Manufacturing Dissent: Labor Conflict, Care Work, and the Politicization of Caring

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ABSTRACT

The article analyzes the phenomenon of "politicization of caring," observed in studies of nurse labor conflict, in the context of a small-scale episode of conflict at a Swedish hospital ward. Using analytical concepts drawn from work on the role of images of gendered ideal workers in management cultivation of consent, and the method of positioning analysis, it tries to identify the little researched discursive practices involved in the politicization of caring. Analysis of interviews with registered nurses, who took part in a conflict where some of them threatened to resign unless wages were raised and working conditions improved, shows a range of such strategies: including problematizing identities in nursing, expanding the context of caring work, using a discourse of professionalism, and redefining the interpellated image of nursing. Findings indicate that politicization thus has important effects on the gendering of nursing and the viability of neoliberal restructuring of healthcare work.

KEY WORDS

Gender / interpellation / labor conflict / nursing / politicization of caring

Background

This analysis of the "politicization of caring" in labor conflict in nursing focuses on discursive strategies used by nurse activists to reconfigure the notion of caring.[1] Feminist scholarship has analyzed intersections of labor conflict and constructions of gender in different lines of work and illuminated the gendered and gendering dynamics of labor conflict (e.g., Clemente, 2006; Estes, 2000; Ferree & Roth, 1998; Fonow, 1998). As a part of this effort, research on strikes in nursing has shown how strikers and employers try to mobilize an ethics of care in order to legitimize their clashing positions, an ethics integral to images of nursing as female vocation. While employers have used this ethics to question the morality of strikers, Briskin (2013) has drawn attention to how strikers frame collective action in terms of advocacy, referring to this as "politicization of caring." However, *how* the historically predominant conception of caring is reconfigured by nurse activists has not been an explicit topic of research.

While, since the 1970s, labor conflict has on the whole declined in countries of advanced capitalism (Gall, 2012), there has been a parallel tertiarization of conflict (Bordogna & Cella, 2002) and proliferation of public sector general strikes (Kelly et al., 2013). And in the present context of crisis and austerity resurgence in forms of popular

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contention has set in, including industrial action (Colatrella, 2011). Among public sector workers, nurses have been especially prone to act collectively (Briskin, 2007), and Swedish nurses' acts of (threatening) collective resignation constitute a manifest disturbance in an otherwise tranquil labor market. This is an area of potential transformation in gender and industrial relations.

Increasing levels of public sector conflict have taken place along with public sector restructuring, with New Public Management reforms (Hood, 1995) and recurrent drives to cut costs deeply affecting the working conditions of nurses (Rankin & Campbell, 2009). Nurses are put under more stress due to increased work tasks and speed up while facing both upskilling and deskilling. Swedish registered nurses have taken on tasks carried out earlier by physicians and operate more sophisticated technology, requiring more education and training, though continuing to be comparatively underpaid (AHP, 2011), and at the same time have to make up for cutbacks on auxiliary workers such as assistant nurses and medical secretaries by taking on less skilled tasks. Despite rapid transformations nursing remains a profession with gendered subtexts tied to a culturally feminine quality of caring. Care work is here seen as an innate female capacity that women perform in the private as well as the public sphere (Davies, 1995). This notion is promoted in a durable management ideology and it has been shown how nurse resistance to new forms of exploitation related to New Public Management in Sweden is constrained by notions of care work as female vocation (Selberg, 2012, pp. 205–239).

I analyze data from a local conflict where specially trained registered nurses at a hospital ward vowed to resign unless wages were raised. The article consists of five sections. First, I review research on nurse labor conflict and research on the interpellation of gender in waged work. I then present the phenomenon of collective resignation as it emerges in Swedish industrial relations, followed by notes on methods used. Section four presents the analysis and the last section concludes the article by returning to the two issues raised in this introduction—the discursive strategies used by activists to politicize the notion of caring and the implication of this politicization in terms of the gendered subtext of care work.

Research on labor conflict in nursing and theories of interpellation

Nurses' strikes seem to have been inexorably tied to an ethics of caring. "The architects of the profession constructed a long-lasting identity for nurses that eschewed independent action and stressed caring work as the heart of what it meant to be a nurse" (Kealey, 2008, p. 16). Thus a loyalty to patients proscribing militancy was attached to an image of nurses as "good women" (Bessant, 1992). This contradiction between the ethics of care and collective action is noted in nearly all studies of labor conflict in nursing (Brown et al., 2006, p. 206). In a recent article, Henttonen et al. (2013, p. 68) explain that even though the threat by 13,000 Finnish nurses to resign in 2007 put the normative gender order into question, an "enduring dichotomy between care (feminine) and competence/professionalism (masculine)" caused the nurses to downplay the role of care in order to advance their professional interests.

However, research also illustrates that nurses may frame striking as a form of patient advocacy (Brown et al., 2006; Jennings & Western, 1997; Strachan, 1997), reversing the effect of employers' usage of the ethics of care as collective action is taken in

the name of public interest. Briskin (2013, pp. 106, 120) has thus argued that strikes in nursing comprise a politicization caring, that is, "a new approach to the ethics of striking," rejecting "essentialist claims that women are responsible for caring work by virtue of being women," and creating conditions for widespread support for nurses' collective actions based on "a recognition of the collective responsibility of caring." While Briskin bases this statement on a large literature on nurses' strikes, and while it resonates well with the general account of contemporary labor conflict being increasingly centered on neoliberal and austerity reforms, few studies have specifically addressed this politicization: its intrinsic, micro-level mechanisms and their implications for the gendered subtext of care work.

Prominent attempts have been made to outline a concept of caring as it relates to nursing and gender relations (cf., Davies, 1995; Waerness, 1984). Here, I distinguish nursing—as commoditized work that combines caring, technological, bodily and emotional dimensions—from its gendered subtext. In terms of the latter, caring is constructed as an innate female capacity for empathy and devotion and nursing, as a waged form of caring, has historically been defined within this subtext (Bessant, 1992). Nursing, as it relates to gender signification, has thus been conceptualized as a specific femininity based on a capacity for caring combined with the technical aspects of the job (Connell, 1987, p. 181).

Recent studies of nursing have attended to the role of management in reproducing this notion, using the theoretical concepts of subjectification, performativity, and interpellation (Batnitzky & McDowell, 2011; Selberg, 2012). Interpellation refers to the way management constructs images of ideal workers corresponding to different jobs. A range of practices, such as the ways workers are addressed by managers, reinforce these images and promote worker conformity with their associated traits. Originally developed by Althusser (1971), the concept was meant to capture how ideology was inscribed in practices (cf., Bair, 2010); the ideological is recognized since it is repeated and relayed in everyday interactions. Here, I use the concept to analyze how nurses respond to predominant images of their profession.

The second theoretical concept used in this analysis is "discursive practices." In this context, I specifically look at the practices that reframe the notion of caring. The force of interpellation derives from discourse on nursing closely tied to the societal gender dichotomy; individuals who venture outside resultant subject positions become inexplicable, reproachable nonsubjects, unless they reconnect with elements of established discourse by using another set of frames to signify their activity (cf., Laclau & Mouffe, 2001). This is done by positing an action or term in new story-lines and by linking it to another set of terms. I return to this issue when discussing the method of positioning analysis.

The context of collective resignation: industrial relations in Sweden

Threatening to resign collectively has been a recurrent feature of labor conflicts among nurses (Briskin, 2013, p. 107; Kealey, 2008, p. 9). The causes of this occupational specific strategy arguably include a need to circumvent strike bans and the inefficiency of regular strike action (at least when healthcare is financed by taxes). But the fact that nurses seldom engage in the sitdowns that used to be prominent among manufacturing

workers is obviously related to the risks this would expose to patients. Unlike the gue-rilla tactic of sitdowns or walkouts, vowing to resign gives employers some respite and shifts responsibility for disruptions in the delivery of healthcare. As such, it is a tactic of choice within an ethics of care.

This tactic was used with some measure of success by Finnish trade union Tehy in 2007. However, differences between such high-profile, union-led, "mass" resignations and the instances of local collective resignation common among Swedish nurses are in-formative. While Swedish nurses did launch a nation-wide resignation campaign in 2008 with thousands of nurses and other healthcare staff signing the resignation document, this was organized independently of their union and effectively forced it to call a legal strike. Swedish nurses' use of collective resignation is thus reminiscent of the plant-level "wildcats" of manufacturing workers frequent in the 1970s and 1980s (Korpi, 1981; Thörnqvist, 1994); as an outlet for grievances that are not vented in the centralized in-dustrial relations system it is an alternative to the barred locally initiated strike. Hence, though the corporatist framework has remained pretty much intact despite economic restructuring of the public sector in Sweden (Thörnqvist, 2007), it has not contained this local form of conflict.

The Swedish labor market is gender segregated (European Commission, 2013). While most employed men work in the private sector, nearly half of all "gainfully em-ployed" women are found in the public sector (Statistics Sweden, 2012). Among the more than 75% of nurses in Sweden who are unionized, only one in ten are men (AHP, 2011). The ward where the collective resignation analyzed here occurred reflected this pattern.

Notes on methods

The backdrop of the analyzed conflict was a buildup of grievances according to intervie-wees. For years staffing had been insufficient; scheduling had been changed leading to lower levels of compensation for irregular hours; on-the-job education and planning had been reduced. The level of training and education required and the variety of work tasks prompted informants to describe the ward as a pinnacle of nursing careers, but despite growing workloads, high levels of required training and education, and increased forced overtime and irregular hours, wages lagged behind less skilled nurses. A trigger, infor-mants agreed, was how new staff was taken on at higher wages than specially trained nurses, some with twenty years of experience at the ward. Nearly all registered nurses partook in efforts to pressure management to raise salaries. The efforts included a series of informal meetings, e-mail communication, corridor talk, and the writing of letters to management, local media outlets, and county politicians. When this proved unsuc-cessful, talk of resignation began. Management eventually promised an unusually large wage hike, but mostly the nurses made good on their threat and left the ward, angry with the management's oblivious attitude.

The analyzed material consists of transcriptions from 12 interviews, each lasting 60 to 100 minutes with six registered nurses who still worked at the ward and six who left as part of the collective action. Since nurses were divided as to the moral status of the decision to resign, it was important to interview individuals who stayed as well as individuals who left in order to be able to analyze the contradiction between

caring and collective action noted in the literature. To ensure confidentiality, I have not included informant characteristics, such as age or time worked at the ward, and used fictional names.

Interviews were made within six months after the resignations became effective. It might be objected that this strategy runs the risk of distortive retrospective rationalization. However, because the aim is to study the politicization of caring and a contradiction between collective action and caring noted in the literature on labor conflict in nursing, this is not very problematic: rationalizing one's own actions and talk that delegitimizes the actions of others, which occur in these interviews, may then be considered, not as distortions, but as parts of an ongoing ideological struggle, even though the episode of conflict has passed.

Though management representatives declined to participate in the study it is still possible to analyze interpellation. McDowell et al. (2007) note how interpellation works, not only through management but also through coworker interaction. If New Public Management has accomplished self-monitoring by workers (Davies & Thomas, 2002) this is old news in nursing. The gendered image of the profession has been at work since the days of Nightingale still contributing to forms of "self-exploitation" (Selberg, 2013, p. 23). Internal divisions among informants in the present study were thus indicative of the force of this image and the ethics of vocational caring.

I asked informants to relate the events resulting in the resignation of a group of nurses at the ward assuming I was unacquainted with the event. Follow-ups were confined to themes brought up by informants. This nonstructured interviewing, in which the researcher coconstructs narrative with informants, elicited talk which constructed selves and others as morally accountable entities in acts of "positioning" (Davies & Harré, 1990). The practice of positioning reflects micro-level instances of discursive interaction in which selves and others are constituted. The method of positioning analysis attends to the instantaneous, situational, and shifting nature of social interaction by focusing on three components of communication: speech act, positioning, and story-line (Harré et al., 2009). Speech acts effect social tasks with words, such as offering an apology or taking a stand. Any speech act "positions"; it attributes to some entity a cluster of *rights* and *duties*. This may be an explicit act of self-positioning, such as public claims for rights characteristic of many social movements. But positioning may also be tacit, working indirectly through subtle grammatical variation indicating identification with or dissociation from some entity. Positioning is an internally relational practice in which an attribution of rights and duties to oneself will also ascribe corresponding sets of rights and duties to others. Speech act and positioning become meaningful in given situations as parts of story-lines. Story-lines restrict what is legitimate action and when they clash the legitimacy of an act will depend on the story-line it is inserted in.

In conflicts, these dynamics can be described as positioning of selves and others in contradictory clusters of rights and duties through speech acts within clashing story-lines (Harré & Slocum, 2003). Starting from analysis of single acts of positioning, speech acts and story-lines can be inferred. The following analysis has been carried out by coding data in terms of positioning and by attending to talk where care is explicitly or implicitly discussed to locate its place in story-lines and the sets of terms to which it is related, bringing out specific meanings attached to care in different cases.

Analysis

The presentation of the analysis proceeds in three sections. First, a narrative illustrating some of the ways nurses have historically been interpellated by management is discussed to bring out a background to which subsequently discussed narratives relate. Then, I counterpose this case, representative of the traditional mode of interpellation, to another, in this respect its opposite, and discuss the different ways the notion of caring is applied. Third, I turn to the combination of strategies used to alter the meaning of caring through politicization.

In the instances cited in this analysis informants talk in a capacity of "activists"; they attempt to speak for the nursing profession as a whole or at least the collective working at the ward. Note that this definition does not imply that activists necessarily argue in favor of collective action. Rather, what distinguishes activism is that the principal (Goffman, 1981, pp. 144–145), i.e., the entity represented by the speaker and giving force to its utterances, constitutes "nurses in general" and is thus the entity to which clusters of rights and duties are attributed. Hence, activism means to discursively intervene in the dynamics of conflict.

Interpellation of caring femininity

As has been mentioned, nurses disagreed about the legitimacy of the decision to resign. Some considered it a violation of patient rights. This stance, here called traditional, is illustrated by a nurse who positioned herself against those who resigned. In this narrative "they" consistently refers to this group and it is argued that "they" had strayed from essential nurse obligations:

> They were greedy […] It is a moral, ethical issue. We are nurses and we are here for the third party and they are the ones who got the short end of the stick in all this…. (Rosa)
> So you shouldn't be in it for the money? (M. G.)
> In that case you shouldn't study to become a nurse […] Sure, you need money for rent and that sort of thing. But it [nursing] is rewarding in a lot of other ways, it's a very rewarding line of work in my view…. (Rosa)
> Can you describe those rewards? (M. G.)
> Well sometimes when you get the badly injured ones… There was this boy last year who crashed his four-wheeler. We struggled three nights straight. And now he walks, quite well! And that's very rewarding. (Rosa)

Rosa's use of the definite collective pronoun ("we are nurses") indicates an attempt to speak for the nursing profession as a whole, which is defined by the duty toward the "third party" or recipients of healthcare. The use of generic "you" in the two following comments (then "you" should not become a nurse, when "you" get the badly injured ones) has a normalizing function and designates what a nurse should be like: caring for patients offers internal, nonpecuniary rewards which are not appreciated by "greedy" individuals.

From acts of positioning like these, the speech act and story-line can be inferred. In this stance, a speech act of accusing the nurses who resigned of irresponsibility and

greed accomplishes the construction of the self as responsible and caring. It is coterminous with the construction of patient rights, which define an immediate and local duty of nurses to provide care. An overarching story-line of villain and victim gives coherence to speech in this stance: nurses who vowed to resign are villains and patients are victims. Management does not figure as a character in this narrative. In fact, the waged form in which caring work is performed is not contextually relevant to speech from this stance. Table 1 summarizes positioning, speech act, and story-line in this narrative.

Table 1 Traditional stance

Positioning	Speech act	Story-line
Self as responsible: duty to provide care in all circumstances Nurses taking collective action as irresponsible: duty to provide care in all circumstances Patients: immediate and local right to care	Accusing nurses taking collective action of being greedy and irresponsible	Villain–victim: irresponsible and greedy nurses violating patients' rights

The reason for labeling this stance "traditional" is that the ethic of care is applied in a way consonant with dominant modes of interpellation in nursing, that is, as an incitement not to take collective action. This is also an interpellation of caring "femininity" because the conception of caring is based on opposing internal to external remuneration and representing the former as the essential quality of nurses and concerns with the latter, provided minimum requirements are met, as incompatible with being a nurse ("greedy"). The notion of caring is privatized in the sense that its waged form is inconsequential to its meaning; no distinction is made between this form of caring work and caring in the home, and in line with this view the duty to care is local and immediate. As such, this narrative corresponds to the construction of nurses as "good women" (Bessant, 1992).

Challenging interpellation

Nurses who threatened to resign took a very different approach to caring. In their view caring, patient rights, and collective action were not incompatible. A particular narrative illustrated this stance quite well and is used here to illustrate the basic forms of how the dominant mode of interpellation is challenged through politicization of caring.

> It doesn't matter where you're working in this country, working conditions are the same. It's all about "efficiency." I'm allergic to that word. Making things "efficient" has got nothing to do with making anything efficient. What they're doing is making things less efficient. (Clara)

In this narrative "they" consistently refer to management representatives (high and low county or hospital managers and up to county- and national-level politicians) and the self is placed in an adversative position to this "they." Here, caring is con-

sistently framed in terms of a duty to defend working conditions and the quality of healthcare:

> I am very glad that our group who's been silent for so long and just let things deteriorate finally has begun to fight back. Because when we do this it's not just about ourselves but everyone who comes here and who needs help. (Clara)

And in another context Clara said:

> We work in a public service. We actually have an obligation to bring errors and problems to light and to protect the ones we're actually taking care of. (Clara)

In this narrative, the ethics of care is used to criticize compliance: letting things deteriorate is not looking out for those in need of healthcare. The self is positioned as responsible by virtue of "fighting back." Here, caring is detached from strictly local and immediate provision, thus becoming a factor motivating and legitimizing collective action (Table 2).

Table 2 Politicized stance

Positioning	Speech act	Story-line
Self as responsible: duty to resist welfare regress Traditional nurses as irresponsible: duty to resist welfare regress Patients: right to care and protection from welfare regress	Protesting deteriorating conditions and welfare regress	Villain–victim–hero: Management causes welfare regress; threatens patient's rights; nurses fight for patient's rights

In this stance the speech act is understood as protesting poor conditions, rather than trying to improve one's own position, and the story-line giving coherence to speech from this stance is one of villain–hero–victim; management causes welfare regress threatening the rights of patients and nurses have a moral obligation to fight this.

I describe this stance as "politicized" since an ethics of care is used to challenge the way healthcare is managed at the ward and thus works to promote collective mobilization, much like Briskin's (2013) characterization of the politicization of caring in nurses' strikes in a large variety of localities and times. However, it is clear from the material that politicization is part of a discursive struggle; essentially a response to the traditional mode of interpellation illustrated in the previous section, and as such involves a range of strategies to frame caring in a politicizing way. In other words, politicization is not a merely external phenomenon, in that rhetoric claiming to protect public interest in healthcare service garners more external support than worker action taken solely to protect the conditions of a particular profession, but also an *internal* process in which support from colleagues must be negotiated before collective action can be taken. It is to the strategies used in this process I now turn.

Discursive strategies

In this section, I use narratives from nurses who defended the decision to threaten to resign. The previous section showed the basic forms in which politicization responds to the dominant mode of interpellation in nursing. That is, protest is signified in terms of patient advocacy and this counterframes the traditional stance as irresponsible since it perpetuates deterioration in healthcare. This is the most manifest way that politicization addresses, reinterpellates nurses as caring subjects, and is illustrated by the following quote.

> People who study to become nurses are not the rebelious kind […] It is people who want to do good for others… But I think time will show that in order to be able to do good we also have to do right by ourselves or we'll just drain ourselves out... and then who will do good? […] By accepting our lot we are perpetuating a deplorable situation which threatens patient safety and our own health. (Clara)

As I will now try to illustrate, the interlocutionary force of this address depends on how a set of strategies redefines the symbolic context of nursing.

One strategy was to *problematize identities* in nursing associated with dominant modes of interpellation. To "do right by ourselves" and minding "our own health" are integral parts of the politicizing address presupposing such problematization. All the nurses who took the decision to threaten to resign identify a change of atmosphere during the conflict making it possible to speak of harsh conditions and admit being fatigued:

> Whatever the outcome of this, that's a definite change – to be able to say that this doesn't work. Nurses have these do-good issues. You don't complain if you're a good nurse […] I don't think one appreciates one's value. And I think that's a remnant from that whole vocation-thinking […] Us who work in nursing should be incredibly proud of it, we're doing an enormous effort for the population, for the country […] And we shouldn't apologize for feeling that way, feeling that we deserve descent conditions. (Margret)

By talking openly about fatigue, stress, and harsh conditions it was possible to problematize an "acceptive" and "self-effacing" identity, which Margret linked to womanhood: "It's a pity we women are like that, it's a problem for women that we're so acceptive." Linking this identity to the traditional stance's notion of care as vocation, the strains of work were contextualized within a critique of this attitude as harmful to the quality of care—and nurses' health. Hence, politicizing the concept of care involved problematizing identities.

Moreover, since politicization positions nurses as public service advocates with a duty to protect quality, it presupposes a more inclusive, societal, and political framework of "caring" compared with the traditional stance, as the following quote illustrates:

> Times are harder now, than in the past, 'the people's home'. You know, I look at it like this. This conflict is just a very small part of a big national problem and that's got to do with

the cutbacks on welfare services in general. You're taking from the poor and giving to the rich. We're feeling this as workers and that's why there's so much… ehm… polarization these days. (Kata)

This perspective *expands the context of caring* and gives legitimacy to what may be depicted as drastic actions in a more confined, local context. In this quote, Kata summons the notion of "the people's home," coined by the social democrats in the interwar years, and thus posits the conflict in a historical trajectory covering the expansion of public services and the present-day decline. Kata attributed this change for the worse to "profit-thinking" in healthcare and Clara connected the contemporary management emphasis on productivity to lingering forms of self-effacing vocational attitudes.

> It used to be described as a calling, a higher calling. Now you're 'productive'. You're productive if you sacrifice, you're productive if you're self-effacing, productive if you work double shifts, productive if you've got three dying patients and you're running around like crazy. (Clara)

Another aspect of this expansion of context was positing the conflict in a context of struggles for gender equality. Poor working conditions and intransigent employers were understood in terms of a long struggle against devaluation of the profession on the basis of gender. Talking about low wages, Margret makes the following remark:

> When it all started they were dealing with this ancient nurse, this Florence, who toiled because it was her calling, not to get a decent wage. Despite everything that's changed since then, specially trained nurses, despite all their experience and knowledge, have to put up with the fact that this is still a women's line of work… I know you're not supposed to call it that, but it is. (Margret)

Like the strategy of problematizing identities this expansion of context serves to establish a distance to the vocational notion of caring and a position from which to criticize it. In the end of this section, I will return to the issue of establishing distance.

Politicization involves changing the meaning of a term ("caring") and promoting an otherwise illegitimate activity. That is, to link activity to established discourse in ways that draw on the truth value of these discourses, thereby affording legitimacy to the act of protest. In this way, a discourse of *professionalism* was used to criticize management:

> One doesn't have time for anything but the bare necessities and sometimes you can't even – one is forced to prioritize even among the necessities to keep things running. This goes for planning and education as well. We had a functioning system with groups working on improving different areas… but it's all gone down the drain. (Carl)

Another nurse, Moa, said "one is deprived of some of one's capacity to initiate and becomes a passive employee instead of a creator working for change and improvement for the patients." In this way, the claim that a lack of resources threatens the quality of care is backed up by an established discourse of professionalism (Davies, 1995) and professionalism becomes another point from which to motivate collective action and critique compliance.

Using such strategies, the traditional mode of interpellation could be challenged and interlocutionary force given to the politicized notion of caring. This founded the context of the immediate argument that wages needed to be raised in order to increase recruitment, as Moa explained in the following quote:

> We were going to wear ourselves out, that's how we felt. What's management going to do about recruitment? No one applies to the supplementary training programs because wages are too low. We needed higher wages to get more people into the job. (Moa)

By framing protest as advocacy, problematizing identities in nursing, and positing the conflict in contexts of cutbacks on public service, gender inequality, and deprofessionalization, these nurses contextualized and enforced the argument that higher wages were necessary to recruit more staff and thereby ensure good conditions of healthcare delivery.

The resultant, politicized notion of caring is clearly different from the vocational notion associated with traditional modes of interpellation in nursing. While the latter entails a duty to provide care that is restricted to local and immediate situations, the former widens the scope of caring to encompass a societal, political dimension. And while the vocational notion opposes internal to external forms of remuneration, the politicized notion eschews the view of caring for others and caring for oneself as mutually exclusive, stressing their interconnection. Lastly, the politicized notion does not privatize caring, consonant with constructions of nurses as "good women" with an innate incentive for caring, but sees it as waged work subject to the conjuncture in worker–employer conflict.

This last point is linked to the way nurses who defended collective action posited the vocational notion of caring, that is, positing it in a context of adversarial worker–employer relations. Hence, they all stressed that this notion has been used to produce consent:

> Employers have taken advantage of this for so many years, this Florence Nightingale, that nurses love their jobs and sacrifice for patients. (Kata)
> That's what the "calling" is all about. They've taken for granted that if you work in health-care you're supposed to do it for free so to speak. It's part of their strategy. (Eugene)

This conception served not only to discredit the traditional position as a product of employer manipulation but also to establish a clear demarcation line between different forms of caring. While statements like "it's not a calling, it's a profession" (Kata) are probably representative, these nurses did not deny that self-sacrifice was an inherent feature of nursing. For example, Margret who was critical of acceptive attitudes readily admitted that she routinely went along with just this kind of self-sacrificial practice:

> The counties' depend on this. They've got these people [nurses] who are so loyal to the patients, not to the county. I'm loyal to the patients. That's why I agree to work nights even when I don't want to, not because of the money but because the patients suffer if I don't. (Margret)

Such seemingly ambivalent remarks become explicable if ideology is understood as inscribed in practices (Althusser, 1971). Rather than denying the reality of self-sacrifice,

the nurses who favored collective action attempted to isolate "calling" as a feature of exploitation from caring as a sense of loyalty to patients and a willingness to make sacrifices to provide care.

Conclusion

The aim of this article was to explore how politicization of caring is brought about by nurses who engage in collective action. It was therefore important to analyze the discursive strategies used by activists to redefine the notion of caring. By problematizing identities, expanding the context of caring, and deploying the discourse of professionalism, the nurses crafted positions from which to criticize compliance and frame protest as a form of caring. This list is of course not assumed to be exhaustive of other instances of nurse strife.

Analyzing politicization in terms of positioning, as part of an ongoing dialogue internal to the ward nursing collective, it emerges as a result of ideological struggle: employer interpellation taking the route of coworker interpellation and worker response. The tentative contributions of this analysis to research on nurse labor conflict follow from this perspective. Previous analyses have, in the main, considered the external implications of rhetoric of nurse collectivities in labor conflict, while this analysis takes the view of internal dynamics. Though the politicization of caring is a powerful approach to collective action creating conditions for widespread support for nurses' causes (Briskin, 2013), it must first be brought into existence on the internal field of the nursing collectivity, where politicization intersects with neoliberal strategies that rely on worker internalization of management objectives (Davies & Thomas, 2002) and sabotages this strategy.

The discursive strategies used by nurse activists illuminate how the historically predominant notion of caring is politicized and how this politicization changes the gendered subtexts of caring. Against the notion of nursing as female vocation, carrying internal rewards given an innate capacity for caring defined in a restricted sense, politicization creates a wider scope of caring encompassing a societal, political dimension; politicization eschews the view of caring for others and caring for oneself as mutually exclusive, stressing the interconnection between altruism and doing right by oneself; politicization also refrains from the privatization of caring characteristic of dominant constructions, positing caring in a context of waged work and adversarial worker–employer relations. A movement away from conceptions of nurses as "good women" (Bessant, 1992) takes place.

It would be a tad melodramatic to describe this movement as "undoing gender." In politicization, a gendered ethics of care is reproduced, albeit applied in ways diametrically opposed to the employer usage in which it proscribes militancy, if only by virtue of a societal gender dichotomy which attributes gendered connotations to every social phenomena. Rather, one might describe this as a regendering of caring work and labor conflict, the directions of which are not completely determinate.

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End notes