives also facilitate a broader conceptualisation of gender, so that constructions of masculine identity are not limited to bodies with particular biological or anatomical features (Butler, 1999). My interest is in how men and women construct gendered identities during their formative professional development. Similarly I am interested in how identities are shaped by the various social experiences students have and the relationships they develop during their period of study. As I already know from my personal experience, the various social interactions students have with peers, course tutors, physiotherapy educators in practice, other health care professionals, family and significant others, are interpellated spaces where professional and gender identities are formed. Therefore the students' gendered expectations and perceptions of what it is to be a physiotherapist and how they negotiate identities when their expectations are hidden from the educator's view are important. From my previous study, this seems more acute in the earlier transition stages of the programme, so it is necessary to identify ways of understanding students' constructions of gender identity in physiotherapy at that critical juncture of their professional development.

This section has marked out several aspects of the physiotherapy programme under investigation that have specific relevance to gender, sexuality and

identity. These issues establish a necessary rationale for investigating how gender identities are constructed within this local setting.

1.4 Framing the Research Questions

Along with the specific issues related to Parkway University identified above, the preceding sections of this chapter have demonstrated the ambiguities of gender in the public portrayal of physiotherapy and also within the profession more broadly. However, these are influenced by my own perspectives and it is unknown how physiotherapy students negotiate gender identities in the various social contexts during their education, or indeed whether gender is acknowledged during their professional development at all? My research will seek to address this gap and provide recommendations for practice.

Therefore this research aims to investigate the significance of gender in physiotherapy students' constructions of professional identity. In order to do so, the following research questions will be addressed:

- A. How do students construct gender identities in physiotherapy?
- B. What types of gender discourses are articulated in students' experiences of becoming a physiotherapist?
- C. What are the implications for representations of gender in physiotherapy education and practice?

Specifically this inquiry will critically examine inequalities of gender in physiotherapy education and identify pedagogical approaches for improving my own practice as well as the curriculum.

1.5 The structure of this thesis

To reiterate, this chapter has identified that there are several contradictions within gender in physiotherapy practice and education, yet there is a dearth of literature that specifically explores this problematic. Therefore it is necessary to review the literature in this thesis in two parts. In Chapter 2 the physiotherapy specific literature is critically examined to identify the historical and gender foundations of the profession. Empirical research that has explored gender differences in the profession and education will also be analysed. This is

separate to Chapter 3, where the literature on gender and identities are discussed and different epistemological standpoints will be considered. I explore how 'constructionism' highlights the role of interaction, situatedness and performativity and therefore provides a necessary theoretical framework for understanding identities in this research. In the closing section of Chapter 3, I return to practice based research to consider the gaps in knowledge that will be addressed in this research.

Critical pedagogy provides an overarching framework for my methodological approach that will be fully discussed in Chapter 4. Within this paradigm I justify why narrative data collection methods and discourse analytical tools are appropriate for exploring how students construct identities.

In Chapter 5 the findings from this project are presented. I provide an analysis of the stories that the male and female students tell of their experiences during their formative years of physiotherapy education and identify themes within the gender discourses. In Chapter 6 I conclude by considering the practical implications in my own setting and how the findings contribute to knowledge in the field.

1.6 Summary

This chapter has provided a contextualisation of this research project and the thesis. I have demonstrated that ambiguities exist between gender representations of physiotherapy in the public arena versus those actually within the profession. Furthermore the university setting that is the basis of this research also presents a number of factors, which have significant implications for constructions of gender identity. Finally I have reflexively examined my role as a physiotherapy educator in the context of this research. This foregrounds the next chapter in which I examine the literature that influences priorities in physiotherapy education today, and explain the relevance of these priorities to this research project on identities.

Chapter 2 Physiotherapy – a gendered profession

2.1 Introduction

In the previous chapter I examined various gender ambiguities and paradoxes within the profession and within education practice. In order to contextualise this research project further, I will evaluate the practice of physiotherapy and investigate the literature that describes key historical events in the development of physiotherapy as a profession. At each stage the literature will be critically analysed from a gender perspective to situate physiotherapy within the context of other health care professions, specifically questioning the extent to which it is a 'women's profession' and influenced by feminine or masculine discourses. Finally the chapter will critically discuss significant policy and regulation discourses in the physiotherapy profession today, and the implications for physiotherapy education, in particular students' professional development.

2.2 Physiotherapy – defined

Physiotherapy as a discipline is broadly about working with individuals to restore or optimise physical function. The World Health Organisation (WHO) provide the closest there is to a universal definition of the role of a physiotherapist:

Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques. They may develop and implement programmes for screening and prevention of common physical ailments and disorders (World Health Organisation, 2010, p.5).

In this definition the WHO outlines the scope of the profession according to the type of treatments offered and the roles physiotherapists might take in both rehabilitation and prevention. In addition, professional bodies such as the Chartered Society of Physiotherapy (CSP) elaborate on the vision for the future of physiotherapy:

- **Works with individuals to maximise quality of life** by restoring, maintaining and improving function and movement and by promoting

physical approaches to optimising health, well-being and illness prevention

- **Delivers high-quality, innovative services** to meet patient and population needs in accessible, responsive, timely ways and to challenge and address health inequalities
- **Is founded on a strong, evolving evidence base** and scope of practice, clinical leadership and person-centred professionalism
- **Is an adaptable, engaged workforce** that uses its skills to meet needs across all sectors and settings, confident that its contribution is underpinned by quality employment. (Chartered Society of Physiotherapy, 2010a, p.3, emphasis CSP).

A notable emphasis in this vision by the CSP is physiotherapy practice founded on a strong 'evidence base'. I believe that this exemplifies a long-standing professional insecurity that demands justification of the profession and protection of individuals within the profession (Morris, 2002), which as Freidson (1994) argues, leads to exclusivity and protectionism. This desire to secure a strong evidence base may have a significant influence on how students develop as professionals and this argument will be elaborated later in this chapter. Nevertheless, both these definitions outline the domain and scope of the profession and its practice that have been established throughout the short history of physiotherapy.

2.3 Historical developments of the profession

This section investigates the key historical events that have shaped the field of practice and how these have influenced the design and implementation of this research project. A fuller account of physiotherapy history can be found in Tidswell (2009) and Barclay (1994) whilst Nicholls (2008) offers a critical examination of physiotherapy practice. It is beyond the scope of this chapter to revisit all of these arguments. Therefore in the context of this research project, only those historical aspects that are pertinent to an analysis of gender will be presented.

2.3.1 Nineteenth century foundations in gymnastics and massage

Historically the use of movement to improve function and health has a long tradition, from Ancient Greece and Rome with the use of baths and gymnasia (Öhman, 2001; Johansson, 1999; Barclay, 1994). However it was not until the 19th century that developments in Europe can be seen to mark the foundations

for modern physiotherapy. According to Öhman (2001, p.9), Pehr Henrik Ling was considered the 'founding father' [sic] of Swedish gymnastics. At the beginning of the 19th century Ling developed exercises to prepare strong and healthy men for war. Öhman (2001) argues that medical professionals were reluctant to collaborate with him because they viewed him and his institute as a competing threat. At the same time in Britain, exercise and physical training in newly built gymnasiums was increasingly being promoted by medical practitioners in the army (Barclay, 1994). The influence of Swedish gymnastics was not felt in the UK until the 1870s but provided a significant milestone in establishing the early foundations of the physiotherapy profession (ibid). These early steps almost exclusively targeted men as both instructors and recipients of exercise.

Parallel to these developments the use of massage was re-invigorated from ancient practices. In 1800, a medical practitioner prescribed 'rubbing' for patients with rheumatism which soon led to the establishment of training for 'rubber nurses' (Barclay, 1994). With strong European influences, nurse masseuse training and practice was rapidly developed for women practitioners. However a report in the British Medical Journal (BMJ) in 1894 precipitated a number of events that led to significant change in practice (Barclay, 1994). The report suggested masseurs at massage parlours were expected to provide 'other' services to gentleman clients (Barclay 1994, p.20). This scandal cast aspersions on schools of massage and led to the hurried foundation of the Society of Trained Masseurs which set a national examination for entry to the Society (Barclay, 1994). Training took place in schools established around the UK by practicing members of the Society. It examined knowledge of anatomy, massage techniques and also provided training in appropriate conduct for the masseuse. Its aim was to establish the respectability of medical rubbing. Only women students were trained and the code of conduct forbade them from massaging adult men unless they were old or ill. This enabled the medical profession to control and direct masseurs as assistants under their supervision in a patriarchal gender order (Öhman, 2001). Equally this reinforced a taboo on sexuality and a requirement for maintaining professional 'neutrality' in physiotherapy practice.

2.3.2 Alignment to medicine in the early 20th Century

The Boer War and the First World War influenced development over the subsequent years. In Britain, the Ministry of Health redirected funds to support recuperating veterans and expanded the training and membership of the Society of Trained Masseurs (Barclay, 1994). Although the workforce continued to be predominantly women from nursing backgrounds, combined treatments of exercise and massage were increasingly used and favoured. This led to an amalgamation of both massage and Swedish gymnastics to form the Chartered Society of Massage and Medical Gymnastics (CSMMG) in 1920 (Tidswell, 2009). From about this time practitioners increasingly used the term 'physiotherapy' to describe their combined activities, as 'massage' was deemed to limit the scope of practice (Parry, 1995).

Although the amalgamation was important, becoming 'chartered' was also historically significant and helped to elevate the status of the Society's members. This status represents, still, the hallmark of quality and excellence of a professional body. It could be argued that the application for 'chartered' status would never have been successful without the patronage of (male) Harley street doctors (Barclay, 1994). Until the 1970s the Chairman of the Society and its subsequent versions was always an eminent 'medical man' based in London. Therefore throughout these foundation years, physiotherapy reasserted the doctor's dominant position, and recreated the subordinate role in a gendered hierarchy (Öhman, 2001).

From its early foundations as a male occupation in Swedish gymnastics, physiotherapy grew into a women's profession via the influences of nursing and massage. This is evident in the records of the members of the CSMMG in 1920, where women outnumbered men by 6,609 to 461 (Tidswell, 2009). In addition, concerns about sexualised practices meant that women were entrusted provided that they practiced under medical supervision. These events led to physiotherapy shifting away from nursing and developing a distinct identity, although remaining in a position subordinate to physicians within the hierarchy of healthcare. These foundations established a profession with an ambiguous gendered history, which has important implications for how

physiotherapy is positioned, and how physiotherapists position themselves in the healthcare workplace today.

The practice of physiotherapy grew both in size and reputation in the period following the First World War, both internationally and in Britain. In Australia and North America, physiotherapy developed alongside the medical practice of orthopaedics in the rehabilitation of returning service men (McMeeken, 2007; Redenbach and Bainbridge, 2007; Threlkeld and Paschal, 2007). Similar developments and alignment to medical practice occurred in Britain and this led to the development of large trauma and orthopaedic hospitals such as at Oswestry (Tidswell, 2009). In some respects this reinforced the subordination of physiotherapists to the medical profession, by bringing it within the confines of the hospital environment (Dixon, 2003). Along with greater diversity of practice, technical equipment and electrotherapy machines were increasingly used to improve human movement and physical activity. This fuelled concerns about whether physiotherapists possessed the necessary technical expertise and knowledge, prompting greater calls for direction from the medical profession (Öhman, 2001; Parry, 1995).

Following the Representation of the People Act in 1918, women over thirty were entitled to vote and according to Pugh (1974) were thereby considered useful (by men) for economic growth. During this time, greater numbers of women challenged the traditional domestic role imposed on them and entered the labour market and education. However secondary education remained the privileged domain of the middle and upper classes (Pugh, 1974). As a result some argue that the middle class gender hierarchy of domestic life was maintained in many aspects of education, including physiotherapy training in hospitals (Öhman, 2001; Meachin and Webb, 1996). The physical demands of vigorous massage and exercise engendered a reputation for 'hefty' female physiotherapists, who were also regarded as clever, ambitious and skilled women; and therefore useful as assistants to physicians (Öhman, 2001). An analysis of this situation might suggest that physiotherapists were developing a unique identity by participating in both caring and curative roles. They were, perhaps in a rather polarised sense, seen as being situated between the female

role of the nurse and the male role of doctor (Sim, 1985). Rather than providing an opportunity to create a distinct disciplinary knowledge base, this duality of identity facilitated the expansion and adaptation of new skills in a haphazard and uncritical fashion (Morris, 2003). Debates regarding the scope of practice continue to influence the physiotherapy profession today and have implications for physiotherapy education, which I will discuss further below.

2.3.3 Establishing autonomous practice from 1943 to the 1980's

In 1943 the Society was renamed the Chartered Society of Physiotherapy, as "physiotherapy" was felt to be a well-known term which encompassed all aspects of the role (Barclay, 1994). In 1948, the National Health Service (NHS) was founded. Similarly to other welfare states in Western countries at the time, the structures of healing and treatment became increasingly detached from social, cultural or religious rituals. In these circumstances, medical authority on health and healthcare was taken for granted and accountability rested almost entirely with the physician and medical profession (Gabe, Calnan and Bury, 1991). Unsurprisingly this facilitated a continued supervision and regulation of physiotherapy practice by the medical profession during the first decades of the existence of the NHS. Medical practitioners prescribed physiotherapy treatment and physiotherapists were unable to see patients without referral.

Sim (1985) argues that debates during this time focused on gaining professional status for physiotherapy from its vocational routes. However, attempts to claim autonomous practice were continually rejected from within physiotherapy and by the medical profession. For example, in 1955 a meeting was held at the Royal Society of Medicine to discuss 'the use and abuse of physiotherapy', which was also the title of a subsequent report (Richardson, 1955). Notably, there were no physiotherapists in attendance at this meeting, but the 'place' of physiotherapy was discussed and concerns were expressed at the continued application of useless or placebo physiotherapy treatments (Richardson 1955, p.294). Physiotherapy was likened to an addictive drug. The report emphasised that:

because of its pleasurable and magical aspects it was inevitable that physiotherapy, essentially a technical procedure, should become over-glamorized (Richardson 1955, p 295).

Overall the report clearly indicated the status of physiotherapy in the eyes of the medical profession. On the one hand, the rising status of physiotherapy was recognised (e.g. in that it was becoming glamorised), on the other hand the 'healing hands' perception of physiotherapy was antithetical to scientific technical-rational norms. Moreover, the 'hands on' approach to learning was in contrast with medical training, which emphasised subject knowledge, didacticism and inculcation. Therefore physiotherapy posed a threat to medical hegemony. The paper asserted the role of physician as supervisor in a patriarchal and overtly Western way and diminished physiotherapy as a technical occupation. Therefore the subordination of physiotherapy practice continued until the 1970s as the "social structures and government policies supported this *status quo*" (Morris, 2002, p.354).

Eventually, with rapid growth of and accessibility to research and knowledge, physiotherapists' expertise and their importance in rehabilitation began to be recognised worldwide (Barclay, 1994). In 1976, Australia became the first country to allow physiotherapists to practice autonomously, following significant lobbying by the national physiotherapy association (McMeeken, 2007). This meant that physiotherapists could diagnose and treat patients as first contact practitioners, without referral or treatment being prescribed by medical practitioners. Soon after, the first steps towards autonomous practice in the UK began, with a government circular issued in 1977 (Great Britain. Department of Health and Social Security, 1977). Although this circular permitted physiotherapists to use their skills and experience to determine how best to treat a patient, it arose within a framework set out by a medical diagnosis. This new development paved the way for greater independence for therapists with an increase in work in private practice, although there are still only small pockets of patient self-referral within the NHS (Holdsworth, Webster and McFadyen, 2008). The implications of autonomous practice for this research will be discussed below, as changes in education and training overlap significantly.

2.3.4 All degree status by 1992

The next major influencing factor on physiotherapy was the transition of training to universities and entry-level degree status, which some argue was the most significant change to physiotherapy in the Western world (Hunt *et al*, 1998). Initially physiotherapy training in Britain was provided either through private schools of massage, usually in the homes of the CSP Founders, or in military and physical training facilities. Training moved to the hospital environment after 1918, and national set examinations for state registration with the CSMMG were introduced (Barclay, 1994). The apprenticeship mode of physiotherapy education continued in the initial years of the NHS. Although training in physiotherapy was recognised as necessary, funding was not 'ring-fenced' as in medicine and nursing (Barclay, 1994). Therefore developments in training were comparatively slow and the national curriculum and registration exams continued unchanged for several decades.

A significant change in physiotherapy education occurred with the transformation of a growing number of schools into Higher Education Institutions (HEIs) in the 1980s, primarily of health related faculties in polytechnics. Like other health care professions, physiotherapy began to develop as an academic discipline in universities. There was no government dictum that required a wholesale change, so progress involved local initiatives, and by 1992 physiotherapy education had become an all degree entry-level profession in the UK (Bithell, 2007; Barclay, 1994). Internationally, this progression occurred at different times. For example, in Australia a two-year course associated with universities was already established in 1907 and this gave rise to the potential to develop into degree programmes as early as the 1960s (Chipchase *et al*, 2006), with all six programmes in Australia becoming baccalaureate degrees of a minimum of four-years in length by the 1970s (McMeeken, 2007). Similarly this shift to degree status occurred in 1970 in Canada (Redenbach and Bainbridge, 2007) and in 1988 in Sweden (Hager-Ross and Sundelin, 2007). Overall the decision to move to degree status seemed to emerge from aspirations within physiotherapy, rather than being mandated from outside. Arguably these aspirations for university based 'education' over 'training' might have been motivated by the desire to confirm

the professional status of physiotherapy. Indeed the concept of being 'educated' rather than merely 'trained' is a significant characteristic of a profession (Downie, 1990). It might be argued that 'academic' and 'educated' discourses have led to a particular gendered trajectory of the profession, which will be discussed below.

Öhman (2001) suggests that physiotherapy programmes gained nothing by transferring from one patriarchal hierarchical organisation to another. In fact, she argues that the situation may have worsened, as physiotherapy programmes are required to accommodate competing curricular demands from higher education agencies, registration bodies and, increasingly, health education commissioning organisations. From an educational perspective there are greater demands for a focus on theory, research and evaluation (Hunt *et al*, 1998) and evidence based practice (Robertson, 1996). Equally there are greater requirements to develop rigorous processes to ensure competence and safety in clinical practice (Health Professions Council, 2009). Although these discourses may be complimentary, they may also place competing demands on developing physiotherapy professionals, creating tensions around how physiotherapy is constructed and understood.

Both greater autonomy for practitioners and the transition of physiotherapy education to universities have been significant changes in the profession. It may be argued that they also have implications for gender in physiotherapy. Some authors suggest the rise in the number of men working in physiotherapy in the UK may be a result of these factors (Bithell, 2007; Potts, 1996; Davies, 1990). As previously shown the proportion of men in physiotherapy in the UK has risen to 18% in the last decades (Bithell, 2007). Although it cannot be assumed that these changes are entirely causative, the important issue is the relative speed with which they occurred. To reflect the changes in practice explored here, there have been several debates within the literature about introducing curriculum proposals to prepare students to act autonomously in the complexities of practice (Jones and Sheppard, 2007; Morris, 2003; Hunt *et al*, 1998). However there is little mention of the impact of the greater diversity, including gender, in the student population, making this research essential.

In summary, this section has demonstrated how key historical factors have shaped the physiotherapy profession and its practice. I have also argued how they have implications for gender within practice and education. These factors generate the context for students as they construct their gendered professional identities in physiotherapy, and it is not known how significant these factors are in that process or whether they create inequalities based on gender. The following section considers the current debates in the physiotherapy literature that are relevant to gender and professional identity.

2.4 Physiotherapy practice – current debates

To ascertain which issues are currently prevalent within the physiotherapy profession, one only has to turn to the pages of the professional physiotherapy magazine: *Frontline*. Some discussion topics raise significant professional identity issues such as: “The importance of being chartered”, “What to wear – a national uniform?”, “Physiotherapy should be a designated Medical Profession” and “What do you think a physiotherapist of the future will look like?” (see www.interactivecsp.org.uk for examples). From these fora on professional identity issues, I perceive two of the key foci in relation to gender to be: the call to develop an evidence base, and the attempts to define and secure a professional identity and uniqueness. I will discuss each of these by reviewing the physiotherapy literature from the 1990s to the present time, and argue why they are being fore-grounded in this thesis.

2.4.1 Evidence based practice

With the expansion of university-based physiotherapy faculties, the need for research and improvement of the evidence-base of practice is seen as imperative to address concerns about the apparent lack of knowledge base. However, within the professional literature there continues to be an on-going debate about how this professional knowledge should evolve. Some challenge the dominance of propositional knowledge and argue for a rebalancing of dimensions of professional knowledge, so that personal and professional craft knowledge are also valued (Richardson, 1999b; Higgs and Titchen, 1995). It is argued that this shift necessitates movement away from the positivist medical model to encompass a wider perspective in physiotherapy (Larsson and Gard,

2006; Harland, 2003; Richardson, 1999b; Higgs and Titchen, 1995). Others suggest that a focus on personal knowledge and an increase in reflective practice emphasises an overly inward focus (Robertson, 1996). However, there is almost unanimous agreement that research and knowledge should be grounded in practice and what it is that physiotherapists actually do (Harland, 2003; Jorgensen, 2000; Richardson, 1999b; Hunt *et al*, 1998; Robertson, 1996; Higgs and Titchen, 1995; Tyni-Lenné, 1989). Robertson further asserts that professional knowledge is public and clinicians have a duty to explicate and use it through physiotherapy practice.

However, as Morris explains, physiotherapists have continued to be “content to learn skills based on un-researched ‘expert’ opinion” (Morris, 2002, p.357). She further argues that the demand for evidence-based practice has not emerged from within the profession but has largely been stimulated by policy in neo-liberal Western governments. Since the first White Paper by New Labour in 1997 *The New NHS: Modern, Dependable* (Great Britain. Department of Health, 1997), more mechanisms have been introduced to ensure that clinical standards are met in the UK. Successive Labour government policies have articulated the need for health care practitioners to demonstrate up-to-date evidence-based services (Great Britain. Department of Health, 2008; Great Britain. Department of Health, 2006). These drivers are reflected in many Western healthcare systems and have led to proposals for a curriculum base for physiotherapy (Jones and Sheppard, 2007; Darrah *et al*, 2006; Richardson, 1999b; Hunt *et al*, 1998), emphasising an evidence-based model as fundamental to the professional mission. Therefore ‘evidence-based’ discourses are not only universally prevalent in curriculum documents, but also in classroom and practice teaching and learning practices in higher education. Some commentators argue that ‘evidence-based’ discourses operate in a neo-liberal, gendered terrain where white middle class men are positioned more powerfully (Davies, 2003). It is unknown whether these discourses establish gender hierarchies in physiotherapy education and little work has been done on how students interpret and practice within this context. I will address this gap in the knowledge base in this project.

2.4.2 Defining a uniqueness

As previously mentioned there has been continual expansion of the activities that are considered part of physiotherapy practice. This expansion has been met in recent literature with some caution, with claims that it threatens the unique identity of physiotherapy (Richardson, 1999b). It is proposed that there is a need for a physiotherapy ontology describing the nature and scope of the profession (Morris, 2002) justified ostensibly by the desire to maximise the quality of service to patients (Richardson, 1999b). However, there has also been a certain amount of professional protectionism. For instance, some argue that a secure knowledge base will curb the monopoly of the medical profession and allow for greater autonomy (Johansson, 1999; Robertson, 1996).

Conversely, the physiotherapy literature perpetuates a moral panic of being left behind, forgotten or ignored in healthcare reforms (Durrell, 1996; Tyni-Lenné, 1989), or being taken over by other fields such as osteopathy, sports science and personal training (Krebs and Harris, 1988). Osteopathy, for example, is unlike physiotherapy in that its origins in the USA and Canada were independent of medicine (Barclay, 1994). Initially osteopaths were marginalised as 'quacks' and they were unable to practice in the formal health system (Parry, 1995). Ultimately they escaped the gaze or scrutiny of medicine and ironically may have benefitted from this freedom. In the UK, about 9% of people with back pain see a physiotherapist, compared with 5% seeking osteopathy (Maniadakis and Gray, 2000). Given that osteopathy was neither endorsed nor financially supported by the NHS at this time, this percentage is substantial. Rather than see this as an opportunity to cooperate, there are concerns amongst physiotherapists that osteopaths represent a threat to their monopoly and expertise on musculoskeletal injury management. Indeed the recent coalition government's vision of liberating the NHS (Great Britain. Department of Health, 2010) has escalated this fear by promoting a competitive health care market where patients can choose 'any qualified provider' and thereby choose not to have physiotherapy.

However concerns about a distinct scope of practice do not present a unique issue in comparison with other healthcare professions. Parry (1995, p.6) suggests "combining the lot is our unique talent" but she, like many others, has

issue with the lack of boundaries and limits in the knowledge of physiotherapy (Bithell, 2005; Parry, 1995). It is argued that professions such as radiography (Bithell, 2005) and occupational therapy (Nelson, 1997) have more clearly defined and protected domains of knowledge and practice. While the discourse in professions such as occupational therapy talks of 'flourishing' in the 21st century (Nelson, 1997), physiotherapists increasingly seek to work across professional boundaries, particularly medicine. In fact, alongside nursing, physiotherapy has led the way in the development of extended scope practitioners in the NHS since the early 1990s (Durrel, 1996). Rather than achieving greater financial reward or kudos, such moves have helped to provide a more cost-effective alternative to medicine and differentiated pay structures have been maintained. Therefore physiotherapy continues to operate in a hierarchy of healthcare that as Öhman (2001) suggests, also reflects a traditional patriarchal hierarchy. Although these concerns are articulated in the literature and practice they also impact on the physiotherapy curriculum. Within this context, physiotherapy educators are faced with difficult decisions when planning curriculum about what to prioritise, what to leave out, and how to work alongside yet challenge medical colleagues. It is not known whether physiotherapy students recognise or perceive these discourses or the extent to which they influence their constructions of identity, which is what I aim to examine.

To conclude this section, the recurring debates on securing an evidence base and defining a uniqueness have been examined. Of course these are not the only debates within the profession, however I have argued that these discourses are relevant for students as they construct professional identities and that they establish a hierarchical culture in which gender is prominent.

2.5 Physiotherapy – a women's profession?

Within this section, I discuss the literature on gender in physiotherapy practice and in physiotherapy education separately. The differing status of qualified versus student physiotherapists is likely to influence the outcomes of research in these areas, and therefore warrants such an approach. I begin by examining

studies that focus on gender in relation to qualified or practising physiotherapists.

2.5.1 Gender proportions

As illustrated in the first chapter, physiotherapy in the UK has traditionally been and remains a profession predominantly populated by women. The current proportion of women to men is approximately 4:1. Despite a recent increase of men within the profession, numbers are far from reaching equivalence, unlike the traditionally male dominated medical profession where equivalence has almost been achieved or even reversed. In 2007, women made up 57% of medical students and 40% of all doctors in the UK (Elston, 2009). A comparison with nursing indicates that men comprised just 10% of the profession in 2008, and this proportion has remained relatively static over the last decade (Nursing and Midwifery Council, 2008). Despite the influences of feminism and other moves to promote gender equality, a gender imbalance is maintained in the healthcare professions and is exemplified in physiotherapy.

In physiotherapy the increasing numbers of men has been either celebrated (Barclay, 1994; Davies, 1990) or problematised (Johansson, 1999). For instance, in her historical analysis, Barclay (1994, p. 70) claimed “men proved a lively and articulate addition to the society and took the lead in several debates”. However Johansson questions these claims. She uses strategies described by Bradley to propose ‘risks’ of men entering physiotherapy. Bradley (1993) uses migration metaphors to describe three strategies; ‘takeover’, ‘invasion’ or ‘infiltration’ that occur when men enter women’s professions. According to Bradley, a ‘takeover’ is characterised by male dominance and expertise and a loss of the feminine nature of a traditional women’s profession. Johansson (1999) argues that it is difficult to imagine a long-term systematic ‘takeover’ in physiotherapy. However she highlights that certain specialities such as private practice and sports medicine are monopolised by men, reflecting Bradley’s ‘invasion’ metaphor. Johansson (1999) has concerns that a male ‘invasion’ may eliminate the feminine nature of practice and result in a deepening gender divide in the profession. These concerns provide a valuable

lens through which student constructions of identity will be examined in this research.

2.5.2 Gender differences in physiotherapy

Although the literature in this field is limited, the following research studies explore the gendered differences in physiotherapy practice. The findings of several studies demonstrate that despite similar proportions of men and women working in primary and secondary healthcare (Johansson, 1999), there is an overrepresentation of men in fields such as private practice, occupational health and sports medicine (Öhman, 2001; Johansson, 1999), as well as in managerial positions (Parry, 1995). In contrast, women are more likely to work in geriatrics or neurology, and more likely to collaborate in multidisciplinary teams rather than work in traditional hierarchical relationships with high status groups such as physicians (Johansson, 1999). In terms of working practice, women are more likely to be employed part-time (Johansson, 1999; Rozier *et al*, 1998) and be responsible for childcare and other caring arrangements (Rozier, Hamilton and Hersh-Cochran, 1998; Rozier *et al*, 1998).

In economic terms, Rozier *et al.* (1998) found no significant differences in salary between men and women physiotherapy managers in the USA. However when adjusted for factors such as length of time in post, hours worked per week and amount of leave taken, the findings reveal that women earn between 77% and 89% of their male colleagues. In Sweden, Öhman (2001) notes that while the average individual income of women physiotherapists may be lower, they live in households with a combined disposable income per adult that exceeds men physiotherapists considerably. Assuming that the income is theirs to dispose of, Öhman concludes that women physiotherapists have a more privileged socio-economic position, and reinforces the 'middle classness' of the profession previously discussed.

Other work has investigated the perceptions physiotherapists have of their role and factors that influence career success. These studies further illustrate gendered differences. For example, Rozier *et al* (1998) found that the men physiotherapists in their study described full-time work and appointment to

leadership positions as important factors for career success. In contrast, the women were more likely to rate continuing development, challenge and variety in work as important factors. In addition, the male participants were more likely to perceive that marriage and family responsibilities contributed positively to career success while women saw this as a negative influence (Rozier *et al*, 1998). This compares with earlier research by Moore, Conine and Laster (1980) who found that both men and women perceived that raising a family only hindered the career progression of women physiotherapists and other health care workers.

In a qualitative study, Öhman and Hagg (1998) identify gender differences in attitudes towards physiotherapy work. They found the women physiotherapists interviewed were more likely to describe themselves as 'giving' or 'providing' care and enjoyed developing close relationships with patients. The researchers describe these attitudes and approaches as 'supervisor' or 'treater' types. The men, however, were more likely to focus on how they participate in the team or service and adopted a kind of business mentality to work. The researchers identify these types as 'coach' or 'entrepreneur'. Öhman and Hagg conclude that these contradicting gender types might affect job satisfaction and coordinated care in a negative way. They argue for greater investigation into professional socialisation to understand and promote a more nuanced professional identity, which is the crux of my research.

While it is important to recognise that many of these studies are historic and took place outside the UK, they convincingly contextualise gender differences in physiotherapy practice. In summary, these studies demonstrate that men are represented more in some fields than others, earn higher salaries and are claimed to adopt different attitudes to physiotherapy work. Does this represent a male 'invasion' as Johansson (1999) feared, and if so what are the implications for physiotherapy practice and education? Are men advantaged or disadvantaged on entering physiotherapy and what are the implications for women? It is these questions that provide a rationale for this research. I now critically review the literature on the perceived issues for men in non-traditional occupations.

2.5.3 Other women's professions

Much of the literature on gender in the occupations has focused on the longstanding struggle for equality for women in male-dominated domains. The investigation of men working in non-traditional occupations has received less attention, yet is relevant to this research. Some studies suggest that when men consider a career in a non-traditional occupation, they may not necessarily regard the profession as 'feminine', but find themselves positioned as a 'token' male in the profession (Bagilhole and Cross, 2006; Simpson, 2005; Simpson, 2004). Other findings suggest that men perceive challenges to their masculinity when entering female-populated occupations (Simpson, 2005; Simpson, 2004; Lupton, 2000). For example, Lupton (2000) indicates that the men interviewed in his study feared being 'feminised' by being around women or 'stigmatised' as effeminate. These fears were confounded with concerns that their sexuality might be challenged. Furthermore, Simpson (2004) found that participants in her study described difficulties in expressing their own masculinity, through fear of hostility from female colleagues or through lack of identification with traditional roles such as 'breadwinner' in the workplace. Williams (1992) suggests that these fears are more profound in encounters with others outside the profession such as clients or friends, thus drawing attention to the socio-cultural side to the phenomenon. Lupton (2000) proposes that both consciously and subconsciously men attempt to reconstruct or redefine their work to create a more 'acceptable' masculinity. For example, Lupton (2000) illustrates how the male nurses described the decision-making aspects of their role rather than the caring or communication aspects. Overall these studies seem to suggest men experience conflict through negative gender and sexuality stereotyping when working in women's professions.

However some research challenges the assumption that men are disadvantaged in the same way that women are in other occupations. For example Williams (1992) suggests men actually experience hidden advantages in women's professions. From her qualitative study of 76 men in a variety of professions from social work, primary school teaching, nursing and social work, she found that men recognised that they enjoyed comparatively rapid career progression, their contributions were celebrated rather than dismissed and they

experienced significantly more support from the other minority men in the profession than their women colleagues did (Williams, 1992). She uses a “glass escalator” metaphor to describe this phenomenon, which is in contrast to the “glass ceiling” that women experience in the male dominated professions. In a more recent review, Brown (2009) suggests that the discourse about men and masculinity and their struggles as a minority in nursing, infantilises men. He goes further to state that these discourses conveniently ignore the ways in which men operate as a group, which continues to give them significant power within nursing. Therefore the literature provides conflicting views about what happens when men enter a women’s profession. It is unknown how gender functions in the physiotherapy profession or the advantages or disadvantages perceived by students of being male or female.

An interesting observation about these studies is the absence of physiotherapy participants, whilst a range of other professions is represented. For instance, primary school teachers, hairdressers, flight attendants, librarians, nurses, occupational therapists and speech and language therapists are more commonly included in studies examining women’s professions (Litosseliti and Leadbeater, 2013; Bagilhole and Cross, 2006; Simpson, 2005; Simpson, 2004; Lupton, 2000; Williams, 1992; Lukken, 1987). The absence of physiotherapists suggests to me that in the minds of researchers, physiotherapy may not be considered a typical ‘women’s profession’. This point reflects the gender ambiguity of the public image of physiotherapy that I discussed in Chapter 1. Overall the literature within and outside physiotherapy practice provides a complex gender landscape. The evidence suggests that physiotherapy is not gender neutral, yet it is not clear whether it is perceived as a women’s profession or not. Moreover, it is uncertain whether gender differences bring about advantages or disadvantages for men or women within the profession and whether there is a need to challenge gender inequalities. This research project aims to critically explore how students negotiate this gendered landscape in physiotherapy.

2.6 Physiotherapy Education

In this section I review the literature in the field of physiotherapy education. In particular I focus on research that overtly identifies gender differences in an education context as well as identifying current policy or research where the implications for gender may be more covert.

2.6.1 Policy and Curriculum influences

To recap, the number of physiotherapy students rose sharply between 2000 and 2006 in response to government targets aimed at workforce planning in the NHS (Great Britain. Department of Health, 2000). This has forced HEIs to develop more flexible models of clinical placement organisation and assessment (Lekkas *et al*, 2007; Baldry Currens, 2003; Moore *et al*, 2003).

This change has also corresponded with greater requirements on practitioners to demonstrate that they continue to meet standards of practice as stipulated by the registering body, the Health and Care Professions Council (2007).

Therefore HEIs have increasingly abandoned clinical examinations and adopted reflective assessments to promote continuing professional development. This curriculum and assessment change may have led to an unintentional gender bias. Studies have indicated that female students have greater exam anxiety (Martin, 1997), but have a preference for, and outperform male students in course work assignments (Francis *et al*, 2003; Francis, 2000; Elwood, 1999). Indeed similar gender differences have been noted in physiotherapy student performance in self-rated learning profiles (Kell, 2006) and in clinical and reflective components of assessment (Hammond, 2009).

Other government reviews posit a greater need to provide person-centred care closer to home (Great Britain. Department of Health, 2006), and for greater quality and efficiency measures (Great Britain. Department of Health, 2008). These have significantly influenced decisions about curriculum, particularly in preparing students to work in smaller interdisciplinary practices in primary care rather than traditionally large departments in the acute sector. Similarly, as previously mentioned, there has been a greater emphasis on interprofessional curriculum that fosters collaboration with patients and colleagues (Barr and Ross, 2006). This demands a relatively radical move from profession-centric

practices and involves substantial blurring of traditional professional boundaries. Knowledge and skills that have been traditionally professionally guarded are becoming increasingly shared and generic. The impact of these changes on constructions of gendered identities in the health professions, and specifically physiotherapy, is not known and thus forms the purpose of this research.

Whilst these are promising ideals, targets and business models are prioritised and services are commissioned through economic rationing (Strathern, 2000). Since 2008, health professional education commissioning in the UK has led to enhanced contract performance management and competitive tender processes (Great Britain. Department of Health, 2009). In my opinion the language of these documents and processes places students as 'consumers' and the 'product' or the 'outcome' of physiotherapy education, rather than as 'learners'. As John Quicke (1998, p.329) questions:

Is the new professional identity established by market processes an appropriate one for addressing the dilemmas faced by individuals and society in the age of reflexive modernity?

These issues reinforce the necessity to raise questions about how students construct professional identities in contemporary practice.

2.6.2 Applicant and student aspirations – gender differences

Physiotherapy in the last three decades has been a popular choice for both young people and mature learners; therefore recruitment issues have not driven research. Instead educators have had the fortunate task - although difficult in other ways - of selecting candidates. As such, research in this field has often been retrospective (e.g. students' reflections on reasons for career choice) or limited to applicant survey analyses. The findings of these surveys and retrospective analyses indicate that the female physiotherapy applicants and students more commonly claimed they wanted to do something for society by helping and caring for people (Greenwood and Bithell, 2003; Rozier *et al*, 2001; Öhman, Stenlund and Dahlgren, 2001; Davies, 1990). By contrast the male physiotherapy applicants or students in these studies were more likely to have had experience as patients, particularly through an interest in sport or physical

activity. These findings reflect the increased media attention of physiotherapy in sport as previously discussed. Male physiotherapists still remain the dominant and seductive image as providers of pitch-side therapy and possibly provide ambiguous gendered views of the profession to applicants.

The career aspirations in student-based research are similar to the findings of the registered physiotherapists previously discussed. For example, it has been found that male students tend to want to work in sports (Öhman, Stenlund and Dahlgren, 2001) or in private practice (Öhman, Soloman and Finch, 2002; Öhman, Stenlund and Dahlgren, 2001; Davies, 1990). Furthermore men have been shown to have a preference for working autonomously or for being self-employed (Greenwood and Bithell, 2004; Davies, 1990). However the mature male students in one study were less driven by prestige, and considered physiotherapy for job security and for a sense of achievement (Greenwood and Bithell, 2004). Indeed Reay *et al.* (2002) found that mature men on Access to Higher Education courses were just as likely as their female colleagues to consider the intrinsic value of education. Although not based in physiotherapy, Reay *et al.* suggest that it should not be assumed that men tend to only focus on the outcome or goals of education. The findings of research on career aspiration also demonstrate differences based on national context. For example, a study of Canadian physiotherapy students found women equally aspired to work in private practice and to be self-employed (Öhman, Soloman and Finch, 2002). Overall it appears that students commence physiotherapy education with specific gendered aspirations. However, there is limited understanding of how these aspirations are moulded or shaped as they continue through their physiotherapy education. For instance, do these views become further entrenched in gender stereotypes or do they become more nuanced? This research project aims to examine whether aspirations are gendered and how students negotiate them as they construct physiotherapy identities.

2.6.3 Professional socialisation

Research on professional socialisation in physiotherapy education has been relatively extensive. Professional socialisation can be described as the process

whereby an individual learns not only the formal knowledge and skills of a profession but also the shared values and beliefs which are accepted within the group (Vollmer and Mills, 1966). Such models of socialisation hypothesise that professionals learn to internalise or assimilate these beliefs and norms into their own identities and practices (Costello, 2005; Richardson, 1999a). Preliminary work in this field indicates that student perceptions of physiotherapy or themselves as potential physiotherapists do not alter significantly during their education (Corb *et al*, 1987; Jacobsen, 1980). Although this may suggest students have rather rigid identities, Richardson (1997) found that the students in her study struggled to identify their unique role in physiotherapy, particularly in relation to the multidisciplinary team. However, most of the empirical research, to date, has used questionnaires where there was limited scope for exploring subtle and dynamic changes in perceptions, attitudes or how students develop professionally.

In the past decade, research on professional socialisation in physiotherapy education has been led primarily by Barbara Richardson and Ingrid Lindquist (Lindquist, Engardt and Richardson, 2010; Lindquist *et al*, 2006a; Lindquist *et al*, 2006b; Lindquist, Engardt and Richardson, 2004; Richardson *et al*, 2002). Collectively these studies provide some understanding of student expectations and valued experiences in physiotherapy education. In addition Webb (2009; 2004) identifies how students make sense of their 'selves' by the different positions they adopt within clinical practice. Although these studies do not examine gender, they provide significant insight into identities that will be discussed in greater depth in the following chapter.

2.7 Summary

From the critical review of the literature presented I have demonstrated that the physiotherapy profession is in a state of flux, troubled by a lack of epistemological uniqueness and by the maintenance of subordination to medicine. I have also demonstrated that historically physiotherapy is a 'women's profession', yet it has a unique gendered position in relation to its other allied health cousins. Finally, although the literature is limited there is some evidence to show that men and women students and physiotherapists

have different conceptions of themselves as professionals. This research could therefore make a substantial contribution to discussions both on physiotherapy education in general, and on curriculum planning in physiotherapy programmes specifically. The reviewed literature also provides the backdrop to Chapter 3, which identifies the theoretical and epistemological basis for researching identity and gender.

Chapter 3 Gender and Identities

3.1 Introduction

This chapter will review the literature to critically explore the notion of 'identity' and explain how identities are conceptualised from different epistemological positions. Here I will justify that theoretical perspectives that enable a socially situated production of 'identity' are crucial to this thesis. Specifically how these perspectives contribute to an investigation focused on physiotherapy students' constructions of professional identity will be evaluated. I particularly draw on the work of poststructuralist social thinkers such as Michel Foucault and Judith Butler to consider identities as 'performative' and explain how this conceptualisation is useful for understanding the negotiations of identity, including gender, within the complexities of professional practice. By doing this I will locate the work on identity in this thesis within a theoretical perspective of social constructionism. Finally, I critically review research conducted on professional and gender identity which has relevance to physiotherapy education.

3.2 Identity – why is it important?

Questions of identity are increasingly contested in the public domain. According to Muir and Wetherell (2010), the growing interest in identity as a researchable phenomenon is a result of the significant changes in the way we live and work. For example, we live in a world that is more mobile so that individuals are exposed to a wider range of cultural experiences. Therefore traditional allegiances based around neighbourhood, work, class and nation are weakened (Muir and Wetherell, 2010, p.4). In my reading of the historical emergence of physiotherapy I have shown how traditional professional work boundaries are challenged and renegotiated by recent policy that ostensibly aims to provide collaborative person-centred care. Similarly the changing diversity of the student population destabilises the established physiotherapy 'identity' of white, middle-class women.

Furthermore, the dominance of neo-liberal policy and economic labour markets in the UK and Western countries has led to what some social theorists have termed 'individualisation' (Beck, 1992). Muir and Wetherell (2010) argue that this allows greater freedom but also greater risk and uncertainty due to the lack of trust and common goals. As previously mentioned, healthcare workforce planning (Great Britain. Department of Health, 2000) led to an increase in physiotherapy student numbers in the mid 2000s, which has not been replicated by an increase in physiotherapy positions in the NHS. Therefore for students there is greater risk and uncertainty of gaining employment. Faced with competition, students are forced to focus on attributes of their identity that were previously deemed personal or private. In other words, physiotherapy students must develop their 'unique selling point' so that they can stand out on the interview circuit. Questions of identity are therefore salient in physiotherapy education, which is a preparation for the world of work.

3.3 Identification and identity – a clarification of terms

One way to consider identities is how an individual might identify others. Although not always consciously, human beings engaged in social interaction continuously attempt to evaluate others around them in order to make their lives understandable (Muir and Wetherell, 2010). To do this, individuals employ social definitions such as race, ethnicity, faith, gender or profession to attempt to categorise or label people (Costello, 2005). For example, people who meet me might identify me as an effeminate, middle-aged British academic. However others may identify me entirely differently in different contexts. My mother identifies me as her smart son who is silly because he does not come home to Australia. However the student in my office may perceive me as the threatening lecturer and gatekeeper to his career. Furthermore this may be far from how I choose to identify myself: as Australian, gay, young for my age, caring physiotherapy tutor and doctoral student. These examples demonstrate dichotomies (Australian / British, gay / straight, tutor / student) in the formal systems of identification, and inadequately explain identities as experienced.

In addition, labels or categorisations suggest that identities are almost tangible structures that one is born with or can almost be collected and internalised,

either consciously or unconsciously, into identity (Costello, 2005).

Epistemologically, these arguments are based on the belief that each of us has a fundamental core, or a true sense of self. Applying these arguments to my own experience, the fact that I was born in Australia to parents who were also born in Australia may indicate my identity as an Australian. I also spent all my childhood years in Australia and this may provide another rationale for identification as an Australian. However, as I have resided in the UK for 20 years and my accent has faded, it may be argued that I have internalised a greater British or English identity. But the problem with such identification is the quest to find a person's 'true' identity, and in my case is this Australian, British or some amalgamation such as Australian-British from a nationality perspective? Similar issues might arise in the quest to find a person's 'true' sexuality, gender or class identity to name a few. Therefore 'identity' is more complex than identification alone.

This complexity also explains why a significant number of sociologists have commented on identity, including but not limited to the following: Wetherell and Mohanty (2010), Butler (1999), van Langehove and Harré (1999), Goffman (1959) and Mead (1934). From these perspectives, identity is conceptualised as a process rather than a possession, and identity is always about oneself in relation to the world. However, they occupy different epistemological positions and, as Smith and Sparkes (2008) suggest, these may be considered on a continuum. At one end of this continuum identities are considered from a psychosocial perspective where individual agency and the internal 'voice' are predominant, while at the other end the social and the cultural are emphasised. These will be critically explored in the following section.

3.4 *Psychological perspectives*

There are several theoretical frameworks that have a greater psychological emphasis. I will briefly discuss some of the key aspects of psychoanalytical and Symbolic Interactionism perspectives and their derivatives and argue why they have limitations for conceptualisations of identity in this thesis.

Most psychoanalytical perspectives on identity can be traced to classic Freudian formulations. In a Freudian sense, gender and sexuality are two major foundational identities and thus receive significant attention in his theories. According to Freudian tradition, identity is a developmental achievement of the ego and “understood as a long-lasting sense of self as something continuous” (Frosh, 2010, p.31). From a psychoanalytical perspective there is an emphasis on the internal mental being and how ‘unconscious’ repressed memories inevitably shape our identities from childhood to adult life (Segal, 1997). It is through an inner dialogue that individuals make sense of internal and external forces in a developmental process over time. Therefore identity is thought of not as fixed but as a thing in process, where psychological and individualistic components are key.

For psychoanalysts, the social arena provides the setting for individual identity to be formed (Frosh, 2010). As such, external stimuli within the social arena are processed by the perceptual systems and internalized as part of the developing identity in the mind. In this paradigm it is clear that identity is largely considered as conceived in the minds of individuals (Frosh 2010). In a sense, there is a danger when using psychoanalytical perspectives that ‘identity’ is interpreted as ‘essentialist’ or part of one’s destiny. Similarly there is a strong sense of identity as self-fashioning and agentic (Segal, 1997). Such a conceptualisation presents limitations for examining physiotherapy students’ identities. For example, such approaches fuel essentialist arguments such as ‘men will be men’ or ‘that’s just women’s talk’ and beliefs that gender is part of one’s destiny or a trait one is born with. Another risk is that taking on a physiotherapy identity is perceived as an individual project, and unsuccessful socialisation is attributed to a lack of appropriate self-fashioning or conforming on behalf of the individual. To shift away from conceptualising identity as purely a ‘project of self’ alternative perspectives are needed.

‘Symbolic interactionism’ is a theoretical perspective that includes conceptualisations of identity. It stems from the work of G.H. Mead (1934), and followers Herbert Blumer (1969) and Erving Goffman (1959) and has been a significant influence in theories of socialisation and identity. It differs from

purely psychoanalytical perspectives in that more emphasis is placed on the social interaction that takes place between individuals and how they act toward things based on the meanings they have for them (Blumer, 1969). These meanings are based on how individuals define situations or experiences using symbols such as language (Charon, 2003). Not unlike psychoanalytical perspectives, symbolic interactionists see identities as a process of ongoing development, and not as static or fixed (Charon 2003, p. 149). The individual is presented in a process of identity construction which is shaped and performed through social interaction (Charon, 2003). Additionally, multiple identities are acknowledged and, depending on the social situation, some may be emphasised more by the individual than others.

According to symbolic interactionism, identity is conceptualised as internalised within the mind of the individual and the 'self' is given prominent place. In a discussion on contrasting perspectives of identities, Smith and Sparkes point out from the symbolic interactionism perspective:

it is assumed that personal experience can be 'got at' and there is a reality (e.g. self) out there, external to the researcher, existing prior to her or his interest in, or knowledge of it, awaiting discovery through appropriate use of techniques and foundation criteria (Smith and Sparkes, 2008, p.10).

This relates to Mead's conceptualisations of 'I' as the more individual and intuitive aspects of self, and 'me' the generalised internalised standards of self (Mead, 1934). According to Mead identity is individually constructed through an inner dialogue between the 'I' and 'me'. Therefore despite the relational emphasis of symbolic interactionism, interaction is examined primarily from an individual and psychological (micro) level and has less to say about the overall social (macro) context (Smith and Sparkes, 2008). For the purposes of this research, symbolic interactionism would enable a greater understanding of how students make sense of interaction, but would not necessarily examine the social factors such as environment, peers, educators and patients. These social factors would be lost to the research and I have already indicated that the students' social settings and contexts beyond the site of education have influence on their sense(s) of self, as indeed they do for me.

A further caveat of symbolic interactionism is that individuals are considered to be active agents who are consciously aware of and in control of their identity at all times. Of course this may be possible in some situations, but there are limitations when considering unconscious performance and how others might interpret behaviour. Goffman (1959, p.60) wrote of “unmeant gestures” whereby unconscious performance is treated as a ‘slip’ in the performance. The problem is that these ‘slips’ are considered a fault of the individual rather than the product of a complex interplay of the individual within the context and may be influenced by the environment or other actors present. For instance, if someone stutters in a discussion this is considered a fault in the performance of the individual rather than considering the complexities of the environment or how other individuals may have contributed to the individual’s nervousness. By using this perspective in this research, interpretations of physiotherapy student actions and behaviours would emphasise that they have almost complete control in constructions of identity. In doing so, it may not stress the significant roles of peers, family members or educators and the complex web of interactions between them.

Crucially for this project, symbolic interactionism is limited in terms of how power relations may be played out in social situations. In particular, symbolic interactionist literature locates actors as gender neutral and largely ignores the complexities of gender relations (Öhman, 2001). Although a valuable theoretical framework for different contexts and research purposes, there would be limitations for analysing gender identities in this research. In order to move towards a conceptualisation of ‘identity’ that includes a greater emphasis on the socio-cultural nature of education and the significance of power in relationships in this context it is necessary to explore other theoretical perspectives.

3.5 Social constructionism

More recently the works of Michel Foucault, together with feminist critiques of psychoanalytical and psychological perspectives, have significantly influenced thinking on identity as being socially constructed. I now evaluate the premises of social constructionism before critically exploring the contribution that post-

structural writers such as Foucault and, more recently, Judith Butler have made to discussions on identity, and justify why this is an appropriate theoretical framework for this research project.

Social constructionism is a perspective that has arisen out of critique of the premises of modernity. As such, social constructionists challenge the implicit values of objectivity and the shortcomings of reason, and argue that all scientific knowledge is communal or socially constructed (Gergen, 2009). Any discussion on social constructionism cannot be complete without outlining the figurative influence of Foucault. During the 1960s and 1970s his writings aimed to expose the relationship between knowledge and power in a number of different social practices (Segal, 1997; Foucault, 1980). His three volumes on sexuality perhaps have the most profound influence on notions of identity as socially constructed. The premises of social constructionism will now be examined, before returning to Foucault's impact on gender and sexual identity.

From the standpoint of social construction all forms of knowledge, including what we take for granted such as everyday 'common sense' is derived from and maintained in social interactions (Berger and Luckmann, 1966). According to Gergen (2009, p.2) "what we take to be the world depends on how we approach it and how we approach it depends on social relationships". The social constructionist is primarily interested in relationships and how the world becomes meaningful through the process of co-action (Gergen 2009, p.97). For instance when people interact with others, they do so with the understanding that their perceptions of reality are related. As they act upon this understanding through the collaborative process of communication, they reinforce their shared knowledge of reality. Therefore meaning is socially constructed between individuals and cannot be achieved alone. A fundamental difference of social constructionism to other standpoints is that meaning is not internalised and psychological, but is constructed within any given social arena as a result of relationships. In light of previous discussions in this chapter, this perspective provides a more nuanced stance for researching identities in the context of my role as a physiotherapy educator, largely because it enables a focus on social as well as individual factors.

3.5.1 Social constructionism and identity

Similar to how knowledge and meaning is constructed socially it follows that identities are considered as constructed through relationships and can only exist in relation to a social world. According to Harré and van Langenhove (1999a) identities are created through conversations by a constant to-ing and fro-ing of comparisons and differences in relation to what we take to be correct/incorrect or proper/improper in some moral order. They also suggest that by participating in discursive practices such as conversations and story-telling we are creating identities. Although social constructionists claim that meaning is not held inside the heads of individuals, they do not deny that cognitive processes occur. They claim that thinking itself does not create meaning, it is only when thoughts are shared through relationships that they become meaningful (Burr, 2003).

The interplay between the personal and public aspects of self highlights two kinds of 'identity' that may be attributed to people from a social constructionism perspective. Firstly, personal identity is considered in line with one's personal agency and is the continuity of one's point of view over time and space in the social world (Harré and van Langenhove, 1999a). Then there are a number of selves that are presented publicly through interpersonal interactions and these are referred to as 'personae' or social identities. There are similarities to Mead's concepts of 'I' and 'me' and Goffman's concept of self as presented to others. Some constructionists suggest that the use of first person indexicals (I, myself, my, mine) confirms the existence of a personal identity and that it is an organisational feature of one's mentality (Harré and van Langenhove, 1999a). This is not to state that one's (sense of) personal identity is static, indeed it is vulnerable and subject to change but is historically continuous (Gergen, 2009, p.69). I will return to personal and social identities later.

To summarise, social constructionism provides a framework to understand identity that recognises that individuals can be capable of exercising choice but also that their choices will be influenced considerably during social discourse. It also establishes a theoretical grounding for this research, in that it enables a

greater conceptualisation of student identity as co-constructed between individuals and through discourse with patients, colleagues, tutors and so on. However in relation to gender and sexuality, contemporary feminist critique and Foucauldian theory further challenge the concept of a personal identity that can be 'got at' and articulate identity as 'performative'. Hence it is necessary to critically explore how poststructuralist thinking on gender and sexuality has resonance for this study in both professional and social settings.

3.6 Gender and sexual identity

According to a significant number of commentators, gender may be referred to as the ideologies of femininity and masculinity that are socially and culturally constructed, and are the shared assumptions and beliefs about how women and men should think and act (Coates, 2004; Butler, 1999; Sedgwick, 1990). However, masculinity and femininity are contested terms and traditional conceptualisations do not represent most men and women (Connell, 2005). Some prefer to view these stereotypical conceptualisations at the extremes of a continuum, and believe that these qualities describe the dominant behaviours of men / women in particular social contexts (Paechter, 2006). For example how men may behave in social gatherings in pubs or bars may represent typical dominant masculinities. Conversely, stereotypical femininities may not necessarily be seen as dominant characteristics but represent hyper-femininities (Paechter, 2006; Connell, 2005).

In contrast to gender, ideologies of sexuality have had a relatively short history, with the first appearance of the term in the English Oxford Dictionary in 1800 (Segal, 1997). Sedgwick (1990) points out that sexuality is often presented as binaries; such as natural/unnatural, secrecy/disclosure, wholeness/decadence, hetero/homosexual. Such dichotomised views may not be helpful as they propose a default position and thereby indicate either inclusion or exclusion, disallowing transition or difference. Modern interpretations and Queer theories promote inclusiveness and depict sexuality, like gender, on a continuum or spectrum. *Queer* can be described as:

an encompassing term to refer to sexual minorities or lesbian, gay, transsexual and transgender (LGBT) persons who are part of

a broad spectrum of sex, sexual or gender differences (Grace, 2006, p.826).

Therefore, by definition, both sexuality and gender identity encompass more than binary divisions. In order to have a greater understanding of the contemporary gender and sexuality concepts that will be used within this thesis it is important to analyse some of the salient historical perspectives that shaped them.

3.6.1 Gender politics, Foucault and identity

Collective feminist movements of the 1970's brought debates about 'identity' into the public and political spheres (Chinn, 2010). Discussions about identity were no longer confined to academia and gay, lesbian, transgender and intersex people insisted on "a distinct identity that combined valorization of homosexual desire and claims to unalterable identity" (Chinn, 2010, p.104). The 'identity politics' movements refused to be confined to traditional binaries and heterosexual norms. These notions of representing gender and sexuality on a continuum were fuelled by the popular claims made by French poststructuralist philosophy and, in particular, Michel Foucault.

For Foucault gender and sexuality were neither biologically determined nor a set of behavioural sexual practices, but rather socially constructed through discourse that could not escape historical connections (Foucault, 1979). In *The History of Sexuality - Volume 1* Foucault carefully outlined the historical development of sexuality to show how it came to be conceived in the Western world (Foucault, 1979). From a biological perspective, until the 18th century it was thought that male and female genitals were the same, but that female organs were inverted internally (Segal, 1997). Foucault demonstrated how scientific discovery led to greater knowledge of sex organ anatomy during the 19th century, and prompted a radical shift in authority on matters of sexuality from the church to science (Foucault, 1979). With this shift, he persuasively demonstrated how gender and sexuality were intimately interconnected with social systems and structures, and how these became more medicalised, pathologised and conservative over time.

A central notion in Foucault's work is that systems of power in the West such as the state, schools and family dictate how we must describe and experience our bodies. He highlights that as individuals we are constrained by power because power:

is everywhere, not because it embraces everything, but because it comes from everywhere (Foucault, 1979, p.93).

Although this does not necessarily mean that power is used purposefully for the domination of one social group over another, systems of power do serve as a form of social regulation. Foucault emphasised that we cannot define ourselves in any other way than by using discourses available through various social systems, and this is reduced to identity binaries such as male / female and heterosexual 'normal' / 'perverse' (Foucault, 1979). In other words, people who do not conform to socially determined heterosexual norms are not considered 'real men' or 'real women' (Chinn, 2010). Therefore Foucault offers a way of thinking about gender and sexuality that is not reduced to binaries.

Using Foucauldian ideas in this research will enable a critical exploration of student constructions of gender and sexual identity that are necessarily biographical and historically situated. That is, the discourses that are available to students in their constructions of gender will have historical connections that are both shared and individual. Also this will be fore-grounded within the social systems that they operate, such as the university and clinical practice. Other social commentators influenced by Foucault, in particular Judith Butler, have further elaborated on his ideas of gender identity as socially constructed, and I will now review the relevant arguments of her oeuvre.

3.6.2 Judith Butler and gender

With the release of her book *Gender Trouble* in 1990, Judith Butler provoked new debate in the social sciences about gender. She questioned where gender came from and how much choice we have over our gender. In doing so she laid out several key arguments based on Foucauldian poststructuralist thinking. Firstly, Butler challenged the assumption that biological sex is the precursor or the lowest common denominator that shapes gender. She argues that "gender is neither the causal result of sex, nor as seemingly fixed as sex" (Butler, 1999,

p.8). In her interrogation of Butler, Chinn (2010) explains that the very illusion of a gender core is challenged, and that there is no hidden gender, or truth to be found out. In response to those that claim they feel gender is an intrinsic part of them, Butler states that this is understandable because:

gender is the repeated stylization of the body, a repeated set of acts within a highly rigid regulatory frame that congeal over time to produce the appearance of substance, a natural sort of being (Butler, 1999, p.45).

Here she suggests people learn to perform their genders again and again, so much so that they embody the norm of gender itself. She also illustrates how difficult it is for those who do not fit these 'norms' of gender.

Secondly, Butler pushed the Foucauldian concept that systems of power regulate the notion of sex as a normative idea. She claims that for gender to seem inevitable for social order, then sex must appear obvious or self-evident.

Butler questioned:

what is "sex" anyway? Is it natural, anatomical, chromosomal or hormonal, and how is a feminist critic to assess scientific discourses which purport to establish such "facts" for us? (Butler, 1999, p.9).

Butler contested scientific 'facts' by demonstrating ambiguities between them and how not all sexed bodies 'fit' (Butler, 1993). She argues that it is social systems that dominate and force us into gender roles even before birth. A newborn baby is an 'it' (a non-person) until the declaration 'it's a girl' or 'it's a boy', but not something else or both. Therefore gender identity is neither optional nor natural, and heterosexual binaries of man/ woman, masculinity/femininity are maintained within complex social systems (Butler, 1999). Butler is not unique in deconstructing gender in this way. Connell (2005) and Mac an Ghail (1994) offer similar theories with particular interest in masculinities. However, where Butler differs is in her notion of 'performativity', which is based on these foundations of gender, and the following section will illustrate how this is relevant in my research.

3.6.3 Identity as performative

These premises allow Judith Butler to posit that gender is an expression, an output or a kind of 'performativity':

gender proves to be performative – that is, constituting the identity it is purported to be. In this sense, gender is always a doing (Butler, 1999, p.34).

Therefore gender is not a single act or collection of performances, nor is it formed or shaped like an object: gender is an active and ongoing process of 'doing' (Clegg, 2008). Gender is in constant flux, negotiated and challenged in different situations, yet always appearing to be stable. However, while this concept may seem to provide a greater fluidity in gender this is not to say that there is greater choice. Butler's ideas contrast with the dramaturgical connotations of Goffman's 'performance' that implies a kind of 'playacting' with significant agency. She argues that "individual agency is bound up with social critique and social transformation" and claims:

One only determines "one's own" sense of gender to the extent that social norms exist that support and enable that act of claiming gender for oneself (Butler, 2004, p.7).

Therefore according to Butler, gender is always 'done' under the influence of the complexity of social regulatory practices.

For Butler, gender identity is an 'expression' of gender rather than speech, gestures and behaviour being the 'result' of gender (Butler, 1999). Butler utilised Althusser's notion of performative speech, where much of language and the words we say have actions. Taking the previous example, when we say "it's a boy..." we are 'doing' things with words which force the recipient into a subject position and demand a response (Chinn, 2010). As the baby is identified as 'boy', the recipient is gendered through the speech act. It follows that the subsequent talk and behaviour of the individual will be either accepted within the norms of gender or not. Similarly, Butler (1999) argues that gender is an embodied act, and gender identity is expressed through the body, and is not restricted to specific anatomical shaped bodies. It is only through discursive social practices that bodies are understood in gendered terms, such as descriptions of feminine / masculine features. This clarification necessitates that this research project should investigate how gender is expressed in the discursive acts of physiotherapy students in practice and social settings.

From a performative perspective, gender identity is based on expressive acts that are constantly (re)negotiated as an individual attempts to position themselves while also being positioned by others. This may also be described as a process of 'subjectification', through which one becomes a subject (Butler, 1993). As Davies elaborates:

the formation of a subject depends on powers external to itself. The subject might resist and agonise over those very powers that dominate and subject it, and at the same time, it also depends on them for its existence (Davies, 2006, p.426).

Therefore the process of subjectification occurs through discourse where there is a simultaneous process of positioning oneself and being positioned by others (Harré and Moghaddam, 2003; Davies and Harré, 1999; Harré and van Langenhove, 1999a). In summary, the process of gender identity is socially constructed through discourse and embodied acts and is not immune to external social powers.

Some commentators express caution about adopting poststructural theoretical perspectives in feminist research. Clegg (2006, p.317) argues that purist performativity approaches can lead to an "over-socialised personhood" that denies individual agency. She draws significantly on critical realism and the work of Archer (2000) to assert "an embodied sense of self continuous through the history of a particular life" (Clegg, 2006, p.318). These criticisms help me to recognise that in working with students and analysing their talk, perspectives on agency and social forces need to be held in balance.

Overall in the context of this research project, the very act of 'talking and doing physiotherapy' could be conceived as an expression of gender identity. Utilising a conceptualisation of identity as performative will enable an analysis of student talk of experiences of both 'doing physiotherapy' and 'being a physiotherapist' and how they are constructed and positioned within gender discourses. In particular I am interested in unpicking students' utilisations of man/woman, masculine/feminine discourses in constructions of their own professional development, and in how they position themselves and are positioned by significant others. Furthermore the research will seek to analyse

how physiotherapy students embody gender identities. This is especially important in physiotherapy, as the physicality of the body is both the subject of physiotherapy and the apparatus with which physiotherapy is rehearsed and demonstrated through movement and exercise. Not restricted to physiotherapy, it is also important to take a broader view and locate this within what Parker describes as “the influential powers of consumer culture and the bodily images which it mediates” (Parker, 1996, p.135). These readings of the literature provide multiple lenses with which to investigate how students describe gendered bodily characteristics or physical acts in constructions of identity.

3.7 Identity research in professional contexts

The context in which this research takes place is the professional practice of physiotherapy. In Chapter 2, I critically discussed studies that focused on the implications for men in women’s professions. Although these studies do not focus specifically on professional or gender identity per se, they provide a background of how individuals work within systems of gender binaries. The focus here, however, is on research that has specifically examined ‘identities’ to clarify how they are conceptualised and discussed. I will present some of the findings and the methodological implications of this research here.

3.7.1 Professional identity research

In working with students studying social work and law, Costello (2005) draws on Bourdieu’s concept of ‘habitus’ as a basis for identity. In her analysis Costello discusses identities as if they are something to acquire and develop in relation to the individual ‘habitus’. She conceptualises professional identity as a continuous and cumulative process of development, and traditional professional identities, in this case law or social work, are almost treated as fixed or static ways of being. Costello’s analysis categorises students as either consonant or dissonant with professional identity. Although Costello raises useful questions for educators and for professional practice, the onus for change falls clearly on the students who need to develop a consonant ‘habitus’. It is my opinion that the solutions presented do not challenge the professional and social contexts enough. In the current project, using this theoretical approach might lead to interpretations that determining professional and gender identity is the sole quest of the individual. Such an approach might also fail to critically analyse the

social systems of physiotherapy clinical practice and the university. Therefore it is necessary to review alternative approaches to practice based research.

In the educational literature there is a distinct genre of research focused on teachers' professional identity. Within this body of work, Connelly and Clandinin (1999) utilise a narrative life history approach to reaffirm the value of teacher knowledge. In an edited collection of narratives entitled *Shaping a Professional Identity*, the authors aim to reach out to others to help them make sense of a changing world and greater uncertainty (ibid). Indeed these narratives are persuasive and reflect on teacher knowledge and identity, but systems of power remain unproblematised. This is left to the reader to interpret and untangle. For example, in 'Nancy's Conflicting Story' (Quan, Phillon and He, 1999) the impact of political change and funding cuts are described, but are left unexplained, and the reader is left to interpret how Nancy is positioned by this. For instance, did Nancy feel undervalued and resigned to conform, or combative enough to challenge the system? These positionings may provide very different readings of Nancy's story. Other life history research on teachers' life histories such as Goodson (2008; 2000) also provides insight into how individuals make sense of their reality. Although these studies are useful to understandings of professional knowledge and identity, they do not necessarily explore or challenge how systems of power also contribute to shaping professional identities.

In other situations research on teachers' 'professional' identity is often the subtext of studies on gender in the school or academic environment. For instance, Sue Smedley interviewed male student teachers and asked them to reflect on their professional identities as men (Smedley, 2006; Smedley and Pepperell, 2000). In an analysis of one man's story she illustrates how 'Terry' learns to negotiate his professional identity by asserting social positionings, such as 'family man', 'heterosexual', and refuting 'disgusting accusations' of imposed social positionings (Smedley, 2007). Similarly other studies draw attention to male teachers' access to power positions in constructions of professional identity (Francis, 2008). Investigating gendered academic identities, Clegg (2008) explores how professional identity is performed and

enacted within available institutional discourses. Her work not only demonstrates how identity is performed, but also how it might be done differently to challenge dominant discourses. Each of these studies illustrates that professional identity cannot be divorced from other identities, in particular gender, and that they are regulated within social discourses.

3.7.2 Gender identity research in educational contexts

Other identity research in the field of education has a specific focus on gender. Indicating the impact of Butler's philosophies in the field of education, the *British Journal of Sociology of Education* released a special edition in 2006 dedicated to research reflecting her ideas (for editorial see David *et al*, 2006). The following are just a sample of the work in this field which has applied the ideas of Butler, Foucault and other feminist poststructural theorists (Burke, 2011; Burke, 2009; Burke, 2007; Burke, 2007; Davies and Saltmarsh, 2007; Smedley, 2007; Davies, 2006; Nayak and Kehily, 2006; Youdell, 2006; Clegg, 2001; Skeggs, 1991). These contributions serve to locate performative constructions of gender identity within the social context of professional practice and provide a theoretical basis for this research. I will now critically review some of the key methodological implications and findings that are helpful in describing and analysing how gendered individuals work within systems of power in education.

In an ethnographic study exploring female students identities in further education, Bev Skeggs (1991, p.128) illustrates how masculinity is prioritised and enables teachers, predominately male, to regulate female student behaviour. Sue Clegg (2001) examined the discourses prevalent in education, computing and gender. She concludes that boys are "primed with the idea that computers, like cars and other forms of hardware, constitute a naturalised part of male heterosexuality" (Clegg, 2001, p. 314). She argues that these discourses are powerful in schools and universities and operate to reinforce girls' marginal position. Nayak and Kehily (2006) use Butler's ideas in their analysis of teenagers' constructions of gender identity within the domains of schooling. They also argue that 'stylised' forms of gender identity were regulated within a school culture that asserted a heterosexual masculinity.

Some take their analysis further to critique neo-liberal discourses and the influences on the regulation of teaching practice. For example Davies and Saltmarsh (2007) demonstrate how gendered differences in literacy persist in school children's writing despite rhetoric that says it does not matter. In her research on men accessing higher education, Penny Jane Burke (2009; 2007) highlights that governmental agendas to 'widen participation' are contradictory. She demonstrates how the men in her study struggled to negotiate identities where they were positioned on the one hand as legitimate students, while on the other hand a threat to standards in higher education.

Research using an understanding of performative identity is not restricted to gender and sexuality. Burke justifies her preference for understanding identity as performative by arguing that it is always tied to social context and positioned in multiple ways such as by class and race (Burke, 2009 p.22). In analysing her observations of a "multicultural day" in one high school in Australia, Youdell (2006) stresses the importance of analysis of identities as performative in making sense of practices and effects of schooling in relation to racial inequalities. These studies raise points of contention about gender in the context of systems and structures at all levels of education and suggest that similar systems of power also operate in the context of physiotherapy education, which has its own discrete literature.

3.7.3 Identity research in physiotherapy education

As indicated in the previous chapter, there is some research on professional identities in physiotherapy education, but limited research on gender identities. I focus on the former first. Richardson and Lindquist have led research using phenomenological methodologies to explore student experiences over time in both UK and Swedish institutions. In one of the studies Lindquist, Engardt and Richardson (2004) identified that students valued participation and observation in clinical experiences and learning with and from others. In a subsequent analysis, Lindquist et al. (2006b) investigated the ways in which students learned to become physiotherapists. Using thematic analysis, the researchers identified four main pathways of development including; reflecting on practice, communicating with others, performing skills and searching evidence. These

two studies indicate more about what types of experiences are valued by students but do not directly explore issues related to identity construction.

In a related project, Richardson et al. (2002) aimed to capture how students experienced the phenomenon of their physiotherapy professional identity. They interviewed students at the beginning of their physiotherapy education and were interested in identifying how 'new' physiotherapy students conceived their future professional role in order to establish a more purposeful curriculum that guides their professional world-view. From the analysis, students articulated their professional role within a continuum of four main perspectives: 'acting professionally', 'instructing', 'caring' and 'communicating' (Richardson *et al*, 2002). These contrasted with the findings of interviews with the same cohort of students close to graduation (Lindquist *et al*, 2006a). This latter analysis proposes three different professional identity types with different professional foci. The 'empowerer' identity is described as being patient-centred, enabling others, and their physiotherapy intervention is determined by the goal of the patient. This is contrasted with the 'treater' identity that is physiotherapist-focussed, and about solving problems and applying techniques to patients at an impairment level. Finally the 'educator' identity is characterised by focusing on teaching patients to achieve better health (Lindquist *et al*, 2006a). Overall these studies provisionally suggest that students have a variety of perceptions of the role of physiotherapy and that this may be different in early student life and approaching graduation.

The researchers later examined the longitudinal process of learning by conducting a metasynthesis of the data from the four studies previously discussed (Lindquist, Engardt and Richardson, 2010). This analysis identifies three main patterns of learning to become a physiotherapist, namely; 'learning to cure body structure', 'learning to educate about movement problems' and 'learning to manage people's health'. Again each of these represents different foci of learning and somewhat conflicting physiotherapy identities. These studies have important pedagogic implications. They encourage educators to recognise diversity in learners and to provide varied opportunities for guiding professional development. However despite the strengths of this body of

research, there remain a number of unanswered questions. Although this research team did not set out to examine how individual students developed over time, the fact that perceptions of role and identity were different from entry level to graduation indicate that they are dynamic and fluid. Therefore there may be unintended consequences of categorising specific physiotherapy 'types' as if they are static qualities. In order to provide a greater understanding of this dynamic process, it would be important to explore how students negotiate conceptualisations of identity through a variety of life and educational experiences over time, which is what I intend to do.

Perhaps research by Webb (2004) comes closest to answering some of these questions. Webb's research explores how physiotherapy students develop their professional identity through conversations with others. Through her analysis she does not attempt to categorise types, but she is interested in how students negotiate their professional selves, and she adopts a social constructivist theoretical position. From her findings she proposes a theoretical 'model of transformation' (Webb, Fawns and Harré, 2009). Using this framework she illustrates how professional identity is formed by negotiating the forced positioning of physiotherapy practice ('what is expected of me') and the individual's agency in creating a 'sense of self' ('this is what I think I/we can do here'). This research helps to illustrate how professional identity formation is a dynamic and complex process. However Webb's discursive analysis has a strong psychological emphasis, which as previously mentioned in this chapter, can locate the focus of attention, and thus the site of remedy, on the student rather than within social structures.

In these two main bodies of research on physiotherapy student and professional development, neither has explored how other identities, such as gender, contribute or compete within students' professional development. But could these works be reinterpreted through a gender lens? For instance Lindquist et al.'s (2006a) categories of 'treater', 'educator' and 'empowerer' are comparable to the gendered typologies described by Öhman and Hagg (2001) of 'treater', 'supervisor' and 'coach'. It may be argued that these terms are indeed gendered and reflect both expectations and preferences of men and

women in physiotherapy education. Equally they prompt specific questions about the relation between gender and notions of professional identity and development in this context. In addition these studies highlight the limitations of some methodologies for examining social systems and structures, and the vitality of incorporating such a strategy in my work.

There are only two known research studies that have specifically explored gender identities in physiotherapy education. Roberts and Smith (2002) carried out a small pilot study exploring the lived experiences of male undergraduate physiotherapy students from one university in the North of England. Katherine Heathcote (2010) similarly investigated male student identities both in university and during clinical placements. Both studies found that male students felt out of place in social contexts where conversations such as ‘weddings and babies’ were the norm, and both conclude that physiotherapy was a feminised profession. Heathcote also identified that male students recognised the need to develop a ‘male culture’ to support them in their professional development and adopted a range of strategies in order to negotiate the challenges and tensions they faced. For instance some students worked closely with other male students and engaged in masculine conversation and ‘blokish’ behaviour such as talking about and reading sports magazines (Heathcote, 2010). Some were happy to play the professional ‘game’ and adopt feminised behaviours such as caring attributes; while others felt that this conflicted too much with their gendered identity (ibid).

Heathcote’s research has many methodological parallels to my own. Heathcote used interview methods to explore the masculinities of developing students from a social constructionist perspective, a pattern I intend to follow but with some distinct differences. Heathcote takes a standpoint that physiotherapy is feminised, by deliberately asking “How much the student was aware of the predominantly feminine nature of the physiotherapy profession when they started the course?” (Heathcote, 2010, p.112). As I have previously argued, I recognise that there are gender ambiguities in the profession; therefore I do not assume that the nature of physiotherapy is predominantly feminine or masculine, and I wish to examine both male and female student identities.

Furthermore, Heathcote interviewed students in their third year. Due to the dynamic and changing nature of identity this study will begin by exploring identities earlier in students' education, and use methods to collect data over time.

Overall the research in professional contexts presented in this section establishes some of the crucial conceptual and methodological features that will be applied in my research. The literature review has also identified that there is a dearth of research on gender identities in physiotherapy, therefore this project will make a significant addition to understandings in the field.

3.8 Summary

The theoretical perspectives presented in this chapter are necessary to investigate the significance of gender in physiotherapy students' constructions of professional identity. This literature review has demonstrated the limitations of psychological perspectives of identity in this research. I have argued that within a paradigm of social constructionism, a conceptualisation of 'performative' identity is essential to investigating the 'social' influences in gender identity construction. I have also critically examined some of the 'identity' research both within and outside the field of physiotherapy, to suggest how this research project will make a distinct contribution to knowledge. In particular this project will not just focus on student perceptions of how they might '*want to be*', but it will examine how they position themselves and are positioned through their talk of day-to-day experiences during their education. This will not only explore aspects that are important to students but also articulate how negotiating identities is not a solitary endeavour but a complex process of interaction and positioning between student, colleague, tutor and clinical educator, much of which is currently absent from the literature. In doing so it will critically examine physiotherapy education and the broader discourses that impact on student experience.

Chapter 4 Methodology

4.1 Introduction

The previous chapters have critically analysed the physiotherapy education literature and the epistemological framework for identities in this research. As a reminder a specific set of research questions have arisen:

- A. How do students construct gender identities in physiotherapy?
- B. What types of gender discourses are articulated in students' experiences of becoming a physiotherapist?
- C. What are the implications for representations of gender in physiotherapy education and practice?

In this chapter I present the rationale for the methodological choices made in relation to epistemological conceptualisations of identity as socially constructed and performative. I argue that critical pedagogy provides a framework for interrogating gender (inequalities) within physiotherapy education in my own work context. I explain why narrative methods are appropriate for investigating identity construction and justify the research design and approach to sampling and data collection. The approach to discourse analysis, informed by Foucauldian theory and critical pedagogy is explained. Finally my role as a teacher-researcher and the ethical challenges related to this project are also discussed.

4.2 Methodological Choices

This section aims to demonstrate the alignment between my epistemological position and the methodological choices and research design (Koro-Ljungberg *et al*, 2009). Although there was a range of qualitative research traditions to choose from, a methodology that enabled an investigation of student constructions of identity in my own work context was required. Additionally, as I take the stance that identities are socially constructed, the methodology needed to record and analyse identities in the context of various experiences and relationships in physiotherapy education. All these issues both assisted and

constrained the choice of methodology.

At the outset of the research, I wanted not merely to understand gender in the context of physiotherapy education but to also bring about change in my setting. Qualitative research approaches can be broadly categorised into two main theoretical perspectives; interpretive/relativist and critical/realist, with a third approach being a hybrid of the two (Koro-Ljungberg *et al*, 2009; Robson, 2002; Cohen, Manion and Morrison, 2000). From an interpretive perspective, researchers often seek to describe and understand participants' meanings and understandings, and include more specific social science traditions such as phenomenology, ethnography and narrative inquiry (Koro-Ljungberg *et al*, 2009). Essentially within interpretive traditions one of the aims of the researcher is to free themselves of the usual ways of seeing the world in order to minimise bias in interpreting phenomena (Cohen, Manion and Morrison, 2000). However, I cannot claim such neutrality, and would not wish to. My previous work demonstrates gender inequalities in clinical education (Hammond, 2009) and as such my particular interest is to redress gender inequalities and bring about change for future students in physiotherapy and reflexively consider my pedagogic responsibilities. I am therefore already deeply imbricated in the research context and culture. Given these motivations, the paradigms of realism and critical theory are appropriate for this research on gender identities.

4.2.1 Theoretical perspective - Critical Theory and Critical Pedagogy

Critical theory originates from Marxist theory, but was later influenced by the Frankfurt School and in particular Jurgen Habermas (Darder, Baltodano and Torres, 2009). Critical theory is both a school of thought and a process of critique (Giroux, 2009). Critical theorists begin with the premise that people strive to inhabit and make sense of a world that is full of asymmetries of power (McLaren, 2009). Moreover critical theory is based on a view that society should become democratic by redressing inequalities and empowering individual freedoms (*ibid*). Although not a defining feature of critical theory, Giroux (2011, p.3) argues that it has the potential to unsettle the taken-for-granted. In this research, it is the common sense assumption that becoming a

physiotherapist is a neutral and non-gendered process that I wish to interrogate. As a researcher I am not merely interested in understanding situations in physiotherapy education but also in challenging the status quo in order to facilitate change.

It follows that critical pedagogy is concerned with education as fundamental to democracy (Freire, 1971). Researchers in this field examine how power is produced and re-produced in education and how institutions can perpetuate or reduce inequalities (Cohen, Manion and Morrison, 2000). As Giroux proclaims, critical pedagogy,

functions as a lens for viewing public and higher education as important sites of struggle that are capable of providing students with alternative modes of teaching, social relations and imagining (Giroux, 2011, p.6).

Therefore physiotherapy education can be viewed as a 'site of struggle' for students as they negotiate and take up particular identity positions. Examining the 'sites of struggle' will help to offer insights into alternative pedagogic practices in my own physiotherapy programme. These principles also align with poststructural thinking, which is concerned with critiquing structures and what those structures produce (Jackson, 2001). From this point of view, the research project becomes political.

Critical theory and critical pedagogy thereby provide an appropriate lens for this research project, specifically with regard to the research question: what are the implications for representations of gender in physiotherapy education and practice? Within the paradigm of critical pedagogy my responsibilities as a researcher and teacher are necessarily implicated and demand a praxis, which Freire (1971, p.60) defines in the context of education as "the action and reflection of men and women upon their world in order to transform it". In particular, critical pedagogy will enable a reflexive examination of power and power relationships with my students and colleagues and how these shape and transform my own pedagogic approaches in my setting.

Despite the rationale posed here, critical theory does not prescribe tools for conducting the research. For this, I will now consider other methodological

approaches, including the types of data they generate and their appropriateness to this study.

4.2.2 Initial approaches to data collection

At the beginning of the project ethnographic approaches were considered. Ethnography allows for divergent forms of data to be collected over a period of time (Cohen, Manion and Morrison, 2000), usually through the researcher being immersed within the field (Denzin and Lincoln, 1998a). Other educational researchers have used ethnographic approaches in schools to explore gendered identities of students and teachers (Francis, 2008; Nayak and Kehily, 2006; Youdell, 2006). Applying methods from this research tradition would enable me to observe in-situ how student identities were constructed in conversations with colleagues, clinical educators and others, and collect data through field notes, interviews and other artefacts. However, I foresaw that observational ethnographic methods would present me with several problems. Firstly, in terms of research design, there would be difficulties prioritising which learning experiences or social interactions were most important to observe. Secondly, observation involves immersing oneself in the field. As a tutor on the programme my presence in the 'field' could never be neutral. Therefore I sought alternative approaches that would enable me to get close to the students' lived experience in the field but also keep an appropriate distance from it.

4.2.3 Narrative approaches – epistemological considerations

Narrative or story telling approaches presented a potential way to listen to how physiotherapy students describe events and experiences that help shape their lives and thereby their gendered and professional identities. Narrative inquiry is a field of research which acknowledges that our lives and identities are constructed through stories (Smith and Sparkes, 2008; Clandinin and Connelly, 2004; Perselli, 2004; Wengraf, 2001; Clandinin and Connelly, 2000). In recapturing moments or events, the story-teller relives the moment and sets the scene or context, describes a sequence of events and evaluates it morally, based on systems of values and beliefs (Wengraf, 2008; Wengraf, 2001).

Some narrative researchers argue that it is through story-telling that we make sense of our lives (Knight and Sweeney, 2008; Frank, 1995; Sarbin, 1986). They claim that, as individuals, we feel that there is a coherence of self in relation to time and place and that 'narrative' allows us to structure our memories in some sort of conceptual framework (Sarbin, 1986). From this perspective storytelling provides a way of organising one's mind and therefore has a significant psychological emphasis. Indeed Frank (2000) points out that narrating stories can be therapeutic in both a clinical and a broader humanistic sense. He describes how storytelling has been useful in reshaping meanings of self for his research participants. This suggests that research conducted using narrative methods could be mutually educative for researcher and participants.

Other researchers who have considered identity through narrative have turned to socially constructed concepts of identity (Bamberg, 2006; Atkinson, 1997). Adopting a more constructionist view, narrative theorists reiterate how identities are not static properties of self or possessed entities but are shaped by socio-cultural influences and are constructed in, and through, talk of life experiences (Smith and Sparkes, 2008; Wengraf, 2001). An important distinction to make from psychological or phenomenological paradigms is that constructionists see language, and therefore narrative, as constructing reality rather than describing it (Willig, 2001a). From this perspective identities are:

'performed within relationships', 'done in interactions' and/or 'talked into being'. Thus talk is the 'site' of self and identity work, and is done between speaker and listener (Smith and Sparkes, 2008, p.25).

Similarly in relation to the concept of performativity, Butler (1999) explains how stories are the speech acts through which identity is expressed, destabilised and renegotiated within everyday social interactions. Performative narrative perspectives are concerned with the details of social interaction such as 'turn-taking' and subject positionings. The focus is on what people 'do' with their talk within social situations, and states that when an individual says something, they are performing an action within a relationship (ibid). This is not limited to speech acts, but extends to gestures and utilisation of settings and props within a given social interaction (Gergen and Gergen, 1988). Adopting a 'performative' approach to narrative methods could facilitate investigation of the

stories told by the students as well as how they position themselves and are positioned in and through their narratives.

From an emancipatory perspective, narrative approaches can empower participants to select stories that they feel are important and discuss issues and inequalities that are specific to them (Rees and Monrouxe, 2010). Equally re-telling stories enables participants to re-evaluate and re-construct identities (Monrouxe, 2009). In relation to this project narrative methods offer the potential to explore student's professional and gender identities. Finally by working with students and their narratives, the various gender discourses can be examined to consider how these open up and/or limit opportunities for students in physiotherapy education.

4.2.4 Other considerations – methods, context and audience

In addition to the contrasting theoretical perspectives previously explored, there is an array of narrative research methods available to investigate identities. Some highlight the differences in big-story or small-story research as a means of generating narratives (Bamberg, 2006). According to Bamberg, life history or biographical 'big-story' research pays particular attention to *what* stories people tell and what they are about. He claims that this is enforced by hermeneutic analytical methods that have a tendency to reductionist thinking (ibid, p.142). He draws attention to small-story research, which focuses on narrative as productive and looks at *how* story-tellers engage in constructing a sense of self; not necessarily through biographical discussions but through every day narratives. In my research, although I am interested in examining *what* stories students narrate about their everyday experiences during the course, I am also concerned with the lived world of the student and *how* they negotiate the complexities of the interactions in creating identities. As such utilising Bamberg's concept of small-story narratives is crucial for this research and will be discussed later in this chapter.

Despite Bamberg's scepticism about biographical research, I am keen to ensure that identities constructed in narratives are not abstracted or distant from historical and biographical discourses available to the student. For example,

within physiotherapy there are specific historical discourses, as evaluated earlier in Chapter 2, which will be important when considering the research questions: 'How do students construct gender identities in physiotherapy?' and 'What types of gender discourses are articulated in student's experiences of becoming a physiotherapist?' Indeed others insist that small story research cannot be understood without locating it within wider cultural stories or metanarratives (Benwell and Stokoe, 2010). Therefore it is necessary to apply narrative methods which are rich in talk of everyday events, engaged in social interaction and contextualised by historical and biographical data.

Another important consideration in all story-telling is the audience. As Goffman (1959) reminds us, no story is told without the presence of an audience. Furthermore if identities are performative then there is always the question of who the performance is for (Smith and Sparkes, 2008). It follows that in any given social interaction individuals are always addressing someone. Ethnographic research illustrates how narrative identities are constructed in and through day-to-day conversations. For example, Davies (2006) explores the social interactions of students with their teacher, and demonstrates how the teacher positions the boys as 'naughty' through narrative. Yet the boys oppose this subordination and renegotiate a more masterful 'naughty boy' identity. In these situations the teacher and pupil(s) are both the narrator and audience, and the narrative material enables Davies as researcher and observer to analyse how identities are co-constructed between two actors (teacher and student).

Another site of narrative identity construction is within the more formalised interview format. Here identity is created in the context of the interview and is in relation to the interviewer as audience. Researchers such as Wengraf (2008; 2001), Jones (2001) and Holley (2008) have argued that interviews can be a place for narrative identities to be constructed and negotiated, by empowering the participant to control the direction of the narrative without the interviewer interacting. In doing so, these researchers acknowledge that the interviewer is the primary audience and that the story is constructed within this relationship. In a study investigating constructions of masculine identity with a student

primary school teacher called Terry, Sue Smedley (2007) clearly demonstrates how Terry's interpretation of the interview content and context will have a bearing on the stories that are constructed. She reflexively acknowledges that her identity as a white middle class woman influenced Terry's constructions of identity.

Alternatively, Monrouxe (2009) claims that sometimes the most important audience for our stories is ourselves. In this case, researchers use diary and journal entries as the place of narrative identity creation (Bleakley, 2005; Bolger, Davis and Rafaeli, 2003). Here the value of self-created stories can allow a closer proximity of place and time for the individual, bringing greater authenticity to the stories and the understanding of identities (Bolger, Davis and Rafaeli, 2003). Some researchers have used self-recording devices to capture identities as constructed through spoken stories (Monrouxe, 2009; Knight and Sweeney, 2008). These methods are proclaimed to:

empower participants, putting them in control of what is recorded, what is edited, what is shown and what is not shown (Rees, 2010, p.6).

Whilst recognising the advantages of diary accounts, many of these research approaches have stronger conceptual leanings to psychological and social constructivist paradigms. The relevance of diary methods from a poststructural perspective needs to be considered.

Constructionists argue that there are challenges with narrative inquiry where the narrator produces a story for and about themselves. Firstly Gergen (1988) argues that private or self-told stories cannot produce meaning or identities unless, and until, they are shared. Secondly the dualism between the narrator as both the creator and the object of the narrative may fail to take into account the historical production of lives or the effects of practices and relations (Henriques *et al*, 1998, p.xiii). Whether stories are spoken or written, thoughts and ideas are arranged and organised as if in conversation with an imaginary listener. Therefore within the context of narrative research where stories are solicited, the primary audience is the researcher. As such, identities are always co-constructed and cannot be understood in isolation (Monrouxe and Poole, 2013; Monrouxe, 2010). Thus written or audio self-narratives are appropriate

methods for this research, provided I accept that I will be the primary audience and that the students will be essentially co-constructing identities with me as researcher.

From a disciplinary perspective it is important to consider how these methods and tools relate to physiotherapy and healthcare practice. As Clough suggests, narrative “opens up (to its audiences) a deeper view of life in familiar contexts. It can make the familiar strange and the strange familiar” (Clough, 2002, p.8). Therefore through narrative approaches a deeper view of the perhaps familiar context of physiotherapy education is sought from the stories of those who are living it. In terms of healthcare the reductionist approach of the biomedical model of health and illness has been under threat since George Engel (1977) introduced the bio-psychosocial model over 30 years ago. This work was embraced by the WHO (2002) and asserts the importance of psycho-social aspects of health. As a result there has been particular interest in narrative approaches as a way of understanding how people interpret and experience illness (Engel *et al*, 2008). Albeit not within the field of physiotherapy, Engel *et al*. argue that narrative approaches have been helpful in understanding how healthcare practitioners grapple with the challenges and ambiguities of gender whilst at the same time fulfilling their responsibilities to patients.

In this section I have considered how narrative approaches relate to the theoretical perspectives of social construction and performative identities. In particular, narrative methods have been critically appraised to address the potential challenges they pose. I have also argued that the context and audience are essential considerations in the research context.

4.3 Research design

In the following section I reflect on the methodological choices as they presented throughout the stages of planning and further justify the research design.

4.3.1 Location and population

The questions that prompted this research were grounded in data obtained from the Parkway University physiotherapy programme (Hammond, 2009), therefore it was necessary to investigate students in the same context. Selecting a suitable sample from the total physiotherapy student population on the three-year Honours Degree was an important consideration. Lindquist *et al.* (2004) propose that clinical learning experiences are the most valued by physiotherapy students in their professional development. It seemed important to include clinical practice in this study, as that is the area in which issues of gender had arisen.

At Parkway University there are some introductory observation half-day clinical visits in the first year. However more substantial formally assessed clinical placements commence in the second year of study. Table 2 represents the course plan for students during the second year and shows the periods of clinical and class based experiences.

Table 2 - Physiotherapy Year 2 course plan at Parkway University

Sept- Oct 6 weeks	Nov- Dec 6 weeks	Term break	Jan- Feb 6 weeks	Feb- March 6 weeks	Term break	April- May 5 weeks	May- June 6 weeks
CP1	class based		class based	CP2		class based	CP3

CP= clinical placement

My previous work demonstrated gender differences in attainment were most visible in the second year (Hammond, 2009), therefore I felt that students at this stage would be the most appropriate respondents as they were at a period of significant clinical development. Underlying this choice was the assumption that students in the third year were more secure in their professional identity.

Although certainly not fixed, Lindquist and colleagues (2006a) illustrated that students in their latter years started to develop distinct identity 'types'. I was keen to explore the process and transition in shaping such identities; therefore second year students were selected as a pertinent group to participate in the research.

4.3.2 Sampling

From this group, I was eager to ensure the participants were representative in terms of ethnicity, class, age, etc. In my dual role of tutor on the programme and researcher, I was uncomfortable with quota or purposive sampling based on such categorisations. I was concerned that this would amplify power relations and students might perceive that selection was based on favouritism or tokenism. Similarly I feared this might confuse the participants (and non-participants) about what the study was 'really' about. Previous research by Holley (2008) also identified this problem. She found that emails to individuals inviting participation were ignored, and found recruitment was more fruitful when it was transparent and open to all. Narrative researchers argue that participants should not feel obliged to provide data (Monrouxe, 2009). Therefore it was essential that recruitment was voluntary. However this presented issues of self-selection (Wengraf, 2001) which will be discussed later.

Students from the entire second year cohort were invited to participate by an email (see Appendix 1 – email), which included a participant information sheet (see Appendix 2– Participant information sheet). I encouraged recruitment by suggesting that involvement would help develop 'reflective skills' and that a small reward (book token) would be given at the end of project. Initially eleven students volunteered for the study. Two volunteers were not included as they were my personal tutees and I was concerned, perhaps wrongly, that the research might confuse or compromise our relationship. There was a balance of gender amongst the remaining nine students, as the sample included four men and five women. I had some knowledge of their age and educational learning experiences prior to commencing the course. I deliberately did not ask questions about this demographic detail at the beginning of the study, as I wanted the students to focus on stories that were important to them. I felt that demographic questioning might bias their narratives or skew my thinking during the data collection phase (Wengraf, 2008). I also hoped that the identities might evolve through the narratives rather than by other pre-determined social categorisations (Monrouxe, 2009). Therefore once the data collection phase was complete, I asked the students to complete a background information sheet

(see Appendix 3). The demographics of the student sample are presented in Appendix 4. Although diverse in many ways, there was a greater proportion of mature students and students who had previously studied at undergraduate level compared with the rest of the student population, and the implications of this will be discussed in relation to the findings.

Because the data collection and analytical methods (see discussion below) selected for this research required extensive interviews and audio-diaries as well as intricate and labour-intensive analytical procedures, the sample frame was small. The capacity of the data collection methods for generating deep and meaningful case studies compensated for what may have been gained by using a method with the potential for larger numbers of subjects (Holley, 2009; Jones, 2001).

4.3.3 Generating narratives - Interview

To seek and facilitate narratives I needed research methods that allowed for sufficient participant flexibility and control. At the beginning of the project, an interview felt an appropriate method to facilitate narratives in which students could recount events in their lives that related to professional identity and gender. Initial attempts to structure the interview to facilitate exploration of the research questions were less than satisfactory. Questions were derived from previous studies on professional identity (Costello, 2005) and gender (Mac an Ghail, 1994) but pilot attempts elicited general and predictable answers; a problem also identified by Roinenen (2008) in establishing her interview guide for a similar study on gender in Finland. Revision questions felt a little contrived (see Appendix 5 – Semi-structured Interview Format) and again it was felt that the interviews might do nothing more than highlight what experiences were important (Lindquist *et al*, 2006b; Lindquist, Engardt and Richardson, 2004) and talk about gender in predictable and sanitised ways.

Additionally I had some concerns about how much such interviews were controlled and shaped by the interviewer. From my previous observations of qualitative research, I knew the interviewer often initiates the time and location and the interviewee responds to the questions posed and issues raised. I

therefore sought methods that were more participant led and enabled choice in when, where, what and how much to discuss. The Biographical Narrative Interpretive Method (BNIM) as described by Tom Wengraf (2008) provides a structure for interviewing that enables the participant to lead a narrative account of their experiences. This was an attractive option to me and I attended a BNIM five-day training workshop prior to the commencement of the study to assist in the development of my skills in facilitating narratives using this approach. Piloting the interview style was important so I practiced on colleagues and previous students.

Using this approach I began the interview by reminding the student of what the research was about (in particular professional identity and gender in physiotherapy), followed by simply inviting the participant to “tell the story of their life since deciding to study physiotherapy” (see Appendix 6 – Interview Schedule). This allowed the student to set the agenda while I listened. My only responses during this stage were to encourage the student to continue using non-verbal (nodding, smiling etc.) or para-linguistic cues (uh-huh, ok, etc.). Other researchers in this field suggest this approach allows for an uninterrupted flow on the part of the story-teller and gives them control of what is being recorded (Rees, 2010; Monrouxe, 2009; Holley, 2008). Holley (2008) also argues that the BNIM method is advantageous for interviewing participants known to the interviewer. She claims that BNIM recognises that power relationships exist, and encourages narrations of the participant’s choice.

The interviews were conducted in two parts. Following the initial uninterrupted story I allowed the participant to have a short break which allowed me to review key aspects of the narrative and formulate questions to seek greater detail about particular events, incidents or experiences that the student mentioned (see Appendix 6 – Interview schedule). The format of the interview remained relatively unchanged for all interviews, however to fine-tune my interviewing style I listened to each audio file before the next to review my wording and responses. At times I wondered if the style of the interview led some participants to get frustrated with some questions. With the aid of the BNIM workbook (Wengraf 2008) I modified some of my wording and responses and

learned to keep my interruptions to a minimum. This helped with the flow of subsequent interviews.

The participants were interviewed over a period spanning three weeks in late November to early December 2008. This was during a period of university-based study, following the completion of their first clinical placement in the second year (see Table 2 above). Typically, the first part of the interview lasted between 4-19 minutes, with an additional 30-62 minutes once the interview was resumed for the second part. Apart from one participant there was approximately one hour of interview data per student, plus or minus 10-15 minutes (see Table 3 below). Interviews were taped and transcribed verbatim and students were asked to select a pseudonym which was used throughout transcription. Initially I felt it was important to record not just what was said in the narrative but how it was said; including paralinguistic, postures and gestures. I used Silverman's Simplified Transcription symbols (see Appendix 8) to indicate emphasis, pauses or other aspects of discourse, and additional notes were made of participants' postures or gestures during the interview (Wengraf, 2001; Wetherell, Taylor and Yates, 2001b; Silverman, 1993). Although helpful in reminding me of the tone of the interview, I later realised that it was the content of the speech / discourse that was of greater relevance to me as I developed my discourse analytical skills, which will be discussed later in this chapter.

Table 3 - Interview and Audio-diary entries

Pseudonym	Interview Total recorded time (mins)	Audio-diary	
		Number of entries	Recorded time (mins)
Sean	61	3	26
Dylan	69	1	17
Stuart	53	5	24
Laila	74	10	27
Samuel	75	3	28
Anne	70	3	15
Louise	58	5	11
Salma	58	16	86
Julia	34	0 (1 follow up interview)	8

4.3.4 Generating narratives – Audio-diary

Although I had taken steps towards creating an interview environment that was more appropriate for interviewee-led narratives, I recognised that this was still within the context of an interview and distant from the site and time of events and experiences. Also it was limited to student stories up to and at the point of the interview but not throughout their experiences as a student over time. As illustrated earlier in this chapter, other narrative researchers have used diary-based methods to mitigate these concerns (Monrouxe, 2009; Bolger, Davis and Rafaeli, 2003). In a longitudinal study of medical students, digital recording devices have been used to solicit narratives (Monrouxe, 2009; Knight and Sweeney, 2008). Knight and Sweeney (2008) claim that this method is advantageous because participants can record the diary in a field or context which is less formal than in the research environment. In addition, using a digital recording device (DRD) to record the diary provides a portable and flexible way of capturing stories over time (Monrouxe, 2009). Therefore to complement and contrast the interview data, solicited audio-diaries were also selected as a method of generating narratives.

Participants were provided with a DRD after the initial interview and encouraged to continue to record stories they felt were relevant to them becoming a physiotherapist for the rest of the academic year (November / December 2008 to July 2009). Simple prompts were given such as: *'tell a story about something that has happened to you and how it has affected the way you think about yourself at the moment and in your future role as a physiotherapist'*. Other versions of the prompt were included with guidance on how to use DRD on an information sheet provided (see Appendix 6 – Interview schedule). This was piloted with the same previous students and colleagues and resulted in minor changes to the prompt questions. Participants were encouraged to record during both academic and clinical components of the course, and return files intermittently by email.

Throughout the period of the study, the participants were contacted occasionally by email to remind them of the prompt question(s) and to carry

their DRD's. I was mindful that students might feel pressured or obliged to contribute if my communication was too frequent or pleading. My contact was kept to a minimum and was usually at periods of change such as at the start of placement or after presentations or examinations. All entries were acknowledged on receipt within two working days. If the participant had not sent in any audio-diary entries, particularly after significant milestones (e.g. after clinical placement), they were contacted and asked if they wished to talk about the project. In most situations, participants (Dylan, Salma and Laila) had been recording but had not sent in files. One participant (Samuel) had made recordings and had inadvertently deleted them, so made subsequent recordings based on his memory of those situations. Another participant (Julia) did not respond to email requests and we had a chance meeting. She explained that she could not engage with speaking (in)to an inanimate object (DRD). This also reflected her hesitations in the initial interview, which was significantly shorter than the others. She said she would be happier telling me stories face-to-face, so we agreed to do a follow up interview near the end of the academic year. The students returned diary entries at different stages throughout the remainder of the academic year up to July 2009 and Table 3 indicates the number of audio-diary entries received from each of the participants and the overall recording time.

Audio-diary entries were listened to within five days of receipt and transcribed verbatim as above. In most cases I responded to the content of the stories via email, but occasionally I discussed them with the participants when we met fortuitously in the university. My responses were underpinned by my critical pedagogical and ethical imperatives. I both praised the students on their insights and encouraged them to take their reflections further and explore alternative perspectives. However, in reading one case (Salma) the narratives suggested to me situations that were emotionally upsetting for her. Although I received the audio-diary entries quite some time after the incidents, I offered Salma an opportunity to discuss the issues raised. At the time I felt a responsibility to support Salma as she worked through the conflict and tensions she faced during her clinical experiences.

4.4 The methodological link with Discourse Analysis

As the purpose of this study concerns how identities are constructed in and through talk, a positive decision was made to use Discourse Analysis. There are a number of approaches to Discourse Analysis which have different theoretical traditions (Fairclough, 2010; Taylor, 2001; Wetherell, Taylor and Yates, 2001a). Some approaches focus primarily on recognising linguistic patterns, vocabulary and so on (Johnstone, 2008; Taylor, 2001) and would therefore be limited in addressing the research questions.

Of greater relevance to my study is a set of approaches strongly influenced by Foucault's poststructural thinking (Benwell and Stokoe, 2010). From a Foucauldian perspective, analysis is concerned with what discourses are available to people and the ways in which they constrain or enable actions within power systems (Carabine, 2001; Willig, 2001b). Foucault was less interested in discourse as a linguistic term, but more as a system of representation (Hall, 2001). Foucault understood discourse as:

a group of statements which provide language for talking about – a way of representing the knowledge about – a particular topic at a particular historical moment (Hall, 2001, p.72).

What was of significance to Foucault was the idea that discourse, as a group of related statements, could generate meanings and effects in the real world; that is to say that discourses could have power (Carabine, 2001). For instance, in his seminal text *The History of Sexuality*, Foucault (1979) outlines how historically discourses of sexuality worked to produce the objects of which they spoke. In other words, over time, discourses have constructed particular versions of hetero/homosexuality as real. As Carabine argues, discourses

'hook' into normative ideas and common-sense notions about sexuality [that say] heterosexuality is natural and normal [and] that homosexuality is deviant and abnormal (Carabine, 2001 p.269).

The same claims can be made about other discourses such as those about family, race, discipline, madness or gender. In the context of social interactions discourses can exert significant power on individuals of which they are claiming to speak. From a Foucauldian point of view, discourses can "facilitate and limit, enable and constrain what can be said, by whom, where and when" (Willig,

2001b, p.107). Foucauldian discourse analysts are interested in the discourses available to individuals and how this may vary within different social interactions or communities (Carabine, 2001; Hall, 2001). Importantly, these are not simply understood as choices made by an individual, but are enabled or restricted within the discourses of communities (Perselli, 2012; Foucault, 1980). Analysing the discourses used or not used by individuals enables an understanding of the systems of power, which operate to enable and restrict the speaker's particular ways-of-seeing and ways-of-being in the world.

An approach to analysis that interrogates the relationships between discourse and power is particularly relevant for this project. Foucauldian approaches are useful because they offer principles to analyse the physiotherapy students' constructions of identity through narrative and therefore specifically address the research questions. However, some academics criticise pure Foucauldian approaches because they present individual identities as abstracted, rather than specific to situations and contexts (Benwell and Stokoe, 2010; Van Dijk, 2001). Furthermore, the analysis needs to extend beyond interpretation and explore ways of concretely reducing gender inequalities. From a critical perspective, the primary focus of discourse analysis is on the discursive aspects of power relations and inequalities (Fairclough, 2010, p.4). Critical Discourse Analysis is not just descriptive but "it addresses social wrongs in their discursive aspects and possible ways of righting or mitigating them" (Fairclough, 2010, p.11). Critical approaches to analysis are necessary to address the research question: what are the implications for representations of gender in physiotherapy education and practice? Therefore in my examination of power relationships in the students' constructions of ways-of-being a man or woman in physiotherapy, it is necessary to apply a critical lens to challenge inequalities and propose new possibilities. Furthermore, my role within the students' constructions of identity needs to be reflexively interrogated.

4.5 Stages of Discourse Analysis

In this section I propose the stages of discourse analysis in this project and indicate the epistemological relevance of each stage. I have separated the

analysis into two distinct phases: i) analysis of transcripts case-by-case and ii) identifying themes and categories across cases.

4.5.1 Analysis of transcripts case-by-case

The first phase involves examining how discourses play out on a case-by-case basis. This allows for an in-depth exploration of how individual gender identities are produced within, and in relation to others in the social context (Wengraf, 2008; Bamberg, 2006). The separation of analysis of each case provides an appropriate process for thinking “with” stories (Bleakley, 2005) and a way of analysing how identities change from one situation to another and over time (Monrouxe, 2009). It is argued that a case-by-case approach enables a more reflexive interpretation and representation than perhaps would be facilitated through other analytical methods (Smedley, 2007; Popoviciu, Haywood and Mac an Ghaill, 2006), not least because it enables me to analyse which discourses are available (or not) to each student.

From a Foucauldian perspective several authors describe how to work with individual texts or data (Carabine, 2001; Willig, 2001b; Kendall and Wickham, 1999). Some describe broader principles and few stages (Kendall and Wickham, 1999), which I felt as a novice required an advanced conceptual understanding of Foucault’s methods. Carabine (2001) provides a guide which involves eleven stages but some are specific to archival data. Willig (2001b) however puts forward a six stage process which can be applied to transcripts of social interactions. These stages allow the researcher to first identify the ways in which issues or topics are spoken about within the context of wider discourses. This is then followed by considering what is gained from talking about the topic in a certain way, and the positions that are made available (or not) for people within particular discourses. Finally this enables an exploration of the implications for practice and whether discourses open or close opportunities for action for the participants, and the potential consequences of such action (Willig, 2001b).

As Benwell and Stokoe (2010) point out, critical approaches to discourse analysis are not characterised by a single methodology but draw from a range

of linguistic frameworks. Fairclough (2010, p.226) proposes that there are four stages of critical discourse analysis:

1. Focus upon the social wrong
2. Identify obstacles to addressing the social wrong
3. Consider whether the social order 'needs' the social wrong
4. Identify possible ways past the obstacles

Although these stages provide the principles of analysis, they do not describe how to work with transcripts, in particular how to identify the various discourses and social wrongs. Therefore in working with the data I amalgamated these principles with the stages explained above. For instance, when identifying discourses it was also important to examine whether they presented gender differences, and to question whether these led to inequalities (social wrongs). I then questioned whether there were any obstacles to challenging the inequalities in each situation and for each student.

To clarify how the different approaches are incorporated, I created a framework for analysis (see Table 4). I found this visually helped me to follow a systematic approach to the analysis of each case. The stages in columns one and two were primarily derived from the six stages described by Willig (2001b), and include other researchers' conceptualisations (Carabine, 2001; Kendall and Wickham, 1999) and critical approaches (Fairclough, 2010; Van Dijk, 2001) as described above. In the right hand 'application to this study' column, I developed the prompt questions that related the analysis to the research questions specifically focusing on gender. This meant that I could refer to them as I worked through each stage in relation to each student narrative. As the analysis progressed, I refined my first interpretations of the stages to ensure that I applied a consistent approach throughout. This process is further explained in the appropriate section below.

4.5.2 Identifying discourse themes across cases

Following the analysis of each case using the above approach, it is essential to identify the various themes that arise from all the narratives. My previous research experience had drawn on grounded theory and thematic analysis approaches as described by several authors (Denzin and Lincoln, 1998a;

Denzin and Lincoln, 1998b; Coffey and Atkinson, 1996). This gave me an understanding of the processes involved but did not align well with poststructural thinking and critical pedagogy.

Foucault (1980; 1977; 1973) and those who write about his methods (Kendall and Wickham, 1999) do not provide a step-by-step process, but rather describe

Table 4 - Framework for analysing transcripts case by case

Stage	Description	Application to this study working with student narratives
Discursive constructions	Objects – which ones are focussed on, including injustices or inequalities	Identify the different ways professional and gender identity is talked about. For example: <ul style="list-style-type: none"> • Being a man / woman in physiotherapy • Being a man / woman in other aspects of life • Relation to other gendered beings • Being a student / Becoming (being) a physiotherapist / being professional
Discourses	Focus on differences between constructions for same individual or text within wider discourses	Are there different perspectives on professional or gender identities in how discussed? Are there certain sets of statements? What is expressed as normative or 'common sense'? Do they present inequalities? <ul style="list-style-type: none"> • Gender / sexuality – eg expectations / bodily functions / capabilities / social responsibilities
Action orientation	Closer examination of discursive contexts. Why this way? Why this point in time? Is it in response? To identify inequalities or injustices?	Look at in context of professional / gender discourses above in context of other text. <ul style="list-style-type: none"> • Why said? • What is the function / purpose? • Why now? • Who is intended audience (just me)?
Positionings	What subject positions are available from the discourse?	What positions are possible from the constructions of identity in the narratives? What are the possibilities for positions in which the (male/female) student is: <ul style="list-style-type: none"> • Professional / unprofessional? • Good / bad? • Appropriate / not appropriate?
Practice	Relationship between discourse and practice. Do discursive constructions and subject positions enable / resist opportunities for action?	Do the positions enable students to succeed? Or do they hold them back – student concerned not made for this, 'not me' What is legitimised for men / women in physiotherapy and what is not? What are the obstacles to addressing the inequalities in relation to gender?
Subjectivity	Discourse and subjectivity (most speculative) – try to make links between discursive constructions and implications for subject experience	What are the consequences of the student taking up or being forced into a position (identity)? How might the students be feeling? Demotivated, motivated, empowered, enabled, restricted?

the analytical principles. Nevertheless, other researchers' applications of Foucault's methods are particularly helpful in developing an approach for this stage of analysis. For example, Carabine (2001) describes the process she went through to identify themes in her research on discourses of lone motherhood in 19th century government policy documents. She talks of focusing her analysis on particular discourse(s) and gathering together everything from all the readings that was related to this topic, and how it was spoken of. For instance, she collated all the incidents where women were talked about in discourses around bastardy being immoral, women as seducers, profiting from poor relief and deceiving and lying and so on (Carabine, 2001). Rather than being prescriptive the process is both dynamic and iterative. Additionally, Carabine highlights that it is important to note the relationships between particular discourses or themes as well as what is absent or not said. Although these researchers do not prescribe a particular approach, they provide the principles for this stage of the analysis used with this research.

From a critical perspective the point of identifying the themes becomes political. As Van Dijk (2001) suggests, the focus is to identify discourses which normalise the social order, in particular those that maintain inequalities and legitimate dominance. A part of critical discourse analysis is to challenge those discourses and offer new possibilities (Fairclough, 2010). In the context of this practice-based research, this requires adopting a reflexive stance (Grace, 1998) to examining new pedagogic possibilities. As a physiotherapy educator my own assumptions will also be explored from a critical standpoint to acknowledge how they influence and are being influenced by my research and my practice.

4.5.4 Reflections on applying this approach to the data

The research generated two sources of data for analysis: the interview transcripts and the personal narratives in the audio-diaries. The data from the interview and audio-diary entries were analysed together for each participant. The analysis involved listening to the digital recordings and reading the transcripts following the stages of analysis as proposed above. For each transcript this process was considerable and in the early cases involved months

of listening, reading and re-reading and reviewing discourses and categories that I interpreted.

In each narrative I first noted down each of the discursive responses related to gender and professionalism. I collated the discursive responses that related to gender into sections of a table dependent on how gender was referred to (See Appendix 9 for example). For instance, if the student talked about their own gender identity outside physiotherapy (e.g. as a daughter, father, partner) I collated these separately from stories about their gender in physiotherapy (e.g. 'the patient turned to me maybe because I was a man'). This was further broken down to consider how gender was discussed in terms of bodily appearance (e.g. physique, hair, clothing), capabilities (e.g. strength), functions (e.g. hormones) or social responsibilities (e.g. women bring up children). I noted the temporal components (e.g. date of interview and audio-diary entries) and context (home, university or clinical) to establish if there were any (in)consistencies over time or place. I also noted the gender identity of other protagonists (him/her) in relationships the students discussed. Then for each of the discursive responses I extrapolated the gender discourses that made the response possible. I also hypothesised what discourses were made explicit as well as those that were implicit, and those that promoted gender hierarchies or inequalities. I then considered whether the student worked within or resisted the positions made available in such discourses. Finally I considered the consequences of being positioned within gender discourses and identified any obstacles to change.

To immerse myself further and help to clarify the discourses that emerged, I wrote up three cases (Salma, Dylan and Laila) separately. I selected these three students because they presented narratives that particularly illuminated gender inequalities and their struggles to negotiate and take up particular identity positions. This process also enabled a careful analysis of whether the temporal or contextual components in identity construction were most significant in each case. I shared each of these analyses with my supervisors and learned to develop my analytical skills with the help of their feedback. The process of interpretation became more finely tuned as the analysis developed, and I

became more familiar with recognising discourses of gender that had previously arisen from other cases. As these arose I returned to my earlier analyses in a constant process of reviewing and checking my previous assumptions and analysis within and between cases. It was important to adopt this type of reflexive process as these interpretive iterations illuminated much about myself as well as the participants.

There were many situations where the students talked about being professional, being a student or being a physiotherapist without any explicit reference to gender. I recorded these for each transcript too as they were important in the analysis for identifying what was *not* said in relation to gender, and considering what might be implicit discourses/ understandings of gender. These were used to contextualise the discussion and implications for my own physiotherapy practice and work in curriculum development.

The next stage of the analysis involved identifying themes across the transcripts. After the case-by-case approach above, I re-listened and re-read each narrative and my subsequent analysis. The key discourses were summarised as they arose for each case and I looked for similarities in the way masculinities and femininities were spoken about. Differences were also noted; in particular I sought discursive responses that might contradict some of the discourse themes that emerged, and used these to test the themes. Critically I was particularly interested in discourses that maintained gender hierarchies and inequalities in the physiotherapy degree programme on which I teach. Therefore I used the research as an opportunity to reflect on my own practices and open up opportunities for considering new pedagogic strategies. These are specifically raised and challenged in the concluding chapter.

4.6 Moral and ethical issues

Ethical approval was received from the Faculty of Arts and Social Sciences Research Ethics Committee (REC) at Kingston University on 15/10/2008. As the participants were based at Parkway University ethical approval was also gained for the relevant REC (see Appendix 7 - Application for Ethical Review).

Informed consent was obtained and any data relating to the participants was coded anonymously to ensure confidentiality. All information that was collected during the course of the research was kept strictly confidential and no one other than myself had access to the data. The students' anonymity was protected throughout the study and the pseudonym selected by the student was used on any narratives / files so that individuals could not be recognised from them. Additionally, any other distinctive features within each narrative (e.g. people's names, hospital sites) were changed in negotiation with the student.

The research data was stored on my personal network drive in the institution. Access to the anonymised participant data was password protected. In this case the data will be stored and kept for the duration of the doctoral studies, and until the research is written up for the final dissertation and subsequent publication in peer-reviewed journals. This may take several years but the data will be destroyed on completion of this process, and will comply with the local institution guidance on data protection.

As Frank (2000) reminds us, narrative research cannot just be a methodological exercise but it is also an ethical one. He claims that one must consider advocacy of participants in order for the research to be principled. Similarly, it is important to consider the benefits for the participants as a necessary research outcome. Educationally, it was proposed to the volunteers that participation in the study would help them develop their individual reflective skills. As previously discussed in this chapter my interactions were intended to help facilitate this. Students on the Parkway University physiotherapy programme are required to write a reflective practice portfolio as part of a second and a third year module. Therefore it was hoped that using the audio-diary method would assist students in completing the portfolio. The participants were also provided with a copy of the transcripts so that they could confirm that it was an accurate representation of what was said. They were given the freedom to use the narratives as supporting evidence for their portfolio, as these were produced collaboratively.

Despite a clear rationale for researching within my own work context, the fact that I am also a teacher involved in the students' education raises a number of complexities. For instance at the commencement of the project I anticipated that a conflict might exist between my roles of teacher and researcher, and raise questions about how power was played out in the various social interactions in the context of the research. Lessons were learned from previous work (Holley, 2008; Smedley, 2007) where the researcher was also a lecturer involved in the participants' education. Both of these researchers were explicit about power relations in the interview, and clearly outlined how this may have influenced the participants' responses in their analyses. From the outset I made attempts to reduce potential power issues. Firstly, in the participant information sheet and initial interview, I explained that my duty of care as a teacher would not be compromised. Secondly, I was able to transfer my module leader responsibilities in Year 2 to another colleague. Although this did not eliminate my responsibilities of teaching and assessment entirely, it reduced my roles of management and organisation. Although I was still involved in assessment, written work was marked anonymously and this reassured me that the research would not in any way inform decisions made about marked work and vice versa.

Over the duration of the research I continued to critically analyse the student responses and my own, to identify whether any interpretation and analysis was constructed in relation to my own identities. For instance as a gay, white male lecturer researching gender it was important that I acknowledged my own biases and how these could influence my decision making throughout the different stages of the study. Within this chapter I have set out the rationale and justification for choices made during data collection and analysis, although there were many deliberations on a day-to-day basis. I found Jackson's (2001) description of how she managed these tensions in her research helpful. She emphasised the importance of recognising the conflict between her desires to liberate a student from an oppressive situation, and her reluctance to impose what she perceived as the right emancipatory path (Jackson, 2001, p.388). At times the personal experiences in the narratives raised potentially uncomfortable aspects of the participant identities within their lives, as I have previously illustrated. I wrote field notes and also used a DRD to reflexively

question the motives for my thinking and actions each time this occurred. During the analysis, I questioned whether my interpretations were made because of my own identity (e.g. gay, lecturer, male) and whether my analysis might be different if I was approaching the data from another perspective (e.g. as a student or a woman). To assist in this reflexive approach I placed post-it notes with these prompts around my workspace. The ethical issues outlined in this section are not exhaustive but represent some of the key dilemmas in conducting this research.

4.7 Summary

This chapter set out to explore the methodological choices for this study on constructions of identity in physiotherapy education. In doing so I have proposed critical pedagogy as a paradigm for this research. The epistemological link between 'performative' conceptualisations of identity and narrative has also been demonstrated. I have further justified why narrative methods of data collection are appropriate for exploring gendered professional identities in this study.

The research design was then explained and the approach to discourse analysis was critically explored to demonstrate how an approach that is informed by Foucauldian poststructuralist thinking is appropriate to the generation and analysis of the data. I have indicated how the analytical framework enabled me to examine gender discourses in physiotherapy, and how this might provide opportunities to address gender asymmetries, potential inequalities and challenge the status quo. Finally the key ethical deliberations in relation to this project were discussed.

Chapter 5 Results - Doing gender

5.1 Introduction

In this chapter, my interest is in how physiotherapy students *do* gender in physiotherapy. I present and discuss my interpretation of the student narratives in relation to the research questions: ‘How do students construct gender identities in physiotherapy?’ and ‘What types of gender discourses are articulated in students’ experiences of becoming a physiotherapist?’ More specifically I consider how students construct gender identities in and through talk in the interview and audio-diary entries in the various contexts of their educational experience. I focus on discursive representations of gender within the data using a discourse analytical framework. Applying this analytical framework enables me to explore how gender discourses both position the students in the study and/or enable them to reposition themselves discursively. Indeed my critical intentions lead me to consider whether these positions/identities have consequences for being considered an appropriate or acceptable gendered subject in physiotherapy education and practice and the possible losses of identity that may occur in this process.

Since discourse analysis is being brought to narrative data, the approach taken to present the findings needs clarification. Frequently in discourse analysis the findings are presented under themes with quotations and extracts from the data used to illustrate the theme (Roininen, 2008; Carabine, 2001). In this approach there is a risk that the quotations then become detached from the contextual data of the participants in the study and, as Bamberg suggests, ‘to view experience, action, lives as *texts*.... may constitute a serious reduction” (Bamberg, 2006, p.142). In order to avoid this reduction, I aim to represent what the students do with their talk, and how they construct identities by engaging in story-telling. Therefore the narratives of the participants are presented using pseudonyms chosen by them and examined to show how they construct identities using particular discourses that are available to them. In this way I seek to make available the experiences of everyday social exchanges, or

what some researchers call 'small stories' (Bamberg, 2006; Freeman, 2006). After writing up the three cases in the early stages of analysis, it soon became clear that constructions of identity did not demonstrate a pattern of development over time, but rather were interdependent on the social relations and contexts that fluctuated between the audiodiary entries and narratives. As such, I have made a positive decision not to present detailed biographical accounts or life stories as in 'big story' research, but to provide some contextual information for the narratives. In order to compare and contrast the gender discourses that arise, I have deliberately chosen to present the participants and their narratives that focus on masculinity together followed by those that illuminate discourses of femininity.

In the final section I propose particular themes that draw together the gender discourses, which are implied from the narratives of these physiotherapy students. Thus I bring my observations of discourses 'at large' in the wider world of gender, sexuality and higher education articulated earlier in this thesis. My own interpretations lead this section rather than the participants' narratives as I unpick how particular discourses operate through systems of power to both open up as well as control and regulate student choices and behaviours. This will open the opportunity in the final chapter to reflexively discuss the possible implications for my own practice as an educator and for others involved in the development of future physiotherapists to answer the final research question: What are the implications for representations of gender in physiotherapy education and practice?

5.2 Constructing identities within discourses of masculinity

This first section draws on several student narratives that produce particular ways for constructing male identities in physiotherapy. I consider how some of the men in the study negotiate discourses that produce them as 'distinctive' subjects within a 'women's profession'. Narratives that demonstrate how masculine identities are constructed within discourses that normalise physiotherapy as 'a natural progression from sport' and consider the masculine body as being 'more appropriate for performing physiotherapy' are discussed. I then argue how one student in particular finds herself positioned in contrast to

the masculine ideal type in physiotherapy. Finally I examine how some of the students work against rather than within certain discourses of masculinity that position men as inappropriate for physiotherapy.

5.2.1 'They were looking to me for answers'

In the following narratives, Stuart and Samuel suggest that they 'stand out' in a profession that they see as traditionally a 'women's profession'. As Stuart recalls of his first day:

it's kind of you getting into a profession which I think, historically, is quite female dominated, so again the first day it was kind of nice to see there was probably about [...] a quarter of the people in the room [...] were male.

Stuart acknowledges how the gender differences in physiotherapy place him in a minority, a position that he works to renegotiate. Stuart emphasises that the gender differences are 'historical' and therefore symbolic of the past rather than the current situation. He also indicates that the significant number of men he observed on his first day reassures him that his masculine identity is not read as unacceptable or inappropriate in current physiotherapy education.

Similarly Samuel recognises that his gender position raises doubt about whether he would 'fit in':

I knew, [...] I knew that physiotherapy used to be [...] very women dominated, [...], and um [1] got a reputation of being quite sort of snobby and stuffy [...] and so I thought 'OK, maybe, you know, they will be mostly middle class women, [...], would I sort of fit in there?'

Although Samuel queries whether he might be accepted in physiotherapy, he deploys discursive strategies to re-negotiate female-dominated physiotherapy on his own terms. In this narrative, Samuel not only distinguishes physiotherapy as female-dominated but also as 'middle class'. Samuel reworks 'middle class' values by problematising them (snobby and stuffy) and establishes a relationship to them that is distant from his own identity. Implicitly he is drawing on discourses that negatively position healthcare professions as middle class occupations. By linking middle class values and the female dominance of physiotherapy Samuel establishes a place for his own masculine identity and positions himself as appropriate for consideration as a physiotherapy student and physiotherapist of the future.

Samuel and Stuart also talk of how their masculine identity continues to make them 'distinctive' outside the classroom and in clinical practice. For instance, Stuart recounts an incident in which a patient assumed Stuart's authority over that of the clinical educator:

I remember when we were on placement, you know... and suddenly there were people looking to me for answers. I actually got the impression sometimes they expected more answers from me than from the clinical educator [...]... whether that's because I am male [...] or whether it's cos I am older, or what, I don't know, but I am sort of like 'Why are you looking at me when she [clinical educator] has been doing this for [breathes in] twelve years or something, you know, standing right behind me?

Samuel talks of how people assumed he was a doctor because of his gender identity:

my second placement I was in a [1] um, an ITU clinic and I was wearing scrubs, everybody w-, wore scrubs, the nurses, the physios, the, the doctors, um [...] so it's hard to differentiate um, between the different [...] the different uh, you know, roles in the different professions... Um, [...] very often I was called the doctor [...] and all the women, um, regardless of whether they were a nurse or a physio or a doctor, were called 'sister', as if they were a nurse.

These situations indicate how male students are forced into identities because of their gender. As an older male student in the context of physiotherapy, Stuart finds himself positioned by others as both having a higher status and being more powerful than the female educator. Stuart uses the story telling space to reflect on whether it is his age or gender identity that is of greater significance. In effect Stuart and Samuel's narratives demonstrate how identities, gender and social class are inextricably linked.

In the absence of any signifying uniform in multidisciplinary working, Samuel describes how his gender identity often leads to the default 'doctor' positioning. Samuel's reflections demonstrate how male-doctor / female-nurse stereotypes are continually replicated through historical discourses that bind gender and professional identities (Rothstein and Hannum, 2007; Bradley, 1989). This is continually played out in practice and Samuel finds himself contending with an alternative professional identity. In both these situations, Stuart and Samuel's

masculine identities offer positions with significant professional power, which contradicts the relative lower status of their student identity. As Skeggs (1991, p. 136) argues “it is far easier to relinquish power than to take it”, therefore Samuel and Stuart’s masculinity gives them power in physiotherapy. Nevertheless they must work to deny these positions or risk appearing arrogant or unprofessional.

In these situations, Samuel and Stuart acknowledge their outsider position to the largely female population of physiotherapy and recognise how their masculine identity gives them distinctiveness in physiotherapy. They also deploy differing discursive strategies to construct masculine identities as appropriate subjects in physiotherapy, necessarily demonstrating a certain humility that perhaps contrasts with their prior senses of self.

5.2.2 ‘Always interested in sport’

The stories of Samuel, Sean and Stuart show how they begin to shape their physiotherapy identity from a history of sports and subsequent injury. Samuel suggests this in the initial interview with me:

Well it started [...] and I guess this sort of [...] might be a stereotypical [...] way to start for a guy, um [...] I used to play football [...], and uh I was playing for a club, a semi-pro club and um [...] and I got injured and [...] they said ‘Go and see the physio’ and that ... at that time, you know, [1] the term physio just meant the guy who runs onto the [...], you know, onto the pitch when you are injured.

Similarly Sean asserts early in his interview that he has “always had an interest in kind of activity and sport and keeping fit” and tells a story of going to see a “sports medicine specialist doctor about pains in my knees”. Stuart talks of a period in his life in which he “started doing a lot more running” which led to a pain in his knee and subsequent physiotherapy treatment.

As discussed in Chapter two, these men’s stories mirror the findings in the literature that suggest men are more likely to enter physiotherapy following exposure through a sporting injury (Greenwood and Bithell, 2003; Rozier *et al*, 2001; Öhman, Stenlund and Dahlgren, 2001; Davies, 1990). Indeed Samuel acknowledges that his story may sound typical of men in physiotherapy. He

does not dismiss the 'sporty male' stereotype, but constructs a masculine identity in physiotherapy built from this 'ideal type'.

Although not as explicitly, Sean also draws on discourses that present physiotherapy as a natural progression from a sporting background. He recalls a story from his childhood, where he recognises how his identity 'fitted' with his mother's idea of physiotherapy:

she would have seen the physios, you know, in polo shirts and tracksuit bottoms and stuff like that, and active in, in hospitals, so [...] that's kind of her, [...], um, [...] her idea of them and her vision of them would have kinda fitted in with what she saw of me.

Sean highlights the physiotherapy attire and articulates how his mother saw this as compatible with his description of himself as 'active'. In doing so he constructs an identity for himself that maps onto his own understandings of physiotherapy: 'active' and wearing sports gear.

For each of these men, discourses around being active and 'sporty' offer ways to construct appropriate, and implicitly heterosexual, masculine identities in physiotherapy. Their narratives show how they work within these discourses rather than against them, normalising physiotherapy as a career choice and making it possible to position themselves as appropriate gendered subjects in physiotherapy, by implication reinforcing their heteronormality.

5.2.3 'You have to be big and strong'

I now examine how students shape identities through discourses that give men particular authority in matters of physical capability in physiotherapy. In the following narrative Sean recalls observing two female physiotherapists on work experience prior to starting physiotherapy:

there was myself and another guy, we were on a [...], the work experience, we were just shad-, shadowing, [...] and there was two physios, two girls, and they were quite small, they're weren't, you know, they were quite small girls, and they were getting this very large lady out of bed, I can't remember exactly what was wrong with her but [...] they were really struggling, really struggling... and [1], after that they kind of said that, 'you know, you need to weigh up what's kind of [...] therapeutic for the patient and what's dangerous for your back' [...] um, [...] and they said 'sometimes, you know, you have to kind of go that little bit further'; and I

remember standing there thinking 'Never in a million years would I do what you've just done.'

As Sean re-stories this experience, he draws on knowledge / discourses of physiotherapy that were not necessarily available to him at the time. He works to construct his knowledge of moving and handling as 'inherent' or 'common sense' when he evaluates the handling task he was observing; 'never in a million years would I do what you've just done'. It is clear that he disagrees with the conclusion of the therapist that 'sometimes, you have to go that little bit further'. In doing so he promotes a 'common sense' professional identity that establishes boundaries between those who have it and those who do not. Simultaneously, and perhaps unintentionally, this boundary is also established across gender lines, where the female therapists are seen not to have the necessary common sense to 'weigh up' the situation appropriately. Sean extends his gender evaluation to physical differences. He positions the female therapists as 'girls' rather than 'women' who are 'quite small' and 'struggling', indicating that he feels they lack the physical capabilities required to carry out the handling tasks of physiotherapy.

Female physiotherapy students can also be positioned within these discourses of masculinity. For example, Laila stories how she is confronted by discourses that question her physical capabilities in a discussion with her father:

when I-, I talked about it [physiotherapy] with my dad, he said 'Ah, but you're r-, you're really small' [laughs]; you have to be um [.] y-, [.] and his impression I suppose was you have to be big and strong... Because you, you, you know, if you are doing manipulations or if you, if you [.] and the types of people you'll be dealing with, you know like, I think he's probably thinking you know, a big rugby guy's coming in [laughs], you know, 'you're not even going to be able to lift their leg; how are you going to d-, do any of that?' So um, [.] yeah, I think that was probably my first impression, like oh yeah, actually maybe [.] maybe it is, [.] you have to be quite, quite big and, [.] um [.] quite big and [1] and, a lot of other people have said to me as well, 'Oh yeah,' [1] – um, when they see physiotherapy, they say 'Oh yeah, the guys who run out on the pitch [.] who do the massage for the teams and like, if someone has a sprained ankle or something like that, they're the first on, [.] to see them, and they do the rehab uh, for sports injuries, that's for footballers and things like that, that' ... and they're always guys, and on the... um, yeah, so, that was, that was why [.] all the story that I've heard when I was getting more into [.] just questioning what physiotherapy was and things like that, um, [.] all the examples I got I think were always [.] men most of the time.

Here Laila is also positioned as 'small' and thus in binary opposition to the commonly held belief, as expressed by her father, that physiotherapists must be 'big and strong'. Laila recognises that she shared these first impressions and that they began to sow doubts about her own capabilities and her own embodied identity: 'maybe you have to be quite big'. For Laila these physical characteristics suggest the default gender position for physiotherapy is man, 'guys who run out on the pitch, they're always guys' and she confirms: 'a lot of other people have said (that) to me as well'.

There are parallels here with research that examines how gender discourses connect work and bodies with an implied heteronormativity. In a study of teachers' and engineers' working lives, Roininen demonstrates how individuals utilise what she calls 'body/work' repertoires "to connect what is done by female bodies – reproduction – and that which is done by male bodies – production – to gendered skills and preferences for work" (Roininen, 2008, p.135). Similarly in an analysis of the social identities of women, Marshall and Wetherell (1989) found that gender and career identities were frequently constructed in a 'femininity as lack' discourse. They argue that such discourses operate through power structures to construct female bodies as inappropriate for particular types of work. The narratives of Sean and Laila indicate that similar discourses are present in physiotherapy; heterosexual male bodies are constructed as appropriate for physiotherapy work. By contrast, women do not have the physical capabilities to succeed in physiotherapy, or by implication gay men, who may be perceived as effeminate. This provides a platform for men to construct an identity as physically capable and socially acceptable in physiotherapy.

In contrast, as a woman, Laila must face competing gender norms that suggest women are not supposed to be big and strong. Research on gender identity in women athletes facilitates a further theorisation of Laila's position. Ross and Shinew (2008) investigated how women athletes dealt with what they refer to as the 'female/athlete' paradox. The women in their study frequently talked of how they constructed images based on a 'preferred femininity' to avoid being

labelled as lesbian / other. In another study of college athletes, Harrison and Secarea (2010) concluded that women faced more academic disadvantages than men when their identity was threatened by the prospect of being labelled the 'dumb jock' sporty stereotype. In a similar vein, Laila's narrative may be read as negotiating a 'female / physiotherapist' paradox, where her gender identity is challenged in attempts to negotiate a capable physiotherapy identity. Laila must maintain an embodied identity that conforms to feminine norms which is deemed an appropriate sexuality, and yet must aspire to physical standards that are set in masculine terms. For Laila these gender norms are ambiguous and constantly challenged in a variety of social relationships and contexts.

These narratives illustrate how physiotherapy students must negotiate embodied identities in physiotherapy that are inextricably tied to gender, sexuality and essentialised understandings of what is appropriate work for men and women's bodies. In these discourses, men's bodies are constructed as fit and strong and therefore more capable and more appropriate for physiotherapy work. These discourses have other influences that the following narratives show.

5.2.4 'Its all guy, guy, guy'

As I have previously argued, certain discourses position men as a minority group in physiotherapy. Yet this is in contrast to other discourses that position men as the default identity of physiotherapy. In the initial interview with me, Laila negotiates a gender identity that conflicts with her perception of physiotherapy prior to commencing her studies. She recalls her memory of seeing a promotional video for physiotherapy that was dominated by masculine images:

it was just a montage of this guy, so I think it's just the effect that that had as well, because you kind of think you're seeing several things, where it's all the same things, it's just a montage, so you think 'Oh yeah, yeah, guy, guy, guy, guy, guy, guy', if you think about it; but um [...] i-, it's not something that um [...] that I saw as a problem or anything like that, and it's not ... I didn't really feel [...] that it would be a.... I didn't. I don't... , maybe I didn't think it would be a problem for me getting in, that wouldn't, [...] I didn't consider that as a hurdle for getting in even though it was... well today

anyway, hopefully you're thinking there... it wouldn't be that, uh, [...] too much of a bias and things in, in, in selection, even though it was all... because I see a lot of girl doctors or n-, and nurses, you see a lot of men going into that as well now, so it's uh, it's um [...], it's opened up for, for anyone.

By emphasising the male image, Laila makes distinct her identity as a woman and how this positions her in contrast to the promoted image of physiotherapy. She works to negotiate this positioning in a number of ways, primarily as a discourse of optimism which shies away from inequalities based on gender: 'I didn't think it would be a problem'. More specifically she negotiates discourses of gender equality in healthcare by challenging doctor and nurse stereotypes. Laila claims there is 'not too much of a bias' and 'it's opened up for anyone' to assert how she does not feel her female identity will limit her in becoming a physiotherapist.

However, her frequent hesitations and groping for words illustrates vividly the complex power struggle Laila is engaged in, exhibiting this conflict to me as a course tutor and a man specifically interested in gender. In this narrative, Laila is conscious of how gender discourses can destabilise positions available to her in physiotherapy and health care. In her narrative she works to dismiss gender as a 'hurdle' for her, but immediately undermines this assertion: 'even though it was'. According to Butler, people are deemed incongruous if they fail to conform to the gendered norms by which they are defined (Butler, 1999, p.23). Laila's initial discursive response 'not a hurdle for me' risks positioning herself as different to other women, and therefore not conforming to gendered norms. In order to avoid being positioned as 'other', Laila reasserts a safe gender position by acknowledging systems and practices that work to maintain gender inequalities. Although this may provide some level of gender identity stability in the context of the interview with me and in physiotherapy, Laila is not immune to masculine discourses and how these place her at risk of not having the suitable physical capabilities for physiotherapy. These tensions exist prior to her entry and throughout the physiotherapy course.

5.2.5 “Ok, you’re correct’ and she was wrong’

Aside from physical ability, masculinity is authorised in other ways within the student narratives. As Sean’s manual handling story illustrates this is also in matters of ‘common sense’, and by extension in physiotherapy knowledge. Another student’s stories provide further examples. In the social context of clinical education, Dylan, a mature student, describes an opportunity to run an exercise class and to make adjustments to it:

I was asked to do this and you know, I’d only been there the Monday and Tuesday afternoon I was taking the cardiac rehab class which is [.] daunting, but [.] you know, it just really makes you feel [.] good, really that somebody can see that in you and let you, [.] let you do that and [.] I did it in front of my educator um, [.] last week, and um, I got loads of pats on the back and [.] loads of good ‘brownie’ points and he said I can do it now and [.] he’s given me the scope to change the exercises and stuff, and make it more sort of efficient because it’s a little bit higgledy-piggledy at the moment but um, [1] you know, I think when this week comes and I can [.] write some stuff down and get some ideas, I think um, [.] I can make it work just that little bit better, that little bit more efficient so that’s really cool.

In reading this narrative, I use Butler’s reiteration of Althusser’s conceptualisation of the simultaneous acts of *mastery* and *submission* in constructions of identity (Butler, 1997, p.116-117). Here Dylan masters the position of the ‘good student’ by demonstrating he can practice physiotherapy independently and use his knowledge to plan future changes to the exercise class. At the same time he submits to the hierarchical position of ‘student’, where the ‘educator’ is constructed as maintaining power and exerting social control over the student: ‘I got loads of pats on the back’. Dylan does not question this power balance, nor does this lead him to question the authority of his clinical educator. He accepts the transfer of power of responsibility from his educator in positive terms: ‘he’s given me scope’, rather than seeing it as unfair expectation. It may be argued that these discursive acts are not gender neutral therefore it is useful to compare with another narrative within Dylan’s interview in which he challenges a female tutor:

two weeks ago we were t-, oh, um, [.] we was in a lecture with [female lecturer name], it was on [1]... I think it was the first one we had or the second one, it was about [.] oxygen therapy, and we had about [.]... I’m sure there was about 7 or 8 things we had to look at and [1] she was throwing questions out and [.] I was answering stuff, and she said about

[.] um, [.] she said 'Oh, giving oxygen therapy, you don't give it when somebody's um [.] SaO [.] uh, uh, [.] PaO₂ is below 8, and I put my hand up and I said, 'It's 7.23, [.] and it's only... it's 8 because it's nocturnal uh, apnoea, and she went [.] she went through her work and she like looked through it and she went [.] 'Right, OK, you're correct' and she was wrong.

In this second narrative Dylan can be also constructed as the 'good student' by demonstrating mastery of knowledge, and a critical approach to learning. Equally he could be constructed as an 'annoying class swot' by other students for answering questions, or by the teacher for bringing about unwanted criticism. But another reading of this story, in relation to the previous one, highlights the significance of gender. In contrast to his relation with the male clinical educator, Dylan's mode of performativity in the classroom could be read as an unjustifiable use of authority, mediated by gender. In a Foucauldian sense, Dylan works within the legitimacy of masculine regulatory power that renders women less powerful (Foucault, 1979). Hegemonic masculine discourses both legitimate Dylan's challenging behaviour in his relationship with the female tutor, and control him via submission to the authority of the male educator. Of course there are other factors that must be read and acknowledged within these situations. In the classroom the large number of students provide a sense of solidarity that is not afforded in the placement site. Similarly it must be recognised that an inquiry and critical approach is solicited in the classroom. Despite this, Dylan treads a fine line between paradoxical subject positions, where masculinity can neither be considered neutral nor separated from other identities. Nevertheless, articulating mastery of physiotherapy knowledge offers a way to construct masculine identities in physiotherapy.

So far narratives have been presented that illustrate how students construct identities within discourses that operate to include men as an appropriate gender for physiotherapy. I now turn to narratives that indicate discourses that challenge masculinity in physiotherapy.

5.2.6 'The male physios have got to be careful'

After discussing the dominance of masculine images in physiotherapy, Laila recalls one of the first teaching sessions in which students were required to be models for physical examination,

I remember in the cubicles, there was a few boys and they were so shy, very very shy, they didn't want to take their tops off um [...] and this was like for a chest examination, so it was 'Well, you know, you m-, you are going to have to,' uh [...] [laughs] [...] and they re-, [...]... they were so embarrassed. They were very young, they only must have been about like 18, 19, just broke up from school and it was like 'Oh OK,'... I remember feeling awkward not [1]... I felt awkward for them, I never felt awkward but [...] I felt awkward for them and realising that it's [1]... not everybody is used to being touched like that [...] and um, [...]... that's probably really um [1] you've got to be careful... but the male physios have got to be careful because [...] sometimes you do have to go into quite intimate areas and if you don't do it in a professional manner, it'll come across really badly, you won't, you know, they'll tense up and things like that and you can s-, the worst thing is you could get sued.

Although not explicitly stated, my understanding is that Laila is influenced by discourses that constitute masculinity through physical contact as either a sign of sexual deviance (if unsolicited with women or minors) or homosexuality (if with other men). She talks of the risk of being identified as unprofessional and at worst 'getting sued'. Although she expresses concern, Laila recognises that she herself is less at risk. In the context of the physiotherapy classroom, Laila's gender identity works in her favour and she positions her male colleagues as less fortunate than her. Perhaps Laila's intention is to avoid repeated constructions of a disadvantaged gender identity and the inevitable consequence of being 'vulnerable'. By doing so however, she reinscribes the male students as vulnerable, in what might be interpreted as a new rendition of the 'poor boys' discourse (Francis, 2006).

Although not explicitly stated, Dylan is also influenced by discourses that position men as a sexual threat. Dylan's narratives raise somewhat different issues compared with the other men in this study, and like Laila he works to construct a gender identity against discourses that claim to speak for him. Early on in the interview, Dylan promotes his sexual identity as 'single':

I'm single cos I, I just don't feel that I can give [.5] any time to a relationship, I've tried [...] in the past year, but it just hasn't worked out. um

[1], but I think that's about it really, [...] I think [...] the thing for me is that [...] I am mixing with a load of [...] sort of younger people so being in a relationship would complicate things, so it's just easier.

In my analysis I presumed (perhaps wrongly) that Dylan was suggesting he was unable to give any time to a heterosexual relationship. As Butler suggests, identities are framed, by default, within heteronormative discourses that lead to presumed causative relations (Butler, 1999, p.31). Dylan prioritises his professional identity over his gender identity /sexuality by claiming he has no 'time for a relationship' or that 'a relationship would complicate things'. In Dylan's narrative being 'single' suggests non-committal and this makes it 'easier' to reclaim a 'safe' identity against discourses that position him with heterosexual/male/predatory tendencies. But, in so doing, he is apparently sacrificing the potential for being in a stable, loving relationship.

As Dylan and Laila's stories indicate, male identities in physiotherapy can be constructed within what Hollway (1998) refers to the 'male sexual drive' discourse. This discourse implies that men are open to sexual temptations and constructs particular identities across sexual/asexual, promiscuous/chaste, dangerous/safe binaries. In the context of physiotherapy practice, such binaries equate with notions of what is deemed unprofessional/professional that evidently spill over into their private lives and selves. To complicate this further male students are also faced with the rituals of physiotherapy education. In the context of the physiotherapy practical classroom, students are expected to undress to shorts and sports bra (for women) and work with other students to practice manual skills and appreciate movement and the benefits of therapeutic touch. As men Dylan, and the students Laila refers to, could be positioned as the object of suspicion in this context where physical contact with other male or female students may be construed as sexual. This simultaneously places them in a vulnerable position where 'other' (deviant/pervert/gay/bi) constructions of identity must be challenged. As such, male students must learn the spoken and often unspoken rules of therapeutic touch in physiotherapy practice. Dylan deploys discursive strategies to regulate himself as an asexual/safe/professional male physiotherapy student in relation to these rules. These narratives would seem to illustrate ways in which the 'male sexual drive'

discourse problematises masculinity in physiotherapy, with material, bodily consequences for these students.

5.2.7 'I was like a 'manny''

In Dylan's narratives, there is also evidence of other discourses of masculinity that regulate and challenge his gender identity. I now examine how he attempts to perform an appropriate gender identity in order to be accepted in physiotherapy. Dylan's transition to study physiotherapy is marked by a sacrifice and renegotiation of prior identities that signify his masculine identity:

a friend of mine was kind enough to rent me a room and [...] in return, I paid her [...] a sort of... I paid her £200 a month and I had [...]... I do [...] childcare duties as well, I had to look after... uh, pick her little girl up from school and just take her out if she was working late so I was kind of, I was, I was I-, like a 'manny', you know, like a male nanny sort of [laughs]... that was a sort of [...] – that, that's how my life was, and giving up my job [...] and giving up my, my house and gettin' rid of my car to just [...], to cycle everywhere, that was, that really tough.

Prior to this Dylan had identified himself as from a 'sort of working-class background'. According to research by Burke (2007), higher education is viewed as an opportunity for self-improvement and taking up ideal/respectable forms of masculinity within working class discourses. It may be argued that Dylan's sacrifice is constructed in typical masculine discourses of non-traditional entrants to higher education (Tett, 2000). From an analysis of her interviews with working class students undertaking a degree in community education, Tett (2000) found that men were more likely than women to construct higher education in discourses of status, employment and salary, which were kept separate from domestic life. Similarly I read Dylan's shift away from previous masculine identities of job and economic stability as problematic and framed within an imagined hegemonic masculinity (Burke, 2007; Connell, 2005). Working class discourses that describe the *successful* masculine identity: independence, breadwinner and homeowner confront Dylan and he risks being positioned as an *unsuccessful* masculine subject if he does not possess these characteristics. Simultaneously such discourses operate to construct the work he is now obliged to do (childcare duties) as more appropriate for women. Dylan attempts to rework this in masculine terms by taking the feminine identity of 'nanny' and re-inscribing a more masculine version 'manny': 'taking the child

out' (masculine) rather than taking care of her (feminine). Therefore Dylan is not necessarily liberated by his move to the world of education, he is confronted by a social position that he feels is constrained and feminised and he finds this 'tough'. To construct a successful masculine identity requires navigating competing discourses that position him otherwise, both in material as well as perceptual terms, leaving him in a highly ambiguous place.

5.2.8 'You're like my dad'

Dylan also attempts to perform 'acceptable' leadership roles to be recognised as appropriately 'male' among his peers, by continuously engaging with signifying practices that reposition his identity as 'teacher'/'father':

it was me and three other girls [...] and they were doing the techniques, [...] and I, I was saying 'OK, let's, let's think about this; we had the Petty and Moore book, you know, we had the skeleton, [...] they were saying 'Well how am I going to get, you know, how am I going to get the transverse process on C1? I said 'Well, y-, you turn it to the head, to the side', you know, and I am showing them on the skeleton, showing them [...] 'this is what and this is how you push on it', [...], and [...] you get a lot of people who palpate, like, you know, really [...] – 'that's enough, [...] just lightly, just gentle, until you feel where you're at, and then you can apply the pressure'

As Mac an Ghail (1996, p.200) suggests "men attempt to reproduce themselves as powerful within social circumstances which remain out of their control". Here Dylan uses 'familial' or patriarchal discourses in order to position himself as knowledgeable, and therefore powerful, in relation to the other female students. He narrates the other students as asking questions 'how am I?', and himself as answering, problem solving and advising 'well you..., this is how you...'. Similarly throughout the interview he refers to the other students as 'kids' and positions himself as some sort of 'surrogate father' rather than colleague (Francis, 2008). In negotiating these discourses, gender and age conflate in constructions of identity. Dylan deploys other discursive acts that negotiate a hierarchical gender position: he narrates himself as 'organiser' of weekend study sessions and as 'leader' when he takes up a position of Year Representative. All these positions negotiate stereotyped forms of heterosexual masculinity but place Dylan in an unequal power relationship to his peers, and this is not without risk. In the following narrative Dylan talks

about a confrontation he had with another female physiotherapy student when he lived in communal halls of residence:

I'd fallen out with one of the girls because [...] she was just being really [...] ... I just kept asking her to tidy up, and it's like 'Oh, you're like me dad', [...], you know, and I'm like [...] 'Well not really, cos I have to live here as well. I am not asking you to tidy up, I'm not asking you to sort of like tidy your room or anything, even though it looks like a bomb's landed, d-' [...]... and then for my birthday, it was 'Granddad, happy birthday granddad, ogre, Shrek thing on the door. I have still got that card, it's well cool.

Reiterating Butler's concepts, Dylan's *mastery* of an acceptable masculine identity (as surrogate father) involves *submission* to discourses that position him as father, such as accepting responsibility for disciplining others by requesting them to tidy up (Butler, 1997). In this case, Dylan's attempt to construct an appropriate masculine subject in physiotherapy who is an authoritative, autonomous, problem solver is never stable and 'backfires' when he is positioned as 'granddad'. In contemporary Western discourses, grandparents can sometimes be positioned favourably as wise mentors, however they can also be positioned as frail, 'beyond it' or 'busybodies'. Therefore Dylan's masculine identity is precarious, and in physiotherapy discourses, physical fragility threatens his continued livelihood in physiotherapy once he graduates:

I just wanna get a job, I am not 19 or 24 and I can go and take a year out and just think 'Uh, you know, I'll be able to do whatever I want.' I have to get a job straight away [...] because I haven't got that much time in physiotherapy; by the time I do an 18 month rotation, I'm four- [...], I'm nearly four-, I am [gonna be] 44 year old so [...] it's gonna be um, [...], it's going to be tough, it's going to be really tough.

In order to counteract the perceived fragility of an ageing or asexual masculine identity, Dylan pays close attention to clothing in performative bodily acts:

I try to fit in, you know, [...] I try ... I don't dress like an old man, I don't like wear chinos and that and [1], you know, I, I just ... you know, I just try to: be myself, you know, I try to [2] be there with the kids and all that, [...] but I am 39 so it's kind of hard. I do find it a little bit hard.

This narrative indicates how gender is an embodied identity and is played out through stylisations of the body within a regulatory framework that forces individuals into normative ideas of gender and sexuality (Butler, 1999). Dylan's choice of clothing is constrained by normative discourses that suggest 'chinos' symbolically represent a certain type of man: 'older, middle class and white'. In the space of the interview and audio-diary Dylan struggles against normative

constructions of gender identity within physiotherapy by confessing 'it's kind of hard'.

Dylan's embodied male identity is also challenged further in the above narrative when he talks about receiving a birthday card from his colleagues where he is positioned as an ogre / shrek. Indeed this may position Dylan as sexually neutral like Shrek, the benign ogre beloved by children, but as Butler argues:

such attributes or interpellations contribute to that field of discourse and power that orchestrates, delimits and sustains that which qualifies as "the human". We see this most clearly in the examples of those abjected beings who do not appear properly gendered; it is their very humanness that comes into question (Butler, 1993, p.8).

Therefore as ogre, Dylan is neither man/woman but is at risk of being 'not human'. Although Dylan performatively constructs a position of acceptance, by affirming 'it's well cool', he must constantly renegotiate acceptable forms of masculinity in relation to his peers, and this is not easy.

In my analysis so far I have argued how discourses of masculinity have produced and reinforced particular identity constructions for students in physiotherapy education. Some discourses enable students to take up positions of relative power while others are positioned in contrast to dominant forms of masculinity, which leave them at risk of not being considered appropriate gendered subjects in physiotherapy.

5.3 *Constructing identities within discourses of femininity*

Shifting emphasis, the focus will now be on how students *do* gender framed by feminine discourses in physiotherapy and how these intersect with those examined in the previous section. This is inevitable when gender discourses demarcate boundaries between what is masculine/feminine and what is not (Carabine, 2001). For instance by foregrounding discourses that suggest physical capabilities of men make them more appropriate for physiotherapy, women are then defined in relation to these norms, and thus defined in terms of 'lack'. In this section I examine other discourses that express particular ways for women to behave that have implications for students in physiotherapy. I analyse how these discourses either position students or enable them to take

up positions, and the consequences for being an accepted gendered identity in physiotherapy.

5.3.1 'My hormones or something'

In contrast to the previous narratives, the following stories from female students do not explicitly refer to masculine discourses and how they are positioned in relation to them. Instead the stories illustrate how they are conscious of other discourses that position them as women. For example, in the initial interview Louise talks about how she had to take into account the social expectations of women in her decision to study physiotherapy:

So I think it was just [...] possibly a point in my life [...], I was probably feeling that I was getting a bit older, and [...] I needed to [...]... if I was going to make a change, I thought now would be quite a good time to make a change, thinking long-term about having a family and fitting it [...] all in.

Out of the possible discourses through which Louise might constitute and be constituted, the reproductive function of the feminine body and the desire, or demand, to have children is significant. Here Louise articulates how discourses of the female 'body clock' project particular choices and plans that are constructed around normative expectations and/or personal desires of having children and raising a family. Cultural assumptions and economic rationality demand that women, unlike men, should prioritise relationships and family over work (Tett, 2000). Indeed Clegg highlights that such discourses can lead to fears that intellectual working women "risk compromising their fertility and heterosexual appeal" (Clegg, 2008, p.213). In physiotherapy, studies have demonstrated that women find that family commitments demand more of their time and make it difficult to balance the demands of their career (Johansson, 1999; Öhman, Hägg and Dahlgren, 1999). These discourses are not uncommon in other health care professions, such as medicine, where 'taking a break' to raise a family is cited as one of the most significant barriers to women's career progression (Miller and Clark, 2008). Irrespective of whether these perceptions are accurate or imagined they create conflict between personal and professional lives. In negotiating this conflict female students risk being either self-centred for not prioritising family responsibilities, or incapable if

they cannot combine the two. These tensions permeate their progression through physiotherapy education.

Although Louise presents herself as navigating her own path in physiotherapy, she also perceives gender bodily functions as an interference with her professional identity in day-to-day practice. Louise confesses that at the beginning of her second year she was uncertain about studying physiotherapy:

and that first week back was like, [...] 'Oh gosh, I really don't know if I'm doing the right thing.' [laughs]. Um, [...] but I, [...] I mean I didn't really kind of make it known to too many people, I thought it might just be [...] my hormones or something [laughs].

At a point when Louise questions whether she was 'doing the right thing' she attributes this to her female body. Although said with some irony, she draws on discourses that tie women's hormonal changes with particular behaviours. As Fine (2010) argues, these discourses lead to negative stereotypes that women are 'irrational', 'illogical' and prone to 'mood swings' and so on. As such Louise's uncertainty about being on the course risks being construed as 'hormonal' and therefore either not taken seriously or exaggerated. She negotiates this subject position with caution noting, 'I didn't make it known to too many people'. Moreover, by sharing this with me later in the interview, Louise re-establishes qualities of commitment and persistence consistent with the increasing neo-liberal rhetoric of physiotherapy and healthcare in the UK (Great Britain. Department of Health, 2010). Louise's stories illustrate the complexity of constructing an appropriate female identity in physiotherapy, with the problematic of reproductive femininity remaining typically unresolved.

5.3.2 'You kinda become something else I think'

So far I have demonstrated how cultural understandings of women's bodily functions have influenced feminine constructions of identity in physiotherapy. I now wish to draw on a narrative from Anne's story that highlights the significant influence of professional conventions on gender identity. In relation to the distinguishable features of gender identity she talks of the consequences of wearing a uniform whilst being on clinical placement:

But there's something, and I'm sure everyone says this, there's something about putting on your uniform, [...] and the fact that it's so plain,

um, [...] you know, to me, when you stick on all your jewellery and [...] I'm sure I look quite ordinary these days, but I've got a bit of a history [laughs], of um [...] wearing strange clothes, especially back in the '80s when we did those sort of things. So for me all the jewellery and stuff is uh, [...] a kind of an expression of your personality, so [...] taking all that stuff off, tying your hair back, putting on a plain white tunic, um [1] you kinda become something else I think. [1], I'm not putting that in a very articulate way but it's not really about subjugating yourself, but it's just, it's becoming, you know, part of [3] of something sort of formalised. People are ... the first thing somebody is not going to see is you [...] the first thing someone's gonna see is, you know, the physio or the student physio or [1] and that does [1]... you know, at first you're kinda dressing up as it, um [...] but once you've been doing it for a little while, it feels more like you're, you're starting to become that thing, [...] I guess.

Anne's 'dressing up' metaphor resonates acutely with Butler's concept of identities as performative. As Butler (1999, p.34) suggests "identity is performatively constituted by the very "expressions" that are said to be its results". Anne's narrative symbolises that physiotherapy is something to be 'expressed' or 'played out' through embodied acts that involve costumes (uniform) and (lack of) props (jewellery). Although Anne wishes to deny that the uniform 'subjugates' her, she acknowledges that she is 'part of something sort of formalised'. In terms of physiotherapy, the hierarchical systems of higher education and health care practice dictate and regulate formalised codes of behaviour that Anne must both submit to and master in order to create successful professional and gender identities. Yet she finds it hard to articulate 'that thing' she will eventually become. Anne's narrative signifies the difficulties of the 'performative professional' that leave little space for being the personal in the professional. Could it be that Anne is learning to construct a professional identity that compromises her own understanding of what it is to be feminine?

In the act of constructing an acceptable professional identity, Anne talks of ridding herself of all stylisations of the body that regulate particular professional ways of being such as 'tying your hair back' and 'taking all that stuff off'. In doing so Anne also uses descriptors 'plain'/'ordinary' to indicate how she perceives these practices as limiting her expressions of individuality. These practices might also be interpreted as 'undoing' her feminine identity framed within heteronormative expectations of what it means to do femininity well. As Paechter proposes:

‘doing femininity well’ seems to mean enacting a hyperfemininity that many women, possibly the majority, do not themselves perform, at least much of the time (Paechter, 2006, p.256)

Paechter also claims that hyperfemininity is defined in contrast to hegemonic masculinity and thus by the absence of power (ibid). In order to reclaim power and succeed in the work environment, some researchers (Miller and Clark, 2008; Roininen, 2008; Meachin and Webb, 1996) posit that women learn to assimilate to male-dominated terms and conditions. Uniforms and dress codes can play a part in these terms and conditions and thus work to neutralise gender identity and mask sexuality (Holliday, 1999). Anne’s narrative demonstrates how she negotiates these contrasting extremes in constructing a feminine identity in physiotherapy. At one extreme, enacting a hyperfemininity, as Paechter describes, may not be a femininity that Anne recognises. Yet, at the other extreme, Anne discursively resists the regulating and gender neutralising forces of the physiotherapy uniform. This is more acute when contrasted with the experiences of some of the male students in this study. For instance Sean positively embraces the tracksuits and polo tops of physiotherapy as an expression of his masculine self. Anne’s story illustrates how female students must negotiate a femininity within a framework of conformative practices that work to neutralise their gender.

5.3.3 ‘I wouldn’t see it as a job, it would be a calling’

The stories of another female student reiterate this theme. In the initial interview Salma recounts being inspired by physiotherapy whilst observing doctors and physiotherapists work in developing countries:

and I just found like [...] the physios that I saw working out there much more... their work was much more powerful in a way because they weren’t dependent really on so many of these [...] modern technologies and they could make a difference to people’s lives quite quickly.

She also talks of health care and also her aspirations:

with healthcare [...] you are always working towards the beneficence of people and [1] philosophically I find it, um, much more [...] positive, um, easier to [...] to [...], to make a career and a vocation.

In these narratives, Salma puts forward desirable motivations for physiotherapy to ‘make a difference to people’s lives’ and ‘work towards the beneficence of

people'. It is possible that Salma's way of negotiating a professional identity is to work with professional discourses of 'social responsibility' to challenge potential claims that she may only be in physiotherapy for personal material gain. According to Stronach *et al.* (2002) the professional as an 'agent of good' is an enduring virtuous notion of what it is to be a professional. In such discourses, Salma's display of altruistic professional attributes makes her a desirable candidate for physiotherapy. In addition, it may be argued that Salma is working to construct an appropriate feminine subject – devoting her life to caring and humanitarian work in the stereotypical gendered work divide (Bradley, 1993). However, Salma resists heteronormative discourses that position her as settling down, getting married and giving up a career for a family by insisting in an audiodiary entry following her second placement: "I wouldn't see it as just a job, it would be like a calling for me". She acknowledges that she is not in it for the short term and embraces her future by declaring that she wishes to "make a difference to the whole practice and the whole profession". In doing so she performatively constructs a dedication and devotion to the profession in altruistic terms.

Returning to Stronach *et al.*'s (2002) analysis of nurses' and teachers' professionalism, such idealised or romanticised forms of professionalism may be impossible to achieve in an increasingly audit focused culture, and may lead to tension, 'burnout' and dissatisfaction. Salma is not ignorant of these challenges and early on talks of an ambivalent relationship with the healthcare system:

how do we deal with that in the healthcare culture that we have here in the west and in Britain, um, since everything really needs to be quite evidence-based, um but if the system we have is not suitable for really detecting that evidence, then maybe we need to, I don't know, create another system, a different type of system that is more suitable for physiotherapy.

Although Salma says she is "constantly amazed by the NHS", she is learning to story herself in and against this system. Salma asserts that her idea of being a physiotherapist is incompatible with the current system and negotiates these tensions early in her career. My own role in Salma's construction of her identity must also be considered. By demonstrating critique, Salma can be recognised

as a good student in discourses of higher education that value 'critical thinking'. However in the formative years of physiotherapy education, such discursive acts may also be interpreted as being 'too critical' or 'too assertive'. Salma risks being positioned as 'rebel', which contradicts conceptualisations of the 'good docile female student' (Skeggs, 1991). I draw parallels to an analysis of shared stories of academic women (Davies *et al*, 2005). Like Salma, Browyn Davies and colleagues found themselves having to negotiate new workplaces with caution. They had to 'put on hold until some unspecified future' the critical thinking that may have secured them the job in the first place (Davies *et al*, 2005, p.354). As a woman in physiotherapy Salma must also negotiate this with caution.

As I have argued, Salma stories a gendered professional physiotherapy identity that is altruistic and for the greater good of society. Initially, Salma asserts her physiotherapy identity as the most significant and others are subordinated in what Roccas and Brewer (2002) might describe as 'dominance' in managing multiple identities. She also negotiates this prioritisation with pragmatism when she claims physiotherapy is "not something you do on the side". But this is juxtaposed later in her narrative(s) when Salma narrates "you know, physio is just one part of our life, it's not my life". Although Salma expresses that her physiotherapy identity is a necessary prioritisation, she begins to resent how other identity constructions (fiancée, daughter, dancer) are being compromised. Salma's narratives illustrate how her feminine identity must be dynamically negotiated and renegotiated both within and against idealised discourses of professional identity.

5.3.4 'Working towards helping people'

In a related theme, identities are also constructed in relation to the social edict that women should help and care for people. In addition to the claims made earlier, Salma also asserts her desires of "working towards helping people and making their lives better and caring for them" throughout her narratives. Julia, the youngest participant in the study, also negotiates the values of care in practice:

I dunno if it was relevant before but I remember the physiotherapy assistant, was all the time saying, well she always used to get really angry when they didn't... whoever doctors or physiotherapists... didn't used to cover the patients up or give them a glass of water to drink after treatment. [.] Yeah so she always used to make it a point of like bringing the table back close to them, filling their cup full of water, saying 'here have a glass of water' or covering them up and she always used to say 'oh its always so annoying when they don't make them comfortable, it's so easy to make them comfortable and it makes such a difference'... when I was ill this summer, I was in hospital, ummm, there was one nurse that always used to come, cos I was really cold and she always used to say like umm... I like felt really bad like bothering the nurses, cos I know how busy they are and she always used to say 'I'll just bring you another blanket' and like go out of her way. It's her job but she... I always thought that she went out of her way and like that extra blanket I like slept really well that night and I was like oh thanks, it does make such a difference. So like I remember then the physiotherapy assistant said it and I was like it's true, it does. So I always used to, like after we'd finish I'd say: 'do you want a glass of water?' or like cover them 'are you warm enough? do you want me to bring you another blanket?' and so many of them say 'or could you bring me another blanket' and like ok I will and then they (react) 'oh thank you, so grateful' and I dunno. That's nice.

Here Julia talks of the principles of caring for patients to make them feel comfortable and how this 'makes such a difference'. She illustrates this with a scenario from her own experience and also the professional values instilled in her by a physiotherapy assistant. Julia recognises that these values are not always shared within healthcare culture and describes the physiotherapy assistant's anger and annoyance at the doctors and physiotherapists who 'didn't cover the patients or give them a glass of water'. Here she uses the vicarious experience of the physiotherapy assistant to justify her own acts of caring in professional identity constructions.

As demonstrated in Chapter 2, female applicants to physiotherapy are more likely to express the desire to do something that involves helping and caring for people than men (Greenwood and Bithell, 2003; Rozier *et al*, 2001; Öhman, Stenlund and Dahlgren, 2001; Davies, 1990), and Salma and Julia exemplify this perspective. Within gender discourses, they may also be working to assert a suitable feminine identity based on the 'common sense' expectation that women are naturally 'helping' 'caring', 'affectionate', 'empathic' and so on (Fine, 2010; Coates, 2004; Öhman, Hägg and Dahlgren, 1999). Julia's narrative

demonstrates how she assimilates these normative feminine values in her acts of physiotherapy, albeit at a distance from what she perceives as the dominant culture of healthcare.

Salma, on the other hand, struggles to negotiate how her gender and professional identities can work in harmony. Her attempts to construct a 'helpful' identity are compromised by the technical-rationalist discourse of 'health and safety'. In an audio-diary entry from her second placement, Salma describes a situation in which she responds to a request for help:

there was one patient that we were working with [...] quite a lot and [1] I knew what was going on and felt like [...] it was fine. I knew how to handle him, um [2], he was quite able, he could walk, he could stand and everything um [...] and [...] I was left alone in the ward one day and I didn't... [3] I was just reading up on things which I was directed to do [1] and the patient's father came and said, you know, 'Could you give me a hand?' and I was like 'Yes, of course I will.' And um [1] it was to [...] move his son from the wheelchair to the bed and [...] there was very very little to do, we just had to stand next to him really, he could [...] stand on his own and take a few steps on his own and do the transfer pretty much independently, so I was just there kind of supervising, or just [...] being next to him, and um [...] the senior came at the end of the transfer when the patient was already in the bed and she was fuming, she was really angry, and she gave me a warning [2]... said 'You know you're not allowed to work on patients being unsupervised.' I said 'Well I'm really sorry, I didn't know this was, you know... in my previous placement it was not [...] exactly like that.' Um [6] and, you know, I just felt like it was a bit of a natural mistake but you know, I w-, won't do it again; of course, I know the system now and how strict it is. Um [2] and then at the end of the week, today, they gave [...].... they said that they wanted to make a formal warning [...] against what I did.

In the above narrative Salma describes her response as automatic: 'Yes, of course I will'. She does what she thinks is the right response as a person and physiotherapist. In addition she constructs a professional identity with confidence and grounded in knowledge: 'I knew what was going on, I knew how to handle him'. However she is then positioned as 'unsafe' by the clinical educator and must work to renegotiate an acceptable professional identity. In the space of the audio-diary she attempts to minimise her blame by asserting the patient's independence and claims a role as 'supervisor' and asserts that 'there was very little to do'. In doing so, Salma is working to reduce the risk of being helpful, and by association with normative assumptions being too

'feminine' in physiotherapy. But Salma's stories also tell of other challenges to constructing a gendered professional identity.

5.3.5 'What kind of person are you?'

Salma must also work through the tensions of being a woman in two cultures: her own Asian culture and the Western culture of healthcare practice in the UK. In the reflective space of the audio-diary following the second week of her second placement, Salma recalls another patient scenario in which she reciprocally shows affection, which is subsequently rejected as disgusting and inappropriate:

I was working with my own clinical educator who's the neuro paediatric physiotherapist and um [1] she was saying, sh-... we were working with this [...] little girl, um [...] with learning disabilities, well she's not little, she's like a 15 year old and her mother was there and it was me, my clinical educator and another student, and at the end of the session the l-, the girl was like 'Can I have a hug? I want a hug, I want a hug' and um [1] both me and the other student gave her a little hug, it wasn't like 'hug hug', it was just, you know, yeah, you know like a little pat, and um [2] I think, you know [1] without intending to or anything I just [...] gave an air kiss [1] very s-, [...] you know, it was just automatic, it's... I think it's cultural, you know, that's what we kind of do, but it wasn't, I didn't kiss her um [2]. But apparently [...] that was a huge issue and then my educator said, you know, 'That was completely inappropriate' and all of that and I was like 'Well I'm really sorry, I didn't mean to, I didn't kiss her, it was just an air kiss, you know like...'

But anyway the next day they had [...] a chat with me and was like very, very attacking towards me, they were like [...] 'How could you do that, what kind of person are you?' and [3] 'That's never happened before, we've never ever had something like that,'... it was like treating me like I'm disgusting, like I'd abuse a girl for... and they didn't say anything to the other student at all, [...] and it was really strange and I just felt like I was being so attacked and [2] I couldn't take it, [Sighs], I left, [...] I was in tears.

Here discourses are no longer hidden but are spelled out in capital letters.

Salma's 'air kiss' is sexualised by her clinical educator so that discourses of sexual abuse, deviance and perversion are at large, and Salma's 'affectionate' professional identity is called into question. Salma finds herself in a complicated place where competing discourses claim to speak for her and position her as an inappropriate subject. In the context of Western healthcare, Salma's emphasis on caring and showing affection comes across as old-

fashioned, even to be considered strange and over-familiar. But as an Asian woman, Salma is expected to care and show kindness to all children:

I mean from the culture I'm from, definitely, you know, if you are [...] nice to people and to children, then that's seen as a really good quality, not as something that makes you strange and weird and unsafe and [...] you know, a criminal.

Within such discourses Salma cannot be blamed for demonstrating cultural and feminine norms such as being affectionate and caring. Therefore she attempts to naturalise her display of affection as 'cultural' and not something to be derided. To counter assumptions of ulterior motives, Salma says 'it was just automatic' in what Goffman (1959) might describe as a 'slip' of performance. As a physiotherapy student, Salma is expected to learn to develop interpersonal skills and build rapport with patients within a Western and specifically 'British' view of what this means. To construct an identity as a successful physiotherapist in the making, Salma must understand and empathise with patients and at the same time be detached and distant. To Salma these are contradictory expectations that she finds difficult to negotiate in the context of formal supervision and assessment.

In order to restore a successful professional and gender identity, Salma deploys two discursive responses in her dialogue with me. In an audio-diary entry some time after these two incidents she reflects:

It's crazy, it seems crazy to me because all I've done is be a good person in my point of view. [3] You know, the two things that they've really really criticised me for is [...] helping someone [...] and [1] you know, being affectionate to a child, but not even overly affectionate, you know, just normal kind of friendly affection and um [2] what's wrong with that, that's just humanity isn't it?

Firstly Salma's emphasis on the importance of helping, caring and affection may be read as an act of resistance. Perhaps she narrates her 'air kiss' and 'patient transfer' stories as some kind of confessional in her reading of my position as researcher? She asks: 'that's just humanity isn't it?' and seeks to confirm her behaviour as 'humane' and therefore normal, reinstating herself as an appropriate/good physiotherapist in the making. Secondly she also recognises her vulnerability within the systems of power of clinical practice that operate to dictate appropriate professional behaviours. She tells of professional

physiotherapy practice that is detached, asexualized and cold, and distances herself from the 'weird', 'disgusting' and 'unsafe' identities that are forced on her. For Salma this is isolating and lonely and she begins to resign herself to coping strategies that force her to withdraw and prioritise physiotherapy less:

Maybe it's better not to take it too seriously; I find that I'm coping much better since I've stopped taking the course so seriously; but then I feel like I've lost some inspiration there [2] and then it makes me feel like, well, [.5] is this how ... the only way that you can cope as a physiotherapist in the system? You know, is this the way that you should be, [.] not really caring?

This expression of loss is in direct contrast to the talk of Dylan, Louise or Anne, and Salma's narrative suggests her professional identity is being sacrificed to the personal, with a retreat into the private sphere. I liken Salma's situation to the concept of 'identity dissonance' that Costello (2005) describes. She argues that identity dissonance is characterised by a general sense of anxiety and feelings of inauthenticity, that make students feel like they are attempting to 'play a role' rather than doing what comes 'naturally' (Costello, 2005, p.26). Salma's narrative demonstrates the emotional consequences in the struggle to manage the dissonance between constructing professional and cultural/gender identities. While Salma still contests the professional values by asking 'is this the way that you should be?', she compromises by playing the physiotherapy role 'not too seriously'. In effect this enables her to segregate personal and professional lives. As Costello suggests, this type of approach allows students to maintain conflicting identities but "at the cost of prolonging the discomfort of the dissonant state" (Costello, 2005, p.27). Salma's stories illustrate how discourses of normative femininity and professionalism can collide with potentially disastrous effects for students.

In this section I have shown how students negotiate identities within discourses of femininity. I have argued that, in the main, the female students interviewed have had to resist discourses that claim to speak for them. They have not been liberated or empowered by their embodied female identities, but have had to fit their profession around it, mask it or compromise to dominant forms of professionalism that are mainly constructed in heteronormative terms.

5.4 Thematic conclusions

The stories of all the students discussed in this chapter provide the material to discuss the themes in the discourses that I now propose. Although students did not always explicitly discuss gender in their narratives, my readings suggest that their constructions of identity were significantly influenced by it. There were a number of discourses that enabled, controlled and dictated particular gendered ways of being in physiotherapy. As I have demonstrated in the preceding sections of this chapter, some discourses were utilised by students to give them control in constructing their own identities in physiotherapy education, while others forced them into positions where they had to defend, resist, renegotiate or assimilate. The three themes represent my interpretations of how sets of discourses position students in different ways and how they require different strategies in constructing identities. These themes will be discussed under the following headings: 'masculine discourses enabling inclusion', 'resisting feminine discourses' and 'exclusionary gender discourses'.

5.4.1 Masculine discourses enabling inclusion

The first of the themes is comprised of a group of discourses that reproduce dominant forms of heteronormative masculinity that construct men as a necessary inclusion in physiotherapy. In this study, physiotherapy as a career choice for men was normalised as a natural progression from sport. Similarly, my analysis of the narratives also identifies discourses that produce masculine bodies as ideal for doing physiotherapy work, in contrast to women. The men in this study describe situations in which their masculinity is positioned as distinctive within physiotherapy education, and this gives them unsolicited advantages. For instance, men are assumed to have more knowledge and authority compared with their female colleagues, educators and other members of the multidisciplinary health care team.

Overall my reading of the narratives suggests that hegemonic masculinities, as referred to by Connell (2005), are replicated in this setting. Rather than posing challenges, hegemonic masculine discourses grant particular privileges for male physiotherapy students that are not necessarily consciously deployed. These discourses enable men to construct appropriate professional identities in

physiotherapy that outweigh the disadvantages of being outnumbered by women. My analysis indicates that doing physiotherapy offers the opportunity to be masculine, in its dominant and heterosexual version with connotations of control and power. However, these masculine discourses also operate to establish boundaries across binaries such as right/wrong, good/bad, and appropriate/inappropriate. As a consequence, female students are positioned in opposition to the masculine identity mould, and they either have to resist or assimilate in their constructions of identity.

5.4.2 Resisting feminine discourses

My evaluation of the student stories also proposes discourses that prescribe particular female stereotypes. However these are different to the dominant discourses of masculinity in that they do not present female students with the same advantages. For instance, the narratives demonstrate how professional dress codes regulate embodied identities and mask stereotypical feminine bodily stylisations. Also in this study, female students negotiate heteronormative expectations that demand women prioritise family over work, and they risk being judged as 'hormonal' in discourses that tie behaviour to bodily functions. Importantly, these norms are characterised by an absence of power (Paechtar, 2006) and essentialised understandings of femininity that prescribe female bodies as reproductive (Roininen, 2008). My interpretation is that enacting these kinds of femininities is not compatible with doing physiotherapy.

Rather than simply comply with the stereotyped positions these discourses offer, the narratives demonstrate how the students acknowledge, resist and counteract these positionings by adopting various discursive strategies in constructing their identities. In order to succeed in physiotherapy the narratives indicate how female students must work within and assimilate to professional discourses and associated terms and conditions, while distancing themselves from normative feminine stereotypes.

5.4.3 Exclusionary gender discourses

There is a further set of discourses that have a significant influence over the constructions of gender and sexual identity in this research. These discourses

present greater risks than those previously discussed as they can position students as inappropriate gendered subjects and at risk of not being recognised within physiotherapy. Although not raised by all students they are essential to this analysis.

In this study, some discourses operate to position students as posing a sexual threat to patients or other students in situations where touch or affection is considered inappropriate. The narratives indicate that male students risk being positioned as 'deviant' or 'perverse' when therapeutic touch is questioned. Additionally, overt physical contact with other men also challenges their sexuality within heteronormative discourses. While the risks may seem more apparent for men, female students also risk abject 'other' positionings when displays of care or affection are misconstrued. My reading of the narratives suggests that male and female students deal with these challenges using a variety of discursive strategies. There is the option to reject the accusations and defiantly continue to display components of gender and sexual identity that clash with professional values. In contrast I also interpret assimilatory discursive strategies through which students renegotiate work practices in their own gendered terms, enact 'safe' forms of gender identity or segregate their personal and professional selves. However my reading of the narratives suggests that none of these strategies are secure and presents a problematic in terms of 'othering', where students are constructed in relation to the default professional position: male, heterosexual, white, middle class, and physically able.

I conclude this chapter by arguing that gender is significant in students' constructions of professional identity in this setting. My analysis has shown how gender is a dynamic process of doing, within which students must negotiate several and sometimes competing discourses as they struggle to be recognised within physiotherapy.

Chapter 6 Conclusions and Implications

6.1 *Introduction*

This chapter examines what has been learned from this research on gender identity construction and what this adds to the knowledge base both in my own setting and in the field of physiotherapy education. I consider the implications for my own practice and how an analysis of gender discourses might help to disrupt the gendered structures of physiotherapy with greater possibilities for an inclusive curriculum. The limitations of the project are discussed followed by reflections on what I have learned as a researcher. The dissertation concludes by suggesting further research in my own practice and on gender, physiotherapy and healthcare education.

6.2 *Outcomes of the study and contribution to knowledge*

In order to consider what this practice-based research has contributed to understandings of gender and identity, this section critically discusses the findings in relation to other research in the field. It is important to establish that I am not expecting to generalise the findings of this study to all physiotherapy programmes and students within the UK or internationally. The outcomes of this study are unique to the participants and my interpretations of their experiences within the context of the undergraduate physiotherapy programme in which I teach. Nevertheless, as the research is set within a strong theoretical framework there is a rationale for transferability of the findings to other physiotherapy and healthcare education contexts.

6.2.1 *Doing gender in physiotherapy education*

This exploration of the narratives of undergraduate students has enabled me to view gender differently in my own practice. Firstly it highlights the dynamic and complex process of how men and women *do* gender. As Edley (2001, p.192) argues, our gender identities are neither something we are born into nor something we become, but are like a jelly that never sets. Although the physiotherapy students in this study may have identified themselves as men or women, their stories demonstrate that their gender identities are never 'set' or

fixed, but in a constant process of negotiation. This process is inextricably bound to their professional identity construction, and changes from moment to moment within the context of the classroom, clinical practice and in relationships with peers and tutors. However the significance of gender is not limited to planned educational experiences, but includes many and varied situations in the students' lives outside physiotherapy. Perhaps this is the first study to use narrative data, gathered over time, to examine the process of identity construction with a focus on gender in physiotherapy education. Interestingly, despite the longitudinal nature of the data collated over eight months a chronological pattern in the process of identity construction was not apparent. Not unlike previous studies in medical education (Monrouxe, 2009; Knight and Sweeney, 2008), this project interprets identity construction as a dynamic and fluid process.

Secondly, this study also demonstrates how *doing* gender in physiotherapy education cannot be a solitary individual project but is socially constructed in and through relationships. As Butler argues:

the very bodies for which we struggle are not quite ever only our own. The body invariably has a public dimension; constituted as a social phenomenon in the public sphere (Butler, 2004, p.21).

The participants claim a space through the narratives to enact their struggle to be recognised as acceptable gendered professionals within the complex social and public systems of physiotherapy practice and education.

As with other research (Laitinen-Vaananen, 2008; Lindquist, Engardt and Richardson, 2004) this study identifies that clinical experience is particularly significant in students' constructions of identity. There was a deliberate choice to involve second year students in this study based on my previous research (Hammond, 2009). Although the findings confirm that formative clinical experiences early on in the course are significant in constructions of gender identity, I cannot claim that they are more important than those experiences in subsequent years. My previous work indicated that there were greater tensions for men in the social context of clinical practice, but this was not realised in the

findings of this study. In fact all students faced tensions as they constructed gendered identities through a variety of relationships in clinical practice.

Less apparent in the student narratives was the relationship and influence of the medical education institution and its co-location with a hospital on their gender identity. Lempp and Seale (2004) propose that the oppressive patriarchal hierarchy of healthcare practice is amplified in medical schools and works to position students in certain ways. Although the students talked of classroom based experiences in my study, these were predominately with other physiotherapy students and rarely interprofessional or related to the institution. On reflection, the students did talk of interactions with other disciplines in the clinical setting, which is not so surprising given the significant amount of time spent in practice during the second year. Reflexively, my own assumptions about what might be significant interprofessional learning opportunities have been challenged in this research and I will consider the implications in the appropriate sections below.

In addition, this study highlights the relationship of other identity categories in *doing* gender during physiotherapy education. The form and type of gender identities constructed by the participants in this study varied, dependent on multiple identities such as race, ethnicity, socio-economic status and age. For instance, Stuart reflects on age and gender, Dylan on his working class conceptualisations of masculinity, and Salma on her cultural understandings of what it is to be a woman. Although these are simplified representations of how identities are inextricably enmeshed, the interplay of identities sometimes works to intensify the injustices that are marked out in the prevailing cultures of physiotherapy. For example, Salma articulates her struggles to comply with the rituals and norms of Western healthcare that compromise her identity as an Asian woman with associated values and expectations. As Butler (2004, p.24) argues, any claims for gender equality also have a remit for anti-racist, anti-ageist and class struggles, and so on. While these are some examples, it was not possible to analyse the intersection with other identities more fully within the space of this thesis. There is potential, however, to conduct a secondary analysis on the narrative data using intersectionality theoretical perspectives

that allow an analysis of systems of power along multiple axes of identification without prioritising any form of oppression over another (Tsouroufli *et al* 2011, p. 214). Nevertheless I recognise the need to develop inclusive pedagogical practices in my own setting that extend beyond issues of gender and these will be discussed below.

Although gender is significant in students' constructions of professional identity in physiotherapy, it is not possible to conclude that the men in this context do it one way and women do it another way. It is possible however, to identify how discourses of masculinities and femininities pervade the students' experiences of becoming a physiotherapist in a variety of settings, and these will be discussed below.

6.2.2 Gender discourses in physiotherapy education

The participants' stories illustrate how gender discourses can work to regulate identities across binaries. Perhaps this is an inevitable conclusion from a Foucauldian perspective, as he argues that it is impossible to define ourselves without using discourses available to us (Foucault, 1979). Sometimes gender discourses were explicit but not always so. Nevertheless, they have significant consequences for students as they work to construct a gendered identity that is deemed acceptable during their education and indeed allow them to feel included. The discourse themes that were proposed in the previous chapter will now be critically discussed in relation to other literature in the field.

From an early stage in the students' education, dominant forms of heteronormative masculinity were reproduced in constructions of identity. For instance physiotherapy was normalised as a natural career progression from sport for men. This reflects the findings of students' gendered career preferences in Sweden (Öhman, Stenlund and Dahlgren, 2001), Canada (Öhman, Soloman and Finch, 2002) and the UK (Heathcote, 2010). Bodily experiences shape and form gendered identities, and within this study physical activity and sport continue to play an important part in masculine identities in physiotherapy. According to Connell (2005) sport and physical performance provide a powerful vehicle for asserting heterosexual masculinities. The

findings of this research concur with this idea, but also suggest that bodily performance of masculinity is not limited to the sports arena but is also relevant to the physical performance of physiotherapy. In my reading of the student narratives, this is coupled with discourses that give men particular authority in matters of physical capability in physiotherapy.

This is not to say that women do not talk of the physical aspects of physiotherapy. Indeed female students narrated stories about their interests in movement analysis, conducting physical examinations and so on. However their physical capabilities are questioned within discourses of hegemonic masculinity, and the narratives provide examples of how female students resist this gender hierarchy as they construct professional identities. As I have previously argued in this thesis, hierarchies based on essentialised understandings of the 'productive' male body and the 'reproductive' female body continue to operate in professional settings (Roininen, 2008). From this perspective men are assumed to have particular traits that are seen as an advantage over women in the workplace, and within the physiotherapy setting these traits include the physical capabilities for work. While the gendered work of physiotherapy has been explored previously from the perspective of female educators (Öhman, Hägg and Dahlgren, 1999), the notion of dominance based on masculine physical capability has not been identified. Nevertheless, Öhman, Hägg and Dahlgren (1999) did find that educators regarded the outspoken, business-like qualities often found in male students as promising and necessary for development of the profession. They also suggest that these qualities gave them symbolic capital and a novelty status in physiotherapy. Similarly I interpret that the male students recognise the potential advantages of their distinctiveness and demonstrate assertiveness in mastery of physiotherapy knowledge. However, I do not suggest that the men in this study deliberately attempt to sabotage physiotherapy with chauvinist intentions of masculinising it. Instead my analysis suggests the hierarchies and power structures of physiotherapy create the conditions to enable successful constructions of masculine identities, and for men to be fully included in the profession.

As the narratives demonstrate, the discourses of masculinity articulated in this setting provide mostly advantages for male physiotherapy students. Indeed in the words of one researcher:

as masculinity, particularly its hegemonic variety, confers such advantages both within and outside the workplace, men may face a particular imperative to preserve it. (Lupton, 2000, p.s45).

It may be argued that biomedical knowledge of the body and human movement have historically sat within the privileged domain of masculinity. There may therefore be a particular imperative for men in physiotherapy to preserve it. However, a preoccupation with the body and sport may have limitations in the changing healthcare environment, where there is an increasing emphasis on psycho-social aspects of care (Great Britain. Department of Health, 2010). This may lead to challenges in constructions of identity whereby gendered preferences conflict with the reality of physiotherapy work. Given these concerns, I increasingly find myself shifting emphasis away from the body and movement, and engaging students in discussions about psycho-social aspects of health, professionalism, critical thinking and reflection. However, these changes have been mostly ad-hoc and I am uncertain whether they have in fact challenged dominant forms of knowledge, or indeed hegemonic masculinity. This project has highlighted to me a greater pedagogical demand for finding space within the curriculum for students to discuss and negotiate the varying and sometimes competing discourses of the profession.

Despite the prevalence of masculine discourses in the narratives of the students in my own institution, this is not always found in physiotherapy research. In an exploration of masculine identities, Heathcote (2010) found that male students faced tensions and challenges as they worked to resist the feminised discourses and practices of physiotherapy. Although feminine discourses were present in the narratives of my study these were not as consistently implied in the male students' constructions of identity. It is important to reflect on the differences between the two studies to understand the implications for my own practice. Heathcote's study was conducted with students in their third year and included a greater proportion of younger men. Heathcote (2010) argues that younger men may be less comfortable with and less confident about their

masculine identity, possibly making them more sensitised to feminine practices and discourses. All the men in my study were over 21 and, following Heathcote's argument, potentially more confident with their masculine identity. However, the men in my study were also in the second year of the programme and at a more formative stage of their professional identity development. This suggests that hegemonic masculine discourses may be more potent in constructions of identity in mature students or in the earlier years of professional pre-qualification education. This means that in my own institution, finding appropriate opportunities for negotiating identities must be prioritised early on, as well as throughout the curriculum.

Contrary to the apparent benefits of masculinity within the students' discourses, normative characteristics of femininity did not offer female students in this study the same advantages. From the student narratives, it seems that success in physiotherapy does not entirely comply with a heteronormative feminine ideal. In other physiotherapy research, Öhman (2001) found that although women students were regarded as competent and successful, they were also considered too shy and not active enough. Öhman implies that these passive attributes are connected with normalised understandings of femininity. Within neo-liberal discourses girls tend to be recognised as 'passive observers' while boys are constructed as 'autonomous doers' (Davies and Saltmarsh, 2007, p.12). Such versions of femininity are seen as 'lacking', and the only way of women reclaiming power is to deploy various strategies to resist or dismiss them (Paechter, 2006). I claim that this is what the female students in this study attempt to do in order to construct successful gendered professional identities.

As Clegg (2006, p.317) argues, there is a risk that poststructural thinking can deny subjects agency. Therefore it is important to recognise that the process of *doing* gender is an active one and that despite being positioned by particular gender discourses in physiotherapy, female (and male) students do demonstrate agency. The students are not merely passive products of the structures and hierarchies of physiotherapy education; they actively and continually negotiate identities in relation to social structures and divisions. However, this was only realised within the opportunities provided in the space of

the interview and audio-diary, as there is no dedicated place presently within the formal physiotherapy curriculum. It is also misleading to overstate how free students are to negotiate their identities, because the locus of power remains with the regulatory discourses in the profession and at large in society (Foucault, 1973). Shifting the focus significantly on agency also carries the risk that identities are conceptualised in deficit terms (Archer and Leathwood, 2003), whereby the individual is the site of remedial work. This draws attention away from the structural power relations and practices that are marked out by students' accounts of their experiences. The narratives demonstrate the difficulties the students face when they challenge, resist or work outside the norms, cultures and biases of the profession. Therefore it is important to seek to restructure curriculum by challenging professional and gender discourses which produce inequalities. In my role as an educator, my responsibility is not only to provide spaces of the kind that my project has striven to offer for students to challenge and resist traditional gender discourses, but also to encourage diverse and alternative gender relations.

This study also shows that certain gender discourses can be exclusionary in that they force students into positions where they are considered inappropriate gendered subjects in physiotherapy. Specifically these operate around negotiating discourses that arise from the sexualisation of therapeutic touch and displays of affection in physiotherapy. The narratives demonstrate how students tread a fine line across binaries of appropriate/inappropriate, professional/unprofessional and normal/deviant. The vulnerability of men to allegations of inappropriate touching is in line with previous research carried out in physiotherapy (Heathcote, 2010). This study is possibly the first to identify that female students also risk being positioned as inappropriately caring or affectionate. Previously Öhman (2001) identified that empathy and care giving were considered favourable assets of female students, but they were not perceived to improve the status and economy of the profession. In this study it appears that within discourses of professionalism and health and safety, qualities of care giving can be judged as excessive and in some cases derided. The discourses presented here can lead to harmful 'abject other' identities for both men and women in physiotherapy. As the students struggle to distance

themselves from these 'other' positionings, they suppress not only their gender but also their sexuality, culture, socio-economic status in obedience with the norms of physiotherapy. In this thesis I have sought to raise consciousness about these potent discourses so that they can be debated with academic colleagues, clinical educators and students.

Overall this analysis demonstrates how a range of discourses prescribe, control and impose particular ways of being in physiotherapy that invite either acquiescence or resistance. Inevitably this provides the conditions for legitimising and reproducing dominant cultures and discourses and maintaining the status quo. Essentially the findings suggest that there is a profound orthodoxy in relation to gender in the programme under scrutiny and that students are not allowed to express their gender unless they assimilate to dominant heteronormative versions. As a consequence the educational experience for students may not be liberating or transformatory, but instructional and oppressive (McLaren, 2009; Freire, 1971).

6.3 *Implications for the physiotherapy programme*

In this following section the critical implications for this research are further realised. So far my research has identified particular gender discourses in physiotherapy and how they can enforce asymmetries of power. Based on this research appropriate responses and strategies for my own programme and curriculum are considered. I discuss what I have learned about myself as an educator and propose ways in which the gendered structures of physiotherapy could be challenged and disrupted. I put forward pedagogic practices that promote student empowerment and self-transformation.

6.3.1 My role as an educator

In researching my own practice I have learned much about myself as an academic. Throughout the project I have developed a focus on issues of social justice and how they might be represented in my own institution, in higher education and more broadly in the media and literature. Locally I have identified opportunities to challenge issues of gender and other social inequalities dialogically, both informally (through email and verbal

correspondence) and formally (in meetings, projects and presentations). Since the research project began, I became the programme leader for the undergraduate physiotherapy programme. This position has enabled me to initiate changes to the curriculum, such as developing teaching sessions on gender and power relations. I have also been appointed Associate Dean (Widening Participation) where I have led a number of initiatives; not least an Higher Education Academy supported project to develop an inclusive culture and curricula within the institution (Higher Education Academy, 2010).

I have learned about myself as a gendered educator in physiotherapy. Previously I had assumed that I could alleviate power differences between students and myself. Through the process of this research I acknowledge that despite my intentions this may only be my perception and not shared by the students with whom I work. I have also learned to control my tendencies to try and 'free' students from oppressive situations in the university and in clinical placements (Jackson, 2001). Rather than impose my views of what I see as the best solution, I have learned, and am still learning, to open new dialogic spaces for students' choices of resistance or acceptance. In working with students I share the stories from this research and invite opportunities for further exploration and debate of the students' own views and experiences, so that they might understand and work through their tensions. In doing so I have become more cognisant of the power relations and structures in my practice setting. However the multifaceted nature of my place within the organisation now adds complexity to my relationship with students. Perhaps my attempt at being an approachable tutor with the aim of developing insightful students is a mere fantasy, and my position of authority associated with disciplinary matters has greater significance. Reflexively I continue to work out these tensions in my daily practice.

6.3.2 Recruitment and admissions

The findings of this study imply that a prominent image of physiotherapy in the public consciousness is the sporting masculine ideal. This stretches from the social understandings of physiotherapy to discrete promotional material from universities and professional organisations including my own. Challenging

societal stereotypes of physiotherapy is not something that can be done overnight; however addressing the recruitment and promotional strategies in my own institution is a place to start. As I have previously indicated my predecessors attempted to represent greater ethnic, age and gender diversity in a promotional DVD, on the website and in the prospectus. However in light of my research these mediums unintentionally portray stereotyped versions of physiotherapy. In my capacity as programme leader, I have been working with the admissions and recruitment teams to provide more varied versions of what it is to be a physiotherapist, even if that means sport and the physical aspects of practicing physiotherapy are less glamorised. Although perhaps an uncomfortable position for a competitive institution, this might enable applicants to make more informed career decisions.

In response to calls within the profession (Bithell, 2007; Mason and Sparkes, 2002), widening participation strategies were embraced in our own programme. As discussed in Chapter 1, at the start of this project, there were growing proportions of students who were men, over 21, with non-standard entry qualifications and from black and ethnic minority groups. However, since then the proportions have dropped with entry figures demonstrating that the 2011 cohort comprised 29% men and 27% from BME groups (University (name withheld) Annual Report 2011-2012). It may be argued that our 2011 figures show a narrowing (rather than widening) participation. Although these changes are multi-factorial, I suggest that the external pressures from commissioners (National Health Service London, 2011) to improve retention in healthcare education have stifled widening access agendas, and that widening participation continues to operate within a discourse of deficit (Burke and Hayton, 2011). In our own programme, although not formalised, decisions about selection have become more cautious amid fears that we will fail to meet our retention targets if the 'wrong' students are selected. Reflexively I am guilty of participating in this reproduction as I monitor and check our performance and celebrate when we meet our targets. However this is contrary to the values of diversity which I equally try to promote and raise consciousness. This illustrates the regulatory discourses of leadership, which generate contradictions in my own practice as an educator. To work out my critical intentions I meet with

colleagues within my faculty to subvert the pervasive economic and managerial discourses. Through these conversations I develop confidence to raise awareness of and challenge managers and commissioners about the potentially damaging effects of greater regulation, but at the same time I learn to both comply with and master these discourses.

6.3.3 The curriculum

The following implications relate directly to the physiotherapy curriculum. From the narratives, it is clear that gender was rarely discussed overtly, yet it was implicit in the students' constructions of identity. With this in mind, my first focus has been to include opportunities in the curriculum to theoretically examine gender along with other identity classifications. As an example, I have utilised the contentious issue of the Olympic runner Caster Semenya to facilitate debate about categories such as 'man', 'woman', 'masculinity' and 'femininity' and challenge binary divisions according to biological sex. I have been impressed with the willingness of the majority of students to put themselves in the position of Caster and re-examine their own preconceptions about gender.

To take this further I aim to work with my colleagues to develop alternative approaches to teaching research methods. Many research papers compare male and female populations as if they are homogenised groups. Rather than simply consuming such factual knowledge, my hope is that students are encouraged to consider the assumptions that are made of all men or all women. Making connections between course content and the norms, values and structural relations of the wider society is what might be referred to as looking at the 'macro' objectives in critical pedagogy (McLaren, 2009). In the physiotherapy curriculum under review, I envisage macro objectives that question gender assumptions and their implications in society. For instance this could include classroom debate on gender expectations in society, healthcare and physiotherapy. These discussions might be uncomfortable for both students and colleagues, but ultimately they might raise greater political consciousness of gender and potential inequalities. Physiotherapy students and professionals are bound by the regulatory Standards of Proficiency (Health Professions Council, 2007) to practice in a non-discriminatory manner. Yet

there is little explanation of *how* this might be enacted or interpreted. I suggest that students and practitioners need to have an understanding where inequalities might exist so that they can work to avoid or diminish them. This is particularly imperative when working with patients and their significant others, who also have embodied gender identities.

Teaching students about gender and other identities prompts further consideration of how students are prepared for understanding professional relationships in a variety of settings. There had been limited attention to this area in the programme under investigation. Understanding how social relationships are distorted and manipulated by power and privilege are important elements of critical pedagogy (Giroux, 2011), and, by extension, my research illustrates how this is experienced through the body. Previously Best (2005) recommended that pedagogic practices which analyse power should be introduced in physiotherapy education and this research reinvigorates these claims. As such, I have introduced the theoretical concepts of social constructionism and power to provide a framework for examining how gender and other identities are significant in all professional relationships. In a classroom based discussion I encouraged third year students to reflect on professional interactions and consider how they positioned themselves or were positioned in particular ways. In terms of gender, the following questions were posed; 'What assumptions might I be making as a man/woman?', 'What assumptions might I be making about the gender identity of the person I am working with?', 'What assumptions might be made about me as a man/woman?' As an educator my pedagogic practices are in a constant process of development as I strive to find new ways of introducing concepts of power in social relationships.

These strategies represent some of the first steps towards creating more inclusive conditions within the physiotherapy curriculum in my institution. They also propose a space for nurturing professional, gender and other identity constructions. As found in this study, when students were confronted with dominant discourses, they employed discursive strategies that were largely pragmatic and assimilative. Gender and professional identities were

constrained by the boundaries and biases of both academia and physiotherapy practice. These were primarily individual struggles that were only realised through the space of the interview and the audio-diary entries. It might be claimed that this research study has revealed what is referred to as the 'hidden curriculum' (Apple, 2009; McLaren, 2009). Therefore, as a critical educator I need to work with my colleagues to find space within the curriculum to discuss what is learned from individual student stories and to provide a structure for negotiating gender, professional and other identities. This might involve one-to-one discussions as I have proposed above, or discussions in the shared spaces of the classroom or clinical practice. But more importantly through working with students I aim to foster a culture where they can reflect on themselves as learners and professionals and consider the significance of gender and other identities in their development.

This is not to suggest that students must learn to accept and submit to the official and hidden professional and institutional values. Indeed as Freire suggests:

the solution is not to "integrate" them into the structure of oppression, but to transform that structure so that they can become "beings for themselves" (Freire, 1971, p.55)

Therefore, as a physiotherapy educator, the challenge is to recognise and attempt to transform those discourses and values that have oppressive features. In response to the greater diversity in the student body, physiotherapy education should not be seen as the "arena of indoctrination or socialization" (McLaren, 2009, p.62) which must be tightened even further. Instead there is a responsibility to celebrate and recognise the value of diversity, and provide the inclusive conditions which enable students to also question and resist hegemonic control and models of assimilation (Butler, 2004, p.4). These recommendations sound somewhat idealistic when there is much competition for space within the curriculum for propositional knowledge from the various fields of practice. While evidence-based practice and health and safety knowledge is essential for safe, effective and autonomous practice, there is a concern that these discourses monopolise curriculum planning in physiotherapy. As Ball (2003) argues, the increasing marketisation,

managerialism and performativity⁴ of education has led to changed educator roles and identities. Teachers become producers, providers and managers of education. The cost of this is that students become the “mere nuts and bolts on a constant production line” (Ball, 2003, p.216). I argue that this has been replicated in my own setting and other physiotherapy programmes in the UK in the recent years. As mentioned previously, education commissioners have intensified demands on HEI’s to monitor attrition, progression, attainment and employability data and demonstrate plans and innovations for improvement (National Health Service London, 2011). Under such a regime of performativity there is a risk that students are increasingly viewed as the ‘tabula rasa’ to be worked ‘at’ rather than ‘with’ to produce an ‘output’ (Ball, 2003, p.222). In the case of physiotherapy and healthcare education this can have detrimental effects by positioning students as recipients of education rather than participants, leaving little space for education to be a transformational experience. Again I recognise these tensions as I both comply with and resist such conceptions in my own workplace. I continue to seek opportunities to engage critically in discussions about policy with colleagues, commissioners and students.

Another implication of this research is in relation to touch and other social contact. Through life experience, individuals learn to apply and interpret touch and other forms of social contact that have different meanings dependent on different situations (Hertenstein *et al*, 2006; Roger *et al*, 2002). The narratives tell of situations where social contact and touch used to convey care or comfort is interpreted otherwise. Although touch is an integral part of physiotherapy practice there is limited emphasis on this in national guidance (Chartered Society of Physiotherapy, 2010b) or the curriculum in the programme under investigation. When it is taught the main emphasis is on minimising risk. First, students are warned about the risks of inappropriate touch in intimate areas so as to avoid potential allegations, with male students being most at risk. Second, touch is introduced within ‘manual handling’ discourses that emphasise

⁴ Unlike Judith Butler’s performativity, Stephen Ball refers to performativity as a culture and mode of regulation that employs judgements, comparisons and displays of organisational performance as means of control and change that are based on rewards and sanctions.

safety to minimise injury to either therapist or patient. While these concerns are understandable and necessary, they may unintentionally lead to avoiding therapeutic interaction. Taken further, health and safety manual handling legislation was conceived in relation to lifting inanimate objects and then applied to healthcare. Guidelines for performing manual handling tasks recommend breaking down the risk assessment into four elements: 'Load', 'Individual Capabilities', 'Task' and 'Environment', promoted with the acronyms 'LITE' or 'TILE' (Health and Safety Commission, Health Services Advisory Committee, 1998). This has significant dehumanising consequences for understanding touch and handling in practice when the patient is objectified as the 'load'.

Touch needs to be reconfigured within the curriculum of the physiotherapy programme. Touch used for caring or reassurance has been found to occur more frequently in physiotherapy-patient interactions than touch for perceiving information or providing therapeutic interventions (Roger *et al*, 2002). Roger *et al* also found that physiotherapists felt their undergraduate education inadequately prepared them for the use of touch with patients. The findings of my study indicate that students may benefit from understanding types of touch used in physiotherapy practice to enhance their ability to use it effectively. Moreover this study highlights the need to learn types of touch within the context of gender and other embodied identities. Equally this should not be limited to patient interactions, but students also need to learn about touch in diverse social interactions, such as with fellow classmates, colleagues and educators. Bialocerkowski, Wells and Grimmer-Somers (2011) also acknowledge that there is an inadequacy of models or strategies available to teach physiotherapy skills, which inevitably involve touch, in culturally diverse classrooms and therefore this is an area for future development within our curriculum.

6.4 Implications for physiotherapy policy

Not only do the findings of this study have implications for physiotherapy education, they also have implications for the profession and for healthcare practice more broadly. The student narratives raise interesting questions about what aspects of professionalism are prioritised in physiotherapy and whether

these are perpetuated by and continue to perpetuate gender hierarchies. As discussed above the narratives suggest that professional qualities such as empathy and caring may be devalued in physiotherapy. Drawing on research in medical literature, the findings demonstrate many similarities. Both Lempp and Seale (2004) and Kaiser (2002) recognised that despite the rhetoric of teamwork, the hierarchical atmosphere in medical training promoted a hidden curriculum of competition and individualism. In addition, Hojat *et al* (2009) found that rather than cultivating humanistic values in medical training, empathy scores declined as students reached their final years. In her analysis of medical students' identity constructions, Monrouxe (2009) describes how discourses that prescribe 'emotional detachment' are significant. Although none of these studies specifically analysed gender, I argue that they reflect hidden gender dimensions, which enable heteronormative masculinities (logical / competitive) and marginalise 'feminine' values (caring / compassion).

Crucially the findings of this research suggest that this may be the case in physiotherapy. There are risks that patriarchal medical discourses promote a version of the modern 'detached clinician' who 'guides' and 'coordinates care' but keeps an appropriate distance, emotionally and physically, from the provision of care (Monrouxe, Rees and Hu, 2011). Educators and practitioners need to critically re-examine the caring aspects of physiotherapy professionalism. It may be argued that successive government white papers (Great Britain. Department of Health, 2010; Great Britain. Department of Health, 2008; Great Britain. Department of Health, 2006) have attempted to promote caring through the rhetoric of 'patient-centred care'. However these conceptualisations of patient-centred care are dominated by: 'patient-choice', 'waiting list targets', and 'shared decision making' which continue to marginalise caring aspects such as emotional support. Arguably government policy has created a culture in physiotherapy and healthcare where 'care' about performances is prioritised over care for individuals or patients. At the time of completing my thesis, these issues have been illustrated most acutely in the public inquiry chaired by Robert Francis into the absence of care for patients within one trust in the UK (Great Britain. Mid Staffordshire NHS Trust Public Inquiry, 2013). Francis highlights that the failure to deliver acceptable

standards of care, that in many cases lost lives, was in part due to a shift of focus within the trust on achieving national targets and achieving financial balance that drew attention away from direct patient care. His report has made 290 recommendations including a re-assertion of the importance of care and compassion in practice, with significant implications for the education and training of medical and nursing students particularly (ibid).

Aspects of care have also been highlighted in a recent exploration of perceptions of professionalism in the UK by the Health and Care Professions Council (2011). They found that although many health care professionals considered caring a necessary quality of professionalism, they also thought it was an innate or intrinsic value and that individuals either have it or do not. Indeed the Francis report recommends that universities should consider an aptitude test to assess nurse applicants' attitudes to caring and compassion (Great Britain. Mid Staffordshire NHS Trust Public Inquiry, 2013, p.105). Irrespective of whether these are reproduced across gender binaries, the possible implications of this type of thinking might be to dismiss attempts to develop empathy and caring through training as unnecessary or futile. There is a need for a renewed focus on what matters in healthcare professionalism, including physiotherapy, which anticipates healthcare needs of the future; this is in part what I aim to do.

6.5 *Limitations of the research*

One of the limitations of this research is that the participants are from one institution in the UK. To reiterate, the findings are pertinent and specific to the culture and practice within the physiotherapy programme under investigation. It is precisely this approach which has enabled me to question and challenge my own assumptions about gender, and to consider how my pedagogical practices are changing as a result. I have learned through a close examination of my own practice site about aspects of students' lives that otherwise lay hidden. Although there are no claims to generalisability, there may be some resonance with other physiotherapy programmes elsewhere, and educators are encouraged to consider the transferability of the findings to their own context.

Another limitation evident in this study is that the students' constructions of identity involve other settings (e.g. clinical, home and other social settings) and interactions with others (e.g. colleagues, clinical educators, tutors and family). To draw data from all of these settings and sources would have taken the project beyond the frame of my doctoral studies; therefore the decision to rely on students' narratives was a practical and ethical one. What the students recounted cannot therefore have the status of truth claims, only as interpretative representations of their perspectives. There is no doubt that clinical educators or academic colleagues would also have much to contribute to the debate, and this offers potential future research avenues.

A further issue is that the student narratives are constructed in relation to my own identity as a male professional educator. Therefore issues of power and surveillance are immediately apparent in the students' interpretations of me as researcher, tutor, and assessor. Although the use of audio-diary methods aimed to reduce this power differential, the students would always construct knowledge by interpreting what I might think is appropriate. In a Foucauldian sense my presence may have always led students to conform to the prevailing standards of what might be considered normal or safe (Foucault, 1977). Therefore my analysis must be accepted as a reflection of my interpretations and perspectives as a gay, white, middle-class man interested in addressing gender and other social inequalities in my own practice. There is no question that the outcomes of the research may have been different if alternative perspectives were incorporated into the research design, confirming this as an opportunity for my next research project with colleagues in practice and education.

The use of narrative approaches may have also influenced the students who volunteered to participate. Only one student in the study was considered 'young' by Higher Education Statistics Agency (HESA)⁵ definitions. Indeed it was this student who felt unable to make any audio-diary recordings, and

⁵ According to HESA age is calculated at 30th September of the academic year in which the student is recorded as commencing their studies. Students are classified 'mature' if they are aged 21 or over, and 'young' if they are under 21.

maybe these tensions indicate how alternative approaches to narrative may need to be considered for some younger participants. Equally, this might challenge assumptions about the natural ability of younger students to adapt to new digital technologies. Notwithstanding, the findings of this study may be more reflective of mature students' issues in doing gender in physiotherapy.

Finally I am aware that adopting a particular way of interpreting the research data can narrow the potential of my research. I have followed the advice of many discourse analysts (Fairclough, 2010; Carabine, 2001; Hall, 2001; Wetherell, Taylor and Yates, 2001b) and focused on identifying and analysing those discourses that specifically help to answer my research questions. The narratives can offer more analytic directions than the ones I have selected. With different questions this research could have had a greater focus on discourses of physiotherapy professionalism such as age, class, culture or even students' perceptions of physiotherapy educators. As previously discussed these are potential foci for secondary analysis of the findings or future research.

6.6 *Personal learning as a researcher*

Prior to this project my research experience had been mostly using quantitative methods, with only limited experience in qualitative approaches. Although I was confident in the direction of the research it took some time to gain clarity of my research questions and how these linked with my chosen research methodologies, data collection methods and analytical tools. Therefore my initial explorations into qualitative paradigms and methodologies were haphazard at times and led to several false starts and moving in directions that were later abandoned. However I have realised that this was a necessary part of the research process in developing and learning to justify my research choices.

I also embarked on this project influenced by previous research in the field. For instance much of the research indicated that physiotherapy was 'feminised' (Öhman, Stenlund and Dahlgren, 2001), and that masculine identities were more often challenged in the world of physiotherapy (Heathcote, 2010). Given this perspective, this research could easily have been a 'quest' to emancipate

the male students. However as I worked with the transcripts and, being privileged with the insights of the students who shared their experiences, these perspectives have been questioned. I have learned that gender identity construction is complex, and both men and women are positioned by discourses in physiotherapy and health care that they take up or work against. There are feminine discourses in physiotherapy but equally there are masculine discourses that propagate gender binaries.

Furthermore, it may be argued that as a gay man I may be quick to point out and challenge heteronormative practices and hegemonic masculinities. For instance when working with Dylan's transcript I was quick to scrutinise his declaration that he was not able to give any time to a relationship, in heterosexual terms. Another reading of Dylan's identity could be that he was sexually active and 'non-committal', which again in heteronormative discourses could be read as 'dangerous and predatory'. However I had interpreted that this was not consistent with the rest of his narrative and therefore used this process to eliminate other possibilities. Equally, perhaps these analytical conclusions reflect my own assimilation within discourses of physiotherapy and what Nayak and Kehily (2006, p.465) describe as a compulsion to act or see 'straight'. Therefore to counter such concerns, in the presentation of the findings and my interpretations, I learned to be more explicit with my own positioning rather than bracketing myself outside the research. Although these acts of self-disclosure can be difficult, it has also been liberating to work 'with' the research and the participants rather than as an outsider looking on. In the early stages of working with the transcripts, my analysis occasionally positioned students with identities that they may not have welcomed. From the critical positioning of my supervisors I learned to recognise the differentials of power and to resist overwriting the students' choices and interpretations.

6.7 Future research

Although some research and practice possibilities have already been highlighted throughout the discussion in this chapter, I now identify other areas of potential. Although this research has spoken directly of student identities, the narratives could equally be analysed to see how clinical educators are

positioned in gendered ways. The students use terms to describe their educators such as 'lovely', 'kind' and 'logical' for example. On their own, these adjectives do not necessarily convey gender meanings. However, an analysis of their attachment to men and women might suggest that students participate in producing and reproducing gender stereotypes in physiotherapy. While this analysis is beyond the scope of this thesis, future research might explore students' gendered perceptions of clinical educators and the implications this might have for gender relations in practice. Conversely, practitioner research could explore the gender identities of physiotherapists in educational interactions with students. This would provide opportunities to understand power relations in clinical education towards developing optimal learning environments. Furthermore critical and action research methodologies might be used to devise pedagogic interventions and strategies through which students and educators may raise further questions about gender relations and hierarchies. Such questions are not limited to issues of gender but to the intersectionality of identity constructs and social relations that are potentially oppressive in physiotherapy education and practice.

A second important topic is the significance of gender in provision of care in physiotherapy. This is important within the changing context of healthcare where service users have an increasing say in their care, where and how it is provided, and who might provide it. It is unknown whether this will have implications for future physiotherapy practice; therefore future research might be designed to explore the gendered constructions of identity in physiotherapeutic interactions. Finally physiotherapists need to work with other health and social care professionals. Teamwork and interprofessional working is posited to improve the quality and effectiveness of patient care (Wilcock, Janes and Chambers, 2009). Therefore further research might also compare the gender constructions of physiotherapy with other professions within the context of healthcare hierarchies. An understanding of similarities and differences would help healthcare professionals to work more effectively together.

6.8 Final comments

To conclude this chapter and thesis, this research project has explored students' constructions of gender identity in an undergraduate physiotherapy programme in the UK. The narratives demonstrate how student gender identities are dynamic and constitute a constant process of doing. Students use a number of discursive strategies as they strive to construct accepted gendered professional identities in physiotherapy and in personal contexts. The narratives also demonstrate a number of gender discourses which operate to position students both positively and negatively in varying contexts of their lives. This research has raised questions about gender hierarchies in the physiotherapy programme in my own institution and about the pedagogic practices that reinforce them. I have discussed some possibilities for change in the physiotherapy curriculum and propose further research to investigate gender identities in other aspects of my practice, the profession and healthcare as a whole.

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Appendices

Appendix 1 Invitation email

Invitation email to be sent to all second year physiotherapy students

Date.....

Dear student,

Re: Invitation to participate in a research study on

I am writing to invite you to participate in a research project I am currently undertaking as part of my doctoral studies at Kingston University and Roehampton University. The purpose of the study is to understand how students develop their professional identity in physiotherapy and how this might be influenced by gender. The study will be conducted over the second year of your studies. As part of the study you will be asked to discuss particular aspects from your own experience in physiotherapy education and also be given a dictaphone to use to record further experiences in your own time throughout the duration of the study. You may use the dictaphone for other purposes and it may be helpful for reflecting on your learning throughout the year.

You will find a participant information sheet attached which will explain the study further and if you are interested in taking part then I would encourage you to read the information before replying to me. Before consenting to participate in the study, we can arrange a meeting at a time suitable to you to discuss the research further. If you are interested in taking part or have any further questions then please either email me on jhammond@hscs.squl.ac.uk or call me on 020 8725 0320. Please note that you are under no obligation to participate in the study.

I look forward to hearing from you.

Regards
John Hammond

(This study has been approved by the Research Ethics Committee, Faculty of Arts and Social Sciences, Kingston University and the Research Ethics Committee)

Appendix 2 Participant Information Sheet

29 August 2008

Study Title:

The 'Gendered' Construction of Professional Identity in Physiotherapy Undergraduate Education.

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part. Thank you for considering taking part in this study

What is the purpose of the study?

In the UK, the number of physiotherapy students has risen sharply in response to government targets aimed at increasing the physiotherapy workforce in the National Health Service. Also, in response to government agendas to widen participation there is greater diversity in the physiotherapy student population. Physiotherapy has been a traditionally female-dominated profession; however there are a greater number of men now applying and becoming physiotherapists. It is not known how these factors impact on physiotherapy students' professional development. This research will investigate how students develop their professional identity during physiotherapy education and consider the importance of gender.

Why have I been chosen?

You have been chosen as you may be suitable to be included in the study. A total of 8-10 students will participate.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will keep this information sheet and be asked to sign a consent form. If you decide to take part you are still free to withdraw at any time and without giving a reason. A decision to withdraw at any time, or a decision not to take part, will not affect your studies on the physiotherapy course.

What will happen to me if I take part and what will I have to do?

You will initially be asked to complete a questionnaire related to your personal background prior to joining the physiotherapy programme. You will be requested to attend an interview in November along with other students where the project will be further explained and an initial interview with other students will take place.

You will then be given a Dictaphone and shown how to use this and then you will take the Dictaphone to use in your own time. You will be asked to use the Dictaphone to record appropriate experiences (called 'narratives') over the rest of the year. You are encouraged to ***tell a story about something that has happened to you and how it has affected the way you think about yourself at that moment and in your future role as a physiotherapist.*** You will then be asked to download the narrative files and send them to me whenever you have completed them. You will be provided with full instructions regarding how you will use the Dictaphone and you will have an opportunity to practice this prior to commencing the study. You will be able to clarify

any aspect which you may find unclear with me at any time during the year. Your narratives will also be typed and returned to you, to check for accuracy.

Near the completion of the year you will be invited to a follow-up interview which will be conducted again in the group of students. These interviews will last approximately 1-2 hours.

There are no restrictions to taking part in this study, however if you believe there is any reason why you would not be able to take part in this study, please let me or any member of the research team know.

What are the possible disadvantages and risks of taking part?

One foreseen disadvantage associated with participation in this study is the time taken to complete the interviews and training on how to use the Dictaphone for recording narratives. The recording of 'narratives' may also take additional time, however as these are verbally recorded rather than typed, it is not envisaged they will take too long. Researchers who have also used narrative suggest that recordings range from 2 mins to a maximum of 15 mins.

Sometimes people find discussing personal experiences can make you focus on uncomfortable aspects. If this arises, you will be offered support via the normal arrangements within the institution. For example you will be referred directly your personal tutor and may be recommended to access the Student Counselling Service.

What are the possible benefits of taking part?

Personal benefits of the study may include gaining a greater understanding of physiotherapy and the process of research. Furthermore it is anticipated that using 'narrative' may assist you in reflective practice which is an essential component of physiotherapy practice. More generally, the results of the study will contribute to knowledge in the area of physiotherapy education and may provide guidance for physiotherapy educators when planning physiotherapy curriculum

What happens when the research study stops?

When the research study is completed there will be no follow up investigation. Your physiotherapy studies will not be interrupted or affected.

What if something goes wrong?

If you are harmed by taking part in this research project, there are no special compensation arrangements. If you are harmed due to someone's negligence, then you may have grounds for a legal action but you may have to pay for it. Regardless of this, if you wish to complain, or have any concerns about any aspect of the way you have been approached or treated during the course of this study, the normal university complaints mechanisms should be available to you

Will my taking part in this study be kept confidential?

All information which is collected about you during the course of the research will be kept strictly confidential. Your anonymity will be protected throughout the study and your name changed on any narratives so that you cannot be recognised from it. Additionally, any other aspect of the narrative that may be distinctive to you will be changed in negotiation with you. The research will not be reporting on individual participants but will draw conclusions from all the interviews and narratives collated.

What will happen to the results of the research study?

You will be kept informed of the results of the research study and you will be invited to contribute to revisions or clarifications. Again all information provided will be kept

strictly confidential. Only the researchers will have access to your details and will not affect your progress on the other aspects of your course.

Who is organising and funding the research?

John Hammond is organising the research as part of Educational Doctoral research. Deborah Bowman and Keith Grieves are supervisors of the project. There is no external funding for this research.

Travel to the research site must be covered by the individual.
Food and drinks will be provided at the interviews.

Who has reviewed the study?

The Research Ethics Committee, Faculty of Arts and Social Sciences, Kingston University and the Research Ethics Committee, [REDACTED].

Contact for Further Information

If you have any queries, please do not hesitate to contact:

Lead Researcher:

John Hammond, [REDACTED]

e: jhammond@hscs.sgu.ac.uk tel: 020 8725 0320

Supervisors:

Dr Deborah Bowman, [REDACTED]

e: dbowman@sgul.ac.uk tel: 020 8725 5712

Dr Keith Grieves, School of Education, Kingston University, Kingston Hill Campus, Kingston KT2 7LB

e: k.grieves@kingston.ac.uk tel: 020 8547 2000 x65100

Thank you for reading this information sheet.

If you have any queries that are not answered in the information provided here then please do not hesitate to contact me (details above). If I have not heard from you we will assume that you no longer wish to participate in the study. If you wish to participate please complete one of consent forms and return to me.

Regards

John Hammond



Appendix 3 Background information data collection

Background information about yourself

1 Name :

2 Date of Birth:

3 Home COUNTRY (non-UK students) or Home POSTCODE (UK students):

4 What was your **highest level of qualification** before coming to St George's?
If your exact qualification is not here, please select (tick) the closest.

- Postgraduate (MSc or higher)
- Undergraduate including Dip HE, HNC/D and OU credits
- A-Levels/AS-Levels or Scottish Highers
- Irish Leaving Certificate
- International or European Bacculaureate or other overseas A-Level equivalent
- Foundation course
- GNVQ3/4
- All NVQs
- GCSE/O-Levels
- Access Course
- AVCE/BTEC/ND

5 Do you have a **disability, special needs (including dyslexia) or medical condition?**

Yes No

If YES, please describe: _____

6 How would you describe your **ethnic background?**

7 At the time of your application to study physiotherapy had any **other members of your immediate family** (mother/father/brothers/sisters) studied or were studying at a University or equivalent institution?

Yes No

8 How have you been **financing yourself while studying at the University** (please rank in order of importance from 1 to 7, with 1 = the most important). Omit any source of finance that are not relevant to you:

Parental Contribution	
Own Savings	
Student Loan Company	
Other Loans	
Work (Term-Time)	
Work (Vacation)	
Other (Please specify)	

9 If you were **previously working full time** prior to studying physiotherapy, please state your previous occupation? (If you have not worked full time or only worked in part-time or casual employment – please leave this section blank)

10 Please consider the following question in relation to you prior to the age of 21 (eg during your childhood and adolescence). Consider the **main job of your parents/legal guardians**. If they were not working please try to provide information about their last main job.

	Relationship to you	Were they an employee or self-employed?	What category best describes the work they do? * see box below for examples
1.			
2.			

Examples of work in each occupational category

Traditional professional occupations *such as:* accountant - solicitor - medical practitioner - scientist - civil/mechanical engineer

Modern professional occupations *such as:* teacher - nurse - physiotherapist – social worker - welfare officer - artist - musician - police officer (sergeant or above) - software designer

Senior managers or administrators *such as:* (usually responsible for planning, organising and co-ordinating work and for finance) finance manager - chief executive

Middle or junior managers *such as:* office manager - retail manager - bank manager - restaurant manager - warehouse manager - publican

Clerical and intermediate occupations *such as:* secretary - personal assistant - clerical worker - office clerk - call centre agent - nursing auxiliary - nursery nurse

Technical and craft occupations *such as:* motor mechanic - fitter - inspector - plumber - printer - tool maker - electrician - gardener - train driver

Semi-routine manual and service occupations *such as:* postal worker - machine operative - security guard - caretaker - farm worker - catering assistant - receptionist - sales assistant

Routine manual and service occupations *such as:* HGV driver - van driver - cleaner - porter - packer - sewing machinist - messenger - labourer - waiter/waitress - bar staff

11 Please indicate a **(pseudo) name** that you would be happy to be referred to in the study to maintain your anonymity

Thank you for taking the time to complete this questionnaire

Appendix 4 Participant demographics

Pseudo-nym	Gender	Age (entry)	Ethnic background	Disability	Main job of parents prior to age 21*	Highest level of qualification*
Sean	Male	22	White British	No	Modern Professional	Degree
Dylan	Male	38	White British	No	Routine Manual	Access
Stuart	Male	44	White British	No	Traditional professional	Postgrad
Laila	Female	24	Asian	Not stated	Traditional professional	Degree
Samuel	Male	32	Mixed British	No	Modern Professional	Degree
Anne	Female	43	White British	No	Middle Management	Degree
Louise	Female	28	White British	No	Middle Management	Access
Salma	Female	26	Asian	No	Technical and craft	Degree
Julia	Female	18	White British	No	Not stated	A Levels

Key: Pseudonyms were selected by participants. Gender and Ethnic background were self-declared descriptions, however to ensure anonymity this has been clustered (e.g. Asian to represent all Chinese, South East Asian and Northern Asian backgrounds). For columns with asterisks see Appendix 3 – background information sheet for description of each category*

Appendix 5 *Semi-structured Interview Format*

Developed from Costello (2005) and Mac an Ghail (1994)

Begin with introductions, an explanation of the project, and discussion and signing of consent forms.

Tell me how you came to study physiotherapy?

Self-description of Identity

Could you take a minute or two to describe yourself for me?

(or if someone else were to describe you, what would they say?)

Degree of Comfort in the physiotherapy programme

How would you describe how you feel on the physiotherapy course currently?

How would you describe your relationship with your peers in physiotherapy?

Impact of Schooling on Relationships with significant others

Now I'm going to ask you some questions about central relationships in your life.

What response did you have from others, such as your family, friends or your partner, when you came to study physiotherapy?

Tell me about your relationship with others outside physiotherapy? (partner, family, friends etc)

Professional identity

What sort of qualities would you like to develop as a physiotherapist?

How do you feel you are getting on with achieving this?

(Or Do you feel you are getting closer to that?)

Personal Identity

Now I'm going to ask you about some elements that make up our identity. Lots of educational research links the personal with professional.

What is it about your personal identity that you feel is significant for you in being a physiotherapist?

Gender Identity

Some studies suggest gender and sexuality is a significant factor in being a physiotherapy professional. What are your thoughts on this in relation to you?

Other aspects that also may contribute to your identity

Some people suggest other aspects such as religion, ethnicity, culture, political orientation, class background or having a disability in linked to professional identity. What are your thoughts on this in relation to you?

Appendix 6 Interview Schedule (Draft 4)

Initial interview

(developed from Wengraf (2008) and in personal discussion with Tom Wengraf)

Begin with introductions, an explanation of the project, reviewing issues in the Participation Information Sheet, and discussion and signing of consent forms.

Stage 1

So can you tell me the story of your life since you decided to study physiotherapy?

.... All the events and experiences that were important for you personally.

I'll listen and won't interrupt.

Take your time and start wherever you like.

Stage 2

The participant will be offered a short break (5-10mins).

Then focus on particular events, memories, experiences from the notes of the first subsession trying to facilitate particular incident narratives – eg memories that are related to a particular moment, occasions, event, happening or day.

Prompt questions for AUDIO DIARY

(developed from Knight and Sweeney (2008) and personal discussion with Lynn Monrouxe (nee Knight))

I would like you to record some of your experiences that relate to your professional development in physiotherapy over the next year. You can use the dictaphone to record any story about an experience or incident that you feel was personally significant. It is important to focus on things that are relevant to you and not to think about what I would think is important. An experience or incident could be something that happened during your studies at [REDACTED] or may be on clinical placement. It may also be something that happens outside of your studies, such as in discussions with friends or family.

So try to think of the following questions:

Tell me about any experience that makes you feel you are becoming a physiotherapist?

Tell me about any experience that makes you feel part of physiotherapy?

Tell me about any experience in physiotherapy that has had an affect on other aspects of your life?

Some tips for using the Dictaphone:

Press record and avoid stopping during each diary entry. Pausing is ok but stopping will create a new digital file and therefore will be difficult to work out how they link. Therefore if possible either use pause only until you have finished or another way is to avoid holding. If you have to think don't worry about long gaps this is ok.

Introduce yourself at the start of each diary entry, and say a **date and time**.

Subsequent session – if necessary

Developed from Costello (2005) and Mac an Ghail (1994)

What sort of qualities would you like to develop as a physiotherapist?

How do you feel you are getting on with achieving this? (Or Do you feel you are getting closer to that?)

Now I'm going to ask you about some elements that make up our identity. Lots of educational research links the personal with professional.

What is it about your personal identity that you feel is significant for you in being a physiotherapist?

Some studies suggest gender and sexuality is a significant factor in being a physiotherapy professional. What are your thoughts on this in relation to you?

Appendix 7 Application form for Ethical Review

SECTION A

Project title:

The 'Gendered' Construction of Professional Identity in Physiotherapy Undergraduate Education.
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Name of the lead applicant:

Name (Title / first name / surname):	John Hammond
Position held:	Senior Lecturer
Department/School/Faculty:	School of Physiotherapy [REDACTED]
Telephone:	020 8725 0320
Email address:	jhammond@hscs.sgul.ac.uk

Name of co-applicants:

Name (Title / first name / surname):	Dr Deborah Bowman
Position held:	Senior Lecturer
Department/School/Faculty:	[REDACTED]
Telephone:	020 8725 5712
Email address:	dbowman@sgul.ac.uk

Name (Title / first name / surname):	Dr Keith Grieves
Position held:	EdD Programme Leader
Department/School/Faculty:	School of Education Faculty of Arts and Social Sciences
Telephone:	020 8547 2000 x65100
Email address:	kgrieves@kingston.ac.uk

Name (Title / first name / surname):	
Position held:	
Department/School/Faculty:	
Telephone:	
Email address:	

Is the project

Student research
 KU Staff research
 Research on KU premises

Yes	√	No	
Yes	√	No	
Yes	√	No	

If it is STUDENT research: Course: Doctor of Education _____

Supervisor/DoS: Keith Grieves, Deborah Bowman_____

SECTION B

Has approval for the project already been granted by another ethics committee?

Yes No

If **NO**, proceed to **Section C**;

If **YES**, please complete the rest of this section before going to the declaration in **Section D**:

Name of the committee: Faculty of Arts and Social Sciences Research Ethics Committee, Kingston University. Date of approval: 16/10/08

Please attach the submission made to that committee, together with the approval letter. The Faculty Research Ethics Committee (FREC) may require further information or clarification from you and you should not embark on the project until you receive notification from the FREC that recognition of the approval has been granted.

SECTION C

Briefly describe the procedures to be used in this research involving human participants

Second year physiotherapy students will be invited to participate in the study from the School of Physiotherapy at [REDACTED]. Approximately eight students (four male and four female) will be selected from the volunteers to represent the gendered differences in question.

The research will use a narrative inquiry approach. Firstly an initial semi-structured interview will be conducted with each student and will introduce the research and seek student views on issues of gender and professional identity with the use of an interview schedule (see attached). Interviews will be taped and transcribed verbatim.

The purpose of this initial meeting will also facilitate initial narratives from recent and past experiences. The students will be given a request to *“tell a story that has happened to them and how it has affected the way they think about themselves at that moment and in their future role as a physiotherapist”* and other similar prompts (see within interview schedule document). Students will then be provided with a dictaphone and encouraged to continue to record stories they feel are relevant to them becoming a physiotherapist. The students will then be asked to download the digital audio files and send them to the lead researcher (JH) on a periodic basis. Summary notes of each narrative will be made by the researcher. Given the drive to reflective professional practice and education, this form of data collection may have additional educational benefits for the participants, and may help facilitate their own reflective practice.

The participants will be invited to a final interview at the completion of year two studies to discuss their experiences in becoming a physiotherapist using stories generated in their diaries.

Refer also to Research Proposal document “Methods” section (p 8-10)

Summarise the data sources to be used in the project:

Therefore the research will generate two sources of data for analysis. The interview transcripts and the personal narratives from the audio-diaries will be generated throughout the process of the research.

See also the Research Proposal document "The forms and levels of analysis to be pursued" section (p 10)

Estimate duration of the project (months): 12 (for data collection)_____

State the source of funding: This project will not be funded from an external source. All expenses for the project will be part of support from the Physiotherapy school budget _____.

Is it collaborative research?

Yes No

If YES, name of the collaborator institutions:

1. _____

2. _____

3. _____

Provide a brief project description (max. 150 words). This should be written for a lay audience

Physiotherapy has been a traditionally female-dominated profession; however there are a greater number of men now applying for and becoming physiotherapists, particularly in the UK. This research project will investigate the experiences of physiotherapy undergraduate students developing their own professional identity. Furthermore it will consider this from a gender perspective.

The project will involve both male and female students in their second year of their physiotherapy education and will invite them to reflect on personal experiences that they feel have been significant in their development as physiotherapists. Students will be asked about experiences in an interview and will record experiences in their own time using a dictaphone. The research will then provide some guidance for physiotherapy educators locally, nationally and perhaps internally on how to help prepare students for physiotherapy practice.

Refer also to Research Proposal document for a fuller description of the research study.

Risk Assessment: Does the proposed research involve any of the following?

Children or young people under 18 years of age?	Yes		NO	√
If YES, have you complied with the requirements of the CRB?		YES	NO	
People with an intellectual or mental impairment, temporary or permanent?	Yes		No	√
People highly dependent on medical care, e.g., emergency care, intensive care, neonatal intensive care, terminally ill, or unconscious?	Yes		No	√
Prisoners, illegal immigrants or financially destitute?	Yes		No	√
Pregnant women?	Yes		No	√
Will people from a specific ethnic, cultural or indigenous group be involved, or have the potential to be involved in the proposed research?	Yes	√	No	
Assisted reproductive technology?	Yes		No	√
Human genetic research?	Yes		No	√
Epidemiology research?	Yes		No	√
Stem cell research?	Yes		No	√
Use of environmentally toxic chemicals?	Yes		No	√
Use of radioactive substances?	Yes		No	√
Ingestion of potentially harmful or harmful dose of foods, fluids or drugs?	Yes		No	√
Contravention of social/cultural boundaries?	Yes		No	√
Involves use of data without prior consent?	Yes		No	√
Involves bodily contact?	Yes		No	√
Compromising professional boundaries between participants and researchers?	Yes		No	√
Deception of participants, concealment or covert observation?	Yes		No	√
Will this research significantly affect the health* outcomes or health services of subjects or communities?	Yes		No	√

Note* health is defined as not just the physical well-being of the individual but also the social, emotional and cultural well-being of the whole community.

Is there a potential for enduring physical and/or psychological harm/ distress to participants?	Yes	√	No	
Does your research raise any issues of personal safety for you or other researchers involved in the project? (especially if taking place outside working hours or off University premises)	Yes		No	√
Will the research be conducted without written informed consent being obtained from the participants?	Yes		No	√
Will financial/in kind payments (other than reasonable expenses and compensation for time) be offered to participants? (Indicate in the proposal how much and on what basis this has been decided)	Yes		No	√
Is there a potential danger to participants in case of accidental unauthorised access to data?	Yes		No	√

N.B. If you have answered YES to any of these questions, you should address them fully in your project proposal and show that there are adequate controls in place.

Students applying for and currently studying on the physiotherapy programme are from diverse cultural and ethnic backgrounds. Participation in the study is voluntary and it is not the intention of the study to focus on one specific cultural or ethnic group, however purposive selection will attempt to be representative, as much as is possible, of the overall physiotherapy student population.

Refer also to Research Proposal document “Methods” section (p 9)

Discussing personal experiences may reveal potentially uncomfortable aspects of the participant identities or their lives. If this arises, students will be offered support via the normal arrangements within the institution. The student will be referred directly to their personal tutor with the recommendation of accessing the Student Counselling Service.

Refer also to Research Proposal document “Anticipated difficulties.....” section (p 13)

Storage, access and disposal of data

Describe what research data will be stored, where, for what period of time, the measures that will be put in place to ensure security of the data, who will have access to the data, and the method and timing of disposal of the data. (*Reference to the relevant paragraphs of the Ethics Guidance to be added*)

All information which is collected about during the course of the research will be kept strictly confidential. The student's anonymity will be protected throughout the study and their name changed on any narratives so that they cannot be recognised from it. Additionally, any other aspect of the narrative that may be distinctive to the student will be changed in negotiation with them. The research will not be reporting on individual participants but will draw conclusions from all the narratives collated.

The research data will be stored within the School of Physiotherapy and in particular on the lead researcher's personal network drive in the institution. Access to the participant data (anonymised) will be password protected and will not be kept longer than is necessary. In this case the data will be stored and kept for the duration of the doctoral studies, and until the research is written up for the final dissertation and subsequent publication in peer-reviewed journals. This may take up to five years and therefore the data will be destroyed on completion of this process.

Refer also to Research Proposal document "Ethical, political questions raised by the research" section (p 12)

SECTION D

Complete either Part 1 or Part 2 as appropriate.

Part 1: (to be signed by applicants who have already obtained approval from another Research Ethics Committee)

Declaration to be signed by the applicant(s) and the supervisor (in the case of a student):

- I confirm that the research will be undertaken in accordance with the Kingston University *Guidance and procedures for undertaking research involving human participants*
- I shall ensure that any changes in approved research protocols are reported promptly to the relevant Faculty Research Ethics Committee.
- I shall ensure that the research study complies with the law and with University policy on Health and Safety.
- I confirm that the research study is compliant with the requirements of the Criminal Records Bureau where applicable.
- I am satisfied that the research study is compliant with the Data Protection Act 1998, and that necessary arrangements have been, or will be made with regard to the storage and processing of participants' personal information and generally, to ensure confidentiality of such data supplied and generated in the course of the research.
(Note: Where relevant, further advice should be sought from the Data Protection Officer, University Secretary's Office)
- I shall ensure that the research is undertaken in accordance with the University's Diversity and Equality Policy Statement
- I will ensure that all adverse or unforeseen problems arising from the research project are reported immediately to the Chair of the relevant Faculty Research Ethics Committee.
- I will undertake to provide notification when the study is complete and if it fails to start or is abandoned;
- (if the applicant is a student) I have met and advised the student on the ethical aspects of the study design and am satisfied that it complies with the current professional (where relevant), departmental and University guidelines. I accept responsibility for the conduct of this research and the maintenance of any consent documents as required by this Committee.
- I understand that failure to provide accurate information can invalidate ethical approval.



Signature of lead applicant:

Date: 28/9/08

Signature of supervisors : online application

Date 28/9/08

Part 2: (to be signed by all other applicants)

Declaration to be signed by the applicant(s) and the supervisor (in the case of a student):

- I confirm that the research will be undertaken in accordance with the Kingston University *Guidance and procedures for undertaking research involving human participants*
- I will undertake to report formally to the relevant Faculty Research Ethics Committee for continuing review approval.
- I shall ensure that any changes in approved research protocols are reported promptly for approval by the relevant Faculty Research Ethics Committee.
- I shall ensure that the research study complies with the law and University policy on Health and Safety.
- I confirm that the research study is compliant with the requirements of the Criminal Records Bureau where applicable.
- I am satisfied that the research study is compliant with the Data Protection Act 1998, and that necessary arrangements have been, or will be made with regard to the storage and processing of participants' personal information and generally, to ensure confidentiality of such data supplied and generated in the course of the research.
(Note: Where relevant, further advice should be sought from the Data Protection Officer, University Secretary's Office)
- I shall ensure that the research is undertaken in accordance with the University's Diversity and Equality Policy Statement
- I will ensure that all adverse or unforeseen problems arising from the research project are reported immediately to the Chair of the relevant Faculty Research Ethics Committee.
- I will undertake to provide notification when the study is complete and if it fails to start or is abandoned;
- (For supervisors, *if the applicant is a student*) I have met and advised the student on the ethical aspects of the study design, and am satisfied that it complies with the current professional (*where relevant*), departmental and University guidelines. I accept responsibility for the conduct of this research and the maintenance of any consent documents as required by this Committee.
- I understand that failure to provide accurate information can invalidate ethical approval.



Signature of lead applicant:

Date: 28/9/08

Signature of supervisors : *online application*

Date 28/9/08

CHECKLIST

Please complete the checklist and attach it to your application:

Project title:

The 'Gendered' Construction of Professional Identity in Physiotherapy Undergraduate Education.

Lead Applicant: John Hammond

Date of application: 28/9/08

Before submitting this application, please check that you have done the following: (N/A = not applicable)	Applicant			Committee use only		
	Yes	No	N/A	Yes	No	N/A
All questions have been answered	√					
All applicants have signed the application form		√ *				
The research proposal is attached	√					
Correspondence from other ethics committees is attached			√			
Informed Consent Form is attached	√					
Participant Information Sheets are attached	√					
All letters, advertisements, posters or other recruitment material to be used are attached (email invitation)	√					
All surveys, questionnaires, interview/focus group schedules, data sheets, etc, to be used in collecting data are attached – (interview schedule and narrative prompts)	√					
Reference list attached, where applicable (see Research proposal document)	√					

- application submitted electronically - lead researcher has signed

Appendix 8 Transcription notation

(word)	Words in (round brackets) mean (word sounds like)
()	denotes an inability to hear (two words maximum)
[3]	Numbers indicate elapsed time in seconds
[.]	A dot indicates a tiny gap
WORD	Capitals indicate especially loud sounds
[word]	Indicates authors descriptions e.g. [breathes in] [laughs]
-	Hyphen indicates an abrupt cut-off of the sound in progress (e.g. becau-)
.....	dots mid sentence denote that speaker changes tack
<u> </u>	Underlined indicates some sort of emphasis via pitch or amplitude
:	Colon indicates prolongation of the immediate sound

Based on Silverman (1993) transcription notes

Appendix 9 Example of Analysis - Salma

Different Discursive constructions	Within wider discourses	Action orientation for discursive object (NB identities are multiple and dynamic – therefore maybe a range of contradictory identifications)	Positions for identity	Practice Consequences for action	Subjectivity implications for the subjective experience
<p>Becoming a physiotherapist for Salma is: (professional identity characteristics)</p> <ul style="list-style-type: none"> Autonomous decision (my choice – not pressured) p18 Still educating yourself p4, independent learning E7, wanting to learn f12, educate myself f13, own responsibility for learning L, consulting others o23, Learning skills p2, f12 getting confident in skills B, learning really good skills L Looking at the basics p17 Gaining knowledge p17, confident with knowledge B, using knowledge L, knowing what is going on (with regard to patient) D5, learning scientific knowledge I14 Researching and adding to the knowledge p22, evaluating evidence A, not RCTs A, reading and researching L, reading up every night N20, go home research conditions o23, not measurable A Learning ideas and principles of profession p5, understanding what kind of difference we make (as profession / professional) p21, learning about professionalism f12, lots to learn f12, west ideas different to other cultures f12, learning a lot o21 Being professional f12, never complaints about professionalism f12, do a good job despite situation o22, should be able to get on o23 Doing morally right (not open email) E8 Never quite sure whether what I want p4, have I made the right decision? p13, what suits me? P13, do I have a place in the system? F12, am I suitable for this profession? F12, will the profession satisfy me? F12, is there space for being a PHYSIO and also be MYSELF, who I AM, be true to 	<p>Individualism Neoliberal</p> <p>LLL (economic)</p> <p>skills – technical</p> <p>professional knowledge -scientific (EBP)</p> <p>-craft</p> <p>west neolib.</p> <p>-ethical</p> <p>Individualism</p> <p>Right sort of subject?</p>	<p>Emphasise own responsibility Emphasise mature Good student Worthy of place</p> <p>Using language Impressing me</p> <p>Using language Speaking on a level Impressing me</p> <p>Showing me understand wide aspects of practice</p> <p>Emphasise know right from wrong Help me?</p> <p>I might walk out? I am resisting physio?</p> <p>Help me? Help to make it easier</p>	<p>Autonomous Mature Free agent Worthy student</p> <p>Worthy student</p> <p>Professional Safe Effective</p> <p>Appropriate – student acting in Prof boundaries Appropriate (west) Other (non-west)</p> <p>Professional / safe</p> <p>Victim</p> <p>Proud Independent Not being forced Drop-out Dissenter</p>	<p>If success – my doing (and vice versa)</p> <p>Gain knowledge Become physio</p> <p>assimilate recognized but not other identities</p> <p>not assimilate -drop out</p> <p>success</p> <p>not compliant</p> <p>drop out resist physio</p>	<p>Empowered Happy</p> <p>Devastation – I've failed poor coping strategies</p> <p>Secure with knowledge</p> <p>Dissonance – but manage</p> <p>Dissonance – not manage</p> <p>Moral comfort</p> <p>Discomfort</p> <p>Depression Lack satisfaction</p>

Doing Gender in Physiotherapy Education

<p>MYSELF f12, is PHYSIO for me? F13, is it worth it? G, maybe I'm not made for this? G, don't know why <u>im</u> doing it H, not sure if I'm going to end up being a <u>physio</u> I14, can I survive in the system? Q26, is there space for me? Who I AM Q26, will I be nourished or crushed? Q26, friends say not for ME q26</p> <ul style="list-style-type: none"> • <u>mental health</u> questioned - depressed e10, e11, g, depression before f11 <u>paranoid</u> o23, in my head (no its not) o23, definitely not in my head 023 • <u>emotional</u> – crying, upset G, dread G, upset N20, cried o22, disappointing q25 • Having passion p4, I should love it (but not) J15 • Inspired p2, not inspired f12, losing inspiration and motivation f12, lost motivation and inspiration G, not inspired H, need to get inspired I14, lost inspiration J15, inspired again k • Not something you do on the side p7 • Not just a job – a vocation, a calling J16 • <u>stop</u> caring about what you do G, no interest in it I14, is this only way to cope as <u>physio</u> in system J15, not really caring? J15, better to not care J15, <u>life</u> easier since stopped caring J15 • <u>being</u> liked by patients and families e11, loved me q25, box chocolates q25, all said you've been great q25, thanking me q25 • Having a heavy workload p4, getting around paperwork M • Busy, start 8am finish 6.30, half hour lunch if lucky, no breaks - need stamina p10 • Having financial stability and not compromising on output (eg compared to arts) p9 • Taking over your life p2, become priority p3, priority p10, all been doing is <u>physio</u>, <u>physio</u> B, not much of life apart from <u>physio</u> B, getting burnt out B, take up so much time, just one part of life (so many other things) e10, Could be doing so many other things G, too busy revising and studying I14, not priority now festival is I14, need to make priority I14 	<p>Right sort of subject?</p> <p>Work should be emotionally rewarding / a calling</p> <p>Rewards - material</p> <p>Work is being busy</p> <p>True to faith</p> <p>Altruistic <u>physio</u></p>	<p>Trying to make sense of feelings</p> <p>Help me -<u>provide</u> support -<u>reassure</u> not in my head <u>making</u> sense of this</p> <p>I am worthy Not just passing time</p> <p>System forcing me to not care Reassure me? Change the system?</p> <p>Other people recognize my value</p> <p>Willing to take this on?</p> <p>Deserves <u>physio</u> Not deceiving person Wanting career without compromise</p> <p>Deserves <u>physio</u> Identity is valued more than others Impress me <u>Physio</u> not so important</p>	<p>Failure <u>rebel</u></p> <p><u>victim</u> / vulnerable <u>crazy</u> <u>inappropriate</u> student / <u>physio</u></p> <p><u>good</u> student / <u>physio</u></p> <p><u>bad</u> student <u>unprofessional</u></p> <p><u>good</u> student / <u>physio</u></p> <p><u>good</u> student / docile</p> <p><u>honorable</u> <u>evangelical</u></p> <p><u>physio</u> first- hierarchy <u>commit</u> for life</p> <p><u>physio</u>- compartment</p>	<p><u>isolation</u></p> <p><u>not</u> complete course (MH) Not right sort of <u>physio</u> Held back Break down</p> <p>Pass – successful <u>physio</u> Fail/ drop out. Resist <u>physio</u></p> <p>Success</p> <p>Manage future work</p> <p>Burnout</p> <p>Success <u>admired</u></p> <p>Failure if compromised</p> <p>Success Lose other id</p> <p>Not <u>prioritise</u> <u>physio</u> – not</p>	<p>Crushed</p> <p>Depressed Poor coping strategies</p> <p>Satisfied</p> <p>Numb – <u>depersonalise</u> Burnout</p> <p>Happy</p> <p>Satisfied</p> <p>Dissatisfied</p> <p>Happy - emotional <u>reward</u> <u>compromise</u> unease</p> <p><u>devoted</u></p> <p><u>not</u> feel whole – but separate</p>
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<ul style="list-style-type: none"> ○ Not sleeping B, tiring B, f12, G, J15 ○ Not eaten properly B, G ○ Not family (home Scotland) B, G ○ Never see fiancée B, effect on my partner / relationship G ○ Hardly do sports B ○ Couldn't speak to friend B ○ No Christmas or new year holidays C • Competing against others for jobs (not really me) A2 • Learning systems – rebelling e11, when I end up a physio – want to care, want to be encouraged to care J16, don't like that system (DC home) q24, Learning boundaries (work within protocol, funding) q24, learning system q24, good and frustrating things q24, gotten to know system q25, system so hard q25, personality clash with system q26 • Having experience abroad p5, having experience developing countries p23 • Rebelling against family / asian / Islamic beliefs p12, not respected in her community p15 • Changing culture in my community (political) p12-13 	<p>Loss /sacrifice</p> <p>Physio culture introspective, narrow minded, not worldly</p> <p>Faith / familial heteronormative</p> <p>Political / terrorist</p>	<p>Devote life to physio Cannot be other part of me (eg woman, partner, daughter) Look after me</p> <p>Critical of system Rebelling</p> <p>Make it easier Making sense for self</p> <p>Critical of faith I am different to</p> <p>Community Not terrorist</p>	<p>not woman/person – slave to physio first-hierarchy</p> <p>workaholic</p> <p>Rebel Outsider</p> <p>victim reflective student</p> <p>Good student</p> <p>Bad daughter / muslim</p> <p>Autonomous Independent activist</p>	<p>full physio Success phys</p> <p>Sick /ill health</p> <p>Resist physio Fail / not complete Drop out Learn to assimilate</p> <p>Assimilate – bc physio Lose id in family / culture Success Phys</p> <p>Rejected community</p>	<p>not gendered / sexual</p> <p>emotional exhaustion</p> <p>Segregated</p> <p>Hurt / struggle Compromise OR find comfort</p> <p>Struggle bw identities</p> <p>Safe in phys</p> <p>Hurt by loss Happy by distance</p>
<p>Physiotherapy (student in practice eg clinic or with patients) professional identity (relational)</p> <p>Physiotherapist doing</p> <ul style="list-style-type: none"> • Working with the NHS p5, • Making a difference to whole practice and profession p4, add to physio world p6, influencing culture p6, make a difference p20, influence things as students p20, who am I to really change it e10, contributing while I am here N20 • empowered L, L, L • Ensuring good sleep (health) so no hurt people with mistakes p11, affecting health f11 • Helping in promoting it p5 • Selling self to patients (not what feel comfortable doing as not doing it for money) p20 	<p>Emancipatory / selfless socialist</p> <p>pat safety / protect</p> <p>selling</p>	<p>I am worthy / unique But</p> <p>Can't do anything</p> <p>I am trying but barriers</p> <p>I am a good advocate</p>	<p>Emancipator Leader Rebel</p> <p>powerless (student)</p> <p>safe student /physio</p> <p>good student</p>	<p>Great physio Success Future leader</p> <p>Passive – not make change Ill health – drop out</p> <p>success Great phys</p>	<p>Celebrate worth it.</p> <p>Unsatisfied</p> <p>Unsatisfied.</p> <p>Happy</p>

<ul style="list-style-type: none"> Assessing patients / diagnosing p17, assessment and advice L, Making decisions q24 Recommending walking aids q25 Giving exercises (stability and strength) L, devise exercise o22, doing exercises o22progressing N19 coming up with new ideas N19 <p>Sharing my experiences, sharing knowledge p23</p> <ul style="list-style-type: none"> Working collaboratively A2, MDT A2, interacting with other people J15, if you don't get along then not satisfying J15, communication challenge M, working with other people (natural) o21, work with ot q23 <p>Patient Outcomes focus</p> <ul style="list-style-type: none"> Being patient orientated (holistic) not about therapist p5, patients as people p5, gaining insight to patients lives – insight problems at home q23, patient terrified going home q23 wanting to be best I can be f12, doing best I can for them L, doing the best q25 responsibility for my patients L responding to needs of patients E9, request for hug e9, respecting emotions (eg pain) – not forcing (patients) E9, knowing how much to push her o22, almost in tears o22, give what they need q24 Being humane e11, good and nice to people e11 (good quality in my culture e11) Working towards beneficence of people p9, Helping patients (supervising) D6, being useful and helpful (not passive) D6, responsible (for communicating) E9, help patients understand e9, criticized for helping e11, helping people f12, k, helped a patient L, patient so much better L, getting better M, helping them N20, how much help patients q24, beneficial to patients q25 affectionate / caring – gave air kiss e9, friendly affection not overly affectionate e11, I do care I want to care J15, care (too) much J15, feeling sorry q24, sad to see poor old people q24 touching, tactile L, knowing how to handle (patients) D5 good communicating k, you're already like a physio k, communicate through the body L, physical language L 	diagnosing	show understand physio	Learning student Good student	Success	Happy
	providing	patient receiver of care	Treater > empower	Work on patients rather than with	Job satisfaction?
	team player	show team player willing to help others know future work impress me	Good collaborative student	Success in teams and study	Satisfied
	selfless heroic physio - patient centred	I will put others needs before mine I am not in this for self I have social responsibility I am a good person	Altruistic physio Not needy Effective physio Empowerer>treater	Patients treated effectively But at cost Self burnout	Rewards Emotionally drained
	helping Caring Giving Physio	Caring is the main priority I do (and will) care	Good physio	Patients are cared for Give emotions to work	Rewards Emotionally drained
	Appropriate touch / affection?	Affection is necessary part of practice Am I wrong? Reassure me?	Warm / well liked Disgusting, too close Wrong / bad person (woman)	Care for pat Inappropriate – accusation - discontinue	Satisfied Distraught Demonized
	Non-verbal communication	I can do this I understand physio	Movement physio – acceptable		

<ul style="list-style-type: none"> confused N19, complicated o22 <p>Negotiating CE / student relationship</p> <ul style="list-style-type: none"> Getting a lot of attention p3, educator to ourselves p3, she gives me lots of feedback K, likes how I work L, giving lots of good feedback L, giving me 2.1 so nothing professionally wrong o23, not giving me great marks (overall 2.2) q24 feeling autonomous with her L, learning is mutual q25 unclear where you stand C, expectations not clear from the start D6, not had much direction E7, expect to work independently N20, don't know where I stand o21, Being told what to learn D5, told too much to learn D5, doing what directed to do D6, go read up on this E7, what NOT to learn E7, why you doing so much reading f12, following orders – open email E8, controlled E8, following instructions E8, keep working patient in pain o22, just get on with job N20, not looked after o21, just get on with job o22 Being asked questions - Not having knowledge (or course) D5, not having answers (of course) D5, showing knowledge (too much) E7, not knowing anything e10, not good enough o22, not doing a good job o22, not knowing different conditions (not good enough) o22 Inquiring (but questions rejected) D5, asking in-service (gave me nothing) E7, questions rejected – should know what to do/ think N20, why cant I ask others insight and advice N20, just wanted to talk to CE (rejected – no time) o22, need to ask advice o23, anything to improve (cycled off) q26 being careful D7, not answer back – keep mouth shut accept it E8, didn't bother negotiating q24, give me what you want q25, cant negotiate q25 challenging CE behaviour - might talk to her M, planning to talk to her M, communication challenge M, spoke to her N20, are you unhappy with me? N20, its to do with how you are with me o21, how you are with me o22, she's functional (more OT) q25, acupuncturist q25, offered equip and walking aids q25, not accurate reflection of me q25, shes not helped me (improve) q26 competing with CE J15, make them look bad J15, much 	<p>Challenge</p> <p>Learning relationship -receiving feedback</p> <p>-guided</p> <p>-discipline obedience</p> <p>-judged (academic)</p> <p>-rejected</p> <p>-passivity (hierarchical) BUT</p> <p>-challenging</p>	<p>Feedback helpful Accusing - Sort out educator</p> <p>I am lost – unclear Accusing – sort out educator(s)</p> <p>Do something about her Inflexible – not free to learn Inappropriate environs for learning</p> <p>Unfair How do I play this game?</p> <p>Vulnerable / hurt Reassure me? Undervalued</p> <p>An appropriate response?</p> <p>Not going to take it Can I do that? Reassure me Accusing</p>	<p>Docile student Troublemaker</p> <p>Vulnerable / dependent snitch</p> <p>servant Vulnerable Passive dependent</p> <p>dumb / stupid off on a tangent OR knowledgeable</p> <p>nosey student annoying</p> <p>docile servant</p> <p>trouble maker questions authority not passive</p>	<p>Pass course Singled out – picked on – not pass</p> <p>Fail / drop out lose fight not belong</p> <p>unsucces student - not autonomous</p> <p>failing module / course</p> <p>pass</p> <p>not approp professional development</p> <p>unnoticed but pass powerless singled out – picked on – persecuted not pass</p>	<p>Satisfied Victim worthless</p> <p>Unsatisfied. Depressed</p> <p>Unsatisfied</p> <p>Self doubt – lack knowledg</p> <p>Happy</p> <p>Feel unloved and rejected</p> <p>Not fit with who I am?</p> <p>Victim Worthless</p>
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Doing Gender in Physiotherapy Education

<p>better at musc exam q25</p> <ul style="list-style-type: none"> interpreting CE feelings - she's under stress M, assuming she is stressed, not sure how to read educator N20, cant think what is (professionally) wrong N20, not sure what the problem is? O23, personal or professional? O23, why something personal? O23, don't know why o23, judged as a person (own criteria for being professional), personal or professional or personality q26 not giving up (wanna go back, wanna finish placement, make it work) e10, should be stronger e10, Stand up for self (demonized) e10, failure for not fighting it f11, not being weak f11, become a stronger person f13, getting back into because I have to H, lm going to finish H, just want to finish the course l14, surviving o23 shouldn't depend on luck k, not on luck k, lucky L in pain from how treated e10, crushed confidence e10, lost confidence o21 nervous o21, o21, o22, nervous with you o22, q25 not experienced o23 associate student way not personal way o23 thanking - gave box chocolates and card q26 Being labeled e10: <ul style="list-style-type: none"> unsafe (not allowed to work unsupervised) D6, e11 criminal D6, (not my culture e11) Not trustworthy - students might change slides E7, air of distrust e9, not quite believed at uni e11, clinical lead believed e11 inappropriate / unprofessional (open email) E8, clarifying instructions of CE (told off) E8, stand back E7, told off E8, don't give instructions e9, cant do an assessment o21 Other - disgusting e9, weird e10, e11, bad person e11, f12, what kind of person are you? E9, certain type of person e10, put in a category e10, already decided I am this and this e11, not my culture e11, whats wrong with you? o21, whats wrong with you o22 	<p>-second guessing</p> <p>-judged (personal)</p> <p>-persistence / resistance</p> <p>Emotional</p> <p>Right sort of subject?</p> <p>-unsafe (health and safety)</p> <p>-criminal (legal)</p> <p>-unprofessional</p> <p>-disgusting (patient protection)</p>	<p>Is that ok? No other choice but to guess</p> <p>Pity / concern Am I being unprofessional Self reassurance of personality</p> <p>This is serious I'm a fighter I persist I'm not a failure</p> <p>Vulnerable emotionally Help me</p> <p>Pity / concern Reassure not true? Change the system</p> <p>Making sense Am I disgusting? Weird?</p>	<p>Mind reader</p> <p>Empathiser</p> <p>Personality problem Unprofessional</p> <p>Fighter Resilient Independent Survivor</p> <p>Emotional wreck Not stable Vulnerable</p> <p>Vulnerable Criminal -against law Unprofessional Pervert/ deviant – abuse power Bad person</p>	<p>Inapprop – deviant Work more closely - succeed Deviant – not suited physio Fail</p> <p>Get there – pass Be physio</p> <p>Fail Sick / ill health</p> <p>Reject from physio Not right subject Fail / expelled Patient not protected</p>	<p>Despondent rejected happy supported</p> <p>distraught</p> <p>Tough but deserved</p> <p>Emotional Depressed</p> <p>Humiliated Punished Unloved Unwanted I have hurt patient</p>
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Doing Gender in Physiotherapy Education

<ul style="list-style-type: none"> • Suffering critique: Patronized D5, found annoying D5, treated harshly D6, torture e10, horrible e10, not liked e10, terrible e11, nightmare e11, nightmare f12, enduring attack f13, bullying f13, treated badly f13, at mercy of tutors f13, grade is so subjective f13, nightmares G, talking harshly o21, hurtful o22, talking strange way o23 	<p>Enduring suffering</p>	<p>Pity /concern Learn how hard it is Help me</p>	<p>victim Worn out / emotionally not stable Troublemaker</p>	<p>Fail – drop out sick</p>	<p>Emotionally depressed</p>
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Different Discursive constructions	Within wider discourses	Action orientation for discursive object (NB identities are multiple and dynamic – therefore maybe a range of contradictory identifications)	Positions for identity	Practice: Consequences for action	Subjectivity: implications for the subjective experience
<p>Physiotherapy education (as an object) is: (e.g. in comparison to other things)</p> <ul style="list-style-type: none"> • Tough p2, Busy course p2, workload tough p4, • Some of the things we study are impossible C, contradictory information C, not sure where you stand in how much work you do – difficult to be successful C • Education p3 • Inspiring p3 • Quality of teaching high p3, good teaching experience p18 • Examiners subjective C, Not enough support when things don't work out f13, failing system q25, so subjective q25 • Mixture of mature students p4 • Culture changing – from working together year 1 to not sharing year 2 A2 <p>Physiotherapy education through relation with others (gender)</p> <ul style="list-style-type: none"> • Perceiving male educator teaching practice p18 <ul style="list-style-type: none"> ○ Evidence based (used book) ○ Explained ○ Checked understanding ○ Practiced together ○ Gave time ○ Addressed questions ○ Not patronizing 	<p>course tough</p> <p>competitive</p> <p>Education vs training</p> <p>Teaching good</p> <p>Assessment biased / failing</p> <p>Diversity</p> <p>competitive</p> <p>Male educator = good teacher = ordered / logical (with knowledge)</p>	<p>Recognize difficulties Change it</p> <p>Understand not just training</p> <p>Compliments / praise</p> <p>Accusing Do something about failing system Give more support</p> <p>Good – keep (admissions) this way</p> <p>Help to encourage making sense</p> <p>indicate qualities of what good teacher is not you but someone else patriarchal model is best</p>	<p>Ungrateful student Weak student</p> <p>Appropriate student</p> <p>Obedient</p> <p>Rebel Troublemaker</p> <p>External locus of control</p> <p>Included</p> <p>Needy Reflective Collaborator</p> <p>Subservient – will behave Fussy (needs ideal type) Self assured (knows what is best for me)</p>	<p>Struggle to pass let alone succeed.</p> <p>Well rounded phys</p> <p>Assumed to lead to privilege Singled out Marked Judged</p> <p>Need support and depend on others Welcomed to community</p> <p>Succeed as student or be rejected by others.</p> <p>Blossom because of teacher OR Struggle as student not flexible</p>	<p>Effort</p> <p>Satisfied</p> <p>Acknowledged regarded</p> <p>Victimized</p> <p>Dependent needy Worried Social support</p> <p>Happy or lonely</p> <p>Either of depend on context</p>

<ul style="list-style-type: none"> • Perceiving male school teacher <ul style="list-style-type: none"> o Lovely L o Caring L o Taught me L o Encouraged L • Perceiving senior female physio (not educator) p19 <ul style="list-style-type: none"> o Shared information o Bring knowledge back o New research, new ideas o Allowed discussion • Perceiving women educator <ul style="list-style-type: none"> o teacher educator (tutor) N, M, k, o really professional and friendly D5 o impressed the way they worked D5, good with patients k, love how she works with patients N21 o lovely k, nice k, lovely L o giving lots feedback k o giving lots of space to develop L o great L, great, amazing M, N21 o o switched M o Patronizing (to other student) p18 o impatient D5, annoyed D5 o fuming D6, angry D6, e8, N20, N20, angry o22 o controlling e8, instructing e8, telling e8, writes instructions o21, instructions o22, interrupts me constantly q25, very strict e8 o forcing e9 o attacking e9, bullying f13 o discouraging f12 o labeling e10, categorizing e10, o stressed M o not good with computers M o doesn't like this kind of paperwork M o negative o23, nasty o23 o avoiding M not talking M, ignoring M, not making eye contact M, N20, N20 avoiding / ignoring N20, not saying hello N20, no time for chit chat N21, not speaking o21, ignores me o21, goes out room o21, put to work with other physios o21, doesn't speak to me o21, not talk o22, cycled off o22, not look at me o23, cant talk to me o23, not open to talking q24, not look at me q24, not discussing /talking q25, avoiding q25, not see how I work q25 	<p>Good physio = sharing knowledge</p> <p>Women educators = jekyll and hyde</p> <p>good = nice /lovely / friendly / great / amazing (with patients)</p> <p>Bad = nasty / angry / patronizing / controlling</p> <p>Bad = avoided</p>	<p>Expertise is sharing Making sense</p> <p>Feel nurtured / supported</p> <p>Recognizing strengths (not just weaknesses)</p> <p>Making sense of treatment</p> <p>Accusing</p> <p>I was rejected / discarded</p>	<p>Fussy (ideal types)</p> <p>Needy (for reassure)</p> <p>mature</p> <p>Reflective (mature) Vulnerable / victim</p> <p>Nitpicker Child blaming</p> <p>Lonely Vulnerable Outsider deviant</p>	<p>Dependent passive physio</p> <p>Mature rounded physio</p> <p>Professional – learn from and move on to succeed</p> <p>Not let go – get caught up</p> <p>Fail / not succeed / give up</p> <p>criminalised</p>	<p>Satisfied Unsatisfied</p> <p>Emotional reward</p> <p>At peace</p> <p>Bitter / depersonalise</p> <p>Distraught, useless</p> <p>odd</p>
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Different Discursive constructions	Within wider discourses	Action orientation for discursive object	Positions for identity	Practice: Consequences for action	Subjectivity: implications for the subjective experience
<p>Physiotherapy practice (hypothetical or past experience rather than based on current experience) is:</p> <ul style="list-style-type: none"> Impressive p2, impressed by way they worked D5, Beautiful k Work much more powerful (than medicine) p3, More useful than medicine p2, p3, medicine more harm than good p7, more effective than doctors p16 More aligned to alternative approaches (Acupuncture) rather than medicine A Not dependent on modern technologies p3, not rely on money p7 Holistic k Make a difference to peoples lives quickly p3, p16, helping people k, making lives better k, people solutions p8 Not harming people p5 Patient centred p5 Not therapist centred p5 Evidence based p5 Wide range of techniques p9, Skills p16 <ul style="list-style-type: none"> Mirrors p7 Feedback work / proprioceptive work p8 Teach Crutches p8 Communicating with the body p8 Very hands on p8, Touching the kids p8 Healthcare not benefit from competitive culture (above that) A2 Professional D5 Friendly D5 Getting advice from each other N20 Strange culture e10, System lost humanity e11, systems with policies J15, heirarchical culture/structure L, superiors / supervisors / senior - not encouraging, system so hard q25, hierarchy q25, still superiors not like you that's it q26 Professionalism (british) full of boundaries and quite cold and distant f12 Nothing is for sure p22 	<p>Organic / natural / artistic > Medicine</p> <p>helping beneficence</p> <p>patient centred EBP</p> <p>Skills - manual Altruistic</p> <p>Team work</p> <p>Hierarchy – managerial not humane</p>	<p>Physio natural - Medicine not My choice justified Avoid modern technologies (good thing)</p> <p>Willing to help / give Not self centred Focussed on patients</p> <p>Understand hands on skills – doing Wanting to do this Wanting to give back</p> <p>I don't like competition I want to work in team</p> <p>System needs changing Do something</p>	<p>Worthy student</p> <p>Crusader resist technology alternative (whacky)</p> <p>selfless admirable model student</p> <p>willing /eager</p> <p>team player professional collaborator</p> <p>risky troublemaker / rebel not deserving not compromising</p>	<p>Admired – succeed New thinking</p> <p>Odd – out of sync</p> <p>see above</p> <p>Success as student Easy time as easy to get along No friction Works well</p> <p>Singled out Not assimilating Not proper physio</p>	<p>Reward – admiration</p> <p>Lonely – outcast</p> <p>See above</p> <p>Happy Carefree No struggles</p> <p>Lonely Emotionally tough</p>

Different Discursive constructions	Within wider discourses	Action orientation for discursive object (NB identities are multiple and dynamic – therefore maybe a range of contradictory identifications)	Positions for identity	Practice: Consequences for action	Subjectivity implications for the subjective experience
<p>Student identity (for Salma in academic/ classroom)</p> <ul style="list-style-type: none"> • Mature p2, • Strange candidate p3, feels strange H • Getting rid of other responsibilities p2, Eliminating other things in my life p2, doesn't go with rest of my life • Financially hard (can't work) p2, Careful with money p2, not making income p4 • Taking it seriously p2, dropped out not take seriously p4, try hard p4, taking it (too) seriously G, choose to invest my life in G, am I too serious? G, just passing the course l14, I don't seem to care J15, so long as I pass J15, stopped taking seriously J15 • Using my opportunity p2, not waste time p2, making most of opportunity D5 • Focused energy p2, prioritizing p20, be realistic and take a step at a time p20 • Keeping up with workload p4, Being organized A, doing enough? A, deadlines H, being disciplined H, coping l14, top of work l14, on top of my work J15 • Following guidance C • Working hard = read, learning, writing C, working too hard C, working to understand and to learn C, working really hard J15, not really prepared for exam J15, hardly doing any work J15 • Doing extra-curricula things p5 • Getting ready for practice work pattern – nearly like clinical placement colleagues p10 	<p>Appropriate candidate?</p> <p>sacrifice</p> <p>Economic</p> <p>good student =Prioritizing time, =diligence =work hard =extra curricula</p>	<p>I am unique I stand out</p> <p>Deserves physio</p> <p>I am fragile It is tough Course too full</p> <p>Deserve physio I am able Admire me You want me Need reassurance</p>	<p>Outsider Odd Leader</p> <p>Servant to physio Not rounded Intersected (not go with other identity)</p> <p>Poor Not coping Stoic</p> <p>Good student Docile Award winning</p>	<p>Not fit in – recluse Be noticed</p> <p>Dedicated physio</p> <p>Not afford to be involved Attendance suffer</p> <p>Pass – B/c physio Success</p>	<p>Lonely</p> <p>Rewarded</p> <p>Success</p> <p>Stress Poor coping strategies</p> <p>Happy Satisfied</p>

Doing Gender in Physiotherapy Education

<ul style="list-style-type: none"> Reading up p2, keep up with reading p4, I have got so much reading p20, reading a book C, reading up D6, couldn't face a physio book H, didn't do reading Going to library p20 In-depth p4, curious, hungry to learn p20, trigger points looked so interesting p20, Enjoy learning for the sake of it not because have to p21, asking questions D5, (too) keen to learn D6, (too) enthusiastic e10, lost motivation and inspiration G Becoming more critical A, more of a critical eye C Independent study p4, vs dependent spoon-fed (some students) p5, looking at book on writing essays C Doing the best I can A, being perfectionist A, do best I can out of myself (self competition) A2, wrote essay best I could C, working together with other students p4, Sharing information p4, help each other p4, Working in collaboration p11, talking with other students p20, met with other students A1, like to work together (not others) A1, work together A2, sharing knowledge base/ books (not others) A2 Not competitive (but pause?) p4, Managing feedback: Feeling good for getting good results (two firsts) B (but not before) B, disappointed for getting low result (2.2) C, doing bad at essays C, self doubt – real or in my head C, getting good feedback surprising J15 Essays and exams not what I want to do I14 Not that easy to make friends p4 	<p>self improvement – neoliberal becoming critical thinker</p> <p>students spoon fed, Students lazy</p> <p>Team work</p> <p>Surveillance or support? Inspiring / motivation</p> <p>Uni=friends</p>	<p>Doing above and beyond Self motivated – don't need to be shown I am independent Doing best I can</p> <p>Whistleblowing Accusing other students -not me</p> <p>I am happy to do what is asked. I am good team player Common goal</p> <p>Help me deal with this issue I am a good student Feedback should not be bad</p> <p>Finding it hard Not well liked Need some friends – will you?</p>	<p>Good student Independent learner Future promise Intelligent reviser</p> <p>Troublemaker Tell tale Teachers swot</p> <p>Team player Helper Collaborator</p> <p>Average (Not award winning) Mediocre</p> <p>Loner More like tutor than student</p>	<p>Pass – b/c physio Future success Leader</p> <p>Isolation Labeled as problem</p> <p>Belonging or Fitting in or NOT</p> <p>Not noticed – just passed Not get job that wants</p> <p>Isolated Risk of distancing Take on diff id</p>	<p>Satisfied Future happiness</p> <p>Lonely distanced</p> <p>Welcomed Happy</p> <p>Disappointing Self doubt</p> <p>Lonely Distanced Confused</p>
<p>Student rep identity p4,</p> <ul style="list-style-type: none"> organizing things p5 international electives p5, doing a talk to students, telling them what I was doing p22, others have the experience p23 Getting students moving p5, getting them to take responsibility p5, changing attitudes of others p23 to be more holistic p23, Not a nobody, you can have power p20 Different position to students p5 Valued by others p20 	<p>activist / political heroic</p>	<p>Talking to me as equal? I want to make a change I have leadership potential</p>	<p>Crusader Evangelist Outsider / different (students) Leader Mature Role model (to other students)</p>	<p>Recognized as other – not physio OR Success in physio admired</p>	<p>Frustrated upset</p> <p>Excited powerful</p>

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<p>Being a woman in physiotherapy (education)</p> <ul style="list-style-type: none"> harassment from family p13, disagreed with physio p13, family planning talk p14, Daughter /sister (as child even though 27) p14, responsibility to family, mother and sister f1 Not appropriate in my family (islam culture) p12 Not giving to relationship – not seeing fiancée B, affecting relationship – partner sick of me being depressed and negative G, not at partners birthday I14, not seen partner 1 month J15, not really talking because I have no time, difficult to keep it going J15 Disgusting e9, abuse a girl e9, too affectionate 	<p>Familial (heterosex)</p> <p>Islamic</p> <p>heterosex relations (marriage)</p> <p>normative / perverted</p>	<p>Physio identity difficult with gender identity</p> <p>It is difficult for me 2 identities don't sit happily together</p> <p>Taking seriously Physio taking over sex(uality) and gender identity</p> <p>Pity / concern</p>	<p>Inappropriate woman Disowned Not respected</p> <p>Inappropriate muslim Intersection Compartment Ostracized</p> <p>Detached physio Servant to physio Inappropriate because not devoted</p> <p>Sick Outcast Paedophile</p>	<p>separated from family</p> <p>dirty woman</p> <p>give up faith</p> <p>Spinster (nun)</p> <p>Persecuted as not approp woman physio</p>	<p>Torn Or Freedom</p> <p>Worthless (not human) Torn or freedom</p> <p>Worthless (other) Ridiculed demonised</p>

Different Discursive constructions	Within wider discourses	Action orientation for discursive object (NB identities are multiple and dynamic – therefore maybe a range of contradictory identifications)	Positions for identity	Practice: Consequences for action	Subjectivity: implications for the subjective experience
<p>Other identity</p> <ul style="list-style-type: none"> • Arts world p2, I can always do p7, not compromise on p9 – therefore not do it <ul style="list-style-type: none"> ◦ Organising festivals p2, festival H, festival now priority I14, working on festival J15 ◦ Dance p2 responsibility to family, mother and sister f12 ◦ Film p2 • Worked with children e10, run orphanage e10, experienced person e10 • Asian (afghan) refugee family want kids to get to top p12, <ul style="list-style-type: none"> ◦ Nice to people = good quality e11 (not strange, weird, unsafe, criminal) ◦ Not English read or write at school L ◦ Not white – victim of racism L ◦ Survivor L ◦ Look after our old q24 • Islamic p12, muslim p14 • not same beliefs as family p12 <ul style="list-style-type: none"> • Wise elder - respect in community based on age (and woman) to other younger women p15, young people look up to me p16 • Good academically - Always done well in essays C, smart student at school L • Previous medical student p12 <ul style="list-style-type: none"> ◦ Ethical / political – student rep groups – fair trade coffee p20, ethical investment not in arms p20 • Physio nothing compared to things been through in my life f12 	<p>Asian family pressure be doctor / achieve Physio not known</p> <p>Stability, respectable, good income</p>				