

**‘Paradigmatic workers’: Sociologies of gender, class and ethnicity in  
the labour experiences of Albanian and ethnic Greek Albanian<sup>1</sup>  
women cleaners at two Greek public hospitals**

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<sup>1</sup>Ethnic Greek Albanians, widely known as ‘Vorioepirotēs’ (Βορειοηπειρώτες), comprise the second largest group of co-ethnic people who have recently returned to Greece. According to the State Council (judgment no 2207/1992), co-ethnic people from Albania descend from Greek parents and their place of birth is “Vorios Epirus” (Βόρειος Ήπειρος) (Triandafyllidou and Kokkali, 2010).

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## **Abstract**

This study is a sociological investigation exploring the working experiences of 24 women cleaners in two public hospitals in Athens, Greece. The participants are Albanian and ethnic Greek Albanian women. Focusing on the intersectionalities of gender, ethnicity, and class, this study illustrates how different social categories constitute multiple points of vulnerability. The study emphasises also the processes in which the participants become embodied subjects, embedded in wider labour and social structures of inequality. Highlighting how different social categories play out in globalised processes it reveals the nexus between labour migration and global capitalism. Having engaged in ethnographic research in two hospital sites that included interviews and observations with women migrant workers, the research investigates how participants manage through coping mechanisms and strategies to face, negotiate, and challenge the demanding working environment of the public hospital, by creating spaces of resistance. The hospital becomes a paradoxical space wherein the two groups of cleaners express individualistic attitudes but also express the wish to collaborate with each other. Women cleaners assumed respectability and expressed dignity in the hospital, reframing the negative meaning of cleaning and structuring occupational strategies to counter notions of dirtiness. Building on experiences of precarity, and exploring the role of gender and ethnicity in the process of precarisation, cleaning was discussed as an embodied occupation in which both groups of women cleaners ascribed meanings to their bodies based on gender, ethnicity, and class.

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## Chapter 1: Introduction

### Prologue: Becoming visible

*Spirit is an invisible force made visible in all life*

Maya Angelou

When I first started my fieldwork, people kept asking me about my research—what it was about, who the participants were and what, exactly, I hoped to accomplish. I told them that I was looking at the working experiences of women cleaners in the public hospitals of Athens, Greece. Some people responded, ‘Does such a working group exist?’ and ‘Where are they?’ It intrigued me that the people who asked about my research were almost entirely unaware of women cleaners in public hospitals. It impacted on how I saw, conducted and wrote about my research.

This study challenges the invisibility of these women. The voices of the women cleaners at two public hospitals in Athens, Greece, transform invisibility into a driving force and spirit, which guides them through their working lives. This study sheds light on women cleaners’ working experiences, choices, understandings and actions. The participants in this study are 24 women who are Albanian or ethnic Greek Albanians, also known as Vorioepirotisses. They work as outsourced cleaners at two public hospitals in Athens, Greece. Both groups represent the majority population of cleaners in both hospitals, and according to the 2011 population census (Elstat, 2014), they constitute the largest migrant groups in Greece. My research highlights the complexity of Albanian and ethnic Greek Albanian women cleaners (Kambouri, 2008). They form their own trajectories, journeys and aspirations in the industry.

The Greek cleaning industry gained visibility after a series of events. There was an attempted murder attack involving vitriolic acid against Konstantina Kouneva in 2008. She was the leader of the PanHellenic cleaning trade union, and the attack was an act against her activities in the trade union. Kouneva became a symbol of human and workers’ rights. Her struggle brought into the public discourse the unacknowledged and silent working conditions of outsourced cleaners in Greece (Kambouri and Zavos, 2010). While the economic crisis was escalating, the attempted

murder of Kouneva highlighted the precarious working conditions women migrants faced in Greece, as part of the new global care industry.

The murder attempt on Kouneva's life generated ambivalent responses from official Greek institutions, including silence and intense idealisation. As the Greek crisis deepened, women cleaners' working struggles, class consciousness and resilience became instrumentalised by the political agenda. Left-leaning political parties requested Kouneva to participate in the forthcoming European elections, while the wider conditions of the attack were silenced (Kambouri and Zavos, 2010). Consequently, both the silence and the explicit focus on the idealisation of Kouneva created a generic, invisible and silent category: the woman cleaner. In this category, Greeks and migrants were incorporated into a shared worker identity that appealed unanimously, without taking into consideration the role of gender and ethnicity (Dubisch, 2019). My research highlights how women cleaners are not a monolithic category. The interconnection of gender, ethnicity and class represents differences among the two groups of women cleaners. These differences constitute multiple points of vulnerability that contribute to precarious labour experiences within institutional power structures.

As a middle-class privileged, educated woman, I was fascinated by people's resilience. I aimed to identify personal stories of survival, where individuals managed to contest hardship and fight against systematised inequality. Through this research, I realised that looking for victims to become heroes is not only biased, it also connotes a patronising need to rescue vulnerable subjects. I shifted my objective to identify the process in which becoming a subject meant contesting static categories of heroism and victimhood. Reflecting on my position of privilege, I want to challenge the invisibility of woman cleaners and highlight their ways of becoming embodied subjects, embedded as they are in wider labour and social structures of inequality.

My research explores how two groups of women cleaners understand and act within the power structures of the institution that is the hospital. It highlights how a state of working and life precarity creates a paradox that impacts work relationships. It demonstrates how women structure their dignity within the hospitals in which they work. This introduction sets the scene of my fieldwork, presenting information about the subject participants and the context of the Greek public hospitals in Athens. It

explains my aims, objectives and research questions, illustrating the importance of this research. Finally, this introduction gives a brief overview of the thesis structure.

### **Setting the scene: Why focus on Albanian and ethnic Greek Albanian women workers in Greece?**

Following the downfall of the communist regime in 1990, Albania experienced largescale emigration, specifically, to Greece (Vullnetari, 2015). Greece altered from a country of emigration to a country of immigration, and Albanians became the largest immigrant community in Greece (Cavounidis, 2015). According to the 2011 population census, over half a million Albanians currently reside in Greece (Elstat, 2014), comprising 60% of the migrant population (Maroukis and Gemi, 2010), 40% of whom are women (Poteyeva and Wasileski, 2016). This study focuses on Albanian and ethnic Greek Albanian women, because they constitute most of the outsourced cleaners in hospitals, according to the field site cleaning supervisors' staff records. These women represent the largest migrant groups in Greece. Exploring their working experiences reveals their working status in the Greek context and reflects their position within global economic and labour structures.

The cultural differences between Albanians and native Greeks are mainly based on language and religion. Albanians generally become proficient in Greek (Triandafyllidou and Kokkali, 2010). Throughout the 1990s and the early 2000s, there were frequent occasions of xenophobia, racism and prejudice towards Albanians, which were provoked by the Greek media (Lazaridis, 1999). When Albanian students outshined their Greek peers at school, it provoked antagonistic behaviours (Andreouli and Chryssochoou, 2015). As a migrant minority, they were successful and sought upward mobility (Andreouli and Chryssochoou, 2015), which was not always perceived positively.

At the beginning of the 1990s, ethnic Greek Albanians arrived in Greece from the borders between Greece and Southern Albania. Northern Epirus (gr. Βόρειος Ήπειρος, *Vorios Ipiros*) is the province on the northern Greek-Albanian border. The people who reside there are assumed Greeks and are called Vorioepirotas. In Greece, they are perceived as refugees who suffered persecution and discrimination in Albania because of their Greek nationality (Triandafyllidou and Veikou, 2002). In Greek

rhetoric, these people are regarded as Greeks living in a non-Greek state, being displaced (Malkki, 1992). When ethnic Greek Albanians arrived in Greece, their Greek nationality was recognised; however, they were not granted Greek citizenship (Triandafyllidou and Kokkali, 2010). The number of ethnic Greek Albanians is estimated to be 197,814, consisting of 1.82% of the total resident population, according to data from the ministry of Interior from December 2011 (Giakoumis, 2019).

The presence of ethnic Greek Albanians was perceived as positive compared to that of 'other' Albanians, whose image was undesirable (Triandafyllidou and Veikou 2002), at least during the 1990s. Ethnic Greek Albanians were viewed as 'temporary guests rather than intruding strangers' (Lazaridis and Konsta, 2011: 270). They entered Greece with a visa issued by the Greek consulates and attained a special identity card as foreigners of Hellenic descent (Ethniko Deltio Taftotia Omogenous); the identity card was renewed every three years and functioned as a residence and work permit. The temporary duration of the special identity aimed to discourage their permanent settlement in Greece (Lazaridis and Konsta, 2011). The diversity challenges that ethnic Greek Albanians faced were their citizenship status rather than language since the use of Greek was extensive in southern Albania. The ethnic, religious and cultural proximity of ethnic Greek Albanians with native Greeks rendered them a minority group. Their assimilation into Greek society did not provoke any challenges to the country. Their presence explains how national and cultural homogeneity was formed on 'beliefs of common genealogical descent' (Triandafyllidou and Kokkali, 2010: 5).

The Greek state continues to allow differentiated stratified statuses. Residence permits go to Albanians, whereas quasi-citizenship is granted to ethnic Greek Albanians. This decision results in a structure of quasi-documented statuses, which leaves migrants in limbo. Boundaries are constructed between 'us' and the 'other' (ethnic Greek Albanian women) and 'us' and the 'other-other' (other Albanians). Both the 'other' and the 'other-other' are granted temporary status. Thus, Albanian migrants are marginalised, and ethnic Greek Albanians have a degraded, devalued vulnerable status (Lazaridis and Konsta, 2011). In 2007, the citizenship law changed for ethnic migrants from Albania (Christopoulos, 2012); after this, 'over 45,000 people, mainly

Albanians of Greek origin, obtained citizenship in the subsequent 3 years (since 2009)' (Triandafyllidou and Kokkali, 2010:15).

### **The Greek crisis and the participation of women in the industry**

The economic crisis highlighted new conditions and gender transitions in the Greek labour market. Women from Albania became the sole breadwinners of their families, shifting their position as family providers with more steady income than men, challenging traditional patriarchal values (Christou and Michail, 2015). The mobility of migrant women in the formal sector occurred in similar employment niches, such as the cleaning industry. Firms hired immigrants, as they were the only ones available for the jobs. Women workers gained full access to social security and healthcare when they entered the industry sector (Lyberaki, 2011).

The success of firms was based on an ability to cater to skill shortages at low cost, which often resulted in the deskilling of women migrants (Kofman, 2004). Women workers in the industry constitute the new feminine proletariat of the economy (Sassen, 2007). Between 2009 and 2012, many full-time work contracts converted into part-time ones. The share of part-time or rotating work contracts for new employees increased from 21% in 2009 to 45% in 2012. Employees accepted such work due to mass unemployment and uninsured work (Karamessini, 2015).

The continuing recession exaggerated already precarious employment among the most vulnerable in the working class, such as subcontracted women cleaners, rendering them into extremely low wage rates and undermining their living conditions (Karamessini, 2008). The measures taken in May 2010, which were meant to facilitate redundancies, resulted in women cleaners seeing a reduction in the notice period for individual dismissals from 24 months to 4 months, and in compensation pay from 2–24 months to 1–6 months, with prior notice, or 2–12 months, without prior notice (Karamessini, 2015). Their employers created 'atypical contracts' that demanded flexible employment. Women cleaners were caught in a situation of constant precariousness (Karamessini, 2015) between permanent and atypical employment.

## **Selecting the hospital as a work site**

Crucial political and social issues in Greece have focused on the reorganisation and improvement of how public hospitals use their resources and the quality and quantity of the services they provide. The Greek economy has had and still has severe problems in funding the provision of welfare-state services. Advances in technology, new developments in medicines and an ageing population have further complicated the government's efforts to supply patient care services (Lyroudi et al., 2006). Both political and social demands have pushed for the enactment of changing programmes in the public health sector, due to the new European environment, which targeted increased cooperation among European Union (EU) members on public health action programmes. Reforms in social and welfare services in Greece began in 1998, the main objective of which was to guarantee effectiveness in the provision of care services. These reforms established a decentralised structure for the health system, modernised hospital management to prioritise care and delegated the remaining services to subcontractors. Cleaning was the main subcontracted service, since financial issues deprived public hospitals from hiring permanent staff (Tountas et al., 2002). Reforming cleaning services has been a key strategy towards minimising the costs and maximising the profits of hospitals (Montero, 2011).

Public hospitals have become a significant research setting in an era when there is an imperative to create the best management for public hospitals and identify ways to minimise operational costs. They represent the transformation of organisations whose structures, functions and operations impact the lives of its workers. Subcontracted cleaners take part in the hospitals' reforms. However, they have an employment status characterised by insecurity, temporality and lower remunerations (Beck, 2000). Workers' labour status is downgraded as they remain caught between permanent and atypical employment, which will be discussed and analysed in this research.

The complexity of a hospital as a worksite revealed the aspects, processes and practices that characterise the working experience of women cleaners. Hospitals create and recreate inequalities through their structures, practices and culture. Working relations become gendered through different mechanisms and processes (Acker, 2006). Within wider organisational structures, the public hospital is a gendered space, and there, cleaning is a form of tainted/dirty work. Cleanliness and

dirt have social and moral significance. Consequently, those who undertake occupations that deal with physical dirt are separated socially from other groups as less prestigious workers (Ashforth and Kreiner, 2014). Dirt and dirty work are inherent aspects of labour processes, tied up with a moral and social order with direct implications for the prestige of workers, working hierarchies and social positioning. Within the public hospital setting, women cleaners are positioned as having a distinct social and moral status.

Gender becomes an analytical point of departure for understanding how contamination is managed and how women cleaners assign meaning to their work in hospitals. Embodied characteristics situate workers as appropriate for undertaking diverse types of jobs (McDowell et al., 2009), indicating that dirty work roles are established on traditional, gendered lines. Class, race and migrancy also influence how work is experienced and perceived; forms of low-status dirty work overlap with socio-economic and migrant categories (Simpson and Simpson, 2018). Within the social categorisations of the hospital, the concept of ‘respectability’ is critical to understanding how women cleaners search for social value and recognition (Skeggs, 1997). Body work (Wolkowitz, 2006) is a concept that overlaps with moral and symbolic notions of taint. An embodied perspective highlights how care workers create strategies to negotiate social taint (ibid, 2006).

In the context of the hospital, cleaning is not far from care work (Dyer et al., 2008). It is a reconfigurable working practice, including interaction with patients and generating feelings of empathy, compassion, affection and mourning (Nelson and Folbre, 2000). Grief and bereavement are central, pertinent features of the organisational structure of the hospital, where death has become medicalised and the sight of dying normalised. The presence of death in a hospital is a constituent of the biomedical governmentalities that emphasise power and discipline. This study highlights how hospitals offer a crucial research setting—the hospital functions as a liminal work space, where women cleaners are situated in between power structures. I do not present the women who clean hospitals as institutional constituents, merely reproducing and normalising power dynamics. I show how the hospital also produces spaces of resistance, where women cleaners manifest agency by challenging mechanisms and finding ways to understand power structures.



### **Why this study and why now? The importance of this research**

Over the past thirty years, the neoliberalisation of the economy, coupled with technological progress, created dynamics of inequality, rendering workers at the bottom of the labour chain vulnerable and exposed to exploitative labour conditions. As technology progresses, there is an increased need for new skills, creating a race between education and technology. If the supply of skills does not expand with the needs of technology, then workers whose training is inadequate will receive less remuneration. They will be downgraded to devalued lines of work, and experiences of inequality in labour will increase (Piketty, 2014). These macro-sociological accounts indicate how the neoliberalisation of the global market affects workers and workplaces, severely impacting the corrosion of the working class's political and industrial power (Herod, 2000). The logic of neoliberalism, coupled with the race between education and technology, furthers the precarious labour status of lower-end jobs.

With Greece's stagnated financial situation, migrant women cleaners in Greek public hospitals appear easily replaceable, disposable and invisible as their skills are hardly valued or recognised. Embedded within such labour conditions and arrangements, multiple, unequal systems of exploitation give cleaners a status of invisibility. Occupations such as cleaning 'are not neutral slots but are, instead, socially constructed definitions, created to attract differently raced and gendered workers, creating a hierarchy of desirability within the category of "economic migrants"' (McDowell et al. 2009: 7). Women cleaners constitute an invisible, gendered and ethnicised labour force that is 'paradigmatically' cheap, flexible, disposable and easily replaceable. Acknowledging the intersection of social categories of gender, class and ethnicity illuminates the core reasons women workers face devaluation (Mezzadri, 2016). It is imperative to explore how women cleaners become subjects of value (Skeggs and Loveday, 2012), assume respectability and create spaces of resistance, challenging vulnerability, invisibility and precariousness. Drawing on empirical data collected in Athens, Greece during the period of August 2017 to December 2017, this study shows how multiple points of vulnerability, such as gender, class and ethnicity vary between the two groups and add complexity to the

dynamics of inequality, as well as how migrant women cleaners reinforce them to become subjects of value.

The institutional experience of subcontracted workers in Greece has received less attention than other topics in the sociology of labour (Maroukis, 2016). To make visible intersectional working experiences, I highlight the agency of two groups of women workers within the system of values of 'subcontracted capitalism' (Wills, 2009: 445). By discussing women cleaners' embodied, gendered, ethnicised and classed experiences, I strive to understand and articulate their working lives in the hospitals, indicating how they formulate strategies to shift their working status in their favour and how. Despite their vulnerability, they find ways to reconfigure their working lives. This process of subjectivity formation illuminates how women cleaners make choices, create meaning through their work and negotiate everyday life in the hospital.

Although gendered and ethnicised sociology of labour have received a lot of attention regarding how workers become agents (Dyer et al., 2011), institutional and organisational lives have been overlooked from the perspective of power and institutional dynamics. My research utilises the concept of governmentality as it concerns the establishment of systems of power, forms of knowledge and interventions that rationalise disciplinary control (Foucault, 2000) over individuals. Governmentality is a process that is communicated through practices of power, which monitor everyday subjects to act according to social principles through a process of normalisation (Dean, 2010). The public hospital becomes an organisation under which biomedical governmentality refers to the control of workers through health and safety. These governing mentalities enhance uncertainty and augment liminality, forcing people into a state of limbo. In the organisational context of a hospital, managing the risk of disease operates through the governing practices of self-surveillance and self-discipline (Mangan, 2009), highlighting how norms are produced and reproduced unconsciously (Rose, 2000).

Framing this study within the concept of governmentality, and drawing on empirical data from interviews with 24 migrant women cleaners I analyse how the reproduction of norms, values, forms of workplace identity and principles, are enforced on individual workers (Gleadle et al., 2008). Within the concepts of disciplinary rule and

practice in hospitals, I utilise the state of betweenness/liminality to highlight how women cleaners experience the uncertainty embedded in aspects of biopower. I contribute to this literature uncovered by analysing how women cleaners find spaces of resistance embedded within the institutional power structures. I address how they negotiate strategies regarding the rigid rules of the hospital protocol, highlighting ways to act upon this governmentality, reconstructing their subjectivities.

This study contributes to the wider research agenda of organisational sociology, as the discussion on precarity and precariousness has become increasingly relevant to current labour and organisational contexts. Likewise, precarity has become germane to migration studies as well as labour and political sociology. It is a conceptual tool for political action and radical consciousness (Dorre et al., 2006; Fantone, 2007). Based on my empirical findings, this study illustrates the effects of precarity on working relationships, identifying its different expressions and demonstrating how women workers can act on them. I contribute to the literature that focuses on precarious working and life experiences by exploring how precarity can be theorised as a non-static set of embodied experiences, as women cleaners are not static in the process of labour production (Tsianos and Papadopoulos, 2006). I highlight how women cleaners, as precarious workers, transform into new social subjects (Tsianos and Papadopoulos, 2006), negotiating and fighting against processes of precarisation. I focus on how the roles of gender and ethnicity impact the participants' strategies.

How workers negotiate the effects of precarity in their livelihoods has not been adequately addressed in the sociology of labour. This study looks at how feelings of precarity can be driven by hope, desire for change and the need to give new meanings to personal trajectories (Greco and Stenner, 2017). I contribute to the literature on precarity by highlighting how feelings of precarity are complemented by the vulnerability and uncertainty felt by migrant women workers in their daily family life. Precarity as a labour and life condition is also characterised by one's possible alternatives in life. I illustrate how the conditions of precarity impact the participants' ability to imagine the future (Cangia, 2018) and discuss how women cleaners design their futures and negotiate feelings of helplessness in their livelihoods.

Apart from investigating the impact of organisational power structures on processes of subjectivity formation and the inherent precarity of working relations, it is

imperative to understand how women workers create meaning through the nature of their work. Focusing on the nature of cleaning and being a migrant woman cleaner in a Greek public hospital, I engage with critical organisational sociology to understand the relationship between social status in the organisational context of the hospital and the way the materiality of dirt is experienced. I utilise concepts of dignity, combined with Beverley Skeggs's (1997) work on value and respectability, to recognise how women cleaners adopt ways of rendering themselves respectable. I highlight critical aspects of the gendering of the low-earning labour force to understand how the social, symbolic and material aspects of cleaning, from the perspectives of the women cleaners, can be constructed with dignity and respectability. I demonstrate the microstructures of the hospital as a social milieu and how women cleaners reinforce their social identities to create meaning through their work. Investigating the management of social taint contributes to the literature on organisational strategies by highlighting how women cleaners' bodies are inscribed with gendered, ethnicised and classed meanings, and identifies why their skills and professional qualities become devalued and tainted.

### **Study Aims and Research Questions**

Based on my objectives for this research, I have three core research questions.

1. **How do migrant women cleaners experience the power structures of a hospital?** I aim to understand the ways in which migrant women cleaners are embedded within the institutional power structures of hospitals. I want to identify their ways of dealing with forms of power, and whether and how they create spaces of resistance (Chapter 4).
2. **What are the effects of precarity and what kind of relationships do the two groups of migrant women form through their work and livelihoods?** I aim to unravel precarity as a component of labour processes and as a life condition. My purpose is to demonstrate how women cleaners negotiate precarious labour and living conditions (Chapter 5).
3. **How is cleaning, as dirty, physical work, experienced and managed by the two groups of women cleaners?** How do the two groups of cleaners assume respectability and express dignity in the hospital? I aim to explore how cleaning as a physically and socially tainted form of work is experienced and

managed by women cleaners, looking for differences and similarities between the two groups (Chapter 6).

I chose to conduct an ethnography to explore what people do and say in this particular context (Hammersley, 2005). Conducting semi-structured interviews and making observations in two public hospitals in Athens helped me to focus on what participants said during the interviews and interpret how they acted on and reasoned their thoughts and practices. Sociologists use participant observation to gain knowledge about the existence of a specific social world through understanding social milieus and the lived experiences of the participants (Ali, 2008). My research design allowed me to enter the lives of cleaners in two hospitals and gain an understanding of their social milieus. Understanding the intersectional sociologies of labour and organisation in this research requires highlighting the micro-structures of the everyday life of the hospitals and how the migrant women cleaners structure their working lives.

Embracing feminist epistemologies in my research methods contribute to the challenge of the power relations inherent in the research process. I address ethical dilemmas about the production of knowledge, focusing on what I did while in the field, seeking to understand the dynamics produced in the field more critically. I recognise that my research design affects social change. My role as a researcher was not only to interpret social reality but also to change it, starting with myself. Reflecting on myself and my tendency to misrepresent some aspects of the migrant women cleaners' experiences during the research process led me to deconstruct my own way of looking at the participants. My privilege led me to interpret different women's realities as rescue projects. Through reflexivity I was able to recognise that looking for heroes or victims prevented me from critically understanding how the process of subjectivity formation is in constant dialogue with power and resistance.

### **Overview of the thesis structure**

Following this introductory chapter, the thesis consists of chapter 2, which reviews the academic literature on the themes and the concepts relevant to the study. It explores working experiences through transforming global structures due to the neoliberalisation of the economy and working conditions. It reviews scholarship on

the importance of social categories and how workers manifest agency within globalised processes. The chapter assesses the nexus between labour migration and global capitalism, highlighting the need to address workers' ways of recalibrating systemic inequality. The concept of intersectionality is pertinent to the discussion of how different forms of discrimination result in the division of the labour market, due to underlying gender, ethnic and class inequalities. Reviewing working experiences through the intersection of social categories illustrates how women cleaners are not a monolithic category. They are complex, and they often can reconfigure their everyday working lives. This chapter illuminates labour processes by assessing the role of precarity, shifting the focus from wider global structures to organisational dynamics. Reviewing the effects of precarity demonstrates that social categories, such as gender, ethnicity and class, impact differently on precarious working and life experiences, rendering precarious experiences as a non-generalised condition.

Following precarity, the concept of 'liminality' sheds light on insecurity, uncertainty and the creation of a sense of limbo. Assessing the concept of governmentality helps address how power and resistance coexist and augment a state of limbo within the context of the hospital, where power structures and dynamics characterise the working experience. Finally, the chapter reviews scholarship on the complexity of the hospital as a work site, addressing the conceptualisation of cleaning tainted work and the perception of 'tainted' workers. The literature on organisational sociologies demonstrates how the ideas of 'dirtiness' and 'cleanliness' are reframed by workers, who reconceptualise their working roles and, in effect, their working status.

Chapter 3 describes the research methodology. This chapter discusses the data collection process and analysis methods. I clarify the profile of the two hospitals, analysing them as complex organisations. I give details about the subject participants and avoid general statements about women cleaners' ethnic backgrounds and working experiences. I justify my recruitment strategies, access to the field and ways of conducting semi-structured interviews. In the hospital setting, I closely observed the participants' daily routines and communication with different hierarchies. I elaborate on the ethnographic study and how I situated myself as a researcher to analyse the meanings that participants make and their relationships with the context. I also discuss the ethical and representational dilemmas I faced. At the end of the chapter, where I

reflect on my positionality as a researcher, my self-perception of the field sites and how the participants viewed me. I recognise that the production of knowledge from this study is partial. I describe how I analyse my data thematically, which involved thoroughly studying my interview transcripts and fieldnotes. I also elaborate on how the methods of interviewing and onsite observation, which were informed by the theoretical framework of my study, together contribute to my understanding of the cleaners' working experiences.

In chapter 4, I explain how cleaners articulate hospital hierarchies and power structures and discuss their embodied experiences. In this chapter, I illustrate how women cleaners are embedded within the institutional power structures of the hospital. Forms of power are diffused in hospitals in the way of biomedical rule and knowledge. Through governmentality, I discuss how women cleaners deal with hospital binaries, such as disease, body and pain, revealing how they create spaces of resistance. Within these power structures, death is a constituent of the hospital. I identify how women cleaners experience the hospital biopolitics of health, risk of disease, life and death. The main themes of this chapter are women's adapting behaviours towards hospital protocols and their ways of resisting strict rules.

In chapter 5, I move from institutional relations to working relations. I discuss the effects of precarity and the kind of relationships the two groups of women form through their work and livelihoods. I utilise the concepts of 'precarity' and 'precariousness' to build a framework for recognising the effects of labour and life precarity as two mutually connected constituents. A predominant theme in this chapter is how the hospital becomes a space where the two groups of cleaners express highly individual selves but continue to collaborate. In the second part of the chapter, I analyse how precarity is experienced in the everyday life of the women cleaners, their families and communities. I explain how precarity is resisted through the formation of social networks that enhance solidarity, mutual help, trust and collaboration. I use temporality to address how women cleaners have built selves throughout the years to face precarity and act against vulnerability. The intersection of gender and ethnicity frame the experiences of the women cleaners as they constitute inequality regimes that impact the precarisation of their working experiences.

In chapter 6, I discuss the symbolic and material meaning of cleaning. I explore how cleaning as physically tainted dirty work is experienced and managed by the two groups of women cleaners. The recurring themes of this chapter are how the two groups of cleaners assume respectability and express dignity in the hospital. Subthemes emerge that demonstrate how the women reframe the negative meaning of cleaning, structuring occupational strategies to counter notions of dirtiness. I illustrate women cleaners' reflections on the materiality of dirt, displaying the moral stigma attached to the social worth of women workers. I build on the previous chapter on precarity, which looked at the role of gender and ethnicity in the process of precarisation, to differentiate the two groups of women cleaners. I highlight how cleaning is an embodied occupation in which both groups of women cleaners ascribe meanings to their bodies based on gender, ethnicity and class. Chapter 7 recapitulates gaps in the literature and highlights this study's major findings and contributions to knowledge, social policy, labour and gender politics and public health. I give the summary of the findings, pointing out the most important ideas. Further, I discuss theoretical and methodological implications. Finally I give directions for future work.

## **Chapter 2: Embedded within global structures and contextualised in the site of the hospital: A literature review**

### **Overview**

As presented in the introduction, this thesis sheds light on the working experiences of two groups of migrant women cleaners in two Greek public hospitals. This chapter reviews literature that examines their working experiences through two lenses. I begin by reviewing the academic literature on transforming global structures, assessing the neoliberalisation of working conditions, and illustrating how different social categories are played out in these globalised processes. In this context, I point out the need to highlight the agency of migrant workers. To capture smaller scale geographies and how workers find ways and strategies to contest suppressive wider structural conditions, I review studies that focus on the role of precarity and precarious life experiences. I highlight the specificities of their working experiences, thus shifting the focus from wider structures to more specific organisational ones. In the second section, I address the complexity of the hospital as a working site. I introduce the concept of liminality and governmentality that complement the state of limbo, thus illuminating the complexity of the hierarchical working arrangements of the hospital. I reveal aspects, processes, and practices that characterise the working experience of women cleaners within the context of the hospital. Cleaning is conceptualised as a form of tainted work in which workers attach symbolic positive meanings through organisational strategies, countering social stigma.

### **The neoliberalisation of working conditions**

Work and its associated transformations are directly linked with global economic change. Economic transformations systematised the assertion of neoliberal ideas and global strategies. Transformations took place to create more flexible markets and re-establish the settings for the maximisation of profit (Herod, 2003; Harvey, 2007). Globalisation is attached to neoliberalism as a process of capitalist and market transnationalisation. In this context, hierarchies of exploitation are formed particularly for workers at the bottom end of the labour chain. The reasons for these divisions involve the fragmentation and deterioration of the welfare state (Esping-Andersen et al., 2002), culminating in a transition towards a clientelistic establishment

(Matsaganis, 2012). As a result, the labour market is divided between workers such as civil servants and workers under permanent contracts, and immigrants, young people, and women who take up flexible jobs (Vosko, 2004). These conditions increase the gap between divisions among workers (Barbieri, 2009), jeopardising those who are occupied in bottom-end jobs (Waite, 2009).

There are different explanations for why migrant workers are concentrated at the bottom end of the economy in capitalist nations of the Global North. The role of the global city (Sassen, 2001) justifies the increased demand of the labour force in global cities. The collapse of the welfare state (Esping-Andersen et al., 2002) impacts provisions of care that are now outsourced at a low cost and operated by migrants (Parrenas, 2001). The neoliberalisation of the global market affects workers and workplaces and has a severe impact in the form of corrosion of the political and industrial power of the working class (Herod, 2000). Under the neoliberal condition, the labour market reduces workers' control over the labour process (Grugulis et al., 2003). This is indicative of how processes of productivity are enhanced in response to competition. This is achieved through the recruitment strategies of companies that hire only small groups of well-paid, full-time, skilled workers. They hire a larger peripheral group of workers through subcontractors, and these workers are on short-term contracts on a part-time basis or work as temporary workers with few benefits and low wages. These workers are easily hired and fired on the basis of production needs (Herod, 2000).

Workers in bottom-end jobs such as cleaning are easily replaceable and their skills are hardly valued. It has been shown how London's economy is 'now dependent upon the labour power of low-paid workers from across the world for its cleaners, carers, builders, cooks, bartenders, and restaurant workers' (May et al., 2010: 29). These divisions in the labour market entrench the neoliberalisation of the economy, augmenting precarious working conditions of workers in the process. In this respect, the neoliberalisation of the labour market over the past 30 years has strengthened the rise of uncertain, flexible, and exploitative working relations. These have led to the gradual destruction of the working class (Lewis et al., 2014). Exploitative labour relationships are related to the transnational social status of migrant workers (Lewis et al., 2014). At the same time, a migrant's exposure to labour exploitation addresses the

nexus between migration and labour processes (Fudge, 2013). Within these structures of inequality, it has been demonstrated how the logic of neoliberalism as a labour system enhances the precarious labour status of low-end jobs (Herod, 2000). Most notably, this has been demonstrated through the lives of hospital workers (McDowell et al., 2009), janitors, and cleaners (Aguiar, 2006), who become vulnerable as they are entangled within multiple and unequal systems of exploitation.

Cleaners are working groups that become vulnerable within processes of subcontracted employment that become 'paradigmatic' (Wills, 2009). Transnationally, the content of neoliberalism has direct consequences for the lives of cleaners. Hard-won liberties pertaining to labour and social citizenships are demolished by the institutionalisation of the neoliberal policy in each country (McBride, 2005), thus creating inequality through economic deregulation. Neoliberalism has been linked to the defeat of the working classes (Castree, 2005). Cleaners suffer from the intensification of work, which is accompanied by lower wages and precariousness. Janitors, unlike other working groups, experience these effects, as they become invisible and lack union representation, and these factors continuously disrupt their future (Aguiar and Herod, 2006). In light of this, the decentralisation of the labour market has a negative impact on outsourced cleaners, illustrating the widening gap in salaries between cleaners and other workers (Holley and Rainnie, 2012). Migration status and labour structures are mutually dependent. These links create precarious working conditions for those at the bottom end of the labour market (Arnholtz and Wesley-Hansen, 2012). A divisive labour market (Waldinger and Lichter, 2003 ) creates an excess of labour power that consists of migrants who can be employed, dismissed, and banished, thereby reflecting the market's demands (May et al., 2010).

Thus, employers recruit workers from countries with substantially lower living conditions, in an attempt to reduce labour costs. This way, migrant workers receive lower wages when compared to national workers. This raises questions on the ability of the labour market to protect these workers (Friberg et al., 2014). Migrant workers receive inappropriately low wages and lower standards of work as they are situated in a process of 'social dumping' (Bernaciak, 2012:5). Similarly, the negative outcomes of economic changes in the cleaning industry centre on the links between exploitation,

globalisation, and structural changes in the labour market (Ollus, 2016).

Through these processes, the demands for workers' flexibility affects the most vulnerable. A part of these exploitative conditions is the zero-hour contract, a contractual practice accepted and endorsed by state regulations. This kind of flexibility indicates that the abuse of migrant workers is tolerated by state regulatory mechanisms, the industry, and the customers who profit from cheap services (Ollus, 2016). Hence, structural inequalities are institutionalised and enhanced by state and industrial mechanisms. In Greece, subcontracted labour became the most common mode of employment, as an effective means for employers to cut costs and simultaneously increase the flexibility and productivity of the workforce (Maroukis, 2016). Workers employed through agencies are mostly migrant women (Maroukis, 2016). Migrant women workers in Greece find themselves at the nexus of the division and dualisation of the labour market, being at the bottom end of the labour market.

Over the last few years, globalisation created structural changes in the labour markets that resulted in the deterioration of both economic and social dimensions of work (Peck and Theodore, 2010). In this respect, divisions in the labour market create methodical strategies to approach low-cost workers, 'selecting the most vulnerable groups of workers such as non-citizens' (Peck and Theodore, 2010: 95). Subcontracted workers constitute a rising class of low-paid vulnerable workers (Baird and Williamson, 2010). This rising class reveals how structural changes in the cleaning industry result in an increase in working precariousness, augmenting the position of those workers in the lower end of the labour market (Holley and Rainnie, 2012).

There is a nexus between labour migration and global capitalism in that the prominence of capital-labour relations and class struggle determine the labour geographies of global capitalism (Peck and Theodore, 2010). Nonetheless, there are particularities concerning global structures. In their collection of ethnographies, Aguiar and Herod (2006) pointed out how neoliberalism has different formations based on context. At the same time, it has been demonstrated through janitors' collective action that workers have the potential to generate their own organisations, thus depicting the power of the collective (Aguiar, 2006).

However, it becomes crucial to understand the neoliberalisation of work from the perspective of the workers. It is true that workers become a vulnerable and powerlessness category and become receptors of these unequal structures. They are depicted as an oppressed class, deprived of any capacity to overthrow the demands of the capitalist system. Yet, the notion of workers' agency is under-theorised (Castree, 2008), as the focus is mostly on trade union activities at the expense of the agency of workers. Despite discussions on the capabilities of workers to challenge and overturn systemic demands that strip them (Aguilar and Herod, 2006; Arnholtz and Wesley-Hansen, 2012; Bernaciak, 2012; Holley and Rainnie; Ollus, 2016) and on workers' capabilities to overturn systemic demands, there is a hesitant attitude to express the ways in which workers express and manifest agency.

Hence, I seek to highlight women workers' manifestations of agency by addressing women cleaners as agents with choice. By highlighting the agency of the workers, I also acknowledge how and what kind of uneven power relations shape labour processes (Coe and Jordhus-Lier, 2011). The interconnections among gender, ethnicity, and class constitute multiple points of vulnerability that contribute to migrant women's vulnerable and precarious labour practices (Strauss, 2012). As Katz (2004: 247) described, 'ways of reworking are enfolded into hegemonic social relations because rather than attempt to undo these relations or call them into question, workers attempt to recalibrate power relations and/or redistribute resources'. Migrant women cleaners in my study use reworking to challenge the system, redressing its inequalities, drawing on their gendered, ethnicised, and classed working experiences.

### **Shaping sociologies of work through gender, ethnicity, and class**

The transformative nature of global structures has illustrated how workers are embedded within unequal structures transnationally. The discussion centres on the neoliberalisation of the labour market and the immediate effects of outsourcing on the working conditions. Labour relations depend on the flexible labour of migrants to maximise profit and to participate in globalised competition (McLaughlin and Hennebry, 2010). Under these conditions, employment standards are defied and the lives of workers are characterised by uncertain and detrimental feelings about the future. Yet, the agency of individual workers has been overlooked within these wider

global structures. There were cases of collectives (Aguilar, 2006) that aimed to challenge and resist working conditions. However, it is not clear how individual workers dealt with these circumstances and how social categories such as gender, class, and ethnicity played out in the discussion. Following this, I draw on bodies of work that acknowledge how women workers transnationally reshaped their working roles, while at the same time being within pre-existing gendered and ethnicised labour trajectories.

In the context of the two hospitals, the two groups of migrant women cleaners are placed within these labour processes in my study that inevitably render them in vulnerable working positions. However, I address how women workers formulate strategies that help them shift their working status in their favour. By this, I do not necessarily mean radical ways in the form of political resistance aiming to ameliorate the effects of their working conditions. I refer to how, through their gendered and ethnicised working roles, they understand their everyday working lives, make choices, create meaning through their work, and negotiate their everyday lives as hospital workers.

Cleaners engaged in professional cleaning often become invisible. Lunderg and Karlsson (2011: 141) argued that ‘few guests notice the cleaners when staying at a hotel unless they find things to complain about’. Embedded within this invisibility, cleaners constitute a gendered and ethnicised labour force that becomes paradigmatic as it is cheap, flexible, disposable, and easily replaceable. In the context of new patterns of migration into the UK, migrants with varying social characteristics and residence or citizenship status are differently integrated into precarious and lower-paying jobs (McDowell et al., 2009). Similarly, the suitability of migrants for certain kinds of work is reproduced on the basis of stereotypes through ongoing interactions among managers, workers, and guests (McDowell et al., 2007). At the same time, lower-paid migrant workers perform embodied and intimate forms of caring work in hospitals (Dyer et al., 2008). In this line of research, the role of temporary staffing agencies becomes predominant in producing not only precarious work but also labour market segmentation (Dyer et al., 2011). This way, agencies constituting a workforce that undertake unskilled, embodied service, work from a highly differentiated pool of economic migrants (McDowell et al., 2012). The roles of ethnic economies and

gender also reveal how migrant workers adapt and modify their approaches under precarious working conditions (Batnitzky and McDowell, 2013). Similarly, subcontracted employment is a niche in the Greek context that is mostly occupied by Albanians and ethnic Greek Albanians, indicating how labour divisions are established through ethnicity and gender (Michail, 2013).

Drawing on how social categories of gender contribute to the devaluation of women workers, the concept of intersectionality is introduced to explain and examine the vulnerable state of cleaners. At the same time, through intersectionality, it is addressed the ways in which different forms of discrimination result in a division of the labour market. Thus, inadequate working conditions in the cleaning industry provide an understanding of how cleaners, both migrant and non-migrant women and men, are required to tolerate the industry's bad working conditions (Abbasian and Hellgren, 2012). Gender, class, race, and ethnicity intersect and consequently form vulnerable conditions for cleaners, compelling them to consent to part-time work with uncertain contracts (Abbasian and Hellgren, 2012).

Nevertheless, low-end jobs do not necessarily mean low skills (Parutis, 2014) in the sense that working experiences are directly connected to their social, cultural, and economic capital<sup>2</sup>. Migrant groups are dynamic and complex and do not fit into the existing definitions of low-skilled or higher skilled employment (Parutis, 2014). Similarly, health institutions do not recognise the skills of care workers, indicating a direct relationship between gender and outsourcing. It becomes a construction, an inherent process of de-professionalisation (Bach, 2011) that aims to reduce the labour costs by not recognising skilled women workers (Benjamin, 2016). Processes of globalisation, migration, and the informalisation of labour, highlight women cleaners' vulnerable labour statuses. Some of the effects of these processes involve low and insecure income and higher risks of poverty (Bertulfo, 2011). These processes have a 'gender coding' that leads to the devalorisation of women's work (Peterson, 2010: 262–4). In the context of the hospital, these processes are seen at a smaller scale. Outsourced cleaning is an occupation constructed by gender where women cleaners' bodies are devalued.

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<sup>2</sup> I acknowledge social capital as a vast body of work that has been prominent in the past few decades. However, I do not use it as a core conceptual tool in my analysis and hence why I do not engage directly with this extensive literature.

Migrant women cleaners in my study have an overpowered working position and are situated in a hierarchically ordered labour structure in which the contemporary working class is shaped through gendered relations. An understanding of class acknowledges the ways in which dynamics of gender are related as parts of a complex social whole (Ferguson and McNally, 2015). Women workers are positioned in the lowest end of global value chains, and this jeopardises their health and welfare. This dynamic reinforces the ‘feminisation of labour’<sup>3</sup>, impacting the ways in which labour and gender relations play out in the informal economy (Espinosa, 2016). Similarly, intersectionality has been used to indicate how gender, ethnicity and class intersect in migration trajectories, shaping migration flows (Bastia, 2011). Through the perspective of intersectionality, it has been acknowledged that international migration operates to establish patriarchal relations in destination countries (Bastia, 2011). Women workers reshape their roles in the labour market as active participants, contesting patriarchal perceptions, pointing out how class consciousness and the value of labour to reshape working relations (McDowell et al., 2014).

For instance, in the Indonesian context, female migrant workers are either portrayed as national ‘heroes’ contributing to Indonesia’s economic development or seen as exploited ‘victims’ of labour mistreatment (Chan, 2014). Similarly, the notion of ‘transnational political spaces’ are experienced by migrants who work as domestic workers and depict the non-existence of laws and regulations on domestic workers (Rother, 2017). A transnational class struggle becomes gendered. There is a link between processes of commodification and exploitation of women’s work. These interplays powerfully reproduce gendered wage discrepancies that illustrate how gender inequality is underlined within global circuits (Mezzadri, 2016). The increased control over women’s labouring bodies reproduces the category of women workers as fundamentally disposable (Mezzadri, 2016). Within these notions, the process of labouring is less valued when the feminine body is involved. The accumulation of exploitable workers is based on hierarchies that are formed on gender, class, and ethnicity, formulating the modern proletariat (Federici, 2004).

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<sup>3</sup> While I acknowledge that the ‘feminisation of labour’ is a vast school of thought, it does not form a core conceptual framework in my analysis and thus, I do not focus on this particular literature.

Mezzadri and Lulu (2018) used the concept of ‘classes of labour’ to unpack the complexity of informal work in global labour chains. They utilised the concept to indicate that the association of ‘the informal’ and ‘the vulnerable’ is limited. Within a structural understanding of global productivity, circuit workers also participate in shaping their own labour geographies even when exposed to high vulnerability and insecurity (Werner, 2016). Focusing on labour relations in non-factory circuits, ‘classes of labour’, are linked to the social profile of the groups in terms of gender, ethnicity, and age (Mezzadri and Lulu, 2018). These social differentiations of labour classes are structured with subjectivities in learning to adapt to and handle the situation. This point is key in understanding labour in contemporary ‘supply chain capitalism’ (Tsing, 2009) since workers also negotiate it in vulnerable contexts through acts of resilience based on their positions on the productive ladder (Carswell and De-Neve, 2013).

Resilience can turn into a new means of resisting contemporary work regimes. These modes differ based on regional trajectories and circuits of production. For example, the idea of workerism in the context of factory promotes a sense of revolution (Bologna, 2014). Operaisti was a revolutionary practice, a workers’ movement that emphasised the self-governing agency of the working class that operates outside unions and political parties in the form of self-organisation within the factory and also beyond the factory. Pizzolato (2013) argued that autonomists drew on some aspects of the tradition of operaismo that represents the Italian movement of ‘Autonomist Marxists’ and generated ‘the strategy of refusal’, including the refusal to work as a revolutionary strategy. These tactics employed by radical groups in Italy offered valuable lessons, including those on demands such as the complete rejection of work and the guaranteed basic salary for all, and practices such as short stoppage, which had far more disruptive effects on production (Pizzolato, 2013). This political wave did not manage to spark a revolution, but it promoted a new set of theoretical possibilities for revolution through the concepts of ‘appropriation’ and ‘refusal of work’, which were conceptualised as new practices for political activists (Pizzolato, 2017).

Mezzadri (2016) recognises how labour becomes devalued when the woman’s body is involved. Bastia (2011) considers how gender roles are reshaped through migration

trajectories. Rother (2017) demonstrates how the political and social context enhances the precarious status of domestic workers. These bodies of work help me shed light on the core reasons why women workers face devaluation and vulnerability. I situate women cleaners within these global structural hierarchies in making these links. At the same time, these theorisations can progress further at the organisational level. Capturing the smaller scale geographies of people's lives helps understand subjects' expectations and motivations of labour without 'getting lost in the larger tales of struggles, which are no doubt important' (McDowell, 2015: 2). In the context of the hospital, I examine at a smaller scale how social hierarchies are played out to achieve a deeper and more complex understanding.

The suitability of women migrants as cleaners is reproduced on the basis of given stereotypes (McDowell et al., 2007). Hence, social categories of gender and ethnic identity are constructed (McDowell, et al., 2009), contributing to the devaluation of women workers (Abbasian and Hellgern, 2012). These bodies of work help me avoid addressing women cleaners as a moncategory, as women workers are complex and, despite their vulnerability, they find ways to reshape gender roles and their working lives. They are seen as 'sentient social beings' who 'intentionally or unintentionally produce economic geographies' through their actions (Herod, 2000: 15). These smaller scale geographies (McDowell, 2015: 19) are utilised to situate women cleaners in hospitals, exposing their meaning making through their everyday working life decisions and choices (Kabeer, 2000: 87).

In the next section, I explore the role of precarity and precarious work and life experience. The specificities of work experience are highlighted and critically assessed, shifting the focus from wider structures to more specific organisational ones. Conceptualisations on the notion of precarity are examined in the course of reviewing how workers adapt and/or challenge the mechanisms of relationships formulating precarity. In the context of the hospital, women cleaners' views and understandings of their precarious working conditions are situated, wherein they critique the conditions of the labour market and their status within it. Concepts relating to expressions of dignity and respectability are explored. Additionally, and building on these symbolic constructions of working subjectivities, the role of emotional labour and body work offer tremendous insight into women's embodied

experiences, and the impact on their well-being. All these aspects are contextualised in hospitals and highlight the complexity of women workers' lives.

### **Precarity: Formations of socialities and enhancement of individualism**

Precarity both describes the rise of contemporary structures of employment and signifies an increase in uncertainty among workers. Working flexibility, that is, 'new forms of non-standard employment contracts that include casual, flexible, contingent and part-time work, multiple job holding and agency employment' (McDowell et al., 2009: 4), constitutes a feature of bottom-end jobs and is also related to precarity. Precarity creates a condition in which subcontracting is considered a model of employment and consequently brings the migrant as the world's 'paradigmatic worker' (Neilson and Rossiter, 2008). However, conceptualising precarity and capturing its meaning and effects becomes complex (Della Porta et al., 2015) as it has different manifestations that concern labour and existential conditions.

Leftist political parties utilised the term precarity, aiming to mobilise workers and, challenging work under neoliberal labour market conditions (Dorre et al., 2006, Fantone, 2007). Collective chain workers in Italy utilised the term to define the 'new proletariat' in the urban service sector, and 'intermittent' French cultural workers also utilised the same term to resist cost-cutting in offering social protection (Foti, 2017). Notably, this use of the term created an association between precarity and the concept of class. Standing (2009) identified that there are different elements that establish the 'precarariat'. These include limited opportunities to have a voice in the workplace, as well as accumulative vulnerability to disciplinary processes enacted by the organisation and often, the government (Standing, 2011). Savage et al. (2013) added to this classed notion of precarity by creating some criteria to measure the level of social division and inequality. The precariat is seen as a class with poor economic capital and with low scores in other evaluating criteria such as potential financial resources, pension, and savings (Savage et al., 2013).

Yet, the notion of the 'precarariat' has been critiqued, as it has been considered as constructing a generic identity. The problem, as Neilson and Rossiter (2008) noted, is that the term is deprived of its analytical power as migrants are seen as a group with limited potential for agency despite the fact that they are situated centrally in the

growing precariat (Standing, 2004). The biggest problem pertaining to Standing's (2004) conceptualisation is the misconception around merging a wide range of different workers into the notion of the precariat (Alberti et al., 2018). Precarity can be more analytically understood as a mode for analysing the economy in reconsidering heterogeneous identities and group formations under neoliberalism. It can also be seen as a point of departure in producing a shared space for social struggles and in generating new political subjectivities (Jørgensen, 2015).

Apart from focusing on forms of temporary employment, precarity is experienced as a subjective feeling established by a sense of lost recognition and social integration (Dörre et al., 2013). Precarity is also seen as resembling an ontological insecurity experienced in everyday life and in this way a different perspective is given to the notion (Ettliger, 2007). It has also been presented that the 'powerlessness' of human existence is because of an 'everyday governmentality' (Butler, 2004). These notions look more at the subjective experience of 'feeling precarious' and emphasise the political formations as opposed to the economic factors (Worth, 2016). Following Butler (2009), indicated that individuals suffer from a general precariousness as a condition of being vulnerable.

Furthermore, theorisations that relate precarity specifically to work (Vosko et al., 2009) perceive it as a process. In that sense, precarisation goes beyond the feeling of insecurity because of the effects of the neoliberalisation of working lives (Eversberg, 2014). Precarity, in that sense, concerns the inability to have control over the future, since life in general is subordinated to the needs of the economy (Marchart, 2013; Neilson and Rossiter, 2005). Hence, precarisation designates a growing insecurity in personal matters and in objective respects regarding employment conditions. Processes of precarisation incorporate more privileged working groups (Kalleberg, 2009). In this respect, not all kinds of provisional occupations constitute a lower status (McDowell et al., 2009). The effects and conditions of precarity cannot be restricted to a generalised section of the working population without addressing its effects on the specific social categories, such as gender, ethnicity, and class. Notably, the role of gender impacts how precarious employment is experienced and how it renders certain jobs more precarious than others (Worth, 2016). This reflects the

tendency of the job market to create 'non-standard' employment, drawing on stereotypical preconceptions attached to social categories (McDowell et al., 2009).

Hence, a broad and generalised notion of precarity eliminates the agency of workers, representing them as disempowered victims of the uncontrollable demands of capital. In this respect, characterising precarity as a general and collective phenomenon renders it as a political tool that guarantees the subservience of individuals who feel helpless in the face of capital (Alberti, et al., 2018). In the context of the hospital, precarity is recognised as a part of labour processes and is also utilised as a political tool (Jørgensen, 2015). The concept of precarity recognises the political potentialities that women workers can depict.

Central patterns of precarisation in the labour market identify organisational and state structures as the key drivers of precarity. Managers in companies create forms of precarisation by executing particular contractual forms that involve temporary agency work, with zero-hour contracts and subcontracting (Forde and Slater, 2016). Hence, one form of precarisation is contractual differentiation, where companies have three models of contractual statuses in the case of delivery work (Moore and Newsome, 2018). These include the employment of drivers, self-employed owner-drivers, and home-based couriers with very reduced links to the company. Within these lines, employers weaken employment relations through unpaid labour and work intensification, exacerbating features that are related with the 'self-employed' status. These tactics create competition between employees that have different contractual statuses. This mechanism implies that workers experience uncertainty around their contractual status, establishing that precarious work becomes the 'new norm' in these sectors of the labour market.

Equally, processes of precarisation reflect the deterioration of the standard employment relationship (SER), and the increase in non-standard forms of employment (NSFE) through the secession of protective apparatuses (Rubery et al., 2018). At the same time, it has been displayed that precarity is also experienced among managerial ranks (Hassard and Morris, 2018). In this respect, the focus is on a different labour force pool, which differs from usual perceptions of precarity related with low-paid and lower-skilled occupations. A sense of insecurity has been increased as organisational superiors make workers feel disposable. In the context of the

hospital, women cleaners are also positioned within these effects of precarity that render them disposable.

The discourse of shifting labour arrangements (Moore and Newsome, 2018) enhances productivity (Hassard and Morris, 2018) by jeopardising the SER through organisational coercive power. In this light, processes of precarisation have direct impact on working relations (Rubery et al., 2018). These organisational formations enhance behaviours of workers who are under a post-Fordist, market-oriented labour regime, being ‘increasingly atomised and deprived of solidarity’ (Noelle More, 2012: 376). Therefore, these neoliberal production processes lead to the growth of precarious workers who ‘lack a work-based identity’ and do not ‘feel part of a solidaristic labour community’ (Noelle More, 2012: 377). Consequently, under these terms, precarity enforces the need to produce an improved ‘you’, to be productive and special. These notions complement the logic of neoliberalism that aims for the optimisation of individual workers.

Hence, precarity is situated between structural interconnections of neoliberalism and immigration. Kirtsoglou and Tsimouris (2018) referred to the interconnections of neoliberalism, racism, and formations of subjectivity. Attitudes that revolve around the self-made, upwardly mobile, and hard-working migrant create a neoliberal governmentality of immigration (Kirtsoglou and Tsimouris, 2018). The example of the Albanian migrant is considered the most ‘successful’ case of integration in Greek society, showing the connection between migration and neoliberal governmentality. Immigrants in Greece were perceived as a dangerous ‘class dangereuse’ (Lazaridis and Wickens 1999: 646). They were also seen as the precarious proletariat of a society that was becoming increasingly fascinated with consumption. Albanian immigrants were accepted since they offered cheap labour, executing difficult tasks that local people gradually avoided. Apart from highlighting the neoliberal subject, precarity offers a paradox as well. Empathy adds to the potential unifying aspect of precarity. Kirtsoglou and Theodossopoulos (2018) reevaluated the concept of ‘empathy’ articulated as solidarity, to mark the strained relations between a humanitarian attitude and political action. They argued that empathy can be used as a political notion that can potentially destabilise power and act as resistance. The empathetic point of view generates a process of sharing in the form of knowledge,

something that weakens fixed conceptualisations of social structure and subjectivity. Being empathetic teaches one to envision a world from the other's point of view, creating an affirmative political praxis recognised as a radical vision (Kirtsoglou and Theodossopoulos, 2018).

Framing precarity within a more political theoretical schema captures both manifestations of individualism and politics of collectivity. Within the organisational context of the Greek public hospital and through the lifeworlds of women, precarity creates space for political action and 'radical consciousness' (Dorre et al., 2006; Fantone, 2007). Consciousness in the working space is expressed through collective actions in the form of labour unions, creating politics of resistance (Herod, 2003). These responses challenge labour conditions that threaten the lives of workers globally. Hardt and Negri (2004) characterised migrants as a category that challenge victimhood, pointing out their revolutionary potential as a group. Thus, generalised notions of 'the precariat' victimise workers instead of addressing what workers do to challenge processes of precarisation. They can create space for working politics in the form of an active working class movement (Smith and Pun, 2018).

Tsianos and Papadopoulos (2006) argued that precarity is not an experience but a set of embodied experiences within exploratory conditions in post-Fordist societies. Building on the notion of the imagined 'we' as a 'bounded being', an altered approach to the formation of subjectivity has been conceptualised (Butler, 2004). They argued that the new social subject does not remain static in the process of production. It is rather a subjectivity that works on its situated and embodied experiences. In this sense, a precarious worker can transform into a new social subject that is fearsome (Tsianos and Papadopoulos, 2006). These theoretical stances create assembly points for resistance in the sense that precarity presupposes spaces of radical working consciousness (Waite, 2009).

There is also the need to understand how women cleaners find ways to alleviate and negotiate the effects of precarity in their lifeworlds. Hence, I identify different expressions through which precarity may become intensified and challenged both inside and outside the workplace, illustrating the ways in which women workers act on them. Precarity goes beyond the working space, including elements of life, the home, and intimate and social relations (Neilson and Rossiter, 2008). Precarity is

largely centred on subjective dimensions, including ontological insecurity, insecure livelihoods, and social belonging (Butler, 2006; Millar, 2014), life trajectories, feelings, and meanings of precariousness, and implications of vulnerability (Worth 2016). Understanding precarity from a lifeworld perspective indicates how processes of labour precarisation touch the livelihoods and citizenship of migrants (Anderson 2010; Lewis et al. 2014; Schierup et al. 2015; Waite and Lewis 2017), thus representing the migrant as the ‘quintessential incarnation’ (Schierup and Jørgensen 2016: 948) of these emergent conditions.

Life precarity refers to a situation in which individuals do not have stable life conditions. This involves a lack of life security and a sense of permanently living in an unstable environment with no options to make plans for the future (Cangià, 2018). This contributes further to the concept of precarity without utilising it as a labour market condition alone. Precarity has been conceptualised as a subjective experience influenced by cultural values, gender roles, family life, intimate ties, and social relations (Cangià, 2018). These include the transition from work life to unemployment, and the inability to plan ahead under such circumstances. Gender also has an impact on how precarity is experienced (Vosko, 2004; Vosko et al., 2009). Under these notions, precarity becomes an ambiguous and uncertain stage. In the context of the hospital, precarity characterises the lives of women cleaners while transitioning from one working condition to another, that of private life (Greco and Stenner, 2017). Within these notions, feelings of precarity can be driven by the hope and desire for change.

These hopes are followed by the need to give new meanings to personal trajectories (Greco and Stenner, 2017). Therefore, the experience of precarity under the scope of life is complemented not only by the vulnerability that comes with feeling uncertain but also by the prospect of exploring one’s possible alternatives. In this sense, precarity can affect the ability to imagine what comes next (Cangià, 2018). In the context of women’s lives, the role of gender and ethnicity overlaps with their strategies for contesting precarity within and outside their work. Consequently, contextualising theorisations of precarity to understand the working lives of women workers embraces all of the above and proposes that various and coinciding tendencies feed into and challenge one another (Casas-Cortés, 2014).

Within processes of precarisation, migrant workers are seen as a fragile segment of the labour force. They are associated with the reserve army of the labour force that is enforced through market deregulation (Farris, 2015). As the reserve army of labour, ‘migrants are treated less as potential citizens than units of labor, the supply of which can (in theory at least) be turned on and off’ (May et al., 2010: 162). Subjective and collective struggles that contest and negotiate feelings of precarity present how workers recreate their class consciousness. Elaborating further on the labour processes under which migrant workers are treated less as potential citizens and more as units of labour (Farris, 2015), precarity symbolises and represents a limbo state. This can be associated with the condition of liminality (Van Gennep 1961; Turner 1970), which becomes an ambiguous and in-between space that augments feelings of uncertainty. Under these notions, in the context of the hospital, feelings of liminality become inherent features of labour processes, revealing the organisational working arrangements that women cleaners are embedded in. The concept of liminality captures the interval and situated features of the hospital as an organisation.

### **Liminality and the organisational experience**

The concept of liminality in organisational studies tackles and enhances aspects of contemporary organisations. These concepts refer to individual dynamics and to organisational challenges related to the transformative nature of work. The concept of liminality has developed the understanding of integral difficulties and conflicts associated with the process of transitioning from one condition of organisational identity to another (Söderlund and Borg, 2017). In the context of the hospital, liminality sheds light on the organisational limbo under which women cleaners are embedded, as they are under a constant fear of feeling downgraded and marginalised by other hospital ranks. Integrating liminality with the literature review reveals the challenges and important effects of developing and living within various organisational identities and conflicting value systems. I detect the different ways in which liminality is utilised in organisational studies, allowing comparisons and differences to be made across studies.

The concept of ‘liminality’ originates from the Latin work *limen*, and means threshold. Van Gennep (1909) introduced the concept of liminality, signifying it as a transition from one social state to another. The most common example is the ritual

initiation of an adolescent into adulthood. Van Gennep (1909) acknowledged forms of rituals that involve three distinct and generic phases. These stages present an insightful way to capture and understand human experience. Initially, the 'separation phase' occurs when the individual is separated from a previous social state, including signs of detachment and anxiety. Next comes the 'liminal phase' which resembles a transitioning state, signifying uncertainty for the liminal individual or collective experience. Finally, the 'incorporation phase' establishes a sense of integration, resulting in a new and secure state. Van Gennep (1909) reported on the development of these stages over time, and this resembled the individual's lifetime. In later developments, Turner highlighted the value of Van Gennep's research, expanding more on the effects of liminality. Turner (1969) investigated how liminality formed the individual's experience and personality. The liminal subject has been regarded as 'betwixt and between' (Turner, 1969: 95), being situated in a social location that cannot be defined. Turner (1982: 24) noted that liminality could be considered a kind of 'social limbo', sharing some traits with either the previous or the following stage.

Revisiting the principal anthropological elements of liminality based on the research of Van Gennep (1909) and Turner (1968) is critical. These elements are utilised to capture the liminal experience, the rituals involved, and how they are translated in the context of the public hospital. Van Gennep's and Turner's anthropological analysis manifested a means of understanding individuals' social development. Van Gennep focused more on processes of ageing, and Turner developed the concept by looking at how personality is shaped, emphasising mostly on the ambiguous state of liminality. The liminal phase is used in the context of the hospital as women cleaners mostly experience a sense of liminality, being 'betwixt and between', as they deal with their transition to a space with certain protocols and rules, a factor that characterises both their personal and their collective experiences as ambiguous. Women cleaners undergo liminality as a state that represents an intense stage of development, generating insights into both their past and future experiences (Thomassen, 2015). Integrating the notion of liminality and grasping its anthropological sense sheds light on individual women workers' starting points as they enter the hospital and develop their work experience gradually. It also highlights the complexities of contemporary organisational working life.

More recently, the concept of liminality was used in organisational contexts to depict individuals' transitioning processes between different stages. Rites of passage that address the liminal phase as a challenge, thereby displaying it as a process of individual identity construction and reconstruction, were explored (Beech, 2011). These elements of liminality highlight how an identity changes in order to adapt to an organisational context. Hence, individuals are placed in a process in which they reconstruct a new identity, being in an active dialogue with the new context and themselves (Söderlund and Borg, 2017).

In this respect, liminality has been conceptualised as a process of identity formation. Changes in identity have been viewed as a liminal process that involves three distinct liminal practices in identity work (Beech, 2011). Through experimentation, the individual constructs and visualises a new identity; through reflection, the individual questions the self; and through recognition, the individual reacts to an identity that is attached to them. It has been argued that this process is activated through organisational changes that later force the individual to enter into a liminal phase, becoming structurally invisible and thus embracing a 'paradoxical identity' (Beech, 2011). This conceptualisation suggests a means for understanding the phase of 'in-between-ness' as a process of identity reconstruction. This in-betweenness is an interaction between the self and the organisational context and underlines the process of handling the emotional challenges of liminality. At the same time, liminal phases can also be voluntarily entered into, and this is demonstrated through an analysis of participation in management programmes (Tansley and Tietze, 2013), MBA programmes (Simpson et al., 2010), and entrepreneurial projects (Henfridsson and Yoo, 2014). Entering a liminal phase voluntarily points out to individual consciousness. Individuals acknowledge that the liminal subject identifies with existing restraints and hence strive to find ways to cope with these complex transitional changes.

The concept of liminality has analysed the subject's position as liminal. Individual actors are neither this nor that, and this identifies them as significantly liminal (Ybema et al., 2011). Individual actors' being in between two identity positions for extended periods of time is seen as an 'ongoing state of affairs', transitioning from one position to the other (Ybema et al., 2011: 21). In this respect, women cleaners

occupy liminal positions as they are situated between complex organisational structures and develop ways to manage conflicting requirements involved in the protocols of the hospital. Being in between these requirements, it is addressed how women cleaners use a set of practices to cope with their working situation (Ybema et al., 2011; Söderlund and Borg, 2017), highlighting their conscious choices to manage their liminal working roles.

The state of liminality has negative consequences for work-life balance, leading to a conflict between rival value systems. These conditions have an effect on individual well-being (Kirton, 2013). Similarly, the wearisome part of being between jobs has detrimental effects on identity formation (Boland, 2016), especially when workers are seen as being 'permanent newcomers' (Winkler and Mahmood, 2015). These conditions underline the complexity of liminal positions that lead to a state of crisis. The above theorisations make a clear connection between the interactions of the individual worker and the organisational and social structures regarding workers' processes of identity change. These bodies of work contribute to the understanding of the liminal process as the individual is placed between two identity positions. In this in-between process, workers are neither one nor the other (Ybema, 2011). In line with the classic core elements of the concept, the state of liminality is utilised to show an uncertain state that individuals undergo by pressure (Beech, 2011). Individuals go through an uncertain stage following their own choice (Simpson et al., 2010; Tansley and Tietze, 2013), which is in line with Turner's reinterpretation of liminal phases in which personalities are gradually shaped.

Potentialities (Söderlund and Borg, 2017) and detrimental aspects (Winkler and Mahmood 2015) are triggered by liminality. These aspects underline how workers develop multiple identities and enhance their abilities to balance themselves in a liminal position over a lengthy period (Johnsen and Sorensen, 2015). Notions of collective or organisational liminality highlight the ability of the collective to experience the ambiguous in-between phase. Thus, organisational challenges that are associated with the liminal phase illustrate how collectives manage to handle challenges such as crises (Petriglieri, 2015) in which individuals collectively agree upon imperative transformations (Howard-Grenville et al., 2011). During this liminal process, rituals such as ceremonies are performed (Thomassen, 2014).

The concept of liminality has been utilised to address how the organisation can improve its collective creative abilities where individual workers develop their knowledge and contribute to organisational efficiency and effectiveness (Wagner et al., 2009). However, it has been presented that an excessive use of power over those individuals who are located in liminal positions makes them distrust the organisation, and this augments the sense of in-betweenness (Tempest and Starkey, 2004; Swart and Kinnie, 2014). While measures were taken by organisations to handle this ambiguity, the results led to an increase in their control, thus creating counter-productive effects (Clegg et al., 2015).

Drawing on these bodies of work that highlight the collective's ability to experience the ambiguous phase (Wagner et al., 2009), identifies the organisation's use of power (Swart and Kinnie, 2014; Clegg et al., 2015) something that can be displayed in the context of the hospital. Specifically, examining how the consequences around the exercise of power operate to the disadvantage of liminal workers, it is investigated how cleaners are caught between biomedical mentalities and a specific organisational protocol. Both problems that may occur during the identity construction are illustrated, and the skills and abilities developed to handle the liminal positions and roles are also presented (Beech, 2011).

Through this framework, hospitals' organisational reality and the collective identity of the cleaners is highlighted. I identify how the transitional liminal period leads women cleaners to engage in sense-making that establishes who they were, who they are, who they are becoming, and who they would like to become (Conroy and O'Leary-Kelly 2014). I address how women cleaners imagine their futures, focusing on how new and upcoming hospital organisational conditions create possibilities for them to act collectively. Reviewing the main concepts pertaining to organisational liminality illuminates the complexity of the hierarchical working arrangements of a hospital. It also recognises the ways in which workers are situated within these liminal organisational arrangements. To complement notions around precarity and organisational liminality and to elaborate further on the notion of limbo, I review bodies of literature that centre on the hospital as a working site.

### **The hospital as a working site**

Thus far, I have reviewed the nexus between global labour processes and migration, focusing on how exploitative working conditions lead to vulnerable and/or empowered gendered, ethnicised, and classed manifestations. I reviewed the literature on the processes of precarisation and workers' ways of contesting its detrimental effects, assessing the organisational liminal experience. Women workers in the hospital are embedded within an organisational limbo and are caught between biomedical mentalities. In the last section, I addressed the complexity of the hospital as a working site, revealing aspects, processes, and practices that characterise the working experiences of women cleaners and how workers act on them.

### **Working relations in the hospital**

Space not only comprises its built environment, but is also a social site where power relations are displayed and social identities are constructed (Taylor and Spicer, 2007). Another aspect of the healthcare literature has demonstrated matters on the worker-to-worker aggression that contributes to the understanding of hierarchies within the context of the hospital. Johnston and Hodge (2014) discussed that worker-to-worker violence is prevalent in healthcare settings. This issue has negative implications for both employees and organisations. Security guards have considered certain tasks as undignified within the hospital setting. They were treated with disrespect by other colleagues and organisational members (Johnston and Hodge, 2014). Patient care associates and nurses were more likely to be perpetrators than those engaged in other jobs (Hamblin et al., 2015). Violence among healthcare workers may result from power imbalances because of professional rank or seniority (Felblinger, 2008). Workplace violence negatively influences both workers and the organisation with respect to job satisfaction and organisational commitment (Demir and Rodwell, 2012).

Hospitals are gendered working spaces (Bourgeault et al., 2012). The hospital has been conceptualised as a site of gendered performance, based on the ways in which it is used by the people within it. Gendered differences intersect with differences motivated by professional status and other factors. Nurses and midwives experienced more limited access to certain spaces than physicians, yet they claimed their spatial territory, marginalising doctors through their body language (Halford and Leonard, 2006). Working space could be created and re-created by the gendered performances

of women cleaners and it could be conceptualised as a site of both resistance and empowerment (Bourgeault et al., 2012). Different organisational members negotiate and work together, thus improving their work and the built environment (Sadatsafavi et al., 2013). As a result, the working space is a site where social meanings are given in collaboration with different organisational members. It has been demonstrated how the needs of 'all users' of hospital patient rooms were assessed so that those spaces could become functional for the workers that clean the rooms, so that the carers and the patients can have comfortable healing spaces (Lavender et al., 2015). Thus, the strengthening of collaborative and inter-professional practices in healthcare and hospitals seems to be a complex but important task as it highlights the recognition of individual needs. The emergence of professional agency in a hospital work context becomes evident. The emergence of these forms of agency varied across professional groups and were characterised as hierarchical and non-collaborative, thus reflecting power relations in the organisation of the hospital (Collin et al., 2011; Paloniemi and Collin, 2012).

Notions of worker-to-worker aggression shed light on the more mundane aspects of dirty work. It contributed to the discussion on formations of dignity and expressions of worth in the working space as well. Nevertheless, to add more complexity to the discussion on the construction of organisational identity, I review emotional labour. This way, I provide a more complex understanding of cleaning in the hospital as a dirty work occupation. Including dirty work, emotional labour, and respectability in the conversation helps me demonstrate the emotionality of cleaning, thus illustrating how identity differences can augment the experience of taint among marginalised groups. I consider that the symbolic aspects around dirty work, embodied by identity differences and emotional labour, are co-constructed, and, in turn, constitute women cleaners' working experience in hospitals.

### **Emotional labour and taint**

Workers' emotions in an organisational setting can be 'commodified', in the sense that workers are anticipated to act and feel in ways that assemble organisational demands (Hochschild, 1983). Hence, in organisational contexts, individuals direct their emotions to present a socially acceptable or expected self-image through 'surface' or 'deep' acting (Hochschild, 2003; Hochschild, 1983). By utilising this

concept in the context of the public hospital, it is addressed how cleaners filter out their emotions regarding their contact with patients and with their personal perceptions towards fear and risk of disease. Nonetheless, some emotional labour is, to an extent, free of organisational demands (Bolton, 2000). Hence, in contrast with Hochschild's (1983) original theory, workers in a healthcare setting may resist institutional demands that do not reward or encourage emotional labour (Bolton, 2000; Rodriguez, 2011). Cleaning in the hospital is a gendered practice located in the place where care is given, identifying the sources of emotional labour in the social care setting, ensuring that emotional labour is recognised and valued (Riley and Weiss, 2016).

Although cleaners are outsourced workers following instructions from a private cleaning company, they can neither operate independently of the hospital's rules and standards, nor detach themselves from the organisation's aim to provide care. Emotional labour is relevant in the sense that workers engage with both deep and surface acting. They control their feelings and conform to organisational rules and structures because of the pressure of unemployment and uncertainty for their future. In my research, I found that recent labour shifts, that is, an unclear situation of the working contracts with the company and the hospital, place cleaners in a precarious state. They have to control their feelings and do their best to avoid unemployment. At the same time, they have to comply with the institutions' rules and regulations on the disinfection and cleaning protocols, even if those procedures are unpleasant. Thus, notions of emotional labour as well as negotiation of taint are highlighted in the organisational context of the hospital.

An overlapping concept with emotional labour and notions of taint is body work (Wolkowitz, 2006). Practices of care have been shaped by interweaving regulatory mechanisms associated with home care, along with the physical and affective dimensions of intimate bodywork (England and Dyck, 2011). Wolkowitz (2006) located practices of care from an embodied perspective, in line with notions of rehabilitative care practices that transform the body work of care (Hansen, 2016). These practices become a new strategy for care workers to negotiate notions of 'social taint' (Hughes, 1962). These practices include motivational work to help individuals see themselves as efficient and autonomous (Hansen, 2016), transforming the

bodywork of care (Hansen, 2016). Care is manifested through the embodied active interaction of the bodies that reveal formulations of agency from both carers and patients (England and Dyck, 2011).

Even though the cleaners in my study are not in direct contact with patient bodies, their contact with patients and patients' body products is almost inevitable. Embodiment unpacks the ways in which cleaning becomes an embodied and gendered practice. Women cleaners' work is regularly limited to forms of 'body work', dealing with other people's body products (Wolkowitz, 2014). At the same time, care work in hospitals is provided not only by nurses, as anticipated, but also by workers such as cleaners, which is not expected (Dyer et al., 2008). Care overlaps with services of cleaning. Often cleaners overtake services of care within the hospital, yet the hospital's organisational structure does not recognise the emotional labour put in by cleaners. These interactions are explored, wherein they are assessed and analysed as embodied practices, placed in the Greek public hospital.

### **Constructing the respectability of dirty work**

Organisations create and recreate inequalities through their structures, practices, and culture. Consequently, working relations become gendered through different mechanisms and processes (Acker, 2006). At the same time, labour and market processes become gendered, classed, and racialised (Glucksmann, 2009) through working relations. Within these wider organisational structures, the hospital is understood as a gendered space. Cleaning is a form of tainted work and is situated around notions of dirty work. Workers attach symbolic positive meanings to organisational strategies to counter socially tainted connotations that characterise cleaning. The origins of the concept 'dirty work' are influenced by Mary Douglas' (1966) ground-breaking work on the symbolic dimensions of dirt. Dirt has been considered a 'disorder' and as 'matter out of place', as a violation of the cultural order (Douglas, 2003). Therefore, cleanliness and dirt have been presented to have a social and moral significance. Thus, those who undertake occupations that deal with physical dirt are separated socially from other groups (Dick, 2005). In this light, dirty work refers to professions that are stigmatised because of their associations with physical (dirt, death, danger), socially tainted clients, and/or moral (sinful, deceptive) issues (Ashforth and Kreiner, 1999). The existence of taint reduces dirty work occupations to being seen as less prestigious (Ashforth and Kreiner, 2014). The stigma of dirty work persists, as it stains the very character of those who perform it (Hughes et al., 2017).

Within the hospital setting, cleaning is carried out by women cleaners who are positioned within this 'stained' social and moral status. In this respect, dirt and dirty work are inherent aspects of the labour processes, tied up with a moral and social order with direct implications for workers' prestige, their working hierarchies, and their social positioning. Similarly, notions around dirty work are based on a classification of a certain task or occupation as well as a working role (Simpson et al., 2016). According to these notions, dirt is understood socially rather than as a material entity, illustrating the significance of perceptions and meanings constructed around the socially tainted work. Acknowledging the symbolic aspect of dirt indicates that those involved in dirty occupations are morally and socially stigmatised. Dirt generates stigmatising conditions to the extent that individuals become tainted and hence excluded from full social acceptance, making identity management problematic

(Bolton, 2005). Within a neoliberal context, a sense of public hostility and anxiety is expressed against those who are poor, unemployed, and from migrant backgrounds. These social groups consist of populations that are seen 'as a parasitical drain upon scarce resources' (Tyler, 2013: 211). In that sense, social stigma is attached to neoliberal governmentalities that operate through a daily production and channelling of stigma against those who are socially and morally marginalised (Tyler, 2013).

Therefore, normalisation strategies structure processes of meaning-making, leading to the reconceptualisation of the context of work involved, rendering tainted work as acceptable (Ashforth et al., 2007). These occupational strategies contest the social stigma associated with the work involved and processes such as: 'reframing', which alters the meaning of dirty work, by introducing valuable symbolic elements, 'recalibrating', that suggests changing the perceptual standards characterising and thereby diminishing dirty work elements. Lastly, 'refocusing' takes the attention away from the stigmatised to the non-stigmatised elements of the work (Ashforth and Kreiner, 1999).

Workers reconceptualise dirty work, attaching positive elements through group occupational cultures and ideologies. Within these notions, refuse collectors feel a sense of contentment from conducting a necessary service under challenging conditions, producing a resilient occupational and group culture (Hughes et al., 2016). Similarly, care workers develop a feeling of pride, undertaking work that others would be too scrupulous to perform (Stacey, 2011). In the context of the hospital, cleaners use strategies to reframe cleaning, while attaching status to their role and their services, recalibrating and refocusing, in order to emphasise the benefits of their job.

Nevertheless, this socially constructivist approach tends to prioritise working group strategies to the disadvantage of contextualised social processes and factors (Dick, 2005). Specifically, socially constructed meanings of dirty work overlook how views and experiences of dirty work and the ways in which taint is managed are influenced by identity characteristics based on gender, race, nationality, and class (Simpson and Simpson, 2018). The notion of 'embodied suitability' (Simpson et al., 2012) demarcates that some occupations are seen as being suitable for some groups and not for others. McDowell (2009) argued that 'embodied characteristics' produce a

customary set of assessments that situate workers as more or less appropriate to undertake diverse types of jobs. Embodied suitability considers that dirty working roles are established on traditionally gendered lines, something that has been illustrated through the experiences of women as care workers (Anderson, 2000). These jobs suggest connotations that imply that characteristics such as care and nurture are socially conventional features attached to women. Practices of work associated with physical taint are the domain of men, including male slaughtermen and butchers (Simpson et al., 2014).

Additionally, class, race and migration are also categories that influence how the work is experienced and perceived. Working class subjects undertake physically tainted work (Simpson et al., 2014; Hughes et al., 2016). Similarly, in the context of domestic service, Duffy (2005) addressed the gendered and raced segmentation of such work. Forms of low-status dirty work overlap with socio-economic and migrant categories (Simpson and Simpson, 2018). Ashforth and Kreiner (2014: 430) noted that there is a 'recursive loop' where 'questionable essentialist stereotypes' adopt a normative viewpoint, where low-status dirty work is devolved to marginalised demographic categories, reinforcing the relationship between the two (Simpson and Simpson, 2018).

A review of the literature on dirty work acknowledges the role of gender as an embodied aspect of the theorisation of the dirty work. Drawing on this, I use gender as an analytical point of departure, in understanding how taint is managed and how women cleaners create meaning out of their work. Hence, I address how women cleaners' bodies are inscribed with gendered, ethnicised, and classed meanings and how their skills and qualities become devalued and 'tainted'. The concepts of dignity combined with the work of Beverley Skeggs (1997) on value and respectability become helpful. These concepts unpack how women workers who feel devalued use and reinforce social classifications to gain value and respectability.

The concept of respectability is one of the most critical signifiers of class (Skeggs, 1997). It is an ambitious moral standard, fundamental for the search of social value and recognition. Skeggs (1997) identified the limited opportunities that working class women have, lacking prospects for symbolic recognition (Skeggs & Loveday, 2012), as they 'cannot access or increase capital assets' (Skeggs, 1997: 9). Thus,

respectability concerns only those who do not have it and ‘it is rarely recognised as an issue by those who are positioned with it, who are normalised by it, and do not have to prove it’ (Skeggs, 1997: 1). Yet, those who lack respectability are identified as lacking in social value (Skeggs, 1997), value that is accomplished through the assignment of acceptability (McKenzie, 2015).

One of the important strategies in the pursuit of respectability is dis-identification, which is claim for value. Working class women use dis-identification to distance themselves from stereotypes associated with the working class (Latimer and Skeggs, 2011), in order to become subjects of value (Skeggs and Loveday, 2012). Hence, along with notions of self-worth and formations of dignity, women workers practised dis-identification (Skeggs, 1997) in order to pass as respectable something that challenges both their working disposability as well as to counter the stigma of the dirty worker.

The notion of dignity is used as a sense of self-worth, self-respect, and at the same time, as a means to ‘appreciate the respect of others’ (Hodson, 2001). Since, work is a big part of people’s lives, dignity is crucial for the self-worth of workers (Bolton, 2007) and as a result, it can be seen as a constituent of the working processes. Foxconn Technology Group acts as a wholesome institution that imposes ‘indignities’ on its workers, harming their self-respect and self-worth (Lucas et al., 2013). The working processes of this specific institution has been assessed to highlight the ways in which undignified working conditions harm the lives of workers (Lucas et al., 2013).

Similarly, hospital private security officers manifest formations of masculinity in order to negotiate the ‘dirty’ boundaries of their work, and to maintain their statuses as ‘authoritative subjects’ depicting resiliency and emotional detachment towards morbid hospital processes (Johnston and Hodge, 2014). Hence, managing taint can be comprehended in relation to embodied and gendered meanings that hospital security guards subscribe to and perform throughout their work (Johnston and Hodge, 2014; Bolton, 2007). Embodied and gendered meanings that classify this form of dirty work place an additional pressure on men and women working in such spaces. Therefore, the absence of dignity (Lucas et al., 2013) indicates the workers’ increased vulnerability and raises additional barriers to the pursuit of self-worth. The hospital

reproduces the stigma of social taint through aggressions and hostilities between workers (Hodson, 2001).. Therefore, elaborating on the working relations in the hospital highlights how workers can be made vulnerable in organisational structures.

## **Cleaning as a part of care work**

Näre (2012) argued that cleaning constitutes domestic work and is not related to care. Literature on social reproduction and care focuses more on the skilled female migrants that offer their nursing services to the state (Kofman, 2012). In this case, care that overlaps with social reproduction cannot be seen as ‘mundane’ (Näre, 2012). Social care and domestic work are considered different labour processes with different moral meanings. Hence, re-theorising the practices of domestic work as social care results in the eradication of the differences between caring on the one hand and more everyday cleaning tasks on the other (Näre, 2012). Care work contrasts cleaning not only in terms of the actual labour tasks, but also with respect to the social and moral value that this labour carries. In this respect, care work connotes a different social status and demands different skills from the worker (Kofman, 2012) such as body work (Twigg, 2000; Wolkowitz, 2006) and also comprises forms of emotional labour (Hochschild, 1983) as indicated by Dyer et al. (2008). Domestic work, on the one hand, includes some tasks that are perceived as being dirtier and less appreciated than others. Thus, Näre (2012) used ‘social care’ to refer to elder and children care. The terms ‘domestic work’ and ‘household work’ are used to refer to the work that involves cleaning and cooking.

On the other hand, domestic care work and everyday work practices may overlap (Deguili, 2007). Not including cleaning in the discussion around care services excludes those who undertake lower paid and lower status work, primarily women of colour (Duffy, 2005), neglecting to address how class and racial hierarchies are constructed. Duffy (2005: 70) argued against a definition of caring work as reproductive work or ‘the work that is necessary to ensure the daily maintenance and ongoing reproduction of the labour force’. In that sense care is re-theorised as non-relational work and thus cleaning is involved as part of care.

I recognise that cleaning as an outsourced service has spatial and organisational differences when compared with domestic work. In particular, the working processes include different hierarchies, since domestic work has no legal protection framework for the workers in many countries (Hondagneu-Sotelo, 1994), whereas outsourced services constitute contractual labour. In the context of my study, I indicate ways in which cleaning as a working practice overlaps with care, embedding formations of

emotional labour and body work as part of their working practices. Hence, I consider that cleaning is not far entrenched from care work (Dyer et al., 2008). It is an occupation that includes feelings of empathy, compassion, and affection, as well as mourning (Nelson and Folbre, 2000). In this respect, I review how notions of grief and bereavement are translated in the working site of the hospital.

### **The governmentality of the fear of disease**

Governmentality concerns the formation of systems of power. It concerns forms of knowledge and intervention that rationalise the exercise of disciplinary control over individuals (Foucault, 2000). Undoing the term into 'govern' and 'mentality', governmentality refers to the governance of a mentality (Rose, 2000). This process is communicated through practices and tactics of power that, in turn, monitor everyday subjects to act according to social principles (Dean, 2010). Consequently, everyday activity is an outcome of techniques of governance that transform social principles and norms into daily practices through a process of normalisation (Foucault and Faubion, 2000).

Notions of health and safety as well as notions of fear of disease are associated with the organisation of the hospital to monitor individuals' bodies indirectly. These are 'techniques for achieving the subjugation of bodies and the control of populations' (Foucault, 1977: 140). In the same way that wellness programmes aim to assist people in taking ownership of their own health (Herzog et al., 2016), much as criminal justice programmes aim at assisting criminals to take control over their own conduct, public hospitals exert greater biopolitical control over workers (Rose, 2000). Within these theorisations the hospital becomes an organisation under which biomedical governmentality refers to the control of workers. Consequently, governmentality is translated in the context of the hospital through notions about health and safety. These governing mentalities enhance the sense of uncertainty, augmenting feelings of liminality, thus rendering the labour force into a state of limbo.

Furthermore, governmentality has been used to discuss the effects of neoliberalism (Brown, 2015) around market principles and forms of organisation that dominate employment relations (Gay et al., 1996). In this sense, the notion of governmentality establishes itself in organisational power relations in the sphere of work and

employment (Fleming, 2014). Neoliberalism, within the framework of governmentality, is perceived as a form of governance that extends ‘a specific formulation of economic values, practices, and metrics to every dimension of human life’ (Brown, 2015: 30), involving mechanisms generalised to all ‘social relations, including human subjectivity itself’ (Foucault, 2008: 241). Within organisational frameworks, governmentality reveals how norms, values (Boland, 2016), and forms of workplace identity and principles are enforced on individual workers (Gleadle et al., 2008). Consequently, governmentality is not about individuals who exert direct control over a territory; instead, it is about how norms are unconsciously produced and reproduced, making governance at a distance possible (Rose, 2000). This way, power is diffused and practised by individuals in everyday mundane practices (Ettlinger, 2007).

The disciplinary effects of governmentality are also associated with fear of disease, a feeling associated with the role of the institution and the discourse of societal risk. In that sense, institutions become accountable for the management of risk, they are connected with and constitute part of the problem (Beck, 2000). Understanding risk through the lens of governmentality depicts it as a strategy of social control brought about by the reasoning of the state and of civil society, which individuals take responsibility for, in both cases (Rangel and Adam, 2014). In the organisational context of the hospital, managing the risk of disease operates through the governing practices of self-surveillance and self-discipline (Mangan, 2009).

However, theorisations of governmentality and the disciplinary power of the risk of disease operated through self-surveillance and self-discipline mostly critique the rigidity of the organisational structures. Focusing on the wider social and labour structures and their complementing aspects such as governmentality overlooks how the individual worker can handle matters of power. In that sense, governmentality does not characterise individuals as either victims or rebels in this process (Foucault, 1980). It is rather about the ‘intention of power as invested in its real and effective practices’ (Foucault, 1980: 97). Forms of workplace identity are resisted or are endorsed differently by workers (Munro, 2017).

## **Death and mourning in the working site of the hospital**

Death and dying within Western culture are seen as medicalised physical events that take place in hospitals, funeral homes, and morgues (Maddrell, 2016). In the context of the hospital, death and mourning are embedded under the biopower of the hospital 'that concentrates on the lives of free individuals by controlling their environment, the milieu in which they live' (Foucault, 2003: 242–245). Mourning and notions of dying become central, as pertinent features of the liminal organisational structure of the hospital. They are caught in-between the liminality of the hospital because they are constituents of life. Yet, the institution of the hospital culture hinders the healing processes of mourning. Death and grief have spatial dimensions (Maddrell and Sidaway, 2010), through sites of death (Maddrell & Sidaway, 2010) and memorialisation (Kong, 2012). More symbolic elements such as continuing bonds and spiritual presence among the living (Maddrell, 2016) have been conceptualised as elements of absence and presence (Romanillos, 2015). Through spaces of death, battlefields, cemeteries, and memorials (McGeachan, 2014), issues of social class, and social and cultural changes, have been discussed in relation to those who mourn.

Death in migrant communities leads to the creation of deep and lasting foundations for belonging. Migrants embrace burial and funerary practices from the homeland, bringing the diaspora into deathscapes (Hunter, 2016). Dunn et al. (2016) added to a growing recognition of the cultural perceptions and practices around funerals, exposing the contradictions of the use of a health intervention in a 'traditional' funeral and mourning period, which is considered a sacred time-space in rural Tanzania. Maddrell (2016) argues that there are individual and collective relations and social practices that underlie processes of death, mourning and remembrance. Emotional manifestations of attempted suicide through the voices of suicide survivors acknowledge the connections between suicide and mental health, going beyond medical models (Stevenson, 2016), opening up the possibilities for considering suicide as a socio-spatial process. As an embodied and gender-centred perspective, (McNiven, 2016) bridges insights from a feminist reproductive politics and a geographies of death perspective pointing out the limited definitions of death and their implications for the lack of recognition of women's experiences of pregnancy loss.

In these lines, mourning is seen as a complex transitioning, a liminal phase that triggers memories of migration, acknowledges cultural perceptions, and embraces an embodied and gender-centred perspective, challenging the biomedical approach that dismisses this period of mourning as spiritual and non-pragmatic. Social and cultural aspects and processes around dying and death are manifested in the context of the hospital. Migrant women cleaners', embodied experiences of personal loss, body pain, mourning and remembrance in relation to their migration stories can be situated in line with McNiven's (2016) gender-centred perspective and around the view that goes beyond the medical model as mourning becomes an integral aspect of migrant women cleaners' working experiences.

### **Concluding remarks**

In the context of the hospital, power is hidden and operated through the notion of governmentality. Within these notions, cleaners understand these power structures, revealing how governmentality operates as a paradox generating conditions for resistance (McKinlay et al., 2012). These depictions illustrate a sense of liminality in which individuals experience both power and resistance. Discussing the ways in which women cleaners are situated into a liminal state of in-betweenness illustrates how they are embedded within the effects of organisational power structures.

Governmentality is a notion involved in organisations, routines, and strategies that monitor subjects. These elements are communicated by practices of power (Dean, 2010) subjecting every person to constant surveillance (Covaleskie, 1993; Rose et al., 2006). In this way, women cleaners are embedded within power structures. Yet, within this limbo, there is a space to construct spaces of resistance as governmentality has been associated with the creation of social subjects capable of action (Clegg et al., 2015). This way, I identify how women cleaners respond to these monitoring routines by challenging that power. Without disregarding the downside of the monitoring state of governmentality, I address how this in-between condition enables self-reflection, leading to forms of agency (Ghorashi et al., 2018). At the same time, the presence of death in the hospital is a constituent of the biomedical governmentalities. Death becomes a daily routine and becomes normalised. Within these notions, death has been considered an emotionless routine, part of the hospitals' daily plans, characterised by cultural repression (Elias, 1985). At the same time death and

mourning become part of the governmentality that grows through the medical institution (Nordberg, 2016), as they emphasise power and discipline, that are critical for the institutional structure of the hospital. Thus, addressing how women find ways to act upon this governmentality illustrates how they express their own perceptions and understandings of mourning and death.

Feelings surrounding death and practices of mourning are aspects that have not been explored through the view of women cleaners in hospitals. Mourning in the hospital is a practice that reveals information on the intersections between emotions, power relations, and the contested nature of the hospital as a space of memory and loss, as well as a site of mourning (Maddrell, 2016). Drawing on how the presence of death in the hospital impacts the living, the extent to which personal stories of migration and loss influence women cleaners' everyday working lives is identified by relying on the notion of absence and presence (Romanillos, 2015). Particularly acknowledging how the loss of relatives creates a sense of absence sheds light on the ways in which cleaners find ways to feel connected with those who left them, conceptualising the hospital as a space of memory and mourning. Drawing on Dunn et al. (2016), it has been addressed whether cleaners perform rituals to honour their past, thus highlighting how gender, ethnicity, and migration overlap with memorial practices, creating a more critical and deep understanding of the working experience of women cleaners in the hospitals.

Furthermore, precarity constitutes a framework that indicates that work and livelihoods are insecure. I conceptualise precarity both as labour and as an ontological condition, discussing how precarity is experienced both through working relations and through the livelihoods of women cleaners. Precarity as a labour condition has been used to illustrate how the perceived vulnerability of workers entrenches self-interest (McCormack and Salmenniemi, 2016). Labour precarity encourages workers to improve their working personalities (Mäkinen, 2014). Nonetheless, labour precarity generates possibilities for resistance (Waite, 2009). Taking these notions into consideration, it is analysed how precarity in the hospital creates a paradox, thus illustrating how solidarity and individualism are linked. At the same time, precarity has been understood as a feature of life (Lewis et al., 2014), emphasising on the social, economic, labour, and everyday life contexts of those trapped. In this light, I

utilise precarity also as an ontological uncertainty (Neilson and Rossiter, 2005) and a wider existential state (Oudenampsen and Sullivan, 2004). These overlapping states of precarity act as both social and economic conditions (Harris and Nowicki, 2018). I utilise the concept both as an ontological state and as a labour condition to understand women cleaners' experiences through an 'unbounded approach' that goes beyond the notions of uncertain labour regimes (Ettlinger, 2007) in order to include aspects of women cleaners' livelihoods.

Finally, physical taint includes work that is related with dirt. Social taint incorporates workers who are in contact with individuals from stigmatised groups. In the context of the hospital, cleaning is characterised by physical taint, which also triggers social staining. Yet, workers structure ideological strategies to counter tainted associations (Ashforth and Kreiner, 1999). Hence, it is highlighted how women cleaners find ways to modify their dirty work in positive terms through work group cultures and occupational strategies (Ashforth and Kreiner, 1999). At the same time, dirt is also visible as it becomes materialised. Demonstrating how physical stains have a social, symbolic, and moral presence Vachhani (2012) points out how women cleaners represent those who deal with these symbolic schemes of the hospital.

The concept of 'respectability' is utilised to demonstrate how the symbolic, the social, and the physical taint of cleaning are interconnected. Through notions of dirty work, the ways in which physical stain is contextualised within particular social relations and around notions of respectability are acknowledged. In this sense, discussing how women cleaners attribute importance to their work indicates interconnectedness between women cleaners' processes of constructing respectability and the moral value of dirt. At the same time, the management of taint (Ashforth and Kreimer, 1999) has been affected by social identities such as gender, ethnicity, nationality, and class, addressing how the material aspect of cleaning has gender and class implications. In this respect, detecting how women cleaners defy social stigma illustrates how they reinforce their status, while rebranding their work as worthy, respectable, and dignified, and exemplifying how the different social categories have an impact in the process of valuation.

### **Chapter 3: Research methodology**

Research methodology covers the data collection and analysis. This chapter starts with a description of the research setting, which is two hospitals in Athens, Greece. I present the participants, how I accessed the field and how I conducted interviews and onsite observations as I ‘spent the day’ at the hospitals. I also discuss the ethnographic process and how in my research this approach embraces feminist epistemologies. I explain how I analyse my dataset through thematic analysis. Finally, I highlight ethical considerations and conclude with some reflections on my research experience.

#### **Two state hospitals in Athens: *People’s Home and Care for All***

In Greece public hospitals have to secure a high level of care, hygiene, sanitation and cleanness to be compatible with European and international standards. Nonetheless, due to structural, organisational, administrative and financing issues, hospitals have difficulties maintaining coherence across their subsystems and using the state budget effectively (Tountas et al., 2002). This unstable situation continues to lead to the gradual deterioration of hospitals. The situation has worsened due to austerity measures and the decline of general financial conditions (Kentikelenis et al., 2014).

In the context of dismal financial conditions, public hospitals in Greece, in general, are under pressure to adjust to austerity measures due to their absolute dependency on a limited state budget. These measures have severely impacted all aspects of the hospital hierarchy, such as healthcare professionals, cleaners, other support staff, the level of care and the general use of resources. Due to the general austerity imposed, public hospitals have had to lower their operational costs and implement cost-cuts in equipment, support services, staff and space. Cleaning services have been outsourced to private companies, which bring their own equipment and staff (Angelidou, 2013), under the premise that they effectively cover the sanitation and cleaning needs of the hospitals.

Hospitals have rigid institutional functions and structures (Burchell et al., 2008), characterised by power relations that are reproduced and maintained (Navarro, 1986). Women cleaners are within a certain regulatory structure, and while the cleaning company is their employer, the hospital administration sets the protocol that they follow. Their everyday institutional working experiences are complex as the cleaners

are in a constant power struggle between two administrations, that of the hospital and that of the cleaning company. They must negotiate these institutional power relations daily and navigate the spaces as autonomous subjects. Public hospitals constitute an important setting for ethnography because information on the outsourced experiences of workers within medical settings is limited (Moschuris and Kondylis, 2006).

The two hospitals have different profiles (space size, location, staff, patient capacity). Thus, I give a detailed overview of the women's workplaces and interactions with the different hierarchies inside the hospitals (doctors, nurses, cleaners, other staff). Through the perspective of cleaners, I examine the relationship of collaboration/cohabitation between the hospitals and the company/third party, analysing the hospitals as complex organisations with different hierarchies and microsystems. I take a critical approach to considering the structure of the hospital in the politically and financially turbulent context of Greece. Public health is under severe crisis and deterioration, and so, I explore the work routines of the participants in relation to the conversational themes about the structures and current working conditions of the hospitals. These themes include institutional power structures coupled with the risk of disease (Chapter 4), working relations from the perspective of precarity (Chapter 5) and women cleaners' management of cleaning as a tainted occupation (Chapter 6).

My thesis neither focuses on the structures and functions of the state health system nor generalises about public hospitals in Greece. Instead, I critically discuss how two specific groups of cleaners reflect on themselves in the spaces of two hospitals. I visited the two hospitals in 2014 at an earlier stage of my research. It helped me to develop a more long-term, reflexive view of the research setting and participants. This study is not a comparative work, it is rather a multi-sited study that aims to present two different contexts rather on focusing on a comparative dimension. Multi-sited ethnography's objective is to explore social phenomena that do not focus on a single site. It includes a spatially dispersed site through which the ethnographer moves in two or more places. The principle of multi-sited research is to observe people, and understand the relations involved (Falzon, 2016). It investigates relationships across space as 'they are substantially continuous but spatially non-contiguous' (Falzon, 2016:2). Rather than comparing the two hospital's settings that a comparative study

would aim, this study looks at the structures of the working relations in two sites, relating local situations, rather than seeing them as monolithic (ibid).

Located in the centre of Athens, *People's Home* is a major university hospital in high demand. It has a block of buildings and a large hospital and cleaning staff. I had already created a relationship of trust with a key informant, Ismene, who supervised the cleaners. She helped me re-enter the research setting and introduced me to participants. The relationship between the cleaning company and the administration of *People's Home* was conflictual. I invested a lot of time in accessing the field, recognising and acknowledging its power relations.

*Care for All* is in a district of the centre. It is smaller in size and has less staff and patient capacity. The nursing administration and the cleaning company collaborated well and helped me to communicate my research interests and form relationships with key informants and research participants. Therefore, the process of accessing *Care for All* and obtaining consent from the key informants to start the fieldwork was easier. Below I elaborate on my recruitment strategies for both hospitals.

## **Participants**

The subject participants are cleaners employed by the same cleaning company for *People's Home* and *Care for All*. I provide more details about the participants in Appendix 1. There are 24 participants in total, aged from 24 to 65 years, and they are employed on a part-time or full-time basis. According to the cleaning supervisors' staff records for both hospitals of my study, most of the outsourced cleaners are Albanian and ethnic Greek Albanians.

Albanian women had difficulties gaining regular employment when they first arrived (Vullnetari, 2012). The informal sector was the main working niche for women coming from Albania (Charalampopoulou, 2004; Hantzaroula, 2016). Albanian domestic workers have been among the most exploited groups in Greece, facing double discrimination based on Greek xenophobia and misogyny (Topali, 2008). Their concentration in temporary, part-time, precarious occupations depicts a highly-segmented Greek labour market; Albanian women have done the jobs that natives decline to do (Lyberaki, 2008).

The incompetence of the welfare state in securing provisions of care for children and the elderly has created a demand for a cheap, flexible labour force, which was met by the informal domestic services of migrant women (Lyberaki and Tinios, 2014). The employment status of Albanian women workers has been detrimental with dehumanising impacts (Dobrowolsky and Tastsoglou, 2016). Women workers have had no social security, and they have worked under unacceptable working conditions often with illegal status (Psimmenos and Kassimati, 2004). Their wages have been half that of native workers (Drydakis and Vlassis, 2010). The notion of the ‘Albanian worker’ refers to a worker who is employed daily under a temporary working status, mainly in the informal domestic sphere (Psimmenos and Kassimati, 2004). It places them at the bottom of the labour market in terms of wages and working conditions (Lyberaki, 2008).

The stereotype of ‘working like an Albanian’ connotes constant work, without a personal life or aspirations. This stereotypical reputation is associated with contempt for workers who have low status (Baldwin-Edwards, 2004). When Albanians have shown a tendency towards upward mobility (Papadopoulos, 2009), they have received hostility from Greek society as well as prejudicial, hostile and aggressive behaviours. Discrimination takes the form of social stratification, as Albanians and ethnic Greek Albanians are not excluded based on their culture but on their social class (Kandyliis, 2015). Ethnic discrimination fits well the employers’ profit maximisation goals (Drydakis and Vlassis, 2010). Since employers hold power over wage/insurance coverage, they seek to employ immigrants mainly due to their perceived vulnerability and trivial bargaining power; they are assumed to be reluctant to make formal complaints or take legal action.

According to both hospitals’ records, in 2004 the population of cleaners consisted solely of migrants from Albania, indicating that Greece’s economy at the time was also based on the cheap labour of Albanian workers, a working force associated with the menial jobs that Greeks refused to do (Lyberaki and Tinios, 2014). Ismene, the supervisor at *People’s Home*, told me that according to staff records, the cleaning staff comprised largely of women who came from Albania both before and after 2009, the year of the Greek economic crisis. Elle, the supervisor at *Care for All*, added that before the recession, women from Albania dominated the cleaning staff.

Both hospital supervisors' statements add to the discussion on the gendered labour shifts in Greece's economy. They reflect on the transition of Albanian and ethnic Greek Albanian women into the formal economy (Lyberaki and Tinios, 2014), which coincided with the unemployment of these women's husbands (after the Athens 2004 Olympic games) when the construction industry declined (Kasimati and Mousourou, 2007). As they became workers in the formal sector, they were able to guarantee legal status to their husbands and obtain social security stamps. Although my thesis does not focus on the migration experience per se, in Chapter 6, I explore the impact of the migratory element on cleaners' formations of working respectability in the hospital.

It is difficult to generalise about Albanian and ethnic Greek Albanian women cleaners' working experiences. I recognise that there are ethnic differences between these groups in terms of citizenship status, class and culture (Kasimati and Mousourou, 2007). I highlight the differences among the women cleaners in Chapter 5, which discusses how the intersection of working precarity overlaps with inequality regimes based on gender and ethnicity. In chapter 6, I take an embodied approach to considering formations of gender and class and illustrate how women cleaners ascribe meanings of dignity and respectability to their working bodies. My thesis draws conclusions based on the relatively small sample of women whom I interviewed or talked with informally. Onsite observations only allowed me to make conclusions about spaces within the hospitals at specific times. I am aware that these conclusions do not refer to all women cleaners, but only to the small group of women with whom I was involved.

### **Recruitment and access to the field**

Both institutions are in Athens and employ the same cleaning company. I felt confident in my interactions with these hospitals because I had visited them in an earlier stage of my research, two years before where the fieldwork began. First, I secured ethical approval from my university to enter the field. Second, I soon realised that gaining access to the research site would be a process that required careful preparation. My presence in the field and participant recruitment differed between the hospitals. I employed different strategies and used consent agreements. I entered the field at the end of August 2016.

Regarding the ethical procedures used, I was granted permission from the university to pursue the interviews. While I was in the field, I provided the participants with three documents (refer to the Appendix) on the purposes of my study, the interview questions, the consent form to be signed and a list of support organisations. Part of the ethical procedures was to maintain the anonymity of the participants. The concept of ‘anonymity’ has generally been used interchangeably with ‘confidentiality’ (Kaiser, 2009). Confidentiality is a broad term that refers to keeping all information hidden from everyone but the researcher (Saunders et al., 2015). Anonymity is a form of confidentiality, which refers to keeping participants’ identities undisclosed. In the consent forms for the interviewees, I kept the participants and the hospitals anonymous by using pseudonyms. I also informed the participants that all personal information that was communicated to me would remain confidential and that only excerpts from the interviews would be used for analysis. For the observations, I used different consent agreements at the two hospitals, because my recruitment strategies differed. Although the consent agreements (see Appendix 3) might seem procedural and descriptive, they acknowledge the complexity of conducting research in a hospital setting. As a space, it hosts vulnerable bodies and has a specific protocol against infection, and its hierarchical structures define the relationships formed during fieldwork.

I was in contact with the central administration of *Care for All* right from the start, because the gatekeeper had a direct connection with it. The senior nurse officer, Giasemi, was my key informant. Giasemi introduced me to the supervisor of the cleaners, Elle, who introduced me to the cleaning staff. When I entered the field at the end of August 2016, I had already given the administration in written form the objectives and aims of my study. I used pseudonyms to guarantee the anonymity of the hospital, the cleaning company and the staff. After the initial contact, two weeks of acquaintance with the cleaners allowed me to build trust. Subsequently, I began arranging the interviews, which took place in a public cafe in the vicinity of the hospital and lasted from 45 minutes to one hour.

In choosing pseudonyms, I wanted to avoid revealing the ethnic and cultural backgrounds of the participants. References to participants’ religious, cultural, or ethnic background could result in ‘deductive disclosure’ (Kaiser, 2009: 1632), which

could compromise participants' anonymity. I replaced ethnicity with unrelated Greek mythology. I selected ancient Greek names, including the twelve muses and Olympic goddesses. I used ancient Greek names because they are positive, conveying concepts such as bravery and strength and offering constructive symbolism. I felt these names would also be more personal, and thus, easier for readers to follow in individual narratives. Similarly, I gave generalised descriptions to anonymise the hospitals. I wanted to avoid decontextualisation because it would limit the scope of my analysis (Baez, 2002). Instead, I gave the hospitals names that describe them in the context of Athens.

I met with the cleaners before or after their shifts, depending on their preferred time. The interviews started at the end of August and ran until the end of November. The time it took to become familiar with each participant varied. I felt at ease at *Care for All* as the building blocks were smaller and easier to find my way around and recognise. I had permission and was encouraged to conduct research in the cleaning office every day. There were cleaners whom I had met previously, but Elle also introduced me to new contacts. I had previously built relationships of trust two years before. People working at the hospital knew who I was. They were familiar with my ethos and mannerisms as they knew certain aspects of my life. Therefore, it was easier for me to talk with them about my aims and what it meant for them to participate in my study. The interviews were part of a process of continuity as a further step in our relationship.

After the interviews, and in agreement with the university, I contacted the *Care for All* administration and requested permission to observe onsite the hospital. The hospital permitted me to conduct onsite observations, and I was referred to the supervisor of the cleaning company. As soon as I began the observations, I took into consideration the following comments by Bogdan and Biklen (2011), which helped me to navigate the first days in the field. These comments included to not take 'what happens in the field personally' (p. 91), to have someone introduce me, to keep the initial observations short to, avoid feeling overwhelmed by the newness of the situation, to put people at ease by being friendly, honest and not overly technical. In the field, I acted accordingly.

As the person in charge, Elle was responsible for granting me final permission and determining which departments to visit, on which days, for how long and which spaces to avoid. I could observe the outpatient ward, the surgeries patient hall and the cardiology hall. I accessed these spaces during the indicated times, except for days on which the hospital was on call. The consent agreement stated that I could visit specified spaces, at defined times and days, during the week. I also informed the participants that they could withdraw consent at any time they wished, and I agreed to avoid patients' rooms. Following this agreement, I started onsite observations in December 2016. I spent the day with three cleaners from *Care for All*, following them during their shifts and familiarising myself with their daily practices, routines and interactions with colleagues and hospital staff.

My approach at *People's Home* differed from that of *Care for All* since the gatekeeper, Ismene, supervised the cleaners and thus, had a different status in the organisational structure of the hospital. Giasemi was the senior nurse and thus, in direct contact with the *Care for All* administration. Ismene gave me access to the field, and then I began recruiting participants and conducting interviews. I informed them immediately about who I was and my study and reassured them that the company and the hospital had neither involvement nor access to my study. I had known some of the participants from two years before. They remembered and welcomed me. I listened to the stories they told their colleagues about me. I felt that I had to introduce myself again and explain my aims and purposes in the hospital. Ismene said to me when I entered the field at the end of August 2016: 'I trust you; I do not want to know what you ask them'. I perceived this statement as permission to contact the participants. I understood that I had to be discrete. From then on, she allowed me to contact the participants. She also informed me of the spatial limitations. Even though everybody knew who I was and what I was doing, I still had to keep a low profile because the administration and the company had a conflicting relationship. I was careful with my access to the research setting during the onsite observation.

When I completed the interviews, I approached Ismene and inquired about the possibility of conducting observations. Ismene informed me that I could observe, but I could not get involved with the hospital staff. I could only focus on the cleaners, who

are part of the company and not the hospital. I was told to closely follow certain assigned cleaners, at specific times of the day and in specific spaces. I did not observe during the night. The spaces where I was allowed had easier access rules and did not have a protocol for sterilisation. Ismene reminded me not to get involved with the hospital staff. She alone was responsible for granting me permission for observation.

We had an informal agreement between us that required me to follow specific rules. Based on our conversation, I agreed to be a discrete, silent observer and follow closely behind the assigned cleaner. I had to remain in specific hospital spaces previously discussed and agreed upon to make my observations during the agreed-on times. I could not interact with the staff or interfere with their work. If someone were to ask about my presence in the hospital, my reply would be that I was with the cleaning company. I had to leave any time the cleaner felt that I was disrupting her work and I had to avoid the patients' rooms. I could observe during the afternoons because this time of the day was less demanding for the cleaners. I took this time to engage with them thoroughly, asking them about certain aspects of their everyday lives.

Access to *People's Home* differed from that of *Care for All*. I was not allowed entry to many spaces in the hospital. I received permission, but I did not make my research role public knowledge. Instead, I developed my observation skills. I observed the coalitions, gossip, conflicts, rivalries and negotiations. *People's Home* was bigger, older and smelled more like a hospital. Every time I left it, I realised how different life outside the hospital was and how secluded I felt when I was there. During the onsite observations, I followed three cleaners in the afternoon, spending six hours with each one.

## **Interviews**

Before I began recording interviews, it took me some time to create rapport with the participants. I did not want to force my presence on them by disrupting their everyday lives. I tried 'to take a role in the community' and build rapport with the participants to conduct the interviews (Brewer, 2000:10). Both researcher and research participants are 'active', and the meaning-making of the interview is manifested through the interview encounter since interviewees construct knowledge as it relates

to the interviewers (Gubrium and Holstein, 2012). I conducted 24 semi-structured interviews in the public hospital setting in Greece with a tape recorder. Then, I transcribed and translated them into English. I implemented an interview schedule to examine specific topics (see Appendix 2).

The first part of the interview concerned the participant's working experience at the hospital. I started with the participant's biographical information. I asked each woman briefly about her age, educational background, ethnicity and the number of years each had lived in Greece. I also asked them what their employment was before coming to Greece and about previous working experiences before cleaning at the hospital. I asked about how their educational background connected with their working experience in Greece. I looked at how their educational background impacted their current working experience in the hospital. I wanted to capture how the women cleaners became part of global migration labour structures and their reflections on it.

I asked the women how they started working at the hospital and what it meant to work there. I encouraged them to give examples of their work space, daily routine and tasks. To familiarise myself with their work, I asked for advice if I wanted to work as a cleaner in the hospital or what they would tell a new cleaner at the hospital. I wanted inside information about their work and insight into the mundane daily details of the institutional space, such as protocol routines, the nature of cleaning, beliefs about the risk of disease and the overall sense of working as a cleaner.

Then, I asked them about their daily working routines at the hospital, their feelings about the presence of disease in their work space, health and interactions with patients. I asked them about their employment status and the power relations and hierarchies within the hospital (nurses, doctors, other cleaners) and negotiating those working experiences. I wanted to grasp how they understood and engaged with power relations according to hospital protocols and regulations. Then we discussed their working relations and labour arrangements in terms of their contracts, flexibility, fear of getting fired and visions for their futures in this work. I was interested in understanding how the Greek crisis was impacting their lives and working relations with the other cleaners.

The second part of the interview concerned their migration experience in the context of ‘starting a new life’ and experiencing bureaucracy, family, community and the city. The second part of the interview was more analytical of working in Greece (talking about the past). Specifically, I asked them to elaborate on the reasons they migrated to Athens, exploring the feelings around starting a new life and negotiating different state mechanisms. I sought to capture the women’s experiences with working and political and civic issues, such as regularisation processes and citizenship rights.

I also had informal conversations with women who were not part of the sample but were on the cleaning staff. I considered them peripheral participants, but they gave me precious information. During the interviews and after them, I took notes what the participants told me unofficially or said emphatically and their body language. I took notes on where I would add possible theoretical concepts that might later frame my analysis.

### **Observations on spending the day**

Apart from the collection of semi-structured interviews, I made non-participant observations at the hospitals. These were a complementary data source (Vesa and Vaara, 2014), as the interviews alone did not fully convey the complexity of the research setting (Pinsky, 2013). Hospital staff described the hospital as a living organism, referring to the vibrant, dynamic and complex nature of its multiple functions and processes, kept in tight rein and balance while remaining adaptable. Subsystems functioned according to the conditions. Rigid and restrained protocols were maintained. The daily working processes were never static, and every moment in the hospital was crucial and informative on the function and role of the cleaners in the hierarchy.

I observed the daily working routines of three participants from each hospital. Closely seeing their daily routines and communication with the different hierarchies helped me to contextualise their work experiences within the culture of their organisation. My aim for the onsite observations was to explore the lived experiences of the cleaners and the micro-acts of the organisational processes and practices (Rouleau et al., 2014). During the interviews, the participants referred to the hazards of their job,

such as contact with microbes and disease, and their relationships with other hospital staff. However, they did not go into further details about these feelings.

While I was 'spending the day' at the hospitals, I looked closely at the details of their work, the tools they used, how they used them and why they had specific routines. I observed their interactions with others (other cleaners, nurses, doctors, visitors and patients). I gained insight that would add to the analysis. I asked them about the presence of disease because there were spaces that needed to be cleaned differently than others due to the presence of infectious disease. I explored the emotions around those instances and their routines. The presence of disease is a key term for characterising the hospital as an organisation. It was useful to observe all the actions, negotiations and thought processes around disease.

I looked and took fieldnotes on how the participants mapped themselves into different spaces. I explored the transition from the working hours to the morning/afternoon break, during which the attitudes changed and the participants escaped for half an hour from their working routine. I examined the challenges of their work, such as when their bodies were in pain from the heavy weight they had to carry. I also investigated other difficulties, such as contact with the chemical products and the heavy workload to be completed in a limited time. I explored positive aspects of the working routine, such as the interactions between the cleaners during their breaks when they expressed themselves and escaped work.

The advantage of observing was that I got the opportunity to closely examine everyday experiences and meanings in organisational life (Ybema et al., 2009 ). I focused on the details of the participants' work, the kind of tools they used and why they kept specific routines. I observed their interactions with others. These encounters surpassed the level of the interviews. The participants could express themselves differently in this type of reciprocal research encounter (Karnielie-Miller et al., 2009). During observations, participants were more interpretive in their answers about dirt and disease, compared to those of the interviews, which were more carefully expressed (Saunders and Thornhill, 2011).

### **The ethnographic process**

To collect and comprehend the data, I used ethnography, which portrays the patterns of the everyday life of a group of people. Ethnography's primary purposes are to grasp the perspective of a specific group (Hammersley and Atkinson, 1983; Brewer, 2000) and explore what people do and say in particular contexts (Hammersley, 2005). The craft of conducting ethnography involves lengthy contact with people in their everyday lives, analysing the meanings they create and their relationships in the local and global context (Hammersley and Atkinson, 2007; Mannay and Morgan, 2015).

Ethnography has a fluid conceptualisation that demands theoretical and empirical applications to understand the experiences and practices of the research participants (Simpson et al., 2014a). Using social science, the ethnographer seeks to recognise the complexity of research encounters (Mills and Ratcliffe, 2012). Ethnography is 'not one particular method of data collection, but a style of research that is distinguished by its objectives and approach' (Brewer, 2000:10). 'An aliquot of ethnography' (Fine and Hawk-Hancock, 2016: 3) is a short ethnographic encounter, which suffices for analysis and making sense of a specific world, as long as the limits of the approach are well documented (Fine and Hawk-Hancock, 2016). To examine groups of people in their natural setting, the researcher needs to access the field setting and actively participate in the community (Brewer, 2000).

Mannay and Morgan (2015) highlight the necessity of reflecting on where research is located epistemologically and value the 'waiting field'. The 'waiting field' is a framework that seeks to centralise the value of ethnography as a method that prioritises constant reflection on the data gathered and avoids hypotheses (Smith and High, 2017). The 'waiting field' consists of 'spaces previous to' and 'spaces of interruption/disruption' (Mannay and Morgan, 2015:176). These precious moments are part of conducting ethnography. During the 'waiting field', I did not rush into the setting with my tape-recorder. Instead, I focused on learning more about the participants, myself and the hospital setting. The 'waiting field' was the time before and after the interviews. When interviews with participants were cancelled, I talked with other people, wrote fieldnotes and reflected on my presence in the field. During onsite observations in the hospitals, during which I spent more than ten hours with the participants, the moments that I had alone, I observed, reflected and challenged my perspective as a researcher.

These reflections during my time in the ‘waiting field’ helped me build an understanding and critical sense of the organisational structures of Greek state hospitals from the perspective of the cleaners. This process often felt like I was ‘being with the participants in a meaningful way, sharing emotional moments and creating friendships’ (Smith, 2016:4). During my onsite observations, I paid attention to everyday routines. I asked the cleaners about experiences and practices that established the working knowledge within the public hospitals. I developed a shared research encounter with the participants (Karnielie-Miller et al., 2009) by creating relationships of trust and rapport. I highlighted the micro-processes and communication exchanges between the cleaners, building my awareness of the hospitals’ everyday organisational lives (Ybema et al., 2009 ). These interactions created relationships in the field (Taylor, 2011), indicating it is not a constrained space (Sharp and Dowler, 2011).

Nonetheless, the limitations of the ethnographic approach include the possibility of results being diverse and the difficulty of the researcher to reach precise conclusions (Blackstone, 2012). These aspects highlight ethical issues concerning the production of knowledge. My embracing of a feminist approach to doing ethnography included discussing and challenging the power relations inherent in the research process and rejecting the notion of a researcher as an impartial holder of a truth (Manias and Street, 2001). Certain imperatives enable feminist ethnographers to face challenges directly (Schrock, 2013); they must address ethical dilemmas about the production of knowledge, emphasising what ethnographers do while in the field and referring to the power relations and their positionality.

### **Feminist epistemologies, representation and positionality**

A critical ethnographic process guides my research. I embrace feminist principles, which direct and inform the research process, data collection and analysis. Regarding my theoretical framework, I use feminist sociologies to point out the labour and working processes and how gender, ethnicity and class are interrelated, focus on the global economy and the nexus between gendered labour and migration. Social, political and economic structures have a critical role in different workers’ positions in the labour market. An intersectional outline is crucial for its contribution to theoretical

and methodological developments and it is a framework that is useful for political interventions (Cho et al., 2013).

These developments focus on how embodied approaches highlight the intersection of gender, sexuality, race and indigeneity (Johnston and Hodge, 2014). A critical intersectional approach also demonstrates how class is vital to intersectional analyses, especially in times of crisis (Vaiou, 2018). The acknowledgement of different backgrounds within the discipline reveals how the role of context impacts the production of knowledge (Rodó-De-Zárate and Baylina, 2018). In the context of Greece during my research, the two groups of cleaners were positioned within labour processes that directly impacted how women cleaners experienced work at hospitals. I take into account my biases against precarious working conditions that give women workers their vulnerable status. I distinguish the possibilities that the two groups of women have to express their agency.

Using intersectionality to study lived experiences exposes social structures, intersections and the production of disadvantage (Valentine, 2007). It depicts how different persons with different identities and positions in society negotiate power (Bastia, 2014). Intersectionality is relevant to how the two groups of women cleaners differently faced hierarchies within the hospitals. These manifestations are related to their gendered, ethnicised and classed positions; intersectionality is useful for understanding the impact of social structures on different subjectivities. In Chapter 5, I illustrate how being an Albanian woman worker impacted how precarity was experienced in the hospital, pointing out the intersection of ethnicity and gender. In chapter 6, I illustrate how the intersection of gender and civic status impacted the women cleaners' processes of attaining worth.

Studying and writing about participants' social realities is a process characterised by ethical and representational dilemmas. Analyses and discussions of accounts raise issues of validity and representation. The ethnographer should be careful when characterising participants so as not to eroticise, advocate, idealise, or cleanse her writing of individuals and their interactions in the analysis (Fine and Hawk-Hancock, 2016). Consequently, I reflected on my positionality as a researcher and recognised that the production of knowledge in this study is partial. I reflected on the subject participants, thought critically about how I perceived myself in the field site and

considered how the participants viewed me as a researcher. I realised my tendency to want to save the women cleaners as if they had no agency. I felt that the women cleaners led precarious lives, and therefore, they needed to be rescued. As a result, often, I caught myself not taking into direct account how the different cleaners interpreted their experiences.

I had to reflect on my tendency to misrepresent some aspects of the cleaners' experiences. This process allowed me to realise that my privilege as an educated middle class young woman made me see different women cleaners' realities as rescue projects. My attitude revealed feelings of entitlement and a somewhat perhaps patronising caring attitude. Unequal power relations during fieldwork reveal the fluidity of relationships between the subject participants and the researcher; they encompass friendship, affection, professionalism and some unpleasant emotions (Nencel, 2014).

The feminist researcher is far from an objective, impartial observer (Stanley and Wise, 2002). With that in mind, I wanted to deconstruct my positionality. The process of conducting interviews and collecting information from the experiences of women helped me to deconstruct my role as the ultimate holder of knowledge (Hancock et al., 2018). Friendly conversations were constructive during the interviews in helping me navigate power hierarchies (Smith and High, 2017). My collaborative relationship with the research participants (Holstein and Gubrium, 2016) extended beyond the interview sessions. Taking a flexible approach to qualitative interviews in feminist methodologies situates and develops knowledge from different encounters between the researcher and research participants (Pinsky, 2013). My interactions with the research participants during my observations further developed our relationships of trust beyond the strict one-on-one interaction of waiting for responses to interview questions. During observations, our dynamics challenged and helped me to take a step back from my role.

## **Analysis**

Analysis is part of the interpretative process of ethnography. In this section, I explain how the combined methods of interviews and onsite observations, which were theoretically informed by feminist sociologies, aspects of labour processes and the

nexus of gender, migration and work, contribute to my understanding of the women cleaners' working experiences.

To conduct my analysis, I needed to conceptualise theoretical terms and operationalise how I would measure them. This process is called operationally defining a concept (Lune and Berg, 2017). Conceptual definitions around the term 'working experience' limited my approach to this study. A well-defined set of conceptual definitions uncovers and explains the specific kinds of data that I need in order to answer my research questions (ibid). Operational definitions concretise the intended meaning of a concept for a study and provide criteria for measuring its empirical existence (Nachmias, 2007). Thus, operationalisation is the translation of a theoretical concept into research procedures as it ties theoretical ideas to evidence (Queirós et al., 2017).

I used thematic analysis to analyse my data. This process involved a thorough study of the interview transcripts. Along with my fieldnotes, I became familiar with the participant responses. The development of themes throughout this type of analysis is created at the intersection of data and theoretical frameworks. It is a reflexive process of engagement with the data. Thematic analysis embraces an inductive 'bottom-up' approach, using the content of the data as the starting point for creating meaning (Terry et al., 2017).

The first phase of my thematic analysis was to become familiar with the data. I noted my preliminary thoughts and patterns. I started asking questions about how participants situated themselves in the research process. I interpreted the data in terms of broader themes of inquiry. The final stages of analysis included a comparison of the main themes and subthemes (Braun and Clarke, 2006). Constructing themes was an active process of pattern formation and theoretical thread creation. The research questions helped me to determine what themes were consistent with potential clusters of patterned meanings. The formulation of themes narrated a coherent story from the data and concentrated on the research question. It was critical to identify the patterning of themes across the data, not just within a single item. Each empirical chapter answers one empirical question. To answer the questions, I created a theoretical thread to maintain a dialogue between chapters.

To understand the meanings different cleaners attributed to their actions (McQueeney and Lavelle, 2015), I sought to ‘interact’ with the research participants while writing and analysing the complexity of the organisational context. I decided to ‘write to’ the research participants, maintaining the intimacy that I had while in the field, instead of ‘writing about’ the participants (Pillow, 2003). For instance, one ethnography of the emotional lives of Bedouins in Egypt (Abu-Lughod, 1986) used anecdotes to facilitate a realistic yet emotionally vivid interpretation of accounts (Harries, 2014). Likewise, I encouraged the participants to tell me short stories peripheral to their hospital experiences. These stories helped me see their hopes, aspirations and choices, adding depth to their accounts and challenging my expectations. Artemis described the festivities organised in the community of ethnic Greek Albanian women. It captured how in times of crises and precarity women cleaners form spaces of togetherness. These peripheral stories helped me understand how a state of precarity in the livelihood of women does not always mean helplessness and vulnerability.

The use of fieldnotes helped me find more critical, in-depth answers for the research questions. In my fieldnotes, I describe my feelings and those of others, creating a sense of proximity to the real situation. From the observations I made while ‘spending the day’, I gained insight into what the participants told me during the interviews and how they acted in relation to their thoughts. Iris indicated how often the nurses bully the cleaners and look down on them, stripping them of their value. I used extracts from the interview with Iris to depict how women cleaners use occupational strategies to attach a positive value to their working role and contest the social stigma attached by outsiders. When I spent the day with Iris, I observed how nurses were dismissive, not saying good morning or stepping around freshly washed floors. I witnessed the interactions between the different hierarchies through the cleaners’ communication and practices. Taking note of all these moments helped me clarify the theme of dirty work/respectability in the hospital.

My fieldnotes gave insight into parallel side stories and enhanced the general themes. Specifically, narratives about women becoming the breadwinners of their families showed me the significance of these women’s livelihoods under the scope of precarity. Their husbands had become unemployed, but they had to take care of the household and continue being responsible for the children. The story of a cleaner who

almost lost her husband to a work accident influenced me profoundly and made me reflect on my political privilege. I have Greek citizenship, a status that was granted to me from the day that I was born. The husband was hospitalised while the cleaner claimed compensation from the construction company for which he worked. She told me that she lost faith in everyone when they told her to go back home because she was a foreigner and thus, did not deserve compensation. These side stories became relevant to the discussion of precarity as a life and labour condition.

### **Reflexivity**

When I first visited the field, in 2014, I had different aims and objectives. I wanted to examine migrant women cleaners' experiences and emotions in the hospital spaces and their embodied experience in other urban spaces. My literature review focused on gendered forms of fear of violence in urban spaces. I decided to narrow the scope and shift it to the working experience. The subject participants were from different migrant backgrounds, which made it more complex. I revisited the field in summer 2016 with clearer aims and objectives. I also narrowed my research sample and addressed the dominant migrant population—Albanian women and ethnic Greek Albanians. Although the first stages of fieldwork did not go as planned, I made important contacts, became familiar with the hospital setting and reviewed my research questions.

The first stages of fieldwork in 2014 gave me insight, and the experience gave me courage and strength. The 2014 experience was beneficial to the second round of fieldwork: I learned to be prepared and flexible about the research process (Billo and Hiemstra, 2013). I knew the gatekeepers and thought about ethical issues. I also reorganised myself, reflecting on the research process, admitting my mistakes and reworking my research plan. On these elements of fieldwork (Hays-Mitchell, 2001) and my previous fieldwork, I built a reliable basis, emotional ties and relationships of trust that would facilitate my work. I reflected on moments of intimacy (Smith, 2016), friendship (Bondi, 2005) and encounters that would illustrate my research experience as an emotional venture (Schurr and Abdo, 2016). I have this memory of visiting every morning and meeting the morning shift. Giasemi, the gatekeeper at *Care for All*, always asked me what type of coffee she should order for me. I deeply cherish those moments of proximity and the closeness that I felt while in the field.

I decided to interview some of the previous participants again and go much deeper into their lived experiences. I included five of them, carefully considering what they told me in our past interactions and engaging more with the themes that needed to be addressed in the second round. These themes concerned the nature of cleaning in the hospital, the materiality of dirt, hospital protocol issues, the rules and the participants' general interactions with other cleaners and hospital staff. I revisited the previous participants with the essential knowledge I had gathered two years before.

In the 2016 round of interviews, I felt closer to the previous participants since, through them, I gained access to the new participants. Due to the trust and rapport that I had built with the previous participants, returning to the field was more comfortable, and I felt confident. I could better communicate my goals and interests and why I needed to tape-record them. During our conversations, the women cleaners had the leading role, while I was there to listen attentively. They often introduced me or referred to me as 'the nice girl doing work for her university' who wanted to listen to their work experiences. I was presented as a daughter or called 'the little girl', which impacted my power relations with the participants (Smith 2017). The women cleaners perceived me as harmless and trustworthy.

Nevertheless, conducting observations in the field demanded that I focus, ask the right questions and observe the little details. I could not detach myself from the smells, images of unhappy people, signs about infections and toxic products. It was stressful for me, and from what the cleaners told me, it was very stressful for them. They did not have a choice in the matter, so they put up with it. As a privileged woman, I could visit the hospitals for the needs of my study and continue my life outside of what the hospital represented for me. Efterpe, who worked at *People's Home*, said that when she first started this job, she cried every night for a month. I understood what she meant and documented it while I was there.

I got used to listening to people discussing diseases, symptoms and medications. It became normal to observe nurses referring to people as patients without using their names. It seemed everybody was equal and un-unique in this medicalised social reality. I observed that cleaners were responsible for the hospital's management of waste. They removed body products from specific areas. I often felt nauseous from the smells. I asked them how they coped. Penelope, from *Care for All*, said, 'I am

used to it; someone has to do it'. She devised strategies to do her work. I, on the other hand, had the smell and the emotions it evoked in my mind for the rest of the week. Listening to her talk about how she had to clean the beds of people who had just died made me think that she was witnessing life and death and that she wanted to share information about that role. I felt that my presence sometimes disrupted their daily routines, especially when other people asked who I was. I felt uncomfortable when I approached spaces where patients were present. Those emotions of discomfort challenged how I thought about the field. The presence of 'vulnerable bodies' made me probe my role as an ethical researcher, recognising myself as an able-bodied researcher who produces and situates knowledge according to my positionality and privilege (Haraway, 1991).

In both settings, cleaners were the carriers of knowledge. They informed me about the procedures and daily relationships. As I grew closer to the women cleaners, our relationships became more meaningful, deeper and intimate. It was a process of forming a 'we' rather than being just 'me' in the field. However, I often felt in between two worlds when I came out of the hospital carrying the narratives of the women with me. I wanted to filter the feelings of precarious working experiences, helplessness, pain and memories about migration. Nonetheless, I recognise the benefits and obstacles of being emotionally connected with the research process. I needed to navigate my relationships with the research participants carefully to capture the ethical dilemmas concerning intimate information and avoid developing insider blindness due to my emotional involvement (Taylor, 2011), which might cause me to romanticise the information from the field.

The research process made me reflect on how problematic the term 'dirty worker' (Hughes, 1962) is. It is a term that has negative connotations (Cornwall and Sardenbeg 2014) and rejects processes of resistance by limiting the interpretative space of the subject participant (Pinsky, 2013). Nonetheless, it is complicated to address the participants' involvement in an unequal system without acknowledging the intersections of agency and the reflexivity of the researcher (Spivak, 1988). It is crucial to refer to binaries of privilege and non-privilege (Ozkazanc-Pan, 2012), and how reflexivity helps researchers face power dynamics (Caretta and Riaño, 2016).

After hearing the women cleaners' stories about unjust labour arrangements, unfair treatment and discriminatory perceptions, I was angry at the state system and I took it personally. While the women narrated their stories, I remembered my father telling me to defend those who did not have the same privilege as I, just because I was born lucky. I appreciated the importance of my parent's words. I deconstructed my thought process, reflecting that these women do not need me to improve their lives. I reflected on my role as the holder of truth as a researcher wanting to rescue precarious participants. Most participants worked three jobs to support their families and take care of everything. I had seen them as vulnerable and neglected to acknowledge their moral judgments as respectable working subjectivities. While I sympathised with their narratives, I could not feel how they actually did feel, regarding labour or citizenship status. My privilege has never let me experience these feelings of deprivation. These realisations demonstrate the complexity of the field concerning emotional processes (Sharp and Dowler, 2011) and the different power relations (Cairns, 2013). These emotional moments reveal feminist politics. I recognise that the intersection of gender, ethnicity and class exposes social inequalities within the research process.

## **Ethics**

I faced ethical dilemmas throughout the research process. Feminist methodologies characterise field relations as uneven due to researchers' hierarchical positions (Stanley and Wise, 2002; Chattopadhyay, 2013). To conduct an ethnography and take an ethical stance, it is crucial to recognise uneven power relations and point out how they translate to the research process. Illustrating hierarchies of power must include a critical analysis of different inequalities and pecking orders.

I felt that my social position and my civil rights were privileges that structured my lived experience. They contrasted with the participants' civil rights. As second-generation Albanians, the children of the participants, as well as ethnic Greek Albanian children, can very recently apply for citizenship (Christopoulos, 2012). Both groups, over the years, have faced discrimination and unequal treatment over citizenship, employment and labour status (Michail, 2013). I was disappointed about the political and civil imbalances between the participants and myself, but I could not

do anything personally about it. I expressed my opinion and criticism about these divisions on a reflexive note about my positionality during the interview encounter (Rose, 1997). I saw that these political connections would enhance trust, rapport and feminist solidarity, but I also recognised the unlikelihood of structuring a non-hierarchical relationship.

I understand that perhaps the participants in the study are not interested in feminist politics, as some groups appear 'non-feminist' (Avishai et al., 2013). In these cases, the researcher needs to critically reflect on how feminist theoretical and methodological orthodoxies compel and support different interpretations of the world (Schrock, 2013). For my study, I created space for feminist politics (Moss, 2002) by recognising the incompetence of the Greek state to manage migration policies, a long-standing issue. I also expressed my solidarity regarding the working conditions and constant struggle for resistance. At times, my privileged position made me feel that I was merely a feminist researcher wanting to give voice to my subaltern sisters (Ong, 2001), which might be problematic. I always tried to recognise and face the power relations between us.

One of the ethical aspects characterising this research is challenging the notion of the 'vulnerable woman worker', which presents women workers as lacking autonomy and agency. The participants of my study were 'vulnerable' to discrimination, subordination and stigma. Indeed, women cleaners experience demoralisation due to the negative connotations of the 'Albanian woman worker', and they are often marginalised and experience social inequality. I was extremely careful to ensure that they did not feel worse after participating in my study. To avoid this situation, I deconstructed my tendency to victimise them and thereby, sought to understand their work experiences and respectfully consider their opinions as a source of knowledge (Parr, 2015). I validated the women cleaners' experiences and used their accounts as a basis for constructing knowledge and challenging marginalisation and inequality.

### **Summary of the chapter**

This chapter discussed the methodologies and methods that I used to inform, conduct and write my study. I showed the research settings, two public hospitals in Athens and the rationale for choosing them. Then, I provided an outline of my methodological

overview, recruitment strategy and research techniques, including semi-structured interviews and onsite observations while spending the day. I discussed my qualitative method, which embraced features of the ethnographic approach. I highlighted how feminist epistemologies and methodologies informed my research approach. The research process raised methodological challenges and created some moral dilemmas. The ethical aspects that I faced related to the general criticism of representation and positionality in ethnography. The chapter discussed the use of thematic analysis in my qualitative approach, focusing on how I analysed data, identified patterns and themes relevant to the research questions and constructed a theoretical framework to inform this study. Finally, I discussed ethical considerations. I referred to moments concerning the hierarchical relationships between the subject participants and myself and how I integrated them into the data analysis.

## **Chapter 4: Institutional governmentality and liminality: women cleaners' rite of passage in the hospital**

### **Chapter overview**

Women cleaners are embedded within the institutional power structures of the hospital. Power is diffused in the hospital, and governmentality characterises the power elements in the form of biomedical rule and knowledge. This chapter explores how women cleaners experience the power structures of the hospital through governmentality. I discuss how women cleaners deal with hospital binaries, such as disease, body and pain. They are situated between power entanglements and self-regulating mechanisms, internalising, reproducing and repeating biomedical rules and knowledge. I reveal how women cleaners respond to governmentality by emphasising their individual choices to adapt, imitate, elaborate, confront or challenge discourses and norms (Ettlinger, 2011).

Using Turner's work on liminality by situating it within the organisational context of the hospital, I reveal how women cleaners build selves that guide them through power entanglements. I illustrate how they resist philosophies of risk and fear of disease, addressing how they face the ambiguity and complexity of the organisation. I discuss how they structure their subjectivities, even if it is unavoidably tied up in control and surveillance. The state of liminality is combined with the impact of the 'multidimensional nature of governmentality' (Ettlinger, 2011: 16), leading the women cleaners to manifest agency and revealing their spaces of resistance. Within these power structures, death is a constituent of hospitals, and patients' bodies are part of the institution. Women cleaners contest the singular dimension of death in the hospital. Different manifestations of grief and mourning become responses to medicalised perceptions of death. Through different experiences of mourning at the hospital, women cleaners manage to relate themselves and others as subjects, contesting their liminal position as observers, receptors and constituents of various formations of power.

### **Governmentality, liminality and mourning**

Power is not singular. It does not derive from an individual nor an institution (Elden, 2016). Power in the hospital is not a possession or product. It is hidden yet visible to all. It operates through strategies and techniques and is established through governmentality. In this chapter, I discuss how cleaners understand and respond to power structures in the hospital, revealing how governmentality operates paradoxically in hidden visibility (McKinlay et al., 2012).

In this light, I depict how governmentality generates conditions for resistance (McKinlay et al., 2012). The paradoxical nature of governmentality illustrates a sense of liminality where cleaners experience its coercive impact and manifest agency and create spaces of resistance. I identify the liminal condition of women cleaners, who are caught in between the effects of organisational power structures in the hospital yet find ways to construct spaces of resistance out of them. Dean (2010: 217) argues that governmentality means governing through the ‘conduct of conduct’ of social subjects. The process of governmentality has been associated with the creation of social subjects capable of action (Clegg et al., 2015). Governmentality involves the organisations, routines and strategies that monitor subjects. It encompasses formations of thought, principles, knowledge, practices and their execution (Collier, 2009).

Practices of power communicate these elements, which monitor subjects’ actions so that they are in agreement with societal norms (Dean, 2010). Governmentality is a form of institutionalised power; it structures and assumes the social integration of subjects into an organisational structure (Clegg, et al. 2015). Institutional power is presupposed among subjects who have embraced the legitimacy of an institution’s biomedical mentalities. Power in the hospital is hidden in plain sight in techniques established through hospital protocols and cleaning practices. Governmentality is a mentality of governing, indicating how disease, life and death are ‘made thinkable and practicable’ (Rose et al., 2006: 86). Applying this framework in the context of the hospital indicates how power has been associated, ‘with a type of power, a modality for its exercise, comprising a whole set of instruments, techniques, procedures, levels of application, targets’ (Foucault, 1977: 215). Disciplinary power is diffused, acting on everyone. The way it operates means that its effects are limitless. It affects all aspects of individual and social life, subjecting every person to constant surveillance (Covaleskie, 1993; Rose et al., 2006). Under these circumstances, women cleaners are

caught within the perpetuation of inequalities within social power relations (Morgan, 2005).

Women cleaners in the hospitals are visible to and controlled by an invisible disciplinary gaze with the totalising effect of disciplinary power. They are embedded within power structures and relations, handling aspects such as the risk of disease. Governmentality consists of rituals and routines that cleaners must go through. They operate as subjects of regulation regarding the norms, protocols and routines established in the hospital and focus on how configurations of power through rituals are addressed. While disciplinary power offers few sites for resistance, women cleaners find ways to respond to the monitoring routines. Their responses are a challenge to power as spaces of resistance (Collier, 2009). I illustrate how governmentality in the hospital refers to how knowledge/power, in the form of biomedical mentalities, shape women cleaners' thinking and acting. It also creates spaces of resistance.

Governmentality has been conceptualised as a form of power 'without a centre, or rather with multiple centres, power that is productive of meanings, of interventions, of entities, of processes, of objects, of written traces and of lives' (Rose & Miller, 2008: 9). Governmentality is a state in which contradictory situations emerge (Miller and Rose, 2008). There is coercive power along with spaces of resistance (Martin and Waring, 2018). These aspects create a state of in-betweenness or liminality. Turner conceptualised liminality as being in between phases. The conditions of individuals facing liminality are unavoidably ambiguous, because 'liminal entities are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention, and ceremonial' (Turner, 1969: 95). Turner, 1994:6) argued that, in the liminal period, 'the subject of rite of passage is invisible'; the subjects of the rite have no status. This state of in-betweenness is associated with the condition of limbo or liminality (Kum et al., 2010). It is a transitional period, from one state to another, a 'period of margin' and 'an interstructural situation' (Turner, 1994: 4).

The processes of undoing, termination and breakdown are accompanied by 'processes of growth, transformation, and the reformulation of old elements in new elements' (Turner, 1994: 9). Thus, liminality describes a process of maturation and subjectivity formation in the lives of individuals. In the context of the hospital, the concept of

governmentality encompasses the condition of liminality and the detrimental effects that surveillance has on women cleaners. It also reveals spaces of resistance, in which the women cleaners manifest agency by taking decisions. Without disregarding the downside of the monitoring state of governmentality, I address how the in-between condition enables self-reflection, leading to forms of agency and contesting the marginal positions of the cleaners (Ghorashi et al., 2018). Turner's concept of liminality helps me to make sense of how women cleaners create spaces of resistance and construct their subjectivities.

The presence of death in the hospital is a constituent of biomedical governmentalities. Death becomes part of biomedical governmentality; it becomes part of the daily routine when the sight of dying becomes normalised. In the hospital, 'it is easy in the normal course of life to forget death' (Elias, 1985: 8). Death has been considered an emotionless routine, part of the hospital's daily plan and characterised by cultural repression (Elias, 1985). This repression phenomenon takes place in medical institutions where dying patients endure a 'social death' before they die. Patients are isolated within medical environments where they become the dying other (ibid). Therefore, death emphasises power and discipline, which are critical for the institutional structure of the hospital. Mourning is suppressed as part of the biomedical governmentality, highlighting how bodies act within the webs of biopower in the institution (Ettlinger, 2011) and entrenching the level of governmentality (Herzfeld, 2005). Death becomes part of the same governmentality that grows throughout the medical institution (Nordberg, 2016) and the discourse of biopower. Both mourning and death in the hospital are constituents of the governmentality in which women cleaners work.

The concept of liminality (Turner, 1994), which represents a space of betweenness, helps me to comprehend how women cleaners get caught in the governmentality of mourning and death and how they become actors. As death in hospitals becomes normalised, women cleaners become part of the normalisation processes. Some cleaners decide to mourn for the patients, and other cleaners decide to detach themselves from the process of mourning. Women cleaners challenge and question the governmentality of mourning and take 'an active role in their own self-definition' as subjects (Ball and Olmedo, 2013: 90).

Ball and Olmedo (2013) argue that ‘the subject is the result of endless processes of construction of identities that are to a greater or lesser extent but never completely, constrained by the contingencies of the particular historical moment in which they are inscribed’ (p 90). Women cleaners do not become completely trapped or defined by how death is an aspect of the hospital’s governmentality. Some women cleaners questioned why death was normalised and challenged the suppression of mourning. They perceived it as a practice that was part of their daily lives as cleaners. Other women cleaners did not let the processes of mourning define them. As women cleaners, they had learned to detach and contest aspects of death in the hospital. Women cleaners expressed the politics of mourning and found ways to express their stories of migration re-establishing and restructure their state in the hospital. Consequently, women cleaners emerged as subjects who had self-configured their identities as women workers.

Governmentality in the hospital is not singular. Women cleaners are not entirely defined by the governmentality of death and mourning in the hospital. They create their ways of dealing with these constructions and reconstruct their subjectivities. Through liminality, I address the processes by which women cleaners experience their passage from ‘governmentalisation’ to subjectivity. Women cleaners manifest agency by dealing with death and mourning in the hospital. The complex sense of in-betweenness in the presence of mourning and death permeates their subjectivities.

### **Governmentality, institutional liminality and resistance**

To address how women cleaners understand and deal with power in the hospital, I highlight the important relationship between the institutionalisation of liminality and how certain regimes of power are established in the hospital. Regimes of power maintain and reproduce themselves through a well-organised state machine. The power of the state rests in the creation of subjectivities and identities by the routines and rituals of the state (Rose and Miller 2008; Dean, 2010). The power of the state is established through practices of governmentalisation; these techniques of governmentality generate both fears and expectations (Nuijten, 2004). In the context of the hospital, the power of biomedical mentalities creates ritual performances which construct working attitudes that cannot operate independent of the hospital protocol. These performances become a rite of passage for the women cleaners. This rite is

constitutive of the regime of power, surrounding the institutional working life, embedding migrant women cleaners more deeply into the institutional space and depicting excitement, aspirations, fear and sadness. Iris and Alcmene expressed these feelings, becoming connected with the institutional working space and acting according to the hospital protocol.

A cleaner should take care of herself and her personal security. She must always wear her gloves; she cannot and should not do any work without her gloves. She has to change them constantly. Everybody was telling me this, and it is also part of our regulations from the company, so I transfer this knowledge to other cleaners. Every cleaner has her way of dealing with the rules and the protocol. We all find our own ways; there is not one way of learning and doing something in our work (Iris 42 AL, *Care for All*)<sup>4</sup>.

To every other cleaner colleague, I would recommend most importantly to be extremely cautious, to have an eye on everything. In the beginning, 15 years ago, I was afraid. But if I put on my mask, my gloves, and wash after work, there is nothing to be afraid of. I use hot water, and then Betadine and Betasol to clean my slippers, and I feel fine and protected. It is my way of doing things; I developed this routine throughout the years (Alcmene 55 EGAL, *Care for All*).

Gloves, chemical detergents, masks and slippers acquired a symbolic meaning that went beyond their function as cleaning tools. Cleaners used them to cope with the fear of disease and follow the protocol and rules. The role, as well as the significance, of the protocol and rules played out in the narratives structuring certain mentalities that the women cleaners shared. These mentalities took the shape of rituals that belonged to processes of governmentality. Iris pointed out how biomedical mentalities mediated her and were transferred to other cleaners. Alcmene gave the same tips to other cleaners, revealing how the self and body are constructed in the hospital. These notions structured their rite of passage to the institutional working life.

Through this passage, women cleaners become integral constituents of the processes of governmentalisation (Nuijten, 2004). They follow certain routines and practices and reproduce the biomedical mentalities that characterise the hospital and its existing power structures. The processes of governmentalisation are directly connected with power relations.

Doctors were constantly explaining to me what to do in case I got pierced by a syringe. I was so scared, but I got used to it. Now it seems so normal to get pierced

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<sup>4</sup> In every quote from the participants I provide age, their ethnicity; AL stands for Albanian women and EGAL stands for ethnic Greek Albanian women, as well as the hospital in which they work for.

because I know what to do: I use bleach immediately, and I take care of the wound and do some blood tests. This has happened to me a couple of times, so now I am kind of used to that feeling of fear (Callepso 40 AL, *People's Home*).

A normalised routine like the one Callepso described involving bleaching the wound is a result of discipline to certain rules and regulations. State power also acts as a generating machine based on power relations (Lomnitz-Adler, 2001). The hospital is a microcosm, reflecting state power on a smaller scale. Bureaucracy is substituted with rules, routines look like rituals and biomedical mentalities become normalised and standardised. In the hospital, the ways in which women cleaners normalised aspects of the protocol and the regulations created a normalised institutional reality in which they could function. Penelope's and Thalia's narratives expressed the normalisation of how women cleaners deal with microbes.

The word 'disease' is the first thing that comes to mind when I am at work. From that point, I say let's deal with it. Yes, I am trying not to panic, no matter how hard that is. It is very hard; only in hearing it, you feel that something is happening to you. But from then on, I have to say, 'ok we must deal with this'. In fact, this is life here actually (Penelope 48 EGAL, *Care for All*).

I am not afraid of the microbes, because they exist here; it is a hospital. You just wash your hands with alcohol, you put on gloves, and everything is ok; there is no need to be afraid. My daughter-in-law works at another hospital, and she is new to this. She is not used to how the system works. She will get used to it gradually, and she will understand that if she is cautious and careful, then she will feel at ease (Thalia 67 AL *Care for All*).

Disease and microbes were directly connected to hospital working life. They were a necessary evil, as they were integral to the hospital. The narratives suggest that working in the hospital becomes a life between disease and microbes. Disease and microbes become normalised aspects of everyday life. When Foucault discusses normalisation, he explains, 'regulatory power and disciplinary power form together a normalising society' (Foucault, 2007: 56). In the process of normalisation, biopolitics is integral as it is constituted by elements that are distinctly bound together through an inner logic. Different figurations of normalisation are articulated in broader configurations of power (Collier, 2009). Working among disease and microbes becomes a standardised feeling. It reveals systemic values that determine the level of governmentality.

In the hospital, as patients' bodies are under the scope of medical institutions and biomedical governmentality (Nordberg, 2016), women cleaners are also caught in the

process of medical, institutional authority. They become constituents, receptors and executors of this disciplinary power. As executors, they reproduce biomedical governmentality by following and conducting specific protocols. Governmentality illuminates how norms are automatically produced and reproduced by the women cleaners themselves. The two groups of cleaners become actors who are objectified (Foucault, 1988), repeating and developing dominant norms. Consequently, through the process of normalisation, women cleaners reproduce the knowledge that characterises the institution and its power elements, becoming welcoming recipients of its disciplinary power. Ersi, Melpomeni and Lydia expressed how women cleaners became receptors and executors of disciplinary power and what it meant to them.

Naturally, it is normal to be extremely cautious; everyone should be like this. That is why there are regulations that we need to follow (Ersi 46 EGAL, *Care for All*).

I am wearing my uniform, my mask and my gloves. You catch a microbe, or you can get ill anywhere, not only within a hospital (Melpomene 60 EGAL, *Care for All*).

We have no other option. Microbes are everywhere; disease is everywhere. Everyday sick people come and go. Our clothes are full of microbes, but you know it is normal. We work in a hospital (Lydia 59 AL, *People's Home*).

In the context of the hospital, the concept of betweenness and liminality became institutionalised. Women cleaners were caught in between health and safety, becoming receptors of the disciplinary power. They responded to these processes by normalising fear, rendering it into an institutionalised state (Thomassen, 2012) and 'a more or less permanent way of working' (Garsten, 1999: 608). Their responses to fear revealed that their working lives at the hospital expressed a 'suspended character that takes on a more permanent character' (Thomassen, 2012: 28). Women cleaners described their normalising fears towards disease as a process of integration and adaptation in the cosmos of the hospital.

Within these institutionalised structures, biopower organises the forces in which the women cleaners are subjected to observation and regulation. The purpose of the biopower is to build obedient bodies to be subjected, used and improved (McKinlay and Starkey, 1998). Iris and Erato expressed how their feelings of fear were directly related to a field of interactions between cleaners, doctors and nurses. In their narratives they expressed disciplinary rule, being observed and watched.

The problem is that we cleaners must go everywhere and anywhere to clean; we must observe. In case something gets spilled, or the trash is full, or they need us immediately, we must go and clean. For doctors, it is easier. They make a mess, they come and go, you see how they interact as if no one else counts, because they are the doctors. So, you can imagine we take responsibility and the blame because we are the smallest. I am not complaining; it is just our reality. As cleaners, this is our job, but you know, in my unit you can see how messy it is. At the end of the day, they would accuse the cleaners if something went wrong (Iris 42 AL, *Care for All*).

I know that I have a lot of responsibility as a cleaner, but nurses and doctors carry more responsibility, and they need to be more cautious; it is not only us. But of course, we, as cleaners, take the blame because they consider us the 'smallest' (least important) (Erato 39 AL, *Care for All*).

Power is an effect of social relations (Laurence, 2008). In the context of organisations, power includes the regulation, norms and institutional control that operate independently of any agent (Lawrence, 2008). There is a link between institutional control and systemic forms of power. Discipline is a form of systemic power that operates through everyday life practices and procedures. Discipline becomes efficient and operates through administrative rule (Morgan, 2005), shaping the actual formation of the subjects. In turn, subjects within these webs of power recognise themselves and feel sustained through their participation in the institutional practices. Disciplinary practices generate a sense of identity for the members of the organisation (Foucault, 1984), integrating them into the webs of power.

As Foucault said, 'power is seen in relation to a field of interactions' (Foucault 2007: 66). In the context of the hospital, discipline is expressed through the dynamics between cleaners and other ranks. Their liminal state leaves them to envisage, anticipate and recognise the social structures (Winkler and Mahmood, 2015) in which they are embedded; they recognise their role in the hierarchies. These relations among cleaners and the other ranks convey a hierarchy that positions them in an inferior status. Despite the cleaners' responsible response to the regulations and cleaning protocol, they took the blame as they were perceived as the weakest in the hierarchy chain. Iris noted that doctors were invincible in the schema of power structures, whereas cleaners were accused when something went wrong. Erato pointed out that cleaners took the blame because they were the 'smallest'.

Within these premises, disciplinary power is directly related to Foucault's (1977) conceptualisation of the Panopticon. The Panopticon was based on the idea that a central watchtower permitted the observation of inmates in cells. In the watchtower,

there was a guard who viewed the inmates. The inmates could not see the guard's presence. This design created the feeling of being always observed, which led subjects to adapt to this surveillance and finally monitor their own moves and actions (McKinlay and Starkey, 1998). The Panopticon has shown how the organisation of space and subjects enables the implementation of disciplinary power (Foucault, 1977). Likewise, the women cleaners felt that they were always under close surveillance to the extent that they started monitoring their behaviour. The feeling of working in a Panopticon became a daily reality, and the cleaners became subjects of this disciplinary rule. Cleo's narrative expressed this daily reality.

I have two men always in my shift, who are permanently employed by the hospital. I feel that I am being watched, and you know why? Every time I go and clean the toilets, after ten minutes the toilets are dirty again. They do that to inform the supervisor that I am not doing good work. You can imagine, I am always alert, feeling watched; it is just that they are bothered that I don't do what they tell me (Cleo 26 AL, *People's Home*).

Under constant monitoring, individuals are objectified through the processes of classification and divisions; these aspects are integrally entangled in structures of governmentality (Ball, 1990). Cleo's narrative expressed a sense of being watched and self-surveillance. Women cleaners are objectified by other ranks and caught between the processes of classification and division. Nonetheless, they do not always express negative feelings about being under a state of monitoring. The Panopticon encourages individuals not to disrupt the functioning of power, rendering the surveillance permanent (Morgan, 2005).

The women cleaners in this Panopticon felt equally important in the hierarchies in the hospital. Following the model of disciplinary rule helped them feel empowered. Some women cleaners were caught on the side of the Panopticon where they could produce spaces that permitted different social structures and organisational relationships to develop (Powley, 2009). Demetra's and Andromache's narratives showed feelings of acceptance and less of monitoring and surveillance.

Nothing scares me; nothing bothers me in terms of microbes because, first, I follow all the instructions, and I have knowledge and experience. Secondly, I am amongst doctors, nurses, and all the medical staff. I feel so lucky and safe. If I ever need something or feel ill, they are here for me (Demetra 57 EGAL *Care for All*).

As cleaners, we need to know how to manage waste and disinfect our space. I feel great that I am among doctors and nurses. They are heroes as they fight to save lives. They also take away my fear of disease (Andromache 58 EGAL *Care for All*).

Both narratives suggested that compliance with disciplinary practices leads to the construction of a self that is institutionally knowledgeable. This group of women cleaners appeared confident about managing waste and disinfecting spaces. Surveillance and management were constituents of the disciplinary practices that led women cleaners to develop personal knowledge about the protocol. They used this knowledge in their favour as they learned to trust the doctors and not to fear disease. This side of the Panopticon led some women cleaners to want to become more informed, active and alert. They also appreciated the work of doctors and nurses, highlighting how they felt like they were part of the institutional structures and accepted the order of things.

The concept of liminality (Ybema et al., 2011) illuminates how women cleaners become embedded within different structures of disciplinary power. Power is organised in diverse assemblies of biopolitical government (Collier, 2009). These assemblies reveal how women cleaners depicted integration and adaptation in the hospital's rules and regulation, recognising and respecting the social structures of which they were constituents.

Here at the hospital, you must follow instructions in a specific way. You will not use green or yellow to mark infectious waste; we must be very careful. Nevertheless, we have learned to be like this, and now it is only a routine we got used to it (Antigoni 56 EGAL, *People's Home*).

There are microbes, but we are careful. I am not scared because I have antibodies, which means that I do not catch microbes. I will not get infected (Ariadne 53 EGAL, *People's Home*).

Both narratives exposed self-governance, incorporating biomedical mentalities (Nordberg, 2016) that suggest self-surveillance monitoring and control. Governmentality concerns how women cleaners rationalise the structures in which they are embedded to govern themselves. Governmentality illustrates how administrative power and knowledge shape everyday life, which is essential to the successful operation of institutions (Collier, 2009). Ariadne and Antigone addressed the importance of following instructions, presenting themselves as constituents of this disciplinary power force. They wanted to portray themselves as knowledgeable

cleaners who were well adapted to the requirements of the hospital's disciplinary knowledge. They assumed an institutionalised working self who was strong, confident and adaptable. Terms 'vaccination' and 'antibodies' and the order of colours 'green', 'yellow' and 'red' represented the language through which disciplinary knowledge shaped their institutional working lives. Similarly, some women cleaners drew power from disciplinary knowledge, becoming constituents and instruments within these webs of power.

If you came here and worked with us, I would tell you a couple of things to keep in mind. If you try to keep these things in mind, it makes sense, and your work becomes easier, you understand how things operate here. In the surgeries, for example, you should be very careful in case you step on a needle; you must always be aware of the colour of the plastic bags, because some of them have blood, others have microbes. For me, this is what summarises the place where I work. The hospital is all of the above (Ourania 55 AL *Care for All*).

The adaptive behaviour of some women cleaners highlighted how disciplinary practices 'regard individuals, both as objects and instruments of its exercise' (Foucault, 1977: 170). Women become vessels through which discipline is configured and diffused, shaping their ways of thinking and acting in the hospital. Discipline does not exert over and against knowledge but through it, shaping the conditions for thinking and acting (Martin and Waring, 2018). The narratives of Antigone, Ariadne and Ourania illustrated how some cleaners enhanced their knowledge and information regarding the rules of the state hospital.

Governmentality includes processes of self-surveillance that establish its control (Martin and Waring, 2018). The women cleaners expressed another form of self-surveillance, which exaggerated disciplinary power and knowledge. Narratives among women cleaners showed that there was a need to be prepared and expect the worse in terms of the risk of disease (Caduff, 2015). These thoughts were established on a predictive notion and developed by medical authorities to foresee disease epidemics (Navarro, 2016). Some women cleaners' narratives implied the possibility that something might occur. They adopted perceptions of unavoidability (Caduff, 2015), creating a philosophy of jeopardy and a feeling of constant fear for disease (Navarro, 2016). Eferpe's narrative was indicative of this exaggerated form of disciplinary knowledge, depicting perspectives on health and safety in the hospital.

In this unit, there are many diseases, AIDS, and many others, also a lot of bacteria. You must pay attention to all those little details with great caution here in this unit, because one small mistake could destroy you. You go to clean a bed, and near that bed, there is a needle that might pierce you. That is the most dangerous. Nothing happened to me because I am very cautious. Something like that could destroy you. If that needle has been used on a patient here, you are done, you are dead! You are dead here. There are many diseases. Hepatitis, AIDS, everything...It is not something trivial. It is related to life. I am full of antibodies, but I am also extra careful about those things to be avoided (Efterpe 53 EGAL *People's Home*).

As power diffuses through the institutional space of the hospital, biomedical discourses, such as disease risk, emphasise the self-regulatory aspect of the individual (Rangel and Adam, 2014). Hence, safety did not characterise their lives, as their constant contact with microbes and disease rendered them fearful. Efterpe's narrative reflected the views of some women cleaners who reproduced the risk of disease. They emphasised the need to be careful and prepared if something did not go as expected. These perceptions revealed the women cleaners' sense of liminality. They felt in-between with a constant sense of uncertainty and fear of disease in the hospital.

Consequently, the women were the 'liminal entities who are neither here nor there; they are betwixt and between the positions assigned and arrayed by law, custom, convention and ceremony (Turner, 1987:80-1). They were caught in biomedical processes that they could not escape. Within these premises, 'people that experience a liminal process, they are led to an undefined future' (Spyridakis, 2016:19). For all cleaners, constant contact with microbes and disease position them in an undefined future. Iris and Athena described an undefined working future in the hospital.

I was afraid of my work at the hospital. It made me feel unsafe and uncertain. You know, it was the fear of disease, the microbes...I returned home after work, feeling ill. I was so stressed. I could not face the possibility that I could become ill. But it was a decision that I had to take, not for me but my children. I cannot get ill, and I will not (Iris 42 AL *Care for All*).

I could not sleep; I could not eat. Every day after work, I promised myself to call the supervisor and tell her that I am quitting. I did not feel well. I could not sleep because I was so afraid of the microbes and the diseases. The risk of infection was so high, and then I would infect our children, as they were small and vulnerable. Then I was reconsidering, convincing myself to move on; it is your work, and life is all about sacrifices. I lost 11 kilos in one month from all this anxiety (Athena 51 AL *People's Home*).

Women cleaners were caught in between the biomedical power entanglements that governed them and their working selves, becoming both agents and objects (McGushin, 2011). Power entanglements expose the inherency of in-betweenness in

governmentality. Becoming an agent refers to cleaners summoning personal strength to fight fears while being an object entails accepting and normalising a state of fear. The constant sense of being caught in personal struggles, of fighting against fears, exposes the role of temporality. Women's narratives referred to the past when they were caught as objects of in-betweenness. They used to feel strained and trapped within the power relations of the hospital and by the threat of disease. The constraining institutional contextual factors were crucial to their understanding of the limits of the possibilities through which they as subjects constituted themselves, through the practices of resistance (Dean, 2010). They managed over the years to overcome these feelings by building selves that could resist pain and fear of disease and manifest agency. They went against the discourse that kept them trapped within biomedical dynamics. Their struggles and how they faced these issues revealed the necessity to act on what had trapped them.

Governmentality involves a double manoeuvre: constructing a population's practices through disciplinary rule and leaving space for expressions of resistance (McKinlay et al., 2012). Thus, for women cleaners working in the hospital, it was not merely about coercion and discipline. It was also about how they generated ways to construct their subjectivities. All women cleaners managed to overcome painful interactions with patients. Alcyone's and Iris's narratives demonstrated their negotiations and interactions with patients over pain and disease.

Every time I used to see an injured patient, I would cry. But now, not anymore. I am at work. Now I give them courage and strength. I tell them to be patient; I help them in this way (Alcyone 40 EGAL, *People's Home*).

About a month ago, there was an older man who I was talking to everyday. I do what I can. It is impossible not to be sensitive in these circumstances. I used to be very sensitive, not able to sleep, but now it is better. I just talk to them. (Iris 42 AL, *Care for All*).

I used to cry, be upset, feel agony, facing patients crying from the pain. I got used to it and found my own way of dealing with the pain of the patients daily. At some point, you stop feeling so much. Stress becomes a routine, you know. (Leda 52 AL, *People's Home*).

These narratives revealed that others govern the subject, and one can become the governor of oneself (Ball and Olmedo, 2013). Women cleaners were governed by a discourse of feeling pain for the patients. These feelings characterised their past interactions. These interactions did not define them in the present. They decided to

distance themselves from these painful situations to manage and negotiate them. Governmentality refers to ‘the way in which the conduct of individuals or of groups might be directed’ (Foucault, 1982: 221). The women cleaners directed these interactions differently. They confronted and overcame the enactment of pain as a form of biopower in the hospital.

It was within these moments that cleaners as subjects attained an active role in their self-definition as ‘subjects’ and in thinking ‘in terms of what they do not want to be, and do not want to become, or, in other words, begin to care for themselves’ (Ball and Olmede, 2013: 86). They became active in terms of what they wanted to become and in directing goodness (Carrier, 2018). The women cleaners surpassed institutional boundaries by reconstructing their working identities. Changes in identity suggest changes in the relationship between an individual and the organisation (Shotter, 2008). There is a dialogic relation between the working self and an organisation, where the working self seeks to affirm the desired identity. This relation is also dependent on how the self is perceived by others (Sveningsson and Alvesson, 2003) in an organisation. This dialogic relation indicates how institutional identities develop. In the past, the women cleaners could not detach themselves from the pain when they faced the patient. They reconstructed their relations to feel empowered and detached from these discourses of pain.

I used to feel a lot of pain seeing them. Now I am detached from that pain. I just accept this situation and try to do the best for them (Cleo AL 26 *People’s Home*).

When I hear from the nurses, or generally, conversations about a patient who is severely ill and things are not looking good, I take it as a sad incident. When in my department, I hear that someone is getting better, I feel really good for them. It is also part of the work here (Almene 55 EGAL *Care for All*).

Forms of the working self are reconfigured, and a different working identity is sought (Beech, 1999). Modifying a working identity initiates a process of dis-identification in which the worker tries different ways to attach to a group (Fiol and Chreim, 2002). The women cleaners were in a condition of liminality and in-betweenness. This state created spaces for them to reconfigure their roles and manifest agency (Ghorashi et al., 2018). While their narratives reflected that they were used to being caught in-between structures of disciplinary rule, their relationships with patients showed a sense of detachment, which they learned from previous experiences as cleaners who

could not detach from their pain. Now they manifested a different way to construct their working selves.

Instead of feeling sad and helpless, women cleaners generated a different kind of interaction that brought them closer to the patients without feeling trapped in pain. Individuals can always find ways to evade and resist (Ortner, 2006). Despite ethical and administrative codes in the hospital that did not allow cleaners to have contact with the patients, some women cleaners became resourceful, creating spaces of interactions with the patients, without directly detaching from their roles as cleaners and without experiencing the pain they once felt. With their actions, they contested webs of disciplinary rules and practices. Artemis gave an example of this subtle contact between patients and the women cleaners.

I talk to the patients, every day I say good morning, how are you feeling, how are you doing. I feel that I do something good for them. It is like I am interacting with my parents. You must respect elderly people because they need you to show them that you care, that they have someone. So, before they go to surgery, I tell them good luck and that everything will be all right (Artemis 62 EGAL *Care for All*).

When they ask something like, could you please throw this away? I do it, of course. When they ask me to pour some water in their glass, I do that immediately. It is such a pity, I feel so sad, so these small things are the least that I can do to help them. I hope that they feel a bit better because you know as a cleaner I am not allowed to have contact with the patients (Demetra 59 EGAL *Care for All*).

Foucault noted that an individual dynamically constructs his identity inside the restrictions 'imposed on him by his culture, his society, and his social group' (Foucault 1994: 11). In this case, power is not entirely about the prevention of certain actions within a hospital code. For the women cleaners, it is also about new forms of communication. Cleaners' subtle interactions with the patients suggested that the state of liminality manifested ways to express agency. The women cleaners reconstructed their subjectivities, choosing to act according to the constraints imposed by their role in the hospital. Under these conditions, some women cleaners engaged in care that went against social conventions. Some women cleaners constructed working selves that escaped from the absoluteness of the coercive disciplinary power.

The institutional liminality of cleaners becomes a 'structure not to be equated with constraint but is always both constraining and enabling' (Giddens, 1984: 25). Women cleaners acted in various ways, illustrating 'that systems of control can never work

perfectly because those being controlled have both agency and understanding and thus can always find ways to evade and resist' (Ortner, 2006: 5). Leda represented how systems of control could not work perfectly and how women cleaners could create ways to escape coercion without rejecting the entire system.

I approach the patients and talk to them, which I do not think it is as bad as some of the supervisors would say. If my supervisors tell me to be careful because, in this unit, there is a deadly disease, I am not going to panic and feel terrified about it, also scaring other people. I will continue my work, talking to patients, and offering them a little joy with a good morning, with some jokes (Leda 54 AL *People's Home*).

Garsten describes the liminal position as a 'seedbed of cultural creativity, where old perspectives are contested and new ones created' (1999: 601). The ambiguous situation in which cleaners are caught also encompasses various prospects. Being caught in-between social structures provides a space to reflect, change position and make modifications (Ghorashi et al., 2018). The condition of liminality encourages subjects to 'think about their society, their cosmos, and the powers that generate and sustain them. The condition of liminality may be partly described as a stage of reflection' (Turner, 1967: 105). It recognises the freedom of agency, indicating that structures also depict flexibility rather than constant rigidity. Social structures, power relations and the process of institutionalisation (Dobry, 2015) transformed the working subjectivities of women cleaners. The cleaners found a space to manifest agency and reconfigure their organisational identities. These transformations indicate how the control of an institution does not entirely define the women who work within it.

Despite their fears of disease, some women cleaners felt responsible as workers in an institution that deals with matters of health and safety to find ways to protect their significant others. They used their bodies as filters for infections as they aimed to protect their children from the threat of disease.

I have been pierced three times in the HIV unit. I have spoken with doctors, and they gave me what I needed. Now I have antibodies, now I know. It is not the same for everybody, of course. I am resilient here after so many years. But I had to be this way. I have a child at home. My body has antibodies now, and I am not scared (Leda 52 AL *People's Home*).

This narrative signified a fear of disease, which was shared among the cleaners associated with the role of the institution and the discourse of societal risk.

Institutions become accountable for the management of risk. They are connected with and constitute part of the problem (Beck, 2000). Women cleaners' state of liminality rendered them 'betwixt and between' (Turner, 1967) their lives in the hospitals and at home. They were in a 'persistently ambiguous' state (Ybema et al., 2011: 22), where they always had to be aware of the responsibility they carried for their children at home. This sense of betweenness helped them to act upon it. They reacted against the elimination of their agency, which would have left them 'passive subjects' in the discourses of power/knowledge' (Caldwell, 2007: 770).

I was so scared of HIV/AIDS and Hepatitis C. Every time I entered the surgery halls, I was asking, how long could a microbe from Hepatitis B survive? How many chances do I have to be infected by Hepatitis B and C and AIDS, I was so scared about my child at home because if I got infected, my child would get infected (Callepso, AL 40 *People's Home*).

Some women cleaners went through a transformation (Bamber et al., 2017) from one identity location to another, from mothers at home to women cleaners; they showed resourcefulness and flexibility. They were not reluctant in their responses to this ambiguous state. They depicted their interest in how to protect themselves and their children by asking doctors and nurses about infections. Callepso's narrative expressed that seeking information instead of remaining fearful was a predominant way for her to deal with fear. Within this form of governmentality, some women cleaners expressed autonomous agency and eventually resistance by becoming informed and knowledgeable.

These transformations overlapped with who the cleaners were as workers, their 'social identity' and how they structured their organisational identity, which is affected by institutions (Watson, 2009). This interplay was expressed through the women cleaners' emphasis on conscientiousness as workers and family members. They demonstrated that they wanted to do their best as workers to show their 'institutional identity' and receive vaccinations and sporadic check-ups from the hospital. They depicted how much they needed to protect their families from possible infections, focusing on their social identities. This interplay indicated how the women cleaners' practices of resistance were based on how they wanted to be seen as workers and on constructing an aspirational identity (Thornborrow and Brown, 2009). They wanted to care and be responsible, bringing together their institutional and social

identities. Hera's narrative captured the relationship between women workers' social and institutional identities as cleaners.

When I am (accidentally) pierced with a syringe, I do the check-up to monitor whether I have enough antibodies. I always get my vaccinations, and I have a check-up every six months. My concern is being healthy for my daughter and my grandchildren. I do not want to infect them. Also, if I become ill who will take care of them? (Hera 49 AL *People's Home*).

I was very worried about infection and diseases when I started working here, but I had to work. I was worried as my husband was very ill. Every day I was worried about the possibility of getting microbes. I had to be so careful. Syringes often pierced me, but I had done the vaccination, and I have the antibodies. It is all part of this work; I am not worried anymore (Leda 54 AL *People's Home*).

Governmentality demands individuals get caught in the process of self-governance and comply with it without reflection (Martin and Waring, 2018). Nonetheless, 'the agency of subjects' and their ability 'to exercise a regulated autonomy' (Petersen, 1997: 194) was revealed in the women cleaners' focus on adapting to and inserting themselves into governmental discourses on individual subjectivities and collective routines (Martin and Waring, 2018). Regular check-ups and distancing from the fear of risk indicated that the women cleaners as liminal subjects could withdraw from the conventional systems of classifications and divisions. These divisions have associated liminality with anxiety and distress (Szokolczai, 2009). Women cleaners managed and negotiated these circumstances. They took advantage of the state of ambiguity to introduce alternative depictions (Mälksoo, 2012) of themselves as cleaners. They expressed adaptive behaviours, creating alternative ways to deal with infection and disease, compared to their past experiences, which were characterised by fear and insecurity.

Here at the hospital, I feel the responsibility to do the best because I can. We, women cleaners, should do our best to maintain the space clean. I think that if I do not do my best, I will go home after work with second thoughts. I would be thinking, "maybe I have not given my best and who knows, tomorrow I might find out that a patient in my unit is dead". So, the only thing that I can do is to give my best (Alcyoni 40 EGAL *Care for All*).

I do not mind the microbes anymore, because now I know, and I am so careful. I know the ways to fight against them, so that no one will catch anything (Artemis 60 EGAL *Care for All*).

No one will get ill under my watch. I clean, I disinfect, I know exactly what I must do. I have a lot of experience, and I know my work (Efterpe 51 EGAL *People's Home*).

Women cleaners created out of liminal spaces ways to construct their subjectivities through their own knowledge. They were ‘constituted as moral subjects of their own actions’ (Foucault, 1997: 318). Women cleaners represented themselves as liminal (Bamber et al., 2017), whose thresholds became a point of investiture (Raghuram, 2013). They reinforced the power of the institution situating themselves between the ambiguous state of a ‘permanent and inescapable liminality’ (Ellis and Ybema 2010: 282) and an unending cycle of power dynamics. Power not only damages or controls and objectifies actors. It also disperses (Ettlinger, 2011) and creates spaces of resistance. The women cleaners assumed a series of alternating identities (Ellis and Ybema, 2010 ). They acted on their knowledge, representing this investiture and depicted their humanity and embeddedness within the wider power structure of the hospital.

In this section, I addressed how women cleaners understood and dealt with power in the hospital, highlighting the relationship between the state of liminality and certain regimes of power that were established there. Biomedical mentalities created ritual performances that constructed working attitudes in the hospital. The women cleaners’ rite of passage became constitutive of the regime of power that surrounded the institutional working life and embedded the women cleaners in the institutional space. Disease and microbes became normalised aspects of their everyday lives as the women cleaners got caught in the processes of medical, institutional authority. They were constituents, receptors and executors of the hospital’s disciplinary power. The women cleaners became vessels through which disciplinary rule was diffused, shaping their ways of thinking and acting in the hospital.

Governmentality constructs a population’s practices through disciplinary rule, but it leaves space for expressions of resistance (McKinlay et al., 2012). The women cleaners working in the hospital were not merely exposed to coercion and discipline. They were governed by the discourse of feeling pain for the patients and fear for the safety of their children. These feelings characterised their past interactions. They did not define them in the present. In the present, the cleaners were subjects attaining an active role in self-definition themselves as ‘subjects’ (Ball and Olmede, 2013). Women cleaners created out of liminality spaces of subjectivities with their own

knowledge. They acted on their knowledge, representing this investiture and embedded themselves in the wider power structure of the hospital.

### **The governmentality of mourning**

Another form of governmentality that the women cleaners faced and contested was the governmentality of mourning. Death constitutes the hospital as a liminal space. The patients are betwixt and between diagnosis, treatment and operation. The hospital is also where they die. Patients leave their previous identities as healthy persons and come under the disciplinary rule of the institution, while doctors determine the rites of passage (Carter, 2017). The women cleaners repressed their mourning of dying patients at the hospital. Their repression highlights how death has been secularised and medicalised (Walter, 2008), which can be perceived as unhealthy and unhelpful. It has been presented as a taboo (Walter, 1991). Death becomes part of the biomedical governmentality, rendering mourning a constituent of the disciplinary power structures of the hospital. Hence, expressions of mourning around death are repressed or taboo (Walter, 2008). Callepso and Terpsichore represented how this group of cleaners thought about dying patients. These narratives highlight patients' vulnerability and how women cleaners repressed their feelings.

When I see someone dying, I cannot stand it. It is so painful, especially when I see children. I pretend that nothing is going on because I must continue working. They are the responsibility of the doctors, and I cannot do anything for them. So, I keep these feelings to myself (Callepso 38 AL, *People's Home*).

It is so hard witnessing people dying here. Hospital workers come into their rooms and take the bodies and put them in the morgue. It is so sad. We discuss incidents often, or when something happens on our shift (Terpsichore 53 EGAL, *Care for All*).

Elias (1985) argues that in dying, patients experience a social death before a corporal one. They feel lonely within the institutional, medicalised environments where they are isolated (Elias, 1985). Hospitals are disciplinary spaces that distinguish bodies based on certain norms (Foucault, 1977). In the hospital, patients' bodies are classified according to medical prognosis, specific treatments and the restructuring of corpses (Langford, 2016). The hospital is an institution that suppresses many mourning practices and prioritises the prominence of medical protocols (Langford, 2016). The repression of mourning determines whether one can mourn at all (Romanillos, 2015). In the context of the hospital, the women cleaners were

embedded within medicalisation. The narratives of Callepso and Terpsichore represented the group of cleaners who became observers of death, suppressing their feelings while they worked. They accepted the hospital's rules that classified and treated patients' bodies according to the protocol, rendering their mourning practices mute.

In the context of a hospital, where dying bodies exist within the biopower of the institution, women cleaners are in-between disciplinary practices. For some other women cleaners, managing grief by suppressing it helped them to reshape their subjectivities by 'being responsible, which entails detailed work on the self and where new interpersonal demands and responsibilities arise' (Petersen, 1997:204). For these cleaners, it was their work that concerned them; they needed to focus on it.

When I work, and I see dying patients, I am so sad. I am especially concerned about older people who go through chemotherapies; they are so alone. I think of my parents. It is so stressful for me, so much. Still, this is my work, and death is part of the hospital. I need to concentrate on my work and consider my future (Cleo 24 AL *People's Home*).

These groups of women suppressed mourning as they emphasised their responsibilities as individuals. They wanted to focus on their futures and lives in general. They took active steps to suppress their feelings of pain. Governmentality includes tactics employed by forms of power for operating upon a population (Rose, 1996) to prevent illness. The rise of rationalities emerges, allowing self-governing actors to organise planned choices for personal growth and the well-being of their families (ibid). Some women cleaners decided to suppress their mourning practices based on rationalities that allowed them to reconstruct their subjectivities and followed personal trajectories towards self-realisation.

With the institutionalisation/medicalisation of death, the rise of secularisation and individualism generated anxiety around the end of life and rendered the death of someone problematic and terrifying. Some women cleaners resisted the perceived vulnerability by accepting that death is an intrinsic part of life. Instead of suppressing mourning, they managed death. They minimised the perception of death as taboo. They managed their grief over the years, accepting death as an aspect of life.

Every day I see people dying in my unit. Every day someone dies: this is life. In the beginning, I could not handle someone dying. After years of experience, you learn. I

see this as part of my work. Therefore, I can continue working here' (Erato 39 AL *Care for All*).

I used to look at the dying people in the eyes and wish for them to stay alive. Now I do not do that anymore, because I do not want to be upset. I want to continue doing my work, to do what I must do, without crying. I have distanced myself from all this grief (Alcmene 56 EGAL *Care for All*).

The first time I experienced being near someone dying, I could not bear it at all. The first time, I cried so much, I could not handle it, but now I am used to it because I have been here already ten years. The first few times I was very upset. Only God and the doctors can help. I put all my hope in them (Efterpe 53 EGAL *People's Home*).

So, when I see death here at the hospital, it is not a problem for me anymore. I have seen so many deaths here at the hospital in my 15 years of experience. Now I feel nothing like that. I have accepted that death is around us. I am old now, what am I now? I am nothing. We will all die at some point (Melpomeni 62 EGAL, *Care for All*).

These narratives did not share behaviours associated with grief (Watkins and Moulds, 2013) for the dying patients. These cleaners considered being emotional about dying patients neither helped them nor offered the possibility of developing as actors. These cleaners did not consider death an unhealthy or unhelpful taboo (Walter 1994). Instead, they decided to distance themselves from emotionally-laden spaces by accepting death and resisting the entrapping narrative of death as a threat to life. Understanding these women's perspectives through their long-lasting experiences in the hospital and contact with death sheds light on the puzzling process of understanding death as close and distant (Davies and James, 2011). These long-lasting experiences in the hospital, which uncover the closeness of death, also indicate temporality. There is a strong sense of 'you can never really go back; you can only go on' (Page et al., 2017:1). The temporality on the organisational space of the hospital signifies that a change in the world, and things cannot go back. Social relations change because people move away or die. It is only memory that creates an emotional sense of holding on to something (Hardin, 2016). Finitude at the hospital is not an issue to be resolved. It is inherent to the transitional, liminal experience of women cleaners. Narrating their experiences as workers in the hospital conveyed that being around dying patients helped them to accept that life ends.

I am not afraid of death here at the hospital, because one day we will all die, we are not going to live for 200 years, and this is how it is. I am old now, and I have thought about it (Demetra, EGAL *Care for All*).

I am very much afraid of cancer because my mother died from it. I feel that cancer is not a distant scenario precisely because I see dying patients every day. So, this makes me feel very afraid, and I do not want to think about a life with cancer (Terspsichore EGAL *Care for All*).

The hospital helped cleaners to contextualise ageing as a natural process and an inherent part of the medicalised institution. Demetra critiqued the medical industry. It promises to extend life and slow the ageing process in exchange for money (Shaw and Langman, 2017) in a ‘metaphysics of money or medical science’ (Critchley, 2009: xvii). Terspsichore felt that due to her age and her family medical history, she had a greater possibility of getting cancer. Also, the fact that she was in contact with dying patients extended the ambiguity that she experienced. Feeling a constant sense of liminality was expressed through the women’s reactions to death. The cleaners dealt with a frightening reality by having fears and hopes in the face of death.

Women cleaners are in-between a medicalised institution that aims to reconfigure the vulnerable dying bodies in the hope of longer life (Romanillos, 2015) and their insecurities and perceptions of the risk of death. Fear of the proximity of a painful death with cancer means a life with an unimaginable end. Nagel suggested, ‘a persons’ sense of experience does not embody this idea of a natural limit’ (Nagel, 2008: 9–10). Bodily representations and anxieties over aging and decline convey broader ideas about the order of being (Harrison, 2008). At the hospital, death was understood in terms of distancing and proximity.

Some cleaners experienced the revival of death and mourning in the hospital. These processes helped them to reconstruct their subjectivities. The hospital restructures practices of death and grief (Saunders, 2008). Some women cleaners depicted how they performed practices of mourning silently. Silent practices of mourning acknowledge the importance of a dead person’s body, the spaces where the person dies and the communication established between the living and the diseased (Govindrajan, 2015). The women cleaners performed silent mourning by praying and recognising the importance of a patient’s body.

There was a man who died from a heart attack. He just passed away without having any previous problems. I was very upset. I was devastated. Then his daughters came, and we were all crying together, I was crying with them. A nurse asked me if I was related to the man who passed away, and I replied that we had no relation, I was only cleaning his room. But death makes me feel so afraid. I grieve and pray for the

patients to rest in peace. I want to do my best to make things a bit better (Ourania 55 *AL Care for All*).

Praying appeared to have positive healing features that challenged the women's repressed thoughts regarding the mourning of a patient. Praying elicits a transformative prospect (Parr and Stevenson, 2013). The aim of praying is to cherish and honour the dead person and help those who are living (Laqueur, 2018). Praying indicates a revival of mourning in the hospital. These moments of prayer created relations characterised by proximity and distance. These practices were non-relational experiences (Harrison, 2007). The transformative prospective of praying challenged the power relations between the women cleaners and their roles within the biomedical governmentalities. Through their exposure to mourning, they elicited non-relational communications (Harrison, 2007) with the patients. Praying prevented them from being only observers of the governmentality of mourning. Instead, the women cleaners who prayed took an active role and managed to create reciprocity.

Consequently, contact with dying patients revealed a sense of liminality, as these forms of contact were in between closeness and remoteness (Romanillos, 2015). For some women cleaners, this threshold gave them space for reflection. Thinking and praying about the patient became a coping mechanism, helping them reconfigure and empower themselves in the situation. Penelope represented this sense of feeling empowered, as she thought and prayed for a dying patient.

When you see young people who in the end leave us, I think about it all the time. I do remember, for example, a fifteen-year-old who left us from a heart attack. Two to three times the doctors brought him back, but he eventually died. Yes, of course, I was influenced by it, I was thinking of that young person, hoping, praying. I knew there was nothing I could do, only the doctors could. It is that point that you gain even more power (Penelope 48 *EGAL Care for All*).

Cleaners' mourning practices were in a context of regulatory norms framing the subject as an object of the organisation (Ghorashi et al., 2018). The women cleaners found possibilities in the state of liminality that created space for resistance. A woman cleaner can get caught between thinking/hoping/praying for a dying patient while knowing that in reality, the patient's body is in the hands of the doctors. Penelope's actions allowed her to feel empowered, adding complexity and depth to this ambiguous state between life and death. For this group of women cleaners to experience this state of limbo, in which they felt exposed to pain, it helped them to

generate ways of dealing with sorrow. There were moments when the governmentality of mourning made them feel vulnerable. Nonetheless, there were other moments when they had opportunities to feel empowered and hopeful by escaping the rigidity of the disciplinary knowledge, rules and practices.

The revival of death and mourning in the hospital revealed the women cleaners' personal stories of grief. The hospital became a space of continuing bonds (Maddrell, 2016) and a site of remembrance for the loved ones. The hospital was not only a space of work. It could also bridge the mourner with the dying person, instead of alienating them. It acted as a frame that elicited remembrances and consolation. It was an 'emotion-laden' space, tangled with embodied emotions (Bondi et al., 2005). Many cleaners had lost someone they loved in the hospital. The working place acted as an emotionally laden space (Maddrell, 2016), where grief overlapped with everyday working experience. This group of cleaners was caught in this ambiguous space between life and death, working for the hospital but also remembering their loved ones. Leda's narrative represented this sense of being in an emotionally laden space of the hospital.

I feel pain and grief for those who have lost someone. It has been one year now since I lost my husband, here in this hospital. Everything reminds me of him. People greet me and give me their condolences because they knew how many years my husband suffered. He spent his last days here, so you can imagine how difficult it is for me to be here, without him but feeling that he has never left my side (Leda 54 AL *People's Home*).

The hospital became a space of remembrance and a symbol and practice of mourning (Till, 2005). It became a transitional space, involving the deeper relational qualities of absence and presence (Maddrell, 2016). Visual, material and emotionally affective conditions incited memories and entrenched a constant presence, despite physical absence (Maddrell, 2016). Leda's narrative indicated how working at the hospital constantly reminded her of loss and absence. These feelings showed that the state of liminality could create opportunities for challenging the repression of grief. The hospital generated embodied emotions that conveyed its nature as a meaningful place that could capture emotionality.

Grief is a continuous process in which the mourner expresses a personal inner emotional mapping (Derrida, 1996). It is an association amongst one's self, body and

place (Robinson, 2005). The dimension of death in the hospital reinforced the women cleaners' social position as migrant women. Thus, mourning, for some women cleaners, reflected their status as immigrants. Iris's narrative represented how mourning reminded her of the journey of migration to Greece when women cleaners were deprived of their parents. Mourning was a never-ending feeling about the migration journey. It elicited personal stories of separation with loved ones.

Three years ago, my father was hospitalised here. It was horrible. He was in pain, and I witnessed that. All those days I pretended to be strong, I had to look strong to give courage to the people around me. After that, I fell apart. I love my parents so much. I did not have the chance to have more of their love since I left Albania. I left them behind to come here (Iris 44 AL *People's Home*).

Suppressing feelings of stress and pain and acting strong generate mourning subjectivities, highlighting an 'altered map of grief' (Maddrell, 2016:180). This altered map of grief reflects how the women cleaners were in between ways of dealing with the loss of their loved ones and experiencing the medicalisation of death in the hospital (Nagel, 2008). An existential, embodied apprehension of finitude represents mortality and becomes meaningful as a temporal process that characterises life, bodies and social relations (Nagel, 2008). Emotions form an individual's affective map, which can be acknowledged or unrecognised. Sensory experiences, like touch or smell, can trigger them (Nayak and Jeffrey, 2011). The hospital was a reminder of the presence of Iris's father for her while she worked there; it stimulated a path of memories.

Women cleaners displayed respect and recognition of the uniqueness of the dying and diseased patients. They knew that life was almost entirely characterised by a generic culture of death. Living is almost meaningless without the memory of ancestors, which situates life as a series of rituals about sacrifice (Derrida, 2003). According to Derrida (2003), uniqueness and singularity respect the diseased or dying. Subjects continue to have their uniqueness within the politics of death. Artemis expressed her views on death, highlighting the need to acknowledge the importance of ancestral history to avoid her fears of finitude.

Death does not even affect me anymore here at the hospital. We are born, and one day we die. No one should be afraid of death. Also, when I think of death, I think of the story of my family in Epirus and our roots in the homeland and how much I struggled to be here today to help my children. Having all these thoughts about my

family and my history makes me feel unafraid of death. On the contrary, I accept it (Artemis 62 EGAL *Care for all*).

The women cleaners used the history of their ancestors to illustrate that they acknowledged that death is a constituent of life. The need to draw on ancestors uncovers a process of subjectivity formation, which is directly related with temporality. This form of subjectivity formation includes how the women used the history of their ancestors to retain their memories of the past. The hospital acted as a memory line for them, helping them remember the ancestors. They constituted the hospital as an organisational site that ‘feels slow to change’ (Page et al., 2017: 7). Death and temporality in the hospital expose how the women cleaners manifested agency and created meaning.

When the women cleaners say that death at the hospital is another event of life that ‘does not affect me anymore’, they signal the continuation of their bonds with the deceased (Maddrell, 2016). The politics of the dead has become very relevant to these women cleaners. The dead body is appropriated for specific ideological purposes in dead body politics (Jassal, 2014). This kind of politics focuses on the materiality of the body as a location of continuous memory, which overlaps with personal, religious and national spheres (Young and Light, 2012). The concept of ‘dead body politics’ (ibid), within the space of the hospital, means mourning occupies a vague and challenged space. The dead bodies of patients intersect with stories that critique the civic system of Greece. For the women cleaners, grief takes on personal and political significances. Penelope’s perception of finitude came from an existential culture of death like that of Artemis. Her personal story was associated with the absence of equality and justice in Greece. The absence of justice was related to her perceptions of death, rendering her sorrow a political act.

Here at the hospital, it is inevitable to hear that people die. I’ve never seen a dead body, but I hear and see the relatives weeping. It is almost like my personal story. My husband almost died, and I am still full of sorrow because even if he is not dead, he feels dead. The state and the judicial system hurt me. “Go back to your country; is it not already enough that we gave you money?”. We asked them to give us money for the time that my husband was paralysed, and I had to take care of him. I wish things were different. I know that the state is unfair to many people. That really hurts me (Penelope 48 EGAL *Care for All*).

There were political dimensions to how the Greek judicial system treated Penelope’s sorrow and her thoughts of the body of her injured husband. Mourning becomes

political when the public sphere is regarded as an apparatus for determining the circumstances under which a life can be seen as worthy of grief, recognition and preservation (Butler, 2012). Butler (2006) highlights the differential meanings of grievability. The governmentality of mourning preserves and excludes who can be grieved (Árnason and Hafsteinsson, 2018). Penelope's perception of her contact with the justice system indicated that her husbands' injured body was not grievable, because it was not recognised as Greek enough. Penelope felt betrayed by the state. She was in a liminal state between the governmentality of the judicial system and the finitude of life. Women cleaners reinforced their civic status to address finitude, generating various philosophies of death and the governmentality of mourning.

The political dimension of mourning displays a 'transformative potential'. Trauma can result in the optimistic, healing prospect of speaking about painful experiences (Parr and Stevenson, 2013). Experiences of mourning and loss can be transformed into emotions that may promise more caring and hope among people. Mourning conveys possibilities for recognising our shared vulnerabilities as humans and disrupts individualism (Butler, 2006). Ersi expressed the opportunity to become more empathetic through the death of someone; mourning can offer a chance to be nicer to each other.

It is very difficult to face death, and here at the hospital, it is quite common. I think of my family and what I learned from my experience of sorrow. Unfortunately, we had a massive loss when my brother-in-law died very young at 47 years of age; The last time I was in Albania was when he asked to see me. I flew to Tirana because he asked me to. When he died, I said we are nothing; life is absolutely nothing. Therefore, why not offer unconditional love? (Ersi 48 EGAL *Care for All*).

Traumatic experiences can turn into hopeful prospects. Mourning has a healing aspect that can disrupt the grief generated by the people who die at the hospital. The need to participate in ritual acts can become collective. When an invited priest visited *Care for All*, it demonstrated how ritual acts operate as a tool of shared experience, creating solidarity and highlighting the connection within the group (Collins and Opie, 2010).

The head of the nursing staff for *Care for All* regularly invited a priest to visit the hospital to perform a ritual at the hospital's small church. I started understanding spirituality in the space of the hospital. In the room where I had a conversation with Elle and where all the cleaners gathered, a couple of small icons of saints hung on the

wall. During the break at 10:30 am, Elle told everyone about the priest's visit in case someone wanted to attend the ceremony. All of the cleaners considered that it was a good opportunity to pray for their relatives who were ill or cherish the fact that a priest would be at their work place.

The women cleaners' emotions signalled a connection between the hospital and their spirituality. Although the hospital was a neutral institution, based on biomedical principles and following pragmatic protocols, it was also where pain and mourning became collective and affected everyone (Maddrell and Sidaway, 2010). The presence of the priest and the performance of a religious ritual were seen as the answer to unmanageable suffering (Scheff, 1979). The ritual in the church of *Care for All* highlighted the collective need for a continuum of relationships between the mourners and the deceased. This practice enhanced feelings of continuing bonds through remembrance and spiritual beliefs. It mediated between the private and institutionalised spaces of remembrance (Maddrell, 2016). The church at the hospital was a liminal emotional space. It made the participation of the women cleaners pertinent and placed them as constituents of the hospital, enhancing their ways of dealing with death and mourning there.

The women cleaners faced death and mourning in the hospital, which contributed to the state of their liminality. Their feelings of uncertainty regarding death triggered different manifestations among them. The women cleaners were caught between organisational norms about how to manage death in the hospital and their personal ways of dealing with death, mourning and bereavement. In the hospital, some women cleaners went against the perception of death as taboo, unhealthy and painful. By accepting death as an integral part of life, they resisted overpowering feelings that would have rendered them into a state of limbo.

Other women cleaners experienced the revival of death through mourning as a process of subjectivity formation. They went against the notions that normalised and desensitise the existence of death and decided to deal with it in their own ways. This group of women resisted the medicalised discourses that suppressed processes of mourning in the hospital. The hospital became an emotional space of mourning, locating the women cleaners in between the disciplinary forces of biopower and personal stories of remembrance. Some women cleaners' mourning rituals acted as

paths of memory through their personal histories. The politics of mourning reveal who has the right to mourn and illustrates how the personal stories of migration and death can trigger feelings of absence and presence.

The women cleaners reflected on their past lives and personal stories. The revival of death in the hospital, either by accepting it as an integral part of life or by practicing mourning rituals, was a process that helped the women cleaners to resist the perception of death as taboo in the hospital. They re-shaped their ways of understanding and enacting themselves as individuals (Rose, 1996). In their mourning at the hospital, the women cleaners managed to relate themselves to others as subjects and contest their liminal positions as observers, receptors and constituents of various formations of power.

### **Chapter summary**

This chapter discussed how women cleaners understood and dealt with power in the hospital. I highlighted the relationship between the power of biomedical mentalities, which includes risk, disease, self-regulatory practices and tactics, discourses about the medicalisation of death and the role of mourning in the hospital. All these aspects contributed to the women cleaners' state of in-betweenness and liminality. They experienced work as a rite of passage, which became constitutive of the regime of power. The power structures that surrounded their institutional working life embedded the women cleaners more deeply into the institutional space. This chapter revealed the relationship between women cleaners' positioning among formations of power and their understandings of how they could enact agency.

In the first section, I discussed how disease and microbes became normalised aspects of everyday life. The women cleaners were presented as constituents, receptors and executors of this disciplinary power. They found spaces of resistance within these power structures. The cleaners became active in their self-definition as 'subjects' (Ball and Olmede, 2013). They acted on their knowledge and became embedded in the wider power structures of the hospital. In the second section, I illustrated how women cleaners were caught between organisational norms about death in the hospital and ways of dealing with death, mourning and bereavement. I highlighted the women cleaners' experiences of the revival of death by accepting it or practicing

mourning rituals. Both processes helped them resist the medicalised perception of death in the hospital. In turn, the women cleaners generated their own ways of understanding and enacting themselves as individuals.

## **Chapter 5: Precarity, working relations and the livelihoods of women cleaners**

### **Chapter overview**

In this chapter, I discuss the effects of precarity on the kind of relationships the two groups of women formed through their work and livelihoods. I examine precarity as a component of labour processes and a life condition. I use the concepts of precarity and precariousness to build a framework to connect the effects of labour and life precarity as mutually connected constituents. Working relations in the hospital demonstrated that precarity acted as a paradox. The hospital became a space where the two groups of cleaners could express highly atomised and personally accountable selves (McCormack and Salmenniemi, 2016). It also created the conditions for collectivities and collaborations to emerge. Working precarity overlapped with the livelihoods of the two groups of women. In this sphere, the two groups of women experienced various, interlinked formations of precarity (Harris and Nowicki, 2018). Through vulnerability and marginalisation, the women cleaners created potentialities that helped them to hold onto a sense of themselves and express modalities of everyday agency (Jokinen, 2016). Through autonomy, perseverance and resilience, the women cleaners were determined to improve their livelihoods. The women cleaners also resisted precarity by forming social networks to enhance their sense of solidarity, mutual help, trust and collaboration. The women managed through different trajectories to negotiate their precarious labour and living conditions, reimagine their futures and find new prospects.

### **Precarity as labour, political, ontological and life condition**

Precarity is a concept that responds to political mobilisations that are organised globally in the form of rallies and demonstrations against unemployment and social exclusion. Precarity has related concepts: precarious, precariousness, precarisation and the precariat (Standing, 2011). Together they form a framework that signifies the insecurity of work and livelihoods. Precarity portrays unpredictable cultural and economic landscapes and life conditions. In this chapter, drawing from my theoretical framework, precarity is seen as a labour and ontological condition. I discuss how

precarity is experienced through working relations and the livelihoods of women cleaners.

The association between precarity and labour conveys the conditions of uncertainty and insecurity as they relate to flexible work, ranging from unemployment to temporary and illegal employment. The process of precarisation characterises the conditions within advanced capitalist societies (Neilson and Rossiter, 2005) and expresses the dynamics of global capitalism (Della-Porta, 2010; Tsing, 2015). Precarity is an implicit aspect of labour experiences under neoliberalism (Waite, 2009). It is associated with the socioeconomic conditions and labour market dynamics that expose women workers of minority backgrounds to constant marginalisation and exclusion (Cangià, 2018). It refers to the exacerbation of insecurity especially amongst workers at the lower end of the labour market and with an ethnic minority status (McDowell et al., 2009; Dyer et al., 2011).

The two groups of cleaners in this study are embedded within flexible labour based on the 'substitutability and dispensability of the working people' (Butler, 2015: 16). The women cleaners are seen as condemned to fail in any attempt to act collectively (Simmel, 2011) since in their struggle to meet their basic survival needs, they cannot practice any collective actions in the domain of politics (Butler, 2009). Precarity illustrates how the perceived vulnerability of workers entrenches self-interest (McCormack and Salmenniemi, 2016), creating individualist and self-centred attitudes due to the need to protect oneself. Labour precarity encourages workers to invest in their individual potential in the context of training as well as the improvement of their working personalities (Mäkinen, 2014). Nonetheless, labour precarity also triggers possibilities for mobilisation and resistance (Waite, 2009). The theory of precarity focuses on ethical responsibility (Butler, 2004) as it is produced between the self and another person (Butler, 2009), and it is expressed through the political dimensions of working socialities.

Taking these notions into consideration, I reveal that precarity in the hospital creates a paradox, which illustrates how solidarity and individualism (Daskalaki and Fotaki, 2017) are inherently linked. This paradox highlights how the women cleaners generated individualistic attitudes, followed by tactics and strategies that aimed to protect their work positions at the hospital. Their senses of self were controlled,

managed and surveilled through the working conditions and relations (McCormack and Salmenniemi, 2016). The women cleaners responded to the effects of precarity by forming spaces of solidarity and togetherness. They created bonds based on trust, in which they depended on one another in an essential way. These spaces of togetherness entrenched the relationality between the two groups of women workers.

Utilising precarity, as a labour condition, helps me to understand and deconstruct the paradox I found in the hospital. In this chapter, I explain how the two groups experienced precarity in different and similar ways, and I highlight how distinctions were made based on the social and political processes that marked the two groups of women cleaners (Gill and Donaghue, 2016). I do not merely describe the differences between groups, creating distinctive categories and typologies. Instead, I discuss how labour conditions under precarity bonded or created boundaries between the two groups of women. To theorise precarity only as a consequence of the neoliberal logic shapes static categories of both precarious workers and spaces of precarious work (Strauss, 2012). Therefore, instead, I discuss how precarity shapes the livelihoods of women cleaners and identify its social and ontological dimensions.

Precariousness indicates the ontological condition of vulnerability that historically has characterised feelings of anxiety and a lack of hope for the future (Kasimir, 2018). A politically and ontologically driven approach distinguishes between precariousness and precarity. Precariousness is a fundamental state of vulnerability that stems from the structure of society, but it does not explain why certain subjects and populations experience a greater risk of vulnerability (Harker, 2012). Hence, Butler introduced the concept of precarity, which is seen as a ‘politically induced condition in which certain populations suffer from failing social and economic networks of support and become differentially exposed to injury, violence, and death’ (Butler, 2009: 25).

Precarity as a political condition (Butler, 2009) results from uneven power relations, which make some subjects endure more precariousness than others (Butler, 2009; Berlant, 2011). Precariousness is common to all life, whereas precarity encapsulates political exposure to violence. Both are intersecting concepts (Butler, 2009) and their intersection reveals the impossibility of dissociating ontology from social, political and labour contexts (Harker, 2012). Precarity is the characteristic of suffering in the human condition (Ettlinger (2007); it is ‘a feature of broader life’ (Lewis et al., 2014:

584), which exposes the social, economic, labour and everyday life contexts of those who are trapped.

I consider precarity as an ontological uncertainty (Neilson and Rossiter, 2005) and a wider existential state (Oudenampsen and Sullivan, 2004). The women cleaners experienced a wider condition of helplessness and powerlessness to predict (Ettlinger, 2007). The women cleaners, who are positioned at the lower end of the labour market, experienced precarity as ‘the loss of the symbolic struggle for recognition, which is intertwined with the injustice of being denied social-symbolic value’ (Bourdieu, 2000: 241). Thus, precarity, with the various feelings involved, can affect individuals’ ability to imagine what comes next (Bourdieu, 2000) and thereby, leave them stuck in a space where imagination is interrupted (Cangià, 2018). The groups of cleaners shared common ontological conditions that gave their lives a status of flux (Berlant, 2011), placed them within an insecure environment with limited options for the future and associated them with poverty and the difficulty to act on it.

The advancement of capitalism and the division of paid and unpaid labour has played a large role in inscribing precarity on the present (Strauss and Meehan, 2015). Precarity goes beyond an individual’s uncertain position in the labour market (Neilson and Rossiter, 2005). It overlaps with other aspects of life (Lewis et al., 2014), acting as a social and economic condition (Harris and Nowicki, 2018). From an ontological perspective, precarity creates a wide range of feelings from vulnerability and hopelessness to optimism and resilience. In turn, precarity encompasses both labour and life, displaying how economies and labour markets render some lives more precarious than others and making life inherently precarious. I utilise the concept as an ontological state and a labour condition to include different aspects of the women cleaners’ livelihoods.

Precaire living has been characterised by short-term processes, where lives are on hold and long-term decisions become impossible (Muñoz, 2018). Precarity infuses life essentials involving domestic matters and homemaking (Muñoz, 2018), and makes life vulnerable and uncertain. I conceptualise precarity in relation to life conditions (Das and Randeria, 2015) to illuminate its interlinked, varied configurations (Harris and Nowicki, 2018). These configurations are experienced in mundane, day-to-day routines (Muñoz, 2018) and illustrate how gender overlaps with

labour and economic aspects of precarity (Vosko, 2011). Framing the women cleaners' experiences with an 'unbounded approach' beyond uncertain labour regimes (Ettlinger, 2007), I show how women's lifeworlds translate into different configurations of precarity. The two groups of women lived through daily negotiations over making sacrifices, being the main breadwinner, feeling insecure and guilty for exposing their children to precarious, dangerous social situations and mediating moral values and life philosophies to generate a sense of purpose.

The experience of precarity in the context of life is accompanied by vulnerability as well as possibility and the need to explore alternatives (Das and Randeria, 2015). The concept of 'precarious everyday agency' (Jokinen, 2016: 87) explains how individuals contest power relations and obtain a sense of self within the logic and effects of contemporary capitalism. I use this concept to understand how the women cleaners expressed their agency through the technologies of the self. Technologies of the self is a concept which talks about self-governing subjects that act optimally and operate in the best performing way for the institution (Morrissey, 2015). Resistive tools (Harris and Nowicki, 2018) help me to capture how they created potentialities to imagine their sense of self and everyday lives differently. I highlight how they resisted uncertainty and contested precarity as a new conventional element of their lives.

If the ontological uncertainty of life is a starting point, 'then there is no life without the need for shelter and food, no life without dependency on wider networks of sociality and labour' (Butler, 2009: 24-25). Precarity is not limited to labour economies and material deprivation (Harris and Nowick, 2018). It also creates opportunities to form broader networks of socialities (Butler, 2009). It emphasises the possibility of an imagined future in which hope and resistance can be created. By focusing on socio-emotional relations, family life and social networks as spaces that generate intimacy (Valentine, 2008) and feelings of togetherness, I discuss how the women cleaners found ways to contest feelings of the uncertainty that stemmed from their experiences of poverty, unemployment and commitment to supporting their families. I use the concept of precarity to present the multiplicity of life forms (Das and Randeria, 2015) and the trajectories that the cleaners followed in their hopes and desires for a better life.

### **The paradox of precarity: individualism and solidarity at the hospital**

Precarity has been presented as ‘work for remuneration characterised by uncertainty, low income, limited social benefits and statutory entitlements’ (Vosko 2011: 194). It also concerns how organisations implement and execute regulations for their workers (Vosko, 2004; Vosko, 2011). Hence, the women cleaners showed that ‘precarity spares no one’ (Ettlinger 2007: 322); they shared the experiences of excessive work hours, unpaid wages and unequal treatment. Under these shared conditions, working relations in the hospital revealed contradictions, paradoxes and conflicts. However, the social relations between the cleaners were disrupted by the fragmented effects of work arrangements. Both groups of women cleaners expressed individualistic attitudes. Through these attitudes, they resisted through everyday acts against the absolute victimisation of labour politics. They formed socialities and engaged in other more subtle acts of resistance, such as irony and cynicism.

Individualistic responses to precarity were common among both groups of women. Individualism as a response to precarity reflects the logic of neoliberalism, which controls and manages working populations for market-driven purposes (Ong, 2006). It focuses mostly on the self-responsibilisation of individuals rather than the creation of collective subjectivities (Butler, 2004). The women cleaners felt the need to develop a highly individualised self, establishing themselves as resilient women workers who could challenge their working precarity. Thalia’s narrative reflects this belief amongst the women cleaners.

I work really hard and rely on myself. It is the only way to survive because I do not want to count on anyone. Everywhere you go is very difficult, and you never know. If and when the time comes and they fire me, I am sure that I will find something immediately because I know how to work hard and count on myself. My employers know this. I survived in Greece when I first came. Then I did not even know how to say good morning. I will also make it now. I have no doubts about it (Thalia 65 AL, *People’s Home*).

Individualised beliefs among women cleaners reflected a mode of governing that included the encouragement of workers to enhance competence and effectiveness. With ‘the regulation of the working populations to be productive’ (Ong, 2006: 6–13), Ong highlights the necessity of taking personal responsibility to create a competent self to be compatible with the requirements of the market.

It is not that there is ‘equality in precarity’ (Puar, 2012: 172). Diverse social groups are unequally exposed to neoliberal capitalism, which prospers on inequality (McCormack and Salmenniemi, 2016). The existence of ‘inequality regimes’ (Acker,

1990), such as gender and ethnicity, marked Albanian women cleaners as a working group under precarity. There is an ongoing association between the effects of neoliberalism and discriminatory assumptions (Bondy, 2018), which are based on contextualised gender and ethnicity. Athena's narrative showed how an Albanian woman cleaner felt triply oppressed due to her gender, ethnicity and working status.

An Albanian woman cleaner works harder than the other non-Albanian women here, and the problem is that to prove one's worth, we must try three times harder compared to the others. Why do we need to work harder every day and receive more criticism, whereas the other Greek cleaners work less and receive no criticism? It is implied that as Albanian women cleaners, we should work more, and we should handle more criticism. We should be more afraid of losing our work because we are Albanians (Athena 49 AL, *People's Home*).

Albanian women cleaners do not feel supported within this climate of insecurity because there is competition between us from the firm and the other mostly male workers from the hospital. I can't really understand why, but you can say that we are in some kind of war. I guess it has to do with the fact that Albanian women cleaners do their work very effectively with half the salary that the permanent hospital workers get. So maybe they feel threatened within the whole climate of working insecurity (Cleo 26 AL, *People's Home*).

The effects of precarity and labour are established on the market-based ethnicised and gendered principles of summoning cheap labour forces to meet the economy's demand (Lyberaki, 2011). Under these premises, neoliberal modes of governing, along with inequality regimes (Acker, 1990) have created oppressive labour arrangements. In these narratives, Albanian women cleaners are subjected to unjust schemes, compared to the other non-Albanian women cleaners and the permanent hospital workers who are depicted as more favoured. Athena's narrative illustrated that Albanian women cleaners were perceived as the 'good migrant workers' because they are willing to adapt to the given labour context. However, they also became the 'suspect workers' (Nare and Nordberg, 2016), whose gender and ethnicity required special surveillance (Jokinen, 2016), due to discriminatory assumptions (Bondy, 2018).

Gender, as well as ethnicity, placed the women cleaners at an inferior position, which was expressed through constant control and a general 'war climate', as described by Cleo. Thus, the 'splintered labour arrangements' led to the proliferation of precarious workers who 'lack a work-based identity' and prevented them from being part of 'a solidaristic labour community' (Standing, 2011: 12) and who were also a product of a working precarity. Leda's narrative expressed the shared problematisation amongst

the women cleaners that pointed out how precarity as a labour, political and ontological situation created self-protectionist responses that limited solidarity.

In earlier years, there was more solidarity. I do not know what is going on now or where our empathy is. In the earlier years, if a woman had a problem, all of us women here would gather. Every single one of us would contribute as much as she could. We would gather money. We were helping one another. Now, these feelings are gone. I do not know how this situation has destroyed the world. I do not want to blame the situation because you are neither getting poorer nor richer with 20 euros (Leda 52 AL, *People's Home*).

It was better before, when there were trust and a sense of care. I remember when we had nothing, so we were counting on people's good intentions. Amongst women workers, there was more trust; now people are suspicious, and they are afraid of losing their work. This makes them more closed off. I kind of understand that though (Alcmene 54 EGAL, *Care for All*).

A climate of uncertainty generated a state of general vulnerability that impacted labour conditions and led to a feeling of 'implicit precarisation' (Alberti et al., 2018: 451) among the two groups of women. In turn, the disintegration of the working relationships, as Leda pointed out, where feelings of solidarity 'are gone', was a product of 'implicit precarisation' (Alberti et al., 2018). The women cleaners remained strained in the individualist framework, generating individualised tools (Gill and Donaghue, 2016) to cope with the anxieties of working as cleaners in the hospital. Callepso's narrative reflected how socialities amongst the women cleaners had fewer chances to develop.

No! We are not all women workers united. Every woman has her own clique. She chooses with whom to speak. I aim to avoid any trouble and just do my work. I do not have much time in any case. I generally prefer to be independent. Nevertheless, I say good morning, and during the break, I sit down drinking my coffee but without saying much (Callepso 38 AL, *People's Home*).

It is very difficult nowadays with the crisis, and every woman takes care of herself and minds her own business at work. We are responsible for our own acts at the end of the day. People in this department respect me, and I have managed it on my own (Efterpe 51 EGAL, *People's Home*).

Women cleaners generated 'technologies of self' that appealed to self-managed and 'responsibilised subjects' who could manage working relations, 'manage time', 'manage stress' and depict resilience (Gill and Donaghue, 2016: 93), while leaving the power relations created by labour precarity unchallenged and turning labour issues into individual difficulties (Gill and Donaghue, 2016). The women cleaners were 'increasingly atomised and deprived of solidarity' (Noelle Mole 2012: 376).

Consequently, forming strategies and tactics became measures for preserving the individualised self. Callepso's stance of not developing friendships and using the word 'clique' indicated her strategy for preserving each woman cleaner's status in the hospital. One of these measures was to calculate who could be trusted in the work space. Erato's narrative conveyed the meaning of strategic working relations.

I am not interested in anything that happens to the other cleaners. Therefore, whenever I hear something that does not concern me personally, I just leave the room. I do not want to listen. I do not want to learn anything apart from the things that concern my work. I only like my boss. I like the way he presents things, and, of course, I follow everything that he says (Erato 39 AL, *Care for All*).

In the past, you could talk to the other workers; you could trust more because if they would fire you, you could easily find something else. Now everything is more difficult. I feel insecurity, fear and constant stress about the situation, about all this that is happening with the firings. That is why I want to have good relations with my supervisor and the supervisor of my department. I am careful about whom I talk to and what I say. I want my supervisors to know that I enjoy my work and that I am a good worker (Hera 49 AL, *People's Home*).

The socially fragmented effects of the labour arrangements obscured social working relations (Campbell, 2016), enhanced individualism and produced calculated socialisations. The women cleaners secured their work positions by showing flexibility and discipline and by reinforcing the perception of the employer that they were suitable for this kind of work. The portrayal of the boss as someone who had 'good ways', along with the need to have good relations with the supervisor, illustrated the power relations between the women cleaners and their employers. By tactically creating bonds with their employers, the women cleaners branded themselves as highly flexible, willing, independent and resilient. It resulted in the growth of the management's power to regulate the terms of work (Campbell, 2016), rendering the cleaners participants in their own exploitation (Berntsen and Lillie, 2016). Consequently, this arrangement reinforced the notion that the workers in the more vulnerable labour segments were the 'good workers' (Doellgast et al., 2018). The women cleaners normalised feelings of insecurity, stress and anxiety, labelling them implicit features of contemporary working conditions.

The women cleaners used tactics and strategies that were established under biased gendered assumptions. Hera was happy to work with another younger woman cleaner. Her notion of a 'girl' suggested the younger woman would not antagonise her. A younger 'quiet girl' referred to a dynamic between women cleaners that exposed how,

in patriarchal terms, a younger woman has less power. At the same time, this showed that antagonism between women cleaners thrived, and it was expressed in the context of the precarious working conditions in the hospital.

I prefer not to socialise with the other cleaners. I want to work alone. I do not have time for friendships anyway. In the past week, they sent me another girl to work with because, you know, it is getting busy here. So, it is good that I get help to finish my job on time. She is young and quiet. She is a nice girl. I have no problem working with her (Hera 49 AL, *People's Home*).

Women gossip: this is what they do by nature. Nevertheless, my sister-in-law and I have the best relations. We are friends. She works on the fifth floor, and I work on the first. I do whatever I can to help her (Erato 39 AL, *Care for All*).

Women are not to be trusted. They gossip behind your back; it is by nature like this. I can only trust my sisters. Otherwise, I am very careful with other women (Alcyone 40 EGAL, *People's Home*).

Strong individualised views and misogynistic beliefs that positioned women as untrustworthy show how precarity augmented patriarchal views that further fragmented the working solidarity among the women. Small collectivities based on blood ties flourished, which showed how segmentation served as the basis for mobilisation on an even small scale. Collectivities based on blood did not aim to be politically strong in the sense to which Standing (2011) refers to as the precariat longing to reshape working politics. These collectivities represented how the supremacy of blood ties attributed moral features to people in terms of sharing common beliefs, trusting and cooperating with one another. As Iris explained, to be with Erato gave her a sense of the collectivity, empowerment and security that Alcyone also felt with her sisters.

Similarly, there were other smaller scale socialites among the women cleaners based on working values (Chun, 2009). These socialities reproduced the company's ethic that required flexible working arrangements and enhanced competition between women cleaners. Athena and Hera revealed that their composition of small collectivities was based on shared working beliefs and values that sought to appeal to the company's demands. These values were flexibility and competition, which further destabilised the development of meaningful work relations and resulted in individualisation (Sandoval, 2016). These groups of women cleaners presented their work as superior to that of other cleaners, who, in their eyes, were not trying hard enough.

Amalia is really good, and she is younger than me. We have built a good relationship because we understand each other. I get exhausted at the end of the day and very angry because none of the other women work with our rhythm and standards (Athena 49 AL, *People's Home*).

Now that I am at this unit, I am with another cleaner who really understands how the work should be done. We think the same, and the supervisor is satisfied with our work (Hera 51 AL, *People's Home*).

There is this woman who I can really trust. We have worked together for a long time, and we do a very good job. It is why we have been here for so many years—because we understand how the work should be done, and we focus only on how to become better, more effective and more responsive to the needs of the hospital (Andromeda 37 EGAL, *People's Home*).

In these small scale socialities, the women cleaners internalised the company's value systems (Doellgast et al., 2018) by depicting a strong sense of self-discipline and marketizing their effectiveness and their skills. They wanted to be perceived as the 'good workers' who served the company's interests. They showed a willingness for flexibility and adjustment (Gill, 2008), revealing an eagerness to fit within the reasoning of capital (Skeggs, 2011). Nonetheless, these socialities generated self-precarisation, which was associated with fear, insecurity and risk of failure (Lorey, 2015). The women cleaners presented selves that were effective, quick and skilful and hid their inherent fear of losing their jobs. In turn, the 'dropping off of hegemonic paradigms' (Lorey, 2015: 198) by reproducing the values of the firm were difficult. The women cleaners' working attitudes sought to be marketable and were labelled as working potential.

The women cleaners branded their work ethic as personal potential. They internalised the company's value systems by illustrating how someone could maximise its potential, in terms of personality (Mäkinen, 2014), in the sense that 'a worker has to put one's whole personality on the market' (Puar, 2012: 164). A working personality is now a form of labour as well as a subject of external professional management and optimisation (Mäkinen, 2014).

You must show how good you are at work, and how serious you take things here. The supervisor and the boss appreciate workers like that. They want to know that they can invest in you. Why do you think that we are here for so many years? They can count on us, knowing that we learn things, showing responsibility and productivity (Ariadne 53 EGAL, *People's Home*).

I just care for myself. It is important to be distant with the others and focus on yourself at work. So, whenever they give us the opportunity, you know, through the company, I attend seminars. We learn about the new regulations regarding the

protocol. Through them, I learned so many things. I want to become the best that I can be (Erato 39 AL, *Care for All*).

The women cleaners enhanced the process of precarisation by constantly being in the processes of self-management and self-actualisation (Lorey, 2015); they were loyal to the same mechanism that oppressed them. They normalised as well as romanticised the effects of precarity. Leda's narrative summarised how women normalised flexibility, adaptability and the detrimental effects of precarity and in turn, created a romanticised depiction of labour struggles.

The crisis, of course, is a difficult situation, but I never give up. I never gave up, from the moment I set foot in this country; like all the women who came from Albania. So there are also positive aspects in this situation; that is why I try to make the best out of this work. It gives me my salary and the strength to go on, and it makes me feel that I have a purpose (Leda 54 AL, *People's Home*).

Women cleaners in the hospital emerged as precarious subjects, who justified the detrimental working conditions as inevitable and normal. The effects of precarity appeared as a win-win situation (Näre and Nordberg, 2016) for the unjust labour arrangements and the women workers. The romanticisation of worker's resilience celebrates this mode of working and brands it as an opportunity to have a purpose in life. The continuous need to show potential indicates a pressure to manage, improve and monitor oneself (Gill 2011) in order to succeed in a competitive market. The women cleaners felt a constant need to increase their potential. They needed to be improved, original, exceptional (Mäkinen, 2014) and knowledgeable about appealing to the employer (McCormack and Salmenniemi, 2016). In the hospital, labour was converted into a potentiality, which developed inside every worker, and it would be discovered only if one worked hard enough. Hence, showing potential was a process that complemented the unbearability of the precarious labour markets (Mäkinen, 2014). It was an everyday self-management practice that weakened the women workers' social cohesion, because it focused on the individual.

The prevalence of constant vulnerability, uncertainty and changeability in the women cleaners' working lives (Berlant, 2011) created on-going interchangeability between their individualistic attitudes and their beliefs about collectivities and solidarity. This interchangeability reveals how working relations under precarity alternate as supposedly static and seem to express only individualism or solidarity at one time. Penelope's and Alcmene's narratives displayed the negotiations between the need to

protect and preserve oneself, exemplifying individualism, and the role of collectivities and how they alternated with individualism.

I mean everyone is looking after themselves; this is how the system works. People's perceptions differ very much. But there are moments, of course, where we are together like in the break. There we do things together. We drink coffee. We eat and smoke cigarettes (Penelope 46 EGAL, *Care for all*).

I have learned to be fair, but with fairness, you do not get a lot. I personally lost. I do not keep friendships anymore. "Look, she is pretending to be nice": this is what they said about me, and this truly bothered me. Nonetheless, I still think that we need to put aside all that and move on, and I am ready for that (Alcmene 54 EGAL, *Care for All*).

Both narratives showed that the women reacted to difficulties by being selfish and making individualism a symptom and feature of everyday working life under precarity. Nonetheless, collectivities emerged despite the disruptions of self-preservation. Penelope mentioned the space of the break that united women cleaners under common habits. The break became the women's space for bonding. According to de Certeau (1984), the action of everyday resistance is fundamentally emancipating. The use of 'tactical' manoeuvres denotes how marginalised people negotiate the constraints that they face through a continual sequence of everyday practices which make a difference (Whittington, 2018). Using the break is a tactic that disrupts everyday feelings of precariousness and helps the women cleaners to become 'creative agents' (Whittington, 2018: 346) as they create moments of solidarity and collectivity. They generate the potential to challenge the individualised working culture of the hospital. While autonomy, independence and self-preservation were prevalent responses to the shared working precarity, the women cleaners also faced precariousness with humour, mutual understanding and empathy.

These responses to precarity expressed a sense of resistance to the neoliberal logic that fragmented the social cohesion amongst the women cleaners. Their resistance did not aim to transform the workplace radically. Instead, the women cleaners engaged in acts of 'everyday resistance' (Johanson and Vinthagen, 2014: 8) with collectivities and subtlety through humour, cynicism, irony and searching for a practical agreement in the working place, without reconfiguring the order of things radically (Ybema and Horvers, 2017). The break was a space of resistance, where women cleaners could relax for fifteen minutes, drink coffee, socialise, smoke, laugh, converse, gossip about the company and be cynical. The break became a space of togetherness where all the women cleaners collectively shared moments about their everyday lives. It balanced

and re-shaped the hospital as a workplace, offering a sense of safe-space and solidarity instead of individualisation.

You know during the break, we are together, there is everything, and we are colleagues, but we are also friends. We talk with each other about our families, our houses and our financial problems for everything (Thalia 65 AL, *Care for All*).

Yeah, during the break, we laugh, we smoke, we order coffee, we gossip and, generally, we tell stories to laugh a bit you know; we escape and forget (Antigone 56 EGAL, *People's Home*).

I love the break. I make all the women laugh. They wait for me to tell them jokes about my day. We laugh about the incompetence of some people; we feel better, and then we go back to work (Melpomene 60 EGAL, *Care for All*).

Despite the logic of capital that triggered individualist working attitudes, the women cleaners responded to precarity by forming collectivities. The break offered a space for socialities and togetherness, and there, the women cleaners engaged in the process of working-class recomposition (Campbell, 2016). They reinvented labour politics (De-Peuter, 2014) in the hospital by engaging in practices of mutual aid and collaboration. A sense of working-class recomposition and the need to build collectivities confirm the paradox of precarity in the hospital. Individualism as a symptom and feature of the everyday working life under precarity is challenged by the need to belong to a collectivity. A collectivity represents how workers feel ethical responsibility (Butler, 2004) between themselves and their co-workers. These acts are established on trust and ethical bonding. Under the ethics of precarity, people become ethically responsive to other people, both known and unknown (Butler, 2009). Mutual aid and collaboration were part of the ethical responsibility that the cleaners had towards one another. Although these acts did not go radically against the labour arrangements, the ethical responsibility challenged the individualistic narratives, nonetheless.

We are all friends, and this is how I see it. I am with my aunt, and it feels like home but at work. The girls here are my friends, and I feel so much support. I go on holiday, and I miss them. I want to come back to them and trust them like my family (Ersi 48 EGAL *Care for All*).

We are a family, we finish our shift, and we talk like a family. There is nothing to makes us quarrel; we are together in this (Terpsichore 53 EGAL, *Care for All*).

We are all different, and we have different lives and struggles, but we all carry the same bucket and the same mop. So somehow, we understand each other despite our differences. Anyway, gossip and talking behind the back is all part of work. I know,

for example, that if something happens in my shift, I will call the other cleaner and we will figure it out (Callepso 38 AL, *People's Home*).

Through these small acts of mutual aid, collaboration and collectivisation among the cleaners, the hospital reveals the 'political potentials of precarity' (Barchiesi, 2012: 248). Despite the differences and conflicts in the working relations, new coalitions were formed that extended the boundaries of the 'we'; the cleaners acted ethically towards those whom they considered part of their families. The formation of collectivities became a practice to include more subjects in 'this ethically responsive space of the "we"' (Butler 2009: 32). The women were not related, but they developed ethical bonds between themselves. They created a relationality that helped them grow together at work. The use of the word 'family' was the ultimate way to show that trust and mutual understanding was possible in the work space.

These everyday acts of resistance developed into cooperation and triggered processes of everyday recomposition, which enhanced the social cohesion of the women cleaners (Campbell, 2016). The conflicts between the Greek cleaners and the two groups of cleaners enhanced the overall resistance against working precarity. These conflicts reflected divisions within the hospital. They also revealed the effects of the Greek crisis and the growing hostility towards minorities, who were seen as a unified group of national enemies (Carastathis, 2015). Nonetheless, these conflicts also demonstrated the extent to which working solidarity could respond to hostility in favour of working cohesion. Andromache's and Callepso's narratives related the way women cleaners collectively responded to discriminatory incidents.

A Greek cleaner whispered something about me like I should have spoken better Greek. When I realised it, I cried, and I told my colleagues. I left that day. I did not stay because I was sad. But everything is OK now because all the other girls defended me, and our supervisor explained to the other cleaners that certain behaviours do not belong here (Andromache, 62 EGAL *Care for All*).

The visitors are horrible, even if you tell them politely that they need to move a bit further because you need to clean the area, they reply disrespectfully, saying that this is your job and that is why you are getting paid. Also, once they accused me of stealing because it is easy to blame the Albanian. But everyone defended me here. I felt supported by the cleaners and the company. I was so upset; it is something that I do not want to talk about (Callepso 38 AL, *People's Home*).

The acts of togetherness highlighted that the hospital became politicised (Berger, 2014). The acts of solidarity against hostility expressed labour politics. Collectivism was established under the views, needs and objectives of the group rather than those

of the individual. It was about the duty to defend one's colleague rather than focusing on personal advantage. The women cleaners of both groups shared beliefs against discrimination and hostility. They were willing to cooperate with each other. The women cleaners and their supervisor openly defended the women who experienced hostility and discrimination and pointed out that bullying was not allowed in their company's working ethos. These incidents illustrated that the women resisted the politics of hostility and defied xenophobia. They replaced them with systems of solidarity and generated an initiative steered by the desire to ameliorate their working lives. These acts contributed to the workers' social bonding. While these practices did not necessarily involve resistance, the recomposition shifted the precarious working conditions at least temporarily. Demetra's narrative reflected how alliances were built within the hospital, which established trust and created firm collectivities that could challenge feelings of insecurity.

I have no fear of unemployment because we are a company that stays together. If this company gets fired from the hospital, then the hospital will not find a better company to replace us. Of course, I am afraid that they will fire us. I believe that our company will be at this hospital. My supervisor thinks that we will stay until the end, and you know what, I believe with all my heart that I will stay ten more years here (Demetra 59 EGAL, *Care for All*).

If anything happens, I always feel that I can go to my supervisor and discuss things. She supports me and tells me not to pay attention to people's bad behaviours. She will also give me advice because she is our supervisor, and she cares about us (Artemis 62 EGAL, *Care for All*).

I know that our boss is going through a lot, but believe me, I understand that he cannot do much about the whole situation. We are still here despite the whole mess about the new contracts and all the firings. We are all together in this (Leda 52 AL, *People's Home*).

Fear about the termination of contracts positioned cleaners under the threat of a 'flexible' labour arrangement and a fragmented class (Standing, 2011). However, it was believed that as a company, they would stay united until the end. The presence of a supervisor who was supportive of the cleaners created a sense of cooperation and mutual understanding. Cleaners cooperated with the company, under mutually constructive relationships. This configuration of power did not radically change the order of things (Ybema and Horvers, 2017). These relationships aimed to lessen internal tensions and power struggles. The cleaners' main aim was to find common ground for recognising what issues were at stake.

Despite their uncertainty, the women cleaners' everyday solidarity practices enhanced their social cohesion and enabled their collective power. Collectivities were established on ethical relations, and the women cleaners displayed feelings of mutual responsibility. Therefore, the focus was not about optimising oneself (Ong, 2006) but the undoing of the self (Butler, 2009). The goal was to form unconditional relations with the other cleaners. Alceme's narrative showed that responsibility towards others allowed for a reconceptualisation of collectivity.

When the supervisor asks me if I want to work more hours to cover another cleaner who is ill or whose children are ill, then, of course, I will come because this is what we do. Tomorrow, I might also be in her position. It is part of our work to operate like this (Alceme 54 EGAL, *Care for All*).

The other women give me the strength to think this way. They love me; they pat me on the back. If I get ill, they take care of me. I am nice to them, and they are nice to me (Andromache, 60 EGAL *Care for All*).

I feel that all the women have welcomed me; they did not make my life difficult. We are here for one another, and even if times are tough and there are misunderstandings, we protect each other. This is a very important reason to stay here. Even if someone were to offer me a better job, I would still choose to stay here (Iris 42 AL, *Care for All*).

Ethical responsibility represented a working self that became unbounded (Butler, 2004), It was a self that was indebted to the other women cleaners. The relation to others enabled solidarity through recognition of class consciousness. This realisation relocates power in the collective (Moore and Newsome, 2018). It was about being ethical towards other women workers by emphasising and understanding their needs. These acts shaped collective politics in the work space. The women cleaners' collectivities were established on the social and political organisation of the hospital.

To conclude, precarity created a paradox in the work space of the hospital: a highly individualised self emerged along with the need to feel supported and united with one another. Regarding individualism, both groups of women cleaners experienced working precarity and in turn, developed an individualised self. In doing so, they reflected the logic of neoliberalism, which manages working populations for market-driven purposes. Neoliberal modes of governing, along with inequality regimes (Acker, 1990) such as gender and ethnicity, generate an ongoing association that produces oppressive labour arrangements. The Albanian women cleaners were subjected to unjust schemes, compared to the non-Albanian women cleaners and the permanent hospital workers, who were depicted as favoured. Tools for self-

management and self-responsibilisation enhanced the ability of the women cleaners to manage their work relations while leaving the power relations created by labour precarity unchallenged and turning labour issues into individual difficulties (Gill and Donaghue, 2016). Their work strategies reproduced the values of the company by normalising feelings of insecurity, stress and anxiety and labelling them as implicit features of contemporary working conditions.

Precarity at the hospital created responses that resisted the logic of capital. Women cleaners engaged in everyday acts of subtle resistance such as humour, gossip, cynicism and friendship. These acts did not aim to reconfigure power relations radically. Rather, they aimed to improve the climate of uncertainty in the working context. In turn, the women cleaners created a sense of politics in the hospital through collaborative spaces established on ethical responsibility, trust, bonding and cooperation. Their collaborations had resistance implications and contributed to autonomous workplace attitudes so that cleaners could undertake a process of emancipation. The women created a sense of ethical bonding and solidarity, which helped them to fight against shared feelings of vulnerability, discrimination and hostility. The women cleaners were compelled to recognise that responding to precarity meant seeing themselves in one another.

### **Precarity in the livelihoods of women cleaners**

Social and economic axes assign the conditions of life unevenly (Puar, 2012). Precarity refers to how precarious labour experiences and lives are interconnected (Millar, 2017). Consequently, precarity characterises the livelihoods of individuals as ‘it inhabits the micro spaces of everyday life’ (Ettlinger 2007: 320). Insecure situations disrupt predictions for the present and the future. For both groups of women cleaners, precarity was experienced in the material conditions of their life-making, work and social conditions, including their social ties with each other.

Precarity occurs in spaces where the women cleaners ‘think, feel, act and interact’ (Ettlinger 2007: 234) and endure the uncertainties of their everyday living conditions (Ettlinger, 2007; Waite, 2009). In their uncertainty, the women turned to anxiety, generating a sense of pessimism, in the face of few opportunities to improve their economic and social lives. Despite their hopelessness, the women showed the

fundamentals of resilience and strove to counter their precarious everyday realities. They became the pillars of their families and formed collectivities that went beyond the level of the family and defied the effects of precarity.

The women of both groups became the backbones of their families (Masenya et al., 2017). They became accountable for the needs, demands and survival of their families. As pillars of their households, they were the main breadwinners. Their husbands were often ill, injured or unemployed. Thalia's, Ourania's and Penelope's narratives illustrated the difficulties of having to take care of ill men at home and being the sole breadwinners of their families.

I am the only one who works since my husband is ill. He has a very serious heart condition, and he is not allowed to work. But you know, I am old now, and I do not know what would happen to us if they fired me. I do not think about it, and I do my best (Thalia 65 AL, *People's Home*).

Now, it is very difficult, because there is not enough money to take care of our house and, generally, we cannot do many things. Since I am the only one who works, I have to take care of everything. My husband has cancer. He cannot work. He has applied for benefits but has not received it yet. The waiting time is very detrimental (Ourania 53 AL, *Care for All*).

I have a big problem because if I end up unemployed, how am I going to take care of everything? I bring the only income in this house! I do not have help. My daughter has a very menial job, and thus, I also finance her studies. It is very difficult at the house since I do not want to leave my husband alone; he is very sad. I already leave him for eight hours while I am working (Penelope 46 EGAL, *Care for All*).

The women's thoughts and feelings of precarity indicate how social, economic and political contexts interact with one another, rendering 'life untidy' (Ettlinger, 2007: 325). These women understand what it means 'to be precariatized'; they have been subjected to 'pressures and experiences that lead to a precariat existence, of living in the present, without a secure identity or sense of development achieved through work and lifestyle' (Standing, 2011:16).

These narratives reflected the shared difficulties that the women cleaners faced as the sole breadwinners of their families. They experienced a detrimental condition that made them feel constant marginalisation (Herrmann and Van-Der-Maesens, 2008). Their feelings of anxiety and stress about whether they would retain their work at the hospital affected aspects of their 'intersubjective life, including housing, debt and ability to build affective, social relations' (Neilson and Rossiter 2005: 10). Everyday difficulties with money, household needs and finding a balance between being a good

mother, a caring spouse and a responsible worker doing her best for the well-being of her family were challenging. They were detrimental and conveyed the untidiness of their lives.

While the women constantly faced the challenges of balancing work and domestic responsibilities, they constructed productive pathways towards enacting new everyday potentialities (Fotiadi, 2016). They sought to fulfil multiple roles in their families. They taught their children ethical and social values. Leda's and Ersi's educational roles were critical as they mediated important moral values about their lives, experiences and struggles.

I live with my son, and I still tell him about life values even though he is old. I keep telling him that life has difficulties; they always happen, and we need to work very hard. You need to try and never give up; do your best in every case. He is a nice young man. He is trying his best. I tell him not to be bitter about not having money, only to continue working and not give up (Leda 52 AL, *People's Home*).

I am a woman who wants to enjoy and give my best in the moment. This is what I always tell my children: not to be stressed about the difficulties of today and to keep doing what you can. Tomorrow will bring something else. I also try not to be negative about my husband being unemployed because in these moments; we need to be united and not frustrated (Ersi 46 EGAL, *Care for All*).

Precarity in the livelihoods of the women cleaners is ontological, and in that state, one person becomes ethically responsible for the other (Butler, 2004). The women became the mediators of moral and social values. Teaching their children about the values of life reflected the paradox of precarity. Values that included individualised responses, following the logic of capital, overlapped with mutual help, trust and collectivity. Leda taught her son about the need to optimise himself (Ong, 2006), become flexible and take an individualistic approach. She advised her son not to surrender to difficulties, despite the 'loss of faith in a fantasy world to which generations have become accustomed' (Puar, 2012: 166). Ersi encouraged her children not to be judgmental towards their unemployed father, teaching them about the importance of solidarity and being together. Ersi criticised the need to be under the constant pressure of being flexible. Instead of feeling isolated, she considered togetherness and collectivity the way to deal with hardship.

Moreover, precarity was infused into the women cleaners' practices of homemaking (Muñoz, 2018). The gendered dynamics in their households dominated the women's activities. While everyday household tasks were perceived as 'feminised' (Masenya et

al., 2017), the women talked about their sense of satisfaction in doing them. By undertaking these duties, they aimed to provide their dependents, mainly their children, with what they had. They wished to give their children a 'better' life and help them to avoid experiences and feelings of poverty. They expressed the need to discontinue the intergenerational cycle of hardship (Masenya et al., 2017). Efterpe's and Iris's narratives represented the need to break intergenerational poverty, hardship and pessimism by doing household tasks.

I do everything at home, even if I have no personal time for me. I want my son to have everything that he needs. I always ask him whether he needs something else that other children have in terms of clothing. I do not want my son to compare himself. I want to offer him the best. He should not feel that he has less, compared to the other children at school (Iris, 42 *AL Care for All*).

This is what I do with my son. I do not want to share the work at home with him. I do not want this at all! I want him to find everything tidy and neat. Because I keep thinking that when he was a baby, I could not offer him a litre of milk; it was so hard for me, very sad! I do not want my children to suffer at all! (Efterpe, 51 *EGAL People's Home*).

Gendered dimensions of precarity place women at the forefront of domestic duties. Domestic tasks become 'feminised', revealing the traditional patriarchal structure that presents mothers as the sole person responsible for domestic tasks and prioritising the position of the son. However, the women cleaners' homemaking also formed patriarchal structures that placed them within unrecognised domestic work (Ehrenreich and Hochschild, 2003) while giving their sons the freedom to concentrate on their personal lives. Namely, Iris and Efterpe did everything at home, despite their lack of personal time, because they wanted their sons to have everything. Iris also pointed out the need for her son not to compare himself with other children by offering him expensive clothing. Her belief that expensive, name brand clothing was significant revealed her need to disrupt emotions of hardship by imitating a middle-class practice.

Even though the women cleaners tried hard to do their best for their children's lives, they still experienced powerlessness, uncertainty and anxiety about their children's social lives outside of their families. Precarity was experienced through the distresses of mundane, daily realities (Harris and Nowicki, 2018). Thus, the women tried to create a shield to protect their children from dangerous social situations. Specifically,

Athena's, Antigone's and Leda's narratives revealed shared fears amongst the cleaners about their children and their daily lives.

I feel insecure about my daughter now. I am so concerned when she is out with her friends. I feel threatened because things are now very difficult. On the other hand, I do not want to tell my daughter not to go out of the house. I do not want to make her feel fear (Athena AL, 49 *People's Home*).

When I feel that my son is socialising with certain people, I am so anxious. I am at work all day, so I cannot control him the whole time. Nice people live in our neighbourhood, but I always feel insecure about my children. When my son does not listen to me, then I tell him that we will go away from this neighbourhood (Antigone 40 EGAL, *People's Home*).

I feel very insecure in Athens because when I go out across the road in the square and see young people, children, taking drugs, it hurts. I think of my son, but I also think of the other mothers (Leda 52 AL, *People's Home*).

These women's feelings were symptomatic of the wider ontological vulnerability of their precarious economic and social conditions. The women cleaners became the precariat since they were inherent products of an increasingly unequal, unjust society (Standing, 2014). These narratives represented the fears of all the women cleaners regarding their children and their friends. Stress over the security of daughters shows the gendered aspect of fear and anxiety regarding the association of drugs and youth. Apart from anxiety and stress, there was also a hidden sense of shame. The women felt guilty that they could not control these social conditions because they were at work. These feelings revealed that the women felt trapped within the inevitability of poverty in an unequal society.

Being responsible for their families' well-being, along with the feeling of powerlessness over their children's social relations, the women had to deal with 'the continuous hazards of stepping into the trap of precarity' (Standing, 2014: 7). All these elements caused the women psychological and physical exhaustion. Their narratives revealed the detrimental feelings over their lower skills, which blocked them from providing their families with better living conditions. The inability to find better work was a burden that they carried. It also stopped them from disrupting the cycle of existential and material hardships. Iris's, Ariadne's and Callepso's narratives reflected the shared feelings of precarisation among the cleaners regarding their complex roles as homemakers and breadwinners of their families. They exemplified

the difficulties of maintaining the standards of their families while having a precarious job that left them in a constant state of uncertainty.

If I were better at school, more concentrated on my study, I would not have to do this work now. But now, this is the only thing that I can do to help my family; this is how the economy works. If you have no skills, you become a cleaner (Iris AL 42, *Care for All*).

To my children, I say concentrate on your studies to find a better job. I do not want them to struggle like me everyday day. I am so tired, and still, we are poor. At the end of the month, I have nothing (Ariadne EGAL 53, *People's Home*).

What am I going to do? What is going to happen with my children? I have no savings. If something happens to me, I will be marginalised (Callepsa AL 38, *People's Home*).

Global labour processes render lowered skilled women workers to the bottom of the labour market (Lewis et al., 2014). Feelings of poverty and debt put pressure on supporting families. Low levels of education and a lower social position make migrant women workers more vulnerable to feelings of precarisation (Lewis et al., 2014). These women's narratives highlighted how women workers are caught between multiple points of vulnerability (Lewis et al., 2014) and point out how certain jobs render certain workers more precarious (Clement et al., 2009). These women cleaners showed that it is inevitable for low skilled workers to become trapped in low paying, less valued jobs, such as cleaning. They made it clear that no matter how much effort they put in, they did not have enough money at the end of the month, which resulted in a sense of helplessness and marginalisation.

The women cleaners were deprived of political rights, and their struggle with regularisation processes contributed to their everyday feelings of precarisation (Standing, 2014). Thus, precarity in their lives was also interlinked with their struggle to secure the necessary legal papers. Both Albanian and ethnic Greek Albanian women faced great difficulties fulfilling the criteria that would make them compatible within the national context of Greece (Andreouli and Dashtipour, 2013), as they were perceived as outsiders. Consequently, for these women, these feelings additionally disrupted their realities and made their lives more precarious. Alcmene and Thalia expressed feelings of marginalisation regarding legal rights in Greece. These conditions enhanced the anxiety these women experienced in terms of the pressure of living and working precariously as denizens (Standing, 2014). They were trapped between legal and labour processes.

I did not feel, and I still do not feel that I have legal rights. We do not have Greek identification cards; I have been in Greece for twenty years, and I am still trying to get it. Still, they do not ‘give’ it to me. I have applied, and I have done everything I should about it. I deserve to get it. I have worked so hard to get it. When I was younger, I had more strength to work and fight for it. Now I feel tired, but I still hope for it (Thalia, 67 AL *Care for All*).

In Albania, I was a shitty Greek. In Greece, I am a shitty Albanian. And you know what, even though I have been in Greece for 25 years already, working, paying my social contributions, and having my Greek identification card, I will always be a shitty Albanian. It will never change for me (Alcmene, 56 EGAL *Care for All*).

Their narratives expressed feelings of marginalisation concerning the processes of obtaining legal papers. Precarity in the life of these women overlapped with civic matters. They were interconnected with structures of nationhood and the determination of the limits between ‘insiders’ and ‘outsiders’, which were grounded in cultural compatibility and ethnicity (Triandafyllidou and Veikou, 2002). The experiences of marginalisation made the women feel like ‘denizens rather than citizens whose lives were governed by insecurity, uncertainty, debt and humiliation’ (Standing, 2014: 7).

In both narratives, feelings of exclusion entrenched the women’s lives in precarity. The women workers as ‘precariat’ have to adapt to the state of ‘the precariatized mind’, which is ‘ultimately depressing because one cannot feel in control’ (Standing, 2014: 6). Thalia’s feelings of exclusion overlapped with how she dealt with her ill husband, as she was the only breadwinner in her family. Therefore, struggling with obtaining her legal papers gave her another reason to worry about her life. Alcmene’s narrative represented how labour status echoed her civic status and kept her in limbo.

The women cleaners’ experiences of precarity in their livelihoods revealed the same paradox as in the hospital. Namely, the women cleaners depicted individualised and collaborative responses to their vulnerable livelihoods, showing the varied, interlinked formations of precarity (Harris and Nowicki, 2018). Precarity was reproduced and mediated through a set of imaginaries that normalised precarious modes of living by marking them as resilient and autonomous (Harris and Nowicki, 2018). Experiencing precarity in everyday life shaped the women’s modalities of agency, which shifted the self from vulnerable to resilient. It shows that the burden of precarious living modes can be momentarily destabilised (McCormack and Salmenniemi, 2016). With technologies of the self, the women cleaners stimulated potentialities and held on to a

sense of self. However, they also showed a sense of politics of collaboration (Federici and Sitrin, 2016). The women cleaners resisted precarity by expanding and taking advantage of their social networks by building relations of trust and solidarity.

The logic of capitalism does not provide any links between subjects and agency (Papadopoulos et al., 2008). Rather, it aims to dissolve the working subject, making it productive and flexible and exploiting any skills, qualities or competences it may have (Papadopoulos et al., 2008). However, precarious modes of living can destabilise everyday modalities of agency. Holding onto a sense of self renders agency ‘an activity of maintenance, not making’, ‘fantasy without grandiosity’ and ‘sentience without full intentionality’ (Berlant, 2011: 100). The women cleaners lived their lives and expressed ‘minor formations of agency’ (Jokinen, 2016: 86) even when they felt trapped in precarious living conditions.

As the women workers tried to raise their living standards, their precarious living conditions shaped their efforts to maintain a sense of self and agency. These processes made them flexible, ready to move and defy uncertainty. Their narratives depicted a sense of ‘feel for the game’ (Bourdieu, 1990: 56) to sustain their steady and resilient attitudes for multiple current situations in their lives (Bourdieu, 1990). Their narratives displayed that the women were in a continuous process of self-investment. Investing in oneself was a manifestation of everyday agency against the sense of precariousness. Erato and Leda pointed out these modalities of agency.

I compare myself to my neighbour. I know that she cannot pay her electricity bill. Our close friend, who is Greek, both he and his wife work but still they both owe 1000 euro for the electricity bill. However, I am an Albanian woman, and I owe nothing to anyone, although I am the only one who works in the family, as my husband is unemployed. This makes me very proud. Therefore, I keep working hard, and I don't mind how hard life can be (Leda 52 AL, *People's Home*).

If you wait for someone to help you, the game is lost. I do not need anyone; I do not expect my husband to finance me because I am on my own with my own abilities (Erato 39 AL, *Care for All*).

The women cleaners formed their everyday agency by structuring a sense of individuality, flexibility, competition and distance from the others. Leda's comparison to her neighbour, who was unable to pay the electricity bill, made her feel better, more accomplished and empowered. She illustrated how, as the sole breadwinner, she expressed flexibility and resilience, which empowered her. She enhanced her gender

and ethnicity to express her resilience. She also emphasised the need to be self-sufficient and independent. These life values and beliefs represented the ‘feel for the game’ (Bourdieu, 1990: 56). Erato highlighted how important it was to be independent of her husband, focusing on the necessity of autonomy to survive.

In the continuous mode of precarisation, there was an emphasis on family, children, home and labour. They were linked with feelings of duty and a sense of being trapped. However, these feelings show how the linearity from past experiences to the present breaks down (Jokinen, 2016). The insecurity of the labour market augments individuals’ needs to envisage and secure the future, making it difficult to focus on the present and leading to anxiety and stress (Åkerblad, 2014). Under these premises, the cleaners illustrated persistence in the present to secure and imagine their futures.

I feel that I must persist regarding everything. I know that it used to be different and my husband had a job, and together we could support our home and our children. Now it is not like this anymore, but what can you really do, my lovely? I must continue doing what I do because we still have the loan from the bank, and I need to pay it. So even if the present is very difficult, I must think about the future because it is not always going to be like that; it will be better at some point (Andromache 58 EGAL, *Care for All*).

Andromache showed how the present governs her sense of self, generating a feeling of being trapped within a specific way of living and working. The present indicated a potential for an imagined future, related to better living conditions, like living in a home without debt and enjoying the benefits of working hard and putting in the effort. However, precarious situations engender several contradictory formations of agency (Jokinen, 2016). These included the mode of continuous precarisation that involves the reconfiguration of the working subject towards competence and flexibility (Papadopoulos et al., 2008).

I had a very good job in Albania, and I used to be working/ to work for the government. When I arrived here, I looked everywhere to find something similar, but nothing similar existed. So, I said, “OK, I am a smart woman, I can clean’ since it was the easiest thing to do. I started doing it, and I became good at it. I cannot complain because there are no jobs. So, for me to have this one and stay here makes me pleased as I can pay my rent and help my husband. You have to be ready to deal with every situation (Thalia 65 AL, *Care for All*).

Precarious everyday agency means being flexible and employable for several kinds of jobs, constantly educating oneself and being in the process of self-actualisation. Thalia’s narrative demonstrated agency in contemporary capitalism, which tends to

divide the bodies of the workers into those who are compatible with better paying jobs and those of low skills by re-combining their skills and abilities for the needs of the capital (Papadopoulos et al., 2008). Thalia represented how women were de-skilled as they migrated to Greece from Albania since their skills were not recognised. Her essentialised ‘female’ capacities of cleaning were recognised. Thalia, like most of the participants, told stories about her struggle to be recognised. She illustrated a sense of everyday agency as she persevered for a better imagined future.

Forming support humanity networks is a way to respond to precarious living conditions. Networks based on values of powerful humanness, compassion, contribution and sharing encourage social cohesion within families and communities (Masenya et al., 2017). For the women cleaners, family represented the ultimate support network as it provided support and care. These bonds became crucial as members of the family created a support structure that operated during good times and hardship (Harker, 2012). For the women cleaners, family was critical because it was a space that gave them a sense of belonging during their daily struggles. Thus, they viewed individuals who supported them as part of their families. The importance of the family was imperative despite life’s precarity and the surrounding pessimism. The women workers talked about happy moments, indicating their ability to endure the anxiety of precarious living.

My daughter buys meat for me because she knows that I cannot afford it. She always thinks of me, and whenever she cooks something, she brings some over (Hera, 49 AL, *People’s Home*).

My extended family in Greece has supported me from the first moment I came to Greece. They have never left me alone. They joined me when I took my children for their vaccinations and to the supermarket. Everything was easier with their presence. As a result, I did not feel the pain of migration. Now with the economic problems, we still help one another (Iris 42 AL, *Care for All*).

The narratives displayed how family played a critical role in people’s daily realities as it gave purpose, meaning and hope to the lives of the women cleaners. For both groups, the family provided them with a support net and companionship. For Iris, her extended family in Greece supported her in raising her children. They helped her from the most menial to the most important tasks, to the extent that she did not feel the hardship of migration. The family helped her during economic difficulties. For Hera, her daughter was her safety net, bringing her food and covering her needs as she had

difficulties in coping. The family became a critical element with which the women cleaners overcame the challenges of their everyday precarious realities.

The family network and practices were a source of ethical responsiveness to the experience of precarity. They revealed politics, ethics and obligations towards others (Butler 2009: 14). The groundwork for support structures often went beyond family ties and showed that everybody needed other people around them to endure, adjust and survive. This principle helped the women cleaners and gave them the strength to deal with the burdens and stresses of everyday life. Within the spaces of ethical bonds, the women felt relief and strength to overcome difficult circumstances. The care shared in their social network helped them to provide for their households during periods of hardship.

“Efterpe, do you have food for today? Let me bring you some.” They made me chicken and potatoes: “here take for your children to eat.” But they share with each other. There are nice people here in Greece (Efterpe 51 EGAL, *People’s Home*).

I still go to the houses that I used to go to when I first came to Greece. I have the same girls, and they have helped me a lot. I cannot even describe how much, not only financially, but through their words. I feel supported (Artemis, 60 EGAL *Care for All*).

Their family ties were based on relationships that included respect, commitment, sacrifice and love. These narratives echo Butler’s argument that there is no ‘I’ without a prior ‘we’, as there is an ethical bond between them (Butler, 2009). Their narratives demonstrated that family and support networks were not necessarily defined by blood. Instead, family was a network that included both material and emotional support. Artemis talked about the support she received from her family, emphasising that it was not only material care. It was a valuable relationship of support and encouragement. For Efterpe, people’s eagerness to share food made her feel accepted and loved.

Precariatized migrants’ networks challenge the everyday life experiences of precarity. Their shared social realities and coping strategies help them build networks that redefine the effects of precarity. These networks refer to everyday ways of resistance and practices for constituting political subjectivities. They are built at the community, neighbourhood and church level. They became important tools and the forerunner of a wider transformative potential of the precariat (Trimikliniotis et al., 2016). Being

members of a network became a social practice through which the women workers responded to the effects of precarity by reshaping their social realities. Ourania was struggling to take care of her household and her ill husband. Her neighbours, also the godparents of her daughter, offered her moral and material support. Alcmene's narrative referred to how attached she felt to her neighbourhood and community. Alkyoni felt the church gave her the courage to improve her everyday living conditions.

This is my neighbourhood. I know everybody and the stories about these houses that used to belong to the refugees. And we have a very good ethnic Greek Albanian community. We meet and make festivities. Last month it was a nice occasion, and many women came from work. My neighbour commented on how happy I looked, considering the difficult conditions around us. These meetings give me strength. We are together. It is nice. I kind of forget the difficulties (Alcyoni 40 EGAL, *Care for All*).

I meet with two women from the church. They help me find some extra money cleaning, sometimes cleaning two or three houses. They give me clothes and food for my children. I do not know what I would do without them (Efterpe 51 EGAL, *People's Home*).

Community collectivities at the neighbourhood and church level formed coalitions. Alcmene illustrated the importance of collectivities as constituted spaces of togetherness that trigger happiness. Participating in shared festivities reduced the detrimental effects of precarity. Likewise, Alcyone's relationship with the church illustrates how forms of 'we' become the basis for creating 'new constituencies' (Harker, 2012). They transform the everyday life of families at practical and emotional levels. Relationships with the church and community created 'ethical responsiveness' (Harker, 2012) for the women cleaners. They underline the importance of the family, community, neighbourhood and church by reducing exposure to economic and social precarity.

To conclude, precarity characterised the lifeworlds of the women cleaners, inhabiting the 'micro spaces of everyday life' (Ettlinger 2007: 320). Hence, having a 'precaritised mind' (Standing, 2013: 6) meant having a constant feeling of vulnerability in legal and civic matters, family issues, feminised notions of homemaking and the burden of being the sole breadwinner. The women had feelings of anxiety and a sense of pessimism. However, their lived precarity turned them into the pillars of their families, and the women cleaners faced the challenges of work and

home responsibilities. By teaching their children about moral values and life, they wanted to break the intergenerational cycles of poverty and the sense of helplessness.

The women constructed productive pathways to everyday potentialities that would allow them to resist precarity and imagine a better future. Everyday modalities of agency, which promoted individualised beliefs of a flexible and resilient self, helped the women cleaners hold onto their sense of self. The formulation of social networks, including family, neighbourhoods and community, generated social bonding and created collectivities based on mutual help and trust. Precarity was lived and resisted through various interlinked ways. Presenting resilience and autonomy gave the women cleaners the perseverance to imagine the future. Forming collectivities based on solidarity helped them to manage and counter their present modes of precarious living.

## Summary

Precarity created a paradox in the workspace of the hospital where highly individualised selves emerged along with a need to feel supported and united with one another. Both groups of women cleaners experienced working precarity and in turn, developed individualised selves, reflecting the logic of neoliberalism. Neoliberal modes of governing, along with inequality regimes (Acker, 1990) such as gender and ethnicity, produced an ongoing association that generated oppressive labour arrangements, especially for the Albanian women cleaners. Tools for self-management and self-responsibilisation enhanced the ability of the women cleaners to manage their work relations while leaving the power dynamics created by labour precarity unchallenged. This situation rendered labour issues individual difficulties (Gill and Donaghue, 2016).

Precarity was also resisted at the hospital. The women cleaners engaged in subtle everyday acts of resistance that consisted of humour, gossip, cynicism and friendship. They created a sense of politics in the hospital in collaborative spaces established on ethical responsibility, trust and bonding. Consequently, the women cleaners were compelled to recognise that responding to precarity also meant seeing themselves in one another. Precarity characterised the livelihoods of the women cleaners. Legal and civic matters, family issues, feminised notions of home making and the burden of being the sole breadwinner constituted some of the reasons why women cleaners experienced precarity. In response, the women cleaners felt anxiety and pessimism. They constructed productive pathways to everyday potentialities that allowed them to resist precarity, if only momentarily. They became the pillars of their families, balancing work and home responsibilities. By teaching their children about moral values and life, they strove to disrupt the intergenerational cycle of poverty and the sense of helplessness. Precarity created an opportunity for the women to hold onto their sense of being through everyday modalities of agency that promoted individualised beliefs of a flexible, resilient self. Finally, the formation of social networks, including families and communities, generated social bonding based on trust and mutual help and created a sense of solidarity and togetherness. Precarity was lived and resisted. It was expressed in various, interlinked formations, through which the women cleaners found opportunities to imagine and envision their futures.



## **Chapter 6: Becoming respectable: material, symbolic, and embodied dimensions of cleaning**

### **Overview of the chapter**

This chapter explores how cleaning as a physically tainted dirty work is experienced and managed by the two groups of women cleaners. I discuss how the two groups of cleaners assume respectability and express dignity in the hospital. Reporting on the findings of my research, I display three ways in which both groups of women cleaners establish formations of respectability and express notions of dignity through cleaning the hospital. First, I demonstrate how women reframe the negative meaning of cleaning, structuring occupational strategies to counter notions of dirtiness and claiming back their worth. Second, I examine the materiality of dirt and how it acts as a metaphor, displaying the attached moral stigma and its implications for the social worth of women workers. Third, I present how the experience of cleaning becomes an embodied occupation wherein both groups of women cleaners ascribe meaning to their working bodies based on gender, ethnicity, and class. The chapter examines the occupational feature of cleaning that involves the tasks of the women cleaners, nature of cleaning, material aspects of dirt in the form of physical staining, and how these aspects impact the process of meaning-making created around work. An embodied approach to the literature on dirty work illustrates how meanings of dignity and respectability are ascribed to the working bodies of the women cleaners. I also describe how material, symbolic, and embodied practices are linked, leading women cleaners to produce a work-based identity in the hospital.

### **Symbolic, material, and embodied dimensions of dirty work and respectability**

Ashforth and Kreiner (1999) built on symbolic, social, and material dimensions of dirt and defined types of dirty work and forms of taint. Physical taint includes work related with dirt or danger, such as refuse collectors. Social taint incorporates workers who are in contact with individuals from stigmatised groups, such as prison officers or domestic cleaners. Furthermore, moral taint refers to work viewed as corrupt or of immoral virtue, such as sex workers. In the context of the hospital, cleaning is characterised by physical taint, which also triggers social staining.

Thus, workers are believed to create occupational strategies to counter and contest the social staining associated with the dirty aspects of their work (Ashforth and Kreiner, 1999). Dirty work has been conceptualised through symbolic terms, where processes of meaning-making are structured, making work acceptable and ordinary (Ashforth et al., 2007). In this context, workers structure ideological strategies that counter tainted associations, highlighting how the dirtiest aspects of the job can be a source of value (Ashforth and Kreiner, 1999). Accordingly, refuse collectors receive gratification from conducting an important service under difficult conditions, a process that stimulates a strong occupational and workgroup culture (Hughes et al., 2017).

In these circumstances, women cleaners find ways to modify their dirty work in positive terms through work group cultures and occupational strategies that underline group cohesion (Hughes et al., 2017). These strategies include ‘reframing’, ‘recalibrating’, and ‘refocusing’ (Ashforth and Kreiner, 1999). Through ‘reframing’, the meaning of dirty work is infused with affirmative value. Women cleaners considered cleaning the hospital the most important task and according to them, they kept the hospital sterile. Furthermore, ‘recalibrating’ as a strategy modifies the standards used to evaluate the work, thus reducing the element of ‘dirty work’. In this sense, cleaners introduced notions of care and indicated that medical knowledge was integral to the work. Finally, ‘refocusing’ includes shifting attention away from the stigmatised to non-stigmatised features of the job. Women cleaners focused on the benefits of cleaning as an opportunity for professionalisation. In general, it was demonstrated that women cleaners engaged in various coping strategies to reclaim and reconfigure notions of dirt, re-imagining and rebranding them as positive attributes. They wanted to shape an affirmative identity in the hospital to deal with the negative connotations attached to their occupation.

Nevertheless, apart from the social and symbolic importance, dirt is also visible as it materialises. Hughes (1962) recognised dirty work as being physically disgusting, acknowledging the physical and material dimension of dirty work along with its social and moral aspects. At the same time, drawing on the ground-breaking work of Mary Douglas (1966), dirt has been examined through its moral dimensions, as it has been perceived as ‘disorder’ and a ‘matter out of place’. Dirt has been associated with impurity, illustrating ‘symbolic schemes that offend against order’ (Douglas, 1966:

45) and validating the threat of contamination if the order is disobeyed. In this sense, dirt has been conceptualised as a social stain that can threaten the moral order, demonstrating the social, symbolic, and moral presence of physical stains (Vachhani, 2012).

Because dirt has been viewed as a threat to the moral order, cleaning as a physically tainted occupation is carried out by workers who are separated socially from other groups (Dick, 2005). As such, women cleaners represent those who deal with these symbolic schemes of the hospital, caught within narratives of purity and impurity, order and disorder, and manifesting different understandings of dealing with these social boundaries. Thus, dirt and dirty work are entangled within a moral and social order that affects the working hierarchies and social status of workers (Simpson and Simpson, 2018). Here, dirt is shaped in the context of power as it is associated with different levels of vulnerability, revealing how workers can reconstruct social stain in an affirmative way (Vachhani, 2012) and create order out of disorder. In this context, I illustrate how processes of meaning-making are located within the wider political and social context (Simpson and Simpson, 2018). The strategies of reframing, recalibration, and refocusing (Ashforth and Kreiner, 1999) are therefore the result of 'discursive struggles' based on individuals' ability to summon social and cultural resources to oppose a particular depiction of self (Simpson and Simpson, 2018).

Social status is related to how the materiality of dirt is experienced. Thus, closeness with dirt establishes divisions between those who can revoke from anything that assumes hints of impurity, such as doctors, and those like the cleaners whose close proximity to dirt situates them as disrespected working-class women workers. Nonetheless, at the organisational level, cleaners value themselves by ascribing varied meanings to their dirty work. Hence, these notions interrelate the social, symbolic, and material aspects of dirt.

I introduce the notion of respectability and demonstrate its interconnection with the symbolic, social, and physical taint of cleaning. The respectability of working-class women has been considered an aspirational standard, crucial for the pursuit of social value (Skeggs, 1997). The lower status of the work indicates fewer resources that can generate positive value (Simpson and Simpson, 2018). Thus, working-class women strive to dis-identify from being categorised as the valueless working class by

assuming and performing respectability (Skeggs, 1997) to distance themselves from the stereotypes of working-class femininity.

The notion of respectability extends the symbolic analysis of the materiality of dirt, as it helps me analyse how women assume and claim their social value. I understand how the notion of dirty work acknowledges the ways in which physical stain is contextualised in particular social relations and around notions of respectability. As such, I discuss how women cleaners attribute importance to their work, indicating the critical interconnectedness between their process of constructing respectability and the moral value of dirt. Apart from social constructions around dirt and workers' occupational strategies, social context structures and discourses also empower identity production at work (Tracy and Scott, 2006). Views and experiences of dirty work and how taint has been managed (Ashforth and Kreimer, 1999) are affected by social identities such as gender, ethnicity, nationality, and class. In this respect, the concept of 'embodied suitability' (Simpson et al., 2012) engages with the idea that some forms of work are perceived as appropriate for some groups of workers and not for others. Supporting the notion of suitability, the occupational roles of dirty work have been derived from embodied characteristics based on skin colour and appearance, generating a 'finely graded set of evaluations that position workers as more or less suitable to perform different types of work' (McDowell, 2009: 14).

Class and migration are also categories of difference that affect how work is experienced and perceived. In fact, physically tainted work (e.g. street cleaning, refuse collection, and construction) is often presented as being occupied by working-class social positioning (Hughes et al., 2017; Simpson et al., 2014b). With this in mind, I indicate how the material aspect of cleaning has gender and class implications. Specifically, physical dirt has been associated with the body of the working-class woman, providing white middle-class women with the opportunity to construct an image of purity without the stigma of social stain (Wolkowitz, 2006).

In this regard, women cleaners aimed to defy social stigma by strengthening their status, rebranding their work as worthy, respectable, and dignified by recreating their working identities promoting cleanliness. Through cleanliness, they illustrated a caring self (Pugh, 2002; Skeggs, 1997) towards their colleagues as well as to doctors and nurses. Cleanliness acted as a moral tool to highlight alternative notions of what it

means to be a 'subject of value' (Skeggs and Loveday, 2012: 475). It displays the complexity of women's processes of meaning-making, given their value as dirty workers.

Migration has been strongly implicated in how dirty work is experienced in the context of migrants routinely undertaking unwanted occupations (Lee-Treweek, 2012). In Greece, the two groups of cleaners have become the 'reserve army of labour' (Farris, 2015: 123), as they represent the excessive pool of workers in the lower-wage sectors (Farris, 2015). Their presence is considered an essential outcome of capitalist accumulation (Polanyi, 1957; Marx, (1976 [1861])), as they accept occupations the Greeks would never do (Russell et al., 1998). The two groups of women cleaners are concentrated in low-wage sectors with jobs that could become traps (Esping-Andersen, 1993) and transform migrant women workers, who mostly represent the working class, into 'a new kind of impoverished post-industrial proletariat' (Esping-Andersen, 1993: 4). Therefore, there is a connection between low-status dirty work and socio-economic categories in the form of a 'recursive loop' (Ashforth and Kreiner, 2014: 430). This phrase refers to problematic stereotypes that have become normalised where low-prestige dirty work has been assigned to marginalised social categories, reinforcing the relationship between the two.

Thus, in the hospital, notions of cleanliness and dirt are inscribed into the bodies of specific women cleaners, giving them value according to the perception of their work. Here, I also recognise the ways in which women cleaners' skills are undervalued, as they become 'tainted' depending on who practices and embodies them. In particular, I refer to how some skills become undervalued according to the person's ethnicity and class, pointing out that cleaning as a form of dirty work appears 'suitable' as the two groups of women become essentialised. My findings established that women drew on the negative ethnicised and gendered stereotypes attached to them to defy discrimination. In so doing, they mobilised hegemonic narratives of ethnicised, gendered superiority, displaying them as tools of resistance that help them handle xenophobia and racism. Through this process, both groups of women assumed respectability by entrenching their ethnicity and nationality, challenging the detrimental effects of discrimination marking their working bodies.

## **Managing the social, symbolic, and material aspects of cleaning and respectability**

Occupations such as cleaning, which have inescapable social stigma, have high entitativity, which can be defined as a sense, a feeling of belonging among members (Kreiner et al., 2006). Entitativity emerges when taint is prominent, encouraging members to identify as a group and accentuating a constructed boundary between 'us' and 'them'. In the field, a sense of 'us' the cleaners and everybody else was a predominant attitude in both groups of cleaners. Calliope and Penelope highlighted the division between 'us' as the cleaners and the outsiders who judged but simultaneously were presented as non-important as they had no knowledge about cleaning.

'Us' the cleaners, we are naturally higher in terms of rank than doctors and nurses. The others do not see that, and of course, they say negative things about us. Everybody is entitled to an opinion and to see things from a different perspective. The others do not see that cleaning is all that matters in the hospital! The others just sit behind their desk. They do not understand what cleaning means (Calliope 43, EGAL, *Care for All*).

There are things in this work that must be done: you cannot just leave them be. Perhaps others that do not know this job might feel stressed, because it is a lot of responsibility. I personally do not stress. At the same time, the person who will take my shift will not do the tasks as I do, because I belong to that department and the other person does not. So you can imagine it is impossible for someone that is not a cleaner to do the things that I do (Penelope 48, EGAL, *Care for All*).

Entitativity exaggerates women cleaners' belief systems about their work. Through shared views, women cleaners not only added value to their downgraded occupation, they also contested their low status at the hospital, critiquing the view of the outsiders as limited, irrelevant, and biased. An in-group sense of entitativity acted as a process of re-claiming the cleaners' worth, defending their work. In particular, Calliope becomes defensive towards those who devalue cleaning, pointing out that this occupation demands professionalisation. The defensive attitude also revealed a shared view that critiqued the outsiders who downgraded cleaning and labelled women cleaners as lower-status workers. Instead, through this sense of entitativity, the women cleaners collectively defended cleaning, considering it a higher-rank occupation. In this sense, they formulated a boundary between 'us', the cleaners who understand the importance of the tasks that need to be done, and the 'others', who are

excluded from the group, constructing a sense of in-group culture and defending their worth and value as women cleaners.

In this in-group culture, women cleaners constructed entitativity through defensive mechanisms. Specifically, it was noted that workers use defensive tactics, including ‘condemning condemners’ and ‘blaming and/or distancing from clients’ (Ashforth et al., 2007). These two tactics help workers manage the stigma attached by the outsiders, and protect and safeguard their occupational roles and working subjectivities. Through these defence mechanisms, women cleaners expressed a greater sense of belonging as they had a common purpose, namely to defend their occupation and themselves. Through ‘condemning condemners’ (Ashforth et al., 2007), the cleaners in both groups defended themselves and the dignity of their group against the insulting and offensive perceptions of the ‘others’, the outsiders. Melpomeni’s and Thalia’s narratives reflected how women cleaners defended their work and themselves by challenging insulting comments from the nurses.

In my daily cleaning routine, I always encounter insults from the nurses. For me and the other cleaners, this is of course not a reason to leave my job. It is an honour for me and not a shame. Nurses see cleaners as lower than them. They see us as dirty. They loudly call me a ‘cleaner’, but I always answer back laughing out that, ironically, they are just nurses and that I am better than them. Yes, we are cleaners, and this is an honour, not something to be ashamed of. However, they know our names, so they can just call us by our names. You know what I do when they call ‘cleaner’? I come and say to them ‘Melpomeni has arrived’ (Melpomeni 61, EGAL, *Care for All*).

I often hear them shouting ‘cleaner, cleaner’, because it is how they think, and to be honest, they do not think that much. They have no manners. They do not respect cleaners for our contribution. I am generally very kind with everybody, but I get really angry when they address us like we are nothing (Thalia 67, AL *Care for All*).

The narratives demonstrate how nurses presented cleaners as being of a lower rank and thereby of a lower working and social status. Cleaners have felt devalued and objectified, and regarded the outsiders’ views of their occupation as distorted. Through the defensive strategy of condemning the condemners, women cleaners questioned the power of the nurses that devalued and undermined them. Melpomeni’s phrase ‘they can just call us by our names’ highlighted the contempt against cleaners, centring the need to humanise the occupation of cleaning, and enhancing the value and worth of women cleaners. In this context, Melpomeni and Thalia condemned the

nurses by defending themselves and the other cleaners, expressing shared notions of honour.

The second defence tactic that altered the meaning of dirty work is social weighting. It has been described as a defence mechanism that re-evaluates the authority of outsiders in the occupation (Kreiner et al., 2006). Selective social comparisons are utilised for stigmatised workers to perceive themselves more positively (Ashforth and Kreiner, 1999). In particular, women cleaners drew encouragement and support from positive interactions with patients and the patients' families compared to their mostly negative interactions with the nurses. These interactions helped them re-evaluate the negative attributions received by behaving in less stigmatising ways. They avoided others' ascriptions of dirt or features of the cleaning that appear 'dirty', distancing and disengaging from the tainted role of cleaning. Efterpe's and Andromeda's narratives revealed this process of re-evaluation and distancing themselves from the tainted aspects of cleaning.

I want to stay here forever; I feel it is my home. I feel the need to serve the patients and do whatever I can to make the stay of any patient as convenient as possible (Efterpe 51, EGAL, *Peoples' Home*).

Cleaning here at the hospital means making the lives of the doctors and nurses easier. So, if they are encouraging and give more instructions about how to improve things, I also feel more motivated. Of course, there are times when they do not treat us kindly and I feel the need to leave the department. However, many patients recognise what we do and it feels rewarding. Also, it is important for me that I can help through my work (Andromeda 38, EGAL *Peoples' Home*).

Women cleaners distancing themselves from the tainted aspects of their occupational role (Ashforth et al., 2007) re-evaluated their contribution to the hospital. Specifically, caring and thinking about the hospital as a home elicits positive and affirming meaning-making. In this way, cleaning becomes recognised and thereby, working relationships become rewarding (Stacey, 2011). As such, gaining validation becomes critical for cleaners to sustain their worth (Milton, 2009). Furthermore, social weighting re-evaluated the credibility of outsiders (Kreiner et al., 2006), as it had implications regarding the working hierarchies and thereby on the social positioning of cleaners. In particular, Andromeda's interaction with doctors and nurses, which displayed feelings of downgrading and invalidation, was a shared reality for the cleaners. Thus, distancing themselves from these relations and evaluations the

cleaners avoid feelings of stigmatisation by focusing on other more rewarding relations.

Alongside these defence mechanisms, women cleaners formed notions of respectability that generated alternative notions of value, creating relationships of care (Skeggs, 2011). In this regard, women cleaners focused on how cleaning was also informed by feelings of love, care, and recognition, alleviating the burden of stigma attached by the outsiders. In the context of the hospital, women cleaners focused on the views of the outsiders who often appreciated the cleaners' caring and meticulous ways of dealing with dirt. Melpomeni's and Ersi's narratives reflected how cleaning took the form of caring.

I really like the process of cleaning. I have the best detergents and soaps to make this space the cleanest one possible. People see that and appreciate my work. I feel happy because they see that I do things very well, because I love my work (Melpomeni 61, EGAL, *Care For All*).

I expect from myself to be very good at my job without feeling stressed, without hastiness. I start with my routine. Everyone in my department greets me and says good morning. I always show people my honest emotions and how much I care about the progress of the patients' health. Often, patients and visitors tell me how good my work is and how clean the toilets are. I feel so proud and happy about that. I will give you an example. Yesterday, a woman came to give me a hug, telling me how much she appreciates my presence in the hospital. She was a patient here for a long time. Yesterday, she came as a visitor and told me all this (Ersi 48, EGAL, *Care for All*).

Skeggs (2011) theorised an advanced understanding of valuation, stating that it displays how 'different material conditions offer different possibilities for value accrual' (Skeggs, 2011: 509). These notions provide a basis for a social reality of cleaning that creates new standards of valuation in which cleaners become valuable and worthy. Here, cleaners illustrated that cleaning also had positive facets. Melpomeni argued how her work is appreciated, and Ersi highlighted how visitors observed her efforts. Through the lenses of social weighting, women cleaners collectively created positive identity attributes and attached them to cleaning. This process helped them generate dignity and self-worth. Thus, value was generated through the prioritisation of others, as cleaners showed a caring self as opposed to 'investments in distinction and self' (Skeggs and Loveday, 2012: 487). Alkioni's narrative presented how cleaners ascribed positive attributes to cleaning, associating it with an occupation informed by care.

Half my heart belongs to the hospital. I feel loved and appreciated by the doctors. If I take you to the surgeons, you will understand how much they love me. This is because I care for everybody. Yes, I clean and I do very well with my work, but mostly I care. For example, I know that one of the nurses has gone through a lot lately and I comfort her whenever I can. This is what we should do with each other: care and love (Alkioni 41, EGAL, *Peoples' Home*).

It was presented that the symbolic and social meaning of dirt has been grounded in its power to divide the clean and 'dirty others'. These boundaries have been considered to morally differentiate the valuable, clean, pure, orderly, and good from the worthless, tainted, polluted, stigmatised, and bad (Selmi, 2012). Specifically, Alkioni's narrative reflected how women cleaners shifted the focus from the social stigma that characterised them to emphasise the caring attributes of cleaning. This defence mechanism helped them become recognised and feel respected, worthy, and dignified. Managing the social taint of cleaning by focusing on more favourable caring social relationships revealed how these moral boundaries became disrupted and blurry. At the same time, women cleaners preserved their worth in disturbing the order of things, re-establishing their occupational roles from unruly and polluting women workers to caring and loving, bringing order out of disorder.

A sense of entitativity was also expressed through occupational strategies that became shared and normative. Women cleaners constructed strategies to restructure perceptions. They reconfigured their tainted work in affirmative terms (Ashforth, Kreiner, Clark, and Fugate, 2007), highlighting their group cohesion (Hughes et al., 2017). Normalisation strategies were constructed to contest not only the view of the outsiders; rather, the women formulated them to re-claim the notion of 'dirty' to create a sense of order out of disorder. The normalisation strategies of the two groups of women cleaners did not clearly differ, as they all demonstrated how these women mastered the dirtiest aspects, turning them into a source of value and dignity.

Women in both groups used a 'reframing' strategy to attribute value to the physically tainted aspect of cleaning (Ashforth and Kreiner, 2014). They transformed the meaning ascribed to cleaning (Ashforth and Kreiner, 1999), reconstructing it as an occupation that is pure. Cleaners transformed their depiction as 'dirty workers' to that of 'clean women workers', improving their self-esteem and de-stigmatising their role as cleaners. Women cleaners attributed an affirmative nature to their job, infusing it with positive features (Ashforth and Kreiner, 1999) and neutralising the negative

stigma (Bentein et al., 2017). In particular, through their narratives, Antigone and Efterpe indicated how women cleaners re-inscribed new meanings to cleaning, representing a shared view that cleaning is the ‘cleanest job in the world’.

Can you imagine how dirty this hospital was? For years, this hospital was so dirty no one knew how to clean it properly. Therefore, when I came, the doctors said to me: Where have you been? Your hands are golden. Us the cleaners, we bring cleanliness, and as a result, we bring health (Antigone 56, EGAL, *Peoples’ Home*).

They want me here because they know my sisters and I are the cleanest. So, wherever they place me to work, the departmental nurses want me there. This is because we do clean work (Efterpe 53, EGAL, *Peoples’ Home*).

I bring cleanliness to the kitchen where I work. I tell everybody how things should be cleaned and done properly. I feel very proud about our work here. It is so clean that the general manager of the hospital comes down and congratulates us personally. He also eats the food the kitchen prepares. I think if he would have found the kitchen disgusting, he would neither tell us positive things nor eat the food prepared (Cleo 26, AL, *Peoples’ Home*).

‘Reframing’ became a very common strategy across my sample. Rather than using the word ‘dirty’, the women cleaners used the word ‘clean’. This strategy challenged the binaries between purity and impurity. In this process of ‘reframing’, the cleaners focused on their ability to generate order from the chaos of dirt. Specifically, Antigone attached value to herself by symbolically referring to her ‘golden hands’, reframing dirtiness as cleanliness. Cleaning became a performance wherein women cleaners restored their value as workers. They produced affirmative meanings around the significance of cleaning through their efforts and practices to reinstate cleanliness.

Women cleaners also constructed ways to think encouragingly about themselves and their occupational roles, looking at the outsiders’ approval (Leary, 2007). In this sense, through ‘refocusing’ (Ashforth and Kreiner, 1999), they focused only on the affirmative and non-stigmatised aspects of cleaning the hospital. They shifted attention away from the stigmatised aspects of cleaning the hospital to the non-stigmatised features of their work, often by comparing themselves to more disadvantaged cleaners in the hospital, who because of ‘dirtier and therefore more difficult departments’ were in constant contact with dirt. Through this comparison, the cleaners protected themselves from devaluation (Paterson et al., 2012). Ersi felt grateful for being in the department she worked in and feels bad for other cleaners.

I am extremely happy, because I clean the baby department. You can imagine how much joy I encounter. I clean everything for every baby that comes into the world. I

really enjoy my work, because I see babies every day. I am so lucky I do not have a 'heavy' department like the ER where everything is covered in blood (Ersi 48, *EGAL Care for All*).

Cleanliness sets the boundaries between purity and impurity. As such, Ersi considered herself a more privileged cleaner—as she got to see new-borns—than others in a less privileged position with more contact with blood. The baby department acted symbolically as a purifying aspect compared to the ER that represented grime, refocusing in this way on the positive aspects of the daily routine. In this context, cleaners emphasised social referents that affirm their value as workers (Stacey, 2011) by enhancing their dignity as women workers who are honest and therefore valuable in society. Thus, dignity became a source of pride and worth, but at the same time, also showed an overpowering vulnerability. A few minutes before her quote below, Antigone was talking about how much she and her family struggled financially. Antigone depicted this dignity, also reflecting the other women in both groups.

Every time I go to a department, they trust me immediately, because they know that when I find wallets, jewellery, money, or mobile phones, I give them back. That is why they love me so much. Because they trust me. It is the first time they trust someone. Therefore, they do not stress when they forget personal items in the department (Antigone 56, *EGAL People's Home*).

Social comparison is based on the positioning of self against others (Ashforth and Kreiner, 2014), Antigone presented herself as an honest woman worker who was trustworthy compared to others who were not. In this respect, women cleaners filtered out the negative and stigmatised aspects of cleaning, focusing on how they are perceived as trustworthy and honest. By pointing out relations of trust, women cleaners entrenched their position as valued workers, 'refocusing' on the rewards they received. In these circumstances, honesty became a recognisable trait to be admired, and the stigma of the valueless worker became less salient.

Through 'recalibrating', cleaners reconfigured both the perceptual and evaluative standards of their work. Here, an undesired occupational aspect was transformed to a less noteworthy aspect to something more significant and meaningful (Ashforth and Kreiner, 1999). In particular, cleaners adjusted the perceptual and evaluative standards used to measure their work, minimising the 'dirty work' component. Through recalibration, cleaners enhanced their dignity, re-valuing cleaning as a critical occupation and making it more satisfactory to outsiders' eyes. This strategy

became a tool that helped them identify more with their working role. Alcmene, Erato, and Leda's narratives demonstrate the formation of 'calibration'.

I am very confident about all the things I do here. I often know more than these nurses do, and it is not a lie that sometimes they ask my opinion. For instance, the other day the doctor's secretary asked me detailed questions regarding an operation she wants to undergo (Alcmene 54, EGAL, *Care for All*).

Cleaning is the most challenging job ever. It is my responsibility to bring health to the world. I know people think I have menial tasks and that I am just a 'cleaner'. However, yes, this is who I am, an Albanian woman cleaner. I am not ashamed about that and my work is very important (Erato 39, AL, *Care for All*).

When I clean, I climb on the desks and all the furniture. I use all the detergent I have available to transform the whole space. They wonder how I know and do all this (Leda 54, AL, *Peoples' Home*).

The need to reconceptualise the standards of work revealed a relation between the individual and the wider social and institutional hierarchies located within the social context (Simpson and Simpson, 2018). Alcmene indicated medical knowledge as being a part of her working experience. This strategy also revealed the need to be taken seriously and not considered as someone of a lower status. Through recalibrating, the contextual capability of workers was emphasised to mobilise discursive resources to manage a tainted occupation (Dick, 2005; Tracy and Scott, 2006; Toyoki and Brown, 2014). In this case, Alcmene managed taint by disconnecting herself from the nature of cleaning and the meanings attached to it, reshaping her occupation and herself as a woman who is more knowledgeable than the typical cleaner. Similarly, Erato and Leda emphasised certain aspects regarding cleaning, enhancing their role as they reconceptualised cleaning as a higher-ranked occupation. Women cleaners reconfigured cleaning, re-positioning it as a critical occupation that resolves important matters and as something that should concern everybody.

Pride and dignity often cover problematic experiences leading to underestimating the materiality of dirt and creating an over-optimistic view of cleaning. Thus, in the context of the hospital, women cleaners' contact with dirt has a materiality that should not be neglected and reduced only to matters of symbolism (Hughes et al., 2017). Therefore, without replacing the importance of entitativity and shared occupational strategies, I include in the conversation a model that permits an entanglement of the material and discursive (Hughes et al., 2017) to demonstrate how both components

are fundamental to understanding how women cleaners manage cleaning. Drawing on this notion, the entanglement of the material and symbolic influenced women cleaners' expressions of dignity and processes of becoming respectable.

Certain aspects of materiality demonstrate how 'the material and discursive are inextricably entwined' (Hardy and Thomas, 2015: 680). Material practices structure how bodies are involved and, in turn, how subjects act and are acted on given that the body comprises perceptions such as feelings, thus responding to the social reality. Within these notions, the body continually performs practices constructing experiences. Therefore, it has been highlighted that the materiality of objects incorporate interactions between individuals, beliefs, and spaces (Hardy and Thomas, 2015). In the context of the hospital, cleaners who undertake dirty work can therefore be regarded as bodies 'out of place', indicating that space and the materiality of dirt are essential to positioning them within a set of disruptive social relations (Hardy and Thomas, 2015). These relations permeate encounters with profound implications for their working experiences and how they manage taint.

The women cleaners in both groups complained about being intensely and constantly tired every day. As I spent the day with the women, I observed them lifting heavy black trash bags and using heavy equipment to clean large spaces and surfaces in a limited amount of time. The exhaustion was literal and intense, characterising their everyday working lives. This brief description features some of the material and physical dimensions of cleaning the hospital. The women cleaners struggled to clean the hospital, and to remove dirt, they had to endure bodily exhaustion and physical injury.

It is good that you see us, to witness yourself what tiring work cleaning is. Your legs become exhausted, and very often, you do not feel your arms. I developed a severe problem in my waist from the heavy weights we lift. I had to have an operation. I stayed in bed for four months, but everything went okay. I am still here. It is a difficult job and now my body has become used to this. Therefore, I continue working like I used to (Erato 39, AL, *Care for All*).

Our job here at the hospital is very heavy. We work every day with heavy mops, we lift heavy buckets full of water, we carry them while taking the stairs. Then, we do the walls, we do everything, everything! My body is in pain. I take very strong painkillers for my shoulder and neck. Naturally, it is difficult for us women. I become exhausted taking care of everything, but I feel good about myself (Ourania 55, AL, *Care for All*).

The materiality of cleaning in association with bodily struggle and exhaustion indicated that cleaning becomes materialised (Simpson and Simpson, 2018). Both narratives represented the exhausting and physically demanding nature of cleaning. Still, the ability of the cleaners to withstand and endure the physical pain of work did not conceal the fact that exhaustion and physical pain marked their bodies. Furthermore, their long experience as cleaners in the hospital transformed their encounter with the material in that they normalised exhaustion. Nevertheless, their narratives also illustrated ‘limits in this process of desensitisation’ (Hughes et al., 2017:113). Specifically, Erato described an operation due to a waist injury; similarly, Ourania was on daily medication, as she had developed chronic shoulder and neck pain. Therefore, the materiality of cleaning in the form of physical exhaustion illustrated a sense of devaluation, shame, and poverty that disrupted processes of managing taint through occupational strategies.

I feel that I am always exhausted. I am so tired from this work. Look at my hands, look at my fingers. They are in pain and I cannot work like this, but I have no other choice (Thalia 67, AL, *Care for All*).

The heaviest work is definitely in the hospital. This is why they give us the heaviest stamps, because the work is hard here. It is not easy to be exposed to microbes all day. There are too many microbes here (Efterpe 51, EGAL, *Peoples' Home*).

From this it was clear that the physical limits of women’s bodies matter to the extent that bodily fatigue cannot be ‘reframed’ (Ashforth and Kreiner, 1999) as something more affirmative. Here, material conditions destabilised positive constructions that challenge notions of taint (Hughes et al., 2017). Thus, for the women cleaners, feelings of bodily fatigue inhibited processes of performing respectability and attaining self-worth. In particular, they pointed out how bodily exhaustion and the enduring repulsion felt towards dirt disrupted attempts to reframe the social significance of cleaning, as Thalia told me, sobbing about the conditions of her hands and showing me her swollen fingers. Efterpe highlighted that cleaning is ‘the heaviest job’, justified by the heaviest stamps they receive as cleaners. Women’s narratives illustrated how their working bodies were marked by difficult working conditions that exhausted them.

It is such heavy work. This is why I tell them not to become like me, exhausted and poor. Every day I tell them to study hard if they want to avoid ending up like me. I feel dead every day. The job of the cleaner does not guarantee you a good life. They could have a better life (Ariadne 53, EGAL, *People's Home*).

As exhaustion comprises a devaluation, it has been noted that working-class groups become subject to deprivation and devaluation. This is not just about class, but rather about power politics and exploitation grounded in the process of valuation (Skeggs, 2015). Therefore, Ariadne advised her children to commit to their studies to avoid becoming physically exhausted and poor like her. The children were encouraged to dis-identify (Skeggs, 2011) from her, as she perceived herself as a valueless individual with no assets and, therefore, with no respectability. Ariadne's narrative illustrated how the materiality of cleaning in the form of exhaustion forbids women cleaners from preserving their dignity.

Skeggs (1997) noted that working-class women claim equal respect and dignity, developing their own system of values while performing respectability. Nonetheless, they occasionally experience fear, shame, and bitterness. In this respect, the materiality of cleaning points out the importance of understanding the social ontology of being a vulnerable individual (Sayer, 2007). Regarding their physical exhaustion, women cleaners revised their ideological strategies, presenting this through the tough reality of their well-being without symbolically reconstructing it. Apart from the materiality of cleaning in the form of exhaustion, feelings of disgust can also inhibit performances of respectability and the process of attaining self-worth and dignity. The cleaners in both groups illustrated how disgust towards waste disrupted their reframing process (Ashforth and Kreiner, 1999). Simpson and Simpson (2018) note that social definitions of dirt are co-constituted with material components. Iris and Melpomeni's narratives reflected how disgust could not be reframed.

It is a disgusting job, especially because it is about cleaning the hospital. It is horrible, we must clean vomit and faeces: everything that you can possibly imagine. I feel ill and disgusted the moment I have to specifically clean the grime. However, since I have chosen to do this work, I must do it. People do not care that they make a mess. Sometimes, I feel they do it on purpose (Iris 44, AL, *Care for All*).

You cannot even imagine what we have seen in this hospital. It is absolutely disgusting. Blood, faeces; in general, people are disgusting. It does not get easier, it is always the same. This job is disgusting (Melpomeni 61, EGAL, *Care for All*).

The materiality of dirt in the form of disgust became very literal with Iris and Melpomeni noting how unimaginable it was to clean the hospital. Furthermore, the cleaners depicted that dirt and disgust were part of their everyday lives, as visitors in the hospital were careless. Consequently, women cleaners expressed their anger,

frustration, and feelings of devaluation, which were presented as a part of the occupational role of the cleaner. These feelings illustrated that cleaning was directly connected with dirt and thereby with devaluation.

Many narratives highlighted that, although visitors saw cleaners with a pile of rubbish in the area where they were cleaning, they walked through it. Visitors also walked through a freshly cleaned surface knowing the cleaners had just finished cleaning it. Thus, women cleaners were depicted as 'out of place', illustrating that the space of the hospital positioned them within a set of disruptive social relations. In turn, these relations had implications on how women managed the materiality of dirt, highlighting the entanglement of bodies and space in this process of material and discursive co-constitution (Hardy and Thomas, 2015). Women cleaners were marked as being polluted and dirty, as their encounters with visitors that disrespected them permeated a lack of social worth.

Under these conditions, the presence of the women cleaners was not acknowledged when they were cleaning the corridors, as people were in a hurry and neglected to say good morning. Thus, women cleaners experienced feelings of invisibility, which illustrated their devaluation and exclusion. At this point, two co-constituted aspects developed: the role of vomit and faeces, which are dirtying and polluting; and the role of the woman cleaner who should be able to put up with these facets of dirt seen in proximity with this materiality. However, women cleaners feel 'out of place' (Douglas, 1966: 35), a feeling exacerbated by the visitors' or patients' eyes. Hence, women cleaners' close relation with dirt generates both feelings of disgust and devaluation.

It is a heavy and disgusting job. Also, it is even worse if they find out that you are a foreigner from the way you talk. At the same time, I got used to both the disgust and comments about being a foreigner. I know it might seem complex, but now I can deal with it (Callepso 38, AL, *People's Home*).

Where I work, I must deal with the surgeries, the gynaecological department, orthopaedics, and cardiology. Can you imagine what goes on here when the hospital is on call? There are too many people, things get very dirty, and people become rude and more demanding. Therefore, I am very careful, and I just do my work and ignore insulting comments like being called 'cleaner' in an insulting way (Leda 52, AL, *People's Home*).

The materiality of dirt is caught between power hierarchical structures, where women cleaners are considered dirty workers not only because of their proximity to waste.

They become simultaneously stained because of their migrancy, receiving comments about their accent, as Callepso noted with ‘from the way you talk’. They are also perceived as being out of place, becoming synonymous with the polluting nature of dirt. Leda noted that when the hospital is on call, ‘things get very dirty and people become rude’, showing that their working bodies become disruptive to the general order of the hospital and indicating their classification as lower and devalued. In this context, dirt threatens the moral order, meaning that dirt has both a symbolic and material presence (Vachhani, 2012). Thus, there was interconnectedness between the symbolic and material that captured how women cleaners were evaluated as disruptive and disorderly.

Women cleaners’ proximity with dirt rendered them socially polluted and stigmatised (Van-Vuuren et al., 2012). To alleviate the stigma, the women cleaners demonstrated entitativity. They demonstrated a shared occupational identity in terms of ‘us’ and ‘them’ (Ashforth and Kreiner, 2014) that aimed to defend their group identity through occupational strategies and tactics, constructing a sense of group cohesion. At the same time, entitativity was also constructed through shared occupational strategies that demonstrated the way women cleaners re-evaluated the standards of cleaning, contested the social stigma that characterised cleaning, and re-claimed the worth and dignity denied them. Through these defence tactics and strategies, women cleaners protected their group ethos and cohesion by bringing order from the disorder and managing the symbolic and social taint of dirt.

The materiality of taint undermined the cleaners’ shared attempts to reframe and reconstruct the stigma of the social taint. Physical exhaustion as well as disgust and the smell of waste inhibited the women cleaners from structuring a positive identity. Nevertheless, managing the materiality of taint indicated how the entanglement of the material and discursive has implications on social relations in the hospital. These relations revealed how women cleaners were perceived ‘as out of place’, being caught in disruptive relations that devalued them. Including women’s management of the materiality of dirt in the discussion illustrated that fatigue and disgust cannot be concealed and reconstructed into positive features.

**Embodying cleaning: gender, class, ethnicity marginalisation, and respectability**

Cleaning as a physically tainted dirty work intersects with gender, class, and ethnicity. Specifically, I highlight the ‘embodied aspects’ of cleaning based on gender, class, and ethnicity, and discuss the meanings assigned to the bodies of women cleaners (Hughes et al., 2017). An embodied sense of cleaning acknowledges social and symbolical features mapped into gendered, classed, and ethnicised bodies. There is a link between the disgusting facets regarding the materiality of cleaning and how tainting reinforces class-based devaluation (Slutskaya et al., 2016). In particular, the symbolism behind the materiality of dirt indicates its relations to class and social status. Thus, as the boundaries between dirt and purity emerge (Douglas, 1966) simultaneously, women cleaners experience class, which is grounded in other individuals’ evaluation of their morality or immorality.

These latter manifestations of class become synonymous with someone’s worth and value (Sayer, 2005). In this context, women cleaners threaten the boundaries between ‘purity and impurity’ by validating the threat of contamination as they represent the ‘polluting’ and thus the ‘immoral’. Hence, women cleaners’ proximity with dirt reinforced their class-based devaluation and thereby their marginalisation. Athena’s narrative reflected the way women cleaners felt when associated with lower-class citizens based on their gender and work.

In the hospital, you deal with people, mainly with visitors who do not respect anything. Specifically, you can find everything in the toilets, really everything. I want you to come one day with me in the afternoon before I start my shift to see for yourself that I am not exaggerating. You see urine and faeces on the ground, and I must clean this mess every day, because this is what they pay me for and I have no other choice. I am obliged to clean everything on the floor, to smell it, to be in direct contact with it. I may be a cleaner, but I learned from my home to show respect and not to insult other people. I feel insulted dealing with all this and why do I have to put up with this? I will answer that for you. Because I am a cleaner (Athena 49, AL, *Peoples’ Home*).

Cleaning is a type of work that deals with physical dirt undertaken by members of the ‘lower classes’, who become socially marginalised from other groups (Skeggs, 2004). Therefore, class and gender have direct implications on occupations surrounded by physical dirt, which has been considered to be linked with the body of the working-class woman (Wolkowitz, 2006). Athena noted that in the hospital, cleaners had to deal with visitors that did not show respect. In this way, women felt ‘obliged’ to put up with this insulting dirty reality because they were women cleaners, and visitors therefore felt allowed to disrespect and devalue them. Furthermore, proximity to dirt

represented a division between those who can retract from traces of impurity and those who have limited choices in terms of their occupations (Slutskaya et al., 2016).

Women cleaners were trapped within these notions of impurity, where the lack of respect and valorisation towards them was normalised. Athena highlighted that she had ‘no other choice’ but to continue facing dirt and disgust every day. In this way, the materiality of cleaning in the form of disgust not only inhibited any ‘reframing’ strategies regarding cleaning and reconfiguring as a positively perceived occupation but it also reinforced classed, gendered, and moral attributes that associated women cleaners with an inferior social status deprived of value and respectability. These embodied practices constructed hierarchical divisions of labour and created assessments about value and self-worth (McDowell et al., 2009). As such, the narrative of the Albanian women cleaners represented feelings of devaluation and lack of respectability regarding their gender, class, and ethnicity.

We as Albanian workers have no other choice. We clean, and this is what we do. I looked for a long time for something better, but I did not find anything. This job might be tiring, but it is my work and I am happy with this work. I am the only one working in our house, so it is important to bring in money. Also, think how many people are unemployed. It is still important to have a decent life, because I do not want to beg for food. Others are worse than us (Thalia 67, AL, *Care for All*).

I hate cleaning the toilets, but only an Albanian cleaner can do it, because we were always doing this kind of work. We are used to this difficulty. To be honest, you do not find anywhere else, and if you do, it will be the same cleaning with the same money. Perhaps it could be worse. I have worked under worse circumstances. You see me complaining, but I also get a lot of strength by doing this work. I can provide for my children. I feel good about it (Athena 51, AL, *Peoples' Home*).

Both narratives displayed the sense of devaluation Albanian woman cleaners felt and experienced regarding their identity characteristics. Their struggles were situated within the context of class positioning that framed working-class subjectivity as lacking in value and undeserving of respect (Skeggs, 1997; Skeggs, 2005; Sayer, 2005). Here, cleaning is a tainted work ‘written onto the bodies of women who are seen as naturally suited for these roles’ (Simpson and Simpson, 2018: 5). The narratives of the Albanian women cleaners depicted a sense of being in a distinct group, feeling marginalised because of their identity characteristics.

Cleaning is not shameful work, not all women want to do it, and I do not blame them, as it is very demanding. We can only do it because first, we have no choice. This is what Albanian women in Greece do. Also, this does not mean that cleaning is an easy

job. You can ask every cleaner here and she will tell you the same thing. It is the most difficult and tiring work (Calypso 40, AL, *Peoples' Home*).

In this work, you have to be able to do everything. Us women workers can do everything because we are used to the hard work. We have been doing this since we arrived in Greece. It is tough, there is too much dirt, and some people look down on you, but we know that the hospital needs the cleaners (Ourania 55, AL, *Care for All*).

Therefore, migrancy and gender marked the bodies of the Albanian women cleaners, presenting them to be used for discomfort and dislocation. However, these shared views of dislocation and gendered labour migration led the Albanian women cleaners to have a stronger stand against societal perceptions (Ashforth and Kreiner, 2014). They triggered more social resources to contest the stigma. As such, the Albanian women managed taint, drawing on gender to resist the devaluation of their work. They highlighted their ethnic identities as symbols of respect, and reconfigured the occupational role of the Albanian woman cleaner from tainted and undeserving to valuable, worthy, and respectable. This reconfiguration emerged from the interconnection between personal development in terms of the 'ability to define their goals and act upon them' (Kabeer, 1999: 438) and recognition that they received from others (Sennett, 2006). Leda's narrative was very characteristic, as it reflected how Albanian women cleaners drew on their gender and ethnicity to resist devaluation.

When they see me, they tell me: 'We have the best cleaner in our department'. This is what happens when you work with your body and your soul. I respect what I do, and they respect me and recognise my value. I cannot change the nature of my work. I can only do my best to improve it, to keep it clean. I am a cleaner and this is my role. I do four jobs to be able to manage, but I do everything with pleasure, because this is what we do. We, women from Albania, cannot lead a life without work, even if this work is so dirty. At the end of the day, I have learned so many things regarding health, and I also support my family. I never thought I would learn so much from this work when I arrived in Athens so many years ago. I am satisfied with myself and with what I do (Athena 49, AL, *People's Home*).

Gendered and ethnicised embodied attitudes towards cleaning helped the Albanian women cleaners resist the low status attached to their occupational positions (Ashforth and Kreiner, 1999; McDowell et al., 2012), preserving their sense of dignity and self-worth. In particular, Athena's narrative emphasised the ability to perform physically demanding tasks, reinforcing mental strength, physical strength, and determination. It was highlighted that Albanian women workers stimulated occupational attitudes, transforming cleaning and marking their working bodies as worthy, valuable, and respectable.

Thus, through the process of looking for recognition regarding their value and worth, the Albanian women cleaners appealed to their self-discipline and physical ability to endure hard manual work. In this striving process, class is ascribed to the working bodies of women cleaners, as it 'shapes and goes on shaping how individuals are and the kind of individuals they become' (Reay, 1998: 259). Class is deeply embodied, permeating experiences, emotions, and a sense of self (Sayer, 2005). Under these premises, Albanian women cleaners enhanced their manual role, creating a sense of superiority so as not to feel devalued in the working space. Here, their striving process for assuming their value became a positive source of class identity.

For the work I do, I am not ashamed. I was never ashamed of the work I was doing, not in my 20s and of course not in my 40s. To work as a cleaner is not something to be ashamed of. Generally, people should not be ashamed of what they do. I am not hiding that I am a cleaner by saying I am a nurse. I have never hidden it. I work so hard. I feel stressed and exhausted, but at the same time, I feel so proud of being a cleaner (Callepso 38, AL, *People's Home*).

When I came to the hospital, I was working two and maybe three times harder than the other Greek cleaners. I was cleaning the walls. I could not feel my fingers and they were sitting and drinking coffee. I never complained though. I was thinking that one day things will change, and your value will be recognised. Therefore, I see myself as a winner. I still have my job in these difficult times and I deserve it. Doctors are passing by and directors of the departments greet me (Leda 52, AL, *People's Home*).

There was an association between work ethic, shame, the struggle to become valuable, and being an Albanian woman worker. Callepso refused to feel ashamed of her occupation, contesting notions of taint. Similarly, Leda's aspiration for a better future helped her to summon her mental strength and create a process of meaning making despite her physical exhaustion. In these narratives, the Albanian women cleaners were positioned in a value-laden situation, wherein the process of assuming respectability through a shared working code was associated with social value (Skeggs, 1997).

Thus, despite that being a nurse is an occupation perceived as more respectable, being a woman cleaner and not a nurse signified a reassessment of value. In this way, women cleaners reshaped the standards of value, considering the role of the cleaner equally important. Furthermore, disbelief, worry, and anxiety informed the formation of respectable working subjectivities (Skeggs, 1997). The anxiety and physical exhaustion of the Albanian women cleaners was the price of becoming worthy and

respectable. This process helped them contest the shame attached to the physically tainted work of cleaning.

Leda's narrative represented shared views that depicted Albanian women cleaners as inclined to differentiate between 'deserving' and 'undeserving', or 'good' and 'bad' migrants. This discrepancy between deserving and undeserving or good and evil becomes a trait of efforts for recognition and acceptability (Sukhwant and Forkert, 2015). Leda used a comparison between her and the Greek cleaners to refer to this discrepancy between the good and bad, the deserving and undeserving. She was caught in a process of suffering, a process she endured to be a winner, as she got to keep her work. She situated herself as a 'deserving worker', attaching value and respectability to herself. She received recognition from the doctors who greeted her, as doctors carried a higher rank value and social status among the outsiders.

The women cleaners identified themselves as working class. This process of self-reflection illustrated a conscious awareness of both their objective circumstances and subjective experiences (Hughes et al., 2017). In turn, this self-awareness led to practices of resistance, where women cleaners refused attributes that portrayed them as defeated from systematic unfairness (Hughes et al., 2017). They structured a more meaningful everyday working life where they felt productive and worthy. Specifically, Albanian women workers presented themselves as the working class who are proud, independent, and confident, increasing their self-value and labelling cleaning as a worthy working-class occupation.

I am working as a cleaner and there is nothing wrong with my job and the fact that I am a cleaner. There is nothing to be ashamed of. It has been very hard for women who have not studied anything to do something apart from cleaning. Someone should do this job anyway, don't you think? (Ourania 53, AL, *Care for All*).

I have not finished school. I never liked school anyway, and therefore I did not continue with my studies. I decided to have children and come here with my husband. Apart from cleaning, I could not do anything else, but I like it. I always learn something from it. Of course, if I had studied, I would not have to do this tiring and dirty job, because to be honest, it is dirty isn't it. Of course, I am proud of who I am and what I do here (Iris 42, AL, *Care for All*).

Narratives of self-realisation focused on questions of individual life choices. However, limited opportunities for working-class women 'to access or increase capital assets' (Skeggs, 1997: 9) were noted. In this context, working-class women are positioned as object, as they lack opportunities to become valuable (Skeggs and

Loveday, 2012). In particular, many Albanian women workers did not continue with their studies. When they arrived in Greece, they had low-wage jobs because of their migrant status and the divisions of the labour market. Nevertheless, they presented an awareness regarding their status in the labour market as a working-class labour force. Specifically, Ourania pointed out the difficulty for women who have not studied anything to do something apart from cleaning, illustrating how cleaning becomes both a gendered and an ethnicised occupation. Similarly, Iris added that cleaning becomes a unique choice, given the economy's capacity to absorb individuals who did not want or have the opportunity to study or train further.

Regardless, it has been considered that 'social positioning is about how we contest and challenge these social positions' (Levine-Rasky, 2011: 247). In this respect, Albanian women cleaners contested feelings of being abject by utilising their working position as a source of respectability, self-worth, and dignity. Both narratives represented how Albanian women cleaners challenged notions that perceived them as socially excluded, as failures in self-governance (Gillies, 2005). Iris used cleaning as an opportunity for self-development, learning something from it, and Ourania believed that cleaning should not be a reason to be ashamed. This self-realisation influenced their sense of self in relation to how they created meaning, gaining value out of their work. This awareness of their positioning helped them alleviate the social stigma of taint, and helped them contest judgments about their social value. The Albanian women cleaners' realisation of their class status and positioning became both a source of pride and of profound vulnerability.

Furthermore, the narratives of the ethnic Greek Albanian women displayed how cleaning in the hospital was transformed into a socially acceptable occupation. Specifically, the Greek Albanian women utilised 'cleanliness' as a tool to gain civic pride, pointing out their Greek roots. Thus, the ethnic Greek Albanian workers encountered a different kind of marginalisation. This was the feeling of being in 'limbo' (Lazaridis and Wickens, 1999), which was also expressed in their working place. Their civic status was vague, and therefore ethnic Greek Albanian women felt as 'neither one thing, nor another', or 'both one thing and another'. However, they were still not distinguished as significant (Green, 2005: 4). Thus, marginality for the ethnic Greek Albanian women triggered a notion of vagueness, as it is not clear where

they are from. This feeling made them feel ‘partially visible’ and only partially connected (Green, 2005: 1). Therefore, feeling in ‘limbo’ as ‘neither one thing, nor another’ (Green, 2005) drove the ethnic Greek Albanian women to entrench their sense of nationality and associate it with their worth and respectability as workers. Penelope’s narrative reflected shared feelings of limbo and marginalisation.

‘Go back to your country’. I hear that very often. Strangely, where we come from, Hoxha used to call us ‘Proud Greeks’. Now, in our homeland that we love we are told to ‘go back to your country’. Why should I say this, and not say that ‘I am Greek?’ I was born Greek. This is what we know. This is my language. Why, then, now that I am in Greece, should I say I am Albanian? Those of us coming from Voreios Epirus need to find the strength to overcome these things, and this is what I always say to the women here. We move on and it is over. When I work, I feel stronger, because I learn things and I go on, because whatever life brings us, we have to fight. I personally feel that the hospital is my home. I belong here. They might still see me as a foreigner, but I do not care anymore (Penelope 46, EGAL, *Care for All*).

Penelope’s narrative displayed the struggle to deconstruct feelings of being in a constant limbo status. Dealing with this limbo became a metaphor for life. The phrase ‘go back to your country’ pointed out how ethnic Greek Albanian women cleaners were perceived. However, feelings of devaluation were contested as the ethnic Greek Albanian women highlighted their value as Greek women. Specifically, Penelope had shared moral values with the other women, depicting an in-group culture that managed these aspects of marginalisation. She underlined that as women who come from Voreios Epirus, they had the ability and strength to overcome these things. Thus, being an ethnic Greek Albanian woman became a status utilised to mobilise a collective notion of empathy and resistance. Penelope’s narrative challenged marginality, depicting instead a strong ethnic identity, which differentiated the migratory experience from the other women from Albania.

She pointed out that her first language is Greek and her religion Christian Orthodox, signifying the cultural differences with other Albanians (Triandafyllidou and Kokkali, 2010). Therefore, feelings of marginalisation operated as a driving force in which ethnic Greek Albanian women expressed their dignity as ‘we move on and it is over’. Penelope made clear that work became the social space in which worth was gained. She pointed out that ethnic Greek Albanian women assumed their respectability by displaying ‘strategies of resistance that emerge and subsist in the margins’ (Seremetakis, 1991: 1). As respectability is a symbol of class and a benchmark to yearn for, ethnic Greek Albanian women workers consider it ‘a key character of what

it meant to belong, to be worthy and to be an individual' (Skeggs, 1997: 3). Thus, drawing on their work ethic, ethnic Greek Albanian women derived their strength and thereby challenged the denial of their worth.

Emphasising their nationality by depicting feelings of marginality demonstrated how ethnic Greek Albanian women cleaners established forms of empowerment. They demonstrated the complex power structures in which they were embedded and the inequalities that excluded them. They expressed their dignity by associating their marginalised ethnic identity with the notion of cleanliness and purity. Efterpe and Penelope's narratives reflected these notions of purity and cleanliness and how they were interconnected with nationality and civic pride.

My supervisors said: 'With those sisters, they are the best at cleaning the hospital'. She was not the only one who said that in the hospital. The bosses and everybody say the sisters are the cleanest women in the hospital (Efterpe 55, EGAL, *Peoples' Home*).

It is work that brings cleanliness to the people here, and I feel very proud of that. I contribute here, and this is what I always wanted to do and what I learned as a Greek. Greekness is greatness. For me, helping and contributing through cleaning is crucial (Penelope 46, EGAL, *Care for All*).

There was a contestation of marginality as both ethnic Greek Albanian cleaners made clear their worth as Greek women. They also emphasised their cleanliness, re-imagining that their occupational role contests the taint associated with cleaning. Instead, they associated cleaning with notions of purity. Their perceived cleanliness was associated with goodness (Douglas, 2002 (1966)), highlighting the national culture under which they felt validated. Specifically, Efterpe pointed out how she and her sisters were 'the cleanest women in the hospital', emphasising their working-class value as women workers and Greeks. Cleaning became an embodied occupation where the process of respectability was marked through women's working bodies pointing out the intersection of nationality, gender, respectability, and marginalisation. The ethnic Greek Albanian women cleaners entrenched their nationality and associated it with cleanliness and purity. This was their main strategy to manage taint, to resist the marginality of being in a limbo status, and to assume respectability and recognition.

Ethnic Greek Albanian women faced marginality and devaluation at work by being referred to as Albanian women workers. Consequently, this highlighted how ethnic

Greek Albanian women's struggle to sustain self-worth and dignity overlapped with their struggle to be politically recognised as Greek. Consequently, their narratives illustrated that they felt downgraded when referred to as Albanian women workers. Their feelings displayed how the xenophobic and racist stereotype of the 'Albanian worker' as a social category that lacks respectability, social value, and social recognition became a standard to avoid if they wanted to remain respectable. Terpsichore and Andromache reflected on how the stereotype of the Albanian worker was utilised as a way to re-assess the standards of value and taint.

They were calling me the Albanian cleaner. She kept asking: 'What is your name?' I said 'Terpsichore'. 'You are lying', she said. Why lie? This is my name and it is Greek. She replied that when they come to Greece, many Albanians change their names. I brought her my passport to see. I felt so upset. I come from a great and worthy family. During communism, my father's brother was working at the Ministry, my mother's brother was also a Director. I come from a very respectable family. We all studied, so to be called Albanian is very insulting (Terpsichore 55, EGAL, *Care for All*).

I feel ashamed that they call me 'Albanian'. We came here to work, not to harm anyone. Those who came to rob or kill should be in jail. They might insult me behind my back calling me Albanian, but I keep everything inside me (Andromache 60, EGAL, *Care for All*).

Terpsichore felt that her worth was eliminated because of her socially tainted occupation and her being pointed out as the 'Albanian woman worker'. Here, the social category of the Albanian woman worker was associated with an undesirable working subjectivity, which Terpsichore wanted to escape from, considering it a hurdle to attaining worth and recognition. Similarly, Andromache pointed out how the word 'Albanian' was an insult. She presented herself as a dignified woman who 'keeps everything' inside her. Hiding her discomfort was a way to maintain her respectability.

In addition, across the narratives of the ethnic Greek Albanians, class exhibits the fundamental core of existence (Savage, 2015) and depicts how social and political authority impact negative hierarchical constructions, leading to the pathologisation of those who are poor. Thus, respectability, which becomes an aspect of class and standard to which to aspire (Skeggs, 1997), was lost when the ethnic Greek Albanian women were referred to as 'Albanian woman workers'. Being an Albanian woman worker became a pathologised category to be avoided. This pathologisation of those considered undeserving sets a standard to avoid, which increased the burden for the

ethnic Greek Albanian women to prove their value and respectability. Therefore, the ethnic Greek Albanian women used dis-identification (Skeggs, 2011) as a strategy to detach their working bodies from the toxic stereotypes that devalue and represent them as unrespectable and undeserving. This strategy emphasised the link between being 'Greek' and a 'woman', and these two aspects constructed the notion of a cleaner that brings cleanliness, and therefore, purity.

The ethnic Greek Albanian women claimed their value as workers in entrenching their Greek nationality by empowering themselves through notions of marginality. Even though their narratives indicated that they were perceived as different and marginalised, the 'marginalisation itself can be strategically emphasised' (Green, 2005: 3). Thus, the ethnic Greek Albanian women used marginalisation to differentiate themselves from the other Greeks, reconfiguring themselves as more Greek or as 'better because they are Greek' than the other cleaners. Using marginalisation as a strategy is tied to the intersection between ethnicity, class, and gender (Ang, 2016). Here, the ethnic Greek Albanian women also used gender to resist the perceptions that devalued them. Melpomeni's narrative reflected how marginality was deliberately accentuated (Green, 2005), highlighting personal worth.

At work, I hear people saying, 'you are an Albanian' and 'go back to your country'. The truth is that I am a Greek woman and I am better than you. I am a Vorioeperotissa (an ethnic Greek Albanian woman) and I am worthier than you. I firmly believe that (Melpomeni 61, EGAL, *Care for All*).

I tell everybody my name. My name is Andromeda and I am Greek. I say this to the patients, because they also yell at me, calling me a 'cleaner'. Of course, it bothers me because I have a name and I have repeatedly told them what it is. The supervisory nurse has learned to call me by my name, because they know I am Greek. Only the patients call me a cleaner: bring me this, bring me that, soap, napkins, toilet paper (Andromeda 38, EGAL, *People's Home*).

The ethnic Greek Albanian women entrenched their nationality by depicting the ways in which they were marginalised. Both Andromeda and Melpomeni emphasised their Greek roots to resist the taint attached to their occupation. For Melpomeni, her nationality became a way to reconfigure herself through her occupational role. Similarly, Andromeda resisted taint by informing both patients and nurses about her Greek name. For both women, respectability became a 'marker of class and a burden' (Skeggs, 1997: 3). Both women represented how ethnic Greek Albanian women defended their respectable occupational role, resisting devaluation. As such,

respectability became the standard against which to be judged. For the ethnic Greek Albanian women, becoming respectable meant displaying moral values as a worker. Lydia emphasised her nationality to prove her morality and worth as a worker.

She was looking at me with suspicion. I confronted her, saying that my roots are Greek, my soul is Greek, Greece is my first mother, so I would never steal from anyone (Lydia 60, *EGAL Peoples' Home*).

'Being Greek' was associated with reliability and morality. It also highlighted how real worth such as money acted as an indicator of a woman worker's value. Lydia's manifestation of respectability described not only her, but also her belief that she is part of the nation (Ang, 2016). In particular, the phrase 'Greece as a mother' was a shared belief among the ethnic Greek Albanian women. It represented not only the place where they were connected but also where they become visible, and signified how they saw themselves as daughters and persons of moral value. Thus, through stressing the notion of being Greek, the ethnic Greek Albanian women constructed a respectable working subjectivity. An embodied sense of cleaning acknowledged social and symbolic elements that were mapped into gendered, classed, and ethnicised bodies. There was an association between the disgusting facets regarding the materiality of cleaning and how tainting reinforces class-based devaluation (Slutskaya et al., 2016). In particular, the Albanian women cleaners' narratives represented feelings of devaluation and a lack of respectability regarding their gender, class, and ethnicity. They enhanced their manual role, creating a sense of superiority so as not to feel devalued in the working space. Hence, gendered and ethnicised embodied attitudes towards cleaning helped Albanian women cleaners resist the low status attached to their occupational positions. Furthermore, the ethnic Greek Albanian women's narratives transformed cleaning in the hospital into a socially acceptable occupation. They used 'cleanliness' as a tool to gain civic pride, pointing out their Greek roots. While marginality for the ethnic Greek Albanian women triggered a notion of vagueness, it also drove them to entrench their sense of nationality and associate it with their worth and respectability as workers. Therefore, the ethnic Greek Albanian women expressed their dignity by associating their marginalised ethnic identity with the notion of cleanliness and purity.

### **Summary of the chapter**

This chapter discussed how cleaning as a physically tainted dirty work was experienced and managed by the two groups of women cleaners. In the first part of the chapter, I discussed how women cleaners' proximity with dirt rendered them socially polluted and stigmatised (Van-Vuuren et al., 2012). In response to these attributes, women cleaners demonstrated entitativity, a shared occupational identity that aimed to defend their group identity through occupational strategies and tactics. Through these mechanisms, they built a sense of group cohesion to alleviate the stigma attached to women cleaners. Through shared occupational strategies, women cleaners re-evaluated the standards of cleaning and attributed positive features to their work, reclaiming the worth, dignity, and respectability denied them. Women cleaners protected their group ethos and cohesion by bringing order out of the disorder managing the symbolic and social taint of dirt.

Furthermore, women cleaners managed the materiality of taint. From this perspective, the physical aspects of dirt undermined the cleaners' shared attempts to reframe and reconstruct the stigma of social taint. In addition, managing the materiality of taint indicated how the entanglement of the material and discursive had implications for social relations in the hospital. These relations revealed how women cleaners were perceived 'as out of place', caught in disruptive relations that devalued them. Finally, an embodied sense of cleaning acknowledged that social and symbolic elements were mapped into gendered, classed, and ethnicised bodies. Specifically, the Albanian women cleaners' narratives represented feelings of devaluation and a lack of respectability regarding their gender, class, and ethnicity. However, they enhanced their manual role, drawing on gendered and ethnicised embodied attitudes to resist the low status attached to their occupational positions. The ethnic Greek Albanian women used 'cleanliness' as a tool to gain civic pride, pointing out their Greek roots and expressing their dignity by associating their marginalised ethnic identity with the notion of cleanliness and purity.

## **Chapter 7: ‘Paradigmatic workers’ becoming visible and embodied agents**

This study examined the working experiences of women cleaners in two public hospitals in Athens, Greece. The main aim of this study was to challenge the invisibility of women cleaners as outsourced workers and emphasise their ways of becoming embodied subjects and being embedded in wider labour and social structures of inequality. Transforming global structures and the neoliberalisation of working conditions highlight the need to identify how different social categories play out in globalised processes. The nexus between labour migration and global capitalism regulates the labour geographies of global capitalism (Peck and Theodore, 2010). However, neoliberalism has different formations depending on the context (Aguiar and Herod, 2006), which is addressed in this study. Chapter 2 assessed how the notion of workers’ agency is under-theorised (Castree, 2008), responding to the need to identify women cleaners as agents with choices and their own understanding and trajectories in the industry. By highlighting workers’ agency, it was unveiled how and what type of uneven power relations shape labour processes (Coe and Jordhus-Lier, 2011). The need to recognise the intersectionalities of gender, ethnicity, and class became pertinent, as these categories constitute multiple points of vulnerability that contribute to migrant women’s vulnerable and precarious labour practices (Strauss, 2012).

In the last three empirical chapters, I captured via thematic analysis how women workers managed through coping mechanisms and strategies to face, negotiate, and challenge the demanding working environment of the public hospital. In Chapter 4, I addressed the first aim of the thesis, namely to understand the ways in which women cleaners are embedded within the institutional power structures of hospitals, identify women’s ways of dealing with forms of power, and whether and how they create spaces of resistance. Chapter 4 discussed cleaners’ understanding of hospital hierarchies and power structures. It analysed how women cleaners dealt with disease, body, and pain, revealing how they create spaces of resistance and experience the biopolitics of health, risk of disease, life, and death. Chapter 5 responded to the second aim of this study, which was to investigate precarity as a component of labour processes and the life condition. Moving from institutional to working relations, Chapter 5 discussed the effects of precarity and type of relationships the two groups

of women form through their work and livelihoods. The hospital becomes a paradoxical space wherein the two groups of cleaners express highly individualised selves but continue to collaborate. Precarity is also experienced in the everyday life of women migrant cleaners, their families, and communities. The intersection between gender and ethnicity surrounds the experiences of women cleaners, as they constitute regimes of inequality that impact the precarisation of their working experience. Chapter 5 focused on the dynamic complexity of Albanian and ethnic Greek Albanian women cleaners (Kambouri, 2008), highlighting their trajectories, journeys, and aspirations in the industry. The aim of Chapter 6 was to explore how women cleaners experience and manage cleaning as a physically and socially tainted form of work, and differences and similarities between the two groups were identified. Chapter 6 revealed how women cleaners assumed respectability and expressed dignity in the hospital, reframing the negative meaning of cleaning and structuring occupational strategies to counter notions of dirtiness. Building on the previous chapter on precarity, which explored the role of gender and ethnicity in the process of precarisation, in chapter 6, cleaning was discussed as an embodied occupation in which both groups of women cleaners ascribed meanings to their bodies based on gender, ethnicity, and class.

### **Summary of findings**

As I aimed to explore everyday life at the hospital, grasp migrant women cleaners' processes of meaning making, and capture the dynamics of the institutional space, I assumed a role in the community of cleaners. I visited every day, and spent coffee breaks with the participants to gradually build rapport and trust with them. This process increased my confidence, so when I started conducting the interviews, I managed to establish a conversation with a good flow. Investigating the power structures in the hospital enabled me to identify migrant women's ways of being in their working environment and of dealing with the governmentality of disease and medicalisation of death. To accomplish this level of understanding, I had to identify the institutional hierarchies of the hospital by observing women's interactions with the other members of staff and how they dealt with the hospital's rules and regulations. Through this process, I identified the dynamics and power structures characterising everyday institutional life, while at the same time questioning my role

in these hierarchies. Dealing with my own personal fears and insecurities regarding health, safety, and death became part of the dominant themes of the participants' narratives.

Through their narratives, I gained insight into their work, obtaining the everyday details of the institutional space, protocol routines, their beliefs about the risk of disease, and overall sense of working as a cleaner. Prominent themes centred on women's feelings regarding the presence of disease, health, and death, and on their interactions with patients and other hospital staff. The concept of governmentality became central, as it helped me address how the power elements in the form of biomedical rules and knowledge impacted the institutional experiences of women cleaners. From their narratives, I obtained a strong sense that women cleaners have over the years become more deeply embedded in the institutional power structures of the hospital without necessarily suggesting that they have become mere constituents of the biopolitics of the hospital. It was evident that they were caught between the diffused power structures of the hospital, perceived as liminals situated between hospital binaries such as disease, body, and pain. Women cleaners in both groups had to deal with a generic institutional reality that placed them within power entanglements and self-regulating mechanisms. To cope with the rules and regulations, they have throughout the years been internalising, reproducing, and repeating these biomedical rules and knowledge. Nonetheless, most women cleaners in both groups made the choice to adapt and challenge the strict norms (Ettlinger, 2011) under which they were situated.

This systemic arrangement left space for expressions of resistance (McKinlay et al., 2012). Most of the women were fearful when they started working in the hospital. They were governed by feelings of pain for the patients and fear for the safety of their children. However, dealing with these emotions through time demonstrated how the impact of time helped them build resistance mechanisms. Presently, the cleaners have attained an active role in self-defining themselves as 'subjects' (Ball and Olmede, 2013). Some cleaners interacted with doctors and nurses to build their own knowledge, representing this process as an investiture and embedding themselves as new, more empowered subjects in the wider power structure of the hospital.

Another prominent theme around aspects of the institutional working power structure

was the governmentality of death and mourning. The women cleaners were caught between organisational norms regarding the medicalisation of death in the hospital and how they personally faced death, mourning, and bereavement. Some women cleaners did not perceive death as taboo. In contrast, by perceiving death as an integral part of life, they resisted the overwhelming feelings that would leave them in a state of limbo. Mourning took place as a process of subjectivity formation. This group of women defied the medicalised narratives that suppressed processes of mourning in the hospital.

The public hospital became an emotional space of mourning, locating women cleaners between biopower and personal stories of remembrance. Some women cleaners experienced mourning as a path of memory through their personal histories, illustrating how personal stories of migration and death can trigger feelings of absence and presence. At the beginning of the research, I considered how difficult it must be to be in constant contact with the fear of disease. I faced a feeling of vulnerability in the everyday reality of the research context. Spending more time in the field helped me understand that this vulnerability is not lifelong and generic. The women's narratives emphasised the factor of time, highlighting their leap of faith regarding adapting and feeling more at ease in the hospital environment. This state of liminality and limbo was also expressed through their working relations. According to the narratives of the women cleaners, a strong sense of precarity characterised the working relations between them. A general ontological state also surrounded their livelihoods. During the interviews, we discussed their labour arrangements in terms of their contracts, the extent to which forced flexibility was a prominent feature of work, feelings of the fear of getting fired, and their aspirations for the future. All the cleaners mentioned the Greek crisis and its impact on their lives and working relations. Again, the aspect of time played a role in terms of how they learned to negotiate precarious working conditions, managing at the same time their lives outside the hospital. I saw myself looking for women heroes who would proactively resist a vulnerable labour status. However, the more information I obtained on how they handled precarious working conditions, the greater my understanding that resistance comes in different forms. As precarity represents unpredictable cultural and economic landscapes and life conditions for women, it becomes both a labour and an ontological condition that is faced, negotiated, handled, and resisted using different

ways and strategies.

The narratives highlighted that the condition of precarity created a paradox in public hospitals. Some women depicted a very individualised self that was nonetheless accompanied by the need to feel supported and unified with other cleaners. Both groups of women cleaners experienced working precarity and in turn developed an individualised self. They were situated under neoliberal modes of governing that, along with inequality regimes (Acker, 1990) such as gender and ethnicity, arranged a continuing association, generating oppressive labour arrangements. It was observed that, compared to non-Albanian women cleaners, Albanian women cleaners were mostly exposed to unjust orders. Some cleaners developed self-management tools for self-management, enhancing their ability to direct their work relations while leaving the power relations generated by labour precarity unobstructed.

This dominant theme suggested that workers did not have any choice than to turn labour issues into individual difficulties (Gill and Donaghue, 2016). As I was delving into questions of labour arrangements, most cleaners reproduced the values of the company by normalising feelings of insecurity and anxiety, identifying them as unspoken features of their working conditions. These tendencies did not necessarily mean that the women cleaners were subdued as disembodied subjects. They responded to precarity in this way because they had no choice. At the same time, both groups of women cleaners engaged in everyday acts of subtle resistance that included humour, gossip, cynicism, and friendship. While these acts did not overcome power relations, they improved the climate of uncertainty. This was their way of creating a sense of politics in the hospital through collaborative spaces founded on ethical responsibility, trust, and cooperation.

The women's narratives evidently presented the way precarity characterised their lifeworlds, inhabiting the 'micro spaces of everyday life' (Ettlinger, 2007: 320). Most women in both groups expressed a sense of having a 'precaritised mind' (Standing, 2013: 6). They shared an on-going feeling of vulnerability in legal and civic matters, family issues, feminised notions of homemaking, and the burden of being the sole breadwinner. Nonetheless, experiencing precarity in their lives outside the hospital transformed them through time into the pillars of their families, as they faced both the challenges of work and home responsibilities. Gender becomes central in the

experience of precarity, with the women in both groups constructing everyday potentialities that would allow them to resist precarity and imagine a better future. Everyday modalities of agency, depicted as individualised beliefs of a flexible and resilient self, helped most of the women cleaners hold onto their sense of self. Both groups formulated social networks that included members of their families, and people from their neighbourhoods and community. Engaging in questions of everyday life in the city, most of the women generated a sense of social bonding and created collectivities based on mutual help and trust.

The thematic analysis also revealed how the women cleaners generated occupational strategies to manage the social taint attached to cleaning. Words like ‘dirt’, ‘cleanliness’, ‘being clean’, ‘avoiding dirt’, and ‘cleaning as the worthiest job of them all’ were prominent in the cleaners’ narratives. The impact of social categories such as gender, ethnicity, and civic status constructed cleaning as an embodied and structurally constructed occupation. Most of the women’s narratives indicated that proximity with dirt presented them as being socially polluted and stigmatised (Van-Vuuren et al., 2012). Thus, to alleviate the stigma, the women established entitativity, exhibiting a shared occupational identity in terms of ‘us’ and ‘them’ (Ashforth and Kreiner, 2014). Through this process, the women wanted to protect their group identity, performing occupational strategies and tactics and constructing a sense of group unity.

As part of this wider theme of constructing social cohesion, the women cleaners generated occupational strategies by re-evaluating the standards of cleaning, thus challenging the social stigma around cleaning and retrieving the worth and dignity denied to them. Women cleaners aimed to protect their group ethos by producing order from the disorder of being the dirty workers and by managing the symbolic and social taint of dirt. However, both during the interviews and through the ‘spending the day’ observations, becoming familiar with the materiality of taint undermined cleaners’ shared attempts to reframe and reconstruct the stigma of social taint. Under the theme of the materiality of dirt, physical exhaustion and disgust inhibited the women cleaners from constructing a positive identity. Managing the materiality of taint highlighted how the entanglement of the material and discursive revealed the

way women cleaners were perceived ‘as out of place’ and devalued by other hospital staff.

Apart from the material aspects of cleaning, an embodied sense of cleaning showed how social and symbolic elements were mapped into gendered, classed, and ethnicised bodies. In particular, the narratives indicated an association between the disgusting aspects concerning the materiality of cleaning and how tainting reinforces class-based devaluation (Slutskaya et al., 2016). Most of the Albanian women cleaners’ narratives signified feelings of devaluation and disrespect in terms of their gender, class, and ethnicity. Thus, they augmented their manual role, creating a sense of superiority so as not to feel devalued in the work place. As such, gendered and ethnicised embodied attitudes towards cleaning helped the Albanian women cleaners contest the low status attached to their occupational positions.

Most of the narratives of the ethnic Greek Albanian women converted cleaning in the hospital into a socially acceptable occupation, using ‘cleanliness’ as a tool to gain civic pride and illustrating their Greek roots. For the non-Albanian women, while marginality generated a notion of vagueness, it also helped them entrench their sense of nationality, associating it with their worth and respectability as workers. Being embedded under the same institutional power structures and experiencing the same working conditions resulted in the women cleaners finding ways to resist and negotiate suppressive labour arrangements through time. Naturally, these tendencies are not generic, as the two groups of women had similar, although different, trajectories in the industry. However, resisting governmentality and precarious working conditions helped them build a self that negotiated taint, indicating that resistance becomes a natural outcome of the same system that creates vulnerability.

### **Theoretical and methodological implications**

What is happening in the two hospitals reflects wider global economic and labour structures. Cleaners in the two public hospitals become the paradigmatic workers in a powerlessness category, the receptors of these unequal structures. They were depicted as an oppressed class, deprived of any capacity to overthrow the difficulties of the capitalist system. Despite discussions on the capabilities of workers to challenge and overturn systemic demands, there is a hesitant attitude to express the ways in which

workers express and manifest agency. Thus, there is a tension between addressing the systemic flows and how workers act upon them.

The strategies and methods of the women cleaners helped them challenge their everyday life, redressing in this way structural inequalities and drawing on gendered, ethnicised, and classed working experiences. As such, the system itself consists of acts of resilience that can turn into a new means of resisting contemporary work regimes. For the women cleaners, this entailed recognising their ability of self-governing agency as the working class that operates outside unions and political parties. Similar to Pizzolatos' (2013) 'strategy of refusal', women cleaners in the hospitals did not aim to spark a revolution. Rather, they laid the foundation for more subtle ways to face everyday life in the hospital. New sets of theoretical possibilities emerged that did not necessarily suggest the refusal of work (Pizzolato, 2017), but more the reconfiguration of working strategies and methods.

Women cleaners reflect the labour regimes that depict women as devalued bodies (Mezzandri, 2016) and are enhanced by the current political and social context (Rother, 2017). Women's lives in the hospitals further fuel the criticism regarding the reasons women workers face devaluation and vulnerability in these global structural hierarchies in making these links. Capturing women's smaller-scale geographies demonstrates how social hierarchies are played out to achieve a deeper and more complex understanding. Moving from the general unequal labour 'regies' to the organisational level, the suitability of cleaners to these types of devalued occupations is again reproduced through constructed social categories of gender and ethnicity (McDowell, et al., 2009). However, as women cleaners are depicted as 'sentient social beings' who create meaning through their everyday working life decisions and choices (Kabeer, 2000: 87), the context of work reveals the specificities of work experience, shifting the focus from wider structures to specific organisational ones.

As migrant workers are associated with the reserve army of the labour force that is enforced through market deregulation (Farris, 2015), cleaners' personal and collective struggles negotiate feelings of precarity, recreating their class consciousness. Precarity symbolises and represents a state of limbo, a condition of liminality (Van Gennep, 1961; Turner, 1970), an ambiguous and in-between space that augments feelings of uncertainty. In the context of the hospital, feelings of liminality become

inherent features of labour processes, illuminating the organisational working arrangements in which women cleaners are embedded.

The ways in which women cleaners resist and face vulnerability highlight the ability of the collective to experience the ambiguous phase (Wagner et al., 2009), which may help them engage in sense-making (Conroy and O'Leary-Kelly, 2014) and imagine their futures. Thus, the tension between the wider labour structures and how workers react to them is depicted through formations of dignity and expressions of worth in the working space. Deconstructing the social taint of cleaning demonstrates how identity differences can augment the experience of taint among marginalised groups (Rivera, 2015). The symbolic aspects around dirty work, embodied by identity differences and emotional labour, constitute women cleaners' working experience in hospitals in the same way social categories impact unfair labour schemes globally.

However, cleaning has a complexity; it engages with so many different processes, indicating similarities between the two groups. Yet, findings showed that under shared conditions Albanian and ethnic Greek Albanian women had some differentiations. Being embedded in-between institutional power and knowledge, they constructed a self that is institutionally knowledgeable. Appearing confident about managing waste and disinfecting spaces is a similarity between the two groups of migrant women cleaners, illustrating how they rationalised the structures in which they were embedded. Both groups of migrant women cleaners were caught in this process of rationalisation in-between the biomedical power entanglements becoming both agents and objects. Part of engaging in emotional labour was how they summoned strength to fight their fears while being also objects that accept and normalise this constant state of insecurity.

Processes of mourning that surround the experience of cleaning really gives a different dimension to the type of emotional labour that migrant women cleaners engage with. The hospital became a space of remembrance where women cleaners' mourning practices were in a context of regulatory norms, framing them as objects of the organisation. Yet both groups experienced the state of limbo, by generating ways of dealing with sorrow. The hospital became a space, a reminder of loss and absence, reinforcing at the same time women cleaners' social position as migrant women. For some Albanian women cleaners, mourning was a never-ending; feeling about the

migration journey, eliciting personal stories of separation with loved ones. For some other ethnic Greek Albanian women mourning becomes political when the public sphere is regarded as an apparatus for determining the conditions under which a life is seen worthy of grief and recognition. There was a feeling that some bodies were not grievable because there were not recognised as ‘Greek enough’. For both groups of migrant women cleaners mourning displays a ‘transformative potential’, a healing prospect of speaking about painful experiences. Experiences of mourning in the space of the hospital can be transformed into emotions that may promise more caring and hope between people.

Under shared working conditions the working relations in the hospital revealed contradictions and paradoxes. These contradictions highlight and reflect the wider economic and labour processes at a micro level. Being the receptors of these unequal structures both groups of migrant women cleaners expressed individualistic attitudes. They developed a highly individualised self, establishing themselves as resilient women workers, challenging precarity. This tension created by this paradox reveals the capabilities of the migrant women workers to challenge the systemic demands. Being able for migrant women cleaners to resist is not a matter of agency. It appeared that it is very difficult for them to overturn the system under which they are embedded not because they did not want to but because they could not do so. The effects of precarity and labour along with inequality regimes established on the market were based on ethnicised and gendered principles of gathering cheap labour forces. These subjected mostly Albanian women cleaners to unjust schemes compared to the other non-Albanian women who were depicted as more favourable. Hence, technologies of the self were generated that appealed to self-managed and ‘responsibilised subjects’, depicting resilience.

Precarity augmented patriarchal views through strong individualised views and misogynistic beliefs. These working relations positioned migrant women cleaners as untrustworthy, fragmenting further the working solidarity among them. The prevalence of constant uncertainty created interchangeability between migrant women cleaners’ individualistic attitudes and their beliefs about solidarity. While autonomy and self-preservation were dominant responses to the shared working precarity, the migrant women cleaners of both groups also faced precariousness with humour and

mutual understanding. Engaging in acts of 'everyday resistance' helped them search for a practical agreement in the working place without transforming the workplace radically. Although these acts did not go radically against the labour arrangements, the ethical responsibility challenged individualistic narratives. Both groups of migrant women cleaners were deprived of political rights and their struggle with regularisation processes contributed to their everyday feelings of precarisation. Hence, precarity in their lives was also interlinked with their struggle to secure the necessary legal papers. Both Albanian and ethnic Greek Albanian women cleaners faced difficulties fulfilling the criteria, making them compatible within the context of Greece, as they were perceived as outsiders, entrenching the migrant women's lives in precarity.

In the continuous mode of precarisation both groups of migrant women illustrated persistence in the present to secure and imagine a better future. Women manifested everyday agency by being flexible and employable for several kind of jobs, constantly educating themselves, being in the process of self-actualisation. Narratives of both groups indicated that insecurity in the labour market demonstrated a division between the bodies of workers who are compatible with better paying jobs and those with low skills such as most of the women cleaners who combined their abilities for the needs of capital. Many of the migrant women's skills were not recognised as they migrated to Greece. Instead their essentialised 'female' capacities of cleaning were recognised in order to serve the needs of the Greek labour market.

Cleaning in the hospital has an inescapable social stigma as dirty work, creating a sense, a feeling of belonging among members. In the hospital, a sense of 'us' the cleaners and then everybody else was a prominent attitude expressed by both groups of migrant women cleaners. An in-group sense of entitativity acted as re-claiming the cleaners' worth, defending their work. Alongside defence mechanisms women migrant cleaners formed notions of respectability that created alternative notions of value. Migrant women cleaners emphasised of how cleaning was also informed by feelings of love, care and recognition, alleviating the stigma attached by outsiders. Both groups of women maintained their worth in disturbing the order of things, re-creating their roles from unruly and polluting women workers to caring and loving, establishing order out of disorder. Yet, the materiality of taint mainly in the form of

disgust and physical exhaustion undermined cleaners' attempts to reframe and reconfigure the stigma of social taint.

Cleaning is not just dirty work. It intersected with gender, class, and ethnicity, revealing an embodied sense of self, recognising social and symbolic features mapped into gendered, classed, and ethnicised bodies. The narratives of Albanian migrant women cleaners indicated feelings of devaluation and lack of respectability regarding their gender, class and ethnicity. Migrancy and gender marked the bodies of Albanian women cleaners, presenting them to be used for discomfort and devaluation. Nevertheless, Albanian women cleaners triggered more social resources to contest stigma, drawing on gender to resist the devaluation of their work of their work. They specifically highlighted their ethnic identities as symbols of respect, and reconfigured the occupational role of the Albanian woman cleaner from tainted and undeserving to valuable, worthy, and respectable. Albanian women cleaners emphasised the ability to perform physically demanding tasks, reinforcing mental strength, physical strength, and determination. Ethnic Greek Albanian women utilised 'cleanliness' as a tool to gain civic pride, pointing out their Greek roots. Ethnic Greek Albanian women faced a different kind of marginalisation, it was the feeling of being in 'limbo'. Therefore, marginality for ethnic Greek Albanian women cleaners triggered a notion of vagueness, as it is not clear where they are from. Those feeling in 'limbo' led ethnic Greek Albanian women to entrench their sense of nationality and associate it with their worth and respectability as women workers.

There is a theoretical progression that characterises Chapters four, five and six that addressed wider macro economic and labour processes and micro level institutional structures. Chapter four addressed the ways in which migrant women cleaners experienced the power structures in the hospital. It highlighted the ways in which power operates through governmentality at the institutional level with migrant women cleaners, being and feeling in-between power structures, becoming liminals. Contributing to the notion of governmentality and institutional liminality, Chapter four showed how migrant women cleaners structured a collective identity that responded to the monitoring routines of the hospital that place them in a constant state of liminality. Migrant women cleaners responded to the power structures by engaging with emotional labour through mourning practices, highlighting how death in the

hospital is a constituent of the biomedical governmentalities. The hospital becomes a site of memory and mourning, with migrant women cleaners finding ways to feel connected with those that left them.

Chapter five continues the theoretical thread by addressing further the paradox of the 'in limbo' state. Discussing the effects of precarity and the kind of working relationships that the two groups of migrant women form through their work and livelihoods, Chapter five illustrated how the concept of precarity along with the notion of the governmentality of liminality complement organisational labour in the capitalist structures of the Greek context. Highlighting the intersection of gender, class and ethnicity revealed the working status of the two groups of women cleaners in the Greek context and reflected their position within global economic and labour structures.

Chapter six illustrated how cleaning, as dirty, physical work is experienced and managed by the two groups of migrant women cleaners. After unpacking the paradox of in-betweenness and limbo-state triggered by precarity, Chapter six highlighted how cleaning is not just dirty work. Cleaning becomes an embodied practice affected by social identities such as gender, ethnicity, nationality, and class, highlighting how cleaning has gender and class implications. Being caught in-between notions of social taint and precarisation migrant women cleaners formed collective identities, reconfiguring their occupations. The concept of respectability revealed how agency is manifested through the creation of new standards of valuation with migrant women cleaners assuming respectability, reinforcing their gender, class, and their ethnicity.

Methodologically, addressing the intersectionalities regarding gender, ethnicity, age, class, and civic status clarified how cleaners are not a mono-category. The interviews guided me through participants' personal biographies, helping me grasp the different trajectories and construction of social categories of gender class and ethnicity. However, it was complex to address the intersectionalities throughout the three empirical chapters. Chapter 4, which focused on institutional power structures and governmentality of disease and death, revealed general institutional power structures. Gender, ethnicity, and class were downplayed, as the narratives focused on shared institutional labour arrangements that concerned rules and regulations. However, participants' biographical information captured how the women cleaners became part

of global migration labour structures, but also how they reflected on it. Through the lenses of gender and time, I understood the dynamics of their job as they started working in the hospital. Temporality became crucial, as it helped them build their agency towards the governmentality of their fear of disease and death.

Examples of their daily work routine and space of work familiarised me with the nature of their work. Asking for their advice in case I wanted to work as a cleaner in the hospital made them think more about the tasks to be done than talking theoretically about them. Informal conversations with women on the cleaning staff who were not a part of the sample as peripheral participants provided me with valuable information on the practicalities of the job, enabling me to understand that time provides an opportunity to overcome fear and insecurities and become an inherent constituent of the institution. The non-participant observations conveyed the complexity of the research setting (Pinsky, 2013), as I was able to capture the public hospitals' multiple functions and processes. Being there every day was critical, affording me the opportunity to explore what it meant to be between rigid and restrained protocols and understand the hierarchies in which the cleaners were situated.

The daily working routines highlighted routines and communication with the hospital staff, which gave me insightful information on the micro-acts of organisational processes and practices (Rouleau et al., 2014). Understanding the hazards of their job in more detail, such as contact with microbes and disease, and their relationships with other hospital staff helped me see myself through these structures and locate my own fears within these dynamics. Examining the details of their work, I could understand their rituals and how they used their everyday tools following these normalised medicalised routines. The presence of disease was a major factor for them when they started work. Once they became familiar with it over the years, they presented a self that gradually became resilient to the governmentality of the fear of disease. Emotions around these instances and their routines were key in the observation and analysis, and in observing the actions, negotiations, and thought processes around disease.

Grasping how the participants mapped themselves into different spaces of the hospital gave me more information regarding their transition from working hours to the morning/afternoon break and how they felt during the break, which was a safe space

for them. I could see more regarding the challenges of their work in terms of the materiality of this occupation. Understanding and considering how their bodies were in pain from the heavy weight they had to carry highlighted the difficulties in using chemical products and carrying heavy equipment. These small everyday details imbued this study with an embodied reality, combining factors of space and the gendered, ethnicised working body, as well as the dynamics of institutional and working relations in the working site of the hospital.

Closely examining everyday experiences and meanings in organisational life (Ybema et al., 2009 ) was a methodological advantage that enabled me to emphasise the details of participants' work and their interactions with others. It also gave me more time for an in-depth analysis that combined what people say and do in their working context. Furthermore, it provided me with the opportunity to build trust and rapport in a reciprocal research encounter (Karnielie-Miller et al., 2009). Consequently, it was easier to engage in conversations around dirt and disease. Being in the field was also an opportunity to reflect on my own positionality, as I was the one who would explore the institutional structure and conduct the thematic analysis. Often, I found myself feeling too emotional to the extent that I wanted to present women as vulnerable subjects stripped of their ability to act on their working reality or as heroes who challenge their working conditions. However, resistance cannot be forced. It becomes an implicit feature of the institutional working reality in which cleaners become agents over time, finding their own aspirations for the future.

### **Directions for future work**

A more in-depth exploration of institutional power structures through institutional ethnography would provide more insight into how cleaners and other hospital staff are embedded within power structures. Institutional ethnography could further examine processes of coercive control and the role of biopolitics in the hospital. An embodied feminist approach would demand that the researcher discover the ruling relations that produce women cleaners who learn to adapt and familiarise themselves with the hospitals' routines and regulations. It would also investigate how cleaners and other hospital staff become knowledgeable of medicalised processes. Exploring these dimensions would reveal how hospital staff such as doctors, nurses, and other institutional actors are bound in the construction of dominant narratives and practices

(Billo and Mountz, 2016). Conducting multi-sited institutional ethnography would highlight further power dimensions and reveal how and why workers in the lower ranks of the labour hierarchy become vulnerable and how they handle this situation. This approach would enrich knowledge of the mechanisms of institutions, their conceptualisation, the intersection between social and spatial relations, and its impacts on the lives of workers. I believe that conducting institutional ethnography would enrich sociological research on different types of institutions, organisations, and identities working through these institutions. Engagement with the scholarship on institutional ethnography would not only enhance the contributions of research on institutions, but also contribute to our knowledge about public health, and the role our outsourced employment in organisations. It would add more to social justice movements that advocate for the rights of workers and monitoring of working conditions.

Institutional ethnography would enrich the conversation on organisational liminality, developing a deeper understanding of the state of in-betweenness and how this process enables self-reflection and leads to forms of agency (Ghorashi et al., 2018). Future research could further develop notions around the medicalisation of death in the hospital as a constituent of biomedical governmentality. As death becomes a daily routine, a normal part of a hospital's daily plans, it is characterised by cultural repression (Elias, 1985). Thus, a more engaged conversation on the feelings of workers in terms of death would highlight how women cleaners' working role overlaps with that of carers as they engage with patients and their relatives, and with the feelings of workers regarding palliative care in terms of end-of-life issues. As such, it would be interesting to explore in these types of relations the role of gender class and ethnicity in more detail, and contextualise them in the wider socio-political context of Greece and public hospitals.

Regarding working relations and precarity, tools of self-management and self-responsibilisation could be investigated in the context of any institution, as labour and life precarity are relevant and contemporary in any context. The perceived vulnerability of workers that entrenches self-interest (McCormack and Salmenniemi, 2016) could be further investigated through the lenses of race, ethnicity, class, sexuality, age, and other social categories, engaging with various bodies of workers.

Possibilities for resistance (Waite, 2009) through different formation tactics and strategies could be generally applied and theorised considering the transformation of global structures. This is not that which is happening only in the context of the institutional space; rather, it is about criticising the wider establishment of inequality. The sense of limbo that reveals about a wider state of inequality could be seen as an opportunity to investigate further about equal opportunities in life-long education. Hence the race between education and technology (Piketty, 2014) would not augment further the inequalities and divisions between workers. Lifelong educational opportunities would also disrupt the constant marginalisation of the working class, contesting the tendency to create preconceptions towards workers with low skills.

Moving from wider global structures to the institutional and organisational context, future research could enhance understanding of the materiality and symbolic significance of tainted work. Here, it would be crucial to investigate how workers create meaning through their occupation. Focusing on notions of class and ways of valuation, a conversation around respectability, gender, ethnicity, race, and the socio-economic context of the research site would deconstruct the stereotypical perceptions against the working classes. It would also give them visibility, creating new ways of approaching class methodologically. Furthermore, future research could address the implications and consequences of experiencing social isolation and marginalisation in the context of dirty work. As women cleaners could not perform occupational strategies and reframe the materiality of disgust, it is crucial to highlight similar conditions in which workers cannot attach symbolic meaning to their work and reconfigure their roles. Thus, a deeper understanding of social isolation in the context of the organisation would provide more insight into how stigma is increased, the structures that reproduce it, and role of actors and their ways of dealing with emotional and physical exhaustion. Understanding the different kinds of emotional labour that workers engage with, exploring the different ways agency is manifested, highlighting intersections of gender, class, and ethnicity makes workers' spirit visible in all life.

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