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# Gendered repertoires in nursing: new conceptualizations of educational gender segregation

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## ABSTRACT

Research on educational gender segregation has been mostly concerned with the lack of women in male-dominated educational fields, and only to a lesser degree with the shortage of men in female-dominated subjects. This article addresses the latter issue and introduces new theoretical tools to the research field of educational gender segregation. Building on in-depth interviews with male and female nursing students in Norway, the article illuminates processes that may contribute to gender inclusion and exclusion. Combining theory on cultural beliefs on gender, symbolic boundaries and repertoire theory, the article shows how the valued nursing competence of being caring – together with an operative cultural belief that women are more caring than men – provides the female students with an asset both when accounting for their educational choice and in demonstrating their suitability to be nurses. The article demonstrates the situational relevance of gender and the value of analysing accounts of gender within particular contexts.

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## Introduction

The research field of educational and occupational gender segregation is largely concerned with the lack of women choosing traditionally male-dominated subjects as science, technology, engineering and mathematics (e.g. Blickenstaff 2005; Lynch and Nowosenetz 2009). The lack of men in female-dominated fields of education has received comparatively less attention (Lupton 2006; Simpson 2009; Riegle-Crumb, King, and Moore 2016). There are two prominent reasons why there should be more research on men and gender non-traditional educational choices. Firstly, the hitherto movement in gender segregation involves women moving into positions and occupations previously dominated by men, with few changes in the opposite direction (England 2010; Williams 2013). Obviously, reduction in the levels of occupational segregation requires movement both ways, and more research on the reasons for the absence of men in female-dominated arenas is therefore needed (Simpson 2009; Shen-Miller and Smiler 2015; Williams 2015). Secondly, the crossing of gendered work boundaries illuminates the processes by which

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occupational segregation is maintained or reduced (Lupton 2006) and these processes might be different for men and women (Simpson 2004). Therefore, this must be empirically explored within the various educational contexts. This article attends to these issues by analysing gender inclusion and gender exclusion in nursing studies.

Influential theoretical perspectives on gender segregation hold that the devaluation of traditional female work, and the subsequent low status and pay that comes with it, provides incentives for both men and women to choose 'male' over 'female' occupations, and the fields of study that lead to them (England 2010, 153). Such rational choice-influenced explanations are often offered to explain the lack of men in female-dominated occupations, as well as educational choices in general. However, empirical findings and theoretical arguments hold that there are also other, more elusive processes at play (Williams 1992; Lupton 2006; Cech 2016). Accordingly, this article will explore nursing students' different use of notions of gender and how this relates to exclusion and inclusion of male and female students. A combination of theoretical perspectives that addresses both implicit and explicit accounts of gender and nursing competence allows for grasping the situational relevance of gender. These perspectives enable an analysis of how the students' gender, and the situational and contextual support of the various notions of gender, provide the students with unequal access to cultural resources found valuable in the nursing context. Methodologically, the article argues for assessing contradictions in the interviewees' accounts, displaying that heterogeneous conceptions of gender are common, and that people are not necessarily coherent in their reasoning around their life choices.

Most studies on men and nursing leave women out of the research (McDonald 2013). In this study, 15 in-depth interviews with Norwegian male and female nursing students provide the empirical basis. The article investigates the students' assessment of gender and competence by analysing the symbolic boundaries (Lamont and Molnár 2002) the students use to categorize competence and people. Moreover, perspectives from repertoire theory (Lamont and Thévenot 2000; Swidler 2001), allows for displaying students' unequal repertoires of legitimation when justifying their choices of education. By use of these perspectives, the article detects the gender distinctions people make, grasps the various cultural repertoires that people draw on to constitute and interpret such distinctions, and discusses the implications this may have in making educational choices and feeling suitable in the educational context.

Combining these perspectives with theories on gendered cultural beliefs (Ridgeway 2011), the article suggests that gender differences may be reproduced through conceptions of gender and competence, possibly even by those who do not personally endorse these beliefs. By introducing this theoretical framework to the research field, the article aims to explicitly display how the meaning and significance of gender may vary across and within contexts and situations, and as such function both inclusively and exclusively (Lamont 1992; Swidler 2001; Deutsch 2007; Ridgeway 2011). Thus, this article brings new understandings to the role cultural conceptions of gender play in choices of education and in gender inclusion and exclusion in educational settings.

## Research on gender and nursing

A vast body of research investigates and theorizes the position of men in nursing (for a review see for example Lupton 2006; Solbrække, Solvoll, and Heggen 2013; Harvey and

Myles 2014). Most of them examine the experience of being the gender minority in the workplace. Lupton's (2006) review of the field identifies two contrasting themes. One is the finding that men take their gender privilege with them (Williams 1992) and thus represent an advantaged, rather than an oppressed, minority. For instance, in a study by Cottingham, Erickson, and Diefendorff (2015) it is argued that men continue to take their status advantage with them to their nursing work, by being shielded from and less harmed by 'emotional labour'. The second theme is that men experience difficulties being the gender minority. They might be affected by stereotypical beliefs that men are less capable than women of nurturing and providing care to others (Evans 2002; Cottingham, Johnson, and Taylor 2016). This article contributes to the second theme, however by investigating the choices and competence assessment of nursing students rather than nurses in the workplace, relating to the issue of recruitment and retention of male nursing students.

Research on nursing in the gender-equal countries of Scandinavia provides somewhat contrasting findings. For example, Bloksgaard (2011) claims that gendered identity constructions contribute to reproducing segregation in the Danish labour market. She interviewed male nurses and found constructions of professional fields and work in masculine and feminine terms and argues that this may restrict individual men and women in their orientation towards their work and their choice of career. However, Solbrække, Solvoll, and Heggen (2013) argue in an article about nursing education in Norway that male nursing students today might not view nursing as a particularly gendered profession and thus not feel marginalized, because they have grown up and been educated in a country that strongly emphasizes ideals of equity. This article explores if such Norwegian 'ideals of equity' are distinct in students' perceptions about gender and competence in a nursing education context.

## **Theoretical perspectives**

To explore the complex relationship between notions of gender and competence, and gender inclusion and exclusion in nursing studies, I combine the theoretical perspectives of symbolic boundaries, repertoire theory and gendered cultural beliefs.

### ***Boundaries and repertoire theory***

Symbolic boundaries are the demarcations actors use to categorize objects, people, practices, time and places. These demarcations are used to construct groups of people and create affiliation as well as accentuate distinctions (Lamont and Molnár 2002). According to Lamont (1992, 136), structural factors channel this boundary work, and the structures may be revealed by considering what cultural resources or repertoires are available to and used by the interviewees. Analysing the competence ideals of the nursing students and their assessment of their own and others competence discloses whether what is valued is accessible to everybody or limited to some. Analysing the criteria for such demarcations may reveal what structural factors are salient in which contexts and for which groups of people (Lamont 1992).

To further analyse how individuals account for their choices, I make use of the theoretical framework of cultural repertoires, as developed by Swidler (2001) and Lamont (1992,

2000). Repertoire theory holds that people actively make use of their surrounding culture to construct a meaningful life. Swidler argues in favour of analysing how people shift between different cultural frames in order to assess and make sense of the world. Within this perspective, people have an array of cultural resources to draw on, and the focus is not only on what elements are in the repertoire, but why some are performed at one time, and others at another (Swidler 2001, 25). According to Swidler, examining how people mobilize several parts of their repertoires simultaneously – for example when they justify a position or a life choice – can illuminate the repertoires. I regard students' choices of education as such positions and analyse the cultural meanings the students draw on in different situations to talk about their choice. Choice narratives might elicit arguments from independent, and sometimes contradictory, 'traditions of thought' (Swidler 2001, 26), which illuminates that people are not always coherent in their reasoning around their own actions and life choices. Moreover, it displays how notions of gender and competence may be pluralistic and dynamic, and depending on the situation at hand.

The repertoires a person has available constrains the strategies he can pursue, Swidler (2001) argues. Yet, Lamont and Thévenot (2000) offer a perspective on repertoires that to a larger degree make explicit the shaping impact of cultural resources (Silber 2003). Swidler emphasizes the resources different contexts make available and how individuals use these. In line with Lamont, this article applies a framework that also accounts for how contextual and structural factors may shape the availability of different repertoires and resources, and thus work limiting or enabling. Such factors include the national context, the mass media, the school system, and individuals' social class and gender, and affect what cultural resources are most likely to be mobilized by different individuals, and what elements of the repertoires people have easiest access to (Lamont 1992). Analysing which parts of their repertoires are used by whom in what situations and contexts allow for grasping the limiting factors at play. Repertoire theory is scarcely used in gender research (for notable exceptions see Bartkowski and Read 2003; Gustavsen 2013; Lépinard 2014; Musto 2014), and is rare in studies of educational choice. This article aims to introduce these theoretical tools to the research field of gender and education.

### ***Gendered cultural beliefs***

Cecilia Ridgeway (2011) argues that widespread cultural beliefs about women and men exacerbate gender inequality. The deep-rooted notion that men and women have fundamentally different skills and interests and are therefore suited to different occupations – is a core component that maintains gender segregation in the labour market. Notions of women as being more caring and having better social skills, and men as more technically competent and imbued with better managerial skills, are widespread (for a review of empirical support see Ridgeway 2011, 82–83). Gender beliefs reflect a cultural system, representing what we think 'most people' believe as true about the categories of 'men' and 'women', and may thus be supported also by those who do not personally endorse the beliefs (Correll 2004, 98). Furthermore, such cultural stereotypes influence young people's aspirations and choice of education, documented among others by Correll (2001, 2004). I find this framework useful to investigate what conceptions of gender and competence the students draw on; however, I modify this theory in two ways. First, according to Ridgeway, gender is always understood to be relevant and making a

difference. In line with Deutsch (2007), I leave the omnipresent significance of gender an empirical question. Second, different from the hierarchical dimension in Ridgeway's theory, where men are regarded as more status worthy and competent than women overall, I approach understandings of what is valued and how this relates to gender as open empirical questions and to a lesser degree predefined compared to Ridgeway's approach.

## Context

Compared to other European countries, Norway has a strong gender equality ideology (Aboim 2010), and ideals of equality are an important part of Norwegian culture (Gullestad 2001; Berg et al. 2010). Nevertheless, Norway has a considerably gender-segregated labour market. Within the education system, health and social work have a strong majority of women, and STEM-subjects an equivalent majority of men (Frønes and Kjølørød, 2010; Reisel and Teigen 2014). Men make up 12% of Norwegian nursing students, and the numbers have not changed over the latest decade. Men also seem to drop out of nursing studies at higher rates. A new report states that in Norway's biggest institution for nursing education, 47% of men drop out, compared to 19% of women (Nedregård and Abrahamsen 2018). Research on the lack of men in nursing should therefore attend to both recruitment and retention. Policy aimed at improving gender balance in the education sector consists of public awareness campaigns, the inclusion of the subject 'Choice of education' in the lower secondary school curriculum, and the granting of additional admission points to the underrepresented gender (White Paper No. 7 2016). Two colleges in Norway gave additional admission points for male nursing students in 2018. Furthermore, Norwegian family policy aims to enhance gender equality – for example, is one-third of paid parental leave reserved for the father. Gender researchers have discussed whether changing practice for the care of children will also change perceptions about care work in general being 'women's work' (Brighouse and Wright 2008; Brandth and Kvande 2016).

## About the study

The data used in this article was obtained from 15 in-depth interviews with eight female and seven male students at a college in a city in the west of Norway. All names are pseudonyms. The students were from 18 to 28 years old and were all in their first year of a bachelor's degree programme in nursing. The students were recruited after I had taken part in their training for a few weeks, as I was conducting participant observation as part of a bigger project. Two students made contact by e-mail offering to participate, while the rest of the interviewees agreed to participate after being asked verbally. The interviews were semi-structured, lasting from 50 minutes to two hours, and were conducted at the college. The interviews were structured around two major themes: competence ideals and the choice of education. Gender as a topic was not explicitly referred to until the last part of the interview, when I asked if the students had reflected on the male underrepresentation in nursing. This permitted an analysis of both implicit and explicit notions of the meaning of gender. After transcription, the analysing process was done

in line with Braun and Clarke's (2006) description of thematic analysis, using NVivo to code, categorize and annotate the material.

Informed by the theoretical perspectives of repertoire theory and symbolic boundaries, I re-analysed my data with an eye to different accounts of gender and competence and the boundaries they drew between people and competencies. I investigated how the students distinguished between different sorts of nursing competence in order to ascertain what was being valued, and how this related to boundaries drawn between men and women. An analytical attention towards the shifting meaning and significance of gender (Deutsch 2007; Ridgeway 2011) within social interaction meets repertoire theory's aim to identify how different conditions – here understood as diverse topics discussed during the interview – activated different arguments. The various arguments were interpreted as different cultural resources the students had access to.

### Competence, gender and choice

In what follows, I analyse and discuss how the students identify what the core competence is and how they assess their own and others' competence. Then, I explore how the students talk about gender and nursing, and finally, how they account for their choice of education.

#### *The ideal nurse: the carer*

The various students, both men and women, described the ideal competence in largely similar ways, by differentiating between two forms of competence. The first was the competence of being medically, pharmacologically and anatomically skilled. All students acknowledged the importance of, and held in high regard, the competence of being a 'medically skilful nurse'. The second aspect of what was recognized as ideal competence concerned the practical and relational sides of how to *perform* good nursing. As when Siri said: 'It's not enough to *know* that I have to do this and that, one has to *be able to do it* also.' The students often placed these two forms of competence up against each other – the medical and anatomical knowledge and the competence of *doing* nursing. John valued the former highly, but thought that teachers and other students often felt differently. When we talked about what it means to be a good nurse, he said:

John: It depends on where you work, but I believe that being medically skilled, is the most important. [...] But some of the teachers would say that the most important thing is to be considerate and caring.

R: But you don't think so?

J: No, I don't think that it's the most important thing. I think that the most important thing is to make people well. But of course, it is important to be considerate too.

Most of the students made a similar comparison when asked to describe what a good nurse is, but with the opposite conclusion to John. The students ended up awarding higher value to the practical and relational competence. This was not necessarily because it was more important, but because it was, they argued, a competence that *cannot be learnt*. Although this competence also was an element of classroom study, it was portrayed as more of a personality trait and therefore as something hardly learnable.

Thus, it was limited and not available to everybody. Conversely, the medical and anatomical knowledge gained from lectures and textbooks was available to every nursing student through studying. As Inga put it: ‘Everyone can become a nurse, but not everyone can become a *good* nurse’. The practical and relational competence related to what the students described as ‘who you are as a person’, a personal quality one either possessed or did not possess. It was defined in several ways, such as being able to handle stress and being patient, but more than anything it related to being a ‘caring person’. According to Daniel:

If you just do everything correct in theory, then you, according to the book, perform good nursing. But if you don’t have that capacity to do, what I explained as the little extra, then you can’t be a good nurse. Not in that sense.

Daniel provided a lengthy example of ‘the little extra’ – a willingness to show compassion towards the patient beyond the bare necessity of providing general care. Anita offered further examples, stressing:

Medical knowledge is important. But what one can’t learn to do, that is how you *are* towards other people. Like how you treat the person. What I’ve seen [in practical training] is that you have to treat the patient with respect and some don’t do that. [...] If the patient asks for a drink and then the person just slams the drink down and leaves. You should say, ‘here you go, here’s your drink.’ [...] We don’t learn that in school, but this is good knowledge to have.

Christine described a practical, embodied competence: ‘you must be able to *see* if a patient is uncomfortable in bed. That is a skill that, to a certain degree can be learnt, but it is also something I think people have innately’. Since these skills are not something that can be learnt, they argued, not all people are fit to be nurses. Ida explains: ‘You have caring people. There are some who like to provide care, who just automatically are the kind of person who cares for others, and then there are those who are more selfish.’ A few of the students confessed that they doubted whether all their fellow students would become good nurses, because they did not all seem to have what it takes. Inga told me that she doubted the suitability of another nursing student: ‘She will probably get through the education and she will become a nurse [...], but she will not be someone the patients have a relation to’. Ali also talked about a fellow student who he was not sure would make a good nurse:

If you are a kind and good person, which 90% of nursing students are, than you will be ok. But you have those, like one fellow student, he didn’t really know what this profession is about, I think. He is a pretty rough and tough person, I was about to say. So whether he is able to provide the same care and the same treatment as we do, I’m not sure.

Talking about a core nursing competence as a personality trait or quality, rather than something that can be learnt, means assigning it a high value. Not everybody can do this. By claiming to possess this important and valuable competence, and pointing out the ones who do not, the students constitute a self and claim membership of a group (Lamont and Molnár 2002). Applying a symbolic boundary approach, the distinctions were drawn between students with or without this relational competence. This competence was based on personal characteristics and qualities, and described as innate and essential. The boundaries drawn depicted the medical and anatomical knowledge learned in class as necessary, but not enough, to be a good nurse. Such boundaries



might provide a mechanism for social exclusion. The ideal nurse is caring and empathetic by nature, and students lacking this competence were described as 'rough and tough' or 'a bitch', and unable to provide good care. The boundaries create a sense of fitting in and being suitable and able.

A few students brought up gender as a topic when talking about nursing competence and emphasized that women and men made equally good nurses. Moreover, an evaluation of the implicit accounts of gender confirms the gender-neutral assessments. Analysing the distinctions along gendered lines shows that both male and female students created the same boundaries. In Lamont and Thévenot's (2000) words, 'the criteria for demarcation', which, in this case, is having relational competence, are similarly framed, used, and valued, by both women and men. Both women and men claimed membership in the group possessing these qualities. Furthermore, both women and men were used as examples of students lacking the important relational competence and were therefore less likely to become *good* nurses. Thus, women and men are found in both the excluded and the included groups. Arguably, since these boundaries are not drawn along gendered lines neither in use nor in content, the students' accounts of ideal competence are in this respect gender-neutral.

### ***Gender essentialist notions of nursing competence***

I will now turn to an analysis of how the students talked about the gender gap in nursing, which was different from the gender-neutral assessment of competence in statements of what good nursing is, and who is suitable and not. Addressing the issue of the shortage of men in nursing, the students stated:

Boys are much more ... like it seems like boys are more, they are not as considerate as girls, if that makes sense. Girls kind of, I don't know why, but girls take care of each other, if you know what I mean. If something happens, if you see someone on the ground, I think it's a bigger chance that a girl attends to this person than a boy. (Ali)

There's a difference between boys and girls [...]. It's probably to do with upbringing and such too, but generally girls are more sensitive. And when we [the girls] know that one can have all these feelings, then one thinks that maybe it's easier to understand other people's feelings, too. (Laura)

They say that men often have more ... . How to put it, a more practical way of thinking, while women sense feelings more easily. It is complementary sides, even if these skills are not always ... like, it would be stereotypical to say that one skill belongs to one and not the other. But still. (Erik)

These quotes illustrate how the students attempted to explain the lack of men by portraying women as naturally and innately more caring and empathetic than men. As such, the students' both male and female, evoked gender essentialist notions of women and men, and, moreover, they *gendered* the nursing competence. Mina reasoned that being male or female makes you different when it comes to personal qualities: 'I think I can open up more than a man would be able to, like, even though we have the same personality, kind of.' Christine told me:

I think maybe for girls it is something innate. [...] I think it's got to do with girls having more of a naturally caring instinct [...].

R: Why do you think it is so? That the girls have more ... ?

Christine: It's like ... The girls are the ones carrying a baby for nine months, and looking after it. We're just created like that, I think. There's a difference between girls and boys, mentally, not because of society, it's the way it is.

Henry similarly explains the lack of men in nursing. However, he does not regard being caring as an innate quality, but rather something that's not socially accepted for boys:

I won't say it is like that, but guys maybe have some qualities that the women don't, and the other way around. Guys have maybe a harder time getting involved and using their empathy, because maybe they are a bit afraid, and you're supposedly less of a man if you use your empathy. I don't know. That's what has been running through my mind a couple of times.

According to the stories about who were suited and not suited to becoming a good nurse – categories which included both male and female students – women and men make equally good nurses. However, when talking about the lack of men in nursing education, the students drew on other notions about gender, competence and skills, and the distinctions were drawn *between* women and men. Women in general were described, in line with stereotypes of gender and competence, as more caring, empathetic, nicer, and more sensitive than men, and therefore more suitable to become nurses. Despite the students' expressed experience with the opposite, that both male and female students are equally suited, or not suited, to become nurses, they reproduce stereotypical images of women and men when addressing another and more general issue: that of the gender gap in nursing. As argued by among others Ridgeway (2011) and Musto (2014), the meanings people associate with gender might vary considerably across context, depending on whether gender is a salient organizing principle.

### ***Accounting for their choice***

To elaborate this point, I will in the following show how the students made use of different and inconsistent accounts when talking about their choice of education. When studying how people select among parts of their repertoires, picking up and setting aside different cultural themes, it is useful to explore the circumstances in which they shift from one part of their repertoire to another, and what anchors or triggers the various shifts (Swidler 2001). Both the female and the male students underlined how important friends' educational decisions were for their own choice of education. What 'everybody else' was doing was presented by the students as a key reason to choose as they did. Many of the female students had vocational training in health care before starting the bachelor's degree in nursing. Siri went along with the majority of the girls in her class in lower secondary school:

It started in tenth grade. I was not sure what I wanted to do. I thought about nursing already at that point, because I thought that nursing is kind of, yeah it's kind of normal. I didn't know about that many occupations, and I thought that that is probably something I can do. I started vocational training in health work in the first year of upper secondary, really because all my friends were going to. So all of the girls [in the tenth grade class] started there, except one.

Siri talks about nursing as *normal*. By contrast, most of the male students had made an educational 'reorientation' (Orupabo 2014), where they decided on nursing education

after years in another educational field or occupation. This finding is supported by the fact that male students in Norway are on average almost 3.5 years older than the female students when they start nursing education (Nedregård and Abrahamsen 2018), and research documents a general tendency of men's late entrance into female-concentrated occupations (Williams, 1995). John may serve as an illustration. He started vocational training in electrical engineering in upper secondary school and told me that he 'chose electrical engineering because all my friends did so. [...] As a 19-year-old I had never pictured myself as a nurse'. This illustrates that although individuals choose from among several options, they do not actively or consciously assess the full range of objectively available options (Hodkinson and Sparkes 1997). Arguably, many educational options are never considered because they do not fit with individuals' perception of gender roles (Gottfredson 1981; Eccles 1994). Most of the students grew up in villages or smaller towns. When talking about what they had considered as options when choosing an education or an occupation, many of them stated that they did not know of too many alternatives. Inga stated, 'Where I'm from, the jobs I knew of were teacher and nurse, pretty much just that.'

Looking into the repertoires they drew on when talking about their choice of education, the female and the male students legitimated and explained their choices in both a similar and a dissimilar manner. Both women and men explained their choice in terms of the benefits and characteristics of the profession, and recurring reasons were the desire for a safe job, a meaningful job, a job with action, or the opportunity to work with people. However, most of the female students had additional explanations. They also talked about their choice by relating it to how they were *as persons*, and that they were *suited* to nursing. This suitability mostly related to being a caring person. Like Christine, who explained her choice of education like this: 'I'm a pretty caring person, and I have sort of a need to work with people.' And Laura, who said:

I didn't know what I wanted to do, but then there are these personality traits that I have ... which fit very well with being a nurse. [...] My stepmum has worked within this field, and she recognized these traits.

R:

What traits are they? Laura:

Like caring for others and stuff like that.

I interpret the male and female students' different arguments for choosing education as different repertoires of legitimation, and that the women drew on a wider repertoire than the men did. The example of Liv will further illustrate this finding. Talking about nursing competence, Liv expressed that she had problems with the image of nursing being too much about the relational competence and in particular *care*, both because of the actual care-giving aspect and what she thinks is too strong a focus on care in nursing education.

Liv: And I had *never* thought that I would end up here in nursing. [...] For my part I could never have worked in ... I'm not very eager to work in the health sector. What I have thought about, is that I'm never going to work in a care center. That is not an option. And I have friends working there. And I just think, no!

R: Why?

Liv: Unfavourable working hours, you don't use your head at all, you just walk around and flutter about. You do the same thing as you do at home ... but you have big babies to care for.

When talking about lectures on concepts such as ‘care’, ‘identity’ and ‘integrity’, she remarks:

Liv: What is this, really? I feel like it is such a girly education.

R: What do you mean by ‘girly education’?

Liv: Like, mollycoddle. If you would compare it to a math teacher standing there talking about math puzzles, then we are here, talking about, yeah ...

Liv problematizes and criticizes the parts in the syllabus about ‘care’ and similar concepts relating to relational competence. She opposes the importance given to these topics and speaks negatively about the practical tending and care-giving aspects of nursing. However, when shifting the topic from talking about nursing competence to explaining her own choice, she argued that she wanted to become a nurse because she is a *caring person* and she wants to *provide care* for others. Explaining her choice of education, Liv concludes: ‘It fits me, as a person. I think, I don’t know. I feel it’s that part about providing care, sort of.’ Because of these opposing accounts, Liv is a good example of making use of different repertoires. Swidler (2001) argues that in the more or less reasoned arguments people make, drawing from their repertoires, trying various rationales, there might be little concern for their overall coherence. Liv had difficulties with the concept of care in nursing, but she still used *being caring* when legitimating her choice of education, just as several of the other female students did. Liv’s narrative, although it can be interpreted as contradictory, has the rationale of explaining her choice, and justifying that she has made the right one. In doing this, she draws on different repertoires, among them the repertoire of being a caring person. Arguably, women have access to a wider set of repertoires when legitimating their choices. The male students, although seemingly equally valuing the relational aspect of nursing, are left with emphasizing the advantages of the profession and not their personal suitability.

## Discussion and conclusion

This article displays a double contradiction in how nursing students assess issues of gender and competence. First, the students’ assessments of gender and competence are gender-neutral, but gender-stereotypical accounts are activated when addressing the gender gap in nursing. Second, the female students could be negative towards the practical tending and care-giving aspects of nursing and the value this is given in the education, yet still present themselves as *caring persons* when legitimating their choice of education. The contradictions demonstrate how the meaning and salience of gender vary according to context and situations, down to the level of variations within single interviewees’ accounts and highlight the importance of interpreting accounts within their context. Furthermore, the different notions of gender and the different *use* of the notions of gender, has different implications for women and for men.

Theoretically, this article introduces the combination of cultural belief perspectives, theories of symbolic boundaries and cultural repertoires to the research field of gender and education. Firstly, the analysis investigates what the students value as important nursing competence and how this is related to gender. Detecting what the students assess as important and valuable competence, and who possesses this competence, allows for identifying whom they perceive as suitable for the nursing profession. Revealing such sorting

processes of what and who is valuable in specific contexts and situations give an entry to understanding the elusive processes that promote gender inclusion or sustain gender exclusion in gender-typed study fields. The analysis illuminates the importance of 'what you cannot learn' and that central elements of nursing competence, according to the students, are the personality traits of being caring and empathetic. The 'criteria for demarcation' (Lamont and Thévenot 2000), which in this case is having relational competence, are similarly framed and used by both women and men. Moreover, both women and men are equally identified as belonging or not belonging to the groups possessing these qualities.

Secondly, the analysis demonstrates the situational relevance of gender. Constructing beliefs about what categories of people are 'better' means making systematic use of socially defined differences among people (Lamont 2012; Ridgeway 2014). Such status processes are often driven by widely shared beliefs about the competence of people in the social groups of which the actors belong, and are consensual in that people share them as cultural knowledge about what 'most people' think. Because individuals expect others to judge them according to these beliefs they must take them into account, whether or not they personally endorse them (Ridgeway 2014). Thus, gender stereotypes may be confirmed and used also by people who do not necessarily support the content of the stereotype. The effects of such beliefs depend on the extent to which the social context makes status beliefs implicitly salient to participants and relevant to their concerns in the setting at hand (Ridgeway and Correll 2004). The importance of context bridges theories of cultural beliefs on gender and repertoire theory. The latter highlights how the meaning of a particular action depends on the context: People first anchor themselves in a context, a real or imagined situation, and then derive beliefs or arguments from that situation (Swidler 2001, 186), as demonstrated by the students when addressing the diverse topics. In addition to investigating what cultural resources are available, it is therefore essential to investigate also which resources are used in specific situations. Shifting frames from actual students and actual competence to addressing the general, abstract question of the gender gap, the students activate stereotypical accounts of men and women. Similar findings of opposing accounts of gender are found by Francis et al. (2016). The 'situational relevance' of gender emphasized by Ridgeway and Correll (2004) is here documented by how individuals and groups make use of different elements of their repertoires depending on the context, making gender more, or less, salient. Taking into account Deutsch (2007) plea for investigating also when gender does not matter, argues for extending Ridgeway's conception of gender as 'less salient' to gender as 'not relevant'.

Some of the research that argues that men take their gender privilege with them into female-dominated occupations consider being advantaged as getting managerial positions or better salaries (Williams 1992). However, scrutinizing what is valued in the specific setting at hand will provide a context-sensitive understanding of what is the advantageous skills or characteristics. This article demonstrates the importance of analytical perspectives that understands valuations processes, and how such processes relate to gender, as highly situational and contextual – and thus to be approached as open empirical questions. In this context, the students identified the relational competence as highly valuable. Analysing the arguments used to legitimate their choice of education revealed that the female students drew on a wider set of repertoires, matching the valued relational

competence. If one wants to support and justify a decision, having a rich variety of rationales available can strengthen one's position (Swidler 2001). Because of an operative cultural belief of women as more caring than men, demonstrated when the students explained the gender gap, a wider set of justifications were readily available for the female students than the male students. Displaying this advantage demonstrates the third contribution of the theories applied. The activation of various repertoires both depends on individuals' structural position (Lamont 1992) and the contextual and local support of the various repertoires (Harding 2007; Ridgeway 2011). Arguably, the women's use of a wider set of repertoires provides the female students with an advantage both when legitimating their educational choice and when showing suitability for the profession. This might have implications for gender inclusion, since identifying with what is perceived as core competence and developing a 'professional role confidence' is crucial for the gender minority to pursue a career, to persistence, and to feel suitable for a profession (Cech et al. 2011).

The article demonstrates the situational and contextual relevance of gender. An operating cultural belief about women as more caring than men is reinforced in the nursing context where relational competence is held high. Depending on whether the specific situation makes gender salient or not, this will trump more gender equal informed accounts. The students provide gender equal assessments of nursing competence when addressing competence needed and actual students. However, the stereotypical accounts prove powerful when the students discuss the issue of the gender gap in nursing, or when the female students legitimate their choice of study. Thus, their accounts represent both reproduction and traces of change in educational gender segregation.

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