

Gendered pedagogic identities and academic professionalism in Greek medical schools

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Research article

'Gendered pedagogic identities and academic professionalism in Greek Medical Schools'

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Abstract

Feminist scholarship has considered how pedagogical identities and emotions are implicated in the gender politics of belonging and othering in higher education. This paper examines how gendered and embodied pedagogy is mobilized in Greek Medical Schools to construct notions of the ideal academic and assert women's position women in Academic Medicine. I employ thematic analysis to illustrate that formations of pedagogy and academic professionalism are bound up with emotions and embodied practices of relating, connecting, creating learning communities, and promoting virtuous academic citizenship. Women's gendered accounts of pedagogy and their boundary practices of identification demonstrate agency, intentionality, and operate as highly political actions of legitimacy and resistance within the patriarchal realm of Greek higher education. I argue that gendered discourses of pedagogy in Greek medical schools become resources for resisting neo-liberal notions of academic work, individualism, and women's exclusion in the highly prestigious discipline of academic medicine in Greece.

Key words: Gendered, pedagogic Identities, academic professionalism, Greek

Introduction

This paper draws on a research project about discourses of academic professionalism and women's embodied identities in Greek Medical Schools. It examines the interrelations of gender, pedagogic and academic identities and personal biographies within the context of Greek recession and the marketization of Greek Universities resulting from neo-liberal reforms in the last 30 years.

Although Greek state higher education remains government funded, since the 1980s it has experienced a transition from the 'democratic' University to that of the 'market economy' (Zmas 2015, p.496). After the fall of the military junta (1974) Greek Universities were intended to have a public character and be self-managed. Their mission was '*to shape responsible human beings with scientific, social, cultural and political education, who would receive a comprehensive education appropriate for their scientific and professional career*' (Zmas 2015, p.497). Since the 1990s there have been attempts to 'Europeanize' Greek Universities by passing laws about quality assurance and accountability systems (e.g. evaluation committees) and consideration of alternative ways of funding, which were not implemented due to resistance from the academic community. From the end of the 1990s European funds, involvement of Greek Universities in European projects and networks as well as European discourses of quality and efficiency have started to influence the structure and operation of Greek Universities. In the 2000's and particularly after the participation of Greece in the Bologna Process a number of important changes occurred, including the introduction of fees for postgraduate programmes and the passing of laws that allowed the establishment of programmes in a foreign language, in an attempt to attract international students (Zmas 2015). There is now increasing emphasis on producing research outputs and generating income but limited funds for research due to the recession. There also appears to be more transparency resulting from established mechanisms for internal and external evaluation of Universities.

Neo-liberal policies in Greek higher education did not exclusively derive from the recession but were gradually introduced by Greek governments. It has been argued that the crisis reinforced new forms of governmentality, rather than it challenged them (Morales et al. 2014). In a way the Greek recession and international pressures

provided a platform for discursive legitimization of the gradual disappearance of the welfare state, and gearing towards privatization of education and marketization of learning (Gounari 2012). However, the implications of neo-liberalism for professional subjectivities, the character of public higher education and higher education pedagogies in Greece have not been thoroughly and systematically researched, despite the increasing body of literature on the subject, particularly from Anglophone countries. We also know very little about the impact on neo-liberalism on patriarchal gender relations and the position of women in the academic field in Greece and other Mediterranean countries (Spain, Italy, Portugal), which have been badly hit by the recession.

It is widely accepted that the emergence of new managerialism and marketization of higher education at European level has transformed universities with profound implications for academic identities (Tsouroufli 2012) and academic work (Lambert et al. 2007). The neo-liberal and meritocratic logic that drives higher education turns attention on the individual and not on the social structures, discourses and cultures that are implicated in the reproduction of inequalities (Morley 2011; Ozbilgin 2009). It has posed new challenges for women through the operation of masculinist discourses of success and academic conduct, which sustain power relations and reproduce gendered divisions of labour, ideologies and structures within gendered organisations (Acker 2006). The emergence of individualism has also had implications for gender and higher education pedagogies which have become linked to the interests of students-consumers and the interests of Universities to compete for the best students in a competitive higher education market (Burke 2015).

In this paper I draw on narrative interviews with 15 Greek women academics to expose contradictions in women's accounts which oscillate from misrecognition of gender and difference in Greek higher education to gendered and embodied practices of pedagogy and professionalism. I focus on the entangled relations of gender, pedagogic identities and academic professionalism to demonstrate Greek women's agency within the misogynistic realm of medical education and the wider neo-liberal and post-feminist context. My aim is to consider the broader social processes that guide the formation of individual Greek scholars (Gledhill 2002), the

gender politics and hierarchical culture of academic medicine, within a context of European recession, marketization of higher education and a shift toward the emerging knowledge economy, in which Universities are expected to make a significant contribution towards a sustainable European labour market (Fumasoli et al. 2015) Greek scholars are now expected to engage with entrepreneurialism, and performativity, embrace opportunities and overcome gender, racialized, class as well as epistemic relations of power, both locally and globally (Pereira 2014, 2015).

Greek higher education remains highly gendered in spite of equal opportunity policy and the absence of certain managerialist practices, such as the REF, which have been shown to have negative implications for women (Ozbilgin 2009). Research has shown that gender discrimination and sexist views are still quite strong in academic life (Palios 2008). Women have entered higher education en masse but the majority are found in feminized disciplines (Pedagogy, Psychology, Literature, Languages) and/or in the lower echelons of the highly prestigious disciplines (Academic Medicine, Law, Economics and Business Studies). Although there is no official and up-to-date statistical information of the representation of women academics in Greek higher education anecdotal evidence reflects a reality which is line with European trends. Women are under-represented in the professoriate particularly in science-based subjects in Greek Universities. Only 10% of the Professoriate were women in the 3 Greek Medical Schools that participated in my study. Women are under-represented across European Universities particularly in the Professoriate and senior leadership of Universities (Zimmer 2003). In Germany only 8.6% attained the highest grade of professorship (Pritchard 2007) and 15.3% in the UK. The under-representation of women in science subjects is profound in British Universities (Times Higher Education 2013).

Exploring the lived experiences of women in academic medicine can raise understanding about the making of the academic subject and the complexities and challenges of reconciling embodied gender and pedagogy with dominant discourses of disembodied academic work and science (Mills and Berg 2010) in prestigious and male dominated academic disciplines and neo-liberal contexts.

I have argued elsewhere that the seductive concept of gender-neutral professionalism in hospital medicine and UK Medical Schools, is in fact sustained on gendered and racialized discourses of the 'good' doctor and 'good' academic, and mobilized to disenfranchise all those who do not operate within its restricted and restrictive boundaries. In my research with hospital doctors and my autobiographical work of my professional experience in medical schools, I have demonstrated that both women and men embraced gendered discourses of medical and academic professionalism to achieve reification of their status within rapidly changing and increasingly entrepreneurial medical education contexts (Ozbilgin et al. 2011; Tsouroufli and Payne 2008; Tsouroufli et al. 2011; Tsouroufli 2012). Analysing the gendered discourses which lie at the core of professionalism is vital in understanding women's exclusion and inclusion in professional arenas and the devaluing of women's roles within professional work (Davies 1996). In what follows I discuss the relationship between gender and pedagogy and the theorisations of emotions in higher education.

Gender, pedagogy and emotions

Due to the paucity of Greek research in higher education pedagogy I have turned to the Anglophone literature to critically engage with the relationship between gender, pedagogy and emotions. It has been argued within the area of higher education pedagogy that conceptualizations of UK higher education pedagogy are limited to educational 'transactions' between learners and teachers, and heavily dominated by psychological approaches (Malcolm and Zukas 2001). The 'psychologization' (Malcolm and Zukas 2001) and instrumentalization of teaching and learning sits well with popular employability discourses and the commercialization of UK higher education. Attention is now focused on competence based teaching and the production of knowledge as external to the subject rather than a political, transformative and embodied process for students and staff (Mavelli 2014). Instrumental and disembodied knowledge production within the neo-liberal context of education, although portrayed and promoted as beneficial for the interests and future careers of students-clients-consumers, does very little, if anything, to eradicate inequality gaps between students and challenge existing power relations in societies (Apple 2001).

In this article I take a view of pedagogy as a philosophy and a praxis encompassing interpersonal, moral and ethical aspects, rather than that the technical aspects of a teacher's work with students and aiming to create spaces for personal engagement, critical being, and purposive change (Walker 2006).

This article will contribute to conceptualizations and practices of higher education pedagogy within increasing neo-liberal contexts and historically patriarchal regimes. In this article I will discuss the perspectives of Greek female academics in Medical schools and explore their constructions of professionalism and higher education pedagogy in the Greek recession context and neo-liberal restructuring. I am interested to investigate practices of gender and productions of the ideal subject/pedagogue/academic framed within wider technologies of power in Greek academia and society.

Feminist scholarship has been concerned with the relationship between gender and pedagogy in higher education (Burke 2015) and has demonstrated that '*pedagogies are bound up with historical and masculinised ways of being and doing within higher education*' (Burke 2013, 109). Feminist research has also fundamentally questioned the foundations of Western rationality which underpins hegemonic notions of pedagogic, academic and medical identities (Walkerdine et al. 2001; Leathwood and Hey 2009; Tsouroufli and Ozbilgin 2012).

An increasing body of literature has been concerned with the fluidity and multiplicity of pedagogic identities (Zukas and Malcolm 2002; Zukas 2005) and professional identities in higher education. In this paper I am interested in foregrounding my analysis on feminist post-structuralist thinking and psycho-social theorisations of the affective (Ahmed 2004; Hey 2011; Leathwood and Read 2013) As a post-structuralist researcher I am interested to trace how dominant discourses of gender, medical pedagogy and academic professionalism, as ideas and practices that generate socio-political and historical truths, have framed the professional realities of Greek academic women and their experiences (Foucault, 1969, 1980). Discourses are framed here as gendered, classed and racialized tools employed in creating and shifting fluid identities (Antaki and Widdicombe 1998; Hughes 2002). My claim, in line with feminist scholarship, is that the professional experiences shared by Greek

women in this paper are shaped by the place they occupy in their stories (in the academy, the Greek society and on the map) (Pereira 2014) and the intersecting inequalities they experience (Tsouroufli 2015).

Academic professionalism is examined from a constructivist perspective, both responding and contributing to political discourses and cultural discourses of higher education (Kolsaker 2008). Attention will also be given in this paper to the manifestation of emotions upon which pedagogic and academic identities are constituted (Zembylas 2003; Zembylas et al. 2014) and reified within the patriarchal realm of medical education in Greece.

Methods

This paper reports on a small, semi-structured narrative interview study conducted with Greek academics from 2013 to 2015. Although ethical approval was not required by the Greek Ministry of Education through a formal process, ethical considerations were attended. Prior to signing a consent form, participants were given information about the study including data management, dissemination, confidentiality and anonymity. Female academics from 6 different, in terms of size, geographical location, and curriculum, medical schools in Greece were invited by email to participate. However, only academics from 3 medical schools took part, due to the researcher's established professional relations. Each interview lasted approximately one hour and was conducted by skype, telephone, or face-to-face.

Women were asked to discuss their background and reasons for choosing medicine and later an academic career, their experiences of studying and working in their particular speciality and academic medicine, their relationships with students and colleagues, their experiences and views on teaching, research, assessment and gender inclusion/exclusion. Women were also asked to talk about barriers in their career advancement and to specifically discuss notions of academic professionalism. The researcher informed the participants of her background and multiple identities (Greek born British academic), her commitment to gender and feminist research and her track record of work in the medical profession. There were opportunities in the interview when the researcher shared her own professional experiences as a sociologist in Medical Schools and also a Greek middle-class woman/academic in an

attempt to connect with the participants and make sense of her storied self and the storied selves of the participants (Tsouroufli 2012).

The participants were from different clinical disciplines (Pathology, Surgery, General Practice, Internal Medicine, Renal Medicine, Endocrinology, and Paediatrics) and of different academic grade (Emeritus Professor, Professor, Associate Professor, Assistant Professor, Research Fellow). They all worked full-time as academics and clinicians. Women's ages varied with the youngest one 36 years old and the oldest one being 74. All except three out of the 15 participants were married and had children. Only one of the married women had no children. Participants were not asked about their sexual orientation. However, discussions of their relationships indicated that they were all heterosexual. All research participants were white. There were no ethnic minority and migrant female (and male) academics in the Medical Schools that were invited to participate in my study. Greek academia is profoundly white. Representation of marginalised groups is also low in British Higher Education although BME groups are better represented in Medicine, Dentistry, Computing, subjects allied to Medicine, Engineering and Law (ECU 2009).

Only 2 women came from medical families and some had at least one parent in the teaching profession or a professional job (e.g. engineer). It is well documented that high status academic departments in Greece, such as medicine and law are dominated by students from middle-class backgrounds (Sianou-Kyrgiou and Tsiplakides 2011). However, the fact that some of my participants came from poor, agricultural families might reflect the belief and indeed reality at least for the first post-war decades that participation in higher education can lead to intergenerational mobility (Frangoudaki 1985; Kyridis 2003). The fact that higher education has been free and state funded, might have also made participation more attractive and indeed possible for working-class students.

I employed a purposive as well as a snowballing approach in order to get diversity of perspectives and experiences. Only 2 participants responded to my initial email and the majority were actually recruited through personal connections in 3 out of the 6 medical schools that I approached.

Field-notes and a reflective diary was also kept throughout data collection, analysis and writing up. Interview data was recorded and transcribed verbatim. Excerpts from

interviews have been translated to English by the author, including information about participants' age, speciality and grade and are used in this paper to illustrate the views and experiences of academic women. Age, clinical speciality and academic grade were considered relevant for this paper as the analysis was intended to explore similarities and differences across these strands of diversity. In an attempt to protect the anonymity of Greek academics I carefully chose excerpts and demographics, from which the participants may not be identifiable.

The aim of the study was to explore how women do gender and academic professionalism in a highly competitive and masculinized academic discipline. The data was initially coded under the broad descriptive themes of the interview schedule. Through the process of reading and comparison of data (Weber 1990), further descriptive themes emerged. For example, 'pedagogy' was discussed as a fundamental element of academic professionalism. Reading of relevant literature and second level analysis brought to the fore higher order themes, for example, 'gender, emotions and technologies of the self in Greek Higher Education'. The sections chosen in this paper are the result of thematic analysis (Boyatzis 1998) informed by a feminist post-structuralist paradigm aiming to investigate how the ideal gendered professional subject is constructed in Greek Universities and within wider discourses that frame Greek higher education and power relations among women and men in Greek society.

Discussion of findings

Academic doctors' gendered professional biographies

In what follows I discuss briefly the participants' professional biographies to highlight the gendered professional choices of women academics/doctors and potential influences on their pedagogic identities.

For most Greek women medicine combined caring and scientific aspects and was narrated as a gendered profession through which women could '*help people*' (Lecturer, Endocrinology, early 40s) and make a contribution to society. Similar ideas were also reflected in constructions of the ideal Greek academic described in the next section. Most of the participants had chosen specialities that were described as taking a more holistic approach to the patient's health, such as general practice. Also they had chosen specialities with plannable work patterns and/or female

dominated such as pathology or paediatrics. Most women had intentionally rejected surgical specialities which were described as *'barbaric because of long hours and too much blood ... sexist, having a military regime'* (GP, Research Fellow, mid 40s) and male dominated.

The academic career had not been a priority or ambition for most research participants but emerged as a result of completing one or in some cases 2 doctorates out of an *'inner need'* (GP, Research Fellow, early 40s) to discover new things. For the academic women who had planned and always wanted an academic career, research was described as the incentive for the academic path. The participants who had not planned an academic career had been encouraged by a male mentor, their husbands or fathers to pursue an academic career. In what follows I discuss participants' discourses of the good academic.

The good academic: A gendered and multi-faceted profession

The good academic was narrated as embodying a range of expertise/skills, values, attitudes and embodied practices. All research participants felt that good academics should exceed in research, teaching and administration/management. However, research was not discussed as income generating activity but as one of the means of promoting knowledge and informing teaching and clinical practice as the following extracts illustrate:

'Disseminating knowledge, producing knowledge through research, and applying knowledge because we are doctors and we make diagnosis. Disseminating knowledge and transferring a way of life, being a role model. You can only influence people through your personality and you have to have holistic development. I think I am better at that because I am a woman and I have a different connection to people.'
(Professor of Pathology, 50 years of age)

Emphasis on women's ability to communicate, relate better and influence people were constitutive of women's gendered constructions of the ideal Greek academic. The affective as well as scientific dimensions of the academic (and clinical) role were equally important for all interviewees irrespective of their clinical speciality, age and academic grade as the following extract illustrates:

'I get great pleasure and satisfaction when I discuss subject issues with medical students and postgraduates and we all make contributions. However, I could never see myself only as a pedagogist. I think the content of teaching should be updated often and be research-led otherwise teaching could be a dead-end' (Assistant Professor, GP, early 40s).

However, conducting research and promoting science was difficult within the Greek recession and some research participants identified challenges such as limited funds and time, due to the demands of clinical work and women's gendered private lives.

The research is a hobby, now we do not have the means to do research. Also I do clinical work most of the time'. (Assistant Professor, Renal Medicine, late 40s).

Greek women academics felt that combining academic and clinical work was particularly difficult due to their caring/parenting responsibilities and required very well-planned management strategies of the household, children, husbands and women's personal time. They emphasized the negative implications of their gendered private lives for their academic careers but maintained a fatalistic attitude towards gender roles in the home. Most Greek women in my study did not challenge existing patriarchal constructions of Greek families nor did they recognise gender inequalities in the academic field but instead drew on a neo-liberal discourse of choice to construct the female academic subject as reflexive, limitless and self-inventing. The belief that

'Women can achieve anything' (Emeritus Professor, Pathology, early 70s),

was shared by almost all research participants. It was predicated on heroic notions of female Greek doctors/academics as always able to achieve their goals and perform their duties to high standards both in the public and private domain. Heroism was also a prevailing discourse in my research with female and male British doctors and was mobilised to construct authentic professional identities (Archer 2008; Tsouroufli et al. 2011). Heroism has been a powerful discourse within the Greek ancient world particularly in literature (e.g. Antigone of Socrates) and has historically pervaded public and private narratives throughout the history of the Greek nation and its political struggles, wars, and crisis. However, heroism has indeed been constructed as a gendered concept and practice in the Greek world allowing different heroic performances for women and men. Female heroic figures have been

portrayed as intelligent but also cunning, more sacrificing than men and always aspiring to preserve dignity and honour. *'Homer, for example explains that Penelope outwitted her suitors for years by weaving and unravelling a huge web, displaying a cunning mind and, in so doing, keeping her dignity. Homer also explains that Nausica kept her distance from Odysseus, even when she rescued him, for knowledge of the destructive powers of talk and never lost her honour'*

(<https://graecomuse.wordpress.com/2012/02/04/female-heroism-in-ancient-greek-literature/>). In my study Greek women's constructions of heroism were an amalgam of intelligence, hard work, sacrifice, love, gendered ethics and virtue (Raphals 2002) as I shall explore in more detail in the following sections.

Gender, caring professionalism and student-centred higher education pedagogies

Greek academic women emphasized the importance of student centred values in academic professionalism and a commitment of care to the psycho-social and professional development and nurturing of medical students (Murray 2006). Their constructions of ideal professionalism emphasized personal and moral accountability and strong affective dimensions to pedagogic identities and relations, which were not reduced to learning transactions or teaching, but instead were described as emotional and intellectual connections and contributions to the clinical speciality of each academic, the medical profession and the wider Greek society. Ideal professional and pedagogic practice embodied the promotion of knowledge through emotional work such as sharing, giving to students and influencing them so that a legacy is left behind as the extract below demonstrates:

'The good academic should be honest, respect students, we should do our job with zeal, love and respect, to make sure that knowledge is disseminated, that something will stay with students, because these people will need to know certain things when they are out in society. Academics should not be arrogant. Good academics should be giving opportunities. They should not be thinking of their own benefit but what they will leave behind them in the academic field. This is an obligation, we should not be selfish and say I will publish 100 papers. That is useless if there are not people after us to do another 100 publications. It is the people that we will approach and give them principles and the means to spread knowledge'. It is the formation of

humans, this is the legacy we leave behind us. Some male Professors have never thought of what they will leave behind them' (GP, Research Fellow, early 40s).

As the extract above illustrates discourses of caring and ethical professionalism and pedagogy were mobilized as a resource for de-constructing the male academic as the ideal professional subject. Greek women's boundary practices of academic competence were enabled and sustained through gendered performances of the heroic, strong, intelligent but selfless and ethical professional.

Academic professionalism as virtuous citizenship

The discourse of ethical competence dominated Greek women's accounts of the good academic. Ethical competence meant *'an honest life'* (Emeritus Professor of Pathology, early 70s) within and beyond academia and character. I would argue that the ethos mentioned by Greek women reflects very much the Aristotelian perspective described in the Rhetorics (Kennedy 1991) along pathos and logos. Ethos was narrated by Greek women as the credibility and trustworthiness of the academic, which becomes praxis, through demonstrated impact on the lives of young people, colleagues, and the wider Greek society as the following extracts illustrate:

'I cannot imagine that one could have such a position, educate people and train doctors and not have ethos. Those who have ethos help people to make progress and they have integrity'. (Assistant Professor, Paediatrics, early 60s)

'The good academic should wish that students become better than him/her. Good academics should be an example in society because their opinion plays a major role in forming public opinion in Greece'. (Lecturer, Endocrinology, early 40s)

In the extract above academic professionalism is narrated as a form of virtuous citizenship transgressing the confines of the academic world. The idea that the good academic should have a socio-political as well as an educational role has been dominant in the Greek society. Throughout the history of Greek higher education academics and higher education students have led or participated in socio-political transformations (e.g. the fall of the military junta in 1974). Many Greek (mainly male) academics became politicians (for example Prime Minister Georgios Simitis). However, neoliberalism with its emphasis on accountability and performativity might have gradually limited opportunities for engaging in virtuous citizenship within and

beyond Greek Universities. Holding on to discourses of ethical professionalism and virtuous citizenship might have been another resource for women's resistance against marketization of Greek higher education and masculinized performances of academic work.

Rejecting masculinized practices of the academic subject

Indictment of male professors and University structures and cultures of merit and success was evident in the women's narratives. Some Greek women academics rejected masculinised practices in Greek higher education including the competition and recognition that comes from publishing and titles, in an attempt to perform a 'better/superior' academic professional as the following extract illustrates:

'The University is a human eater. We are smarter than men and know what really matters in life, we are not antagonistic and we do not need approval. The publications and conferences are good but it is not the titles that matter. Talking to young people, inspiring them, that is when I feel that I am doing something, I am getting satisfaction from my job.' (GP, Research Fellow, mid 40s)

Particularly women in the lower grades highlighted the importance of enabling progress and development through embodied pedagogy and ethical academic professionalism which encompasses humility and humanity.

'My target is not promotion as such. I would not want to be promoted and feel that there is no development or change in certain things. It is progress that matters, for example I have recently had approval for a research unit in primary care'. (Assistant Professor, GP, early 40s)

'I am not interested in titles. For me it is important to be able to do the things I am doing now. If I never become a Professor I would not care. My recognition comes from students and from my patients who whenever they see me they kiss me. There are a lot of male academics who talk about their ego. The most important thing is inner peace. If you can sleep well then that means you have not done anything wrong... Women have more intelligence in surgery than men and certainly more humanity' (Assistant Professor, Surgery, early 40s)

Some women criticized male senior academics for being selfish, cold and difficult to approach. Male academics were also criticized for being absent from their teaching

duties and spending most of their time doing clinical work or private medicine or for not being able to teach effectively and gain respect from medical students as the following extract illustrates. Such practices were seen as unethical and unprofessional and as corroding the good character of the academic profession.

There must be mutual respect with students. I am strict but they love me and I love them. In my classes I have 150 students and when I teach them you cannot hear any sound... no leaf falling. Some of the male Professors cannot do that, they cannot control their students' (Professor of Pathology, 50 years of age)

Gender, Emotions, and Technologies of the Self in Greek Higher Education

Women academics emphasized relatedness, responsiveness (Noddings 1992) and empathy in their pedagogical relations as well as the recognition they received for their emotional work (England and Farkas 1986). Emotional work and understanding (Denzin 1984) were important technologies of the self for women academics who not only took pleasure out of these practices but they also used them as a shared repertoire (Tsouroufli et al. 2011), a resource for authentication of the female academic subject.

'I am strict but very giving in my teaching. I have received love and respect and I think this demonstrates the effectiveness of my work' (GP, Research Fellow, early 40s)

'I am close to the students, they trust me, they confide in me, they discuss their personal issues, health issues. They always invite me to their conferences... I try to give them what I was deprived off... to encourage them, to show them that surgery is not difficult. They appreciate me and they remember me for what I give them' (Assistant Professor of Surgery, early 40s)

Interestingly within a context of increased marketization, managerialism and recession, all women academics emphasized the importance of non-technical aspects of higher education pedagogy.

Conclusions

This study suggests that boundary practices (Paechter 2003) of gendered academic professionalism were used by Greek women academics as a resource for reifying

power and resisting masculinised notions of the academic subject and academic work. Although women academics in this study had different academic and social trajectories they all drew on their embodied and emotional pedagogic identities to narrate an ideal gendered academic subject. Affective pedagogy became the shared repertoire of women academics (Tsouroufli et al. 2011) upon which legitimate and valued gendered professional identities were sustained within the masculinised discipline of academic medicine and the increasing neo-liberal context of Greek higher education.

Greek women academics' boundary practices of identification demonstrate agency, intentionality, and operate as highly political actions of resistance to the effects of neo-liberalism in higher education such as performativity and individualism. However, the fact that neo-liberalism has not altered fundamental patriarchal relations was not a concern for Greek women. Instead they seemed to embrace its array of choices and performed 'super-womanhood' by demonstrating a heroic subject that could bypass patriarchal gender relations, perceived as inherent in Greek culture.

The ideal academic was constructed by women academics as combining both scientific and caring qualities and having serious responsibilities within and beyond Greek academia. This notion is congruent with Greek women academics' rejections of disembodied medicine/academic and commercialized higher education and their attempts to create spaces for legitimizing and professionalizing their gendered work within a highly competitive and masculinised academic discipline. Grand narratives of Greek academia as a site of political resistance and academics as social agents of change rather than entrepreneurs, and the culture of Greek pedagogy, were very influential in Greek women's constructions of academic work.

This study was small and was conducted with a diverse sample of women only from academic medicine in Greece. A larger sample would have allowed for a more systematic analysis of the role of different strands of diversity (class, age, academic grade, gender, academic discipline) on women's and men's positioning to discourses of academic professionalism and higher education pedagogies. Multi-method research involving higher education students might also yield interesting findings.

This study raises a number of issues about; first, how gender, power, emotions and resistance are played and negotiated in contemporary Greek academic contexts second the intertwined relations of gender, culture, higher education pedagogy and academic professionalism; and third, wider implications for the theory of sociology of gender and medical education. Despite curriculum reform (Tsouroufli and Payne 2008) and numerical feminisation of medicine in the UK, medical education continues to encourage depersonalization and to favour competence over caring (Brorsnan 2009). However, my study has shown that Greek academic women rejected depersonalization in medical education and used emotions as legitimate scientific capital. Rather than reproducing de-gendered notions of medical education they positioned themselves as important players in the field of medical education through performances of feminized ethic of care, academic competence and caring pedagogy. I argue that the pedagogic discourses and practices fostered by Greek academic women in my study aimed to facilitate and enable human and social development for young people and academic professionals in ways similar to the capability approach of Sen (1999). Sen (2002, 2004) identifies education as a capability in its own right that can affect the development of other capabilities, broaden the horizons of people and contribute to the social good.

There is a need for further research of the effects of neo-liberalism on conceptualizations and practices of higher education pedagogies and patriarchal gender relations across different national and socio-cultural contexts and academic disciplines.

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