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Bounding the boundless: gendered work hierarchies and "boundless work" in Ontario longterm care homes

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ABSTRACT

This article pushes forward research and thinking on "boundless work" in hierarchal gendered organizations within the context of late neoliberalism. Weaving the tools of feminist political economy with rhetorical analysis techniques, our analysis of gendered work in Ontario nursing homes reveals moralized hierarchies, contextually specific variations across organizations, and potential sites of resistance and change. It demonstrates the utility of understanding and exploring "boundless work" as an interpretive category that is actively under negotiation. **This paper is part of the SPE special theme "Decent care work: politics, policy, and resistance."**

KEYWORDS

Boundary setting; boundless work organization; care work; longterm care; privatization; unpaid work

In our feminist analysis of gendered work in longterm residential care (LTRC) homes in Ontario, Canada, our initial aim was to index forms of unpaid work and how staff limit that work, but participants' accounts pushed us further. "Sometimes you think quicker with your heart than you do with your brain," a care worker in our study said, before adding "And it sometimes bites you." Other workers likewise told stories of quick hearts, "stretchier" boundaries, and treading on thin ice. Reaching for metaphorical terms to capture the unlimited, hard-to-pin-down aspects of their work, their accounts registered other, not necessarily unpaid, forms of labour that seemed associated with "giving too much" or with work that is "never enough." This led us to revisit our data using the concept of "boundless work"—a term that encompasses unpaid work and overwork, as well as the intensification of unrecognized but additional paid work. The concept of boundless work also manifested in the data as an interpretive category that was under negotiation, as workers told stories of setting limits, yet at times without a clear sense of which parts of their work (or ways of relating) they were trying to limit. We revisit and unpack workers' accounts in the findings, but first we introduce our study goals and the critical assumptions informing them.

Scholars of gendered work organization have long been attentive to how difficult, if not impossible, it can be for care workers to set limits in relation to "others'

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unmet care needs in the context of inadequate public sector services, and with the intimate, moral nature of caring relationships.[1] The importance of being able to set limits, share responsibility, or reorganize one's work is visible in research that aims to enhance antiracist organizational agendas in LTRC,[2] as well as in research on the costs and consequences of overwork[3] and on care organizations as sites of structural violence.[4] We start with the assumption that limit setting is central to ensuring equitable conditions of work and care, and that care workers should be able to say no, set limits, or otherwise bound their work.[5] With these critical assumptions, we have examined how staff navigate their work in LTRC homes (aka nursing homes or care homes) in the Canadian province of Ontario.

Despite an aging population and increasing demands for care in Ontario, the government has been actively limiting the scope and responsibility of the welfare state without providing the needed public investments in LTRC homes.[6] With links to neoliberal privatization and austerity measures, these shifts have increased state and facility reliance on the unpaid contributions of families, volunteers, paid staff, and even nursing home residents themselves, in ways that loosen the boundaries between paid and unpaid work.[7] In a highly gendered and fragile care economy, LTRC staff compensate for organizational or systemic issues not only through unpaid work, but also by working long hours for low wages.[8] This unpaid or underpaid care work is often expected to be done without boundaries and in the face of "work overload, low worker control, disrespect, and discrimination."[9] These are issues of equity, with gendered and racialized relations shaping who is funnelled into this type of work and who is more able to set limits or say no.

Whereas existing research highlights how organizational relations in LTRC generate unpaid work and loosen boundaries around care, there is less research that explicates how these relations also generate the stories and strategies that workers use to set limits on the job. In this study, we draw on ethnographic research in three Ontario nursing homes to make two key contributions. First, we extend empirical understandings of gendered work organization, revealing moralized, status-based hierarchies and contextually specific variations between organizations, as well as potential sites of resistance and change. We also contribute to feminist theoretical scholarship by developing and exploring a robust conception of "boundless work" that not only encompasses practices of unpaid work and overwork on and off the clock, but also attends to interpretive and negotiated dimensions.

Situating our study

The neglect of LTRC in Canada is a major societal problem, as facility-based care homes are a vital part of social infrastructure, providing live-in 24-hour nursing support and accommodation (including clinical and social care). People typically turn to nursing homes when their needs exceed supports available at home or in the community.

In Ontario, policy changes have focused on privatizing care, reducing public sector support for care, and increasing standardization.[10] As in other Canadian provinces, staffing has generally not kept pace with growing workloads and a changing resident population that has higher levels of physical and cognitive needs.[11] Further,

forprofit LTRC home ownership, as well as forprofit contracted out services (such as food, laundry, or housekeeping) within homes, have increased significantly in Ontario.[12] These forms and processes of privatization have consequences not only for the people who rely on care, but also for those who provide it.[13]

The hierarchal organization of LTRC work also shapes the protections and supports available to workers in different positions.[14] It is worth noting that agency workers and privately paid companions, although increasingly relied upon, do not belong to unions or have access to the same protections.[15] Further, while unions aim to protect workers' employment, wages, and benefits, and to provide them with important rights, these protections and rights are often limited by neoliberal employment strategies and a lack of funding.[16]

Speaking to how LTRC is organized and imagined, feminist care scholarship details how care is considered an unskilled natural domain of the feminine, undergirded by a sense of moral responsibility or a sense of how one "ought" to act or self-sacrifice for others.[17] Such dominant assumptions bolster the privatization of multiple forms of care by assigning the responsibility for them to individuals or families (women in particular), rather than to the state. With diminishing public sector supports, individuals are increasingly called on to provide unpaid care work in their households, communities and in their paid work roles.[18] This has been particularly evident in care homes, where the state's increasing reliance on unpaid work across regions has implications for the quality of care and for gendered and racialized workforces.[19]

Ontario LTRC homes are fitting sites to explore issues of gender and racial inequity, as they are spaces where women comprise the majority of residents, family carers, and paid workers,[20] and where care work is structurally assigned to women, particularly racialized, immigrant, and working-class women.[21] Racialized immigrant workers are over-represented in the more precarious, low-paying, and lower status positions in LTRC.[22] Immigrant workers are subject to deskilling and have fewer opportunities for employment mobility, with policies that require workers to stay in the same positions on temporary work permits[23] or that do not recognize foreign credentials.[24] To respond to these issues of equity, we examine boundless work and boundary setting, uncovering organizational, structural, and cultural relations.

Conceptualizing "boundless work" in LTRC

Our study extends scholarship about gendered work organization and resistance. Building on research into "total commitment organizations,"[25] Kvande identifies ingredients of boundless work organization in her study of knowledge workers in Norway.[26] She examines how workplaces with "boundless time cultures" or "flexible time regimes" discipline and regulate fathers' working lives, as well as their nonwork or family lives. These employees, who engage in flexible, project-based knowledge work, have the "independence" to decide for themselves whether to work or not at a given point in time, yet are simultaneously disciplined into taking responsibility. Without standardized work hours or clear distinctions between work and nonwork time, they not only work long hours, but struggle to prioritize family life or care work. In turn, Kvande argues that state policies that offer workers a "choice" to take time for family (that is, parental leave) fall

short. Her analysis helps us in attending to time allocation and the "borders between work and home"[27] by considering how paid work can spill into one's nonwork life.[28]

Other feminist scholarship illuminates how extra work is brought about "on the clock," through work intensification and privatization. Rasmussen investigates how processes of "work intensification" and heavy workloads "on the clock" manifest in "greedy organizations" in Norway's home care sector.[29] Arguing that "deskilling and exploitation are no longer necessarily two sides of the same coin,"[30] she highlights how organizations extract more from workers who are "empowered" (that is, pressured) to take more responsibility in relation to gendered expectations and the restructuring of public care. Research on the privatization of care is also relevant for considering boundless work on the clock. More broadly, the distinction between public and private reflects fundamental assumptions about what we collectively share responsibility for as a society, and what individuals, families, and communities are responsible for. "Private" can refer to aspects of funding or service delivery beyond the purview of the state and its (assumed) responsibilities.[31] Following Armstrong and Armstrong, in this article we consider the (over)reliance on the unpaid work of individuals, including that of paid workers, as a form of privatization.[32] We also recognize dominant discourses, which shift over time and include "ways of speaking about the right to care and about ways of organizing care" as powerful forces shaping the privatization of care.[33]

Inspired by Kvande's research on "boundless time cultures," Rasmussen's research on "work intensification," and Armstrong and colleagues' work on privatization, our analysis explores how nursing homes evoke boundless work. We also develop the concept of "boundless work" as an interpretive category, attending to how workers recognize, value, and make sense of their circumstances. Such a focus is well supported by feminist scholarship that considers how workers navigate, negotiate, or resist their work, such as by resisting uncaring management and developing critical analyses[34] or by shifting responsibility in everyday talk.[35] Extending Klostermann's work that explores resigning, stepping back, or exiting care work,[36] our aim here is to consider how, in practice, LTRC workers set limits on boundless expectations.

Methods and study design

Our research blends feminist political economy with interpretive rhetorical approaches to explore longterm care work in Ontario, Canada. Feminist political economy conceptualizes care work as shaped through social, political, and economic relations, while examining divisions between paid and unpaid work, and considering the way that care is organized such that it relies on, and reinforces, inequities.[37] Attending to social reproduction as work helps to reveal developments in capitalism, as well as ways to promote gender and racial equity.[38] This approach also helps us to consider how workers' practices and skills are shaped by work conditions and contexts, and by gender, race, and class relations.[39] Further, given that structural conditions shape how people understand and talk about care, we also apply rhetorical analysis techniques both to examine how people frame their work and to reveal circulating narratives and their associated moral or gendered dimensions.[40] How people value

things, and how or whether they draw boundaries around care, happens through stories.

This research was conducted in 2018 and 2019 as part of "Changing Places: Unpaid Work in Public Spaces," a broader project, led by Dr. Pat Armstrong, examining the shifting boundaries between paid and unpaid work in LTRC. The team (including Author 1) conducted team-based, rapid, site-switching ethnographic research at three unionized (nonprofit or municipally owned) care homes in Ontario. This involved participant observations and 68 semistructured interviews focused on the everyday work done by residents, family carers, and paid staff in a wide variety of positions in these organizations. Although our focus was not on workers' union involvement or collective resistance strategies, our findings do speak to necessary structural changes. Located in Ontario, the three facilities were "Grandville Manor" (a facility in an urban area with approximately 450 beds), "Middleville Manor" (in a midsize city with approximately 250 beds), and "Littleville Manor" (in a rural area with approximately 70 beds).

The team worked collaboratively to analyze materials, reflect on observations, and share works in progress. In the secondary analysis for this article, we traced links between people's stories and the contexts of their lives.[41] Although we initially aimed to index forms of unpaid work and how staff limit that work, participants' accounts pushed us to consider other forms of labour that were not necessarily unpaid, but seemed associated with workers' sentiments of "giving too much." This prompted an abductive analysis in which we revisited the data using the concept of boundless work, and in turn revisited the concept of boundless work using our data. Author 1 led and conceptualized the study and analysis, with ongoing input and contributions from Author 2.

Findings: bounding the boundless in Ontario's LTRC sector

Our analysis illustrates how care homes in Ontario can be sites of boundless work organization that evoke additional or unpaid work, and compel workers to put in extra time or to identify with (or take individual responsibility for) the work and their roles, both on and off the clock. We attend to forms of boundless work in LTRC, orienting to it as an interpretive category under negotiation. We then come full circle to reflect on organizational, structural, and cultural relations shaping workers' boundary-setting practices and possibilities. We highlight key differences between the three homes, and between different roles and social locations, with such differences shaping workers' abilities to set limits.

Boundless work and boundary setting: tracing workers' practices, stories, and strategies

As developed in our analysis, our conception of boundless work treats it as a contested and interpretive category, as is evident in participants' stories of not only engaging in unpaid work, overwork, or unwelcome work, but also taking responsibility, identifying with the role, giving "too much," and trying to set limits or to make sense of their circumstances.

The boundless

Giving too much. As an interpretive category, boundless work is evident in workers' stories about thinking "quicker with your heart," as well as about "stretchier" boundaries or treading on "thin ice." Reaching for metaphorical terms to capture all-encompassing aspects of their work, participants talked about workdays with limited time to catch their breath or with work that bulged out of the seams. In describing personal support workers (PSWs) as more likely than other staff to burn out, a dietary worker stated that "You feel like you've failed and you haven't. You've just given more than you should have." With a contradictory take, she both spoke up for PSWs (advising against viewing burnout as a failure), and also appeared to blame them or place the onus on them by use of the expression "should have." She warned against giving "too much," yet seemed to implicitly frame doing so as a positive thing by saying "Then again, I'd rather have someone burn out looking after me than someone who doesn't care." Similar contradictions were central in workers' accounts.

Working unpaid. Elements of boundless work organization were also revealed when staff described working through their breaks, staying after work unpaid, or otherwise "working off the clock." Registered practical nurses (RPNs) and nurses alike mentioned coming in early to count narcotics or "get report." One RPN said that she always stays 15 minutes to 1.5 hours late to finish, while another described how, on admission days, she works an additional two hours unpaid. This extra time was required not only because of organizational pressures (e.g. "you get a red flag if you don't finish everything"), but also because of pressures from colleagues (e.g. "the person coming on after you won't be so happy if there are things left behind that aren't finished, and you always end up hearing about these things"). Paid staff in all roles (e.g. nurses, RPNs, PSWs, housekeepers, dietary staff) reported taking on unpaid or additional work, as did administrators and even managers, who spoke of coming in on weekends or staying late. As the Director of Care at Middleville Manor stated, "I'm never off duty." Additional work was invoked at all levels.

In care homes where what constitutes care work is narrowly defined and tends to exclude more relational aspects of care,[42] we also heard examples of workers providing unrecognized social support and procuring items for residents. Workers talked about staying around after shifts to provide footcare, do crosswords, or spend time with residents, as well as about attending funerals or visiting residents who were close to the end of life. Staffing shortages squeezed workers' abilities not only to complete personal care, but also to provide relational aspects of care or to get to know residents while on the clock. Regarding provisioning work, staff mentioned shopping for toiletries, treats, clothes, or supplies for residents without family support, and helping to furnish the rooms of residents who were previously homeless. This unpaid and often unrecognized work was often referred to as a necessity, with some noting that residents' basic needs wouldn't be met without that support.

Overwork or work intensification. In addition to unpaid work "off the clock" or on breaks, workers talked about overwork, work intensification, and "working short" (that is, with fewer staff than scheduled). "Down a body, but it's your busiest time"

is how one worker described working short. An older immigrant woman, who had worked at Grandville Manor for 20 years, described it as "Go, go, go and stressful," adding, "And I have the hot flashes too." Staff in various roles performed additional work on the clock when covering the shifts or assigned work duties of others. At Littleville Manor, three PSWs were responsible for coming in at 7 a.m. and helping 28 residents get up and ready for breakfast within one hour, yet they reported that working short was common. In essence, working short can also be considered a form of boundless unpaid work, as it involves doing more tasks without additional pay that others would have been paid for under "normal" circumstances.

Working overtime. Working overtime can also be conceptualized as a category of boundless work that impacts workers' work-life balance when additional work seeps beyond the boundary of standard work hours.[43] As Author 1 chatted with PSWs at a nursing station in Middleville Manor, a male RPN hovering nearby yelled over to her "The building runs on overtime, running on overtime to an unhealthy point." He emphasized the point, wanting it on the record. Hearing his comment, one PSW agreed, sharing that she was scheduled to work double shifts both nights that weekend (from 2 p.m. to 6:30 a.m.), and then back to work 2:30 p.m. to 9:30 p.m. Monday. Participants' stories of working overtime and doubles signalled impacts on their nonwork or family lives, loosening those boundaries. As one RPN said, "Husband works days, I work evenings. I miss everything. I feel like I'm a separated family." As sites of boundless work organization, nursing homes regulate employees' working and nonwork lives.

Recovering at home and other "nonwork work." A particularly routinized dimension of boundless work involves worrying about work after hours or on "off-time," as well as processing or coping at home, which further speaks to how work seeps into employees' nonwork lives. Although not typically conceived of as a form of work, staff spoke to the time, effort, and energy it took to recover, at home or with family, from workplace stresses. One Littleville Manor care worker explained that "I go home to the boyfriend, and if somebody that [I'm] really fond of has passed away or I see struggling, I might have a little down and out and a beer and a little cry." The nature of her work also meant she had less energy for her family: "Sometimes it's just empty when you go home. You just … it's 'I'm not mad at you [family], just don't talk to me right now. I just want … silence.'" This kind of unpaid recovery work was not framed as something workers had a choice in, but rather as an unavoidable aspect of difficult working conditions.

Bounding

We have seen glimpses of how boundless work was under negotiation and something workers at times critiqued. Indeed, they developed critiques and attempted to set limits, actively bounding the boundless.

Developing critiques. Staff often provided their take on their boundless work experiences, expressing complex and contradictory interpretations as well as critical

understandings. In overt examples as well as with subtle uses of language, workers critiqued boundless work, created rhetorical space for doing so, and challenged the otherwise dominant narrative that those who set limits are uncaring. When one worker mentioned to Author 1 that reporting daily bits of unpaid work was not worth the time, another worker interjected with a comment that seemed to clear space for her colleague to set limits: "But that's every day—ten times in two weeks." Workers underscored the importance of boundary setting and shared their critiques of institutional practices that incentivized boundless work. For instance, PSWs described their work as "assembly line" work or "like a factory" where you must keep moving. When Author 1 asked whether they count their steps at work, a PSW said, "I did 16,000 steps when I was eight months pregnant. Everyone was afraid I was going to go into labour." Several workers warned against providing unpaid work, distinguishing themselves from those more susceptible to it. At times, workers also made structural arguments—calling attention to the responsibility of the employer, challenging cutbacks, and pushing for policy reforms. A union representative and the local union president at one care home both shared that they take their breaks and encourage others to do the same. As the representative said, "We tell them all they're entitled to their breaks and lunches and make sure you take them, right?" The union president also expressed the view that if a person feels they cannot do their job in the allotted time, it speaks to broader issues:

> We don't expect people to come in to work every day, and come in early and … stay late [if the job] really technically needed to be two people or a person and a half, and, if that's the case, then the employer should be compensating it, right?

She indicated that the ability to set limits was contingent upon having more workers and "more hours on the floor," which was a major issue she was working to address in her role as union president. At the time of speaking, the same union representative and union president had plans to attend a rally at Queen's Park (Ontario's provincial parliament buildings) to advocate for structural changes. They also shared a successful example of advocacy in which staff, family members, and residents fought to bring the kitchen food services back in-house (after being contracted out to a forprofit company). The representative said they had a "great fit" about it, and even gave some board members food samples so they could taste how awful it was. Indirectly, this advocacy involved challenging boundless work, as it meant protecting unionized jobs for the kitchen staff and cooks (rather than having one person "heat up" the processed, prepackaged food), which in turn meant having more unionized jobs in that facility that workers had the option to work in. Such collective actions can be viewed as creating space for workers to resist boundless work or set limits.

Setting limits. For the most part, however, when employees talked about setting limits, they spoke about their own individual strategies, as they needed to figure out on their own, often daily, how to cope or set limits on their direct care provision in order to remain in the job. These individual forms of resistance included limiting contact with residents, limiting emotional investment, reducing overall hours, and in some cases even transferring floors or positions. As one maintenance worker said, "I either had to figure out how to cope or I couldn't stay in." She also noted

that some maintenance workers "work around" the residents to limit their time or contact with them. As she said, "You fix it when they're not in the room" (to limit the emotional work involved). Relatedly, a hairdresser stated, "Gotta put up a barrier" to sustain the work, and Author 1 witnessed her setting boundaries related to her emotional energy in conversation with a resident.

Some employees described reducing their work or overall hours as a strategy to sustain the work and support themselves and residents alike. Simply taking one's breaks was framed as essential by some. "Oh, Jody, Jody, Jody," one worker said, waving her fingers and speaking of a coworker who did not take her breaks. Others talked about taking mental health days or short mental health leaves. Referring to taking such a leave, a male RPN mentioned that the Middleville home offered only six free counselling sessions of limited value ("they're just trying to get you out of there"—that is, back to work), instead of paid health or emergency days. The strategy of working less, however, sees workers paying the price. There are wage costs when one's labour market participation is impacted.

Transferring floors was also a way to draw boundaries and provide respite from some of the exhausting aspects of working with residents long term. "You can see the way they [residents] get treated when people [staff] are on the same floor constantly," one PSW mentioned, referring indirectly to the impacts of burnout. Our team met multiple workers who had transferred into different roles, including from direct care roles into housekeeping. These workers described how they could no longer physically and emotionally sustain demanding direct care work, and enjoyed having more social and emotional distance in their new roles. At Littleville Manor, a woman had worked for more than 30 years as a PSW before reaching her limits and switching to housekeeping, where she had been for seven years. For her, "going sideways" into a different position (without a loss in her seniority, full-time status, or pension) was a strategy made possible when the same union represented members in a range of roles in that facility (including PSWs, RPNs, and other support services). Such a strategy also seemed to involve bounding one's caring role or identity. Giving an example of this, one dietary worker said, "My focus is on dietary; I can connect with them on the level of dietary needs." Differentiating herself from PSWs with "stretchier" boundaries, she clearly stated "I don't do care."

The fact that care homes are sites of boundless work organization is clearly linked to the restructuring of public services through privatization and underinvestment. We also see in workers' stories an interpretive dimension of boundless work organization when they describe thinking things through or setting limits. Their practices, stories, and strategies speak to how boundless work is under negotiation. Workers' strategies are variously linked to their resources or skills (for example, in situations that require emotional labour) and reflect their access to conceptual discourses or ways to frame their experiences.

How it is organized: revealing organizational, structural, and cultural relations

In the previous section, we presented how LTRC workers engage in, interpret, negotiate, and resist forms of boundless work. While we alluded to some dimensions of social organization as well as differences shaping the practices of workers in different roles and social locations, in this section we critically unpack those relations and patterns, with a focus on the organizational, structural, and cultural forces at play.

"More rules, more pressure": organizational relations and their disciplining effects

Workers in all three care homes described features of boundless work organization that had disciplining effects, with differences between homes that variously shaped workers' experiences.

Work and professional culture. In all three homes, staff tended to frame unpaid work and overwork as institutionalized professional expectations embedded in the organizational culture. During our observations, a passing worker mentioned that she was "20 minutes into her lunch." The offhanded or casual nature of this kind of comment, and of those about coming in early or planning to stay late invoked practices so common as to have become routinized expectations. One male RN at Grandville Manor stated that "It's a red flag if an RN leaves on time," as working longer is "ingrained in the culture." At Middleville Manor, an RPN said "Yes, in health care, we come in 15 or 20 minutes early." The way she emphasized the words "health care" seemed to be a way of valuing it or aligning herself with a professional, disciplinary community. Her comment also invoked a related kind of moralization—that in which working longer hours equates with being a good, conscientious worker.

In one interview, an RN discussed staff working extra overtime or double shifts, even if this was not their preference, simply because "We're always short on staff." She added:

> Jenny did a double today and she worked until 11 o'clock last night. … So, she went home, slept for five hours, came back at seven o'clock this morning. And because, you know, she's a good nurse, she would've been here at quarter to seven, so, yeah, it's a long day.

The comment "she's a good nurse" (even when stated cynically or ironically as in this case) highlights the disciplining effect of the professional and moral aspects of the organizational culture. While workers could seemingly choose whether to work more, there were very limited policies or mechanisms to support them in setting boundaries.

The input of a union representative and the local union president at one home further helped us to reflect on dominant discourses that individualize responsibility. Although both pointed to organizational and structural conditions, their accounts show how much is getting in the way of collective framings. Both emphasized the need to take one's breaks. The union president, moreover, implied that she sees not taking one's break as a personal preference: "It's just the type of person they are, you know, that they just wanna keep moving or whatever." Despite her access to a critical language around structural constraints, and even though she was speaking in her union role, she still seemed to view working unpaid as an individual choice made by a "type of person." To us, this speaks to the need for more nuanced conversations around boundless work in LTRC that acknowledge both the moralized pressures workers face, as well as the more limited options some workers have to set limits.

Organizational processes and policies. Institutional strategies not only entice workers into boundless work, but at times reward them for it. Managers at one home handed out coffee shop gift cards and chocolate bars as tokens of thanks to staff who were working short. They also offered door prizes and raffles to encourage workers to come

in for weekend shifts in the summer. Moreover, instead of referencing regulations or restrictions to help prevent workers from taking on so many hours or working such long stretches back to back, workers referenced informal and institutionalized processes or policies that served to disincentivize or limit their capacity for boundary setting at the individual level. For instance, some mentioned that doing unpaid work was easier than the administrative burden of requesting overtime pay—e.g. "You have to put in a pink sheet. It's not worth the time. Just suck it up." Regarding being pressured to work, an RPN at Middleville mentioned how workers were "Hauled into [their manager's] office for attendance, disciplined for calling in sick," and required to sign a form about their attendance goals. An older full-time PSW at that home added that she was not able to switch shifts with coworkers because she is "only allowed to give away so many hours." Others shared that they were not allowed to refuse to support residents who were abusive, violent, or had made sexual advances; and, although they could bring in a second PSW, this took the coworker away from their own responsibilities. Such examples highlight the lack of organizational policies to prevent boundless—unpaid, additional, or unwelcome—work.

Work intensification processes further generate boundless work and make it harder for workers to find some "space between." For instance, Grandville Manor had a rule whereby PSWs had to complete their comfort rounds hourly—e.g. visiting residents and electronically signing off—and had to respond to call bells within three minutes or else the computer system would automatically alert their supervisors. One racialized immigrant worker said:

> Sometimes you are doing pericare [on residents' genital or anal areas] and have gloves, protective clothing, mask, and the beeper goes [to support another resident]. You must stop, apologize to your person, take off all your gear and get to the beeper person within three minutes. Then tend to that. Then get back to finish care, get back in your gear, leaving that person in a not so nice position. Or hope that somebody else can deal with it. Sometimes you try to see if someone else can go, but many times we have to do it … Now we have more rules, more pressure.

Such an example—which necessitated an apology from the worker to the resident for what was out of her hands—not only affects the resident left in the "not so nice position," but, as Baines and Daly (2021) observe, "also affects the dignity of the care worker, who must rush residents with multiple frailties through their basic biomedical needs."[44]

Physical setting, design, and size. The location, design, and size of a facility made a difference in terms of the extent of boundless work and whether and how workers could set limits. Staff at the two rural homes (Littleville and Middleville) often referenced their close-knit communities, taking pride in (and perhaps feeling the pressure of) knowing one another or being in close contact. In these homes, one's work extended into the community, arguably facilitating boundless work in the form of thinking or worrying about work after hours or on "off-time." As Middleville's Director of Care stated, "In the freezer section at the grocery store, I can spend a fair bit of time putting out fires." This differed from Grandville Manor, where, inside the home, Author 1 (on a few occasions) overheard residents and families introducing themselves to those they had not met or asking other residents what floor they were on.

The layout or design of a facility can also make the work of staff in some positions more boundless than others. At Grandville Manor, PSWs lacked a workstation, and instead used laptops on desks with wheels in a common seating area. Such a design seemed to promote a less bounded work culture, with limited space between the PSWs and the people they supported. The size of the home also mattered. All three care homes faced issues with staffing ratios or shortages, which were clearly linked to inadequate public sector investments. However, with economies of scale at play, Grandville Manor had a larger labour pool available, an active volunteer base, and training programs for PSW students, who helped alongside others to pick up the slack. That said, we also note that relying on the unpaid work of those without training can put them in conflict with staff.[45]

"Hats off to them": status-based differences and the "girls" who do a lot

Our analysis of workers' interpretive practices, including comments about their own and others' work, also reveals moralized, status-based hierarchies and divisions of labour along gender, race, and class lines. Professionals and other staff characterized PSWs, who are tasked with direct daily care provision, as more likely to engage in unpaid work and more likely to burn out, which also speaks to the influence of professional organizations in shaping how workers' skills are understood.[46] One RPN at Littleville Manor appeared to pathologize PSWs in this regard, characterizing them as bad at boundary setting: "They do unpaid work; I know better." She distinguished herself from them, with her formal nursing training. Another RN expressly noted that "Nurses were specifically taught in school that you don't do it." In such statements, these professionals drew on their status to reinforce their own boundaries (especially around emotional or relational work), but also to reproduce status-based hierarchies.

Others framed unpaid work as a unique hazard of direct care roles. Speaking of PSWs, one female dietary worker said that she "wouldn't do that job for any money in the world. Their boundaries are a little stretchier. They cross lines. They are the ones suffering." This was echoed by a male dietary worker at Middleville who said, "My hats off to them [PSWs] … Pretty thin ice to tread on; these girls do a lot." Comments like this refer to the hazards of the more intensive, hands-on, emotional or relational aspects of direct care that is assigned, and perceived, along gendered lines.

As we learned, how one is positioned in LTRC—which is tied to divisions of labour or the types of support one provides—shapes one's opportunities for boundary setting. A recreational therapist who took her breaks, and encouraged others in her department to do the same, acknowledged that this meant "less time with the residents," but expressed that no one thinks "poorer" of recreational staff for not doing unpaid work. Relatedly, as noted earlier, dietary aides could "focus on the dietary," and maintenance workers could fix things when residents were not in the room. By contrast, care aides were tasked with more intimate, hands-on and nondiscretionary forms of care. For them, saying no, in the face of residents' unmet care needs, could mean being implicated in neglect. Such a point shows the importance of moving conversations about unpaid work beyond pointing to a "type of person,"

or even to one's status, training, or type of job, to consider the nature and stakes of the work.

With racialized workers over-represented in frontline care positions, "differences in power, incomes, social status, and roles in care work"[47] become evident in terms of who might have more agency in saying no or asking for help,[48] or even in the choice of position (and thus in their exposure to boundless work) to begin with. One Somali worker, who had worked at Grandville for 16 years, said: "We are immigrants. We do this work because somebody has to do it and we need to stay off welfare … We didn't do this work where we are from. We do it now, because, well, what else is there?" How boundless care work is divided up and structured along race, class, and gender lines, as well as how women are funnelled into it and how few choices they have for social mobility, is part of the story.

We also see in workers' stories how gendered expectations shape their everyday work experiences or options for saying no. A young white male PSW commented that he does not put in much unpaid time—"not much, if ever"—before noting that "some [residents] just want their juice and that's it." His take contrasted with that of women workers who spoke at lengths to the moral or emotional dimensions of the work. This speaks to gendered assumptions about the availability of women's skills for use[49] and to gendered expectations for women to provide "unending care."[50]

Lastly, further highlighting how the flexible boundaries around boundless work can deepen inequities, we heard from older workers who seemed particularly vulnerable to coming in early to get a "head start" on their duties. An older dietary worker described coming in an hour and a half early every morning to work unpaid before her 6:30 a.m. shift. Relatedly, a man in his late 50s, who worked as a dining room server described coming in half an hour early to work unpaid as a personal preference, saying: "I don't have to, but I keep it in the comfort zone."

"The ones that care": boundless work and boundary setting as moral practices

In the context of LTRC staff shortages and increasing resident needs, a moral dimension manifested both when workers talked about engaging in boundless forms of work, and when they talked about setting limits to ensure quality care.

Workers emphasized that residents would suffer (and would not have their basic needs met) if workers did not "make up the slack" by covering for others, working unpaid, or doing extra in the context of staff shortages. The dietary worker who worked unpaid (an extra hour and half) each day invoked a moral imperative to care in justifying extending her workday beyond her normal hours, saying that "the ones that suffer are these people." Relatedly, speaking to the consequences of someone calling in sick, a PSW said, "Not coming in? That's eight people with no baths." Workers also often characterized unpaid work as necessary to help residents who lacked family support. As one PSW said, we "make sure they have what they need, if families can't."

Workers further moralized boundless work when they distinguished between "caring" and "uncaring" workers. "You can't instill empathy into a soul who doesn't have that sort of thing, but those people end up leaving," the Director of Care at one facility said. His comment was echoed by others, including a long-time dining room worker who

had been there 22 years, who said that "the people here are the ones that care about working." A common sense understanding that good workers care, and stay, was reinforced as workers distinguished their practices from those of others. For instance, one RPN said "I try to be half decent" in speaking about helping PSWs on shift, before pointing above her head to explain: "Lots of RPNs feel like they're way up here."

The moral onus was clearly on individual workers to take responsibility for care, but also to ascertain when they had given enough and to set boundaries for their work. Workers suggested that limit-setting practices could improve care, when they noted, for instance, that transferring floors could mitigate power struggles with particular residents. One PSW described taking responsibility to monitor her feelings and behaviours, and to take time off when she started feeling "fried" or "annoyed." Another PSW shared that she "quit full time" to work part time on different floors, when she found herself "starting to hate her job" and being "annoyed by the same behaviours" of residents on her unit. She credited this move with her ability to properly support residents: "I'm fresh and I'm okay, and, you know, [another worker] might be ready to sue a certain resident or something, but I can walk in and 'Hi, how's it going?' Be jolly." So just as working extra was moralized by some participants as being about supporting others, setting limits or working less was also framed as a way to ensure quality care, with contradictory consequences.

Within the context of neoliberal care privatization, care home staff negotiate relentless moral and institutionalized expectations to provide care. The organizational, structural and cultural forces at play are complex, with important differences that indicate moralized hierarchies and organizational variation.

Discussion

This research was underpinned by the critical position that care workers should be supported in setting limits or stepping back as needed. Aiming to advance empirical understandings of work organization in LTRC, we learned about the complexity of organizational, structural, and cultural relations shaping workers' boundary-setting practices. Similar to studies of how, with the retrenchment of public services, care workers are mandated to give and care endlessly[51] and to gift different kinds of labour,[52] we heard from employees who were disciplined for calling in sick or incentivized to work more, with limited institutional support for setting limits. These ways of disciplining workers contrast with those documented in high-status, well-compensated occupations where employers exercise much less control or "power over" workers with more independence and responsibility.[53] Yet we also see in our analysis how care homes incorporate the overwork of staff. In the gendered organizational relations of LTRC, and especially for those in feminized direct care positions, LTRC work is clearly boundless in that not only is one's work and time never enough, but the work can be all-encompassing, shaping one's sense of self and sense of responsibility. Even as workers slip in critical analyses or complaints, they are often speaking, albeit begrudgingly, of colluding in their own overwork. They do indeed have different options when it comes to navigating their working conditions, depending on their roles, job descriptions, and social locations.

In applying and extending theorizations of boundless work, we build on contributions from Rasmussen (2004), who attended to "work intensification" on the clock,[54] Kvande (2009), who attended to "boundless time cultures," and Armstrong (2023) who attended to forms of privatization, including unpaid work and ways of thinking. Our analysis underscores the value of exploring and understanding "boundless work" as a contested, interpretive category—one that is embedded in paid work structures, shaping workers' working and nonwork lives, and is actively under negotiation across their careers. Beyond a focus on time allocation or the borders between work and home, our fuller conception of boundless work captures the interpretive dimensions of workers' stories—and attends to interpretive nuances to reveal relational complexities and status-based variations, as well as potential sites of resistance.

Organizational pressures, low funding and staffing levels, and higher resident acuity levels propel "standardized, highly quantified, alienating care and care work,"[55] and limit residents' access to care;[56] these conditions also limit workers' choices and agency around the provision of boundless care. Further, our research highlights the importance of shifting beyond recruiting, maintaining, or enticing more from people to also include establishing boundaries, limits, or breaks.[57] Organizational and state regulations could limit boundless forms of work organization and support workers by mandating adequate staffing levels or building in opportunities to set limits or move around. Workers' accounts of transferring roles highlight the importance of retaining a range of services in-house and not relying on contracted services (e.g. laundry or food), so that workers have options for moving into different roles in an organization. Having a union representing members in a range of positions can also help workers remain full-time and keep their pensions when moving laterally within an organization. Importantly, those who might need to move around or "go sideways" should be entitled to the same salary and seniority they had before.

Although such practical and policy-level changes could support workers in the context of economic austerity, this requires moving beyond individual boundary-setting strategies (which our analysis suggests are fraught with inequities and moralization) towards workers' involvement in collective strategies and mobilization within and across LTRC homes.[58] Unions representing members in LTRC are well-positioned to help initiate and shape conversations about the nature of work in ways that foster solidarity (and an awareness of contextual specificities and key tensions) among workers across roles who grapple with boundless work conditions. While some workers in our study distinguished themselves from other workers (e.g. those who did not take their breaks or gave more than they should), most seemed to understand that limit-setting was harder in certain jobs. Whether workers had options for saying no or setting limits was related to their status, training, or type of job, with their role shaping how they were positioned in relation to residents' care needs and the extent to which saying no or setting limits would implicate them in neglect. In turn, we argue that there is a need for more nuanced discussions about the boundless dimensions of the work and the moralized hierarchies at play, and that intervening and helping to shape those conversations can support broader efforts to resist privatization, neoliberalism, and austerity, while enhancing workers' collective power.

Concluding remarks

In Ontario LTRC homes, forms of boundless work organization put pressure on employees to engage in unpaid, additional, and unwelcome work, to work more or longer hours, and to identify with their roles or take individual responsibility. Against the backdrop of neoliberal privatization and gendered pressures, paid staff both reproduce, as well as negotiate, reshape, or resist expectations to provide all-encompassing care. Attending to boundless work as a contested and interpretive category makes visible status-based hierarchies and organizational dynamics shaping workers' practices and possibilities. It highlights the need for innovative social and organizational policies and collective action to bound LTRC work and help workers to set limits, while promoting a more equitable care economy.

Notes

1. Rasmussen, "Between Endless Needs"; Baines and Daly, "Resisting Regulatory Rigidities."
2. Storm and Lowndes, "I Don't Care."
3. Scott-Marshall, *Safe Hours*.
4. Banerjee et al., "Structural Violence."
5. Klostermann, "Care Has Limits."
6. Armstrong, *Unpaid Work*; Daly, "Dancing the Two-Step."
7. Armstrong, *Unpaid Work*.
8. Baines and Armstrong, "Non-Job Work."
9. Braedley et al., "We're Told," 9.
10. Daly, Armstrong, and Lowndes, "Liminality."
11. Armstrong, *Unpaid Work*.
12. Armstrong and Armstrong, *Privatization of Care*.
13. McWhinney and Braedley, "Struggling for Public"; Molinari and Pratt, "Seniors' Long-Term Care."
14. Armstrong, *Unpaid Work*.
15. Armstrong, Armstrong, and Szebehely, "Conclusion."
16. Armstrong, Armstrong, and Szebehely, "Conclusion."
17. Aronson and Neysmith, "Retreat"; Daly, "Dancing the Two-Step."
18. Addati et al., *Care Work and Care Jobs*.
19. Armstrong and Armstrong, *Privatization of Care*; Armstrong, *Unpaid Work*.
20. Armstrong and Klostermann, "Unpaid Work."
21. Braedley, "Pulling Men."
22. Owusu, "Racialized Workers"; Syed, "Racism."
23. Lightman, "Migrant."
24. Syed, "Racism."
25. Coser, "Greedy Institutions."
26. Kvande, "Work–Life Balance."
27. Kvande, "Work–Life Balance," 70.
28. Cottingham et al., "Constant Caregiver"; Curbow et al., "Development."
29. Rasmussen, "Between Endless Needs."
30. Rasmussen, "Between Endless Needs," 506.
31. Armstrong and Armstrong, *Privatization of Care*; Armstrong, *Unpaid Work*.
32. Following Armstrong and Armstrong, *Privatization of Care*.
33. Armstrong and Armstrong, *Privatization of Care*, 31.
34. Baines, "Moral Projects"; Baines, "Interwoven."
35. Funk et al., "Exploration."

36. Klostermann, "Care Has Limits."
37. Armstrong and Braedley, *Troubling Care*; Armstrong and Braedley, *Care Homes*.
38. Braedley and Luxton, "Social Reproduction."
39. Armstrong, "Puzzling Skills."
40. Klostermann and Funk, "More Than a Visitor?"
41. Klostermann, "Bev Said."
42. Rasmussen, "Between Endless Needs."
43. Kvande, "Work–Life Balance."
44. Baines and Daly, "Borrowed Time," 401.
45. Lowndes et al., "Staff Perspectives."
46. Armstrong, "Puzzling Skills."
47. Syed, "Racism," 5.
48. Storm and Lowndes, "I Don't Care."
49. Rasmussen, "Between Endless Needs."
50. Baines and Daly, "Borrowed Time."
51. Baines, Dulhunty and Charlesworth, "Relationship-Based Care."
52. Molinari and Pratt, "Seniors' Long-Term Care."
53. Kvande, "Work–Life Balance."
54. Rasmussen, "Between Endless Needs."
55. Baines and Daly, "Borrowed Time," 399.
56. Baines and Armstrong, "Non-Job Work"; Daly, Armstrong, and Lowndes, "Liminality."
57. Klostermann, "Care Has Limits."
58. Ross and Savage, *Public Sector Unions*; Baines, "Unions."

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