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## ORIGINAL ARTICLE

Old Norms in the New Normal: Exploring and Resisting the Rise of Ideal Pandemic Worker

# National heroes, disposable workers. How collective action in the health and social care sector during the pandemic negotiated with the self-sacrificing worker ideal

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## Abstract

During the pandemic, the ideal of the self-sacrificing health and social care worker became both more powerful and more unsustainable than ever. This article explores the manner and extent to which health and social care workers collectively challenged this ideal. Drawing on ethnographic fieldwork in Italy, this paper discusses mobilizations organized within three occupations: doctors in training, nurses, and social care workers. The study finds that collective action partially rejected and partially reproduced the self-sacrificing worker ideal. Moreover, it shows how inequality regimes, imposing this ideal through classist, gendered, ageist, and racist-nationalist processes in a pattern specific to each occupation, fundamentally shape the ways in which the ideal is challenged, as does the political culture of the groups organizing the mobilizations.

## KEYWORDS

collective action, health care, ideal worker, pandemic, social care

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## 1 | INTRODUCTION

Healthcare workers during the pandemic were celebrated through applause, murals, statues, and prizes which insisted on their self-sacrifice and mobilized gendered ideals of angelic care and heroic death in war. While generous in symbolic recognition for certain categories of workers, institutions often failed to implement the structural change which would make their work safer. This article explores how health and social care workers (H&SCWs) in Italy collectively struggled to obtain this structural change and on how, in so doing, they negotiated with the ideal of the selfless, self-sacrificing H&SCW, made exceptionally powerful yet increasingly unsustainable during the pandemic. In particular, three occupations and the mobilizations organized within them are considered: doctors in training (DITs); nurses; and social care workers (SCWs) working with children with disabilities. While they all have to deal with the self-sacrificing ideal, this ideal is imposed on each of them through different classist, gendered, ageist, and racist-nationalist processes. The study will show how, in this context, workers acting collectively could neither embrace the ideal nor reject it entirely, and how they challenged and reshaped it instead in different ways depending on their occupation as well as the political culture of the group which organized the mobilization.

The article is structured as follows. First it presents the analytical framework drawing on the literature on the concept of the ideal worker. Then it provides an overview of the entrenchment of the self-sacrificing H&SCWs ideal during the pandemic. After outlining the methods, it presents the findings, analyzing mobilizations occurring in the three different occupations separately. The remaining section discusses these findings together and draws conclusions.

## 2 | ANALYTICAL FRAMEWORK: THE SELF-SACRIFICING CARE WORKER IDEAL

In Acker's work, we find that the concept of the "ideal worker" is twofold. First, the organization of work imposes the "implicit model" (Acker, 2006a, pp. 449–450), that of a disposable worker who has no other commitments outside of work, no body and does not procreate (Acker, 1990). Thus, this model most closely resembles the "unencumbered (white) man" (Acker, 2006a, p. 450), despite claims of workplaces being neutral (Acker, 1990). Second, we have what we can call the "idealized worker", displaying the characteristics sought by employers on recruitment (Acker, 2006a) or, we can add, even officially celebrated in the public discourse. This idealized worker can also be a woman, to whom characteristics like docility or propensity to work in contact with the public are projected (Acker, 2006a). This is the case in the care sector, where competences and experience are often passed as virtues or innate feminine talents and as such undervalued (Acker, 1990) and in which this idealization is often conveyed through the figure of the "angel" or the "hero". These two constructs—the implicit model and the idealized worker—are two sides of the ideal worker coin, which in the case of the care sector is above all a selfless, "self-sacrificing" worker (Nelson & Gordon, 2006, p. 16). Indeed, as the idealization speaks to us of a worker who draws on her virtue, an angel and a hero (idealized worker), it will be concretely expected that she compresses her needs and desires as a subject with a body and a history (implicit model). This process not only produces inequalities between workers in the same organization according to how much they conform to the implicit model, but also results in lower salaries for anyone working in the care sector, to the extent that the literature speaks of a "care penalty" (England et al., 2002). Moreover, idealization is a selective process. As we will see, in our case idealizing doctors and nurses and stressing their exceptionality is not only functional to treat them as disposable, but also invisibilizes the care work performed by other figures. The very insistence on the term "care" rather than "reproductive labor", argues Parreñas (2015), contributes to the marginalization of those jobs, such as cleaning or cooking, which are essential to the reproduction of life but do involve direct interaction with people, and are often carried out by migrant women. But even within the paid care sector, the idealization of doctors and nurses conceals the work of other occupations such as SCWs.

Capitalist workplace structures are always, constitutively, gendering, racializing, ageist, ableist, and heteronormative (Acker, 2006a), as they partake in the "co-production" of oppressions with class exploitation (Bhattacharya, 2017).

However, these processes (together with others) operate differently according to the context, namely they are “hard-wired” (Adkins, 2019, p. 1778) in workplace structures through different patterns. Acker (2006b) coins the term “inequality regime” (IR) to indicate such symbolic and material processes through which inequalities are reproduced in a given organization. While she uses the term to capture the patterns characteristic of a given organization, this study also uses it, as others did (Wright, 2016), to identify patterns pertaining to an entire occupation. This leap is logically possible because IRs are “linked to inequality in the surrounding society” (Acker, 2006a, p. 443) and because the mobilizations considered in this study, while often starting from the workplace, pursue and sometimes obtain change beyond the workplace, namely at the city, regional, or national level. In so doing, the study also responds to Adkins' (2019) invitation to move Acker's materialist analysis beyond workplaces, while still building on Acker's crucial insights on workplace dynamics.

This study develops Acker's work also by applying her framework to understand social change brought by workers' mobilizations. Indeed, in her studies she focused more on the obstacles to social change than on the struggles to bring change about. This is also the approach other scholars studying IRs concentrated on (Healy et al., 2011). When it came to social change, Acker rightly observed how the decline of trade unions and the absence of strong social movements allied with them had led to an exacerbation of inequalities (2006b). Consequently, she located the possibility for change in large transnational antiglobalization movements and in a future societal reaction against extreme commodification, as symbolized by the counter-movement dynamic of the Polanyian pendulum (Acker, 2006b). While recognizing the impact such a large-scale reaction would have, this study will direct its attention instead to existing, albeit small-scale workers' challenges to IRs. This approach is based on the understanding that workers can also collectively challenge inequalities outside of large, traditional unions (Atzeni, 2021)—for example, in small but growing unions, in rank-and-file unions, or by relying on informal social movement networks surviving from previous cycles of contention (Tarrow, 2011).

When it comes to healthcare, a growing body of literature has investigated workers' mobilizations and their relationship with both ideal worker constructs and workers' self-identity (Briskin, 2012, 2013; Granberg, 2015; Naughton, 2021). This literature, focusing almost exclusively on nurses, has shown how the ideal of the good nurse, which had traditionally deterred nurses from conflict, has on some occasions been used as a justification for conflict. In these cases, this literature says, workers turn the ideal on its head, so that the conflict for better working conditions is framed as advocacy for better healthcare services and as such coherent with what the ideal good nurse would pursue. This process has been called the “politicization of caring” (Briskin, 2012). This study builds on and seeks to advance this literature, first by comparing different mobilizations and second by looking not only at nurses but also at other less studied subordinate occupations in the care sector, namely DiTs and SCWs. This is all the more important for a field such as health and social care, historically structured around a hierarchy of professions interacting closely with one other to the point that their tasks at times overlap (Denny, 2003).

### 3 | CONTEXT: THE SELF-SACRIFICING CARE WORKER IDEAL DURING THE PANDEMIC

The Covid-19 pandemic brought enormous pressures to the health and social care sector, exacerbating the contradictions of a capital accumulation regime which commodifies care services to profit from them while delegating the less lucrative aspects of care to families and communities (Fraser, 2017). In Italy, the pandemic found a public health and social care service weakened by years of cutbacks (Pedaci et al., 2020) pushed for by national as well as European economic governance (Stan & Erne, 2021), with H&SCWs facing more than ever the dramatic consequences of a model which relies on cost-containment of their labor through understaffing (Pavolini & Vicarelli, 2012), job intensification, low pays, atypical contracts (Pedaci & Di Federico, 2014), and outsourcing (Mori, 2020). Indeed, while treated as disposable, now they also incurred higher risks of contracting a potentially lethal virus compared to other workers (Marinaccio et al., 2020).

At the same time, as in many other countries, H&SCWs were celebrated every evening through public applause (Booth et al., 2020). In Italy ("Medici e infermieri, gli eroi in trincea," 2020) and elsewhere ("Meet the Heroes Fighting on the Front Lines Against Covid-19," 2020), healthcare workers were called "heroes" in the news and institutional art was dedicated to them in recognition of their efforts. Murals featuring winged healthcare workers have appeared in several countries (Torries, 2020). In Italy, a large-scale print exposed on the walls of the hospital of Bergamo ("Coronavirus a Bergamo, un grazie a medici e infermieri in un grande murale all'ospedale Papa Giovanni," 2020), one of the areas most severely hit by the pandemic in the Western world (Bucciarelli & Horowitz, 2020), was shared massively on social media and featured in many news outlets. The image represents a white woman doctor with a pair of wings and wearing a mask, cradling in her arms the Italian peninsula wrapped in the national flag. The painter stated that he "realized [...] a symbol", as "a woman better represents someone who takes care of other people" and that "[t]he wings growing on the shoulder of the woman clearly are angels' wings, precisely because healthcare workers who take care of the sick are their guardian angels" (Longo, 2020). What we find reproduced here is a powerful entrenchment of the idealized care worker: a white woman-angel drawing on her virtue and innate characteristics, and with those catering to the needs of a community enclosed within national borders. Institutions also commissioned statues in a spirit reminiscent of the one which brought them to erect monuments for unknown soldiers after wars. In Rome (Italy), a marble bust dedicated to healthcare workers, dressed in protective equipment, is carved with the inscription "anti-Covid-19 soldiers" ("Soldati anti Covid": un busto dedicato a medici e infermieri al Pincio," 2020). In the same gardens, another 200 busts were erected over the course of the last two centuries, celebrating illustrious men from the past (only 3 of them represent women) and soldiers who died in the First World War (Cremona et al., 1999). Finally, the Nobel prize winner who signed a proposal to nominate Italian healthcare workers for the Nobel Peace Prize, mentioned their "self-denial" which she framed as "something out of a fairy tale book" (Arcolaci, 2021). The idealized care worker during the pandemic thus faces death like a soldier and like a soldier participates in a national effort. Moreover, she offers unconditional care and suppresses her own human needs to the point of resembling an angel. Finally, she belongs to a visible healthcare profession, hence she is a doctor or a nurse but never, for example, a social care worker.

## 4 | METHODS

This study is based on a 10-month (May 2020–March 2021) ethnographic fieldwork on health and social care collective action which involved multiple groups, as well as on previous observations (May–June 2019; November 2019) and previous (March 2019) and subsequent (June 2021) interviews. From this wider landscape, for the purpose of this study, mobilizations pertaining to three occupations were selected: DiTs; nurses; SCWs working in schools with children with disabilities. Occupations were selected because they all pertained to the care sector, were all subordinate occupations but at the same time subject to different IRs, and because of the presence of mobilizations during the pandemic. Within these occupations, the mobilizations selected were those both rooted in workplace disputes and coordinated beyond the workplace to impact higher institutional scales. Rome was selected as the main research site, as being the capital city allowed the observation of both local and national dimensions of mobilizations. The ethnographic fieldwork involved observations (143) and unstructured recorded interviews (53). This combination permitted data triangulation, coherently with a "theoretically relativist" but "ontological realist approach" (Graeber, 2015, p. 31).

Participant observations included in-person and online meetings in preparation to mobilizations and public events like demonstrations and strikes. According to the boundaries set by research participants (RPs), with whom the researcher had previously negotiated access, the researcher was involved differently in the activities of each group observed. Nurses' groups' observations occurred at demonstrations. DiTs' and SCWs' groups' observations occurred through participation in their meetings (online and in person) and demonstrations, but also informal occasions such as meals. Moreover, the researcher was (and still is) involved in a co-research (Alquati, 1998) with the "CURAMI" collective, composed of both researchers and SCWs trained by the "Circolo Gianni Bosio". The objective of this co-research

is to study the condition of SCWs through the collection of their life stories and to provide concrete solidarity to SCWs during trade disputes and demonstrations.

RPs for interviews were recruited among the workers most involved in the mobilizations, namely those who spent more time and effort in organizing them. Additionally, trade union officials and grassroots healthcare activists were recruited among the most directly involved or those who provided support. Finally, workers from other health-care occupations (namely doctors and healthcare assistants) involved in other mobilizations were interviewed to better situate the selected mobilizations in the context of H&SCWs' unrest. RPs for interviews (with the exception of two instances, where two MPs were interviewed together, interviews involved one RP at time) were DiTs (12), nurses (11), SCWs (8), social movement activists (5), other healthcare professions (8) and trade union reps (11). They were 27 men and 28 women, which considering the feminization of the care sector reflects the fact that men tend to be more involved in organizing. Indeed, women from different groups drew attention to the difficulty of participating in mobilizations due to family care responsibilities. All RPs were Italian. In this regard, RPs discussed how the greater vulnerability of their non-Italian colleagues, due for example to their immigration status, hindered their participation in workplace mobilizations. RPs selected the place for the interview and decided when to end it, with most of them lasting around 90 min. Interviews were transcribed partly by paid transcribers and partly by the author, who also translated from Italian to English excerpts relevant for this paper. Interviews were for the most part "life histories" (della Porta, 2014) and would usually start with the researcher asking how the RPs had chosen their profession and their involvement in activism. From there, RPs were free to select what they deemed more relevant, but all those interviewed in 2020 and 2021 discussed the pandemic period and the mobilization they were involved in at the time. Certain RPs preferred not to disclose personal details and in these cases interviews were closer to "expert interviews".

Transcribed interviews and fieldnotes were coded with the software MAXQDA with thematic analysis following the steps described by Grodal et al. (2021). The first categories were formulated starting from a broader research question asking how H&SCWs mobilize against labor commodification, which first brought to a protest event analysis through newspaper articles (2008–2021). These categories were grouped in clusters such as "occupation", "repertoire of action", "group", "alliances", "frames", "target of protest" and were borrowed from social movement theory (Tarrow, 2011). As the research proceeded with the analysis of the interviews and the field notes collected during the pandemic, these categories were populated drawing on recurring patterns emerging from the data (Saldaña, 2016), as well as on the literature on the concept of the ideal worker (e.g., "contestation of gendered ideals"/"embracing of gendered ideals" populated "frames").

Ethical approval was gained by the ERC-funded project (grant # 725240) this research is part of. Interview transcripts and field notes were anonymized to protect RPs, who being activists faced extra risks (Milan, 2014). Ethnography, in which emotions "alert[ing] us to features of others' experiences" (Longo & Zacka, 2019, p. 1069), contributed to orient the researcher's behavior when RPs became distressed. Moreover, the meaningful connection formed through in-depth interviews or observations allowed RPs to reach out to the researcher also after the end of her stay in the fieldwork site (Milan, 2014). Research findings, already at the preliminary stage, were disseminated in the language of the RPs through publications, academic (Davoli & Galanti, 2021a) and not (Davoli & Galanti, 2021b), which were shared by RPs to make their struggles known to a wider public. Interviews of those who consented to it will be archived in the "Circolo Gianni Bosio" Oral History archive (Rome), where those who will want to access them will have to apply for both the researcher's and the RP's permission.

## 5 | COLLECTIVE RESPONSES TO THE SELF-SACRIFICING IDEAL DURING THE PANDEMIC

This section presents the mobilizations which occurred within three occupations—DiTs, nurses and SCWs working in schools with children with disabilities—in the Italian health and social care sector. In each case, there is first an introduction to the occupation, focusing on the reproduction of the self-sacrificing ideal and its entrenchment during

the pandemic. Second, it is shown how this entrenchment was resisted by groups of organized workers. Third, it is discussed how these groups' resistance negotiated with the gendered, classist, ageist, and racist-nationalist facets of the self-sacrificing ideal.

## 5.1 | Doctors in training's mobilizations during the pandemic

### 5.1.1 | The self-sacrificing ideal and its entrenchment

DiTs are doctors with a medical degree who have been admitted to a specialization school for further mandatory training. They depend on universities, receive a scholarship of around 1700 euro per month, and in theory are supposed to be learning from staff doctors. In practice, hospital departments, being systematically understaffed, rely heavily on their work. In their meetings, DiTs doctors shared the understanding that almost nobody would work only 36 h as they are expected to, and that there were DiTs expected to work up to 70 h per week. Extra time is not compensated as they are considered students and not workers. Thus, because of their subordinate position and their supposed young age, their work is not credited to them, which is one of the mechanisms Acker identified as reproducing inequalities in the workplace (Acker, 2006a). The implicit model of the DiT, thus, is a doctor who overworks, is eager to learn and make herself useful, accepts responsibilities but does not demand recognition. As for the idealization, DiTs are assimilated to doctors by the general public. Doctors in Italy are still regarded as workers with a privileged status (Neri et al., 2020), despite a "partial decline" of professional autonomy (Tousijn, 2002, p. 738) and an increased presence of women—who now make up 43% of doctors (Neri et al., 2020). As such, they are not expected to engage in contentious actions. Together, the implicit model and the idealized worker form the self-sacrificing ideal for the DiT, reproduced by an IR relying especially on classist and ageist processes.

With the pandemic, we see an entrenchment of this self-sacrificing ideal for DiTs who worked in hospitals with Covid-19 patients or in prevention centers tracking Covid-19 cases. These DiTs worked longer hours, underwent significant stress, and faced risks of exposure to the virus. In spite of all this, they were initially excluded from material recognition of this effort. At the hospital level, in some university hospitals, they were increasingly burdened with more work without the possibility of sharing it fairly with staff doctors or of exercising sufficient power over the organization of their labor process. At higher scales, three main forms of exclusions operated. First, in most regions they were not granted the one-time Covid-19 bonus payment which—as in other countries (Williams et al., 2020)—was offered to permanent staff as a form of financial compensation. Second, they were not included in the priority group which would receive vaccinations first and covered the rest of the healthcare personnel. Third, in the budget law the Parliament stated that they were required to administer vaccines and to do it without a specific work contract or compensation, as it was claimed that it would be part of their training. On the other hand, other doctors could freely decide whether to vaccinate and would receive a specific contract to do so.

### 5.1.2 | Resistance to the ideal pandemic doctor in training

At the hospital level, some DiTs mobilized to demand a fairer redistribution of tasks between them and permanent staff. In one hospital, for example, infectious diseases DiTs sent a letter to their department lamenting the situation. This was an unprecedented act of dissent in the rigid hierarchical structure of the department and it was partially successful as subsequently the workload was distributed more fairly. In another hospital, the head of one school stated that DiTs got infected not because of the risk they faced working, but instead because, as being young, they lead risky social lives. As a response, DiTs who were not directly involved with Covid-19 patients abstained from work and received nation-wide solidarity from other DiTs (Stefanello, 2020). In both cases, their age served as an argument to undermine their demands. When they said they were tired of shouldering excessive work, they were

told that they were too young to be tired already. When they abstained from work, a professor was reported to have written: "Nice holiday, kids!" (Stefanello, 2020). In some regions, DiTs also mobilized to receive the one-time Covid-19 bonus payment insisting that the work they did had to be recognized as such. These campaigns were mostly conducted on the media through petitions, videos, and pictures, and through negotiations with regions, and were successful in most cases. DiTs also successfully mobilized to be formally included in the priority group for vaccination. On one occasion they took part in a strike together with other H&SCWs, and other precarious doctors with atypical contracts, called by the rank-and-file union USB. At the national level, a broad coalition of old and established associations of DiTs together with new networks established during the pandemic demanded the abrogation of the article of the budget law which required them to administer the vaccine for free and were successful. More broadly, they tried to convey the point that it was necessary to consult them when a decision that affected them was taken. In this regard, an association of DiTs (called "Chi si cura di te?") also linked up with the major Italian trade union CGIL to get expertise on how to formally call a strike for DiTs and precarious doctors. The reasons to call this strike were the following: obtaining formal recognition (and thus protection) as workers through a national collective bargaining agreement; having elected trade union representatives; having the right to information and consultation. The strike was organized not only for DiTs but for all doctors working with atypical contracts, and for those whom they called "gray coats", namely doctors who were not yet accepted in the competitive admission to specialization training and who work with fixed-term contracts.

### 5.1.3 | Negotiating class and age

In response to an IR founded on the concealment of their work, DiTs' mobilizations during the pandemic sought, most of all, recognition:

«So this thing [not receiving the bonus] has really made us... It hurt us because in that moment we were not... We were recognized as nothing. [...] We were just workforce that was... They were really squeezing us in every possible way... We were not recognized, so this thing made us start our campaign». (Interview with DiT, activist of the network "Specializzandi e specializzande della rete COVID19 della regione Lazio")

DiTs resisted the entrenchment of the ideal worker during the pandemic first of all with the choice of their repertoire of action, as abstaining from work and organizing a strike or a demonstration conflicts with the ideal DiT. In doing so, they also leveraged their idealized status: when they took to the streets they wore their white medical coats, which impressed the people passing by and was widely reported in newspapers' pictures. Moreover, DiTs challenged the ideal through the alliances they made with general unions. In fact, the most representative unions for doctors in Italy are occupation-based unions formed uniquely by doctors (ARAN, 2019). The choice of these mobilizations to link up instead with rank-and-file unions or with the major Italian trade union, which are both trans-occupational, reveals DiTs' intention to associate with other precarious workers with less status. Additionally, in terms of frames, DiTs explicitly corrected the stereotype of the wealthy doctor when in meetings with older healthcare activists and activists from other backgrounds. DiTs also reject the label of "young doctors", with which they are often referred to, deeming being called "young" when in fact the average age for applying to specialistic training is 27 ("L'identikit dei laureati in Medicina e Chirurgia", 2017), a mystification intended to devalue their work. Besides the success that their mobilizations obtained in terms of wages and working conditions, DiTs also contributed to reshaping the cultural imagination associated with the doctor. The term "gray coat" explained above, created by one of their associations to highlight the existence of precarious doctors, was inserted by the major Italian encyclopedia within its neologisms in 2020 ("Camice grigio," 2020).

That said, DiTs who mobilized during the pandemic still struggled not to conform to the self-sacrificing ideal. Three main reasons can be identified for this difficulty. Firstly, because faced with patients' risk of dying, DiTs felt they had no choice but to do everything they could. This moral commitment, mixed with the sense of guilt for seeing so many patients dying, is well captured by one DiT who had worked in an intensive care unit during the first wave of the pandemic:

«You can't sleep well at night knowing that you have worked well. Even if our conscience... Our conscience is ours and... You have to do your best and know that you did everything you could...».  
(Interview with DiT, activist of the network "Specializzandi e specializzande della rete COVID19 della regione Lazio")

While DiTs felt it was right to help in the extraordinary circumstances of the pandemic, during their meetings, however, this argument was regarded as less and less compelling as the pandemic advanced and they were let down by its management. Secondly, DiTs found it difficult to consistently challenge the self-sacrificing ideal because the groups which organized the mobilizations, or the networks on which the mobilizations relied, socialized them into a preference for struggles involving both users and workers or workers from different occupations over those primarily focused on one category of workers. This understanding, at times, made DiTs feel unsure about the value of their own trade disputes, where the demands primarily focused on DiTs' needs, and only DiTs as opposed to patients or other categories of workers involved in the corresponding contentious actions, as explained by this DiT critical of doctors' corporatist tendency [Correction added on 26 May 2022, after first online publication: This sentence has been updated for clarity in this version.]:

«And I am aware that what we did was good but also that there are many limitations... Regarding doctors in training and doctors in general, because they don't give a damn about the national health care service... About people's health [...]. The 1,000 euro dispute [for the Covid-19 bonus payment] doesn't really change things, besides the fact that I put 1,000 euro in my pocket. [...] But at the same time, from another point of view it was still a group of people who got organized». (Interview with DiT, activist of the network "Specializzandi e specializzande della rete COVID19 della regione Lazio")

Thirdly, DiTs struggled to entirely reject the self-sacrificing ideal because they knew they needed (Szabó, 2020) a sympathetic public opinion for their demands. Accordingly, they feared that by making their requests they would appear as though they did not want to make a contribution during an emergency, which was something that they discussed at length at meetings organizing mobilizations, especially those related to the refusal of administering vaccines against Covid-19 without compensation.

## 5.2 | Nurses' mobilizations during the pandemic

### 5.2.1 | The self-sacrificing ideal and its entrenchment

Nursing, historically, obtained its status as a respectable middle-class profession by stressing its moral distance from the work of working-class women (Nelson & Gordon, 2006). In Italy, starting from the 1990s, it has undergone a significant process of specialization and professionalization (Tousijn, 2000) which meant that nurses obtained more independence from doctors (Tousijn, 2013) and were assigned tasks previously performed only by the latter (Neri et al., 2020). Still, nurses' economic and social expectations remained frustrated as they shouldered the effects of public healthcare defunding in terms of wage moderation and job intensification (Pedaci et al., 2020). On average, a nurse working for the public sector in the middle of her career earns 1450 euro net monthly (Florio, 2020) and is supposed to

work 36 h per week, though she can work up to 44 when needed. As in other countries, in Italy nursing has historically been regarded as a feminine occupation, being understood in a dichotomy with the medical profession as a traditionally male-dominated occupation (Vicarelli, 2003). Women nurses are still much more numerous than men (77.5%) (*Personale delle A.S.L. e degli Istituti di ricovero pubblici comparati*. 2017, 2019). Therefore, while the implicit model favors the “unencumbered (white) man”, the idealized nurse is a bodiless virtuous woman. Together, the implicit model and the idealized worker form the self-sacrificing ideal for the nurse, reproduced by an IR through classist and gendered processes, rooted in the history of the occupation but also functional to contemporary defunding of public healthcare.

With the pandemic, we see an entrenchment of this self-sacrificing ideal for nurses, as nurses who worked with Covid-19 patients worked extra time and faced high exposure to the virus. While the national healthcare service faced a dramatic demand for higher staffing levels, recruitment was not in proportion to the service's needs; additionally, most of the recruitment occurred through fixed-term contracts (Corte dei Conti, 2021).

## 5.2.2 | Resistance to the ideal pandemic nurse

Mobilizations responded in different ways to this entrenchment. In one region, a group of precarious nurses (called “Movimento Permanente Infermieri”) pushed for the regional government to hire more nurses in the public sector with open-ended contracts, selecting them from a competitive entrance examination which had taken place in Autumn 2019. While these nurses started organizing before the pandemic, their mobilization gained momentum afterward, when different hospitals started using the results from the aforementioned competitive examination to hire nurses, albeit with fixed-term contracts. This group insisted on presenting nurses as essential workers which deserved public open-ended contracts, denouncing the vulnerability and silencing that come from being employed precariously by a subcontractor or on fixed-term contracts. As for their repertoire of action, they wrote open letters, organized a demonstration in front of the Parliament while the country was still in lockdown, and another demonstration in front of the regional government building. Additionally, they organized a survey among nurses who had participated in the competitive examination and showed that the regional government had claimed to have called to offer a contract to more nurses than it actually had. In this regard, the group obtained a partial success in that the regional government recognized its error and proceeded to hire more nurses. The group also discovered how the regional government had illegally told various nurses on maternity leave that they couldn't sign a contract (this trade dispute, together with the one asking to hire all suitable candidates who took the examination, is still on-going at time of writing). To organize the mobilization, they relied on their past experiences within city social movements and in one case on the experience of a trade unionist for the dockers' sector in a rank-and-file union. Finally, during the negotiation with the Region, they relied on the support of another rank-and-file union.

Nurses during the pandemic also mobilized within occupational nursing unions, called “Nursind” and “Nursing Up”. The most representative union for nurses is the major trans-occupational Italian trade union CGIL (ARAN, 2018). However, occupation-based unions with nurse-only membership have increased their representativeness within nursing and are recruiting nurses at a higher rate than all other unions (ARAN, 2019). After the lockdown was lifted, these unions organized a demonstration with three main demands. One was having a collective bargaining agreement only for nurses, hence separate from the rest of healthcare workers (such as healthcare assistants). This would be instrumental in granting nurses the possibility, already afforded to doctors, to work both for the public and for the private sector, as they must currently work exclusively for one or the other. The second demand was to put an end to deskilling. The third one focused on wage increases. Trade unionists insisted that what the Healthcare Minister had said about the fact that nurses' effort during the pandemic was going to be compensated had to mean that these demands had to be implemented. In the demonstration, they repeatedly rejected the label of “heroes” to embrace the label of “professionals” (“I am a professional, not a hero”, was one of the slogans of the demonstration). They also insisted on the exceptionality of their own effort and competences, which according to them set nurses apart from other healthcare occupations. During the demonstration, the Italian national anthem was sung and introduced

as “the most important song”. The speakers addressed feelings of fear and frustration and encouraged feelings of pride for the occupation and for the nation. A list of the names and the age of the nurses and midwives that had died of Covid-19 was read aloud and after each name there was an applause. The effect of this ritual could be considered antithetical to that of the bust dedicated to the “anti-Covid-19 soldiers”, which transforms dead workers into symbols. Interestingly, despite the nationalist frames employed in the demonstration, this ritual also brought to the fore migrant workers' contributions, as some of the names read out loud did not sound Italian. While the first two demands put forward by this demonstration were not met, the budget law approved at the end of 2020 foresees a specific monthly allowance for nurses to compensate them for the risks taken and the effort endured while working during the pandemic. This article of the budget law was met with two kinds of reaction. On the one hand, trans-occupational unions sought to extend this allowance to other healthcare occupations which, although less visible and symbolically less recognizable than nurses, still took part in the efforts of caring for Covid-19 patients, such as healthcare assistants. On the other hand, occupational unions insisted that that the measure shouldn't be “watered down” by extending it to other figures (“Nursind: “Indennità infermieristica non sia annacquata”; 2020), as it was intended to recognize nurses' specific contribution. In the end, a separate category of allowances was created to compensate other occupations such as healthcare assistants.

### 5.2.3 | Negotiating gender, class, and race-nationality

Similarly to DiTs, nurses were able to partially leverage the role they performed during the pandemic and the idealized worker so strongly present in the collective imagination to put forward their demands. This was recalled by one of the organizers of the precarious nurses' mobilization, which starting with the pandemic enjoyed more media attention than before:

«We did a press release and sent it out to basically a ton of newspapers. But since we were in the middle of the Covid period of the “hero nurse” clearly they all gave us *[laughs]*... They all gave us exposure.» (Interview with nurse, activist of the Movimento Permanente Infermieri)

However, we see different tendencies in this effort. On the one hand, occupational unions reject parts of the self-sacrificing ideal, while still stressing the exceptionality and specificity of the occupation and reproducing other facets of this ideal. They do so through classist, gendered, and racist-nationalist processes. On the other hand, they seek to bring recognition to nursing by detaching it from the feminine stereotype of care as something selfless and unskilled by insisting on their professionalism, thus rejecting gendered exploitation. For example, the leader of the occupational union Nursing Up stated:

«Nurses aren't anymore what they used to be 50 or 100 years ago. They are professionals with complete dignity when it comes to competences, experiences, responsibility [...]. Nurses aren't anyone's secretaries [...] We are not heroes, we are not angels, we are professionals.» [Gli infermieri non sono eroi ma professionisti che vanno riconosciuti come tali, 2020]

Additionally, they seek to collocate nurses more squarely within the professional class by distancing themselves from other occupations such as healthcare assistants, thus increasing class segmentation. Similarly, they mobilize nationalist symbols, reinforcing the ideal of a closed blood community facing the virus and partially erasing how the health and social care service relies on flows of migrant care workers.

Furthermore, there are groups which reject the pandemic nurse ideal more radically, refusing to join any claim of nurses' exceptionality. They are doing so, first of all, through the choice of the network to rely on, namely trans-occupational rank-and-file unions and city social movements. Moreover, they do so in their demands, as they

stress the need to end precarious employment conditions, create jobs in the public healthcare sector, and push for equal treatment for pregnant workers, thus exposing the gendered aspect of the implicit model. Significantly, while they too, like nurses occupational unions, stress the need for wage increases, they also oppose the option of the dual public and private career for nurses. They do so on the basis that pushing for private healthcare, which charges patients for their healthcare needs, would mean lacking in solidarity towards other workers. They thus situate themselves within the working class more than within the professional class, as we can see in the following quotation, in which significantly a nurse criticizes both the private healthcare sector and doctors' self-sacrificing over-working model:

«OK, doctors might also manage to earn a lot of money, because they can spend their whole day working [in both the public and the private sector]. And this attitude... Besides the fact that I don't think this is a human way of living [laughs], but I also think it is not right, it is not fair, because it offloads the costs of healthcare onto patients. [...] Trying to make money in the private sector by taking money from patients... This is something that to me is shameful, for a health professional.» (Interview with nurse, activist of the Movimento Permanente Infermieri)

Coherently with such positioning, activists from this group commented critically on some of the effects of the professionalization process underwent by the nursing profession. More precisely, they criticize the expectations that this process ignited in some of their colleagues and the ideal which emerged from it:

«Then these are small professions in which maybe some of my colleagues had the aspiration to be a small doctor. In my opinion they haven't understood a damn thing about what we should do or what our profession should do... It's okay that I need to know about diabetes, it's okay that I need to know about things, but in the end I'm there for you to eat and for you to reach a level of autonomy and well-being, from the point of view of nutrition, or sleep, or personal hygiene. So I don't see why I should be a small doctor. So there was this aspiration anyway to be recognized from a professional point of view, which basically makes me laugh.» (Interview with nurse, activist of the Movimento Permanente Infermieri)

## 5.3 | Social care workers' mobilizations during the pandemic

### 5.3.1 | The self-sacrificing ideal and its entrenchment

Social care work is a highly feminized sector, with women making up 82% of the workforce in the Italian case (Caselli & Giullari, 2022). This study focuses on SCWs working in schools to foster the autonomy and the inclusion of children with disabilities within the class. Despite the fact that social care is a public service which depends on the municipality, many municipalities do not deliver it directly but contract it out to other providers, usually not-for-profit institutions which have a formally "cooperative" organization. The latter, in order to be competitive, rely on the cost-containment of SCW's labor (Caselli et al., 2016), to the point of sometimes merging volunteering and social care work (Busso & Lanunziata, 2016). This despite the fact that SCWs are required to have specific university degrees in Education or to be certified through specialized courses to practice their job (Carbone, 2018). SCWs, although paid differently depending on the municipality and the organization which they work for, in Rome earn on average 7,50 euro per hour. In order to reach a salary of 1000–1100 euro at the end of the month, many work two or three social care jobs at once. Moreover, the proportion of workers with fixed-term and atypical contracts has been found to be higher in the Third Sector, to which not-for-profit organizations belong, than in the private sector (Busso & Gargiulo, 2016). Finally, scholars noticed how, in this sector, the extraction of value crucially relies on workers' motivation for their

work, and how workers' conflict is usually avoided by presenting not-for-profit organizations as being outside of the market logic (Busso & Lanunziata, 2016). The implicit model these workers face, thus, is that of a worker engaged in complex planning and relational work yet receiving low wages or no wages at all and little job security. While the work is once again organized to favor an "unencumbered (white) man", the idealized worker is once again a woman supposed to draw on her virtue and sense of mission. This idealized worker is a construct present in not-for-profit organizations, but absent in the public discourse, in which SCWs are invisible. These two constructs reinforce each other and form the self-sacrificing ideal for the SCW, reproduced by an IR through gendered and classist processes.

With the pandemic, there was an entrenchment of this ideal. When the lockdown was implemented, and schools transferred their activities online, it was unclear what SCWs were supposed to do. As they are paid only for the hours they work, and most schools did not include them in online teaching activities, many stopped receiving a salary altogether. Certainly, they were entitled to receive payments through a public wage guaranteed fund scheme, but due to delays in administering this fund many received these payments only 6 months later. A communication from the Ministry of Education left the margin of interpretation open for some local administrations, some cooperatives, and the major trade unions to agree to have these workers assist their students at home. As this work was supposed to be performed without proper protective equipment (which was not available at that time outside hospitals, and sometimes was scarce even there), most workers refused to go. Other workers were included in online teaching, but often they had to program this themselves and were not compensated for the time required to do so.

### 5.3.2 | Resistance to the ideal pandemic social worker

While national networks of SCWs exist, mobilizations usually occur at the city level, as this is a service managed by local administration and resistance is therefore very fragmented. In Rome, mobilizations were organized by a network of SCWs whose main groups in 2019 had also organized a strike to campaign for the re-internalization of the service. At the level of single organizations, the network denounced instances of delays in payments, or salaries without due sick leave, maternity leave, and nursing time. While not unusual before the pandemic, since the beginning of the pandemic these episodes were found more unbearable by workers who might have seen their salaries interrupted for months while schools were closed. The rank-and-file union USB provided technical support for these denunciations and they were successful in securing due payments. Moreover, the network relied on the solidarity of other grassroots groups active in the city on healthcare issues such as the "Coordinamento Regionale Sanità". At the municipality level, SCWs kept demanding the internalization of their service, and organized a new strike with rank-and-file unions such as CUB and USB. However, this demand was rejected by the City council. Finally, the first time schools closed, strategies on how to be included in online learning were at most coordinated between workers of the same cooperative. In relation to the subsequent closures, these arrangements were also discussed together with workers from different organizations. More specifically, SCWs collected signatures from parents and teachers in their respective schools which supported their inclusion.

### 5.3.3 | Negotiating class and gender

Differently from DiTs and nurses, SCWs could not leverage their role in the organization of work during the lockdown. This is because their care work was offloaded to families as many schools did not involve children with disabilities within their online activities:

«I was totally forgotten, but I was essential until the day before right? You should have seen how they called me all the time... So yes this was both lack of interest towards me and towards the students with disabilities who were not involved in online teaching.» (Interview with SCW, activist of the group Social Workers)

SCWs explain how organizing mobilizations and most of all strikes is already a challenge to the ideal this occupation is faced with. One reason is that their employers are usually not-for-profit organizations such as cooperatives, of which SCWs are sometimes formally partners. While this does not translate into actual control over the organization of their work or in fair remuneration (Farris & Marchetti, 2017), this form alone manages to defuse conflict. As stated by a SCW:

«So in cooperatives the idea of being unionized is almost unthinkable». (Interview with SCW, activist of the group Social Workers)

A second reason is that, especially at the beginning of their career, these workers are very motivated as they are, for personal and often also political reasons, strong believers in the need to and the beauty of working for inclusion. Indeed, Acker wrote about how “pleasure in work” can function as “internalized control” (Acker, 2006a, p. 454). As they themselves recall in interviews, this has made them more willing to accept harsh working conditions and thus comply with the self-sacrificing ideal:

«If social work has come to be the slavery of the new millennium [*laughs*] it's precisely because it's considered work for... Volunteers [...]. And if you ask yourself: “How is it possible that no one has ever rebelled against this before? It took us so long...” Well it is precisely because social workers themselves have not rebelled because... They accepted their condition as if it was a mission... Which is something I, too, believed in the beginning.» (Interview with SCW, activist of the group Social Workers)

A third reason is, again, that they work with vulnerable categories. While in the long-term it is easy to show that more stable working conditions for SCWs would correspond to better services provided for their users, in practice in the short term it can be difficult to reconcile the exercise of SCWs' right to protest or to not be overworked with the rights of the children they work with to access care. This contradiction is used instrumentally by employers. For example, two workers were initially not re-admitted into their school after legitimately leaving it for a trade union assembly on the basis that they had inconvenienced the children (Davoli et al., 2020). However, this same contradiction is also discussed in SCWs' meetings. For example, the option granted by the government to work in the school alone with children with disabilities while the rest of the class remains at home is discussed by activist SCWs at length. On the one hand, it is considered a good option as it would guarantee them a full wage even when schools are closed. On the other, it is criticized as it would contradict their mandate for inclusion as well as their pedagogical beliefs by keeping children with disabilities in classrooms alone while their classmates are at home. A SCW explains in the following way how their mobilizations seek to go beyond just the demands of their category:

«It's not simply about anger towards your employer, right? As it could be in a factory [...] Our rebellion in some way has a social scope, because what we are fighting is a whole system, it's not only what we recriminate against our employer, ours is a recrimination against... Social care, how social care is managed.» (Interview with SCW, activist of the group Social Workers)

In sum, these workers challenged the ideal imposed on their occupation first of all through their repertoire of action, namely organizing strikes as well as protests in front of single cooperatives. Second, through the alliances they forged with rank-and-file unions and city social movements. Third, through their demands: both when they asked for payments to be issued in a timely manner, and when they called for the internalization of their service, they sought to distinguish themselves from volunteers and missionaries and to be recognized as public sector workers. While at the organizational level their mobilizations were often successful, at the municipal level they did not obtain the re-internalization of their service. However, their actions contributed to bringing the issue into the public debate and to progressively build a SCW identity through mobilizations.

## 6 | DISCUSSION AND CONCLUSIONS

These mobilizations show how H&SCW's contentious collective action inevitably challenged the self-sacrificing ideal. It did so, first of all, by exposing the silent assumptions of the implicit model: asking and obtaining material and symbolic recognition for the work done, denouncing discriminatory treatment of pregnant workers, workers on maternity leave and nursing ones, and obtaining change. These mobilizations also show how collective action confronts the idealization HCWs workers are faced with, even more so during the pandemic. While official celebrations spoke of HCWs as heroes and angels, and cooperatives spoke to SCWs of mission and volunteering, H&SCWs spoke and acted as precarious workers. They did so by engaging in contentious collective action, formulating demands centered on their needs and rights as workers, allying with social movement networks and trans-occupational unions (even at times with the more conflictual rank-and-file unions), as well as by framing their work as exploitation instead of as vocation.

At the same time, these mobilizations demonstrate the difficulty of rejecting the self-sacrificing ideal entirely. From the study, four main reasons emerge for that: one, H&SCWs knew they needed a sympathetic public who would support their demands. This brought them to carefully frame their demands and choose their repertoires of action in a way that would not be perceived as selfish or threatening to the public. Second, in certain cases they tried to formulate their demands by leveraging the idealization of the exceptionality of their profession, inextricably linked to the self-sacrificing ideal. Third, because a sense of responsibility toward users of care services made it impossible for many of these workers in the end not to sacrifice their time as well as some aspects of their physical and mental health. Fourth, because the political culture nurturing some of these mobilizations socialized them into a solidarity toward other workers and toward public healthcare which again, at least in the short term, might have clashed with a rigorous defense of one's own working time or a strong focus on wage increases for a single category of workers.

The study also shows how mobilizations differed in the way they challenged the self-sacrificing ideal. This difference stems, first of all, from the specific IR reproducing the ideal in each occupation. DiTs are assimilated to doctors in the public imagination and as such idealized as part of a dominant and once men-dominated profession. This idealization became even more powerful during the pandemic, when DiTs could then effectively exploit the gap between this idealization and their real working condition. They did so by associating their experience with that of other much less prestigious categories of workers and this radically challenged the classist and ageist facets of the self-sacrificing ideal imposed on them. Nurses, on the other hand, belong to a lower-paid, feminized occupation. Importantly, nursing was stigmatized in the past through distancing it from other feminized working-class occupations. Additionally, nurses in the last decades acquired more professional autonomy through taking up parts of doctors' tasks. Thus, while one nurses' group still associated their condition to that of other subordinate occupations, for occupational unions this association represented a threat. Accordingly, occupational unions challenged the self-sacrificing ideal imposed on them by stressing the unique contribution brought by nurses during the pandemic as highly specialized professionals. In so doing, they rejected the gendered facets of the ideal as care of something unskilled. At the same time, they partially reproduced its classist and racist-nationalist facets by distancing themselves from workers such as healthcare assistants, a more racialized and even more feminized workforce. Finally, social care work is a feminized profession whose contribution is materially and symbolically marginalized. Contrary to DiTs and nurses, SCWs did not enjoy any public idealization and as such could not fear loss of prestige. Thus, they radically challenged the gendered and classist facets of the self-sacrificing ideal imposed on them through a localized repertoire of action.

Finally, the study emphasizes how differences in terms of the way the self-sacrificing ideal was negotiated were not simply determined by IRs. Indeed, they were also the outcome of political choices, shaped by the political culture of the group which organized the mobilization. This is evident from the different approaches taken by mobilizations within nursing in terms of nurses' distinction from other categories or regarding public and private healthcare. The importance of political cultures was as well apparent in the discussions occurring in meetings preparing for the mobilizations of DiTs and SCWs on the most appropriate repertoire of actions and demands to put forward, especially when they addressed fears of mobilizations deteriorating into professional corporatism.

These findings confirm, theoretically, the fruitfulness of studying how collective action interacts with ideal worker constructs. In particular, they confirm the relevance of the “politicization of caring” (Briskin, 2012, 2013; Granbger, 2015) concept in capturing how H&SCWs challenge the self-sacrificing ideal by interpreting their activism as patients' advocacy and framing it to others in these terms. However, these findings point also to necessity of nuancing the concept of “politicization of caring”. First, this understanding needs to be nuanced because, even for those H&SCWs who engage in collective action, “politicization of caring” will always be incomplete and involve compromises to be negotiated from time to time, for the reasons listed above. Second, because this politicization can come in many forms, some more radical and some less so, depending at least on the inequality regime embedded in the occupation of the groups organizing the mobilizations, as well as their political culture.

Methodologically, these findings point to the gains of studying the impact of collective action on the ideal worker construct through the prolonged observation of workers' organizing. Indeed, it was most of all through the observation of meetings, in which H&SCWs discussed the difficulties of challenging the self-sacrificing ideal and collectively agreed on practical compromises to do so, that this study was able to capture the negotiated and collective aspect of H&SCWs's challenge to this ideal. This finding balances perspectives presenting the ideal worker as a construct “enacted” more so than “spoken”, appearing “as a ‘truth’ external to and independent of those who enact it” (Granberg, 2015, p. 783). While sensitive to how this ideal determines individual workers' decision to participate in or refrain from collective action, these perspectives neglect to capture how the ideal is in turn negotiated collectively. This is perhaps because these perspectives are based uniquely on methods such as interviews, which do not entail the observation of workers' interactions during and in preparation for mobilizations.

Moreover, in terms of future research agendas, differences among occupations in the way the self-sacrificing ideal was challenged point to the necessity of opening up the study of the “politicization of caring” to other care occupations besides nursing. Additionally, strategies of distinction or assimilation between occupations emerged as a crucial dimension of the negotiation with the self-sacrificing ideal. This study thus points also to the importance of studying the concept of the ideal worker considering different occupations in dialectic with each other and with the rest of the working class. This new understanding of how the ideal worker is negotiated could be applied to other sectors with different occupations closely interacting with one other.

While not rejecting the self-sacrificing ideal worker entirely, the mobilizations studied nonetheless promoted a public image of the health and social care personnel which was closer to a worker or a professional than to an angel or a hero. They also refreshed old repertoires of actions and created new networks of activists for more mobilizations to occur in the future. Finally, they socialized more H&SCWs into identifying contention as a legitimate dimension of their worker's identity. However, after the most challenging waves of the pandemic passed, the number of recruited HCWs dropped again (Corte dei Conti, 2021). In the meantime, many SCWs encountered through this research are leaving their economically unsustainable jobs, contributing to the high turnover rate characteristic of this occupation. It remains to be seen, then, what the legacy of these mobilizations will be, especially in influencing the extent to which the European Union's Recovery and Resilience Facility will be directed to the creation of good jobs in the public health and social care service.

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## DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

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