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**Exploring Activism among Swedish Nurses  
and Midwives: Patriarchy, Proletarianization  
and Professionalization**

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**Abstract:** This paper deals with two protests initiated by care workers in Sweden. The first protest, which began in 2011, is carried out by nursing graduates and its main objective is to raise entry wages in the nursing profession. The second protest, initiated by midwives in 2012, is directed against the current deficiencies in Swedish maternity care. The overarching aim of this paper is to explore the implications of nursing/midwifery as *gendered* professions in relation to these protests. More specifically, I focus on the possible manifestation of gender stereotyping in the content of protest and in the public debate. In line with these objectives, a qualitative approach is adopted. The theoretical dimensions of *patriarchy*, *proletarianization* and *professionalization* are used to analyze framing processes among the protesters themselves as well as in the media debate. The intersecting practices of these dimensions are highlighted, which points to the importance of studying the contemporary struggles for professional recognition in nursing/midwifery in relation to the gendered “nature” of care work and the neoliberal restructuring of healthcare. The results of this study imply that these overlapping dimensions create difficulties in which certain overarching structures, such as the feminization of care work, remain largely obscure.

**Keywords:** Nursing, midwifery, gendered professions, activism, patriarchy, proletarianization, professionalization, feminism, neoliberalism, healthcare restructuring, new public management, collective action frames, framing.

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## *Introduction*

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Lately, there has been an intense debate in the media regarding the deteriorating quality in Swedish healthcare (cf. Blanck, 2014; Lagerwall, 2013a) and an increasing number of alarming reports regarding poor quality and precarious working conditions have been put forth by employees (Ström, 2014). By engaging in protest, nurses and midwives have excelled in this debate. In 2011, nursing students in Umeå started the so-called “Inte under 24.000-upproret” (No less than 24.000 protest), which later spread to the rest of Sweden. Initially, the overarching aim of the movement was to elevate entry wages for nursing graduates to a minimum of SEK 24.000 per month (Laurén, 2012). In January 2013, the wage demand was raised to SEK 25.000 (Lagerwall, 2013b). The main arguments put forth by the protesters are based on the assumption that care work in general is undervalued. Thus, the protesters argue, higher wages are essential for making the profession more attractive and thereby prevent the predicted lack of nurses during the next decade (Laurén, 2012; Statistics Sweden, 2012). A second protest, regarding deficiencies in Swedish maternity care, was initiated by midwives in Stockholm during fall 2012 and gained momentum during spring 2013. The protesters argue that the lack of midwives is a severe threat to patient safety and that the physical, as well as psychosocial, working conditions are unacceptable. They put forth demands such as e.g. one midwife per woman in active labor and promote the inclusion of midwives in decision-making bodies (Forslind, 2013; Nordlund *et al*, 2013).

In this paper, I explore these protests for primarily two reasons. *Firstly*, both protests concern the overall valuation of care work, while at the same time the official claims of the protesting groups seem to differ. *Secondly*, and especially

interesting, is that they concern professions with considerable female overrepresentation. For example, in 2012, 100 percent of all employed midwives were women, while the percentage of women in other occupational specializations within the nursing profession ranged from 72 to 98 percent (Statistics Sweden, 2014). Historically, care work has also been permeated with naturalist or biologist ideas of femininity as ideas of what is required of for example nurses are deeply rooted perceptions of what characterizes women in general (Gamarnikow, 1978; James, 1992; Porter, 1992). Thus, the overarching aim of this paper is to explore the implications of nursing/midwifery as *gendered* professions in relation to these protests. More specifically, I focus on the possible manifestation of gender stereotyping in the content of protest as well as in the public debate. I find this particularly important since it has been pointed out that the goals in nurses' activism require an alliance with feminism and that "both feminists and nurses have a public image problem that tends to discredit or trivialize the women involved" (Roberts & Group, 1995:282). In order to fulfill the aims outlined above, I have let the following research questions guide my work: (1) *How have the nurses' and midwives' struggles been framed by themselves as well as by actors in the public debate and to what extent can issues related to gender and female overrepresentation in the professions be distinguished in this context?* (2) *How can the ways in which issues related to gender are addressed (or not addressed) by different actors be interpreted?* (3) *What similarities and differences can be distinguished between the two protests?*

### *Theoretical framework*

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In line with what has been suggested by Layder (1998), some *orienting concepts* have been employed in this study to guide and facilitate the gathering and processing of data, as well as the analysis of empirical material. These concepts constitute the theoretical framework of this paper and are presented below.

#### **Patriarchy, proletarianization and professionalization**

Three theoretical dimensions; *patriarchy*, *proletarianization* and *professionalization*, have historically been important in the discussion of nurses'<sup>1</sup> activism and are therefore elaborated in this section (Briskin, 2011, 2012; Kealey, 2008). I find these dimensions central to the understanding of protests among nurses and midwives since they seem to indicate axes along which protests can potentially play out. Hence, I focus on how these dimensions are deployed in the course of the protests.

In this study, I draw on Walby's (1989:214) general definition of *patriarchy*, in which it is explained as "a system of social structures, and practices in which men dominate, oppress and exploit women". In the context of nursing, the patriarchy concept highlights the idea of these professions as *gendered*. For example, scholars have argued that the historically sexual division of labor between doctors and nurses has often been considered "natural" due to biological perceptions of gender. In fact, the nursing profession came to exist in the first place as a result of a clear demarcation between "curing" and "caring", where the former task was regarded

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<sup>1</sup> While the research within the field of nurses' activism is extensive, studies dealing specifically with the midwives' equivalent are rare (cf. Bourgeault and Khokher, 2006). However, midwifery in Sweden is an occupational specialization within the nursing profession. A nurse license as well as at least one year of practical nursing experience is required in order to qualify for midwifery training (Swedish Midwives Association, 2014; University of Gothenburg, 2014). Thus, I find the application of these concepts on midwives' activism reasonable.

superior and reserved for men. The traditional description of “good nurses as good women” has further anchored the relationship between nursing and medicine within a patriarchal structure (Gamarnikow, 1978; Porter, 1992). Similar ideas also apply to midwifery, in which women, almost exclusively, care for other women (Vosler & Varney Burst, 1993).

The concept of *proletarianization* in this context refers to the implications of “[an] inexorable intrusion of capital and industrial modes of production into the realms of service work” (McPherson, 1996 in Briskin, 2012:289). In relation to nursing, this dimension becomes manifest in the general rationalization of work, the intensification of work pace and the hierarchical division of labor in healthcare. Due to the neoliberal restructuring of healthcare, many of these themes are becoming increasingly relevant today (Briskin, 2012).

In the context of nursing, the theoretical dimension of *professionalization* is used to illustrate claims for workplace autonomy and recognition in relation to the particular competences and expertise of this occupational group. These struggles have often entailed aspirations to mark a distance to the association between caring and alleged female qualities (Briskin, 2012). In relation to this study, both midwives and nurses put forth occupational claims such as professional recognition, better wages and improved working conditions. Accordingly, the notion of professionalization is used in this context as an analytical tool to explore these struggles in both protesting groups.

### **Framing**

In order to highlight *how* the abovementioned theoretical dimensions are manifested in the course of the protests, I use the concept of *framing* as a tool for analyzing my empirical material. In broad terms, this concept could be defined as practices through which particular “realities” are highlighted and evaluated, while others remain obscure (Entman, 1993). In this study, the framing concept is employed in the analysis of media material as well as protester narratives. In the latter context, I use the somewhat more specified notion of *collective action frames*. According to Benford and Snow (2000), such frames within social movements are constituted by *core framing tasks* on the one hand, and *discursive, strategic* as well as *contested processes* that uphold and define these tasks on the other. Core framing tasks involve projects of negotiating the problem at hand, articulating who or what is to blame (diagnostic framing), defining possible solutions or changes (prognostic framing) and urging people to act (motivational framing). Discursive processes refer to the communication of members i.e. the manner in which claims are linked together and assigned meaning, while the strategic processes refer to the use of deliberate, goal oriented frames. The last notion of contested processes aims to highlight the fact that all framing activities are contentious, which further implies that collective action frames are often challenged by actors within the movement, as well as by opponents, bystanders and the media (ibid).

### *Previous research*

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During the last decades nurses have gone on strike in many countries, including Canada, the UK, Portugal, Denmark and Sweden (Briskin, 2011). As mentioned earlier, nurses’ activism has been explored by a large number of scholars, whereas studies of the midwives’ equivalent are rare (Bourgeault & Khokher, 2006). While this highlights the need for further explorations of activism in midwifery, it also explains why the first section below deals primarily with activism within nursing.

Hereinafter I discuss research related to each of the three theoretical dimensions presented above. By doing so, I intend to show that the dimensions of proletarianization and professionalization are crucial for understanding how and why the gender issue is addressed (or not addressed) in the context of the protests. Discussing previous research in relation to these concepts will also highlight the potential contributions of this study. In that regard, it should be noted that the main argument put forth by Briskin (2012) is based on the idea that the three dimensions have shaped and facilitated the militancy of nurses by creating overlapping solidarities among them. As mentioned earlier, I focus instead on how they are deployed in the content of, and responses to, the protests. Thus, my main aspiration is to further test and develop these theoretical dimensions by pointing to new ways of applying them empirically.

### **Patriarchy: Gendered activism in nursing and midwifery**

Historically, acts of militancy in nursing have often been considered problematic and incompatible with the provision of qualitative care. Potentially, this could be attributed to deeply rooted ideas of nursing as a “vocation”, which is in turn related to the alleged link between caring and female gender (Briskin, 2012). Heyes (2005), for example, states that higher wages may attract the “wrong” sort of people and that a lowly paid nurse is more likely to have a vocation, which in turn would equal high quality care. However, according to Briskin (2012), recent clashes between the professional commitments of nurses and for example personnel shortages and an intensification of work, have given rise to a militant discourse around the public interest. Due to an increased emphasis of good care as something in the interest of all, this discourse has had a “legitimizing effect” on militancy among nurses in general (ibid). She further notes that struggles for higher wages have in fact been central in many nurses’ strikes during the last couple of decades, which could potentially be attributed to a rise in feminist awareness in society at large (cf. Hibberd, 1992 in Briskin, 2012). Nevertheless, a recent study of mobilization among child care workers indicates that these protesters tend to focus on issues related to the quality of care rather than on claims for higher wages, which is explained by the general conception that good care work requires selflessness (MacDonald & Merrill, 2002). Additionally, Hochschild (2003) notes in her study of flight attendants that anger or discontent expressed by women in general is often viewed as indications of “female sensitivity” or irrationality, rather than as a response to real events. In relation to nurses’ activism, it has also been pointed out that the devaluation of a certain group may not only be internalized within the dominant group but also among the oppressed. In short, this means that the “subordinates must reject their own characteristics because they are not valued by those in power” (Roberts & Group, 1995:297). The will to dissociate oneself from one’s own group thus causes internal strains and results in *horizontal violence* among the oppressed (ibid).

As indicated above, patriarchal structures seem to affect struggles for work related benefits in occupational groups dominated by women. However, the results of the studies presented above point in somewhat different directions. While e.g. Briskin (2012) states that unionist claims such as higher wages seem to become increasingly common in nurses’ activism due to a general raise in feminist awareness, others, like MacDonald and Merrill (2002), conclude that ideas of “selflessness” as essential for good care still prevail. Thus, in this study, I aim to shed further light on these issues.

### **Proletarianization: Gender and the neoliberal restructuring of welfare**

This paper assumes the idea that neoliberalism has come to pervade many Western societies during the last couple of decades. Due to the increased emphasis on market efficiency, the neoliberal turn has brought about projects of de-regulation, privatization and extensive state withdrawal in many countries (Connell *et al*, 2009; Harvey, 2005). An important feature of the neoliberal project is organizational change, which becomes particularly evident in the implementation of *New Public Management* (hereafter NPM). In short, the NPM-logic advocates that older forms of bureaucratically steered organizations are replaced with “flatter” organizational forms in which ideals such as performance management, individual responsibility and profit making are emphasized (Connell *et al*, 2009).

Inevitably, these changes in political discourse and organizational structure have had implications for workers in the public sector (Connell *et al*, 2009; Henriksson *et al*, 2006). As pointed out above, the neoliberal restructuring of healthcare has in fact reinforced the themes of proletarianization in nursing, which is evident in e.g. the high numbers of temporary or part-time employments, privatizations and relentless cost-cutting measures (Briskin, 2012). It has further been pointed out that while the neoliberal ideology is gender-neutral per se, it deconstructs the public sector, on which many women depend for income, and shifts focus to the private sector where men tend to dominate (Connell *et al*, 2009). Other scholars have argued that neoliberal ideals may also reinforce different states of autonomy and dependency amongst men and women. The results of a recent study of care work in Finland imply that women are traditionally considered to have a greater ability to understand and respond to the needs of others, while men are assumed to be more dominant and decisive. Due to the higher demands for efficiency following the neoliberal turn, these gendered expectations have become increasingly problematic within the field of care work as they potentially make it easier for men to cope with requirements of more market-oriented organizations (Husso & Hirvonen, 2012). Moreover, Husso and Hirvonen (2012:40) note that discussing gender could be difficult when “coping and getting by in competitive labor markets are counted as the individual’s personal victories or losses”.

Based on the above, I find that there is a need to further study in what ways issues related to gender are articulated (or not articulated) in the course of the nurses’ and midwives’ protests, given the characteristics of a neoliberal discourse.

### **Professionalization: Gendered struggles for recognition**

In relation to gender and professionalism in care work, Kealey (2008:6) points out that the professional status for nurses has traditionally “conjured up ideals of service discipline, self-sacrifice, and subordination to medical authority – values that sometimes [clash] with professional models of self-regulation and autonomy” In a similar vein, James (1992) notes that the divide in which women are associated with domestic tasks while men are associated with the work place, has spawned a gendered, ideological division between emotion and rationality. Accordingly, “caring skills” are not considered compatible with professional strategies (*ibid*).

Furthermore, research indicates that the organization of the universalist Nordic welfare states has historically facilitated and shaped the professionalization among female welfare workers by offering educational opportunities and rights to work-related social benefits. However, as mentioned above, the implementation of NPM has come to challenge the occupational conditions in the public sectors of many western countries during the last decades (Connell *et al*, 2009; Henriksson *et al*, 2006). For example, a study conducted in Finland implies that new opportunities of combining managerial and professional power have opened up for strong

professional groups. Interestingly, the opposite applies for groups that have traditionally been the most dependent on welfare policy for professional recognition, such as female care workers (Henriksson *et al*, 2006). To further illustrate this, a study of Swedish nurses' encounter with the NPM-reforms, shows that they find themselves "torn between the ideals of the [...] reforms and those of being experts in caring, [ideals that seem] to be very much opposed to each other" (Blomgren, 2003:66). Consequently, the results imply that the transformations brought about by the reforms are more consistent with the idea of nurses as "administrative leaders", which in turn has challenged their role as experts in caring (*ibid*). In a similar vein, a Swedish study of midwives indicate that changes in maternity care during the last decades, including austerity measures such as early discharges, have affected the working conditions in this occupational group and induced increasing demands for flexibility. The participating midwives expressed feelings of no longer being valued as experts and reported that they lack the time to properly care for mothers and babies (Lindberg *et al* 2005).

In line with what has been indicated above, the neoliberal restructuring of healthcare seems to have affected the professional roles of female welfare workers (such as nurses and midwives) in Sweden and elsewhere. However, the greater part of available research within the field of nurses' *activism* has been carried out in Anglo-Saxon countries<sup>2</sup>. Thus, in this study, I explore the content of nurses' and midwives' occupational claims in a societal context historically marked by welfare policy-making inspired by socialist/social democratic ideas and strong labor unions of which Sweden, together with the other Nordic countries, is an example (Fulcher, 1988; Henriksson *et al*, 2006; Larsson & Thörn, 2012).

## *Design and methods*

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In this study, I have adopted a qualitative approach to gain a deeper understanding of how the nurses' and midwives' protests are framed in various contexts (cf. Marshall & Rossman, 2011). Consequently, my aspiration is not to provide generalizable results in a quantitative sense, but rather to illustrate how various actors construct meaning as well as to offer a possible way of thinking about a particular social phenomenon.

### **Research material and analysis procedure**

Since this study explores how both protests are framed among the protesters themselves as well as in the public debate, I have used two kinds of empirical material. In-depth interviews were carried out in order to capture the subjective experiences of the people involved in protest, while media material was used to study the public debate. The use of dual empirical materials has been important in order to promote a contextual understanding of the nurses' and midwives' movements. Further, this approach has enabled me to grasp internal as well as external framing processes, while at the same time shedding light on how they condition each other.

The empirical material used in this paper comprises six in-depth interviews with members of both the nurses' and midwives' movements as well as written press material from Swedish newspapers. Three midwives, two nursing students and one graduated nurse (also co-founder of the nurses' movement in Stockholm) participated in the study. The nursing students were found via supporter pages on

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<sup>2</sup> For an overview see for example Briskin (2012).

Facebook<sup>3</sup>, where I advertised the study and sought for participants, while I got in touch with the graduated nurse via one of the midwives. Concerning the midwives, two of them were found through my personal network, while the third was recommended by one of the others. It should be noted that all interviewees are women. As this study aspires to highlight the subjective experiences of the nurses and midwives involved in protest, I designed the interview guide according to the so-called *topical approach*, in which the participant's personal views are in focus (cf. Marshall & Rossman, 2011). To analyze the public debate, I decided to use media material since "the mass media arena is *the* major site of contests over meaning" (Gamson, 2004:243). Through the database "Mediearkivet"<sup>4</sup>, accessible at the university's web site, articles for the analysis were selected. At this stage, I tried out a wide range of search terms in order to include as many relevant articles as possible.<sup>5</sup> The final search for articles resulted in 167 hits for the midwives' protests<sup>6</sup> and 140 hits for the nurses' protests<sup>7</sup>. After discarding articles with similar contents, 117 and 119 pieces respectively, remained. Thereafter, a selection was made in which e.g. shorter news items and articles considered less relevant for the aim of this study were excluded. This last selection resulted in 43 articles dealing with the midwives' protests and 56 articles focusing on the nurses' protests.

After gathering the research material, all interviews were transcribed (cf. Marshall & Rossman, 2011) and the media material as well as the interview transcripts were coded in order to create structure and thus facilitate the analysis (cf. Aspers, 2011). During this process, I worked according to an abductive approach, which implies that codes were developed through a continuous interplay between theory and empirics (cf. Alvesson & Sköldbberg, 2008). To clarify, it should further be noted that Benford's and Snow's (2000) conceptual apparatus regarding collective action frames aims to describe framing processes *within* movements. Thus, it was only used in the analysis of protester narratives, while the broader framing concept introduced by e.g. Entman (1993) was used to analyze the media debates.

### **Ethical considerations**

This study has been carried out in accordance with the ethical principles for the social sciences provided by the Swedish Research Council (2002), in which four principal requirements are set out; *information, consent, confidentiality* and *utilization*. Thus, all participants in this study were informed about the following: (1) the main research aims (2) the conditions for voluntary participation and the right to terminate participation, at any time, without penalty (3) the right to anonymity (4) the fact that data collected from participants would not be used other than for research purposes (ibid). At this stage, a comment about my own positioning in relation to the protests is also due. As the attentive reader may have noted, my sympathies are with the nurses and midwives. However, I have strived to do justice to differing views on the matter, all through this paper.

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<sup>3</sup> <https://www.facebook.com/jaggillar24000>, <https://www.facebook.com/varasjukskoterskor>

<sup>4</sup> <https://web-retriever-info-com.ezproxy.ub.gu.se/services/archive.html>

<sup>5</sup> Finally, the following search terms were used: "sjuuskötersk\* AND lönekrav AND (\*uppror OR 24.000 OR 25.000)" (nurses) and "barnmorskeuppro\* OR barnmorskebrist\*" (midwives).

<sup>6</sup> The search includes material from 2012-01-01 and onwards, as the protest were initiated during 2012.

<sup>7</sup> The search includes material from 2011-01-01 and onwards, as the protests were initiated during 2011.



## *Results and analysis*

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This section is divided into five main subcategories. In the first three sections, I focus on framing processes among the protesters themselves. Here, the narratives of nurses and midwives are reported together due to wide-ranging similarities. In section four and five I deal with how the protests of nurses and midwives have been framed in the public debate. In this case, the protests are handled separately since there are significant differences between them. As I will make clear in these sections, the dimensions of *patriarchy*, *proletarianization* and *professionalization* are intrinsically linked in the context of these protests. Since they appear in a more explicit sense in the interview material, the first three sections are divided in accordance with these dimensions.

### **Patriarchy: Strategic considerations, internal strains and blame**

In this first part, I discuss the concept of patriarchy in relation to the protests. Within both groups, there seems to be a general awareness of the fact that the feminization of care work has had certain implications for the nursing and midwifery professions. However, the question of whether the gender issue should be raised at all, and how this could be done in order to gain acceptance, is fraught with ambiguities. Among the nurses, who systematically go to job interviews in order to compile and internally publish wage proposals, a clear pattern was observed early on as the male nurses were generally offered higher entry wages. In spite of this, one of the nurses who co-founded the movement state that:

People were like this; ‘We have to make it a gender issue!’ But then [some of us] were like; ‘No! This is about the salaries; it is only about the 24.000’. You know. So we would not be considered a bunch of angry girls. Because we knew that of course it is [a gender issue]! But that will not benefit us in the debate. (Nurse)

Interestingly, as indicated in this statement, the gender issues seem to be an important part of the diagnostic framing in this context. However, through the discursive- and strategic processes, the issue is depicted as “un-strategic”, which in turn excludes it from the prognostic framing i.e. from the determination of what ought to be done in order to improve the situation. Although, it should be noted that while the strategic considerations of not focusing on gender issues were clearly articulated among the nurses in the beginning, one of the three movement objectives recently laid down nationally concerns the contribution to a more equal society by raising salaries in a female-dominated profession. One of the protesters also notes that there seem to be a more general feminist awareness in society today compared to when the protests were first initiated. Nevertheless, another respondent questions whether this has really been anchored in her group and state that feminist claims seem to be viewed as provocative and exclusionary in general. As regards the midwives, some of them note that there are growing possibilities for them to raise issues related to gender. However, in this group, the protesters seem to frame the matter more in terms of a “general devaluation of medical care for women” or as a matter of “women who care for other women”, rather than as an issue of “poor working conditions in a female-dominated profession”. For example, the midwives acknowledge that areas of medicine targeting women are de-prioritized when it comes to resource distribution in healthcare. Although reporting that these problems are part of their agenda, they report that the news value of such claims seems to be relatively low:

We have tried to raise the issue, we have [...]. But in relation to the media... It is not a good headline, you know [...]. But of course [...], it depends of what kind of media you turn to [...]. But then again, it is [a] delicate [issue] so you have to... [...] it has to be about providing good care for those who are giving birth [...]. So this gender perspective in our work, it is not at all about; 'we want as much as men' ... It is not. It is more about how you value those who seek care. (Midwife)

In particular, the fear of being perceived as irrational or as “angry feminists” seems to have affected the nurses’ way of framing their claims. In extension, this implies that ideas of how women who express discontent in various forms are perceived (cf. Hochschild, 2003) still persist, at least among the protesters themselves. Moreover, for both nurses and midwives, a parallel could be drawn to the research conducted by Husso and Hirvonen (2012), who argue that raising gender related issues within a neoliberal discourse is potentially hard. Especially since the ability to cope and get by in competitive labor markets is attributed to the individual’s own capacity. In turn, I argue, this highlights the intersecting practices between the dimensions of patriarchy and proletarianization, while at the same time it could partially explain why both movements have put emphasis on more “concrete” claims such as higher wages in the case of nurses, and evidence based care for mothers and children in the case of midwives (see below). Another important point in relation to the discussion of care work as feminized is *how* the protesters frame the issues of underpayment and devaluation:

The woman [...] represents the emotions, the emotional part, while the man represents the logical, rational parts. And it becomes very obvious if you think about the wage issue; The rational part [is like]: ‘I have a goal, my goal is to get a job with a good salary that allows me to support my family’. The woman is like: ‘It has to *feel* good, it has to be a good job, I have to feel comfortable and have nice colleagues.’ And what’s the difference? The price tag. Ultimately. (Nursing student)

It is partly women’s own fault [...]. Women in general are quite good at creating such destructive patterns that I would say cause these things. Accepting downright inaccuracies... You know, follies... Doing things we do not have to do, accepting conditions that are not really ok. Why do we do that? (Midwife)

As these quotations illustrate, there is an awareness of the implications of gender stereotyping within the field of care work. However, this type of diagnostic framing tasks bear traces of what Roberts and Group (1995) term *horizontal violence* i.e. the oppressed group rejects its own (supposed) characteristics in order to mark a distance to those qualities that are generally devalued by others. While the protesters acknowledge that the devaluation of their professions is related to stereotypical ideas of gender, they also blame their peers for historically falling prey for these patriarchal structures. Additionally, the nurses, whose group unlike the midwives’ is composed of both men and women, note that the minority of male participants tends to dominate at group meetings as well as in the media. Interestingly, they report that these issues have not been raised internally, due to fear of causing internal strains and thus counteracting the overall objectives of the movement. In line with these results, I suggest that gender stereotyping not only seems to affect the overall valuation of the professions and the diagnostic framing tasks, but also the dynamics *within* both protesting groups.

In terms of responses to their claims, both nurses and midwives are generally positive. In particular, respondents representing both protests point to the fact that the labor union has provided wide-ranging support. Moreover, the media has shown great interest in both cases by for example requesting debate articles. Regarding the midwives, the claims further seem to have been taken seriously as both politicians

and employers have been willing to discuss the issues at hand. However, the respondents are critical towards the fact that there seems to be a lack of knowledge among politicians regarding what the situation in maternity care is really like. They also express concerns about what is really being done to improve the situation. In line with what is pointed out in the media analysis below, the nurses' claims for higher entry wages have been challenged to a greater extent. For example, older colleagues have argued that the approach of focusing solely on entry wages is misguided and that the overarching aspiration ought to be an improvement of the overall wage development for nursing professionals. In a similar vein, the respondents report that politicians and employers have stated that the current wage level of nursing graduates is adequate. Also, one of the nurses notes that politicians have seemed unwilling to join the debate. In relation to gender and negative criticism, some important points have to be made here. While the protesters seem to have met few opponents who for example refer to higher wages as contradictory to high qualitative care or view the protesters as simply a group of "angry, irrational women" (cf. Heyes, 2005; Hochschild, 2003), members of both groups raise the issue of *blame*:

In the media debate there has been a tendency to put the blame on us, like; 'How can you do this to the patients?' And then you are like; 'How the hell can this be our fault?' It is not our fault! [...] No computer engineers would get the question; 'God, why are you doing this to Ericsson [a Swedish communications technology company]?' (Nurse)

[In general] we have received great support. I have to say. [But], I guess... In the beginning, some people... I do not know if it was other midwives who said that, but they thought that we were 'scaring the women'. (Midwife)

Furthermore, the nurses report that they have sometimes received criticism based on the idea that they ought to be "more humble" or "simply settle with what they got". All in all, the discussion above would imply that views on nursing and midwifery are still permeated with (gendered) ideas of self-sacrifice i.e. perceptions that care workers should always care for others prior to themselves (Gamarnikow, 1978; James, 1992; MacDonald & Merrill, 2002; Porter, 1992). In extension, this indicates that both professions are still tinged with conceptions of femininity, which seems to affect the reactions of movement opponents as well as professional peers.

To conclude, I argue that the patriarchal structures in this context affect the protests in primarily three different ways. *Firstly*, it affects the determination of what needs to be done to improve the situation (the prognostic framing). Consequently, the gender issue is either toned down or framed more in terms of "good care for women as part of the public interest" rather than in terms of "reasonable working conditions in a profession with considerable female overrepresentation". Among the midwives, it is also noted that raising gender issues in the media is hard due to a general lack of interest. *Secondly*, it affects the internal dynamics of both groups through the diagnostic framing tasks in which the historical devaluation of nursing and midwifery is attributed to the women themselves. Also, in the case of nurses, traditional gender roles cause (unarticulated) strains within the group due to the general dominance of male participants at e.g. group meetings. *Thirdly*, with regard to general responses to the protests, the discussion of blame is actualized. It turns out that both groups have been accused of either scaring the patients (midwives) or risking their safety by turning down job offers and thus causing personnel shortages (nurses).

### **Proletarianization: Cartels and “hard values”**

In this section I discuss the protests of midwives and nurses in relation to proletarianization and the neoliberal restructuring of healthcare. Firstly, as is highlighted in the following statements, both groups acknowledge the potential strategic benefits of putting forth claims that are “quantifiable”:

[We] had to have a clear strategy; ‘we will only discuss wages, nothing else! There are a lot of other questions, working environment and such things. But we have to streamline [our claims]!’ [...]. You know, we have tried to keep this quite factual, we did not want to be like... you know angry, a group of angry people. But rather be like; ‘Here is the deal, we live in a market economy’ [...]. (Nurse)

This thing about being one midwife per woman in labor, to give the family adequate support in relation to childbirth [...]. It is about experience, and you can not put a number on that! [...] It is easier for people to grasp numbers compared to other results [...]. Numbers are fancy, you know [...]. So it is like ‘hard’ versus ‘soft’ facts [...]. [Today], you accept that the person who is giving birth is not offered the support that is known, and that has been scientifically proven, to be better for the whole family. (Midwife)

In reference to both these quotations, I suggest that a parallel could be drawn to the discussion of gender presented above. According to e.g. Connell *et al* (2009) and Husso and Hirvonen (2012), the alleged gender neutral ideology of neoliberalism seem to advocate ideals traditionally associated with masculinity. I suggest that this is evident in the strategic and discursive processes as well as the prognostic framing tasks (the determination of what needs to be done) among both nurses and midwives. In the former group, factuality, as opposed to emotionality, is identified as important in order to gain acceptance. In line with what has been pointed out by James (1992) about the ideological and gendered divide between rationality and emotion, the nurses struggles to appear as factual rather than emotional may be attributed to the (implicit) neoliberal advocacy of ideals generally held as masculine. In contrast to the nurses, the midwives stress the importance of focusing on “softer values”. However, they acknowledge the difficulties related to these endeavors and emphasize the importance of “professionalism in caring”.

The second area of focus in relation to proletarianization is the protesters’ ways of framing actions undertaken by employers as well as politicians within the healthcare sector. Among the nurses, severe criticism is aimed at short-term solutions such as using hired staff (instead of hiring recently graduated nurses) in order to counteract personnel shortages. Through the interviews, another problem directly related to the nurses’ protest is also reported. It turns out that even though individual salary negotiations are statutory<sup>8</sup>, the hospitals seem to have formed “cartels” by jointly agreeing upon a certain wage level for nursing graduates. Additionally, one of the nurses who co-founded the movement reports that when the hospitals found out that the students were systematically attending job interviews in order to compile and internally publish wage proposals, they started contacting the applicants and asked for their salary requirements. If you were a member of the movement; “you did not have to bother coming in [for an interview]”. Consequently, the nursing students have been denied their rights to individual salaries and thus, in a way, been treated as a collective of serfs.

Among the midwives, potential solutions to the problems in maternity care are framed in a somewhat different manner and the discussion revolves, to a large extent, around the opening of semi-private clinics. In general, they are positive to

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<sup>8</sup> Swedish Association of Health Care Professionals (2014).

the opening of such clinics, primarily as the lack of delivery places in Stockholm has been acute during the last couple of years. However, the overall planning of maternity care is generally criticized. For example, the midwives note that privately owned BB Sophia has been able to offer higher wages than the public units, which has created a shortage of midwives in these clinics instead.

To conclude, I would suggest that the themes related to proletarianization are evident first and foremost in the strategic processes and prognostic framing tasks within the movements of focus. *Firstly*, both nurses and midwives acknowledge the possible benefits of putting forth “quantifiable” claims. As pointed out above, this further illustrates the intersecting practices between the dimensions of proletarianization and patriarchy. *Secondly*, the themes related to proletarianization are also evident in the discussion of possible solutions or recent actions undertaken by politicians as well as employers. While the nurses are critical towards short-term solutions such as using hired staff and reports that some hospitals have formed cartels in order to reduce labor costs, the midwives primarily discuss possible benefits and problems related to the opening of semi-private maternity care clinics.

### **Professionalization: Struggles for recognition**

In this section I discuss the concepts of professionalization in relation to the nurses’ and midwives’ protests. *Firstly*, members of both protesting groups are careful to stress that their protests are to be reserved for people within their own occupational group. Several respondents report that e.g. auxiliary nurses and doctors have shown interest in joining their movements. As I see it, this indicates that there is an aspiration to mark a distance to other professional groups and thus to emphasize the particularity of their own occupations. Similarly, the nurses report that there seems to be uncertainties regarding what “nurses really do”, which in turn is related to how their profession is defined and valued by themselves as well as by others:

A lot of people think that we are just puffing pillows and maybe giving a small shot [or something]. A lot of people do not know what our profession is about [...]. There is also a hierarchy around this... It is ‘fancy’ with medicine and medical knowledge and you strive to imitate the medical profession in a way [...]. [Additionally, it is so] deeply rooted, this ‘caring aspect’... That we would have it as a private interest... And you have, but it is still work! (Nurse)

As illustrated above, the question of professionalization in nursing revolves, to a large extent, around issues related to the alleged “vocational nature” of caring as well as to the hierarchical division of labor in healthcare. In extension, I argue, this implies that the patriarchal structures in care work (cf. Gamarnikow, 1978; James, 1992; Porter, 1992) still prevail, while at the same time they seem to be closely related to professionalization. In a similar vein, the quests for professional recognition among the nurses also focus on the “upgrading of care work in general” and on the “strengthening of nurses’ self-confidence”. The respondents emphasize the extensive responsibilities in their daily work, as well as the fact that they have undergone three years of tertiary education. Arguably, these issues are part of both the determination of the problem and the definition of what needs to be done (the diagnostic and prognostic framing tasks), while at the same time they work as a motivation to induce change (the motivational framing tasks). Interestingly, as pointed out by for example Blomgren (2003), the NPM-reforms seem to be better aligned with the idea of nurses as administrative leaders, which in turn threatens their role as experts in caring. In light of this, the nurses’ emphasis on responsibility and education could potentially be regarded as attempts to upgrade and legitimize their caring expertise in a time characterized by neoliberal healthcare restructuring.

As is the case with the nurses, issues related to professional recognition are important parts of the diagnostic, prognostic and motivational framing tasks within the midwives' movement. The determination of what is the core of the problem, and thereby needs to change, is framed primarily in terms of "a wish to be able to provide the support that is best for mothers and babies" and "a need for midwife participation in decision-making processes". These aspirations also seem to motivate the protesters to continue their struggles. Consequently, in line with what has been pointed out by Lindberg *et al* (2005), the midwives seem to experience a general lack of opportunity to properly care for their patients as well as limitations in their professional role. For example, one midwife stresses that there is a lot of good midwifery research, but that the research tradition within the profession is relatively young and thus devalued:

If you compare [us] with for example doctors, they have been doing research for much longer... [Today] we have knowledge that we did not have 20 years ago. Really, really important knowledge that needs to be implemented. But since we have not conducted that much research historically [...] the implementation of midwifery research is not valued in the same way... (Midwife)

Here, I argue, a parallel could also be drawn to the historical devaluation of nursing/midwifery in relation to medicine. Primarily as the difficulties of gaining acceptance for research-based claims are highlighted. Furthermore, two of the midwives acknowledge the connection between "professional care" and better working conditions. While deficiencies in work environment have often been reported in the media (cf. Folcker Aschan, 2013) one of them states that:

I am extremely professionally oriented [...]. I do not want to whine. I am not interested in saying that... You know, I can say that it is tough and hard but I am not interested in going into detail about my work environment. Because I am also 150 percent convinced that if we are allowed to provide safe, secure, good care to those who give birth then everything else will dissolve by itself [...]. It is about being able to provide professional care and support to those who give birth [...] and I think it would be unprofessional of me to talk too much ... I do not want to talk about work environment that way.

In this case, the professional claims and the struggles for improved working conditions are linked together through the discursive processes within the movement. This statement could also be related to the results of MacDonald's and Merrill's (2002) study, which imply that care workers tend to focus on issues related to the quality of care rather than on unionist claims, such as improved working conditions, due to the conception that good care requires selflessness. However, in contrast to the quotation above, the struggles for better working conditions seem to be more articulated by other protesters. In extension, this implies that the diagnostic and prognostic framing tasks in this case are fraught with a certain amount of contestation i.e. differing views on what constitutes the problem and what needs to be done to improve the situation.

Finally, as the discussion of professionalization has indicated, struggles for recognition are closely related to the gendered dimension of care work (patriarchy) as well as to the neoliberal restructuring of healthcare (proletarianization). For example, according to e.g. Henriksson *et al* (2006), the influence of neoliberalism has weakened the professional status of occupational groups that have traditionally depended on the public sector for recognition. In relation to my results, I suggest that this could partially explain why both nurses and midwives underline their unique competences, their educational degrees and wide-ranging responsibilities. In

extension, this could further explain why the discussion of whether or not feminist claims ought to be part of the agenda is fraught with such ambiguities.

### **Nurses and the public debate**

From this section and onwards I present and analyze the media material collected in conjunction with this study. In the media, the nursing students' struggles for higher entry wages have been the focus of an intense debate, which primarily revolves around the question of whether their claims are reasonable or not. *Firstly*, there are those who argue that the nurses' claims are un-reasonable in relation to available resources within the healthcare sector and the wage level of more experienced nurses. *Secondly*, others seem to support the students by stating that nursing has been historically devalued. An important actor in this second context is the labor union, Swedish Association of Healthcare Professionals (Vårdförbundet), whose representatives express extensive support in favor of the protesters.

#### *The nurses' claims as "un-reasonable"*

Among those who find the nursing students' claims unreasonable, the main argument revolves around the issue of current wage levels among more experienced nurses. Such criticism is evident among employers, politicians as well as nursing colleagues:

The director of Human Resources in Region Skåne [argues]: 'If we raise entry wages by 15 percent, we will have to raise salaries within the entire group just as much. It also creates problems if someone new to the job, without experience, has a higher salary than a more skilled [nurse].' (Echeverría Quezada, 2012).

[Martin Jansson] has worked as a nurse for three years. Despite a tertiary education and several years of working experience, he has not reached the [wage level of] 24.000 per month: 'I really hope that the nursing graduates' protest will help me. But [they] do not pursue the issue of higher salaries for all of us [...]' (Kägo, 2012).

As the second quotation indicates there is an ongoing discussion of the valuation of care work in general, even among the critics, while at the same time they state that the main objective ought to be an improvement of the wage development in the profession overall (see also Göteborgs Posten, 2013). Also, while few people (if any) refer to the alleged "vocational nature" of caring or claim that higher wages would be contradictory to good care (cf. Heyes, 2005), the relationship between gender and the devaluation of care work is rarely acknowledged. In extension, this would imply that even though the devaluation of nursing is addressed by some of the movement critics, its connection to female gender remains obscure.

Furthermore, there is a tendency to portray the students' claims as "un-reasonable" in relation to available resources in the healthcare sector. In relation to this, it is pointed out that many hospitals have tried to prevent the lack of nurses by using hired staff or offering bonuses for those who are willing to postpone their vacations or work extra hours (cf. Folcker Aschan, 2013). I suggest that the employers' advocacy of hired staff and individual incentives could be seen as typical of a neoliberal discourse. Thus, the proletarianization dimension is made visible in this context.

#### *Supporting the nurses' claims*

Among those who support the nurses' claims, a majority is either labor union representatives or colleagues within the profession. In this context, the influence of structural factors on the valuation of nursing is often stressed. The former group, for example, acknowledges the hierarchical division of labor in the healthcare

sector, which tends to discredit nurses, and emphasize the knowledge and unique competence of nursing professionals (cf. Andersson Hobert, 2012; Wiksten, 2012; Åsgård, 2012). Similar statements are also found among protesters who have spoken in the media. For example, one of them notes that they “do not see the job as a vocation, but as a career” (Ritzén, 2012). Additionally the chairman of the Swedish Association of Healthcare Professionals responds to the critique towards the nurses’ focus on entry wages by arguing that promoting this issue, while at the same time struggling for a better wage development, is not necessarily contradictory: “There is no conflict at all. [...] In the long run, higher entry wages contribute to an upgrading of our profession” (Åsgård, 2012). In statements such as the ones presented above, general attempts are made to upgrade care work and point to its significance. Thus, I suggest that the professionalization dimension is made visible in this context.

In general, relatively few politicians seem to have participated in the debate, which is also consistent with what has been pointed out by one of the interviewees (see above). However, one of the county councilors in Stockholm (representing the left-wing party) argues that: “the wage structure that offers SEK 22 000 after three years of college education locks down women in low wages” (Jörnehed, 2013). While the gender issue, and thus the patriarchy dimension, is acknowledged in this quotation, it should again be noted that similar statements are rare. However, as is the case with the midwives (see below), extensive criticism is aimed at measures traditionally associated with NPM, such as using hired staff or offering bonuses to those who are willing to work extra hours:

Many hospitals have considered the protests un-realistic and impossible to meet financially. The fact the University hospital in Skåne is expected to pay SEK 3 millions to an employment agency that will help solve this summer’s lack of 125 nurses, has therefore faced strong criticism from both the Association of Health Care Professionals as well as the Medical Society (Echeverría Quezada, 2012).

Further, in a debate article, the protesters themselves express critical views on the employers’ use of staffing agencies, by pointing to the short-termism of this solution (Eriksson *et al*, 2012). Considering the supporters’ general critique of hired staff and bonus payouts, I would suggest that the themes related to proletarianization and the neoliberal restructuring of healthcare are challenged in this context. Potentially this could be attributed to the Swedish traditions of universalist welfare policy-making and unionism (Fulcher, 1988; Henriksson *et al*, 2006; Larsson & Thörn, 2012). Also, in extension, this would imply that there is an ongoing process of contestation between what could be termed a neoliberal frame and a more socialist/social democratic ditto in this debate.

To conclude, I find that the nurses’ struggles for higher entry wages are challenged to a great extent in the public debate. Among the critics, the nurses’ claims are depicted as “un-reasonable”, while the supporters tend to acknowledge the impact of structural factors on the valuation of nursing. However, what I find most striking in the debate is the minor focus on issues related to nursing as a gendered profession. Nevertheless, in line with Hochschild’s (2003) research, some of the criticism aimed at the nurses could potentially be attributed to the fact that women who express anger are sometimes considered “irrational”. In fact, the framing of their claims as “un-reasonable” adds weight to this idea. Unfortunately, I argue, this somewhat trivializing approach towards the protests diminishes the problems associated with the devaluation of care work as well as the feminization of nursing. Besides the fact that the mere emergence of the nurses’ protest may



challenge the patriarchal structures in this context, these structures still remain largely obscure as they are seldom addressed directly.

### **Midwives and the public debate**

As opposed to how the nurses' protests have been framed in the public debate, the discussion of the midwives' equivalent is not so much a discussion of whether the protests are justified. Rather, there seem to be a consensus around the fact that the situation in Swedish maternity care is critical. As is the case with the nurses, the labor union expresses extensive support in favor of the protesters. However, there seem to be an ongoing contestation over problem definition and potential solutions in this context. I argue that two main tendencies can be distinguished in the public debate; the problems in maternity care are either discussed as *transient* or as *structural*. Arguably, this divide also permeates the discussion of solutions to the problems.

#### *The problem as transient*

The framing of the problems in Swedish maternity care as transient revolves, to a large extent, around the opening and future openings of privately owned, yet publicly financed, clinics that operate smaller scale care facilities on behalf of counties and municipalities (Praktikertjänst - BB Sophia, 2014). Right-wing political representatives as well as others have argued that more such clinics will remedy the deficiencies in Swedish maternity care. Although acknowledging that part of the problems are due to the devaluation of care work, the Care Director of Obstetrics at privately owned BB Sophia states that:

[Now] maternity hospitals have to compete for the parents. Provided that the clinics also may set a limit for how many that can be listed, no woman in Stockholm will have to be rejected and the crisis in maternity care will be over (Dagens Nyheter, 2013).

Moreover, the Medical County Councilor in Stockholm (representing the leading right-wing party) is generally positive to the implementation of various bonus systems that encourage midwives to work extra hours (Ritzén, 2014). For example, she has stated that since many midwives do not work full time, "it would be good idea if they could increase their working time" (Dagens Medicin, 2013). As I see it, statements such as the ones presented above, point to a significant influence of neoliberal ideals and NPM in Swedish healthcare. There is a general advocacy of further privatizations in this sector, while at the same time competition and individual incentives are promoted even though the midwives are already struggling with exhaustion and poor working conditions. For example, in a debate article written by the protesters, the following statement regarding bonuses is found: "It is no bonus. It's an insultingly low compensation to buy our leisure [...]. We are tired, worn out and in need of vacation" (Jeppsson *et al*, 2013). Thus, the discussion of the problem as transient is clearly linked to the proletarianization dimension. Even though the midwives' protests seem to have gained support per se, I argue that this way of framing the issues tends to trivialize them by not sufficiently addressing for example the devaluation of care work or the issues related to midwifery as a gendered profession.

#### *The problem as structural*

Among those who frame the deficiencies in maternity care as symptoms of a structural failure, critique towards the overall planning of care as well as the devaluation of midwifery is put forth:

Nothing is really new. Already in the early 1990s, a hospital technician earned more than a midwife. Throughout history, they have been thought to feel called and chosen. For a long time now, educational curves have pointed in the wrong direction and nurses with experience and drive have chosen new, more lucrative and calmer careers in health-related industries, outside of hospitals (Sjölund, 2013).

Interestingly, as this quotation illustrates, the three theoretical dimensions of patriarchy, proletarianization and professionalization all appear in the determination of the problem as structural. *Firstly*, while the issue of gender is rarely addressed directly, problems associated with the alleged “vocational nature” of midwifery are acknowledged. It is pointed out that such views on care work have contributed to its historic devaluation as well as to the contemporary low status of caring professions. In extension, statements such as the one presented above suggest that the traditional views on midwives as devoted to care still persist, even though they are criticized. *Secondly*, and even more salient in the debate, is the critique aimed towards short term solutions such as the employers use of hired staff and bonus payouts for those who are willing to postpone their vacation or work extra hours:

How did the employers solve personnel shortages? They did not, according to Vårdförbundet [the labor union of Swedish health care professionals]. ‘The employers have dumped the problems on nurses and midwives’, they conclude. The staff has, voluntarily or involuntarily, had to move their vacation. [They have] worked overtime and double shifts. [...] Most counties have also increased the use of temporary workers (Pettersson, 2013).

As I see it, this reveals critical views on the ideals traditionally associated with NPM such as privatizations, cost efficiency and individual incentives. Thus, the themes of proletarianization seem to be challenged in this context, which could possibly be attributed to the historical influence of universalist welfare policy-making and strong unionism in Sweden (Fulcher, 1988; Henriksson *et al*, 2006; Larsson & Thörn, 2012). *Thirdly*, solutions to the problems put forth by critics viewing them as structural also include an emphasis on the need for more educational resources (cf. K. Lindquist, 2014). Moreover, as one of the protesters put it, it is crucial to make the profession more attractive: “All in all it is a really great profession, but it is difficult to manage, it entails long hours and is not particularly well paid, given our working hours and our extensive training” (Samuleson, 2014). In a similar vein, it is argued that certain claims put forth by the protesters, such as one midwife per woman in labor, ought to be taken more seriously since this reduces the risk of complications for both mother and child (Green, 2013). Thus, in this context, I find that the professionalization dimension becomes evident through the emphasis on the need to upgrade midwifery and invest in education. Additionally, the professional claims of the midwives are acknowledged and seem to gain support, which could potentially be attributed to their emphasis on “good care” (cf. Briskin, 2012).

All in all, the discussion above supports the midwives' statements of generally good public support and confirms that their protests have been taken seriously (see above). Interestingly, as is the case with the nurses, there seems to be an ongoing process of contestation between a neoliberal frame and a more socialist/social democratic ditto in the public debate. Another striking similarity to how the nurses' protest has been framed in the media is that potential implications of midwifery as a gendered profession remain virtually un-addressed. Only a few of the selected articles attend to the matter directly (cf. Jonsson, 2013; Karlsson & Andersson, 2014). In line with what has been put forth by the protesters regarding the medial

disinterest in raising gender issues (see above), this is perhaps not very surprising. However, as pointed out by the midwives engaged in protest, there are few direct signs of gender stereotyping in the public response. Linking back to Hochschild's (2003) description of "angry women", one could expect that the anger expressed by the protesters would be trivialized and considered undue. Even though there are no such clear indications in the media material, I argue that the gender dimension of the problem is diminished. As is the case with the nurses, this indicates that the patriarchal structures and issues related to the sexual division of labor in healthcare are not explicitly challenged in this debate.

### *Concluding remarks*

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With this paper I have aimed to explore the implications of nursing/midwifery as *gendered* professions in relation to the current protests initiated by members of these occupational groups. Furthermore, I have aspired to contribute to the field of research by studying activism among caring professionals in a context marked by historically strong traditions of welfare policy-making, as well as by directing attention to the less explored field of midwives' activism. In my analysis, I have used the theoretical dimensions of *patriarchy*, *proletarianization* and *professionalization*, which have historically dominated the discussion of nurses' activism (Briskin, 2011, 2012; Kealey, 2008). By doing so, I have aimed to highlight the intersecting practices of these dimensions and point to the importance of studying the gendered "nature" of care work, and the struggles for professional recognition in these groups, in light of the neoliberal restructuring of healthcare.

My first research question deals with how the nurses' and midwives' struggles have been framed by themselves as well as by actors in the public debate. As the analysis of media material indicates, the nurses' protests have been challenged to a greater extent than the midwives' equivalent. In the former case, the protesters' claims are often depicted as "un-reasonable", while in the latter, they are generally considered justified. With the exception that the nurses' claims are occasionally framed as "un-reasonable", which could indicate that the tendency of portraying women who express anger as irrational or overly sensitive (cf. Hochschild, 2003) still prevails, there are few direct signs of gender stereotyping in the public debates. Yet, what I find most striking is that issues related to the gendered "nature" of care work and its possible implications for the valuation of nursing and midwifery, remain virtually un-addressed in the debates. In terms of the protesters' own experiences, I find that issues related to the gendered aspect of nursing and midwifery has had a significant impact on the content of protest in both groups. First, I would argue that there are tendencies among both nurses and midwives to blame their peers for historically contributing to the devaluation of care work by acting according to what is (stereotypically) expected of them as "women in caring professions". Thus, the discussion of *horizontal violence* is actualized in this context (cf. Roberts & Group, 1995). Among the nurses, feminist claims were also, at least initially, deliberately left out due to the fear of being perceived as "angry women". In a similar vein, the midwives acknowledge the medial disinterest in raising gender issues, while they are also careful to stress that their main objective is to be able to provide good care for mothers and babies.

My second research question regards possible explanations for how and why the gender issue has been addressed (or not addressed) by different actors in the context of these protests. In line with what has been implied all through this paper, the influence of patriarchal structures on professional struggles among nurses and

midwives seem to be closely related to the neoliberal restructuring of healthcare. While the NPM-reforms have faced criticism in the public debates, which could potentially be attributed to the strong traditions of universalist welfare policy-making in Sweden (cf. Henriksson *et al*, 2006; Larsson & Thörn, 2012), this study indicates that raising gender issues within these protests is a delicate matter fraught with ambiguities. Considering that putting forth feminist claims in a neoliberal discourse is potentially hard (cf. Husso & Hirvonen, 2012), it is striking how both the nurses and midwives acknowledge the possible strategic benefits of focusing on “quantifiable” or “factual” claims. In addition, I would argue, the far-reaching struggles to gain professional recognition in both groups is consistent with what has been pointed out by for example Henriksson *et al* (2006), who state that the marketization of welfare tends to hamper professionalism among female welfare workers. As regards the (almost) absent discussion of nursing/midwifery as gendered professions in the public debate, the alleged medial disinterest in raising gender issues could perhaps also be related to the increased influence of neoliberal ideals. Especially so since the neoliberal discourse tends to direct focus towards the individuals’ own abilities rather than towards the social structures forming her prospects (cf. Husso & Hirvonen, 2012). Another possible explanation would be that the protesters themselves are somewhat reluctant to raise these issues, as is the case with the nurses, or, like the midwives, frame them in a way that emphasizes “qualitative care” rather than reasonable working conditions in a female-dominated profession.

In relation to my third research question, there are similarities as well as differences between the two protests. In my opinion, the main similarities regard the absence of a gender sensitive analysis in the public debate, ambiguities regarding raising gender issues among the protesters and the extensive support provided by the labor union. Thus, in relation to the latter point, I would suggest that the historically strong traditions of unionism in Sweden (cf. Fulcher, 1988) seem to have been beneficial for the protesters. Regarding differences, the varying public response received by each group stands out. Potentially, these differences could be attributed to the fact that the midwives’ claims are framed more in terms of “good care as part of the public interest”, while the nurses focus first and foremost on better wages. As pointed out by Brisikin (2012), the former strategy seems, in general, to have a legitimizing effect on nurses’ activism, while claims for higher wages have occasionally been regarded as contradictory to the selflessness “required” in care work (cf. MacDonald & Merrill, 2002). At this stage, it should however be noted the entry wages of nursing graduates have in fact been raised in some hospitals, while at the same time the struggles continue in other parts of Sweden as some employers refuse to adjust the wage levels (cf. Nekham, 2014; Lööf, 2014).

To summarize, the methodological choice of studying media material as well as protester narratives has resulted in valuable insights regarding internal as well as external meaning making processes and their interactions in relation to the protests. For instance, the media analysis has confirmed the influence of neoliberal ideals in Swedish healthcare. In turn, this has brought further clarity to the protesters way of framing their issues, such as the nurses’ initial decision to focus on “factual” claims rather than gender issues. Finally, I would like to return to Brisikin (2012), who argues that the theoretical dimensions of patriarchy, proletarianization and professionalization have created overlapping solidarities among nurses and thus facilitate activism. In relation to this study, this idea seems highly reasonable. However, I would add that the intersecting practices of these dimensions create difficulties in which certain overarching structures, such as the feminization of care

work, remain largely obscure. While the mere emergence of these protests may be enough to pose a certain challenge to the patriarchal structures in care work, they are seldom addressed explicitly. To say for certain whether this has been beneficial for the protesters or not, is beyond the scope of this study. Consequently, I suggest that a possible area of interest for further research would be to explore the concrete outcome of “gendered” protests such as the ones described in this paper. Additionally, I do find the limited focus on gender problematic as it sidelines the discussion of its possible impact on professional claims in nursing and midwifery. At the same time it cements the idea that discussing gender is “un-strategic” or irrelevant, which further seems to be closely related to the increased influence of neoliberalism. Thus, I suggest that the neoliberal discourse may “protect” the patriarchy from critical scrutiny, which in turn calls for further inquiry of its impact on gender relations.

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UNIVERSITY OF GOTHENBURG  
DEPARTMENT OF SOCIOLOGY AND WORK SCIENCE

Detta forskningsprojekt genomförs vid Göteborgs Universitet av mig, Caroline Hasselgren, student vid Masterprogrammet i sociologi med samhällsanalytisk inriktning. Projektet är mitt examensarbete och syftar till att skapa en djupare förståelse för (1) hur Barmorskeupproret samt 24K/25K-upproret upplevts av de som deltagit i protesterna samt (2) för hur upproren kommit att omtalas i media. Det datamaterial som samlas in kommer enbart att användas i forskningssyfte. Alla medverkande förblir anonyma och deltagande sker på frivillig basis. Således har samtliga intervjupersoner rätt att närsomhelst avbryta sin medverkan.

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1. *Uppvärmning*

- a. Ålder, anställning, varför detta yrke, tid i yrket/karriär etc.

2. *Tema 1: Eget engagemang*

- a. Hur började allt för dig - vad fick dig att vilja engagera dig?
- b. Vilka mål upplever du som primära för dig personligen?
  - i. Både mer konkreta/uttalade och abstrakta/implicita?
- c. Hur har synen det egna engagemanget förändrats under resans gång? Nya insikter/nya målbilder?
- d. Vilka svårigheter har du upplevt i relation till ditt engagemang?
- e. Hur ser du på din egen framtid inom rörelsen?
- f. Vilka känslor har varit dominerande för dig personligen under den tid du varit engagerad? (I relation till engagemanget då förstås).

3. *Tema 2: Rörelsen i sig och interna förhållanden*

- a. Vilken/vilka anser du vara den/de främsta orsaken/orsakerna till de problem som ni upplever idag? Varför har situationen blivit som den blivit?
  - i. Vilka bär ansvaret?
  - ii. Vad tror du måste till för att situationen skall bli bättre?
  - iii. Vem/vilka bär enligt dig ansvaret för att åtgärda problemen?
- b. Vilka upplever du som de mest centrala målen för rörelsen?
  - i. Upplever du att det även finns mer implicita/uttalade mål inom rörelsen?

- c. Hur ser könsfördelningen ut bland er som engagerat er?
- d. Hur ser situationen ut internt bland er som engagerat er? Spänningar? Motsättningar? Enighet?
- e. Vilka känslor upplever du vara dominerande ibland er som grupp? Särskilda känslor som ni vill förmedla?
- f. Vad upplever du ha varit svårast för er som grupp?
- g. Vad har varit den största ”tillgången” för er som grupp?
- h. Hur ser er relationen ut till fackliga organisationer?
  - i. Stöd? – Hur tar detta sig i så fall uttryck?
  - ii. Motstånd? – Hur tar detta sig i så fall uttryck?

#### 4. Tema 3: Respons/bemötande

- a. Hur upplever du att ditt *personliga* engagemang tagits emot av personer i din närhet? (Kollegor, familj, arbetsgivare etc.)
- b. Hur upplever du att ni som protesterat blivit bemötta i mer allmänna sammanhang såsom i media?
- c. Hur upplever du att ni *som grupp* blivit bemötta av aktuella arbetsgivare?
- d. Hur upplever du att ni *som grupp* blivit bemötta av ansvariga politiker/ beslutsfattare?
- e. Hur tror du att ni i allmänhet uppfattas som grupp? (Både positivt/negativt?)
  - i. Vilka konsekvenser för rörelsens framgång upplever du att eventuella negativa uppfattningar får?
  - ii. Vilka konsekvenser för rörelsens framgång tror du att eventuella positiva uppfattningar får?
- f. Vilken betydelse, om någon, tror du det har att sjuksköterskeyrket/barnmorskeyrket traditionellt sett betraktats som ett kvinnoyrke?
- g. Tankar/känslor inför rörelsens framtid?

#### 5. Tillägg/Avslutande kommentarer?