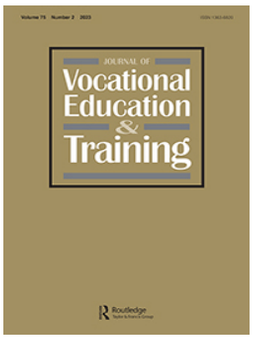

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The Glass Funnel: A Tool to Analyse the Gender Regime of Healthcare Education and Work

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ABSTRACT

The concepts glass escalator and glass ceiling have been widely used in studies of gender and organisations. In this paper we propose a novel metaphor to describe and analyse gender segregation and discrimination, that of a *glass funnel*. This concept does not relate to men and women as groups in the sense of fixed collective entities, but rather shows how taken-for-granted distinctions between men and women are reiterated and promote men in a way that downgrades women. However, as gender intersects with other power structures, both men and women can be propelled downwards through the funnelling motion made up of a market-oriented devaluation of the healthcare profession. Through an empirical investigation of the community of practice and gender regime of an upper secondary healthcare education programme in Sweden, we develop the *glass funnel* concept, an analytical tool aiming to open up for intersectional analyses of healthcare education and work.

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Glass funnel; gender-segregation; healthcare education; intersectionality; glass escalator; nursing assistants

Introduction

> [. . .] *the teachers have commented on the fact that there are many guys in our class and that this is really good and that there should be more of them*. (Sara, 18)

The person speaking above is Sara, a young woman enrolled in the Health and Social Care Programme of a Swedish upper secondary school. Her utterance is a matter-of-fact statement. She does not express it as a problem that the teachers would like to have a greater proportion of young men taking the class. The comment that it is good to have many young men enrolled in the Health and Social Care Programme may seem like a positive and benevolent thing to say. However, when understood as part of the framework of a firmly established social model of two genders, this comment simultaneously implies that it is not as good to have many young women. The notion that there should be more boys means that there should be fewer girls.

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Sara's comment can be viewed in the light of the strong Swedish discourse of gender equality in education and vocational training. Gender equality goals for compulsory school were stated as early as the national curriculum of 1969 (Nilsson 2008). One aim with these goals was to strengthen the women's position on the labour market, thus challenging the 'men-as-breadwinners'model still reigning in Sweden in the 1960s. During this time the industry sector experienced labour shortages, and women were regarded as an untapped labour supply (Baude 1979). Programmes were launched to attract women to jobs dominated by men (Liljeström, Fürst Mellström, and Liljeström Svensson 1975). However, gender equality in education did not only revolve around girls. During the 1970s, challenging traditional 'sex roles' was discussed in terms of girls and boys learning together in regular classes in disciplines such as home economics, physical education, crafts, and technology. The anticipation was that mixed-gender education in compulsory school should reduce sex-specific choices in upper secondary school (Hedlin 2013).

In subsequent years, however, the gender equality discourse has shifted focus. While the national curriculum for upper secondary school states that 'students should be encouraged to develop their interests without prejudice to gender differences' (Skolverket 2013, 5), the political discourse has embraced gender equality from the point of view of boys. This was clearly stated by the Swedish Deputy Minister for Education, who in 2012 argued that girls and women had been at the centre of attention for a long time, and that the time had come to put focus on boys and men (Utbildningsdepartementet 2012; cf. Helms Jørgensen 2015). When Sara's teachers say that more young men are needed in the Health and Social Care Programme, they thus reiterate a notion that has gained political ground; men are wanted, women not as much.

Aim of the study

When Sara's story is related to the historically established discourse of gender equality, her narrative gains new meaning. We would argue that the valuing of young men points to a normalised pattern where men are promoted and women devalued. This cannot be derived from her story alone, but must be understood through an analysis of the historically established, and continually constructed, gender regime of the Health and Social Care Programme and the nursing assistant profession. By means of an ethnographic investigation, the aim of this paper is to propose the *glass funnel* as an analytical tool to investigate the gendered structures of healthcare education and work.

Background and previous research

The topic of gender in vocational education and training (VET) is not new to research. For example, this journal has addressed this subject in two special

issues, one in 2006 (introduced by Butler and Ferrier 2006) and one in 2015. In the editorial of the latter issue, editors Niemeyer and Colley (2015) point out that despite 30 years of gender studies and policy initiatives, gender segregation still persists in VET and on the labour market. It does this, despite the profound changes to the labour market caused by phenomena such as globalisation (see e.g. Devos 2014) and digitalisation (see e.g. Avis and Reynolds 2018).

A gender-segregated vocational training

Regardless of number of efforts to eliminate gender segregation, Swedish working life is marked by traditional gender patterns. This is also true of education. Less than one-third of upper-secondary programmes attest to an equal gender distribution, and vocational programmes are more imbalanced than academic programmes (Skolverket 2019a). Nationally, in the Health and Social Care Programme, 78% of the students are women, and 46% have a non-Swedish background (Skolverket 2019a).

Many efforts have been made to reduce the gender segregation within the various upper secondary school programmes. Often, information campaigns have been used, and allotting extra application points to the under-represented gender has been tried. During most of the 1980s, students applying for programmes where their gender was under-represented (less than 30% of applications during the previous period) were awarded extra points. However, the measure did not lead to the results many had hoped for (Prop 1994/95, 164). At best, the measures taken to affect the gender segregation led to temporary positive effects. One concluding criticism drawn is that the strategies often targeted individuals without taking the larger context into account. Individuals were invited to make unconventional choices in terms of education and occupation, while gendered notions, norms and processes that led to the undesirable gender patterns were not discussed (Jönsson 1992; Bergström 2007).

Studies that have investigated gender-imbalanced learning environments point to a gender asymmetry. Women and men are treated differently when their gender is in minority (Thurtle, Hammond, and Jennings 1998; Lappalainen et al. 2012). In a study of higher education, Thomas (1990) could show that men in minority got advantages that women in minority did not get. Further, in her study of the Health Care Programme (predecessor to the Health and Social Care Programme) Herrman (1998) found an idealisation of traits traditionally associated with femininity, which meant that caregivers were expected to come across as e.g. mild and calm (cf. Rehn and Eliasson 2015). This idealisation was mixed with a different set of expectations for men, for whom traditionally male traits were valued. This reverence of men was profitable for them, as they received a bonus to their salary, which the women did not get. However, those who breach the expectations and challenge dominant gender norms

run the risk of being questioned. So despite the fact that men in 'women's' education programmes are assigned status and are given different types of benefits, their experiences can also be mixed. When taken-for-granted gender patterns are challenged, one may be confused and disconcerted. Connell (2005) uses the term *gender vertigo* to describe this feeling of puzzlement and disorder. An example of this is shown in a study of men studying nursing. The men evoke gender vertigo when perceptions of nursing collide with the notions associated with them as men (Jorfeldt 2004).

A gender-segregated labour market

The gender segregation of vocational training continues in working life (Bloksgaard 2012). Several Swedish studies of nurses show that men tend to gain advantages (Eriksson 2002; Robertsson 2002; Ekstrand 2005; Nordberg 2005). But as is the case for vocational training, in healthcare men not only experience benefits, they also risk being questioned and met with prejudice (Sörensdotter 2005). Ekstrand (2005) has shown that men, to escape the notion of male nurses not being 'real men', emphasise their masculine and heterosexual identities.

The fact that care is associated with women and femininity also affects the work of nursing assistants (Rehn and Eliasson 2015). Patients often meet male and female nursing assistants with different expectations, which results in enhanced gender-segregated patterns among the personnel (Andersson 2007; Sörensdotter 2008; Gunnarsson and Szebehely 2009; Lill 2010). In addition, the outcome of these gender-specific expectations is that men are granted status and given benefits in many situations, as long as they are perceived to be Swedish white men (Sörensdotter 2008).

Glass ceiling and glass escalator – the need for a new metaphor

The background of the Swedish labour market as greatly segregated in terms of gender goes a long way back in history. The gender-segregated labour market does not only mean that women and men work in different areas, but also that the conditions that apply to their work differ. Men as a group enjoy more beneficial circumstances than women as a group when it comes to aspects such as prestigious work tasks, salaries, and opportunities for promotion (Nermo 2000; Löfström 2004). In the healthcare sector, these differences are implied statistically. While 92% of nursing assistants are women (Socialstyrelsen 2019), men are over-represented as managers of elderly care facilities, as 16,5% of managers are men (SCB 2018). On the Swedish labour market, nursing assistant is also one of the professions with the most compact wage distribution, meaning that it is difficult for women to affect their salary through their work performance (Lönelotsarna 2020).

Research on how the gender segregation of different professions impacts women and men has often focused on the social processes that cause disadvantages for women in male-dominated professions (see, for instance, Cotter et al. 2001; Faulkner 2007; Jackson and O'Callaghan 2009). In this context, the concept of a glass ceiling is commonly used. This concept is based on women's qualifications being regarded differently from men's, in such a way that women seeking recognition and promotion are hindered.

Other studies have focused on the processes that tend to create advantages for men in female-dominated professions (see, for instance, Williams 1992; Evans 1997; Kullberg 2013). The concept glass escalator was introduced by Christine Williams (1992) in a well-known study of men in four female-dominated professions: librarian, nurse, teacher, and social worker. The concept refers to mechanisms that provide men with advantages and increased access to status and advancement in fields where they constitute a minority in terms of gender. Those mechanisms comprise gender-specific ideas, expectations, and behaviours among managers, colleagues, and clients. In this context, we can also mention Kullberg (2013) who talks about a glass travellator for male social workers in Sweden. As managerial positions in the social services are becoming ever more demanding and less attractive, men may choose not to pursue them. Instead of advancing vertically, they move horizontally, to attractive positions which offer tasks and conditions in line with their personal interests.

The concept glass escalator has proven useful for understanding the different conditions for men and women in the same workplace. Research has, however, noted that the glass escalator phenomenon not only relates to gender, but also operates in relation to ethnicity/race. The privileges connected to the glass escalator befall primarily white men (Maume 1999; Harvey Wingfield 2009). In addition, Williams (2013) herself has discussed the fact that her famous study, which was mainly carried out in the 1980s and published in the early 1990s, has limitations when considered from today's vantage point. In particular, Williams (2013) emphasises the way in which the glass escalator concept, as it was originally defined, failed to account for the fact that not only gender and ethnicity/race, but also sexuality and class influence the processes involved. This critique put forward by Williams (2013) is actually one important reason why we in this article would like to suggest the notion of *glass funnel*, a concept which we think more aptly can account for the complexities of the gender segregation in the healthcare sector.

Method

In close connection to the social mechanisms in organisations that cause problems for women, and analogous to the concepts of glass ceiling and glass escalator, we would like to talk about a *glass funnel* which women are spiralled through when their male colleagues are highlighted, given

advantages, and invested with higher status. Literally, a funnel is a cone-shaped utensil for channelling liquids through a hole in the bottom. When poured rapidly, the liquid will spin through the funnel, and if different liquids are poured at the same time, the heavier ones will pass through faster. For us, metaphorically, the different liquids are men and women. The glass funnel concept thus describes how the devaluation of women lays a weight on women which makes them pass faster through the funnel, seemingly leaving men spiralling at the top of the funnel for a longer time. As we will discuss further on in the paper, however, this upward push for men may in fact only be a chimera; eventually the forces of the downward spiral will drag also them through the eye of the funnel.

The empirical examples that we use to discuss this phenomenon come from an ethnographic study of two vocational programmes in Swedish upper secondary school, the Building and Construction Programme and the Health and Social Care Programme, two clearly gendered upper secondary educational programmes (Sandell 2007). The study was funded by the Institute for Evaluation of Labour Market and Education Policy (IFAU) and has been published in the Swedish report *"Vara med i gänget?": Yrkessocialisation i två gymnasieprogram* ['*Being One of the Gang?': Job Socialisation in Two Upper Secondary School Programmes*]. (Hedlin and Åberg 2013; see also Hedlin 2014). In the present paper we focus on the material included in the study that concerns the Health and Social Care Programme.

Observations and interviews were conducted at an upper secondary school located in a city in south Sweden. Some 1,000 students attend the school which offers predominantly female-dominated vocational programmes. The observations were made in a second-year class over a three-week period. The class included 26 students: 20 young women and 6 young men. They were 17–18 years old. At the time of the observations, informal interviews were conducted with students and teachers. Formal interviews were also carried out. Six individual, semi-structured interviews were conducted with students, two young men and four young women. A group interview took place with the teachers of these students, all of whom were women. In addition, interviews were carried out with three internship supervisors, one individually and two in a group interview. The supervisors, too, were women. The student interviews lasted 25–45 minutes, and the teacher and supervisor interviews lasted 45–90 minutes. When selecting schools for the study, we targeted schools that made statements about prioritising gender issues, and the second school we contacted readily wanted to participate in the project. Both teachers and students were informed about the purpose of the project, that participation was voluntary, and that their personal information would be handled with confidentiality (Swedish Research Council 2017).

Our in-class observations had a broad focus. Attention was paid to the verbal and physical interactions between teachers and students, and between

students. We also noted how accessories, artefacts, and technology were used. While we refrained from actively interfering in learning situations, we acknowledge that researchers always potentially can affect informants in different ways (Denzin 1997). Together, therefore, we have continually discussed and reflected on our in-class experiences and actions.

Theoretical points of departure

The purpose of our project was to investigate the way in which professional socialisation occurs in two vocational programmes in upper secondary school. To do this, we used Connell's (1987) concept of *gender regime* and Lave and Wenger (1991) concept *community of practice* (CoP). As argued by Li et al. (2009) the CoP concept has evolved over time. Originally, it was designed to understand how learning happens in social environments, amongst peers and between novices and experts. Further on, the concept has been applied more as a tool to improve the way organisations work and function. Our understanding of the CoP rests on what Lave and Wenger (1991) put forward, namely, that social practices are always an integral part of learning a profession. They oppose individualistic notions of learning and hold that learning is always situated, i.e. located in time and space and in a mutual relationship between actors, the activities performed by the actors, and the environment where the activities take place. To understand the power practices involved in these social relations, it is important to account for their development over time (Lave and Wenger 1991).

Lave and Wenger have been criticised for not paying sufficient attention to the role of gender for the development of professional identities (Brickhouse 2001). This is why we have also used Connell's (1987) concept gender regime. Connell (2009) uses the term gendering to denote how a variety of things are classified as female and male, such as clothing, hairstyles, colours, interests, chores and occupations. The overall gender pattern in society is termed gender order. This is characterised by hierarchical power relations where women have been ascribed lesser value and status compared to men. At the same time though, the gender order creates differences among men and women, e.g. in relation to sexuality, class and ethnicity (Connell 2005; cf. Acker 2006). As gender is a dynamic concept, there is no static gender order. While the concept gender order refers to the general global pattern of hierarchical relations between women and men, Connell (1987) uses the concept gender regime to describe more local patterns which characterise e.g. geographical areas, workplaces, schools or programmes. Within gender regimes, certain individuals, e.g. teachers or peers, can play a key role for reiterating or challenging existing gender patterns. Central to our analysis is the relation between the community of practice and the gender regime of the Health and Social Care Programme. They mutually affect each other. Lave and Wenger (1991) claim that access to

a community of practice is vital for a student to be able to start learning. Following Connell, we would argue that this access can be restricted or granted by preconceptions of gender and sexuality. The distinction between community of practice and gender regime is analytical; in practice all social relations carry implications for both learning and gender.

We have analysed the empirical material by means of thematic analysis (Braun and Clarke 2006; Bryman 2008). With the concepts community of practice and gender regime guiding our analytical focus, a thematic ordering of the data has been done in order to highlight how the young women and men of the Health and Social Care Programme are socialised and what this means for gender relations. With this analysis as the basis, we will then discuss the glass funnel concept in the concluding part of this paper.

Results of the study – four aspects of the *glass funnel*

Below we will describe the four analytical themes that emerged from the material, i.e. aspects of the glass funnel. These themes represent a synthesis of the community of practice and gender regime of the Health and Social Care Programme at the investigated school.

A modern and equal 'we'

Early during observations, we find that the community of practice (CoP) enacted at the programme is held together by a strong sense of 'we'. Teachers speak about themselves and the students as 'we who work in healthcare'. Students are addressed as staff members as much as students. Supervisors at workplaces thoroughly plan how to receive students so that they feel included among the personnel. They are symbolically included in the community of practice early on (cf. Ferm et al. 2018). Lave and Wenger (1991) stress that CoP always entails a novice-expert relationship. In a dynamic CoP, the work culture is transparent for the novice, and she or he is also offered access to what is going on within the CoP. The students on their part emphasise that they hold teachers to be knowledgeable, trustworthy and reliable. This appreciation is important for the bond established between teachers and students, which strengthens the sense of 'we'.

While the community of practice seems to be very inclusive and open-minded, nonetheless, the analysis of the gender regime proves that there are differences enacted between students. As the introductory quote by Sara implies, the teachers are very welcoming of the male students. This is something also asserted by the men themselves. In a situation during fieldwork when the male students are gathered together and asked about their hopes of getting work, one of them says that it will be easy, 'Especially when you are a guy, it will be really easy'. The others concur; one of them says, 'They tell us this all the

time,' and another young man adds, 'Guys are needed in healthcare. Everyone says that.'

When the strong sense of 'we' of the community of practice is analysed from the point of view of gender, the 'we' is in fact hierarchical. To understand this, we need to contextualise the everyday social practices of the Health and Social Care Programme. Though it may seem paradoxical, the hierarchical relation between women and men can in fact be traced to the strong Swedish discourse on gender equality.

Gender equality has been made the norm in Swedish society in general, and also in schools and education. Researchers have noted that gender equality is connected to being both Swedish and modern. It is an ideal that defines the Swedish self-image (Bredström 2005). This is particularly obvious in media and political debates when Swedish people are contrasted to non-Swedish people. A Swedish society in which young women are said to possess the exact same liberties and rights as young men is compared to non-Swedish people in which especially girls, but also boys, are described as victims of their old-fashioned families and cultures (Bredström 2005).

It has been very common for gender equality in organisations to be considered a question of quantitative distribution (Alvesson 1997; Mark 2007). The different conditions for women and men are overlooked, or entirely neglected, and instead equality efforts are focused on creating an even distribution of women and men. This approach has been the basis for a great number of debates and measures that have been undertaken in the name of gender equality (Bergström 2007; cf. Høst, Seland, and Skålholt 2015; Brunila 2015). When it comes to discourses on schooling and education, this way of conceptualising equality has been greatly influential, especially in the 1970s. Many of the gender equality efforts that have been discussed have been aimed at creating an even distribution of girls and boys in various student groups and education programmes (Jönsson 1992; Hedlin 2009).

The influence of the gender equality discourse – including its emphasis on the distribution of women and men and being a central part of conceptions of Sweden as a modern country – has made possible a subject position which many people would like to inhabit. Being gender-equal is seen as desirable; therefore, the practice of promoting men in female-dominated organisations, and assigning them special value, can be interpreted as a way to present oneself as modern and as a proponent of gender equality, especially in a time where, as we described in the beginning of the paper, efforts in the name of gender equality are directed towards boys and young men.

Emphasis on social competence

Another aspect of the community of practice strongly emphasised at the Health and Social Care Programme is the idealisation of 'social competence'. An ideal

often reiterated is to be able to treat colleagues and patients with decency, respect and care. As one student says, 'You need to be able to handle others with ease, even though you may not like them.' Supervisors initially let students do only simple tasks at the workplace, but after a while they are trusted to take on greater responsibility and more complicated tasks. This gradual gain of competence aligns with the way Lave and Wenger (1991) describe how learning occurs. The supervisors state that it is a huge problem when students, despite supervisors' supporting efforts, continue to struggle with making and maintaining social contact with patients. This emphasises how central social competence is held to be in the CoP.

The idealised aspect of the community of practice is, however, challenged when gender is brought into the picture. In an interview with a teacher, she comes to realise how she in fact was treated differently compared to her male co-worker when she started to work as a nurse. According to her, the senior colleagues had said to her male colleague, 'Now you are tired, go and sit down and have lunch' (speaking softly). But when she asked for a break, she was met with a harsh, 'You'll have to wait!'

Another aspect of this gendered social competence is that some of the students describe how the work environment is worse when the majority of the staff are female. One young woman says, 'If you are a girl and end up in a group where you become unfriendly with someone you work with, then of course there will be back-stabbing. But I think that if it's a guy, you would deal with it directly. Or he would tell the back-stabber to stop it . . . '

So while social competence is regarded as pivotal for nursing assistants, when gender comes into play, men are regarded as in possession of valuable social skills that women lack. At the same time, men are regarded as receiving better treatment than women. According to Stockard and Johnson (1992), this attitude is a response to the devaluation of women in society. It can be seen as a strategy of distancing yourself from a low-status group that you actually belong to. In addition, it is not uncommon for women in female-dominated organisations to argue that more men would increase the salaries and status of the entire staff (Pingel 2002). This way of reasoning gives rise to a paradox. Through adding more men to the group, women's status will supposedly be augmented, but at the same time, the notion that men are more valuable is confirmed and reinforced. Thus, women retain their position of lower status (cf Johansson 2007). While men in male-dominated organisations may perceive the presence of women as a decrease in status (Andersson 2012), women in female-dominated organisations may instead perceive an increased number of men as a way to increase the status of the profession (Hultin 2003).

Viewed as 'experts'

At the time of our data collection, the students have taken about half the programme. Despite them being inexperienced, their family and friends often

regard them as being some kind of medical experts. Lave and Wenger (1991) talk about professional learning as identity transformation, and for the students this labelling of them as 'experts' is an important aspect of the development of their professional identities. One student, Elsa, proudly tells us that she has given her grandmother medical advice, which a physician later confirmed was correct. 'That was cool," she says while underscoring that she tries to make it clear to her grandmother that she is not an educated nurse.

To start feeling as an 'expert' is an important aspect of the community of practice of the programme. This gives students a sense of pride and motivation to continue studying. In the students' stories, the role of family and friends also becomes evident, since they are the source of much of the appreciation. Often such stories revolve around elderly relatives as in the case with Elsa above. Another student, Moa, states that the education has helped her to talk with her grandmother who has a hearing disability. She says that she now 'talks as a nursing assistant' when she meets her.

While the 'expert' label is experienced as something positive for both male and female students, this newborn 'identity' also carries gender implications. This becomes apparent in relation to patients. In the interview with the male student Johannes, he says that he is expected 'to talk sports or watch soccer' with male patients. In the interview with internship supervisors, they say that elderly patients appreciate male nursing assistants. Yet for Johannes, his gender identity was not entirely positive; he says that his male friends questioned his decision to become a nursing assistant. We have also encountered stories of how both male and female patients have opposed male nursing assistants, especially in intimate situations such as bathroom visits. One internship supervisor says that when an elderly person does not want to have a shower by a male staff member, female staff will take care of that task.

In summary, the valued 'expert' identity proves to be more complex when analysed from the point of view of gender. This identity is clearly marked by gender and femininity, something which must be related to the development of the profession. Historically, traits like modesty, submission, and a supportive role in relation to men have been very strongly promoted as female ideals (Lundbergh 1986). These ideals have also been personified in the myth of Florence Nightingale. Despite the fact that Nightingale was also a controversial social critic and an early statistician, she has been cast in the stereotypical role of the nurse as meek, humble, and self-sacrificing (Moberg 2007). The students of the Health and Social Care Programme, then, are part of an environment in which the profession they are being educated for is characterised by traditional constructions of femininity.

In addition, intersections between gender and sexuality confirm and challenge the expert position in different ways. One student says that elderly female patients really appreciate a walk with a 'handsome young man'. One teacher tells of an internship supervisor who normally was quite stern, but when a male

student did his internship at her workplace, she acted completely differently. The teacher says that the supervisor was overly friendly to the young man, not minding him oversleeping. 'She "tip-toed" around him,' the teacher says. Hence, women can have their sexual identities as heterosexual, feminine women confirmed through promoting the men around them. As put forward by Ambjörnsson (2006), women's submission to men is a key aspect of the heteronormative social structure. Thus, it can be a double-edged sword when women take over tasks from the men, as with the case above when women shower elderly patients. On the one hand, this can confirm women as 'experts', but the situation also confirms the well-established image of women as 'natural' caregivers (Rehn and Eliasson 2015), which in turn reinforces the heterosexual norm of the profession.

Moreover, as shown by Storm (2008), gender, sexuality and social status can intersect and enhance each other in healthcare settings, sometimes in ways which underscore the subordination of women to men. In his study, female caregivers oppose the notion of nursing assistant as 'low-status' work. While agreeing that their salary was low and the work is physically demanding, they maintained that it was not exhausting to give care; it was held to be a self-evident and important part of the life of a 'real' woman. Caregiving was perceived to be an integral part of the female body. Thus, the women could disregard the low status of the profession by emphasising its femininity (cf. Colley 2006).

Nursing assistant – profession in transition

The intersection of class (job status) and femininity mentioned above leads us to the last of the observed themes, nursing assistant as a profession in transition (cf. Henriksson 2008, 2010). As stressed by Lave and Wenger (1991), learning is situated in the broader relations of community life. This is a highly peripheral process. The evolution of a CoP is decided by its handling of the newcomers in the periphery and by the work conducted along the border of that space. Lave and Wenger (1991) emphasise that changes in a CoP have a spiral character, in that newcomers also help it to evolve, knowledge is not only transferred to them. As the spiral CoP is dependent on what goes on at and outside its borders, it is necessary to put the CoP of the nursing profession in a wider societal and organisational context.

In the aforementioned ethnographic study by Storm (2008) of a Swedish nursing home, he concludes his report by saying that he understands if his questions (on gender, ethnicity, and sexuality) could be perceived as non-significant by the caregivers, since they found themselves in 'an everyday of constant downsizing, cutbacks and organisational changes' (Storm 2008, p. 117, our translation). For us, this often harsh reality of nursing assistants is for the most part missing in the material. Some students say they had chosen the

education programme because they anticipated it to be 'easy' and not so academic, which may be one way the low job status is implicitly expressed. But otherwise this classed aspect of the profession is not very apparent in our study. However, the fact that class is not clearly expressed through the social micro-practices of students and teachers does not mean it has no significance.

A significant difference between the professions that we investigated in the project (Hedlin and Åberg 2013) is that the Health and Social Care Programme has moved away from clear definitions of professional titles, while the Building and Construction Programme educate for sharply demarcated professions, such as carpenters and brick layers. In the previous Health Care Programme, students were clearly educated to be nursing assistants by profession. Later reforms, however, have made the education programme less explicit about which professions students are prepared for (Herrman 1998). Today, professional titles are not mentioned among the suggestions of the National Agency for Education regarding professional specialisations (Skolverket 2019b). In accordance with the examination objectives in place for the Health and Social Care Programme, the programme educates students for work in healthcare and nursing, and in social services. Those who have completed the education programme can work in hospitals, health centres, or home nursing. They can also apply for jobs in placements managed by social services, group homes, daily occupation therapy, or home care services.

This development can be seen as a tendency towards making the profession more academic, but it may also be considered in relation to an increase in the demands for flexibility and uncertain forms of employment that characterise ever greater parts of working life today (cf. Sennett 2000). The use of so-called split shifts, for instance, has been debated a great deal in Sweden, and is common in the professions for which the Health and Social Care Programme educates students (Sveriges Radio 2014). The use of split shifts makes Sweden stand out in a negative way compared to the other Nordic countries, which do not use this work form to the same extent (Szebehely, Stranz, and Strandell 2017). The law (SFS 2008) on choice of care that was implemented a few years ago has also given private companies access to the nursing sector, which means that the caring professions today are part of a growing profit-driven market of services. At the same time, municipalities cut public spending. For 2020, 96% of Swedish municipalities will reportedly reduce budgets for elderly care (Plesner 2020). Meanwhile, Sweden is experiencing a rapidly growing population of elderly, and over half of the Swedish municipalities have reported problems finding enough nursing assistants to employ (*Aftonbladet*, 17 March 2017), with the trade union describing the workload of nursing assistants 'a ticking bomb' (Kärrman 2015). The severity of the situation has been grimly presented in the COVID-19 pandemic where news have abounded on poorly equipped staff working under bad conditions at elderly homes and nursing facilities. In one news article, 26-year-old nursing assistant Clara says that, though she loved her

work, she had to quit as the 60–80 hour work week at an under-staffed elderly home left her burnt out (Mårtensson 2020).

Despite the rapid changes to Swedish society and the calls for more staff, more care for the elderly, and better work conditions for staff, so far we have no indications that the feminine coding of the profession of nursing assistants has been affected. As Regnö (2013) has shown, not only the profession itself is gendered, but so is the entire healthcare organisation, which can be seen for instance in the fact that managers in the care sector often have greater responsibility, less administrative support, and lower salaries, than managers in municipal organisations that are coded as masculine. This means that while women individually may experience disadvantages compared to men whom they work with, also those men suffer disadvantages compared to men working outside the care sector. While women often are suppressed in relation to men on a local level, on a societal level, it appears the nursing profession itself is drawn down towards the opening of the funnel; albeit, male staff may find themselves a bit higher up in the funnel.

The glass funnel as a theoretical concept

There are two main reasons why we want to propose the glass funnel as a new metaphor for understanding the present day gender regime of the Health and Social Care Programme. First of all, the funnel enables a more dynamic, less static notion of gender compared to that of the glass escalator and glass ceiling metaphors. Second, the funnel metaphor makes it possible to incorporate the systemic changes of the nursing assistant profession in the gender regime framework. Below, we will argue for these two points.

In our study, we have tried to describe the glass funnel of the Health and Social Care Programme aided by the concepts of community of practice (Lave and Wenger 1991) and gender regime (Connell 1987). By synthesising these concepts, our study points to four themes significant for how the glass funnel is maintained through social practices.

In Theme 1, we pointed to the significance of the Swedish gender equality discourse, which has underscored the 'call for men'. While the call for men could be interpreted as another way in which the glass escalator still is available to them, such an analysis would leave out the fact that the call paradoxically is made possible by a particular version of a discourse of gender equality in which it is argued that the 'turn' has now come to boys for their 'share' of equality. Hence, women are not 'left behind', as the escalator metaphor would imply. Instead, in a simultaneous motion, women are pulled down as men are held up.

The same type of relationality between women and men is expressed in Theme 2. Here, we showed that while social competence was valued, the promotion of men led to a devaluation of women and women's social skills. We also put forward that this is a case where gender intersects with social status.

When women invoke gender stereotypic notions to depict other women as 'back-stabbers', while at the same time arguing that things would be better with more men, they distance themselves from the low status of the profession. The implicit hope here is that men can increase the status of the profession (Hultin 2003).

Through Themes 1 and 2, the relationality of gender, and the intersections between gender and other power structures, become apparent. As Christine Williams (2013) herself has argued, the glass escalator metaphor lacks an attention to intersectionality, and it fails to reflect the general impact of capitalism on working life today.

The concept glass escalator was based on analyses of female-dominated middle class professions which offer secure employment and relatively obvious career opportunities. Williams (2013) claims that these types of traditional jobs are becoming ever more uncommon as neoliberal organisational models gain influence, also in the public sector. In a North American context, Williams points to the rise of temporary jobs, outsourcing, and wage dumping in several sectors, which makes the question of gender equality more complex. It remains important that women should be granted the same conditions as men, but if these conditions are unacceptably poor, we do not need only gender equality, but also a radical critique of the effects of capitalism. In this radically changed working life, a more nuanced understanding of the creation of inequality is crucial. New, less static metaphors are required Williams (2013) argues. Harvey Wingfield and Myles (2014) state that the glass escalator is still useful to highlight *some* men's work experience, but it may not be as fruitful when factors such as race, sexuality and neoliberalism are taken into account.

Over the last few years, worklife studies have shown that the glass escalator is not available for all men. For instance, studies report that black men do not enjoy the same advantages as white men do (Harvey Wingfield 2009), that homophobia still subordinates homosexual men (Connell 2012) and that transgender women experience discrimination more often than transgender men (who in turn have to appear as 'masculine' men to gain advantages) in 'working-class professions' (Schilt 2011). Moreover, Price-Glynn and Rakovski (2012), in a study of US nursing assistants, using an intersectional approach, revealed that race, ethnicity, and citizenship were more significant than gender.

The question of intersectionality also underscores the need to move away from a view of identity and group belonging as static and unchangeable. The dichotomy of male and female is not sufficient (Niemeyer and Colley 2015). While the glass escalator concept implies advantages for men as a group, and the glass ceiling metaphor indicates problems that women as a group may encounter, the notion of a *glass funnel* does not relate to men and women as ready-made collectives, but instead shows that the taken-for-granted differences between women and men are reproduced and used to promote men.

Women and femininity are reinstated and used in this process, but the discrimination that women experience is not made visible.

In Theme 3, we brought to light the interplay between gender and sexuality through the way the 'expert' position was created. While women were confirmed as experts, e.g. by getting to shower elderly patients, this also confirmed stereotypical notions of them as 'natural caregivers" (Rehn and Eliasson 2015). Meanwhile, men were expected to talk 'sports and soccer' with elderly male patients. Thus, the call for men also brought with it a call for a particular version of masculinity, and a different expert role was constructed for male students compared to that of women. The 'expert' position was thus laden with stereotypical notions of femininity and masculinity. This ongoing construction of women and men as opposites, paired with a repeated promotion of men, meant that a heteronormative structure was upheld in which women were subordinated to men. At the same time though, this did not necessarily mean that men experienced this advantage at all times. Not all men were comfortable taking on the expected gender role, and their choice of career path could also be questioned by relatives and friends. Clearly, the complexities of these relations are not encompassed by metaphors such as escalators and ceilings.

Yet so far, we have not addressed the capitalist critique which Williams (2013) deems necessary for the analysis. As Lave and Wenger (1991) also argue that the analysis of a community of practice must account for the broader aspects of social life, in Theme 4, we analyse the Health and Social Care Programme from a wider perspective. Here, we bring up that students of the programme are educated for a not so distinct profession. The evolution of the programme has been to describe less clearly which professions the education prepares students for. In part, this can be understood as a way to ready students to be flexible and apt for lifelong learning. The way these ideals are enacted within the healthcare sector today, however, is one of flexibility in line with employer needs. This is connected to the issue of the marketisation of the healthcare sector.

Swedish long-term care has seen cutbacks in public spending, fragmented care, more pressure on relatives (Schön and Heap 2018), especially female relatives (Brodin 2005), as well as a significant increase in workload, worse work hours and fatigue (Szebehely, Stranz, and Strandell 2017). We have also discussed the gendered character of the municipal healthcare organisation, in which men are promoted, though managers have tougher conditions compared to managers of traditionally male-oriented areas of municipal administration (Regnö 2013). The effects of these developments may not be very apparent for the students, despite the fact that their teachers state resources have become more scarce; for example, they claim that today they have to train sampling procedures alone with large groups of students, which never occurred some years back. Teachers also said that many students at the end of the programme had no wish to continue in the healthcare sector. Statistics show that roughly one-third of students drop out of the programme, and one-third of

the students finishing the programme continue with higher studies, most often to become nurses, social workers or teachers (Skolverket 2019c).

While the marketisation of the healthcare sector will become more apparent to the students once they enter worklife, we would argue that this aspect must be integral to the glass funnel concept. As the cutbacks in the sector have been ongoing for at least 20 years (Plesner 2020), the transition to marketisation may not be visible for the new nursing assistants entering the job market. In other words, the funnel may be of glass.

A theoretical concept should work as a tool to understand better the complexities of reality. As society and the labour market are changing at a rapid pace, it is difficult in social science research to devise enduring concepts. The glass funnel concept aims at capturing how the current situation builds on, but also changes, the historically established gender regime of the healthcare field. It is only when the promotion of men is related to the historical processes that have created different expectations on and ideas about masculinities and femininities, that it becomes possible to problematise the call for male students that is expressed in the Health and Social Care Programme. Yet it is equally important to account for how gender is intersecting with other power axes, and at present, one very important such axis comes in the form of marketisation.

No longer do we have one career path for men (glass escalator) and another for women (glass ceiling). In the glass funnel, men and women are cast together. While women socially are constructed as of lesser value than men, thus passing faster through the funnel, both genders still remain in it, on their way down. We hold that this grim metaphor is needed to depict aptly the path the nursing assistant profession is on, at least in Sweden.

Are there no ways to escape the glass funnel then? Yes, we think there are. As Lave and Wenger (1991) emphasise, learning takes place in the periphery of a community of practice. The CoP is constructed and sustained at its borders, made up of the social relations between novices and experts, and by the relation of the CoP to the wider society. Both learning and gender are thus formed through practices, and there are plenty of examples showing that other practices are possible. One hole in the funnel may come in the form of higher education, for example. As stated above, a significant number of students appear not to settle for low salaries and bad working conditions, and instead continue their studies to become nurses or medical doctors.

Another hole in the funnel may unexpectedly present itself in the form of the Covid-19 pandemic. As the pandemic in Sweden has hit elderly care homes and nursing facilities hard, the question of the poor working conditions for nursing assistants has surfaced in the public debate. Hopefully, these emerging discussions will lead to new lessons, policy changes, and a serious blow to the glass funnel gender regime of the nursing assistant profession.

Conclusion

In this article, we have introduced the concept of the *glass funnel* in order to describe the way in which the promotion of men in healthcare education also means a simultaneous devaluation of women. The concept is necessary, we think, since existing metaphors such as glass ceiling and glass escalator do not to sufficiently take into account the intersectional power structures that underpin discrimination in the labour market. Working life today is characterised by a diversity of identity categories among workers, and by a market-related and neoliberal tendency in the public sector. This situation requires that we modify theoretical concepts in order to be able to describe the power relations that define working life today. In relation to the *glass funnel* concept, however, we also argue that the historical specificity of contemporary power relations must be made visible.

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