ORIGINAL ARTICLE

# Care Workers' Mobilization During Public Services Reform: Opportunities and Institutionalized Gender Relations

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## ABSTRACT

This article presents an analysis of the structuring effect of public policy and gender relations on the activism of care professionals working in progressively privatized public services. More specifically, it looks at how care professionals responded to the 2015 health and social services sector reform in Quebec, Canada. It argues that workers in caring professions, such as nursing and social work, had a limited capacity to take advantage of the political opportunities created by the reform because of the prevailing gradual privatization and gender relations structuring this sector. By considering gender relations as an antecedent factor that cuts across organizational and institutional dimensions and, thereby, contributes to shaping political opportunities, this paper stresses the relevance and importance of relations of domination to understand how people organize and attempt to act individually and collectively within institutional spaces.

## 1 | Introduction

Quebec's health and social services sector has undergone several legislative and organizational changes over the past 20 years, most recently in 2015 with the adoption of Bill 10. The latter includes, among other things, the merger of health and social services facilities, the relocation of psychosocial programs under the governance of family medicine organizations (private clinics for general medicine receiving public funds), and the reconfiguration of territories served. While criticism of the organization of health and social services predates the adoption of Bill 10 in 2015, the implementation of the latter triggered a bigger sense of injustice. In this regard, various professional associations tried to mobilize to denounce the perceived effects on working conditions and accessibility of services.

The theory of the structure of political opportunity—used, in short, to analyze the possibilities of action of protest groups—underlines among other things that an abrupt change in the context may facilitate mobilizations. In the case of Quebec, the abrupt reform did not seem to encourage the action. Despite the general anger, the well-implemented union structures, and the magnitude of criticisms toward the reform, mobilization remained difficult to achieve and mostly consisted of micro-level responses. Most of the actions realized were autonomous, particularly to address local issues that unions struggle to tackle through their already busy formal channels. While social workers and nurses shared similar criticisms, the latter were able to achieve more visible actions, such as sit-ins. This article focuses specifically on the autonomous actions of professionals to understand how they came to these strategies and that scale of action.

Based on a feminist analysis of policy reforms, this article argues that taking into account the intersecting of gender relations with the organizational context and social policies helps to explain the structuring and scope of the mobilization process of care professionals. To do so, this article uses the concept of "gendered relations" ("*rapports sociaux de sexe*" in French) proposed by Kergoat (1998, 2004, 2010). Following Kergoat, social relations hierarchize tasks and associate them with certain social groups. This is particularly true for work involving care. As an effect of gendered relations, work related to "cure" and "care" are hierarchized. Thus, this study emphasizes that the ability of workers to seize the political opportunity created by a change in social policies is best understood when articulated through the lens of the gendered component of the institution.

Qualitative analysis of online group interviews accompanied by individualized follow-ups conducted in 2020 with 40 social work and nursing professionals demonstrates that despite the political opportunity created by an abrupt change in social policy that could have caused a surge in mobilization, the workers' response is consistent with the effects brought about by the gradual changes of previous reforms; that is, difficulty in grasping what the problem is and how to address it. Although triggered by a national reform, mobilization against the effects of Bill 10 is largely limited to the local scale, with low-profile, individual actions. This is due to (1) the institutionalization of gendered relations (Kergoat 1998, 2010); (2) the precariousness of working conditions when social policies change (Boivin 2021; Boucher, Grenier, and Bourque 2018); and (3) the caregivers' poor perception of political opportunities (Kurzman 1996; Meyer and Minkoff 2004).

These results address the structural effect of public policies and relations of domination on political action and point to the importance of a social movement analysis that takes into consideration different levels and types of actions according to context, structural, and cultural factors. More precisely, this article shows that professionals such as social workers and nurses have little access to decision-making spaces, making it more difficult for them to express grievances. In terms of individual subjectivity, the institutionalization of gender relations affects employees' professional socialization. Through these dynamics, care professionals come to integrate a disqualified position from which it is difficult to project themselves as political actors. Nevertheless, mobilization is possible and facilitated by the social network and articulated professional identity.

## 2 | Literature

This article aims to consider different factors in explaining the dialectical relationship between public service privatization policies and mobilizations by public service workers. To this end, the literature consulted focuses on gender theory and its link to work, on how the sociology of social movements analyzes the effects of context on mobilization, and on neo-institutionalist literature to analyze the progressive privatization of public services.

### 2.1 | Exploitation, From Domestic Work to Wage Labor

To analyze inequalities, many studies, especially in the Francophony, employ the concept of social relations. Without one being predominant, several social relations connect to create an intersectionality of social relations whose effects and intensity vary according to the context. In doing so, they are neither immutable nor undefeatable; rather, they can sometimes remain unchanged, fortified, diminished, contested, or deconstructed (Galerand and Kergoat 2008; Hirata and Kergoat 2008; Kergoat 2010; Le Quentrec 2014). The concept of gendered relations, or in its original form "rapports sociaux de sexe" is used to identify specific oppressions based on the distinction and hierarchy between the social groups identified as men and women, from which characteristics are naturalized[1] (Kergoat 2004; Mathieu 2014; Tabet 1998). The relevance of this concept to analyze workers' mobilizations is that the issue at stake in gendered relations is work. Work acts as a source of opposition and competition between social categories with which different forms of work are associated, namely productive work associated with the social category of men and reproductive work associated with the social category of women (Kergoat 2004, 2010).

Although care work has been included in the salaried sphere for decades, it is often not perceived with the same legitimacy as other jobs. The concept of gendered relations enables us to understand this phenomenon as the result of tension and competition between different socially constructed groups, to which characteristics, skills, and tasks are assigned. This competition has the effect of hierarchizing types of work, distinguishing so-called productive work from reproductive work, thus classifying the skills they require and the people who perform them (Hirata and Kergoat 2008; Kergoat 2004; Tabet 1998).

More than a list of tasks, reproductive work is a type of activity producing value. To that end, the sexual division of labor comprised in gendered relations operates on a few mechanisms. Among others, the mechanism of qualification implies distinguishing forms of work according to the recognition they receive, both socially and subjectively (Dejours 1988; Kergoat 2010). Reproductive work includes many different tasks regarding attention to others, such as caring, listening, accompanying, educating, and feeding, which are naturalized as "female qualities" instead of qualifications that are acquired. It also requires constant mental availability for care and the maintenance of others, leading Monique Haicault (1984) to develop the concept of mental load. In both paid and unpaid work, therefore, care is seen more as naturalized aptitudes than as learned skills that require recognition and remuneration. As a result, working conditions involving care are often devalued and difficult to improve because they are taken for granted, making mobilizations for better working conditions in care-related professions harder.

Individuals also integrate these elements into their self-perception through socialization based on gender relations. In this way, gendered relations make the perception of one's own care work less valued. Feeling legitimate in demanding improvements in the exercise of one's work would be more

difficult in a job that implies a devaluation of tasks, especially for people who have integrated traditional feminine socialization (Fougeyrollas-Schwebel 2004). Although care professions are now composed of people identifying with different gender identities, the fact remains that the operational logic of gendered relations shapes their work and their place in the institution of health and social services. It should also be noted that in Quebec, more than 80% of professionals in social work and nursing identified as women in the most recent surveys (Cloutier-Villeneuve and Rabemananjara 2016; Marleau 2021).

Despite its apparent deterministic perspective, the "*rapports sociaux*" frame of analysis also highlights the possibility of deconstructing social relations' effects. Actors have a margin of maneuver which is facilitated by many factors, including the context, available resources, and personal trajectories. Kergoat and her colleagues argued that mobilization for caring professions can only be done through awareness of social relations and their influence on work (Kergoat and Imbert 1992). In 1988 and 1989, tens of thousands of nurses mobilized in France to protest the disqualification of their profession and to obtain better wages. Their case demonstrated that the mobilization of nurses was only possible within a structure other than the traditional labor union; one in which they could assert their means of action and their need for recognition.

### 2.2 | Political Opportunity Structure

Mobilization can be explained by many theories and concepts. Although not the specific focus of this article, a broader body of literature has been considered as part of this multi-explanatory analysis of political action in an institutional setting. As an example, resource mobilization theory emphasizes the need for resources to be able to present grievances and make gains (McAdam, McCarthy, and Zald 1996; McCarthy and Zald 1977). Emotion theory also points to the importance of channeling some emotions such as anger and fear into action (Blais 2021; Gould 2002). The political opportunity structure (POS) was selected here because it gives attention to the process of mobilization and to the conditions under which it is structured.

Research using the POS to analyze social movements' mobilizations covers a broad spectrum of causes. Traditionally used to assess the development of a movement and its impact depending on the context of state openness, literature now specifies variable factors such as the economic context, the level of repression, and the protest cycle (Kriesi 1995; McAdam 1999; Meyer 2004; Tilly 1978). Even though some have come to describe the concept as a catch-all (Meyer and Minkoff 2004), POS is still relevant to understand how context influences activism. In very open contexts with available means of expression, literature shows that collective action is not likely to develop, as other less costly options are available. Contexts of great repression do not facilitate activism either. Political action would fall somewhere in between, in contexts with some openness, but with certain mechanisms of control.

Among the interesting variations of POS for this article, David Meyer (2004) demonstrates that not all groups in a movement have the same openings from the state. In particular, the action, or inaction, of the state brings forward certain issues as, for example, sexism or racism, which may trigger or inhibit the action of a certain part of a movement rather than another. Also, some scholars distinguish POS from the perception of political opportunity, meaning that whatever the real degree of political openness, groups have their own perception of the possibility of acting (Kurzman 1996; Meyer 2004). Thus, social movements can act in a very closed context, in which they nonetheless have an impression of openness. On the other hand, many groups miss opportunities to act because they are unable to see the openings they can seize.

The latest studies using the POS also come to distance themselves from the state as the only adversary on which openness depends. Walker, Martin, and McCarthy (2008) underline other institutions, such as education institutions and private companies as actors that impact the context of openness to activism. Marco Giugni (2008) shifts the focus of analysis from the state to the effect of specific sectors and policies on a given movement. Through a study of the unemployed movement, Giugni determined that for many movements, especially those composed of subordinate populations, the general policy context is less influential than the degree of sectoral openness. Considering that care work is disqualified in many ways by institutionalized gender relations, the answer to the question of the possibility of action for care workers might be found in the treatment that a type of management, a regulation, or a sectoral program provokes. The strength of this proposal is that it does not limit the explanation to the general macro-social context, but rather puts forward sectoral particularities, knowing that the two explanations are not mutually exclusive. In this sense, this variant of the classical POS perspective allows for a more precise analysis of the context in which different collective action groups operate (Dufour and Ancelovici 2018). Thus, the concept of specific political opportunity is used here by arguing that in the context of the privatization of a gendered institution, mobilization is more difficult to carry out for workers who wish to defend their working conditions, especially for groups subordinated to gender relations as is the case for care-related professions.

### 2.3 | Privatization

The historical institutionalist literature identifies different mechanisms that organize how public policy comes to influence institutions and their privatization (Béland 2007, 2009, 2010; Hacker 2004; Immergut 1992; Mahoney and Thelen 2009; Pierson 2000; Thelen 2004). Conversion, layering, policy drift, and legislative revision are mechanisms of gradual institutional change (Béland 2007, 2010; Hacker 2004; Thelen 2004).

In terms of the privatization of public services, the literature identifies different stages of reform: slow and rapid. Rapid changes correspond to bills such as the one that came into effect in 2015 to modify the Quebec health and social services environment. Slow changes, on the other hand, bring together different mechanisms that end up making just as many changes, but might be more difficult to identify. For example, a series of policy changes over three decades, including legislative revisions at a national level, layering of new rules on top of older ones,

and the integration of public-private partnerships, can make as important a change as a rapid reform would do. The difference is in terms of strategy and temporality to operate these policy changes. Choosing to use one or the other depends on the context, the actors involved, and the institution's characteristics (Mahoney and Thelen 2009). It is also stressed that the choice of strategy for modifying social policies can be made according to the anticipated response of the population, so as to avoid uprisings. In this sense, gradual changes might be as transformative as rapid ones, but with a different path. The literature on the process of privatization of public services makes it possible to link the changes brought about by Bill 10 to more gradual and discrete changes that took place before and after 2015 and that had an impact on employee mobilization.

Some studies in the healthcare sector analyze the possibility of resistance to organizational change using the notion of the veto point (Béland 2010; Immergut 1992). These studies show that not all actors in an institution have the same impact or the same facility to use the mechanisms in place to have decision-making power and thus, interact effectively with policy changes. Certain professions are more likely to influence, bring about, or block legislative changes. By considering these variations in power between actors, this article contributes to the literature on policy change by responding to the need for data on the perception of institutional changes by subordinate actors who experience policy changes (Béland 2009, 2010). As public services are mostly in a period of disinvestment, the article sheds essential light on the subordinate groups experiencing it, especially regarding the possibility of defending their interests.

Drawing on the previous literature review, this study is based on a theoretical framework including the concept of specific political opportunity, that of gendered relations, and neo-institutionalist theories of the progressive privatization of public services. Taking together concepts relating to a sociological perspective of social movement, a feminist theory and neo-institutionalist theorization allows for an analysis of the dialogical interaction between policy changes and mobilization that consider a plurality of factors to explain the type of mobilization that emerges from a context of reform.

## 3 | Context

### 3.1 | A Brief Overview of Gradual Policy Changes

In Canada, health issues are primarily a provincial jurisdiction and tend to include social services. While some periodization of the stages of government disinvestment is generally accepted, it should be noted that these are indicators that vary by region, program, and institution.

The province of Quebec developed its Ministry of Health and Social Services in the 1970s following the recommendations of the Castonguay-Neveu Commission of Inquiry. Based on the welfare state's logic, services were organized in such a way as to create a free social safety net accessible to the entire population of Quebec. However, it never was completely exempt from private influences and the disinvestment of the state was rapid after the creation of the Ministry (Plourde 2021). Subsequent commissions held during the 1980s and the 1990s all recommended forms of disinvestment and cost reduction, following the logic of economic conservatism. Over the years, Quebec followed these recommendations by disinvesting financially, reducing the coverage offered to the population, forcing health workers to retire, and outsourcing services to the private sector, associations, and families; thus, reproducing the gradual and slow logic of privatization (Hacker 2004; Thelen 2004).

The Clair Report, published in 2001, inspired an acceleration of the privatization of Quebec's health and social services. Following Clair's report recommendations, a reform in 2003 reorganized work according to the logic of the new public management[2] (NPM) and reconfigured the entire institution, creating larger structures called Health and Social Services Centers (CSSS) (Bourque, Grenier, and Bilodeau 2018). Therefore, the province's new 95 structures merged hospitals, Local Community Service Centers (CLSC), and residential and long-term care centers, which had previously been independent of one another.

The implementation of the Bill 10 reform in 2015 continues the merger of facilities, the centralization of powers, the outsourcing of services, and the implementation of NPM. The intensity of this reform aims to complete the transformations initiated in 2003, by redefining the role of the state in the provision and management of services to the population toward a logic of gradual monetary and decision-making disinvestment. Although both reforms (the one in 2003 and the other one in 2015) are part of the neoliberal turn of the state and break with the welfare logic that had previously structured health and social services, the 2015 reform has the characteristic of being more drastic, intense, and rapid. The 2015 reform brings together the 182 organizations of the territory into 34 superstructures named Integrated Health and Social Services Centers (CISSS) (Bourque and Lachapelle 2018). These superstructures include all the services of a territory: long-term care residential centers, hospitals, Local Community Service Centers (CLSC), child and youth protection centers, and rehabilitation centers. For example, the Laurentian region, which was made up in 2003 of seven CSSSs, is now grouped into a single CISSS.

The creation of the CISSSs is based on the same cost reduction logic, improved access to services, and streamlined structures as the 2003 reform. However, several reports and studies show that these reforms have reduced access to services, made the relationship between managers and the floor more complex, and accentuated the entry of the private market in health and social services (Benoît 2015; Boivin 2020; Locas 2014).

### 3.2 | On the Progressive Privatization

Quebec's literature on the progressive privatization of health and social services is based on different angles. Some researchers focus on the mode of pricing by physicians (Contandriopoulos et al. 2018), the outsourcing of services (Boivin 2020), and analyze programs and service delivery in the light of privatization and NPM (Bourque et al. 2019). Specifically in nursing, disinvestment of the state in public services has led to an increased use of private agencies to fill the need for employees. Although

private agencies have been operating in various public sectors since the 1950s in Quebec (Boivin 2014), their presence is correlated to the disinvestment of the state in public services. One of the distinctive characteristics of agency employees is that they are typically paid by an entity other than the state. Additionally, they may have a different union certification or not be affiliated to one at all. They are usually employed for a temporary period and are not associated with any specific institution (Bernier, Vallée, and Jobin 2003).

The integration of social work into family medicine groups (FMG) also illustrates the acceleration of privatization in health and social services since 2015. Initially, social work was primarily found in CLSCs, a public service where intervention was based on a combination of preventive, curative, and collective approaches to deal with the social causes of health issues (Grenier and Bourque 2018; Plourde 2017). Refusing to integrate into this multidisciplinary organization, physicians created in the 1970' medical clinics (Plourde 2017). The FMG grew out of these clinics, still funded by the public sector, while managed privately by physicians. Created in 2003, FMGs initially brought together only general medical care. In their current form, the physician owners have decision-making power over the organization of the work of the other professions, including social work, drastically changing organizational logic and inter-professional relations (Boucher, Grenier, and Bourque 2018; Plourde 2017).

These examples show that the health and social services system has never been completely public, but that the precedence of the private sector has been growing since 2000 and especially since 2015. Some also point out that while the private sector is taking on a greater share of health and social services, it is not assuming the same share of risk as the state (Goulet, Hébert, and Verbauwhede 2014). Private industry is intruding in the most lucrative and least risky areas so that the costliest, least lucrative, and most risky sectors in terms of financial losses are left to the state and public funding.

### 3.3 | A Brief Gendered History of the Care Professions

The history of the professions explains in part how social work and nursing are positioned in the institution. In a context where health care was not invested by the state, religious women's congregations and women's charity practices were the primary actors in health and care. Civilian women were admitted to nursing when professionalization started in the twentieth century, in part because the naturalized skills assigned to them legitimized their inclusion in the salaried version of domestic care (Tremblay 2014). The literature highlights the weight of the profession's history on the contemporary practice of care work (Briskin 2012; Groulx 1996; Tremblay 2014). When such work became remunerated and standardized, the logic of the selfless gift that framed care remained a structuring factor. As such, inequalities perceived in the current context are not just a function of the latest health and social services reform; they are part of the historical construction of the institution. The history of care-related professions and their integration into the health and social services system is therefore dependent on the reproduction of the sexual division of labor in the salaried sphere of health. The place of care professionals in the institution, their decision-making power, and their current remuneration are, still, dependent on this.

## 4 | Method

The data used to develop this article come from broader research that obtained ethical approval from the University of Quebec in Montreal to study factors influencing the mobilization process of the nursing and social services professions in Quebec, Canada.

The recruitment for this research targeted 20 nursing and 20 social work professionals who have mobilized to defend their working conditions since Bill 10 came into force in 2015. Due to the time required for recruitment (6 months), some interviews began before recruitment was completed. As a result, recruitment and interviews were carried out between July 2020 and January 2021, at the peak of the COVID-19 pandemic. Contact with interested individuals was made via a call for participation posted on major social work and nursing newsgroups and through a snowball effect.

The sample for this research cannot represent a given percentage of the population studied (i.e., the mobilized professionals), simply because the data are unavailable. Incidentally, the limited number of people surveyed means the data cannot be fully generalized. It is not possible to claim that all the actions carried out by these professions have been documented, nor that the factors structuring the political action of the people interviewed correspond to those of Quebec's caring professionals as a whole, or those of different periods. The sample representativeness was nevertheless based on the criteria of saturation and diversification (Pires 1997). Data saturation ensures the presentation of different points of view, while diversification implies a variety of interviewee profiles. The interviewees have varied years of professional experience, ranging from 2 to 37 years. They also work in different regions of Quebec (13 out of 17), ensuring a representative range of possible professional contexts. While these professions are made up of over 88% women, the sample was composed of 28 women (70%), 11 men, and one non-binary person. Although the questionnaire did not ask for information on cultural background, 10% of respondents indicated that they were not Eurodescendant. Even though no official data is documenting the cultural background of people working in these professions in Quebec, it is reasonable to assume that they are under-represented in this sample. This lack of proportionality certainly poses a problem in terms of representativeness and impacts the data accessible.

Following the recruitment, people were informed no compensation was given to participate. The interviews were conducted via Zoom in two stages: first, semi-structured group interviews with three to five people from the same profession, lasting about 2 h. Then, a semi-directive individual interview with each of these participants, lasting about an hour. Given that the questions were designed to understand the meaning of the action and what structures it, the data collection was conceived according to the reflexive process (Schön 1983) and its collectivization (Racine 2000). The reflexive process takes into account

the temporality involved in critical thinking, emphasizing that ideas are made up of prior knowledge, the moment experienced, and the reflections made afterward. With this in mind, recruitment before the focus group served to introduce the subject of study and invite participants to reflect on political action within the institutional framework. The questions in the group interview focused on participants' perceptions of the effects of the reform on their working conditions following the reform, and on the political actions in which they have been involved since 2015.[3] The individual interview provided an opportunity to hear the thoughts generated by the group discussions. In doing so, participants were able to revisit certain information, clarify it, or add certain reflexive elements that had been enhanced through contact with the group.[4] Since this subject is rarely discussed in these professions, this sequence made it easier to put into words their experiences and what had influenced them.

I conducted a thematic analysis based on the six steps developed by Nowell and colleagues (2017). The different steps allow for constant back-and-forth between primary material, coding, and feedback from colleagues. It is also a method that aligns easily with a process that mixes induction and deduction. Although the nodes created in NVivo to code the verbatims of the individual and group interviews were almost all made inductively by reading and comparing the verbatim, it is important to point out that some nodes were deductively added, such as political action, reform, and gendered relation. This method makes it possible to move on from systematic coding that generates a high number of nodes (140 nodes like saying no, overtime, anger, distrust in management, privatization), to larger themes (e.g., suffering at work, individual action, collective action, social network). These themes were the basis for identifying patterns and ideas that were then put into writing. For ethical reasons, all quotes used in this article have been anonymized. For reasons of intelligibility, quotes in this article have been translated from French into English.

The analysis that follows is organized into two main sections. The first section provides an analysis of the effects of institutional changes on current working conditions and activism. The second section analyses the embodiment of gender relations in the health and social services reforms and discusses how professionals have organized to fight the effects they have noticed on their working conditions.

## 5 | Analysis

### 5.1 | Effects of the Organizational Context on Working Conditions and the Ability to Mobilize

Neo-institutionalist literature shows that the progression of privatization has changed the state's involvement in public services, including health and social services. It tends to shift the public approach to health issues, the organization of services, and the management of professionals (Béland 2007, 2009, 2010; Mahoney and Thelen 2009; Pierson 2000; Thelen 2004). Based on the literature and data collected, this section shows that the succession of structural changes limits the possibility of taking political action as an employee to defend working conditions. As neo-institutionalist literature points out that social policy changes can be planned over the longer term to inhibit contestation (Hacker 2004), the present analysis shows that while the abrupt changes of the 2015 reform in Quebec could have generated strong contestation, their embedment in a sequence of gradual changes over several decades actually makes contestation more difficult. In terms of the sociology of social movements, it demonstrates that rapid policy change that might seem to open opportunity might just be embedded in a broader context, limiting the capacity for political action.

The present section details this, focusing on the effects of the size of the structure, the standardization of practices, and the removal of decision-making spaces on care-related professions' activism. Although the daily tasks of practitioners do not necessarily change because of a merger of facilities, the organization of services, the team, sometimes the workplace, or the manager may change. The following excerpts present how interviewees experienced these changes through time. They were selected as they capture perceptions widely shared in all focus groups. Both the nurse and the social worker interviewed have over 20 years of experience in their field, have undergone several reforms, and share a broad view of the impacts of multiple organizational changes:

> When I arrived here, each CLSC had its own home care teams, its own way of operating and its own physical locations. When they tried to standardize, it resulted in incredible inconsistencies, to the point where packing a small bag of supplies for a client was chaotic. Even if we said it didn't work as well as the previous method, it was forced on us. When I participated in the LEAN committee of my establishment, we addressed all these aspects, but it was for nothing because our observations were not considered. The bigger it is, the less it works, the less possibility there is to organize locally.
>
> (Paula, nurse, 2020)

> When I started working at the CLSC, we were a small, very vocal group. I found it inspirational, it was a time of team spirit and cohesion. When we merged, we became huge, a big machine. People had to travel 30 kilometres to see a social worker, whereas before people could walk, it was accessible. Now I think there are 15 layers in the organization chart. I know who my immediate supervisor is, but I can't name the others. When you want to talk about a problem, you don't know where to go. Over the years, I have noticed that the cohesion of the professionals has been eroded, and that people no longer mobilize. I don't know if it's on purpose, but we have fewer and fewer team meetings, which used to be a place to denounce situations that made no sense. It is a great loss for the mobilization, I have the impression that now we are all in survival mode.
>
> (Melany, social worker, 2020)

In a few sentences, these two interventions review the effects of several years of organizational changes in a workplace and on mobilization. They show that the merger of establishments not only diminishes their place in the institution, but it also makes it harder to grasp. All professionals mentioned these problems, including professionals with fewer years of experience. A participant with 6 years of experience referred to health and social services as a "big machine" in which professionals feel unheard, and in which "the cohesion is crumbling" (Daniela, social work, 2020). Another with eight years of experience said: "If the team isn't stable, teamwork is impossible" (Karen, nursing, 2020). A workspace in which supervisors are known to employees, and in which employees can see where to position themselves offers opportunities for employees to express their grievances. After several reforms, professionals have difficulty identifying their place in the organizational chart and to whom they should address their grievances.

When asked what they found problematic about their workplace, 16 of the 40 interviewees also said that the perception that managers are "out of touch with the workplace" limits their ability to name their concerns. A nurse stated that "In three years, we've only seen the managers once on our floor. I don't even know who my immediate superior's boss is" (Kyle, nursing, 2020). Another said, "Since the merger, my manager works an hour and a half away from me, and I never see her" (Mado, nursing, 2020). These limitations partly explain the low level of mobilization, insofar as an understanding of the environment and access to superiors are determining factors in identifying the opportunities to be seized to assert grievances.

Sharing physical space is a key component to being in control of one's environment, to understanding the organization chart of one's institution and one's place in it. The local scale of shared day-to-day experience shapes the experience of employees in a more cohesive way and creates a social network of people sharing ideas and resources that can be mobilized more easily when problems arise (Granovetter 1983; Tilly 1978). As participants stated: "I realize that when we merged and changed teams, it affected our sense of attachment and belonging" (Jacinthe, social worker, 2020). "The mergers have demobilized people. We no longer have the same sense of belonging. The boat has become so big that we no longer feel concerned" (Ashley, nursing, 2020). By creating superstructures and by giving less opportunity to collectively reflect on work, the reform affected the capacity to develop and maintain the needed social network for collective action.

One of the objectives of the reforms, including the one in 2015, was to standardize practices. Standardization ensures that patients are taken care of regardless of the professionals they meet and that professionals have safe and uniform working conditions. Without going against these intentions, eight out of the 10 focus groups stressed that repeated standardization measures have reduced the flexibility needed to tailor care to each patient's needs. Having to adjust to several successive implementations of practices that did not sufficiently consider their experiential knowledge and the local specificities made professionals feel less coherence between the sense they give to their work and the injunctions of the work environment. For example, interviewees stated that: "We're being dumbed down like Charlot in Modern Times. We're being conditioned to stop being critical" (Saira, nursing, 2020) and that "By merging the establishments, we've lost our personality" (Doug, nursing, 2020). Margin of maneuver is essential to exercise professional judgment and act politically as professional. The lack of control over their environment has the effect of diminishing the impression that the workplace is open to grievances from employees and that they can play an active role in it.

Other studies, such as that by Donna Baines in three other Canadian provinces, where a total of 103 people were interviewed, come to similar conclusions, emphasizing that the neoliberalization of social services has led to a loss of meaning in work (Baines 2007). The same study corroborates the importance of access to decision-making spaces, which have been diminished by the reforms. Data on Quebec's reform support the results of previous research, showing that the succession of measures in health and social services has had an effect of deprofessionalization (Baines 2007; Dominelli 1997; Grenier, Bourque, and Bourque 2019) and the effect of depoliticizing workplaces (Boivin 2021; Plourde 2017).

Taken together, these changes in scale and accessibility further close the political opportunities that workers can see at the scale of the health and social services institution, but also at the more proximal scales of the facility they are attached to. In the second excerpt, the social worker recalls a time when her team mobilized easily and made collective gains. In a context of great openness, where, for example, nurses and social workers would be heard and active in decision-making spaces, mobilization is not necessary because other less compromising options are available to workers. What she is referring to is a context in which there was a certain amount of closure because not all decision-making spaces were accessible to them, but in which professionals could still organize to express themselves and assert their position without too many negative consequences. In a context perceived as too closed and inaccessible such as the one described by the interviewees when talking about the current situation, political action seems difficult, even unrealistic, since it is not possible to identify the opening to assert one's demands and because the consequences seem too costly.

The portrait drawn up following the last reform shows a breakdown of the political opportunity in which a network of professionals can act more easily, with greater cohesion and a stronger sense of knowing to whom to address complaints, requests, or claims (Giugni 2008; Meyer 2004). While the intensity of rapid reforms can facilitate mobilization against them because their effects are easily visible and shock people, this was not the case after the implementation of Bill 10 in 2015. Given that this reform is part of the broader context of gradual privatization to which the latest reforms have contributed, the possibilities of grasping what was different, and what was more problematic, were less obvious. While abrupt changes in social policies can encourage the emergence of mobilizations, it is still dependent on what previous years have done to working conditions and the ability to act as a political actor (Hacker 2004). These changes have put care workers in a context of greater precariousness and decreased decision-making power while increasing workload and suffering at work, all affecting the possibility to act. All of this, combined

with institutionalized gender inequalities, keeps the workers in a subordinate position from which it is difficult to escape to challenge the decisions influencing their working conditions, as the next section shows. Nevertheless, many teams managed to organize themselves to resist certain changes. This is the case, for example, of teams who voluntarily slow down the pace of work as a sign of protest. Others refused for several months to complete a new form that was deemed inadequate, while others documented problems to present their demands collectively with supporting observations.

## 6 | Impacts of Gendered Relations on Working Conditions and Activism

Gender relations, among other power dynamics, unfold in many ways throughout institutions. This section discusses how gendered relations affect working conditions in nursing and social work. The data and analysis presented demonstrate the effects of the institutionalization of gendered relations on the conditions of care work. They show that the neoliberal organization of work resulting from recent health and social services reforms has specific detrimental effects on care work and on their ability to mobilize. It details the impacts of institutionalized gendered relations on the self and the capacity to mobilize. It also covers factors helping mobilization despite a restrictive context.

### 6.1 | On the Possibility of Mobilizing in a Gendered Institution

The following interview extract presents the comment of a social worker on the impact of reforms on their position in the institution. It voluntarily echoes previously discussed elements that impact working conditions, such as mergers, to look at them through a gendered lens. The following quote was selected as it reflects the perception of losing autonomy discussed in all social work focus groups and the literature on the neoliberalization of social work (Baines 2007). The participant is at the end of her career, having experienced the creation of CLSCs and all the reforms that followed:

> When the CSSSs were created, the CLSCs objected, for fear of losing their funding. Over time, they did shift it to medical services. We always resisted, but the transfer of psychosocial resources and social workers to the FMG was too big. So our psychosocial services, our power, and our voice have been eroded for a long time. After that, we question the loss of interest in mobilization. I think the difference since 2015 is the way services are organized. We are more and more isolated, we can't say anything during meetings and we're held by the throat with the workload. Where do you expect mobilization to come from when no one talks to each other anymore?
>
> (Denise, social workers, 2020)

The next quote comes from an interview with a young nurse who linked the gendered history of her profession to the systemic inequalities embedded in the health and social services institution. Only 25% of the nurses interviewed had an articulated analysis of gendered relations. Nonetheless, only three out of the 20 nurses interviewed did not have a critical opinion on nursing being disqualified because of gendered inequalities. The selected quote comes from a particularly articulated nurse. In her own way, she evokes the gendered relations that operate on and through care-related professions without giving them the recognition they deserve:

> We are fighting to save a public health system that is collapsing, to keep the quality of care we want to give. With Covid, we have seen that it is the women's professions that are at the base of the public system and we have to fight against a very paternalistic government. I am still in love with my profession, but the system makes me hate it. Our history is that of the vocation of nuns, but they also managed hospitals. The place that medicine has taken means that we no longer have that power, we are left with only the vocation. I started to get involved in a more political association for nurses, but I don't see how we can have any influence, everything is too big.
>
> (Audrey, nurse, 2020)

In these excerpts, the social worker and the nurse return to several elements that have been stated so far to explain the place of relational and psychosocial professions in their institution and their propensity to mobilize to defend their working conditions. The weight of gendered relations in health and social services is exerted by the omnipresence of the sexual division of labor between, on the one hand, psychosocial and nonspecialized care, mainly established in local institutions, and, on the other hand, curative care, mainly established in hospitals and FMGs. Specifically, when the participants talk about the tensions between physicians and care professionals, they refer to competition in the workplace, the element at the heart of gender relations (Falquet 2002; Hirata and Kergoat 2008; Kergoat 2004, 2010). Talking about the main nursing model, a participant explained the effect of Florence Nightingale's model, an English aristocrat that created in the XIXe century a nursing curriculum focused on care: “Nursing is a woman's job. Even though nursing existed before Florence Nightingale, we are stuck with her model. It's an extremely conservative model, openly based on gendered and sexist roles, which implies that women have a kind of moral fragility that helps them to do this work” (Nelly, nurse, 2020).

Participants, as care professionals elsewhere, experience what competition does in the long term between professions that have been hierarchized based on a sexual division of labor, now embedded in an institution that is moving toward the technocratization and biomedicalization of health and care (Baines 2007). These tensions have repercussions on the organization of services and the working conditions experienced by individuals, as shown by the mandatory overtime (MO) example discussed in the following pages.

Literature on gendered relations also underlines the effect of gender on the self (Dejours 1988; Kergoat 2010). By taking up what gender relations do to the perception of the self in the productive sphere, we have a key to understanding the link that Denise makes between demobilization and the organization of work. When she speaks of the erosion of social workers' power since the acceleration of the biomedicalization of the health system, she is referring to the difficulty of feeling legitimate as a political person who exercises a relational profession, which relates to their underestimated presence in the decision-making spaces. In this sense, the devaluation of care caused by the hierarchy between cure and care comes to limit the perception of being able to act in the workplace as a nurse or social worker. Audrey illustrates it for nursing by talking about the shift in decision-making power. Their place is that of an executor with an often too high workload that requires constant availability (Boivin 2013; Kergoat 2010) without decision-making power, making it difficult to act, even for a politicized and mobilized person like her. The possibility to take a political stance in the workplace is therefore less easy not only because of neoliberal politics but also because work and power are framed in such a way as to reproduce the division between productive and reproductive work.

Professionals who find it easier to act are those whose identity is structured by a clearer understanding of their profession's mandate and its advocacy character. It relates to social movement literature, stating that a clear identity facilitates political action (Polletta and Jasper 2001). Most interviewees with structured identity have at least 7 years of professional experience. Talking about the difficulty of putting limits, a social worker who is at the end of his career said to the group: "...You have to be able to say no. I think you even have to learn to botch the paperwork that gets in the way of our work" (Jacques, social work, 2020). People who distance themselves from the vocational character will, for example, more easily take a stand, respect their limits, take an initiative, lodge a complaint, or take action such as writing an open letter or speaking publicly. Even though these actions are mostly individually realized at a local scale, they are key in professionals' appreciation of work and tend to protect them, at least partially, from burning out.

In terms of perceived local political opportunity (Kurzman 1996; Meyer and Minkoff 2004), the perception of legitimacy to speak individually and collectively as care professionals is generally low. Practicing in an environment organized to devalue caring expertise, that offers little material and symbolic recognition, and that excludes it from decision-making spaces returns care professionals to a position that reproduces the domination of gendered relations; a subordinate position designed to distance them from the decision-making spaces. The gendered relations thus come to structure the field of health and social services. Furthermore, the most recent reforms have had a magnifying effect on some of the aspects that impact the working conditions of care professionals, their perception of control over their environment, and their individual and collective decision-making power. As such, the politicization of their conditions is harder do to on a larger scale and collectively. Still, many actions addressing specific concerns are made by professionals, especially those who distance themselves from the vocational history of care-related professions. The following section exemplifies it with the nurse's mobilization against mandatory work.

### 6.2 | Collective Actions Against the Injunction of Constant Availability

The contemporary version of gendered institutions involves various mechanisms that unwittingly reproduce the same social positions as free domestic work does. This is notably the case with how mandatory work (MO) is imposed on nursing in Quebec. As stipulated by law, MO requires people who are asked to remain in the workplace without prior notice to do so, and refusal may result in sanctions (Dontigny 2021). Although all professions must occasionally work overtime to make up for staff shortages, it is systematized in nursing (Rossignol 2017). By cutting services and making working conditions more precarious, MOs have become more widespread. While MO was intended as a temporary measure to offset staff shortages following a staff restructuring in 1980, it is now a daily occurrence in all of Quebec's facilities. It should also be noted that even if it has been used for decades now, this type of overtime work has never been included in collective agreements.

Staff shortages are a frequent feature of reforms aimed at reducing state expenditure. By withdrawing from services to the population, the state indirectly shifts to employees the responsibility of ensuring proper care. Given that nursing is still largely occupied by women, this dynamic echoes features of the sexual division of labor in that the shift from institutional to individual responsibility reproduces what reproductive work imposes on women in terms of the constant availability of their bodies, time, and skills to care for those around them (Haicault 1984). All nurses interviewed underlined the pernicious effect of using gendered socialization to keep them at work: "They know it's part of our values to help and they use it to make us stay longer" (Saira, nursing, 2020). "They got us by the throat because they know what's most important to us is the quality of our care" (Mindy, nursing, 2020). "They know we'll always say yes" (Ann, nursing, 2020).

When they contest or try to avoid MO, professionals are frequently brought back to their duty to care for others by guilt or by a possible sanction for insubordination (Rossignol 2017). This kind of organizational logic can also be found in social work, but more so in the workload imposed on nurses. In terms gendered relations, accepting to care and not respecting one's limits corresponds to a microcycle that ensures the social reproduction of power dynamics (Kergoat 2010).

Despite the precariousness of recent years, nursing teams are still generally more stable and larger than social work teams. They share more common everyday references and experience similar situations, which they can then address more easily as a group. As pointed out earlier, the comparative analysis of the two professions highlighted the importance of the social network for political action (Granovetter 1983) and the clarity of the identity to counter the negative effect gendered socialization can have (Polletta and Jasper 2001). One of the main

illustrations of this difference is the use of sit-ins in nursing. Teams from all over the province of Quebec held sit-ins to protest the MO. This is an employee-initiated strategy that gives them greater control over their schedules, allowing them to decide for themselves how many hours they work and who stays longer in the workplace. When they would learn that the staff shortage was being addressed at the last minute by targeting specific employees, rather than by approaching volunteers in advance, the nurses would contact each other directly to call for a sit-in at the start of their shift. They would go to their workplace but refuse to work. This was done in conjunction with the team they were to replace so that they were also aware of the situation and agreed to it. Far from being part of their union's repertoire, they initiated this form of action to force negotiations, but also because it allows them to keep an eye on their patients. Particularly since 2019 as the MO has increased, hundreds of sit-ins have been carried out to regain some control, at least locally, over the organization of their work. No corollary has been found in social work, although workload issues are just as important. This example of mobilization shows two things. First, the effects of gendered socialization are hard to deconstruct for care workers. Second, some factors—i.e., a social network and a clear professional identity—help to distance the self from a subordinate position and politicize working conditions. In doing so, these findings contribute to a feminist sociology of working conflict in a neoliberal era.

## 7 | Conclusion

This article analyses the effect of gendered inequalities on care-related professions and their mobilization in a context of privatization of public services. Analysis of online group interviews and individualized follow-ups with 40 social work and nursing professionals in Quebec (Canada) demonstrates that the ability to mobilize in a context of state disinvestment is particularly difficult for care professions because of the intersection of the effects of progressive privatization and the reproduction of institutionalized gendered relations in the wage world.

The data show that rapid changes in the privatization policies of public services lead to renewed contestation on the part of workers in the affected institution. On the other hand, the dynamics of slow privatization, which goes far beyond the more intense moment of privatization, has the effect of limiting this revival. Years of service cuts, organizational changes, and the implementation of criticized management models demobilize and depoliticize workers, who have and feel less control over their work environment and therefore have less opportunity to act. All the organizational elements documented mean that the possibility of taking action is present for a few care professionals, unlike the possible consequences. The actions are mostly at a local scale to address urgent and direct situations. Even though these autonomous actions don't challenge directly social policy, they are essential for professionals to maintain some control over their work.

The gender lens allows us to see how structural changes toward biomedicalization, privatization, and NPM have particular effects on jobs historically associated with reproductive work, on their working conditions, and the possibility of improving them. For the case studied, the intensity with which institutions have been merged and practices changed in favor of the biomedical paradigm and the NPM has highlighted what the history of professions and the reproduction of the sexual division of labor does to care professions and activism. The slow privatization of the last reforms in public services affects working conditions and the ability to politicize them. The latest reform does not necessarily create new inequalities related to gendered relations; rather, it continues and reinforces them. Hence, the combination of slow changes to rapid ones makes it even harder to grasp the cause of experienced problems and act on them. The comparative study shows however that more stable teams tend to mobilize more easily together, with more visible and disruptive strategies such as sit-ins in nursing. Moreover, it demonstrates the importance for care-related professions to find their own way of politicization, which does not necessarily correspond to their union's repertoire.

This article sheds new light on the factors that facilitate and hinder the mobilization of individuals and groups. By taking gendered relations as a cross-cutting factor in organizational change and the perceived opportunity of care workers to act, this article highlights the importance of relations of domination in institutions and workplaces as essential factors to be considered in understanding how groups operate and mobilize in them. What we find in this study is the effectiveness of social relations in ensuring the reproduction of the modes of domination and the social order. In this vein, an analysis of the impacts of the institutionalization of intersecting social relations, including racialization, ableism, and classism, would allow for further reflections on the defense of working conditions in the wage world.


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### Ethics Statement

The author of this article asserts that the submitted manuscript is original and has not been published elsewhere. Any borrowed content or ideas are properly attributed. Furthermore, the manuscript will not be considered for submission elsewhere until the editorial process is complete. By submitting this manuscript, the author acknowledges their responsibility for compliance with all relevant guidelines and regulations.

### Conflicts of Interest

The author declares no conflicts of interest.

### Endnotes

[1] For intelligibility reasons, I use the term "gendered relations" in this article as a translation of the French concept "*rapports sociaux de sexe*." According to one of its main conceptors, Kergoat (2004), gender and "*rapports sociaux de sexe*" are not synonyms. Rather, they speak to different elements of social dynamics. Gender refers more to the system that organize hierarchies, while "*rapports sociaux de sexe* " refers to the dynamics creating and reproducing the system. Developed in parallel of American work on gender, the "*rapports sociaux de sexe*" speak of the power relations that create and reproduce the fabrication of social

groups based on sexuation and hierarchy. This concept is directly associated with the asymmetry created by the sexual division of labor. Without assuming an interchangeability of these two concepts, gender relations will act as a translation to simplify reading.

[2] In Quebec, the logic of the New Public Management (NPM) has permeated the different public services since the 1980s, while gaining more momentum in the 2000s (Bourque, Grenier, and Bilodeau 2018; Grenier and Bourque 2018; Piron 2003). In a nutshell, NPM is frequently reduced to the 3Es: economy, effectiveness, efficiency (Grenier et al., 2015; Grenier and Bourque 2018; le Pain et al. 2021) and is based on a leaner organization of the bureaucracy, statistical verification and maximization of activities, management by results, and placing the public system in competition with the private and associative sectors (Desrochers 2016; Gonin 2018; Grenier and Bourque 2018).

[3] For example, group interviews included questions such as, "What changes has Bill 10 had on your workplace?" "What were the reactions to these changes?" and "What actions have you or your work team considered?".

[4] Thus, the semi-structured interview guide included questions such as, "Were there things you didn't agree with during the focus group, or things you'd like to revisit?" and "During the group interview, you mentioned [state the info]; can you elaborate more?".

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