GENDERED ASPECTS OF FLEXIBLE WORK AND PRECARIOUSNESS IN TURKEY: A CASE OF NURSES IN HEALTH SECTOR

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ABSTRACT

GENDERED ASPECTS OF FLEXIBLE WORK AND PRECARIOUSNESS IN TURKEY: A CASE OF NURSES IN HEALTH SECTOR

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This study analyses flexibilization of labour process and its implications on labour through the dimensions of precariousness. This analysis is based on restructuring of health labour process in Turkey and its gendered implications on working and living conditions of woman workers in a case of nursing occupation. Restructuring of health sector has characterized by more flexible organization of health labour process reinforced by a socio-political tendency eliminating state's intervention to employment relations and social welfare in order to cut public expenditures. This signifies state's restricted role to determine minimum standards and principles but increased decision-making power or initiative of health institutions over the organization of health labour process according to the demand in the market, termed as de-centralization. Attaching organization of health labour process to the demand in the market makes minimizing both wage and non-wage cost of health labourer as the most prominent sensitivity in the current organization of the health labour process. Thus, more flexible organization of health labour process has been experienced as administrations' more freedom in determining working time, job specification, numbers of workers, personnel structure, wage levels, employment relations, career and promotion opportunities in health institutions according to market conditions at the expense of more insecurity and uncertainty in nurses' not only in working and but also living conditions, conceptualized as *precariousness*.

Keywords: Flexibilization, Precariousness, Female Employment, Health Sector, Nurses.

ÖZ

TÜRKİYE'DE ESNEK ÇALIŞMA VE PREKARLEŞMENİN TOPLUMSAL CİNSİYETÇİ GÖRÜNÜMLERİ: SAĞLIK SEKTÖRÜNDE HEMŞİRELER ÖRNEĞİ

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Bu çalışma emek sürecinin esnekleşmesini ve bu sürecin emek üzerindeki etkilerini prekarleşmenin boyutları çerçevesinde analiz etmektedir. Bu analiz, Türkiye'de sağlık emek sürecinin yeniden yapılanmasına ve hemşirelik örneği üzerinden bu sürecin kadın çalışanlar üzerindeki toplumsal cinsiyetçi etkilerine dayanmaktadır. Sağlık sektörünün yeniden yapılanması, kamu harcamalarını kısmak amacıyla devletin istihdam ilişkilerine ve sosyal refaha olan müdahalesinin azaldığı bir sosyo-politik ortamda sağlık emek sürecinin daha esnek bir şekilde organize edilmesi ile karakterize olmaktadır. Bu, devletin rolünün asgari standart ve prensipleri belirlemeye indirgenirken, sağlık kuruluşlarının, adem-i merkezileşme olarak adlandırılan, sağlık emek sürecini pazardaki talebe göre organize etme güçlerinin veya inisiyatiflerinin artmasına işaret etmektedir. Sağlık emek sürecinin organizasyonunu pazardaki taleple ilişkilendirmek ise, sağlık emek sürecinin şu anki organizasyonunda sağlık emekçilerinin hem ücret hem de ücret-dışı maliyetlerini en öne çıkan duyarlılık haline getirmiştir. Dolayısıyla, sağlık emek sürecinin daha esnek organizasyonu, prekarleşme olarak kavramsallaştırılan, hemşirelerin sadece çalışma değil aynı zamanda yaşam koşullarında daha fazla güvencesizlik ve belirsizlik pahasına, sağlık kuruluşlarındaki yönetimlerin çalışma saatlerini, görev tanımlarını, çalışan sayılarını, personel yapılarını, ücret seviyelerini, istihdam ilişkilerini, kariyer ve terfi olanaklarını pazardaki koşullara göre belirleyebilme özgürlüğüdür.

Anahtar Kelimeler: Esnekleşme, Prekarleşme, Kadın İstihdamı, Sağlık Sektörü, Hemşireler.

To my mum...

Without her support neither this dissertation nor would I have been existed.

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CHAPTER 1

INTRODUCTION

The period since 1980s has been experienced as *restructuring* of work both in developed and developing countries. Restructuring of work has characterized by more flexible organization of labour process reinforced by a socio-political tendency eliminating state's intervention to social welfare and employment relations in order to cut public expenditures. This means state's restricted role to determine minimum standards and principles but increased decision-making power of capital over organization and regulation of the labour process according to immediate demands in the market.

Attaching organization of labour process to the demand in the market makes minimizing wage and non-wage cost of labour one of the most prominent tendency/sensitivity in the current organization of the labour process. Thus, flexible organization of labour process has become capital's more freedom in determining working time, job specification, number of workers, wage levels, career opportunities, personnel structure, employment relations according to market conditions at the expense of more insecurity and uncertainty in workers' working and living conditions, called as *precariousness* (Onaran, 2002:273; Öngen, 2002:6; Yalınpala, 2002:279; Kalleberg, 2003:157; Karakoyun, 2007:3; Neilson and Rossiter, 2008; Vosko, 2010; Durak, 2012:67; Oğuz, 2012:231; Kablay, 2014:160).

In this context, this study questions the articulation between flexibilization and precariousness in the current organization of the labour process. In other words, this study examines flexibilization of labour process and its implications on working and living conditions of labour through the dimensions of the precariousness.

1.1 The Area and Scope of the Study

In the context of the study, the examination on the articulation between flexibilization and precariousness is focused on flexible restructuring of labour process in Turkey. Known as *24th January Decisions,* flexible restructuring of labour process in Turkey can be dated back to the principles of applied Structural Adjustment Polices (*SAPs*) since 1980s. It is because

of the fact that the main logic behind Structural Adjustment is 'cutting public expenditures by withdrawing state from intervening to employment relations and service provision' and 'attaching employment relations to market conditions by eliminating wage and non-wage restrictions in front of competitiveness'. Especially since the second half of 1990s, this logic has find an appearance in the emphasis on *rigidity of labour market* (Oğuz, 2012:229-230-231; Müftüoğlu, 2014a:136; Yaman-Öztürk and Öztürk, 2014:89) in which regulatory framework protecting labour from insecurity and uncertainties are considered as an obstacle in front of production, employment creation, development and a reason of high informal employment rates in Turkey.

Although the first and immediate response to rigidity of labour market has been expansion of the informal sector, since the second half of 1990s, the reflections of restructuring has also been recognizable in the formal sector. Both in public and private sectors, more flexible organization of labour process in terms of working time, personnel structure, wage, job specification, employment relations, career opportunities has come into prominence in formal sector through applied flexibilization strategies.

However, different from the tendencies in developed countries, flexibilization of labour process has not characterized by the immediate expansion of flexible jobs in Turkey. Despite regulated in the Labour Law since 2003, except from contracted and sub-contracted working, the application to flexible jobs in Turkey's labour market has been very limited. Moreover, it is also seen that flexible restructuring in Turkey has been experienced as a persistency in full-time working tradition, intensification of work and increase in the working hours (Özdemir and Yücesan-Özdemir, 2004:33; Buğra, 2010:19; Şahin, 2014:47; Ünlütürk-Ulutaş, 2014:88; Yaman-Öztürk and Öztürk, 2014:89; Zencir, 2014:547; KEİG, 2015:5).

This implies the fact that flexibilization of labour process in Turkey mainly means *non-standardization of employment relations*[1]- standard, secure or certain in the past - through applied flexibilization strategies. What critical in here is that this has not only occurred in the

[1] The term standard employment relations (*SER*) refers to "full-time, regular, open-ended employment with a single employer. The SER is secure and has standardized working hours, guaranteeing a regular income; it provides pension cover and ill health and unemployment protection via social security systems geared towards wage earners" (O'Connor, 2009:2). Non-standard employment, *on the contrary*, is a concept emphasizing the erosion in the standard employment relations.

private sector but also in the public sector with the increasing weight of contracted and sub-contracted employment since 2000s (Aslan, 2005:334; Gözler, 2006:605; Özkal-Sayan and Albayrak, 2011; Oğuz, 2012:229-230-231; Topak, 2012:219,241,260; Kablay, 2014:158; Müftüoğlu, 2014b:241-242; KEİG, 2015:13-14). *Accordingly*, this study focuses on *non-standardization of standard employment relations* both in public and private sectors in the examination of the articulation between flexibilization and precariousness in Turkey.

On the other side, in line with the global tendencies, the expansion of service sector and, *in this regard*, increasing weight of white-collar professional and semi-professional occupations in the formation of labour market have been other prominent tendencies in Turkey's labour market. Due to the induced sensitivity on satisfying customers' demands immediately in the service provision, more expanded application of flexibilization strategies has been more evident in the service sector. Moreover, due to *labour intensive* nature of service provision, white-collar workers in the service sector have become more vulnerable to the deteriorative implications of flexibilization on working and living conditions (Tucker, 2002:7; Lee, McCann and Messenger, 2007:88; Uyanık, 2008:216; Parlak and Özdemir, 2011:33; Göker and Akyol, 2013:68). *Accordingly*, this study focuses on service sector in terms of understanding flexibilization and examining its implications on working and living conditions provided by white-collar professional and semi-professional occupations.

It is seen that flexibilization of labour process has been experienced as more blurred line between working and non-working. In other words, flexibilization of labour process has come along with more intensified control of capital over workers' not only working but also non-working times. Articulated with this tendency, in the current *gender regime*, woman workers are assumed a role both in production and reproduction in Turkey. This situates flexibilization of labour process in the middle of *production/working life* and *reproduction/ family life* as a trigger to a more intensified conflict.

It is because of this intensified conflict between production and reproduction, woman workers have become one of the groups more vulnerable to flexibilization of labour process and its deteriorative outcomes in working and living conditions. Moreover, concentration of female labour in the service sector and considerable weight of professional and semi-professional occupations in woman's employment in Turkey has reinforced women's disadvantaged positioning to flexibilization of labour process in the service sector.

Accordingly, this study aims to question adaptation of gender relations to flexibilization of labour process in Turkey's service sector and its implications on working and living conditions of women working in semi/professional occupations.

This implies the fact that gender is still an umbrella in terms of signifying women's more disadvantaged situation in the labour market. However, woman is not considered as a homogenous category in the context of this study. In addition to differences of experiences in terms of socio-economic indicators such as working experience, marital status, education level, motherhood status, flexibilization of labour process has come along with intensified polarization of labour force more specifically through their employment status (Mütevellioğlu and Işık, 2009:160-161; Göztepe, 2012:31; KEİG, 2015:13) and working conditions even in the same occupation both in private and public sectors. *Thereby*, this study focuses on the experiences of woman workers in the process of flexibilization of labour process but without reducing their diversified experiences to each other.

In the context of the study, the articulation between flexibilization and precariousness is examined in the health sector. It is seen that applied *Health Transformation Programme* since 2003 has been reflecting the logic of SAPs to health service provision and a trigger to the application of flexibilization strategies in health labour process regarding to the emphasis on the *rigidity of labour market* in Turkey since the second half of 1990s. Moreover, '7/24 and *labour intensive* nature of health service provision', 'increasing share of private sector in the health services', 'the downward pressure on the numbers of permanent positions available in public and university hospitals', 'transformation of patients to customers through *performance-based system*' and 'increased initiative of health institutions in regulating and organizing health labour process named as *decentralization*' makes health labour process a convenient field in questioning main dynamics of flexibilization of labour process in the service sector and its implications on working and living conditions of the workers.

Health labour process is convenient for examining the process of non-standardization of standard employment relations as well. Indeed, health has always been a service provided in the formal sector and employment in the sector has always characterised by standard employment relations - *permanent, relatively secure and certain* – in Turkey. However, 'expansion of private forms of health service provision with the increase in the numbers of private hospitals' and 'making health service more sensitive to the demand in the market

through *decentralization* and *performance-based system* in the public forms of health service provision' have put a pressure on standard employment relations in the sector and have been a trigger to a non-standardization process. Indeed, making health service provision more sensitive to the market means 'relegating working conditions to the demand', 'more sensitivity on *minimizing labour costs'* and, *in this regard*, 'a downward pressure on the working and living conditions of health labourer'.

On the other side, this study examines the articulation between flexibilization of health labour process and precariousness in case of nurses. Nursing is a historically old, semi-professional occupation in the health sector traditionally considered as woman's job and realized within standard employment relations in the formal sector for a long time in Turkey. *Accordingly*, focusing on nurses provides the possibility of examining non-standardization of standard employment relations in nursing occupation over time/in a comparative perspective and its gendered implications in working and living conditions of nurses.

Within this scope, this study aims to understand flexibilization of health labour process and its gendered implications on working and living conditions of woman workers in Turkey in case of nursing occupation.

1.2 Significance of the Study

Discussions in *1.1* signifies that, in line with the main principles of structural adjustment, flexibilization has been an underlying process in the formation of labour process in Turkey along with the emphasis on *rigidity of labour market* and the sensitivity on *minimizing wage and non-wage cost of labour* since the second half of 1990s. Moreover, since the second half of 2000s, it is seen that this process has been reinforced by a decisive socio-political tendency promoting *flexibilization* as a *requirement* in order to increase competitiveness of the economy. Indeed, by enabling employers to organize working conditions according to their priorities and needs, flexibilization is promoted as a possibility of responding changes and fluctuations in the global economy and as a catalyser of productivity, sustainable economic growth and competitiveness in the main policy documents (DP9, 2006:75,116; DP10, 2013:47; NES, 2014:26). This can be considered as a *new (third) phase* of flexibilization in Turkey and requires a detailed analysis of the current dynamics and

tendencies in the formation of labour process and its implications on workers - through which this study derives its main significance.

Despite the emphasis on *expanding the weight of flexible jobs* in the labour market as a response to employment creation challenge in the main policy documents (DP9, 2006:46, 104; DP10, 2013:52,164,199; NES, 2014:32,75,76), limited application to flexible jobs signifies that flexibilization in Turkey has characterized mainly by *non-standardization of standard employment relations* through applied flexibilization strategies. In other words, as mentioned in *1.1*, more than expansion of flexible jobs, flexibilization of labour process has been experienced as non-standardization of *existing* standard employment relations not only in the private but also in the public sector through more flexible organization of working time, job specification, personnel structures, wages, promotion possibilities and employment relations.

This implies the fact that reducing flexibilization and its deteriorative implications on working and living conditions to *informal sector* and *job insecurity/unemployment/ numerical flexibility* is no longer adequate in understanding current tendencies in Turkey's labour market. Moreover, analysing *flexible jobs* by bypassing the process of non-standardization of standard employment relations in the formal sector does not provide an adequate understanding of the main dynamics of flexibilization of labour process in Turkey as well. *Accordingly*, by questioning the process of non-standardization of standard employment relations, this study is significant in terms of providing an account for the current form/phase of flexibilization in Turkey in case of health labour process and questioning deterioration in working and living conditions provided by the nursing occupation, traditionally considered as secure, certain and standard employment form in the formal sector.

As evident from the studies referred in the related chapters of this study, the tendency of considering flexibilization of labour process and its deteriorative outcomes on workers' working and living conditions as an aspect of precariousness has been widespread. By following this tendency, *firstly*, this study is significant in terms of considering flexibilization and precariousness as two different processes articulated with each other. In contrast to perspective reducing flexibilization and precariousness to each other, this study gives an account for the question of *under what circumstances flexibilization of employment*

generates precariousness for workers. Indeed, the problem is not flexibilization of labour process, *in itself*, but its articulation with the precariousness in working and living conditions.

Secondly, what makes this study significant is the specific focus on the *experiences/ subjectivities* of workers both *in and outside* of the labour process *within the dimensions of the precariousness. By this way*, this study contributes to theoretical and methodological discussions questioning social, economical and political positioning of workers in and outside of the workplace in the articulation between flexibilization and precariousness. This implies providing a comprehensive account of the implications of this articulation not only on *working* but also on *living* conditions of the workers.

Thirdly, as an extension of these two points, this study also contributes to the discussions on how to operationalize the debate of precariousness and, its theoretical and methodological tools in understanding flexible restructuring of (health) labour process in Turkey. Findings of this study signify *context specificness* of the dimensions of precariousness defined in the literature. This *context specificness* gives this study a significance in terms of re-defining or giving a new insight to the dimensions of the precariousness in the literature in line with the findings on restructuring of health labour process and its implications on nursing labourer.

This study approaches the articulation between flexibilization and precariousness as *gendered* processes. In other words, this study more specifically questions woman workers' social, economical and political positioning in the flexible restructuring of the labour process by focusing on their *experiences* within the dimensions of the precariousness. *By this way*, this study becomes significant in terms of revealing woman workers' *experiences/ subjectivities* in the health sector and/or providing a gender sensitive analysis of the articulation between flexibilization and precariousness in the health labour process. Moreover, this study also contributes to the discussions on operationalizing precariousness debate within feminist theoretical and methodological approaches in understanding the adaptation/integration of gender relations to the current tendencies in the labour market.

It is evident that female labour has been integrated to Turkey's flexible restructuring process not only in production but also in reproduction. As an extension of the family wage ideology, female labour has served as *numerically flexible reserve army,* pulled-in and

pulled-out according to the demand in the market, especially in economic crisis periods (Temiz, 2004:64; İzdeş, 2011:27; Sapancalı, 2005:93; Karadeniz, 2011:89). This has directed studies on female employment in Turkey to the reasons behind women's low employment or high unemployment rates for along time, in understanding woman's disadvantaged, excluded or segregated positioning in the labour market. However, it is no longer adequate to question women's disadvantaged positioning in the labour market in Turkey in relation to their high unemployment and turnover rates. Rather than focusing on unemployment, the current formation of the labour process requires shifting focus on the *quality of jobs* - living and working conditions provided by available jobs in the labour market. *Accordingly*, this study is significant in terms of analysing gendered aspects of the articulation between flexibilization and precariousness within *quality of jobs* perspective instead of reducing it to the job insecurity, numerical flexibility or unemployment.

Another important tendency in the studies on women's employment in Turkey has been considering the articulation between flexibilization and precariousness in relation to female employment in the informal sector. It can be argued that deterioration in working and living conditions of women in formal sector and professional occupations has been nearly neglected in studies. However, besides informal employment, precariousness mainly relates to the process of non-standardization of standard employment relations especially in formal sector. *Accordingly*, by focusing on the process of non-standardization of standard employment relations in health labour process in case of nurses, this study is significant in terms of emancipating the scope of the gender-sensitive discussions from being stuck into informal sector in analysing the articulation between flexibilization and precariousness.

On the other side, especially since the second half of 2000s, it is seen that gender regime in Turkey is relied on female labour both in production and reproduction. *Firstly*, although low labour force participation and employment rates among women has always been emphasized, in recent policy documents (DP10, 2013:164; NES, 2014:35), *for the first time*, it is possible to see some concrete targets about female employment and labour force participation [2]. *Secondly*, what critical in main policy documents is that demographic transition or population dynamics is considered under the title of *women and family* (DP10,

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[2] While in NES (2014:35) the determined target for female labour force participation rates is 41 % by 2023, in DP10 (2013:164) increasing female labour force participation rates to 34 % and employment rates to 31 % is aimed by 2018.

2013:40). Although this makes the term *woman* more visible in recent policy documents, it is seen that women are considered within the family and in relation to their reproductive roles, rather than an individual citizens in social policy level. It is also seen that demographic transition or population dynamics is considered in relation to female employment *for the first time.* Indeed, there is a specific emphasis on increasing birth rates especially among working women (DP10, 2013:193).

If the targets of 'increasing birth rates' and 'increasing female employment rates' are considered together, different from previous periods, it is evident that women are not only considered in relation to reproduction but also production. In other words, these two components of employment policy in Turkey implies that what is expected from women in the current gender regime is; *participating to production* to contribute competitiveness of the economy and *organizing reproduction* at the same time mainly in the household within its paid and/or unpaid forms to preserve young and dynamic labour force and, to enable state withdrawing from welfare provisions and employers from non-wage cost of labour.

This implies the fact that flexible restructuring in Turkey has come along with more intensified conflict between production and reproduction that makes women workers one of the group more vulnerable to the implications of precariousness. *Accordingly,* by questioning this conflict in relation to the dimensions of precariousness, this study is significant in terms of providing a comprehensive account of the positioning of female labour in the process of flexible restructuring within the new gender regime in Turkey in case of nursing occupation.

On the other side, in main policy documents, it is seen that expansion of flexible employment relations is mainly considered as a solution to disadvantaged groups' difficulties in integrating to labour market and their high unemployment rates, one of which is considered as women. It is expected that expansion of flexible jobs will increase both supply and demand of female labour. It is because of the fact that these jobs are provided as a response to employers' flexibilization demands and as a solution to women's difficulties in balancing work and family responsibilities (NES, 2014:34,80; DP10, 2013:41,50,51,55,164, 186). More specifically, there is an emphasis on expanding part-time employment among women. As seen in DP10 (2013:164), expansion of part-time jobs is specifically provided as a performance indicator of *activation of labour market programme*.

This may direct attention to female employment in part-time jobs in analysing disadvantaged and precarious positioning of female labour in flexibilization of labour process in Turkey. However, without discussing integration of gender relations to non-standardization of standard employment relations, it is not possible to provide a comprehensive account for the articulation of gender relations with flexibilization and precariousness in Turkey. Indeed, limited application to part-time jobs in the labour market - due to the persistency of full-time working and over-time working tradition in Turkey - underlines inadequateness of analysing the integration of gender relations with precariousness by starting from flexible jobs, *in general*, part-time employment, *in particular* (Ünlütürk-Ulutaş, 2015:745). *Accordingly*, this study is important in terms of adding the process of *non-standardization of standard employment relations* to the gender-sensitive analysis of the flexibilization of labour process and its gendered implications in Turkey in case of health labour process and nursing occupation.

This study is also significant in terms of going beyond analysis crystallizing vertical and horizontal segregation of female labour *within a particular occupation* in understanding women's disadvantaged positioning in the labour market. Indeed, by focusing on the *process* of non-standardization of standard employment relations, this study questions deterioration in working and living conditions provided by a particular occupation *over time* through the dimensions of the precariousness. *By this way*, this study is significant in terms of providing an account for the integration of gender relations with the different phases of the articulation between flexibilization and precariousness in Turkey and, *in this regard*, with the working and living conditions provided by a particular occupation, which is nursing in this study.

1.3 Plan of the Study

In the context of the study, flexibilization of (health) labour process and its gendered implications on working and living conditions of labour/nurses is examined within 9 main chapters. Until now, in *Chapter 1*, the area, scope, significance of the study was introduced.

In *Chapter 2*, theoretical framework adopted in the context of this study in the analysis of transformation of work and its implications on labour is clarified. This clarification involves challenging non-feminist approaches and providing a feminist framework in understanding gendered aspects of precariousness.

After the clarification of theoretical framework, *Chapter 3* focuses on *macro level* economical, social and political dynamics of the flexible restructuring process since the end of 1970s and examines how these macro level dynamics have been reflected more specifically on woman workers' working and living conditions, in *micro level*, through the aspects of precariousness.

Chapter 4 questions Turkey's flexible restructuring experience within its economical and socio-political aspects and deals with the implications of flexible restructuring on women's working and living conditions through the dimensions of the precariousness in Turkey.

In line with the discussions in *Chapter 3* and *Chapter 4*, *Chapter 5* focuses on flexible restructuring in the *health sector* and questions its implications on the formation of health labour process and, *in this regard*, working and living conditions of the *nurses*.

Chapter 6 presents methodological approach and research design of the study. This presentation involves clarification of the research questions, method of the study and details of the fieldwork.

Chapter 7 and *Chapter 8* are the analysis Chapters of the findings of this study. *Chapter 7* examines nurses' working and living conditions in the health labour process in relation to various dimensions such as working hours, job specification, wages, emotional labour and career opportunities in nursing occupation. *Chapter 8*, *on the other side*, focuses more specifically on representation security in the health labour process both as a dimension and a trigger of reproduction of precariousness in working and living conditions of nurses.

Finally, in *Chapter 9*, the conclusion of this study and its implications are presented in relation to theoretical and methodological framework.

CHAPTER 2

THEORETICAL FRAMEWORK

This chapter aims to provide a theoretical framework for analysing transformation of work, characterized by *flexibilization of labour process*, and its implications on *working and living conditions of labour*.

In the first part of the chapter, labour process theory and precariousness debate are discussed in detail and, in the second part of the chapter, these discussions are reconsidered through a gender lens to analyse social and economic positioning of female labour in flexibilization process. The chapter finishes with concluding remarks.

2.1 A FRAMEWORK FOR THE TRANSFORMATION OF WORK AND ITS IMPLICATIONS ON LABOUR

Transformation of work since 1970s has been acknowledged in the literature dealing with analysing and explaining the changes in the labour regimes. However, the direction of this transformation, its reflections on working and living conditions of labour and its economical, political and ideological implications has been theorized differently in various approaches.

These different approaches are generally summarized under two opposite branches. The first branch, *Flexibilization* or *Flexible Specialization Approach*, emphasizes expansion of the service sector, the increasing weight of white-collar labour, the increasing importance of technology and knowledge in the labour process. It is argued that in this new era, generally conceptualized as *post-industrial*, *post-fordist*, *information society, network society* or *unorganized capitalism,* 'the labour has become multi-skilled and up-skilled', 'the control and initiative of labour over labour process has increased', and 'routinized, alienated, undemocratic and rigid nature of previous period (Fordism)' has been overcome (Blauner, 1964; Bell, 1974; Hirschhorn, 1984; Piore and Sabel, 1984; Zuboff, 1988; Urry, 1995; Castells, 2005). The relationship between capital and labour is considered as democratic, non-hierarchal, participant and mutually responsible (Adler and Cole, 1993; Womack and e*t*

al., 1990) which implies the reconciliation of the interests of labour and capital (Yücesan-Özdemir, 2002:450) and emancipation of labour.

The second branch, on the other side, considers this process as a reformation in accumulation strategy of capitalism. This branch draws upon Marxist *Labour Process Theory*, which had been considered losing its explanatory power and neglected until 1970s. According to Labour Process Theory, expansion of service sector, increase in the numbers of white-collar labour, developments in technology and flexibilization has not resulted in emancipation of labour. Instead, transformation of work has been leading to deskilling of labour, degradation of work, routinization and standardization of labour process, tightening of the control over labour and intensification of work.

This implies the fact that, in contrast to Flexibilization Approach, Labour Process Theory does not consider transformation of work as a 'break' from Fordist principles, but an extension of these principles to service sector and white-collar labour (Gorz, 1986; Hirsch, 1993; Mandel, 1999; Kumar, 1999; Harvey, 2006). Indeed, there is no reason to suppose that flexibility does not continue to co-exist with standardization, control and routinization. Moreover, as emphasized by Wood (1989:28-29,43), "there was considerable flexibility in Fordism –indeed central to Taylorism was the idea of workers being disposable and hence the association of routinization and low training times with numerical flexibility".

On the other side, precariousness debate also provides a ground for analysing and explaining transformation of work and its implications on living and working conditions of labour. Precariousness debate carries a potential to move beyond Labour Process Theory. Indeed, precariousness is not reducible to labour process -*working conditions and employment relations*-; rather it implies more generalized insecurity and uncertainty extended to whole life of the worker and his/her dependents (Mitropoulos, 2005; Neilson and Rossiter, 2005; Precarias a la Deriva, 2005; Tsianos and Papadopoulos, 2006; Candeias, 2004; O'Connor, 2009; Desperak, 2013:124; Casas-Cortes, 2014).

In this context, it can be argued that Labour Process Theory and Precariousness Debate are more powerful than Flexibilization Approach to analyse transformation of work by enabling to make *economy politics* of restructuring process. While analysing transformation of work by flexibilization is a *matter of standpoint*, using precariousness and labour process implies a

critical analysis of current patterns and an interest on deteriorative outcomes of transformation of work on working and living conditions from the very beginning.

Moreover, precariousness and labour process imply not only economic exploitation, but they also provide a ground for political subjectivity[3]. Indeed, another important argument in Labour Process Theory and Precariousness Debate is the emphasis on the convergence in working and living conditions of the workers. While Labour Process Theory emphasizes that white-collar workers has lost their privileged position in the labour market and in the society *-leading to more generalized proletarianization-,* Precariousness Debate emphasizes more generalized insecurity and uncertainty cross-cutting different segments of the labour market *-leading to more generalized precariousness-*.

However, in that point, it can be argued that precariousness debate not only moves beyond Flexibilization Approach but also Labour Process Theory by reclaiming political subjectivity from labour/capital duality and by reinventing different alliances and forms of political struggle (Arnold and Bongiovi, 2013:299). Precariousness represents an *intermediate positioning* which focuses on commonalities without reducing multiple and heterogeneous experiences of workers having different social locations in the labour market to each other.

Within this scope, this part of the chapter aims to provide a theoretical framework for analysing the transformation of work/flexibilization of labour process and its implications on living and working conditions of labour by focusing on deskilling, degradation and control provided by Labour Process Theory and extending this discussion by theoretical and methodological contributions of the Precariousness Debate.

[3] In that point, it is important to note that French Regulation School also gives a socio-economic account for the transformation of work by emphasizing the regulation of relations of production by state as a way of stabilizing the capital accumulation. However, different from Labour Process Theory and Precariousness Debate, it "tends to overlook human subjects, their changes and what is happening to them with the disorganization and reorganization of social relations" (Neilson and Rossiter, 2008: 55) and "leaves no room for the construction of new forms of political subjectivity or the invention of new institutional forms" (Neilson and Rossiter, 2008:58).

2.1.1 DESKILLING, DEGRADATION AND CONTROL

Braverman's deskilling thesis draws upon Marx's theory of labour process and represents the revival of the labour process debate considered as losing its explanatory power and relevancy until 1970s. It is not surprizing that the emergence of Braverman's deskilling thesis coincided with *knowledge labour, new working class, human capital* and *flexibilization* debates and can be considered as a response to multi-skilled, up-skilled, autonomous and emancipated labour claims.

Braverman's deskilling thesis is based on Taylorism[4]. According to Braverman (1974), implementation of Taylorist principles to labour process leads to deskilling and two tendencies: Firstly, deskilling ensures reducing labour costs through systematic degradation of work. Secondly, deskilling increases the control of capital or decreases the autonomy of labour over labour process. The critical point in here is the interrelatedness of these two tendencies; *capital deskills and cheapens labour by its control power; and the control over deskilled and cheapened labour becomes deepen* (Yücesan-Özdemir and Özdemir, 2008:25).

Braverman's deskilling thesis has become much more important to examine service sector and white-collar workers' living and working conditions with respect to three points. Firstly, while capital's increasing demand on educated and skilled labour is considered as a sign of up-skilling or multi-skilling in flexibilization approach, Braverman differentiates 'average skill', 'education' and 'deskilling' (Braverman, 1974:294-295). Braverman agrees that the time spending in education has lengthened and the average skill content of jobs has been increasing. However, he does not consider those as signs of 'up-skilling', 'increasing need for better-educated labour force' and 'raised initiative, autonomy and flexibility'. According to Braverman (1974:303), "employers tended to raise their screening requirements for job applicants, not because of educational needs but simply because of the mass availability of high school graduates". Moreover, 'the connection between education and job content is, for mass of jobs, a false one', since, for the majority, educational achievements exceed those required by most jobs (Braverman, 1974:305). This argument implies that *capital* and *labour* perceive skill differently. While skill, for *capital*, implies knowledge and qualifications

[4] Taylorism was summarized by Braverman (1974:113-119) in the form of three distinct principles: (1) dissociation of the labour process from the skills of the workers, (2) separation of conception from execution and (3) use of this monopoly over knowledge to control each step of labour process and its mode of execution.

required for surplus and capital accumulation, it implies having initiative and control over labour process for *labour*. Therefore, under capitalist mode of production, what perceived as skill by capital is experienced as deskilling by labour (Yücesan-Özdemir, 2014:163).

Secondly, Braverman's attempt to enlarge deskilling thesis to white-collar workers enables to understand transformation of occupational and class structures and can be considered as a challenge to white-collar/blue-collar dualism (Braverman, 1974:224-225). Braverman challenges the argument that the higher the worker's skill level, the higher the wages they had to be paid. According to Braverman (1974:203-245) white-collar workers has lost their privileged status and better working conditions by the process of systematic deskilling and degradation having the effect of cheapening labour. Moreover, Braverman (1974:245) also emphasizes the convergence of blue-collar and white-collar workers' living and working conditions, leading to more generalized *proletarianization*[5].

Thirdly, Braverman challenges manual labour/mental labour dualism as well. According to Braverman (1974:218), while office work is identified with thinking, knowledge and educated labour having monopoly over conception, planning, judgment and the appraisal of results, "the functions of thought and planning become concentrated in an ever smaller group within the office, and for the mass of employed there, the office become just as much a site of manual labour as the factory floor". This implies that what is standardized, routinized and fragmented is not only labour's manual labour but also mental labour. This argument reminds *emotional labour* (Hochschild, 1983) or *immaterial labour* (Hardt and Negri, 2000, 2004; Virno, 2004, 2007; Lazzarato, 2004) perspectives. Indeed, what critical in expansion of service sector is increased use and redefinition of cognitive, communicative, emotional and affective skills of human being as labour market skills and commodification of these competencies as a dimension of capital accumulation.

The impact of Braverman's labour process analysis and his claims on deskilling, degradation and control can be seen in various following approaches dealing with transformation of work (Gorz, 1986; Hirsch, 1993; Kumar, 1999; Mandel, 1999, Yücesan-Özdemir and Özdemir, 2008). However, Braverman's deskilling thesis has also been criticized in many ways. Braverman has been criticised for (1) Theorizing Taylorism as the sole strategy of control

[5] For a detailed discussion of this point, see *2.1.4*.

existing in capitalism, (2) Considering deskilling and proletarianization as an unavoidable processes, (3) Approaching the impact of technology in a deterministic manner, (4) Neglecting subjectivity and possible resistance of labour against capitalist control, (5) Providing an unhistorical perspective and (6) Narrowing his focus on the shop floor thereby neglects the larger economic, political and ideological context. On the other side, although Braverman establishes a relationship between feminization of clerical labour and decrease in wages during the twentieth century (Braverman, 1974:243), his deskilling thesis is also gender-blind that unable to discuss how patriarchy contaminates definitions of skill and designation of jobs. Although most of these objections have legitimate grounds, none of them makes deskilling, degradation and control irrelevant in analysing transformation of work and its reflections on living and working conditions of labour. However, these critics require more detailed discussion and moving beyond Braverman.

2.1.2 FROM DIRECT CONTROL TO MANUFACTURING OF CONSENT

In Labour Process Theory, another important structural and unavoidable characteristic of capitalism is the control over labour process. With the revival of Labour Process Theory in 1970s, the discussions on control have been re-emerged with Braverman's deskilling thesis. As discussed in *2.1.1*, Braverman challenges autonomous and emancipated labour claims of flexibilization approach by claiming decreasing initiative and control of labour over labour process even in white-collar jobs by systematic deskilling and degradation. However, Braverman's perspective is criticized for 'perceiving Taylorism as the sole control strategy existing in capitalism', 'neglecting subjectivity and the possible resistance of labour' and, as emphasized by Littler (1982:58), 'not seeing control as a 'relation'. At this point, Friedman (1977), Edwards (1979) and Burawoy (1985) have enlarged the discussion on control and provide a more comprehensive approach to transformation of control strategies in relation to the transformation of work.

Friedman (1977) contributes to understand the nature of control in capitalism by providing the concept of *responsible autonomy* in addition to Braverman's *direct control.* In contrast to

direct control[6], Friedman's "responsible autonomy strategy involves allowing individual workers or groups of workers a wide measure discretion over the direction of their work tasks and the maintenance of managerial authority by getting workers to identify with the competitive aims of enterprise so that they will act 'responsibly' with a minimum of supervision" (Friedman, 1977:48). However, the critical point in here is that:

> …responsible autonomy does not remove alienation and exploitation, it simply soften their operation and draws workers' attention away from them. Its ideal is to have workers behave as *though* they were participating in a process, which reflected their own needs, abilities and wills, rather than a process aimed at accumulation and profits (Friedman, 1977:53).

Accordingly, as emphasized by Burawoy (1983:589), "responsible autonomy attaches workers to the interest of capital by allowing them limited job control, a limited unity of conception and execution". Moreover, this is not simply a facade to cover Taylorist practices but rather "attempts to harness the adaptability of labour power by giving workers leeway and encouraging them to adapt to changing situations in a manner beneficial to the firm" (Friedman, 1977:49).

On the other hand, Friedman (1977:54) argues that in order to reconcile the rigidities and costs of these two strategies, top managers split their workers either central or periphery in terms of the particular strategy used to maintain authority. According to Friedman (1977:54), central workers are those who through their skills, their contribution to the exercise of managerial authority and the strength of their resistance are considered essential to long-run profits and, to this respect, whose earnings and employment conditions are protected from fluctuations in product demand and general economic recessions. Responsible autonomy is pursued control strategy of central workers and "top managers give workers status, authority, responsibility and try to win their loyalty and co-opt their organizations to the firm's ideals (that is, the competitive struggle) ideologically" (Friedman, 1977:54).

[6] In Friedman (1977:48), "direct control involves maximising the separation of conception from execution of work tasks for the vast majority of workers, the centralization of conceptual activities into few hands closely related to those with high managerial status, and the maintenance of managerial authority through close supervision and financial incentives: in short the Taylorian ideal of scientific management".

On the other side, periphery workers, a 'responsibility' of whom is not perceived so important, are subjected to direct control and considered to be laid-off without disrupting the entire process (Friedman, 1977:54). However, as emphasized by Friedman (1977:55), "dividing workers according to managerial strategy pursued does not eradicate the fundamental contradictions of the capitalist mode of production, it simply supresses them". Indeed, Friedman conceptualizes labour process as a conflicting area and considers pursued control strategy as an outcome of the interaction between worker's resistance and managerial counter-pressures.

Edwards (1979) contributes to discussion by providing *simple*, *technical* and *bureaucratic* types of control. In Edwards (1979:18), these are control systems emerged within the historical evolution of capitalism as a response to the changes in organization of production and worker's success in imposing their own will at the workplace. This implies that Edwards acknowledges workers' resistance to control and perceives labour process as an arena of class conflict and the workplace as a *contested terrain* (Edwards, 1979:16).

As an extension of implicating white-collars to the analysis, Edwards considers technical control as a *homogenizing process* –a tendency to create a common (and degraded) status for all workers- and raises *reserve army of labour* as a chief disciplining device (Edwards, 1979: 126-127). As argued by Edwards (1979:127), high school education has become nearly universal and "the large pool of educated workers meant that as these workers could be more easily replaced, they become subject to the discipline of reserve army. They had been reduced to the level of homogenous labour".

On the other side, Edwards's *bureaucratic control* rests on "embedding control in the social structure or the social relations of the workplace" (Edwards, 1979:21). In line with the argument of Friedman, in bureaucratic control "the most sophisticated level of control grows out of incentives for workers to identify themselves with the enterprise, to be loyal, committed, and thus self-directed or self-controlled. Such behaviour involves what may be called the "internalization of the enterprise's goals and values" (Edwards, 1979:150). Moreover, as emphasized by Edwards (1979:21), identification with and internalization of goals and values of the company become requirements for ascending up the career ladder.

Another important argument in Edwards is his attempt to explain labour market segmentation in relation to pursued control strategies. Edwards defines three labour markets (1979:165-177); *secondary market, subordinate primary market* and *independent primary market.* According to Edwards each segment relates to different control strategies and "the system of control that creates the context within which experience, training, schooling, skills and other attributes assume their importance" (Edwards, 1979:179). The secondary labour market, *characterized by casual labour, low-skill jobs, low pay, little employment security and stability*, is organized according to simple control and "employers feel free to replace or dismiss workers as their labour needs change" (Edwards, 1979:170). The subordinate primary market, *characterized by some job security, relatively stable employment with the prospect for advancement, higher wages, the presence of unions,* contains those workplaces (workers and jobs) under the "mixed" system of technical control and unions (Edwards, 1979:172). The independent primary market, *characterized by stable employment, job security, career progression, high-skill jobs and independent initiative or self-pacing,* is controlled bureaucratically (Edwards, 1979:174-177). This implies that the more the worker essential for the firm, the more the flexibility and initiative provided by the pursued control strategy.

In his discussion on labour market segmentation, Edwards (1979:177-178) discusses gender as a force leading to labour market segmentation and control as well. Edwards argues that women are pushed into particular sex-stereotyped jobs and 'helping' occupations, especially clerical work, and intentionally recruited for particular occupations as a way for management to divide and thereby rule the firm's workforce. According to Edwards, women's having little bargaining power and few alternate job possibilities are "facts which ensured that their work would remain low paying and with few job rights" (Edwards, 1979:178). Despite his consideration of gender as a force of discrimination, segmentation and control, the core of Edwards analysis is *control systems* instead of gender and his consideration does not provide a ground for questioning the nature of gendered aspects of segregation and control in the labour market.

In line with the analysis of Edwards, **Burawoy** (1979, 1983, 1985) discusses control in relation to different *production politics* pursued in different historical phases of capitalism (Burawoy, 1983:590). Burawoy periodizes capitalism in terms of the transition of *despotic regimes* to *hegemonic regimes* and conceptualizes the new type of control pursued since

1980s as *hegemonic despotism*.

In Burawoy's analysis (1983, 1985), what differentiates hegemonic regimes from despotic regimes is the 'actual', 'specific' and 'concrete' *intervention of state* to the production process. In contrast to the unity of 'reproduction of labour power' and 'the process of production' in despotic regimes, state's intervention to production in hegemonic regimes is a transformation "which break the ties binding the reproduction of labour power to productive activity in the workplace" (Burawoy, 1985:125). This implies the fact that hegemonic regimes are characterized by concessions to labour and the control can no longer be reduced to coercion. In Burawoy's expression (1983:590);

> Now management can no longer rely entirely on the economic whip of the market. Nor can it impose an arbitrary despotism. Workers must be persuaded to cooperate with management. Their interests must be coordinated with those of capital.

This argument implies that "to understand the reproduction of modern relations of production, one must analyze 'consent', referring to outwardly voluntary acceptance and enactment of these unequal social relationship" (Davies, 1990:393). Thereby, Buroway (1985:126) argues that despotic regimes of early capitalism characterized by *coercion prevailing over consent* must be replaced by hegemonic regimes, in which *consent prevails (although never to the exclusion of coercion).*

In addition to despotic and hegemonic regimes, Burawoy adds *hegemonic despotism* to his analysis as a new control strategy pursued since 1980s as a response to changing international division of labour and capital mobility. In contrast to hegemonic regimes in which labour was granted concessions on the basis of the expansion of profit, hegemonic despotism is characterized by concessions made by labour on the basis of the relative profitability of one capitalist vis-à-vis another (Burawoy, 1983:602-603). Hegemonic despotism has been experienced as an elimination of concessions granted to the labour and represents a period in which working class have felt their collective impotence and the irreconcilability of their interests with the capital. Indeed, according to Burawoy (1983:603);

> The new despotism is not simply the resurrection of the old: it is not the arbitrary tyranny of the overseer aimed at *individual workers* (although

> that happens too) but the "rational" tyranny of capital mobility aimed at *collective* worker.

Within this framework, Burawoy's contribution to the analysis of control can be summarized in three interrelated points. Firstly, one of the important aspects of Burawoy's analysis is his adding *consent* to the analysis of control. His argument (1979:25-30) that perceives defining essence of the capitalist labour process as the simultaneous obscuring and securing of surplus value makes "supplementing coercion by the organization of consent" compulsory to approach the nature of control. As mentioned by Burawoy (1979:30):

> Obscuring surplus value is a necessary but not sufficient condition for securing surplus value. In other words, it is necessary to explain not only why workers do not act according to an imputed set of interests but also why they attempt to realize a different set of interests. The labour process, therefore, must be understood in terms of the specific combinations of force and consent that elicit cooperation in the pursuit of profit.

Secondly, in line with the first point, the supplementation of consent to the analysis leads to a comprehensive approach to the issue of *subjectivity* and the role of ideology in the labour process. Burawoy (1985:10) perceives objectification of work, *if that is what we are experiencing*, as a subjective process and argues that labour is not only an active accomplice in its own exploitation but also participates in and strategizes its subordination. As argued by Burawoy (1979:27), within the labour process the basis of consent lies in the organization of activities as though they presented the worker with real choices and it is participation in choosing that generates consent.

Thirdly, Burawoy approaches production process as a moment comprising political and ideological elements as well as purely economic ones[7]. According to Burawoy (1985:122);

> That is, the process of production is not confined to the *labour process* – to the social relations into which men and women enter as they transform raw materials into useful products with instruments of production. It also includes *political apparatus* which reproduce those relations of the labour process through the regulation of struggles. I call these struggles the *politics of production* or simply *production politics*.

[7] Burawoy's approach to control can be considered as an outcome of his critics to Theories of Production and Theories of State. Burawoy (1983:587) criticizes under-politization of production in theories of production due to their ignoring its political moments as well as its determination by the state and over-politization of the state in theories of state in which autonomy of state is stressed and dislocated it from its economic foundations.

This implies that in Burawoy's perspective the organization of control exceeds production in labour process and becomes a mechanism framed by political and ideological structures outside of the factory. It is because of this fact that, in Burawoy, the periodization of capitalism via pursued control strategies is also related to those ideological structures and political conjuncture, and conceptualized as *production politics*.

Accordingly, these three interrelated points signifies that Burawoy enlarges the scope of the analysis of control by perceiving the moment of production as *economic* in terms of the production of goods, *political* in terms of the production of social relations and as *ideological* or *subjective* in terms of the production of experiences related to these relations (Öngen, 1996:156; Özuğurlu, 2005:48-49). However, his analysis focuses on industrial sector and blue-collar workers and does not provide an analysis of service sector and white-collar workers. On the other hand, the restriction of control to the labour process makes it unable to grasp (re)production of control outside of the workplace and its implications on general living conditions of labour and its dependants. Moreover, despite his consideration of the production and reproduction in the analysis of control, Burawoy's approach is gender-blind and provides no ground for discussing patriarchal capitalist dimensions of control over female labour in different gender regimes in relation to the reproduction.

Within this scope, it is seen that Labour Process Theory approaches control in capitalism as an inevitable mechanism of restraining individual or collective behaviours threating capital accumulation. It indicates a transformation of control regarding to the changes in the organization of capitalism from simple/direct/despotic to complex/indirect/hegemonic strategies. This new form of indirect control, conceptualized as *subjectification* by Carls (2011), refers to increased internalization of control by labour and attempts to increase workers' self-control, self-responsibility or self-exploitation to allow for a growing flexibilization of labour process and to reduce margins of resistance. This implies that control can no longer be approached as a simple controlled/controller antagonism; rather it should be approached in relation to complex and paradoxical relationship between coercion and consent with respect to social, political, economic and ideological structures and their implications. However, the analysis of transformation of work requires moving beyond labour process by considering *living* and *working* conditions, *in* and *outside* of the workplace, multiple implications of this transformation on different groups in the labour

market having different experiences and political subjectivities - that leads to *precariousness debate*.

2.1.3 PRECARIOUSNESS DEBATE

Precariousness debate not only embrace deskilling, degradation and control, but it also goes beyond Labour Process Theory and provides a more comprehensive and broader framework having theoretical and methodological implications. It can be considered as a paradigm shift from questioning unemployment and employment creation - *dominant until 1990s* - to living and working conditions provided by created jobs or *quality of jobs* (Burgess and Campbell, 1998:6; Tucker, 2002:12; Cranford, Vosko and Zukewich, 2003b:455). By this way, it has been contributing to explore the transformation of work in many ways:

Firstly, precariousness debate provides an account for transformation of work especially since 1990s. There is a tendency to discuss precariousness as an outcome of flexibilization and transition to Post-fordism. However, precariousness is not a new phenomenon; rather it is a *structural* and *existential* characteristic of capitalism (Gambino, 1996; Candeias, 2004; Mitrapoulos, 2005; Fantone, 2007; Neilson and Rossiter, 2008; O'Connor, 2009:93; Seymour, 2012) drawing upon 'having nothing but the labour power to sell' or in Harvey's (2004) words, 'accumulation by dispossession'. In spite of the tendencies approaching precariousness as an irregular phenomenon only when set against a Fordist and Keynesian norm, "if capitalism is examined within a wider historical and geographical scope, it is precarity that is the norm and not Fordist economic organization" (Neilson and Rossiter, 2008:54)[8].

In that vein, what new today is not precariousness but it's generalization regarding to the increase in the proportion of nonstandard employment patterns in newly created jobs (Tucker, 2002:18). However, as a second point, it is also problematic to approach

[8] Therefore, the argument of more generalized insecurity and uncertainty in living and working conditions especially since 1990s does not imply an aspiration for previous Fordist era. As discussed in previous parts of the chapter, although the scope of social uncertainties was reduced by means of welfare state applications, Fordism had been characterized by deskilling, degradation and control, and experienced as women's exclusion from labour market via family wage ideology.

precariousness simply as a withdrawal from standard employment relations[9]. Although nonstandard employment has characterized mostly by precariousness, approaching transformation of work within 'standard/nonstandard dichotomy' and reducing precariousness to nonstandard employment is limited in its ability to capture generalized insecurity and uncertainty (Vosko, 2003; Cranford, Vosko and Zukewich, 2003a, 2003b) and it fails to "capture the deterioration of full term permanent employment" (Vosko, 2006:11) - *an ongoing process of non-standardization and precarisation of standard employment relations.*

Thirdly, precariousness is not reducible simply to working conditions and employment relations. Precariousness is far broader than job security and insecure employment and it refers to a more generalized insecurity and uncertainty extended to whole life of worker and his/her dependents (Mitropoulos, 2005; Neilson and Rossiter, 2005; Precarias a la Deriva, 2005; Tsianos and Papadopoulos, 2006; Candeias, 2004; Clement and *et al.,* 2009:2; O'Connor, 2009; Desperak, 2013:124; Casas-Cortes, 2014). This indicates extended control *in* and *outside* of the workplace, "because work – in order to become productive- becomes incorporated into the non-labor time, the exploitation of workforce happens beyond the boundaries of work, it is distributed across the whole time and space of life" (Neilson and Rossiter, 2005, as cited in Tsianos and Papadopoulos, 2006:2). This implies the fact that precariousness is "not merely an immediate short-lived experience but has long term consequences for the individual concerned and his/her dependents" (O'Connor, 2009:104). Indeed, independently of labour's immediate productivity, precariousness is a situation in which future is already appropriated in the present. As argued by Tsianos and Papadopoulos (2006);

> From the standpoint of the laborer, work takes place in the present, which is, though, incorporated into his or her whole lifespan as a worker. And precisely this lifelong scope is destroyed in precarity: from the standpoint of capital the whole lifespan continuum of a precarious laborer is dissected into successive exploitable units of the present. Precarity is this

[9] "The standard employment relationship generally refers to a situation where the worker has one employer, works full-time, year-round on the employer's premises, enjoys extensive statutory benefits and entitlements and expect to be employed indefinitely (Fudge, 1997; Rogers, 1989; Schellenberg and Clarke, 1996). The standard employment relationship is the model upon which labour laws, legislation and policies, as well as union practices, are based. Norms or ideas about what is typical or 'normal' guide the making of laws and policy and thus shape our labour relations. In this way, the standard employment relationship is a normative model of employment" (Cranford, Vosko and Zukewich, 2003a:7).

> form of exploitation which, by operating only on the present, exploits simultaneously also the future.

In relation to these arguments, as a fourth point, precariousness moves beyond 'production/ reproduction duality'. As argued by Neilson and Rossiter (2008:58), precariousness is the norm of both capitalist production and reproduction, "or, better, the norm that blurs the boundaries between capitalist production and reproduction". By signifying commodification of reproduction, Candeias (2004) conceptualizes this articulation between production and reproduction as *double precarisation* and argues that;

> Simultaneously, on the one hand altered forms of labour lead to decline or stagnation in wages for large parts of the workers (in particular for working poor); on the other hand, they lead to labour intensification and flexibilization and therefore to increasing requirements of high quality public services (from urban transport, education or childcare to professional trainings etc., to the most basic needs for individual reproduction like water provision). The contrast between rising requirements of reproduction and erosion of their general conditions conduct to a process of precarisation of individual and collective agency and a decline in the quality of life (Candeias, 2004:1).

Fifthly, this point implies the requirement of approaching precariousness as a socio-economic phenomenon within a particular social context. Precariousness is not only the disappearance of stable jobs but also "the intersection of individual factors, household dynamics, labour market structures and welfare state shapes precariousness" (Clement and *et al.*, 2009:242). By adding state to the analysis as a source of 'political subjection, economic exploitation and opportunities to be grasped' (Lazzarato, 2004), precariousness provides a ground for approaching generalized insecurity and uncertainty within its political and economical attributions and as argued by Oğuz (2012:245), it signifies a period in which labour's interests and general public interests are overlapped for the first time.

Sixthly, in contrast to flexibilization approach focusing on fragmentation and segmentation of labour, employing precariousness is an attempt to capture the *common faith* crosscutting experiences of different workers fragmented and segmented in the labour market within diversified employment patterns (Candeias, 2004:1; Özuğurlu, 2010). This implies that more generalized insecurity and uncertainty is less and less only a problem of a small group of underprivileged, but a generalized social phenomenon referring to the *convergence* in living and working conditions of workers. Accordingly, precariousness debate is not only a

challenge to white-collar/blue-collar dualism, but it also extends across multiple experiences of various individual workers by perceiving precariousness as a generalized experience[10].

However, as a seventh point, while precariousness is an attempt to capture the *uniting ground* or *commonalities,* it explores these commonalities without reducing multiple and heterogeneous experiences to each other (Candeias, 2004; Gill and Pratt, 2006:31-32; Fantone, 2007; Arnold and Bongiovi, 2012). Precariousness cuts across class and other divisions especially by the inclusion of *social location* to the analysis (Cranford, Vosko and Zukewich, 2003a:6) and "a central contribution of precarity conceptualizations is finding new ways of looking at the system as a whole without ignoring the multitude of movements and individuals" (Sarrantonio, 2008, as cited in Arnold and Bongiovi, 2013: 298).

Eighthly, precariousness debate also contributes to the discussions on subjectivity. As argued by Candeias (2004:6), "precariousness is not a destiny, precarisation is a process wherein subject are active in shaping its concrete forms and tendencies. 'Self-arranging' in precarious social relations *is* a form of *active* subjection". To this respect, precariousness refers not only to economic exploitation, but it is also a strategic point of departure producing political subjectivities and reinventing different alliances and ways of struggle (Gill and Pratt, 2006:26; Arnold and Bongiovi, 2013:299). This new political apposition, conceptualized as *precarity,* "stretches across the divisions and apartheids established by the speed-up and flexible conditions of contemporary capitalist accumulation" (Neilson and Rossiter, 2008:58) and goes beyond workplace organizing. This leads to discussions on the possibility and possible forms of organization without keeping sight of multiplicity and heterogeneity and it passes beyond labour/capital dualism and traditional forms of institutional representation.

These eight points converges on a ninth point that precariousness cannot be considered simply a conceptual identification of empirical reality. The sensitivity on multiplicity of experiences and the endeavor of capturing the uniting ground within this multiplicity generate ambiguity in defining precariousness or arbitrariness in defining borders of it. As argued by Casas-Cortes (2014:207), "precarity has developed as a *proposition* that does not order the real into precise and static identities but that realigns multiple realities into unstable formations, that, while not absolute or rigid, are still practical and have material effects".

[10] For a detailed discussion on convergence in living and working conditions of workers and its political and organizational implications see *2.1.4*.

This requires perceiving precariousness as an *experience* and *in-between theory and practice*. As argued by Neilson and Rossiter (2008:63):

> …precarity is not an empirical object that can be presupposed as stable and contained. It might be better be understood as an experience, since unearthing the tonalities of experience requires an approach that does not place either/or between conceptual and empirical approaches to the world. Rather, it requires a constant movement or transposition between the two. …. It cannot exist without a transversal or transpositional movement between the theoretical and the practical. Insofar as we are precarious, we are always on the move.

Within this scope, the question, *how precariousness can be sociologize,* refers to the models providing the set of criteria (Rodgers, 1989; Standing, 1999; Laparra and *et al*., 2004; Temiz, 2004; Vosko, 2006; O'Connor, 2009; McKay, Clark and Paraskevopoulou, 2011) to examine what precariousness is, whether a jobs is precarious and how it is experienced by labour. Establishing a set of criteria can be considered as an attempt to overcome standard/ nonstandard employment dualism or the problem of focusing solely on forms of employment as a means of exploring the transformation in employment (Cranford, Vosko and Zukewich, 2003b:458). These sets of criteria commonly include[11]: low and uncertain wages, low job security, higher health and safety risks, little or no control over workplace conditions, little or no control over hours of work, limited opportunity for training and skill development, less opportunity for career progression, limited possibility of organization and representation, limited or no access to benefits (such as sick leave, domestic leave and so on) and no regulatory protection against unacceptable working practices (such as discrimination, sexual harassment and so on)[12].

In line with his *double precarisation* argument, Candeias (2004:4) widens the scope of these criteria and identifies precariousness in relation to unacceptable level of subsistence, a little or any social appropriation associated to job, the erosion of public services and dispossession of commons as basic means of reproduction, working and living conditions that exclude the

[11] In that point, as argued by Tucker (2002:24), it is important to emphasize that "it is not any single criteria but the combination of them that influences the level of precariousness. The elements involved are therefore multiple and there are different dimensions and degrees of precariousness. There is also considerable ambiguity. For example, an unstable job or low paid job is not necessarily precarious, given that there may be other compensatory characteristics of the job. Rather it is some combination of these factors which causes precariousness".

[12] For detailed discussion of these criteria, see *3.2*.

realization of long-term life concepts and expectations, a massive insecurity and weakening of individual agency and self-confidence. It is evident that these set of criteria not only relate to deskilling, degradation and control but also refer to the strategies of flexibilization[13] (such as time flexibility, functional flexibility, numerical flexibility and so on) employed by capital. It is also important to emphasize that "many of these aspects are not new for large parts of the global labour force and the poorest, but the tendency is clear towards a general precarisation and simultaneous production of new divisions" (Candeias, 2004:4).

Within this framework, it is evident that precariousness debate is more powerful than flexibilization approach and Labour Process Theory regarding to its moving beyond labour process and all kinds of dualistic and reductionist perceptions in approaches to transformation of work. While it provides an account for a socio-economic context different from the past, it enables to make economy-politics of it by considering its economical, political, ideological implications and by propounding a critical interest on its deteriorative outcomes for living and working conditions of labour without reducing experiences to each other. By this way, it also contributes to the discussions on subjectivity by approaching precariousness as an experience and by perceiving these experiences as a trigger to political subjectivities – that leads to discussion on *convergence*.

2.1.4 THE CONVERGENCE IN LIVING AND WORKING CONDITIONS OF WORKERS

Both Labour Process Theory and Precariousness Debate indicate the convergence in living and working conditions of workers generally conceptualized under mutually exclusive socio-economic categories. The emphasis on the convergence in living and working conditions contributes to examine the impact of transformation of work on labour in terms of challenging dualistic approaches to work and providing an account for new political subjectivities and possible forms of organizations.

As discussed in previous parts, one of the main arguments in Labour Process Theory is that white-collar workers have lost their prestigious status, privileged working and living conditions regarding to systematic deskilling and degradation having the effect of

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[13] For detailed discussion of flexibilization strategies, see *3.1.4*.

cheapening labour power and losing initiative, control and autonomy in the labour process. Moreover, in line with the expansion of service sector, mass availability of white-collar jobs and increasing number of high educated and skilled labour force reinforce this process, generally approached in relation to *reserve army of labour* as a downward pressure on wages and working conditions (Braverman, 1974; Edwards, 1979).

Labour Process Theory considers this tendency as a sign of convergence in white-collar and blue-collar workers' living and working conditions and, to this respect, challenges dualistic approaches to white-collar/blue-collar or mental/manual labour. Moreover, in Labour Process Theory, this convergence is perceived as a sign of *proletarianization* (Braverman, 1979:245; Kelly, 1980:23; Wright and Singelmann, 1982:178; Aronowitz and DiFazio, 1996:189; Kumar, 1999:39*)*. In contrast to '(new) middle class thesis' considering expansion of white-collar jobs as an indicator of enlarged middle class and raised initiative, autonomy and flexibility, perceiving these tendencies in relation to *proletarianization* have revival especially after 1970s (Marshall and Rose, 1988:498). Moreover, from now on, proletarianization refers to *a more generalized* proletarianization by involving the deterioration in working and living conditions of white-collar workers generally considered out of working class. This implies the fact that working-class no longer signify simply a pole of antagonistic class positions, it represents a complex process including both transformation and emergence of new working-class positions (Wright and Singelmann, 1982:180,183).

In this context, Labour Process Theory's emphasis on the convergence in living and working conditions of workers provides an enlarged ground for political subjectivity. As discussed before, Labour Process Theory not only emphasizes the convergence in living and working conditions of workers, but by perceiving labour process as a *contested terrain* it also comprises subjectivity and possible resistance of labour against capital. However, in contrast to homogenized working class prospect implicit in Labour Process Theory's proletarianization perspective, there is a growing insistence on polarization of labour (Elger, 1979; Nichols, 1980; Wood, 1989) and multiplicity of labour market experiences. By analysing these emerging political subjectivities within capital/labour dualism, Labour Process Theory gives no account for multiple and heterogeneous experiences of workers positioning in different social locations and makes it impossible to examine intersectionality of (political) subjectivities and to this respect, experiences of female labour.

On the other side, by emphasizing more generalized insecurity and uncertainty crosscutting experiences, precariousness debate also claims convergence in living and working conditions of workers. However, in contrast to Labour Process Theory, precariousness debate does not approach convergence simply as a convergence in white-collar/blue-collar workers' living and working conditions. As mentioned by Candeias (2004:1), precariousness

> is associated with a new composition of class, gender and racial relations, with deep divisions between subordinated. It is associated with decomposition and transformation of subjectivity and agency.

In other words, by adding *social location* to the analysis (Cranford, Vosko and Zukewich, 2003a:6), precariousness comprises heterogeneous positions along with other social ascriptions (gender, race, ethnicity etc.) that makes the focus on convergence in living and working conditions as an attempt to capture commonalities without reducing multiple and heterogeneous experiences to each other. This implies that the convergence in living and working conditions in precariousness is not only cuts across class, but also other divisions.

As emphasized by Neilson and Rossiter (2008:55), despite its being an ontological experience and socio-economic condition with multiple registers, precariousness also holds the potential to contribute to a political composition of the common, conceptualized as *precarity*. Precarity requires going beyond economistic approaches (Neilson and Rossiter, 2008:51) and labour process. Indeed, in precariousness "we can talk about the subjugation of life under capital, not just the subjugation of labour under capital" (Arnold and Bongiovi, 2011:12). Precariousness encompasses not only the condition of precarious workers regarding to the disappearance of stable jobs, but both individual and public constituents of life such as welfare provisions, housing, debt, the availability of time for building affective relations, the inability to make plans become the aspects of precarity (Neilson and Rossiter, 2008:53; Arnold and Bongiovi, 2011:12).

Moreover, as seen in Candeias's (2004) *double precarisation* argument, by drawing attention to commodification of reproduction, precariousness debate reveals the interrelatedness between production and reproduction in the accumulation of capital especially in the period of flexibilization. In that vein, precariousness debate is also a challenge to productive/unproductive, material/immaterial labour dualisms by emphasizing the articulation between them and by recognizing the subjugation of these under capital. This

makes reproduction as an important dimension of political composition of the common under precarity, generally considered irrelevant to relations of production and neglected in discussions on political subjectivity.

These points lead to question how subjectivity becomes political, under what conditions and forms within precariousness. Despite perspectives theorizing precarity as a class position[14], it is evident that a *shared objective situation* does not automatically generate a common political consciousness. Moreover, regarding to the sensitivity on heterogeneity and multiplicity of experiences, precariat does not propose a *common cause* or *new political subject* (Neilson and Rossiter, 2008:60) or cannot be understood as a *singular* form of collective agency or a *single* form of precise and static identity (Candeias, 2004:10-11; Fantone, 2007:9; Casas-Cortes, 2014: 207). "The appeal, initially at least, of precarity is that it recognizes the diversity of social movements and multiple demands, rather than attempts to unify them under a new social category that seeks to represent diverse perspectives" (Arnold and Bongiovi, 2012:12).

Within this scope, approaching precariousness as an *experience* and precarity as a trigger to the political composition of the common by bringing *differences into relation* (Neilson and Rossiter, 2008:60) provides an important account for capturing the nature of work in flexibilization. Instead of putting precariat against proletariat as a class position, precarity contributes to politicise more generalized uncertainty and insecurity crosscutting experiences of workers and enables not to fall into the trap of fragmentary strategies of flexibilization and identity politics supressing this *uniting ground*. This implies the fact that it is no longer possible to approach political subjectivity solely within labour/capital dualism, class positions and identity politics.

On the other hand, it is also no longer possible to restrict organization of precariat, highly fragmented and heterogeneous political subjectivities, to workplace or consider traditional political institutions as a single form of representation (Candeias, 2004:7; Gill and Pratt, 2006:27; Frase, 2013:3; Casas-Cortes, 2014:206). As argued by Casas-Cortes (2014:206), precarity involves simultaneous local, place-based organizing while actively engaging in

[14] Standing (2012) defines precariat as a new dangerous class. His conceptualization of precariat draws upon both Weberian terminology of *socio-economic group* and *a class-in-the-making* in Marxian Sense.

transnational communication and actions. However, "the potential for commonalities across labouring bodies is undoubtedly a complex and often fraught subjective and institutional process or formation. The fractured nature of working times, places and practices makes political organization highly difficult" (Neilson and Rossiter, 2008:61). White-collar workers' tendency to self-accused themselves for their situation with respect to the internalization of neo-liberal discourse and their insistence on differentiating themselves from blue-collar workers prevent them to express direct criticisms and hinder their organizing motivations as well (Desperak, 2013:128-129).

Within this framework, both Labour Process Theory and precariousness debate indicate a convergence in living and working conditions of workers and considers this convergence as a trigger to a uniting political ground and the emergence of political subjectivity. However, by adding social location to the analysis, precariousness debate enlarges the scope of political subjectivity and represents an attempt to capture commonalities without reducing heterogeneity and multiplicity of labour market experiences to each other. This makes gender acknowledged as a social location differentiating experiences and as an aspect of political subjectivities. However, both Labour Process Theory and precariousness debate does not provide a ground for questioning the reasons differentiating women's experiences of deskilling, degradation, control, precariousness and convergence. Thereby, the following part of the chapter aims to provide a feminist framework to examine transformation of work and its implications on female labour.

2.2 A FEMINIST FRAMEWORK FOR THE TRANSFORMATION OF WORK AND ITS IMPLICATIONS ON FEMALE LABOUR

Discussions in *2.1* reveals that both Labour Process Theory and Precariousness Debate provide comprehensive theoretical and analytical tools to examine the transformation of work/flexibilization of labour process and its implications on labour. Firstly, these two approaches not only give an account for deterioration in living and working conditions of labour but they also emphasize convergence in living and working conditions, and considers this convergence as a trigger to a uniting political ground and the emergence of political subjectivities.

Secondly, these two approaches challenge dualistic perceptions to work by considering deteriorations in living and working conditions as *a more generalized* tendency crosscutting experiences of workers, traditionally grouped under mutually exclusive socio-economic categories. While Labour Process Theory challenges white-collar/blue-collar, mental/manual labour dualisms by arguing the convergence in their living and working conditions, precariousness debate is an attempt to challenge all kinds of dualistic perceptions to the work by adding *social location* [15] to the analysis; and, *to this respect*, by acknowledging heterogeneity and multiplicity of labour market experiences of workers. This makes it possible to acknowledge *gender* as a political subjectivity and as a social location differentiating experiences.

Thirdly, both Labour Process Theory and Precariousness debate move beyond perceiving labour process as a purely economic phenomenon and embrace it within its political, ideological and social dimensions in addition to economic ones. In line with the emphasis on the elimination of welfare state and commodification of reproduction, by adding state to the analysis as a source of 'political subjection, economic exploitation and opportunities to be grasped' (Lazzarato, 2004), Labour Process Theory and Precariousness Debate tie reproduction of labour power to the productive activity in the workplace. By challenging production/reproduction dualism, on the other hand, they provide a ground for problematizing women's living and working conditions in flexibilization in relation to the interrelatedness between gender based division of labour (*reproductive duties*) and female employment (*productive activities*).

As discussed in *2.1*, it is evident that Labour Process Theory and Precariousness Debate provide a space for discussing gender as an aspect of transformation of work by making explicit or implicit assumptions about women's labour force participation, intensification in white-collar jobs, concentration in periphery labour force and segmentation in precarious employment patterns. Despite their considerable contributions, these perspectives do not provide an account for questioning the reasons differentiating women's experiences of deskilling, degradation, control and precariousness, and the *new gender order/regime*

[15] Addition of social location to the analysis provides an enlarged ground for examining transformation of work within its spatial and individual dimensions. Indeed, as argued by Walby (2002:2), "that is, individual's experience in the workplace depends on social location, either spatial in the sense of country, region or city zone, or social location, in the sense of class, education, ethnicity, nationality and gender."

emerged. This makes it impossible to capture gendered aspects of control, gendered construction of skills, gendered political subjectivity and patriarchal-capitalist background of women's concentration and segregation in precarious living and working conditions.

On the other side, it is also possible to see claims on female labour in perspectives perceiving transformation of work as a transition from Fordism to Post-fordism. Indeed, female labour can be seen in *segmentation literature* of flexibilization approach as part of periphery labour force (Atkinson, 1987), secondary sector, and reserve army of labour (Piore and Sabel, 1984). However, as argued by Jenson (1989:144):

> … although the segmentation literature does mention women, by treating them as any other marginal category, the analysis remains blind to the specific structuring effects of gender relations which have been uncovered over and over again.

Moreover, by restricting female labour to the secondary sector and reserve army of labour, this perspective ignores the gendered working conditions in primary sector. As Jenson (1989:144) emphasizes;

> There is no room for the notion that women might normally work or that working women might be norm in some sectors. 'Women' are presumed to be marginal workers and there is no consideration of the situation of women in traditional working class whose wages are systematically lower or who are confined to the semi-skilled and unskilled jobs of primary sector, although their commitment to full-time employment is as great as men's and their training may even be as long.

This implies the fact that examining living and working conditions of labour within primary/ secondary sector, standard/nonstandard employment dualisms and reducing female labour to nonstandard employment patterns in secondary sector is inadequate to understand the impact of more generalized insecurity and uncertainty on female labour positioning in different segments of the labour market.

As another point of view, by including greater consideration of the role of the state in the regulation of the economy and in the conditions of reproduction of labour power, *French Regulation School* also claims on gender relations and the role of women in Fordist and Post-fordist periods. As emphasized by McDowell (1991:402), whereas most of "the schools make a gesture towards women's growing significance as 'marginal' workers in the economy, only the regulation school connects changes in the spheres of production and

reproduction, changes in the labour market with changes in household and family norms". However, Regulation School approaches these changes as a consequence of economic changes and capitalist imperative, rather than mutually constituted changes (McDowell, 1991:402). This makes it unable to give clues in the combination of patriarchal norms with capital accumulation through regulations. Furthermore, one of the main inadequacies of Regulation School is its being unable to problematize the *living and working conditions* of labour and neglecting labour subjectivity.

Accordingly, this part of the chapter aims to provide a feminist framework for examining the impact of flexibilization on women's living and working conditions by enlarging the arguments of Labour Process Theory and Precariousness Debate. Before starting to discuss gendered aspects of deskilling, degradation, control and precariousness, *in line with the objectives of this study*, the essential constituents of the feminist framework to transformation of work/flexibilization of labour process can be summarized under six interrelated points:

Firstly, a feminist framework draws upon challenging the duality between production and reproduction. It is because of the fact that the main tendency differentiating contemporary patterns is the restructuring of both production and reproduction. Whereas the previous period, generally conceptualized as Fordism, characterized by *family wage, a male breadwinner/female caregiver* model and male concentration in standard employment relations (McDowell, 1991; Fraser, 1997; Fudge and Vosko, 2001; Cranford, Vosko and Zukewich, 2003b), flexibilization and the decline of state provisioning the sphere of reproduction has been leading to a conflict between women's increasing and decisive participation to work and their work in the home and in the community - the work of reproduction (McDowell, 1991:400).

As a second point, the emphasis on the contradiction between economic and social restructuring requires "a perspective that views the 'social' not as being merely shaped or constrained by the economic, but rather focus upon the embeddedness of the economic within the social" (Crompton, 2002:546). It is because of the fact that the articulation of the economic with the social is a part of effort to understand transformation and adaptation of gender relations to the contemporary patterns characterized by the tension between employment and family (Crompton, 2002). This perspective comprises the analysis of two

processes; "both shifts in capital-labour relations related to globalisation, and also changes in gender relations, related to the transformation of the gender regime, from domestic to public" (Walby, 2000, as cited in Walby, 2002:3).

Thirdly, contemporary patterns also require a new approach to the feminization of labour force. In spite of different approaches to the feminization of labour force in the feminist literature[16], it can be argued that since 1980s it has been related to gender based segregation of the labour market. However, as mentioned before, the implications of contemporary patterns cannot be analysed simply by focusing on women's segregation in non-standard, secondary and informal employment patterns. Instead, a framework for the transformation of work requires considering 'erosion of standard employment relations' and 'concentration of female labour in nonstandard employment' together. This kind of perspective enables to analyse continuing process of non-standardization of standard employment relations; *deterioration of professional and white-collar women's living and working conditions in standard employment patterns*. As argued by Cranford, Vosko and Zukewich (2003b:475), "there is, therefore, a pressing need to break down the dominant concept "standard employment" and its association with a "good" job and to begin to ask: good for whom?"

On the other side, Vosko (2003) offers *feminization of employment norm* to conceptualize the patterns in contemporary labour market instead of feminization of labour. Feminization of employment norms is defined as "the erosion of the standard employment relationship as a norm and the spread of non-standard forms of employment that exhibit qualities of precarious employment associated with women and other marginalized groups" (Vosko, 2003). Although women's and other marginalized groups segregation in more precarious employment patterns is evident, the contribution of this conceptualization is based on its comprising segregation, precariousness and polarization of working and living conditions not only *between* but also *among* women and men. As introduced by Cranford, Vosko and Zukewich (2003b:460):

[16] As noted by Chacchhi and Pittin (1996:7-8), there are, at least, four different meanings of feminisation in the literature: (1) Increase in the female participation rates relative to men, (2) The substitution of men by women who take over jobs traditionally handled by men, (3) The increase in women's involvement in 'invisible' work, i.e family labour and homeworking, (4) The changing character of industrial work on the basis of new technology and managerial strategies whereby work is decentralized, low paid, irregular, with part-time or temporary labour contracts, that is increasingly women's work (but which is not necessarily done by women).

> Feminization is typically associated with only women's mass entry into the labour force or simply with the changing gender composition of jobs but the 'feminization of employment norms' refers four facets of racialized and gendered labour market trends: (1) high levels of formal labour force participation of women; (2) continuing industrial and occupational segregation; (3) income and occupational polarization between and among women and men; (4) the gendering of jobs to resemble more precarious so called 'women's work' –that is associated with women and other marginalized groups.

Moreover, this conceptualization also moves beyond considering transformation of work simply as a break from the previous era. As argued by Cranford, Vosko and Zukewich (2003b:454), it is because of the fact that, "feminization of employment norms is characterized by both continuity and change in the social relations of gender".

In line with this argument, fourthly, contemporary gendered patterns cannot be approached as a complete break from previous tendencies. It is evident that "women have always worked flexibly – in both the numerical and functional senses of the term" (Walby, 2002:544) and women's segregation in precarious living and working conditions with respect to gender-based division of labour has been a tendency historically reserved for female labour. This implies the fact that transformation of employment relations has not directly lead to transformation of gender relations (Crompthon, 2002; Meenedez and *et al.,* 2007:779). As emphasized by Crompthon (2002:538):

> …despite apparent shifts there has been 'no real change' in the gender division of labour. That is, that as women's entry into the labour market has been concentrated in lower-level occupations, and as women still retain the major responsibility for domestic and caring work, there has been a modification rather than a fundamental change.

Accordingly, what new today is not precariousness, gender based segregation, flexible employment of female labour and women's responsibility for reproduction but *intensification* of these tendencies with respect to the uneasy reconciliation of work and family life.

Fifthly, in spite of the persistency of gender-based division of labour, a feminist framework involves examining the implications of contemporary patterns on female labour by considering *de-regulation* and *re-regulation* processes together. As argued by Walby (2002:6);

> The analysis of changes in the workplace needs to distinguish gender and class dimensions. While there is deregulation of some aspects of employment relations in relation to class (which affect both women and men), there has been regulation of other aspects in relation to gender. These are affected not only by the processes of globalization but also by the transformation of the gender regime.

This implies that in spite of the tendency theorizing more generalized insecurity and uncertainty in relation to *de-regulation*, examining gendered implications of contemporary patterns requires analysing deterioration in women's living and working conditions *with respect to de-regulation* without ignoring *re-regulatory* political motivations and their implications.

Sixthly, all these points signify that a feminist framework necessitates analysing transformation of work through transformation and constitution of *gendered labour regimes*. "The concept of gendered labour regimes incorporates the interplay between state intervention (in the form of legal regulation/deregulation), managerial strategies of labour control and restructuring, worker's subjectivities/identities in resistance and constitution of labour control, as well as the influence of social institutions of labour market and the household" (Chhachhi, 2004:32-33).

Accordingly, gendered labour regimes perspective not only able to examine gendered implications of contemporary patterns within interlocking political, economical and social dimensions, but it also enables to question how these political, economical and social dimensions differentially penetrate into the constitution of gender regimes in different structures. In other words, in addition to capture commonalities of tendencies, analysing gender regimes provides a ground for discussing what kind of organizational, political, social and institutional *adaptations* (Crompton, 2002:541) has been reflected to growing tensions between production and reproduction in different political, social and economic structures. Moreover, as argued by Chhachhi (1999:4), gendered labour regimes is also useful in trying to map the constitution of gendered labour relations within a specific labour process through different organization of deskilling, degradation, control/coercion and consent.

In this context, the following parts of the chapter aims to provide a feminist framework for analysing gendered aspects of deskilling, degradation, control, consent and precariousness.

2.2.1 GENDERED ASPECTS OF DESKILLING AND DEGRADATION: SKILL VERSUS TALENT

In line with the discussions in *2.1.1*, although Braverman indicates patriarchy and its implication for work by claiming concentration of female labour in clerical jobs as a matter for lowering wages (1974:353), one of the important critics to his deskilling thesis is gender-neutral perception of skill and deskilling tendency. By providing a unilinear model and assuming homogenization of workers, Braverman's deskilling thesis takes existing sexual division of labour for granted and does not provide an account for examining how gender play a role in the definition of skills and designation or degradation of jobs. Braverman defines skill as "the combination of knowledge of materials and processes with the practiced manual dexterities required to carry on a specific branch of production" (1974:443). As a *technicist* approach, this definition does not acknowledge that skill contains a social dimension in addition to technical one, and to this respect, is unable to examine how patriarchy contaminates systematic deskilling and degradation (Blackburn and Mann, 1979: 292; Cockburn, 1983:116; Crompton and Jones, 1984:1-2; Wood, 1987:11; Jenson, 1989: 145; Wajcman, 1991; Webster, 1995, 1996).

In contrast to this gender-neutral approach, feminist theory discusses skill as a *social construction* with *political implications* by involving gendered relations *in and outside* of the labour process and the element of *power.* By highlighting the ambiguity around what is skilled work, especially after 1980s, feminist research emphasizes that historically the designation of jobs and the definition of skill have been (pre)defined on the basis of gender relations rather than simply through an assessment of objective qualifications and competencies of workers (Phillips and Taylor, 1980; Chhachhi, 1999:7) through which unequal gender relations are reproduced (Jenson, 1989:142; Wajcman, 1991:29-30).

Accordingly, one form of gendered aspects of deskilling in feminist literature is that "women are assumed to be unskilled and lacking in the capacity for 'skilled work' even though they are skilled; while for men, the fact of being men is itself a capacity, a qualification which makes them eligible for 'skilled designations" (Chhachhi, 1996:28). This implies that irrespective of the actual capacity of the worker and the skill content of the job itself, "skill is often an ideological category imposed on certain types of work by virtue of the sex and power of the workers who perform it" (Philips and Taylor, 1980:82).

As an extension of this argument, another gendered form of deskilling is *gendered designation of jobs* that means distinction of jobs as masculine and feminine. Gendered designation of jobs in relation to skill implies two tendencies: First tendency is women's exclusion from skilled jobs by variety of social mechanisms (Wood, 1987:10; Jenson, 1989: 145; McDowell, 1991:404). The use of existing gender based division of labour within the household, the role of trade unions in preserving male enclaves, managerial strategies and cultural processes all played role in defining what is women's jobs and what is men's jobs (Wajcman, 1991:31-32; Coyle, 1982; Cockburn, 1985, as cited in Chhachhi, 1999:7) and makes women distant to benefits and privileges provided by skilled jobs.

Second tendency, on the other side, is the undervaluation or devaluation of female skills, notably emotional, social and caring skills, by perceiving them as *natural* female competencies or *biologically given* attributes. This tendency indicates the situation that women do skilled jobs but not designated as skilled on the specious ground that these kinds of skills gained without formal training or via workplace experience (Davies and Rosser, 1986, as cited in Edgell, 2010:57) and with respect to their association to being mother and domestic tasks women perform outside of the workplace free (Lim, 1996:134). This tendency trivializes the significance of socialization as 'training' and legitimizes devaluation and degradation (Wood, 1987:10-11; Wajcman, 1991:36; Chhachhi, 1999:8). On the other hand, this tendency is also another mechanism for excluding women from accessing to promotions and the appropriated social value to jobs designated as skilled. Indeed, as signified by feminist research, masculine attributes (e.g. ambition and competitiveness) are overvalued in the labour market in terms of recruitment, wage and promotions, whereas feminine one's (e.g. caring and communication) are not even included in job descriptions, to the advantage of men and to the detriment of women (Collinson and Knights, 1986, as cited in Edgell, 2010:57).

As another form of gendered aspect of deskilling, feminist research approaches this systematic devaluation of female skills and gendered designation of jobs as a conducive to *cheapening* of female labour. As argued by Chhachhi (1999:36) conceptualizing this systematic devaluation and designation as *non-recognition:*

> Non-recognition does not only imply an ideological downgrading of women's learned attributes but also affects wage levels. Skill designations are the basis for wage calculations and defining women workers as

> unskilled fixes them at the lowest level of the salary scale. Employers derive a double benefit - they hire women who have already been partially trained and at the same time by designating them as unskilled/ semi-skilled, they can be paid lower wages.

In that point, as another gendered aspect of deskilling, feminist research also signifies that devaluation of female skills and gendered designation of jobs is not only for the benefit of employers but also men. Indeed, feminist intervention to labour process theory indicates that skill and its content are contested not simply between capital and labour but also between women and men (Philips and Taylor, 1980:82; Cockburn, 1983; Wood, 1987:11; Jenson, 1989:145). As emphasized by Wajcman (1991:37-38);

> Definitions of skills (….) is a question of workers' collective efforts to protect and secure their conditions of employment by retraining skill designations for their own work and defending that skill to the exclusion of outsiders. These efforts, predominantly by and on behalf of the male working class, have been directed against employers who have regularly tried to find ways of substituting cheaper workers for expensive skilled workers. But men's resistance has also operated against women's interests. Defending skill, preventing "dilution", has almost always meant blocking women's access to an occupation. Moreover, employers' own perception of the suitability of women for particular types of work must, in part, be responsible for the craft workers' success in excluding women from skilled work (Liff, 1986).

This argument implies that feminist theory widens the scope of the discussion on control in Braverman's deskilling thesis and perceives this systematic devaluation and deskilling as a trigger to male control over female labour in addition to capital's (Coyle, 1982; Jenson, 1989; Wajcman, 1991:31-32; Chhachhi, 1999).

Within this scope, feminist approach to skill claims the gender-divide in deskilling and implies that deskilling is an essential aspect of women's labour market experiences. In that vein, feminist approach to deskilling casts doubt on the perception that contemporary patterns lead to up-skilling of (female) labour and undermine the relevance of some of the ideological underpinnings of men's assumed supremacy (Wood, 1987:13-14; Jenson, 1989: 145). Although commodification of social and emotional skills and decreasing importance of physical strength in production process regarding to the expansion of service sector is a challenge to *emotional/rational* dichotomy *-functioned as a patriarchal capitalist exclusionary mechanism in the labour market-*, feminist research indicates persisting undervaluation of female skills and degradation of women's jobs in favour of capital and

male workers (Crompthon and Jones, 1984; Jenson, 1989; Wajcman, 1991:31; Chhachhi, 1999; McDowell, 2001:449; Özkaplan, 2009). On the other hand, although the technological developments resulted in redefinition of skills, feminist research also indicates how technological changes involve the process of gendering (Crompthon and Jones, 1984; Cockburn, 1986:181; Wood, 1987; Jenson, 1989:149; Wajcman, 1991; Webster, 1995, 1996; Chhachhi, 1997:7) and emphasizes the negative effects of automation on the job content, autonomy and control over the production process.

However, deskilling is not the only mechanism reproducing women's unequal relation with autonomy, status and power. The following part of the chapter aims to discuss control, consent and their gendered implications as an aspect of women's unequal relation with autonomy, status and power.

2.2.2 GENDERED ASPECTS OF CONTROL AND CONSENT: IN BETWEEN PRODUCTION AND REPRODUCTION

In contrast to autonomous and emancipated labour claims in flexibilization approach, as discussed in *2.1.2*, Labour Process Theory signifies intensification of capital's control over labour and white-collars' decreasing autonomy on the labour process. Moreover, by theorising transformation of control from simple/direct/despotic to complex/indirect/hegemonic, Labour Process Theory provides a perspective approaching control in relation to the paradoxical relationship between coercion and consent and, *to this respect*, acknowledges the intervention of not only social, economical, political structures but also subjectivities of labour in (re)production of control and manufacturing of consent. On the other side, precariousness debate also contributes to the discussion of control by claiming it as an implicit dimension of more generalized insecurity and uncertainty.

However, both Labour Process Theory and Precariousness debate provide a gender-neutral approach to control and ignore gender as an essential aspect in the operation of control and manufacturing of consent (Davies, 1990; Webster, 1995, 1996; Chhacchi, 2004). As discussed in *2.1.2*, although Edwards (1979:177-178) signifies the relationship between gender and control by claiming women's low bargaining power, low wages and few rights with respect to discrimination and segmentation, he does not provide an account for questioning the reasons that differentiates women's confrontation to control differently. On

the other side, by perceiving the moment of production as *economic* in terms of the production of goods, *political* in terms of the production of social relations and *ideological* or *subjective* in terms of the production of experiences related to these relations, Burawoy (1985) enlarges the scope of (re)production of control to *in and outside of the workplace* and signifies reproduction of labour power as a crucial determinants of different forms of control. Nevertheless, Burawoy does not integrate the "hidden abode of reproduction" (Chhacchi, 2004:31-32) into his analysis and does not provide an account for gendered forms of manufacturing of consent and re/production of control (Davies, 1990; Webster, 1995, 1996; Chhacchi, 2004).

As a response to these gender-neutral approaches, feminist literature broadens the scope of control by claiming that female labour is controlled not only by capital but also by men. As initial departures, by providing the concept of *patriarchy* as an institutionalized system for the control of female labour, feminist theory claims male control over female labour within the household (Walby, 1989; West, 1990:246) and by *domestic labour debate* (James and Dalla Costa, 1973), it argues the contribution of women's reproductive labour on capital accumulation (Hartmann, 1976; Barker and Downing, 1980; Walby, 1990; Webster, 1995, 1996; Lim, 1996).

However, regarding to women's increasing labour force participation, feminist theory signifies the articulation between women's role in reproduction and production as a trigger reinforcing both capital's and male's control over female labour *in and outside* of the workplace. This is because of the argument that feminist theory approaches capitalism and patriarchy as two forms of expropriation reinforcing each other in a way leading to undervaluation, degradation, segregation, deskilling of female labour and*, to this respect*, their exclusion from status, power, autonomy and better working conditions in favour of the interests of capital and men (Hartmann, 1976; Eisenstein, 1979; Barker and Downing, 1980; Davies, 1990; Collinson and Collinson, 1996; Lingam, 2005; Crowley, 2013).

Accordingly, feminist approach to control signifies that control over female labour cannot be reduced solely to labour process or household. Indeed, by challenging public sphere/private sphere dualism, feminist theory approaches control *in and outside of the workplace* that makes economical, political and ideological structures as a part of the operation of control over female labour. As argued by Webster (1996:149);

> This form of control over women by management (and, we might add, by male workers) is deeply embedded in and reinforced by the social institutions and practices of everyday life. It is effective as a means of control because it goes far beyond the confines of the workplace, depending heavily upon social assumptions and expectation of women's roles (including those held by women themselves), upon an educational system which perpetuates sexual stereotyping, and upon the place of domestic division of labour.

This implies embeddedness of gender relations to all kinds of social institutions in a way that "the control imposed within one are usually accepted and promoted as legitimate by the other" (Lingam, 2005:9). This also enlarges the scope of the discussions on consent and signifies its gendered essence. As argued by Davies (1990:401);

> …since the same proposed hegemonic conditions do not exist for women, consent should be conceptualized by implicating the 'other' type of domination women experience, within constellation of factors both internal and external to the workplace.

Moreover, as an extension of approaching control through the paradoxical relationship between coercion and consent, feminist approach to control also makes subjectivities of female labour, itself, as a part of (re)production of control and manufacturing of consent. In contrast to perspectives approaching women's consent to disadvantaged working and living conditions as their *preference* (Hakim, 1995) or *self-discrimination* (Desperak, 2013:113), feminist theory emphasizes *women's different orientations to work* through gender based division of labour (gender differences in domestic responsibilities, patriarchal expectations through female employment, enforced family responsibilities) substantially limiting women's capacity to respond labour market opportunities (Lingam, 2005:9) and, *to this respect*, becoming a gender specific indicator of internalization of control (Chhachhi, 2004: 132).

On the other side, by adding female subjectivity to the analysis, feminist approach to control also perceives labour process as contradictory; "appearing oppressive, but at the same time containing the seeds of 'resistance" (Barker and Downing, 1980:81). This suggests female subjectivity as a potential to challenge control in the labour process (Barker and Downing, 1980; Collinson and Collinson, 1996:235). Indeed, in spite of the tendency of approaching resistance in relation to men or ignoring resistance capacity of female labour, feminist research indicates "how women have developed a culture of resistance which is peculiar to the as women, within the patriarchal relations of control of the office" - such as absenteeism,

high turn-over rates, sabotage, lateness (Barker and Downing, 1980:81). Moreover, recent feminist theory indicates transformation of female subjectivity and emphasizes women's decreasing voluntary turnover rates, their permanent perception to work, their increasing involvement in trade unions and participation to women's movement against their continuing and deepening exploitation (Barker and Downing, 1980; McDowell, 1991:410; Kabeer, 2000; Chhachhi, 2004:40).

In this context, by drawing upon gender differences in confrontation to control, feminist research indicates specific gendered forms of control and consent manufacturing strategies (Davies, 1990; Gottfried, 1991; Collinson and Collinson, 1996; Crowley, 2013). With respect to social construction of female labour in the interest of capital and men, feminist research indicates *reserve army of female labour* (Benston, 1969; Beechey, 1978; Bruegel, 1979) and *gender-based segregation* (Walby, 1986; McDowell, 1991:402; Lingam, 2005:9) as gender specific control and consent mechanisms imposed[17]. It is important to note that this emphasis on reserve army and segmentation points to the evaluation of feminist approach to control and consent. In contrast to early Liberal and Marxist feminist claims considering labour market participation as a trigger to women's emancipation, as from Socialist Feminism, feminist theory emphasizes a shift from private forms of patriarchal control, *exercised by individual men in families*, to public forms, *embedded in the structural arrangements of paid employment and the state* that signifies the transformation of control over female labour from *exclusionary* strategies to *segregionist* and *subordinating* ones (Walby, 1990:21).

On the other side, in line with Davies' (1990) emphasis on the hierarchical nature of control implying different segments' confrontation to different control mechanisms, feminist research signifies women's confrontation to direct control instead of control strategies providing a (limited) space for autonomy, status and power (Tilly, 1998; Crowley, 2013). As emphasized by Crowley (2013:1232);

> …male work groups more often encounter persuasive "bundles" of control to enhance autonomy, creativity, meaningfulness and satisfaction, while female work groups confront more coercive arrangements,

[17] For a detailed discussion on reserve army of female labour and gender-based segmentation perspective, see *2.2.3*.

> especially direct supervision, that erode these and other foundations of dignity at work.

This point overlaps with the emphasis on women's segregation in more routinized, standardized and monotonous parts of the labour market that results in women's less control over the labour process (Wajcman, 1991:31; Cranford, Vosko and Zukewich, 2003b:454; Crowley, 2013).

It is evident that feminist theory approaches control and consent as strategies presupposing and reproducing the gendered hierarchy both in public and private spheres (Barker and Drowning, 1980; Davies, 1990). This implies that, in contrast to emancipated and autonomous labour claims in flexibilization approach, by signifying condensing conflict between production/employment and reproduction/family in contemporary period, feminist theory signifies intensification of control over female labour in and outside of the workplace (Walby, 2002; McDowell, 1991; Chhachhi, 2004) characterized by 'women's increasing and decisive participation to production' and 'the persistency of women's role in reproduction'.

However, in contrast to dual system perspective in which women's interests are theorized as being in opposition to those of men and of capital (or in which men's and capital's interests are overlapped), recent feminist examinations urges inadequacy of this perspective in reading of contemporary patterns of restructuring (Ehrenreich, 1990:275; McDowell, 1991: 401). It is because of that what new today is not applied control and consent strategies but intensification of capital's control over female labour at the expense of men with respect to increasing importance of female labour in and outside of workplace and the convergence in women's and men's living and working conditions (McDowell, 1991, 2001). Indeed, as claimed by McDowell (1991:401);

> In the shift from the so-called Fordist mass production regime to the new flexibility of the post-Fordist era, it seems that gender is being used to divide women's and men's interests in the labour market in such a way that both sexes - at least among the majority of the population - are losing out. This marks a break from the Fordist period when it is more plausible to argue that both capital and men in general benefitted from the gender division of labour. In this new period, the benefits to capital of women's particular marginal and segmented position in the labour market that developed throughout the post-war period as women's participation rates rose significantly, are enhanced. (.....) The new order is based on a deepening contradiction between economic and social restructuring,

> between the spheres of production and reproduction in both of which women's work plays an increasingly central part.

Within this scope, it is evident that feminist approach to control and consent relates to segmentation of female labour in the labour market in a way excluding them from status, power and better working conditions. However, instead of reducing deterioration solely to working conditions and gendered operation of control and consent, contemporary patterns signify a more generalized insecurity and uncertainty resulting in women's less "perceived sense of control over their lives" (Crowley, 2013:1210). This requires a focus on working and living conditions together - leading to *precariousness debate*.

2.2.3 GENDERED ASPECTS OF PRECARIOUSNESS

As discussed in *2.1.3*, by emphasizing the multiplicity of experiences and intersectionality of subjectivities, precariousness debate acknowledges gender as a social location - *along with race, ethnicity and class* - that differentiates experience of precariousness. In spite of this recognition and emphasis on gender as a trigger to fall into a trap of precariousness, precariousness debate overlooks how precariousness is gendered (Vosko, 2003; Cranford, Vosko and Zukewich, 2003b:458). Indeed, precariousness debate does not provide a ground for problematizing gender based division of labour and the implications of (re)production on women's living and working conditions although it recognizes reproduction as a dimension of more generalized insecurity and uncertainty by challenging production-reproduction dualism.

On the other side, as a response to this gender-blind perspective, as emphasized by Cranford, Vosko and Zukewich (2003b:456), "analyses that fail to focus on the growth of precarious employment in relation to continuing gender inequalities may conceal important aspects of the contemporary labour market". It is evident that there has been a considerable tendency to examine contemporary tendencies through precariousness in feminist literature. Although it is acknowledged that precariousness affects both women and men, feminist precariousness debate urges gendered aspects of precariousness and its greater impact upon women.

One of the claims of feminist precariousness debate is challenging production/reproduction dualism and, *to this respect*, perceiving the embeddedness of production/reproduction as an

indicator of more generalized insecurity and uncertainty in women's living and working conditions. It is important to note that feminist challenge to production/reproduction dualism is not a new intervention. As seen in Domestic Labour Debate and Socialist Feminist System approaches, feminist theory has been claiming productivity of reproduction, emphasizing the contribution of unpaid reproductive female labour to capital accumulation and considering the articulation between production and reproduction as a trigger to women's exclusion from better working conditions.

Although feminist precariousness debate draws upon these premises, it moves beyond them. In contrast to early feminist premises theorizing the articulation between production/ reproduction by attaching them to public and private spheres and by keeping their separateness, feminist precariousness debate is an attempt to challenge all kinds of dualistic perceptions to transformation of work and its implications. By signifying the embeddedness of production and reproduction, feminist precariousness debate indicates that it is no longer possible to speak just about precariousness of work, but rather *precarisation of life* in which the activities of production and reproduction can no longer be identified with a particular space or a set of practices (Precarias a la Deriva, 2005; Weeks, 2007:238, 246; Casas-Cortes, 2014:220). As argued by Weeks (2007:238);

> Thus production and reproduction are more thoroughly integrated in terms of both what is (re) produced and how it is (re) produced. What could once perhaps have been imagined as an 'outside' is now more fully 'inside'; social reproduction can no longer be usefully identified with a particular site, let alone imagined as a sphere insulated from capital's logics.

This perspective is also a challenge to reducing production to labour process and expands the scope of (re)production by signifying the productivity in all spheres of life (Precarias a la Deriva, 2005; Fortunati, 2007:139-140; Emirgil, 2010:227). As emphasized by Precarias a la Deriva (2005);

> But: what has life to do with this [precarity]? (1) First of all, life is productive. We are not among those who say, "Life has been put into production." It has always produced: (…) but now it also produces profit. It has been subsumed by the capitalist axiomatic. (2) Second of all, precarity cannot be understood only from the labour context, from the concrete conditions of work of this or that individual. A much richer and illuminating position results from understanding precarity as a

> generalized tendency towards the precarization of life, affecting society as a whole.

This (re)prominence of reproduction in feminist literature is based on the fact that in its commodified/paid and/or unpaid versions reproduction is now becoming more important source of capital volarization, which marks a significant change (Casas-Cortes, 2014:219). Feminist precariousness debate emphasizes the increasing importance of female labour in (re)production with respect to women's increasing labour force participation and state's withdrawal from provisioning reproduction. This implies that feminist precariousness debate is not only an attempt to (re)problematize reproduction in relation to household regimes (power relations within the household, household division of labour and time on childcare, time on household responsibilities), but it also examines feminization of labour force in relation to commodification of reproduction.

As an extension of this two-fold emphasis, in contrast to emancipated labour claims in flexibilization perspective, feminist precariousness debate approaches contemporary tendencies as an intensified conflict between production and reproduction or *(re)production crisis* as a new form of exploitation of female labour. As discussed in *2.2*, by perceiving contemporary patterns as a process of continuity through change, feminist precariousness debate signifies the coexistence of flexibilization of work and *less flexible societal structures* (Fantone; 2007:8) or the persistency of gender based division of labour as dimensions of women's exploitation and exclusion from better living and working conditions (McDowell, 1991; Crompton, 2002; Walby, 2002; Cranford, Vosko and Zukewich, 2003b; Kidder and Raworth, 2004:13; Fantone, 2007; Menendez and *et al.,* 2007:779).

On the other hand, as another claim, feminist precariousness debate considers precariousness and crisis of (re)production with respect to state, labour market and family (Cranford, Vosko and Zukewich, 2003b:455; Clement and *et al.,* 2009; Gottfried, 2009:89). It is an extension of the perception that precariousness is not only disappearance of stable jobs but also "the intersection of individual factors, household dynamics, labour market structures and welfare state shapes precariousness" (Clement and *et al.*, 2009:242). Gottfried (2009) suggests Pearson's (2007) concept of *reproductive bargain* to underscore this institutional arrangements between the household, the state and the economy. The concept of *reproductive bargain* signifies the increasing burden of reproduction on household and

women, and indicates the restructuring of power relations between women-men and among women (Gottfried, 2009:77). Despite considering women's exclusion and exploitation in relation to state, labour market and family is not a new intervention in feminist literature, this perception implies the recognition of social locations and the bargaining potential of female subjectivity. As claimed by Gottfried (2009:77);

> A reproductive bargain composes an ensemble of institutions, ideologies and identities around social provisioning and care for human beings. The bargain constitutes a hegemonic framework within which actors negotiate rules. Bargain implies a bounded agreement (structure) proscribing and prescribing conduct, but it also injects a dynamic notion of boundaries being made (agency). Actors negotiate from different structural positions of power with different resources (material, symbolic and organizational). As a social process, agents interpret rules and influence rule-making that can call into question and alter the boundaries of the bargain.

It can be argued that this perception becomes concrete in the special attention on *care* in feminist precariousness debate. Along with the critics on neglecting care in early feminist literature, feminist precariousness debate puts commodified and/or unpaid forms of care at the centre of the perspective on precariousness not only as a dimension of the deterioration in women's living and working conditions, but also as a dimension of female political subjectivity (Precarias a la Deriva, 2005; Fantone, 2007:17; Weeks, 2007; Vosko and Clark, 2009:34; Clement and *et al.*, 2009:3-4; Casas-Cortes, 2014:221).

On the one hand, in its commodified and/or unpaid forms, care directly relates to state, labour market and family by implying the questions of how it is organized, who bears the cost, who performs and under what conditions (Clement and *et al.*, 2009:3-4; Gottfried, 2009:77). With respect to the increasing emphasis on outsourced of care to migrants and retired women, care cuts across social spaces and locations. This not only signifies the persistency of gender-based division of labour and its regeneration by handling-over among women, but also implies the recognition of social locations and power relations among women. In other words, care invites gender, race, ethnicity and class as a dimension of more generalized insecurity and uncertainty in women's living and working conditions and, *to this respect*, to the centre of feminist reading of precariousness (Fantone, 2007:9; Menendez and *et al.,* 2007:779; Gottfried, 2009:77; Casas-Cortes, 2014:221).

On the other hand, as a conjunction between personal and collective, feminist precariousness debate considers care both as a locus of exploitation and as a site from which resistant subjects and alternative visions might emerge against precarization of life (Precarias a la Deriva, 2005; Weeks, 2007:234; Casas-Cortes, 2014). Indeed, as argued by Casas-Cortes (2014:221), focusing on the practices of care has led to the questioning and politicization of several fields that are not usually considered to constitute political action under the rubric of precarity. Accordingly, what differentiates this period is the fact that feminist precariousness debate also challenges the assumption that "resistance must come from the outside and the spatial division between production and reproduction by which that outside was secured" (Weeks, 2007:237).

As another claim, it is evident that feminist precariousness research is mostly based on concentration of female labour in precarious employment patterns (Cranford, Vosko and Zukewich, 2003a, 2003b; Kidder and Raworth, 2004:14; Menendez and *et al.,* 2007:778; Young, 2010). This reminds *reserve army of labour* and *gender-based segregation* theories. From the very beginning, by emphasizing the increasing importance of female labour in (re)production, feminist precariousness debate overrides the perception of female labour as a reserve army (McDowell, 1991:403). On the other side, in contrast to approaches considering women's concentration in poor living and working conditions in relation to their human capital and preferences, feminist precariousness debate signifies *segregation* implying discriminatory practices.

In that point, it is important to note that feminist precariousness debate does not consider women's segregation in poor living and working conditions as a new phenomenon (Mitrapoulos, 2005; Fantone, 2007; O'Connar, 2009:93). According to feminist precariousness debate, what new today is not precariousness, gender based segregation and women's responsibility for reproduction but *intensification* of these tendencies with respect to the intensified conflict between production and reproduction. Accordingly, different from early segregation approaches, feminist precariousness debate puts uneasy *reconciliation of work and family* at the core of segregation (Crompthon, 2002:545; Kidder and Raworth, 2004:13; Menendez and *et al.,* 2007:779; Vosko and Clark, 2009:34; Young, 2010:91; Castro, 2014:125).

In relation to this emphasis on work-family reconciliation, different from early segregation approaches, it can be argued that gender segregation in feminist precariousness debate is mainly based on non-standardization of standard employment patterns [18]. Moreover, women's concentration in nonstandard employment patterns by virtue of balancing work and family is considered as *involuntary* (Cranford, Vosko and Zukewich., 2003a; Menendez and *et al.,* 2007: 778) and, *to this respect*, becomes a part of consent in feminist precariousness approach. However, it is important to note that this does not imply an aspiration to standard employment relations or Fordist period. As mentioned in 4.2, feminist precariousness debate approaches standard employment model in Fordism as patriarchal, based on male breadwinner-female caregiver model (McDowell, 1991; Fraser, 1997; Fudge and Vosko, 2001; Cranford, Vosko and Zukewich, 2003b).

On the other side, in contrast to early segregation approaches, feminist precariousness debate emphasizes pervasiveness of gender segregation in labour market without ignoring the transformation of jobs that are characterized as male or female over time (Weeks, 2007: 239; Menendez and *et al.,* 2007:778; McRobbie, 2010: 71). Weeks (2007:239) describes this current more complicated gender segregation by quoting Haraway (1985:87) who claims about both "the erosion and the intensification of gender". This implies the fact that along with the emphasis on the inadequacy of essentialist understandings of what constitutes men's jobs/women's jobs duality, feminist precariousness debate focuses on the *quality of jobs.* This requires a segregation perspective focusing on *living and working conditions*, neglected before, and examining women's exploitation and exclusion within its multiple layers (training, representation, working hours, career prospects, employment benefits and rights) and forms (Vosko, 2003; Menendez and *et al.,* 2007:778; McRobbie, 2010:75).

Within this framework, by challenging all kinds of dualistic and essentialist approach, feminist precariousness debate claims that transformation of work is shaped by and, in turn, shape enduring gender inequalities both inside and outside of the labour process (Armstrong

[18] The focus on non-standard employment patterns does not imply that precariousness is reduced to non-standard jobs in feminist precariousness debate. As discussed in previous parts, feminist precariousness debate challenges the dualistic perception of standard-nonstandard employment to signify more generalized non-standardization and precariousness cutting across different employment patterns. However, it can be argued that feminist research on precariousness is more focused on intensification of female labour in nonstandard jobs and its implications on women's living and working conditions than non-standardization of standard employment patterns and experiences of female labour in this process.

1996; Bakker 1996; Spalter-Roth and Hartmann 1998; Jenson 1996; Vosko 2000). It is seen that the emphasis on the embeddedness of production and reproduction puts (re)production at the core of the examination that cuts across citizenship, welfare, migration, social locations and power relations not only between women and men, but among women as a dimension of more generalized insecurity and uncertainty in women's living and working conditions. Moreover, the focus on *quality of jobs* within its multiple layers also enables to comprise deskilling, degradation, control and consent as an indicator of the deterioration in living and working conditions. On the other side, instead of approaching female labour as passive victims, feminist precariousness debate signifies female subjectivity and acknowledges its potential to bargain, resist and challenge. This directs attention to positioning of female subjectivity in gender-blind *proletarianization* and *precarization* thesis and the possibility of feminist politics dealing with commonalities without ignoring multiplicities - leading to *convergence debate*.

2.2.4 FEMINIST APPROACH TO CONVERGENCE AND (POLITICAL) SUBJECTIVITY

As discussed in *2.1.4*, both Labour Process Theory and Precariousness Debate signifies a convergence in living and working conditions of labour. The argument of convergence leads to two interrelated contributions: *Firstly,* different from early approaches in which "the transformations within working life and workers' subjectivities have been relatively under-explored" (Gill and Pratt, 2006:26), the emphasis on convergence enlarges the scope of discussion on *subjectivity* by challenging mutually exclusive socio-economic categories and by focusing on how labour *experiences* transformations within working life. Secondly, in contrast to approaches considering labour as passive victims of exploitation, Labour Process Theory and Precariousness Debate indicate bargaining, challenging and resisting potential of labour. By this way, it also enlarges the scope of *political subjectivity* by considering convergence as a trigger to a uniting political ground and emergence of new political subjectivities.

In that point, it is important to note that Precariousness Debate moves beyond Labour Process Theory by adding *social location* to analysis and by signifying the uniting ground without reducing heterogeneity and multiplicity of experiences to each other. While gender is reduced to class in *proletarianization* claims of Labour Process Theory, Precariousness

Debate provides a ground for discussing gender both as a social location and a political subjectivity that differentiates experiences. Moreover, by challenging the duality between production/reproduction, precariousness debate also provides a possibility to enlarge the scope of politics by acknowledging reproduction, generally considered irrelevant to relations of production and neglected in discussions on political subjectivity.

However, as discussed in previous parts of the chapter, both Labour Process Theory and Precariousness Debate are unable to provide a ground for discussing the reasons differentiating women's experiences of deskilling, degradation, control, precariousness and convergence. In contrast to these gender-blind perspectives, feminist literature does not approach convergence and subjectivity in relation to *proletarianization*, reducing gender to class, and *precarisation*, ignoring gender based division of labour and its implications on more generalized insecurity and uncertainty. Along with the acknowledgement of convergence and social locations, feminist approach to convergence and subjectivity focuses on gendered aspects of contemporary patterns and experiences of female labour.

It can be argued that there is a considerable tendency in contemporary feminist approaches to indicate *a convergence in men's and women's living and working conditions* by signifying increasing number of male labour employed in *terms and conditions* that traditionally regarded as 'female' (McDowell, 1991:408; McRobbie, 2010:67). With the expression of Taylor and Philips (1986:65, as cited in McDowell, 1991:408) "we are all becoming 'women workers' now" regardless of biological sex.

On the one hand, this convergence implies deterioration in men's living and working conditions with respect to generalized insecurity and uncertainty in the labour market through flexibilization. As argued by McDowell (1991:407-408), it is no longer possible to argue that capital needs male labour - at least in the form of the old model male worker who solidly and dependably for a single employer throughout his working life. Accordingly, it is evident that convergence in men's and women's living and working conditions does not refer to elimination of gender based segregation or differentiation of jobs; rather it bases on deterioration in *terms and conditions of employment.*

On the other hand, this convergence is considered as c*losing of gender divisions/gaps* in the labour market regarding to 'increase in the number of women in professional and managerial

jobs', 'fall in women's voluntary turn-over rates', 'increase in acquiring educational qualifications and labour market credentials', 'rise in trade-union membership', 'active involvement in campaigns' and 'determination to resist against their continuing and deepening exploitation' (McDowell, 1991:410; McDowell, 2001:450; Crompton, 2002:549; Walby, 2002:19-25; Fantone, 2007:16; McRobbie, 2010:67). Moreover, in contrast to approaches considering contemporary patterns solely through de-regulation, Walby (2002) argues that undergoing transformation of gender and employment relations should be examined as a result of the processes of both *de-regulation* and *re-regulation* by signifying considerable increases in the regulation of female employment.

Furthermore, convergence is not only considered as upside down of gender divisions in the labour market, but also restructuring of gender relations in the domestic sphere. As an extension of the argument of increasing importance of female labour in both production and reproduction in contemporary period, feminist literature indicates the transformation of domestic regimes and, *to this respect*, power relations within the household by claiming the erosion of traditional forms of male-breadwinner and family wage ideologies (McDowell, 1991:416; Crompton, 2002:549; Walby, 2002: 21-22).

Within this framework, it is evident that feminist approach to convergence in men's and women's living and working conditions is a challenge to early segregation and system approaches. In contrast to early feminist premises theorizing women's interests opposite to those of men and of capital, it is no longer plausible to argue that both capital and men in general benefitted from the gender division of labour. As argued by McDowell (1991:416),

> …. in the latest round in the continuous struggle over the control over women's labour, the majority of women and men are losing. Capital is the beneficiary.

In line with this argument, it is important to note that convergence in men's and women's living and working conditions does not imply extinction of gender based division of labour, but increasing power of capital at the expense of male control over female labour. As discussed in previous parts of the chapter, increasing importance of female labour in (re)production does not imply women's access to better living and working conditions but an intensified conflict between production and reproduction as a new form of exclusion and exploitation of female labour. Therefore, as discussed in *1.2* and *1.2.4*, without denying

advantages of women brought by contemporary patterns, feminist literature approaches gendered implications of contemporary patterns as a *continuity through change* implying less flexible gender relations – *modification rather than a fundamental change*- but more flexible employment relations in the interest of capital (McDowell, 1991; Crompton, 2002; Walby, 2002; Cranford, Vosko and Zukewich, 2003b; Kidder and Raworth, 2004:13; Fantone, 2007; Menendez and *et al.,* 2007:779).

While convergence is approached through the convergence in men's and women's living and working conditions, contemporary feminist literature signifies polarization in women's living and working conditions. Indeed, along with the acknowledgement of social locations, in contrast to monolithic, static and antagonistic female subjectivity, feminist literature minds multiplicity and heterogeneity of women's experiences. This enlarges not only the scope of female subjectivity, but also signifies the emergence of new political subjectivities. Indeed, contemporary feminist literature deals not only with the power relations between men/capital and women, but also among women positioning in different social locations (Cranford, Vosko and Zukewich, 2003b:460; Precarias a la Deriva, 2005; Fantone, 2007:9; Gottfried, 2009:77; Federici, 2014).

As discussed in *2.2* and *2.2.3*, the emphasis on the embeddedness of production and reproduction is another feminist intervention enlarging the scope of political subjectivity and its resistance and bargaining possibilities. More in particular, as an extension of the emphasis on (re)production, there is a specific attention on paid and/or unpaid forms of *care,* in feminist approach to contemporary patterns, as a trigger to political subjectivity and as a fundamental weapon against the deterioration in living and working conditions (Precarias a la Deriva, 2005; Fantone, 2007:17; Clement and *et al.,* 2009:5; Casas-Cortes, 2014:22). It is because of the fact that the context where production and reproduction are no longer identifiable with a particular space or distinctive set of practices makes both production and reproduction as the basis of political struggle and the emergence of political subjectivities. As emphasized by Weeks (2007:237), this is a challenge to early approaches in which reproduction was "often taken to be inside capital to the extent that it resembled and was thus comparable to waged labour in the industrial mode" and in which resistance was attached to outside instead of inside (Precarias a la Deriva, 2005; Weeks, 2007:246).

This implies the fact that, different from early approaches attaching reproduction to domestic sphere and political subjectivity to production, contemporary feminist approach considers "every aspects of life as a source of exploitation and liberation" (Federici, 2014). In other words, every spheres of life is considered as a site from which resistant subjects and alternative visions might emerge against deterioration in living and working conditions (Precarias a la Deriva, 2005; Gill and Pratt, 2006:26; Weeks, 2007:233-234; Casas-Cortes, 2014; Federici, 2014). This also implies the fact that instead of perceiving female labour as a passive victim of exploitation and exclusion, feminist theory signifies challenging, bargaining and resistance potential of female labour (Barker and Downing, 1980:87; Federici, 2014).

On the other side, in terms of the mobilization of female political subjectivities, there is an on-going emphasis in feminist approach to contemporary patterns on less representation of women's interests, specifically their lack of power in the process of collective bargaining, in trade unions as a trigger to women's being in poor living and working conditions (Kidder and Raworth, 2004: 14; Menendez and *et al.,* 2007:779). However, contemporary feminism also follows the argument that it is no longer plausible to reduce organization of highly fragmented and heterogeneous political subjectivities to workplace and trade unions (Casas-Cortes, 2014:222-223; Federici, 2014). With respect to the acknowledgement of social locations and multiplicity of interests, there is an evolving discussion in feminism to find new strategies to establish solidarity across social locations without reducing *manyness* to the *one of identity*, to bridge the divisions that have been created among women, to invent new forms of alliance, of organizations, and everyday struggle in the passage between production/reproduction, labour/non-labour (Precarias a la Deriva, 2005; Gill and Pratt, 2006; Fantone, 2007:18; Weeks, 2007:248; Federici, 2014).

To sum up; in contrast to up-skilled, autonomous and emancipated labour claims in flexibilization approaches, theoretical framework of this study indicates 'deskilling', 'degradation of work', 'intensified control in and outside of the workplace', 'more generalized insecurity, uncertainty and convergence in living and working conditions' as implications of transformation of work/flexibilization of labour process on labour.

In addition to drawing upon these premises, feminist approach to contemporary patterns, *on the other side*, signifies greater impacts upon these tendencies on women's living and

working conditions and emphasizes gendered aspects of deskilling, degradation, control, precariousness and convergence. Without ignoring the possibilities to challenge gender based inequalities in and outside of the workplace, feminist approach to contemporary patterns perceives contemporary period as *continuity through change* implying more flexible employment relations but less flexible gendered structures as a trigger to women's exploitation and exclusion from better living and working conditions.

This framework mainly relies on blurring realms of private/inside and public/outside regarding to the restructuring of both production and reproduction in the contemporary period and focuses on the implications of *intensified conflict between production and reproduction* on women's living and working conditions. This new focus on *working and living conditions,* neglected before, is a shift away from macro analysis of women and employment towards examining 'subjectivities/experiences of female labour', 'multiple layers and forms of women's exploitation and exclusion' and 'gendered careers and pathways'.

On the other side, this framework not only focuses on women's exploitation and exclusion from better living and working conditions, but it also indicates resisting, challenging and bargaining potential of female labour. As an extension of the emphasis on *embeddedness* of production and reproduction, this framework perceives every aspect of life not only as a source of exploitation but also as a possibility of subversion and emergence of new political subjectivities against more generalized insecurity and uncertainty. Moreover, as an extension of the acknowledgement of *social locations*, this framework enlarges the scope of political subjectivity by signifying power relations not only between men and women but also among women positioning in different social locations.

Within this scope, it is evident that this framework is a *movement between theoretical and practical.* Indeed, along with the persisting tendency of theorizing experiences within material reality or structure(s), this framework is an attempt to capture commonalities in experiences as a source of emancipation without reducing multiplicity and heterogeneity of experiences to each other. This movement between theoretical and practical also generates methodological implications -discussed in *Chapter 6* in detail.

In line with this theoretical framework, the following chapter continues with discussing the tendencies generated by flexibilization of labour process within its macro level economical, political, social reflections and micro level implications on labour.

CHAPTER 3

FLEXIBILIZATION OF WORK, PRECARISATION OF LIFE

This chapter aims to provide a framework for the transformation of work/flexibilization of labour process since the end of 1970s by questioning its economical, political, social reflections and its implications on working and living conditions of the labour.

Chapter is composed of three main parts. The first part of the chapter discusses restructuring of production relations, employment relations, state, labour market and reconfiguration of the labour. The second part of the chapter deals with more generalized insecurity and uncertainty in working and living conditions articulated with flexible restructuring process. Finally, the third part of the chapter focuses on gendered reflections of transformation of work and the implications of flexible restructuring on women's living and working conditions. The chapter finishes with concluding remarks.

3.1 RESTRUCTURING OF ECONOMIC, POLITICAL AND SOCIAL

The period, since the end of 1970s, has been experienced as *restructuring* both in developed and developing countries. Despite different approaches to restructuring, it is agreed that globalization, intensification of competitiveness, technological developments, change in sectoral configuration of labour market and economic crises has led to a substantial flexible restructuring of labour process and/or employment relations coupled with quite different system of economical, political and social.

3.1.1 Restructuring of Production Relations: Flexible Organization of Production

It is agreed in the literature that the end of 1970s was a crisis period resulted in restructuring of production relations. While this crisis is designated as the *crisis of Fordism*, the restructuring is considered as a transition to *Post-Fordism* by three principle theories of economic restructuring in the literature; *Institutionalist School*, *Neo-Schumpeterian School* and *French Regulationist School*. Despite major discrepancies, these theories agree that Fordism was declining and has been replaced by Post-Fordism, designated by *flexible mode*

of production or *flexible regime of accumulation*. As the crisis of Fordism is attributed to its *inflexibility* or *rigidity* (Harvey, 2006: 165)*,* flexibilization of production has the meaning of 'being more responsive to immediate and diversified demands' and 'an ability to adjust unpredictable and fluctuating changes in global economy' (Storey and *et al.*, 2002; Castells, 2005:211; Jessop, 2006; Erdoğdu, 2006:44). In contrast to the production of standardized goods in Fordism, Post-Fordism involves small-scale, stockless production according to the demand in the market. It is based on *Lean Production Model* -composed of *total quality management*, *quality circle* and *just-in-time production*- that makes firm competitive by removing inert steps in the production process, by decreasing cost of production, by increasing labour productivity and quality of commodities (Bilgin, 2000:72-73; Uyanık, 2003:4; Belek, 2004:46-55; Yılmaz, 2008:158-159; Balkız, 2013; Zencir, 2014:542; Müftüoğlu and Bal, 2014:222-223).

In spite of considerable changes in the organization of production since 1980s, it is important to emphasize that flexible restructuring of production relations cannot be considered within a dualistic perception of Fordism/Post-Fordism. In other words, flexibilization is not a new phenomenon that can be reduced to Post-Fordism. It is not possible to suppose that there was not flexibility in Fordist era or there are not implications of Fordist principles in Post-Fordist era (Gorz, 1986; Wood, 1989:28-29,43; Hirsch, 1993; Mandel, 1999; Kumar, 1999; Harvey, 2006). Although it was restricted in Fordist era, flexibilization is an inherent characteristic of capitalism and what has been happening since the end of 1970s is *re-flexibilization* (Kopinak, 1996:178; Müftüoğlu, 2014c:11; Müftüoğlu and Bal, 2014).

3.1.2 Restructuring of State: Deregulation and Elimination of Welfare State

The crisis of Fordism is not only approached in relation to the decrease in mass consumption of standardized mass production, market saturation and its inability to adjust technological developments, but Keynesian full employment and welfare state policies are also considered as rigidities that resulted in flexibilization of labour rights via de-regulation and elimination of welfare state via cutting public expenses (Castells, 2005; Jessop, 2006; Harvey, 2006; Munck, 2008; Standing, 2012).

French Regulation School emphasizes the cease in the long-term decrease in labour cost as one of the important reasons of the crisis of Fordism. As an extension of this emphasis, it is

argued that the main motivation behind flexibilization is not simply market saturation or decreased consumption but increased labour costs. This motivation is based on approaching statutory framework protecting workers (such as full-time working, fixed working times, fixed working place, fixed wages, job security, collective bargaining right) as rigidity or an obstacle in front of competiveness necessary to be overcome. As the global period of capital accumulation is mainly based on *maximum output with minimum cost* to compete, decreasing cost of labour has been the main political intervention of state into the labour market since 1980s that results in *deregulation* (Vosko, 2003; Munck, 2003; Ongan, 2004:123; Hobsbawn, 2007; Ergüneş, 2008:24; Yücesan-Özdemir and Özdemir, 2008; Mütevellioğlu and Işık, 2009:163-164; Göztepe, 2012:23; Savul, 2012:123; Ciğerci-Ulukan, 2014:144; Yaman-Öztürk and Öztürk, 2014:89).

It is important to emphasize that deregulation does not only involve disfranchisement of labour rights but also endowment of a freedom to capital in determining workplace, working time, working conditions, number of workers and wage levels according to market conditions (Karakoyun, 2007:3; Durak, 2012:67; Oğuz, 2012:231; Kablay, 2014:160). This implies that deregulation has the meaning of, *firstly*, decreasing cost of labour by eliminating labour rights, and, *secondly,* increasing initiative, control and power of capital relative to labour by regulations flexibilizing labour market relations. Thereby, as emphasized by Onaran (2002:273), what have been experienced is not simply *de-regulation* but *re-regulation* in favour of capital.

In addition to deregulation, flexibilization has come together with the elimination of institutional protective framework protecting citizens from market risks that results in the elimination of welfare state. According to Briggs (as cited in MacGregor, 2008:236), welfare state protects its citizens' from market risks by three interventions: by providing a minimum income security to citizens or households; by constricting the scope of social uncertainties such as illness, elderliness, unemployment; by providing social services to all citizens regardless of their social and class status. Anderson (1990) conceptualizes these interventions of welfare state as *de-commodification*. However, as an unsurprising outcome of the socio-economic regime of contemporary era, designated as *neo-liberalism* or *new right,* welfare state's redistributive intervention to the market relations has also been considered as rigidity that led to cut in public expenses, coverage of social security and provision of services since 1980s.

This implies that flexibilization has not only experienced as re-establishment of capital's control over labour process by de-regulation and flexible re-regulation of labour market, but it has also become a way of transferring the social and economic risks on to workers and household (Crompton, 2002:544; Temiz, 2004:61; Erdut, 2004:149-150; Fredman, 2004: 300) in three ways: *Firstly*, cut in public expenses relies on enforcing *individual responsibility* that pressures citizens to find solutions to their lack of health care, education and social security all by themselves ...then blaming them, if they fail, as 'lazy' (Martinez and Garcia, 1997, as cited in Onyejekwe, 2004:27). *Secondly*, this process also bases on encouraging everyone to work in order to access social security and services, conceptualized as a paradigm shift from *welfare to workfare* (Kapar, 2006; Evans, 2008; Ciğerci-Ulukan, 2014:147; Yaman-Öztürk and Öztürk, 2014:96). This provides a reserve army of labour to capital, another strategy of supressing labour rights and labour costs. *Thirdly*, state's withdrawal from its redistributive role comes together with privatization of social services or *commodification of life* (Buğra, 2007:187). This leads to expansion of service sector and generates new valuation spheres to capital (Yaman-Öztürk and Öztürk, 2014:89) in which citizens are transformed to clients (Kablay, 2014:158,163).

Within this scope, restructuring of state does not mean extinction of state's regulatory role. Instead, restructuring of state means elimination of its redistributive role and prominence of its de-regulatory and re-regulatory role in favour of capital reinforcing flexibilization of labour market. This is because of the fact that, different from classical liberal approach, neoliberalism attributes positive meaning to state's regulatory role in terms of its enabling penetration of market relations to all spheres of life in addition to economic one (Yücesan-Özdemir and Özdemir, 2008:59; Mütevellioğlu and Işık, 2009:161-162; Emirgil, 2010:225) and re/producing favourable conditions, regulations and institutions facilitating the operation of these relations (Koray, 2000:166-170; Yılmaz, 2008:168; Kablay, 2014:161-162).

3.1.3 Restructuring of Labour Market: Expansion of Service Sector and White-Collar Workers

Parallel with deindustrialization and privatization/commodification of services, another important aspect of restructuring process is the expansion of the weight of service sector in the labour market (Bell, 1974; Gorz, 1986; Nichols, 1999:113; Uyanık, 2003:5-6). Especially since 1990s, it is evident that service sector has become the main motive behind job creation

particularly in urban areas both in developed and developing countries and considered as the main channel available for absorbing unskilled labour force split from industrial (Uyanık, 2003:13) and agricultural production.

As argued by Miles and Boden (2000:5), services are different from industrial goods and production in three points: (1) Services are *immaterial*, (2) Services are *non-storable* and *non-transferable*, (3) Services require direct *interaction between producer and consumer*. These characteristics make emplacement of flexibilization into service sector easier. Just-in-time nature of service provision, impossibility of storage in services and the relocation of service provision thanks to the development of ICTs make service sector suitable for the flexibilization of labour process. In service sector, on the other hand, competitiveness, productivity and profitability are based on satisfying consumers' immediate needs and demands quickly, irrespective of time and space. This requires flexible labour reserve 'beck and call' at any moment and flexible working conditions enables quick responses to these immediate demands. This accelerates non-standardization of standard employment relations and generates intensification of non-standard jobs mainly in service sector both in developed and developing countries (Tucker, 2002:7; Lee, McCann and Messenger, 2007:88; Uyanık, 2008:216; Parlak and Özdemir, 2011:33; Göker and Akyol, 2013:68). Furthermore, as surplus is totally based on labour productivity, the sensitivity on the cost of labour becomes super-sensitivity that represses living and working conditions of service workers more than others.

On the other side, as an extension of Miles and Boden's third point (2000:5), what critical in the expansion of service sector is redefinition of social and emotional competencies of human being as labour market skills and commodification of these competencies as a dimension of capital accumulation in neoliberal era of capitalism (Kart, 2011; Emirgil, 2010). This implies that expansion of service sector in neo-liberal era challenges classical manual labour/mental labour duality by rendering *immaterial labour* as a dimension of *productive labour* and making labour resign its physical and emotional competencies in service of capital.

As an unsurprising outcome of the expansion of service sector, restructuring of labour market also implies a change in the configuration of labour, experienced as increasing weight of white-collar labour in the labour market (Hirschhorn, 1984; Zuboff, 1988).

Although the implications of flexibilization experienced initially by blue-collar workers especially by the relocation of production to cheap labour reserve areas, since the second half of 1990s there has been a decreasing demand for blue-collars and increasing demand for white-collars regarding to the expansion of service sector. The critical point in here is that flexibilization has made white-collar workers – *traditionally considered as privileged*- face with the risk of unemployment, degradation of their labour, deterioration of their living and working conditions (Yalınpala, 2002:287-289; Göztepe, 2012:32-33; Gülsen, 2012:7-8; Savul, 2012:135; Müftüoğlu, 2014b:242). However, it is important to note that change in the configuration of labour force in global period of capital accumulation cannot be reduced to expansion of *homogenous* white-collar labour force in the labour market. It is because of the fact that, different from previous period, configuration of labour force in contemporary era has been characterized by the *fragmentation* and *polarization of labour force*; increase in the labour force participation of women, young and migrant labour with different racial and ethnic background (Hyman, 2004:98; Hyman, 2002:81).

This implies that the implications of restructuring and flexibilization of labour process cannot be reduced to a segment, a class or a group in the labour market. It is because of the fact that expansion of service sector and increasing weight of white-collar workers makes the implications flexibilization as an experience crosscutting the working and living conditions of workers with different social location, employment status and class positions. As restructuring or flexibilization has been experienced as polarization of labour and intensified fragmentation (Burgess and Campbell, 1998:10; Ansal, 1996:17; Uyanık, 2003:11; Özğurlu, 2010:46-47; Bora and Erdoğan, 2011:39) especially in service sector, it is also no longer possible to claim homogenous white-collar labour and approach labour market simply within white-collar/blue-collar dualism (Gülsen, 2012:7-8; Savul, 2012:135).

3.1.4 Restructuring of Employment: Flexibilization of Employment Relations and Non-standardization of Standard Jobs

Flexibilization of production has led to restructuring of employment relations experienced as flexibilization of employment relations and non-standardization of standard jobs.

Stockless, just-in-time and zero-error production comes together with the necessity of stockless, just in time, productive labour force and working conditions enabling capital to

decrease cost of production, adjust changes in supply and demand in the market and, *to this respect*, be competitive in global economy. This necessity has been met by restructuring of employment relations based on flexibilization strategies (Atkinson, 1984; Standing, 1999: 102; Munck, 2003:94; Temiz, 2004:64; Parlak and Özdemir, 2011:5-9) that can be summarized under main four types:

> 1) *External/Employment/Numerical Flexibility* refers to organization's ability to adjust quantity and quality of workforce (Atkinson, 1984; Kalleberg, 2001). This involves, *firstly*, elimination of legal and trade union-based restrictions in front of hiring and firing (Yalınpala, 2002:282; Oğuz and Ercan, 2010:14) and, *secondly,* changing the composition of workers in response to the changes in demand by using part-time, sub-constructing and temporary employment types (Davis-Blake and Uzzi, 1993; Yavuz, 1995:14-15; Krillo and Masso, 2010:342). Numerical flexibility is the most important strategy used in service sector than others (Wood, 1989:7).
>
> 2) *Internal/Working-Time Flexibility* is characterized by adjusting working hours according to demand in the market through the ways of part-time work, flexi-time work and overtime work (Atkinson, 1984; Zencir, 2014: 547).
>
> 3) *Functional/Skill Flexibility* is based upon transferring workers to different tasks and activities within the same firm. Instead of employing new workers, functional flexibility refers to employers' tendency to use existing workforce efficiently by deploying the skills of employees to adjust changing workload, production methods and/or technology and to minimize cost of employment (NEDO, 1986:4, as cited in Wood, 1989:1; Yavuz, 1995:13; Oğuz and Ercan, 2010:14; Zencir, 2014:546). Functional flexibility is the most important strategy used in industrial sector than others (Wood, 1989:7).
>
> 4) *Wage Flexibility* has macro and micro level aspects. In macro level, wage flexibility refers to firms' ability to adjust labour costs, particularly wage, to changing market and competition conditions (Wood, 1989:1). In micro level, on the other hand, wage flexibility means that wages are decided individually and determined with respect to skill levels, performances or productivity of individual workers (Yavuz, 1995:17; Iversen, 1996; Ongan, 2004:133; Kablay, 2014:182).

It is evident that these four main strategies led to flexibilization of employment relations by enabling employers to change working conditions, number of workers, level of wages, time and space of production according to the changes in supply and demand in local and global markets. Moreover, *as discussed in 3.1.2*, these strategies are also formalized, legitimated and guaranteed in statutory level by the de-regulatory and re-regulatory intervention of state.

On the other side, as another aspect of flexibilization of employment, these strategies are embodied in non-standardization of standard employment relations and increasing weight of non-standard jobs (such as part-time work, temporary work, on-call work, homeworking, agency work) in the labour market especially in developed countries and in service sector. The *standard employment relationship,* generally attributed to Fordism, refers to a working situation where the worker works for one employer, permanently, full-time, in a determined working place owned by employer. This working situation also involves extensive statutory benefits and entitlements, freedom of organization in trade unions and collective bargaining right (Rogers, 1989; Whatman, 1994:356; Schellenberg and Clarke, 1996; Fudge, 1997; Kalleberg, 2003:158; Vosko, 2010:52-61). By these characteristics, standard employment relationship is a compromise among employer, state and worker (Temiz, 2004:56). Indeed, as argued by Cranford, Vosko and Zukewich (2003a:7);

> …the standard employment relationship is the model upon which labour laws, legislation and policies, as well as union practices, are based. Norms or ideas about what is typical or 'normal' guide the making of laws and policy and thus shape our labour relations.

However, these characteristics of standard employment relations have been perceived as rigidity, necessary to be overcome, in global period of capital accumulation. Thereby, non-standardization of standard employment relations and expansion of non-standard jobs in the labour market have been outcomes of the tendency of 'adjusting labour supply to production demands and working conditions to competitiveness' and experienced as 'a withdrawal from working and living conditions provided by standard jobs' especially since 1990s (Öngen, 2002:6; Yalınpala, 2002:279; Kalleberg, 2003:157; Seymen and Çeken, 2004:62; Pfeifer, 2005:406; Savul, 2012:124) both in production and regulation level[19].

[19] In that point, it is important to emphasize three points: (1) Non-standard jobs are not new and cannot be simply considered as an outcome of flexibilization of production (Mangan, 2000; Lane and *et al.,* 2001; Tucker, 2002). As argued by Tucker (2002:17), what new today are not non-standard jobs but "the increase in the proportion of non-standard work in newly created jobs and the inclusion of widely differing types of workers and work arrangements". (2) Expansion of non-standard jobs in the labour market does not mean disappearance of standard employment all together. (3) It is not possible to consider flexibilization of employment relations within standard/non-standard jobs dichotomy. In other words, flexibilization of employment relations cannot be reduced to non-standard jobs (Vosko, 2003; Cranford, Vosko and Zukewich, 2003a, 2003b; Vosko, 2006:11). Flexibilization of employment relations integrates with all forms of employment that requires considering this process as a general process of non-standardization of standard employment relations. For a detailed discussion of these points, see *Chapter 2*.

On the other hand, the processes of non-standardization of standard employment relations and expansion of non-standard jobs has been considered as a response to high unemployment rates; the breakdown in the positive relationship between economic development and employment creation (Gediz and Yalçınkaya, 2000:161; Arnold and Bongiovi, 2013:295; Özkan and Hamzaoğlu, 2014:189). In other words, expansion of non-standard jobs has been provided as a necessity to economic development and as a formula of creating new jobs. It is also argued that flexibilization or non-standardization of employment increases 'labour productivity', decreases 'absenteeism tendency of workers', 'waste of time and energy' - *in employers-level* (Yalınpala, 2002:279; Kalleberg, 2003:157; Bailyn 2004: 1509,1512; Seymen and Çeken, 2004:62; Pfeifer, 2005:406) and provides a freedom of choosing working conditions and reconciling private-life and work-life *-in workers-level* (Yavuz, 1995:22; Bailyn, 2004:1512; Özkan and Hamzaoğlu, 2014:189). Moreover, regarding to the transformation management strategies, it is claimed that non-hierarchical organization structure of Post-fordism reinforces employees' participation to decision-making and initiative over labour process (Dirlik, 2010:335-336; De Gaulejac, 2013:167).

However, in contrast to these positive attributions, there is a considerable literature perceiving flexibilization/non-standardization of employment relations as capital's increased control over labour process and power relative to labour[20]. It is argued that flexibilization of employment relations is capital's increased freedom in determining workplace, working time, wages, quality and quantity of workforce according to the demand in the market and far from providing freedom to workers (Allen and Wolkowitz, 1987; Huws and *et al.*, 1989: 12; Ansal, 1996; Öngen, 1996; Karakoyun, 2007:3; Oğuz, 2011:9; Müftüoğlu and Bal, 2014: 222).

In addition to non-standardization of standard employment relations and deregulation, it is also emphasized that this freedom of capital is also enforced through fragmentation of labour force (Oğuz, 2012:231). In his flexible firm model, Atkinson (1984,1987) perceives fragmentation of labour force as core and periphery. Core represents multi-skilled/ functionally flexible labour force, working full-time, permanent with better working conditions, relatively higher wages, career opportunities, job security and lower voluntary turnover. Periphery labour force, on the other side, is more disposable/ numerically flexible,

[20] For detailed discussion of this argument, see *3.2*.

easily hired and fired according to the demand in the market and works generally in non-standard employment relations (Kalleberg, 2003:154-155; Erdut, 2004:16; Çakır, 2007:118) with fewer employment-based rights, benefits and security.

However, it is important to emphasize that fragmentation of labour force as core and periphery is one of the essential characteristics of capitalism, not a new phenomenon. What new today is employers' intensified tendency of *minimizing the number of core labour force*. It is because of the fact that, in this new era of capitalism, the reproduction of system is based on *largeness of peripheries*. Largeness of peripheries is guaranteed by increasing labour supply by promoting labour force participation and persisting high unemployment rates that generates competitiveness among labour force (Kablay, 2014:169; Müftüoğlu, 2014a:136-137; Müftüoğlu and Bal, 2014:226). By this way, largeness of peripheries functions as *reserve army of labour* 'enabling productivity and capital accumulation' and 'suppressing demands, working conditions and organization potential of labour' (Koray, 2000:166-170; Akkaya, 2003:222; Onaran, 2004:223; Stanford and Vosko, 2004:8; Bernstein, 2007; Ciğerci-Ulukan, 2014:151; Kümbetoğlu, User and Akpınar, 2014:309-310; Müftüoğlu, 2014a:136-137; Müftüoğlu and Bal, 2014:226).

As emphasized by Atkinson (1984:31), largeness or expansion of periphery means that "an individual's pay, security and career opportunities will increasingly be secured at the expense of the employment conditions of others, often women, more of whom will find themselves permanently relegated in dead-end, insecure, low paid jobs". This implies the fact that integration to global markets and competitiveness has been based on deterioration of labour's working and living conditions characterised mainly through non-standardization of standard employment relations in flexible accumulation regime and, *to this respect*, the burden of restructuring has been mainly on the shoulders of labour force in peripheries of the labour market.

However, it is also important to emphasize that, in this new era of capital accumulation, fragmentation of labour force cannot be simply approached through Atkinson's dualistic and homogeneous core and periphery model. Fragmentation has been come together with intensified polarization of labour force and employment status especially in service sector that makes it impossible to approach the implications of flexibilization/non-standardization of standard employment relations through core/periphery, white-collar/blue-collar, mental

labour/manual labour, standard jobs/non-standard jobs dualisms. Although it is evident that control over labour and initiative over labour process have been concentrated in few hands day by day, flexibilization, based on conditions of competitiveness and market dynamics, no longer provides guarantee to any group, class, location and status in the labour market. In other words, despite its penetration has been affected different segments of the labour market in different levels, the implications of flexibilization of employment relations cannot be simply reduced to an experience of periphery labour force, blue-collars and workers working in non-standard jobs (Öngen, 1996:169-223; Koray, 2000:166-170; Akkaya, 2003:219-239; Candeias, 2004; Vosko, 2006:381; Parlak and Özdemir, 2011:6-7; Gülsen, 2012:7-8).

Within this scope, this part of the chapter signifies that restructuring has been experienced as capital's increased control over labour process and power relative to labour through flexibilization of employment relations. It is also evident from the discussions that this control and power is facilitated by 'fragmentation and polarization of labour force', 'sectoral and technological changes' and legitimated by state's de-regulatory and re-regulatory interventions in favour of capital. The following part of the chapter discusses how labour has been experienced these *macro-level* aspects of flexible restructuring by focusing on its, *micro-level,* reflections on living and working conditions in detail.

3.2 IMPLICATIONS OF FLEXIBILIZATION ON LABOUR THROUGH THE DIMENSIONS OF PRECARIOUSNESS

As discussed in *3.1*, flexibilization is briefly a motivation of decreasing the cost of labour in order to be competitive in global economy. This motivation is characterized by (1) Flexibilization strategies that enable capital to determine working-place, working-time, the quality and quantity of labour and wages according to the demand in the market *in production level* (2) Elimination of welfare state and de-regulatory and re-regulatory interventions of state in *political-level* and (3) Non-standardization of standard employment relations and polarization of labour force in *labour market-level.* In this context, this part of the chapter questions how these *macro-level* aspects of flexibilization have been experienced by labour, in *micro-level*, by focusing on its reflections on living and working conditions.

For the last 30 years, implications of flexible restructuring on living and working conditions of labour have been perceived as *more generalized insecurity and uncertainty* both in

developed and developing countries, designated as *precariousness*. Taylor-Gooby (2004) relates precariousness to new social risks (*NSR*) “people face in the course of their lives as a result of the economic and social changes associated with the transition to a post-industrial society” (Taylor-Gooby 2004:3). According to him (2004:3);

> These risks are new in the sense that they were marginal during the post-war era, and, unlike old risks, they affect larger groups of people. Old social risks had more to do with retirement insecurity and illness, and were likely to affect people later in life. NSR are broader since they are related to entering the labour market, job insecurity, care responsibilities, and the decline in labour union power and collective bargaining – all characteristic of what is broadly termed ‘the new economy.

Accordingly, precariousness refers to a paid work “characterized by the absence of employment security, economic security and social protection” (O’Connor, 2009:104). This implies that the phenomenon of precariousness does not solely refer to insecure *working conditions* but more generalized uncertainty and insecurity in *living and working conditions* as a whole (Tsianos and Papadopoulos, 2006; Vosko, 2006:4; O’Connor, 2009:104; Oğuz, 2011:10; Oğuz, 2012:231).

Precariousness, characterized by more generalized insecurity and uncertainty in living and working conditions, is operationalized under different dimensions in different scholars’ works (Rodgers and Rodgers, 1989:3; Rodger, 1989:35; Standing, 1997:8-9; Burgess and Campbell, 1998:11; Tucker, 2002:7; Candeias, 2004; Temiz, 2004:59; Tompa and *et al.,* 2007; McKay, Clark and Paraskevopoulou, 2011:20). Despite there are no commonly used aspects to refer precariousness, it is possible to comprise dimensions of the precariousness under four main interrelated themes [21]; ‘insecure and uncertain working conditions’, ‘elimination of control over working conditions’, ‘skill reproduction insecurity’ and ‘insecure and uncertain living conditions’[22].

[21] Discussed dimensions of the precariousness in the following pages are derived from different scholars’ models and thematized or classified under four interrelated dimensions according to the purpose of this study by the author.

[22] Discussed dimensions of the precariousness in the following pages are based on different scholars’ definitions for these dimensions in the literature. However, findings of this study signify *context specificness* of the dimensions of the precariousness. This leads this study to re-define or give a new insight to the dimensions of the precariousness in the literature in line with the findings on flexibilization of health labour process and its implications on nurses’ working and living conditions. For the contribution of this study to the definition of the dimensions of the precariousness, see *Chapter 7, Chapter 8* and *Chapter 9*.

3.2.1 Insecure and Uncertain Working Conditions

One of the aspects of precariousness is insecure working conditions, involving job insecurity, income insecurity, legal insecurity and representation insecurity.

Job insecurity refers to working under short-time horizons or limited duration with high-risk of termination with little or no prior notice by the employer (Rodgers, 1989:35; Rubery, 1989; Tucker, 2002:7; Tompa and *et al.*, 2007:216). It reflects on labour as an "overall concern about the continued existence of the job in the future" (Sverke, Hellgren and N'aswall, 2002, as cited in Tompa and *et al.,* 2007:212). It is evident that this fits into *numerical flexibility* strategy and is rendered by regulations easing hiring-firing.

On the other hand, job insecurity is reinforced by limited job opportunities/alternatives in the labour market (McKay, Clark and Paraskevopoulou, 2011:20). Although expansion of service sector and non-standard employment patterns has been considered as remedies for employment creation challenge, it is argued that unemployment has been a persistent and inevitable tendency of contemporary era especially since 1990s. Moreover, it is emphasized that unemployment now threatens all groups in the labour market including white-collar workers, considered as privileged and secure in fordist era (Ongan, 2004; Rifkin, 2007, as cited in Bora and Erdoğan, 2011:13; Omay, 2011:141; Göztepe, 2012:29-30; Savul, 2012: 135-136; Ciğerci-Ulukan, 2014:145). This extended threat of job loss and *fear of unemployment* (Kumaş, 2001:271; Çakır, 2007; Omay, 2011:139-140; Müftüoğlu, 2014c:11; Sandıkçı, 2014:289) generates *competitiveness* among workers, *consent* to deteriorated living and working conditions and, *to this respect,* becomes a strategy of supressing working conditions and decreasing labour costs (Temiz, 2004:65; McKay, Clark and Paraskevopoulou, 2011:20; Omay, 2011:139-140; Müftüoğlu, 2014b:231,242; Müftüoğlu and Bal, 2014: 226).

Legal insecurity refers poor access to rights and benefits related to employment situation. This implies 'limited or no access to non-wage employment benefits' such as sick leave, parental leave, retirement and 'having low or no bargaining power against insecure and uncertain working conditions' such as unfair dismissals, discrimination, harassment, health and safety risks (Rodger, 1989:35; Rubery, 1989; Standing, 1997:8-9; Burgess and Campbell, 1998:11; Tucker, 2002:7; Candeias, 2004; Tompa and *et al.*, 2007:217-218;

McKay, Clark and Paraskevopoulou, 2011:20). It is evident that this fits into the motivation of decreasing cost of labour and is rendered by de-regulatory and re-regulatory interventions of state. On the other side, it is important to note that legal insecurity is also an outcome the persistency in designing regulatory framework and social policies according to the standard employment relations (Vosko and Clark, 2009:3) that overlooks non-standardization of employment relations and makes increasing numbers of workers falling outside of the legal and social protective framework.

Income insecurity implies 'earnings close to established poverty lines', 'low-income level insufficient for the worker to maintain herself/himself as well as dependents' and 'irregular, unstable or unpredictable earnings' (Rodgers, 1989:35; Standing, 1997:8-9; Tucker, 2002:7; Temiz, 2004:59; Tompa and *et al.*, 2007:217; McKay, Clark and Paraskevopoulou, 2011: 20). This, again, signalizes the sensitivity on decreasing labour costs. Moreover, it is evident that the tendency of determining wages according to the performance of individual worker, designated as *wage flexibility*, individualizes workers, eliminates collective bargaining (Iversen, 1996; Sennett, 1998; Zencir, 2014) and reinforces the experience of income insecurity.

Representation insecurity refers to less opportunity of representation and organizing under institutions, such as trade unions, protecting workers' rights (Rodgers, 1989:35; Rubery, 1989; Standing, 1997:8-9; Candeias, 2004; Tompa and *et al.*, 2007:217; McKay, Clark and Paraskevopoulou, 2011:20). As an extension of the tendency of decreasing labour costs, activities of trade unions, *collective bargaining* in particular, has been seen as another rigidity in flexible era of capital accumulation. This has been experienced as a considerable elimination in the bargaining power of trade unions (Lingam, 2005:6; Koç, 2012:293-295; Kümbetoğlu, User and Akpınar, 2014:308-309; Müftüoğlu and Bal, 2014:219), decline in the number of workers comprised by collective agreements, decrease in the number of members and loss in member potential.

Representation insecurity can be approached within three triggering determinants: *Firstly*, post-fordism is characterized by the increase in employers' tendency of deterring labour from organizing or collective activities (Savul, 2012:126-127; Ciğerci-Ulukan, 2014:152; Özkan and Hamzaoğlu, 2014:188) by showing reluctance towards employing or by dismissing trade-union members. *Secondly*, it is widely emphasized that trade unions have

been inefficacious in adapting their structures and bargaining activities to the transformation of labour market and employment relations (Hyman, 2004; Savul, 2012:138; Müftüoğlu and Bal, 2014:219,227). Especially in expanding service sector, trade unions have been unsuccessful to represent heterogeneous service workers, comprise their differentiated needs and provide an agenda for non-standardization of standard employment relations (Hyman, 2012:81, Müftüoğlu and Bal, 2014:227). As an extension of the second determinant, *thirdly,* white-collar workers' reluctance against trade union membership and not perceiving trade unions as a solution to their problems (Mangan, 2000, as cited in Tucker, 2002:49; Müftüoğlu and Bal, 2014:219) makes service workers one of the groups more vulnerable to representation insecurity. These determinants fit into flexibilization by leading to *individualization of bargaining* resulting in the elimination of labour's bargaining power and escalation in capital's supress on working and living conditions (Whitehead, 2010, as cited in Özkan, 2014:570).

Within this scope, these indicators signifies that one of the aspects of precariousness is *insecurity* experienced as deterioration in working conditions, economic vulnerability and labour's becoming distant to legal and institutional protection.

3.2.2 Elimination of Control over Working Conditions

As an extension of insecure working conditions, another important aspect of precariousness is the elimination of labour's control over working conditions.

The first indicator of eliminated control over working conditions is ***uncertain working hours*** (Standing, 1997:8-9; Tucker, 2002:7). This refers to a working situation in which the hours of work are irregular and insufficient to generate a sufficient income. This fits into working-time flexibility characterized by the motivation of adjusting working hours to market conditions. Moreover, uncertain working hours also signifies a working situation in which the hours of work are *at the discretion of the employers* (Standing, 1997:8-9; Tucker, 2002: 7). In contrast to approaches considering working-time flexibility as labour's opportunity of reconciling working life and private life, this indicates that hours of works imply employers' freedom in determining working-time according to the demand in labour market instead of labour's freedom in determining working hours according to his/her private life.

In relation to the first indicator, ***elimination of control over work pace*** and ***autonomy on labour process*** (Rodgers and Rodgers, 1989:3; Rodgers, 1989:35; Temiz, 2004:59) is the second indicator of the elimination of control over working conditions. In opposition to approaches claiming labour's increasing initiative on labour process and participation to decision making processes regarding to new non-hierarchical management techniques, these two indictors indicates that working conditions are determined and can be changed one-sidedly by the employer according to the demand in the labour market (McKay, Clark and Paraskevopoulou, 2011:20).

Finally, the third indicator of the elimination of control over working conditions is ***functional insecurity.*** This refers to a working situation in which employers can shift workers from one job to another at will and alter or redefine the content of tasks or activities (Standing, 1997:8-9; Tucker, 2002:7). This fits into functional flexibilization strategy used by employers to adjust changes in the production techniques and to minimize cost of employment.

Within this scope, these three indicators reveal that precariousness is characterized by capital's intensified control over working conditions and labour process which has been experienced as *uncertain* working conditions or more generalized *feeling of uncertainty* by labour.

3.2.3 Skill Reproduction Insecurity

Precariousness is also indicated by insecurity of skill reproduction. This includes limited or no access to training opportunities that enables gaining and retaining skills and enhances labour's career prospects (Standing, 1997:8-9; Burgess and Campbell, 1998: 12; Tucker, 2002:7; Tompa and *et al.*, 2007:218; McKay, Clark and Paraskevopoulou, 2011: 20).

Insecurity of skill reproduction points three important implications. Firstly, skill reproduction insecurity refers to employers' decreasing tendency of taking responsibility about investing human capital of their employees contrary to their increasing demand on functionally flexible multi-skilled and adaptable labour force. This tendency is an unsurprising outcome of the sensitivity on decreasing non-wage cost of labour or the perception considering trainings as additional cost (Voudouris, 2004:141; Davis-Blake and

Uzzi, 1993; Kaya, 2014:593-594; Koşar, 2014:124). Secondly, as an extension of employers' reluctance against providing training opportunities, skill reproduction insecurity implies laying the burden of gaining and retaining skills on labour's shoulders. With respect to increasing pressure of improving and polarizing skills on labour, *designated as skill flexibility,* it is evident that insecurity of skill reproduction is experienced as individualization of skill improvement (Seymen and Çeken, 2004:62; Koşar, 2014:124; Zencir, 2014:552-553). Thirdly, skill reproduction insecurity has been experienced as ***undervaluation of qualifications*** (Roque, 2013:2) especially for high educated and skilled labour. Indeed, despite their relatively high human capital level, persistent pressure of improving and polarizing skills leads to a lasting feeling of incompleteness, inadequacy, uncertainty and insecurity among skilled and educated labour (Sennett, 1998; Bora and Erdoğan, 2011:19; Roque, 2013:2; Müftüoğlu, 2014a:135; Güler-Müftüoğlu, 2014:32).

Within this scope, skill reproduction insecurity and its implications serve for decreasing the cost of skilled labour by systematic deskilling and degradation of their labour and generating consent on deterioration in working conditions (Kaya, 2014:594-597). Indeed, skill reproduction in security makes labour to feel obliged to accept working conditions non-equivalent to their professional and educational skills, resulting in a disqualification process of *status discord* (Kasugi, 2008, as cited in Roque, 2013:15). It is evident that increasing weight of white-collar labour, educated reserve army of labour in the labour market and high unemployment rates reinforces intensification and generalization of skill reproduction insecurity.

3.2.4 Insecure and Uncertain Living Conditions

As mentioned above, precariousness does not only refer to working conditions but more generalized insecurity and uncertainty in living conditions as a whole. In other words, it is not possible to approach precariousness simply as a problem of permanency, continuity and security of a job and deterioration in working conditions. Intertwined with those, precariousness requires comprising labour's position against capital both in production and reproduction spheres, traversing work and life, intersecting present and future.

Firstly, insecure and uncertain living conditions are indicated by ***career insecurity.*** Career insecurity refers to less opportunity for career progression and poor availability of

opportunities for moving up the job ladder both within the current organization and in the labour market in general (Tompa and *et al.*, 2007:218). This indicates labour's low possibility of planning their career freely and comes together with the feeling of uncertainty and insecurity about the future (Burgess and Campbell, 1998; Temiz, 2004:59; Tompa and *et al.,* 2007:218; McKay, Clark and Paraskevopoulou, 2011:20; Roque, 2013:15).

As an extension of career insecurity, *secondly,* insecurity and uncertainty about the future also relates to ***degradation of occupations*** implying the elimination of associated social appropriation or status to certain job activities and dissolution of occupational identity/belonging of workers (Candeias, 2004; Temiz, 2004:59; Tompa and *et al.*, 2007: 217-218; Koç, 2012:300; Oğuz, 2012:231; Standing, 2012; Roque, 2013:15; Kaya, 2014: 600). It is because of the fact that flexible capitalism "precludes making a sustaining narrative out of one's labour, and so a career" (Sennett, 1998:118-122). Moreover, with respect to the expansion of service sector and increasing weight of white-collar workers in the labour market, flexible capitalism has 'brought an end to coherent work histories for everyone', 'exposed everyone to insecurity and uncertainty about the present and the future' and 'made career insecurity, failure and unemployment as the regular experience of even the most privileged' that results in weakening of individual agency and self-confidence (Candeias, 2004; Seymour, 2012; Roque, 2013:15).

Thirdly, another important indicator of insecure and uncertain living conditions is ***social protection insecurity*** implying "the erosion of public services and dispossession of commons as basic means of reproduction" (Candeias, 2004). Conceptualized as *double precariousness* by Candeias (2004), precariousness is characterized not only by the deregulation of labour market but also the elimination of citizen rights leading to more generalized insecurity and uncertainty both in production and reproduction spheres. This fits with the elimination of welfare state resulted in commodification of social protection and clientalization of citizens.

Within this scope, these indicators reveals that precariousness refers to insecurity and uncertainty both in working and living conditions that preclude the realization of long-term life goals, expectations and plans. Moreover, with respect to the expansion of service sector and white-collar labour, the scope of social and economic insecurity and uncertainty has

been generalized and become an experience of workers with different class positions and social locations.

These dimensions classified under four interrelated themes signify the convergence of flexibilization and precariousness. It is seen that flexibilization strategies stimulating the dissolution of legal, social and institutional protections regarding to the motivation of decreasing labour costs has been reflected on labour as an intensified economical and social vulnerability, insecurity and uncertainty. This is because of the fact that the contemporary regime of capital accumulation is mainly based on restructuring of employment relations and, *in this respect*, suppression of working and living conditions of labour (Göztepe, 2012: 31). Accordingly, while flexibilization has the meaning of redefining labour-capital relationship in favour of capital, as argued by Carrico (2007), precariousness has become the characteristic mode of labour exploitation in the contemporary era.

However, in that point, it is important to emphasize that the main trigger is not solely flexibilization. The coexistence/convergence of the processes of '*flexibilization of employment relations*', '*deregulation of labour market*' and *'elimination of welfare state'* makes flexibilization being experienced as more generalized insecurity and uncertainty by labour (Neilson and Rossiter, 2008; Vosko, 2010). As mentioned by Burgess and Campbell (1998:16);

> Increased precariousness in employment occurs along two different, but not necessarily independent, paths. It occurs first of all through an erosion of the extended rights and levels of protection built into the framework of the 'permanent' employment contract. This erosion is associated with employers' pressures towards labour flexibility (Campbell, 1993) and the resulting neoliberal policies of labour market deregulation (Sengenberger, 1992). Neoliberal policies provide a platform for employers to degrade the wages and conditions of the standard jobs offered within their workplaces. Where successful, this degradation means increased precariousness for employees in central dimensions such as low pay, benefits insecurity, employment insecurity and working-time insecurity.

On the other side, there is a widespread tendency in the literature considering precariousness in relation to withdrawal from standard employment patterns or associating dimensions of the precariousness with non-standard jobs. Although non-standard jobs are more prone to be precarious than standard employment, there is no casual link, necessarily, between non-standard jobs and precariousness and it is not possible to approach precariousness within

standard employment/non-standard employment duality. Indeed, manifold changes have been occurring within standard employment and workers in standard jobs have been exposed to several aspects of precariousness (Rodgers, 1989:1,3; Burgess and Campbell, 1998:6-7; Tucker, 2002:2; Vosko, 2003:2; Tompa and *et al.*, 2007:216-218; Vosko and Clark, 2009: 3). As mentioned by Burgess and Campbell (1998:10);

> …even where neoliberal policies are dominant, it is a process that affects different groups of standard employees in different ways (and that spares some groups altogether). However, in many countries broad groups of both blue-collar and white-collar workers, in both private and public sectors, are increasingly subject to pressures to work longer, to work at times their employer chooses, to move between jobs and tasks at their employer's discretion, to sacrifice their leave entitlements, to renounce their union representation, or to convert part of their wages and salaries into contingent payments.

This implies that precariousness is a concept that can be used to assess the attributes of all forms of employment and the experience of precariousness transcends labour contract, type of job and status of employment. This also implies that it is no longer possible to approach transformation of work and its implications on labour within dualisms such as standard/non-standard, core/periphery, white-collar/blue-collar, public sector/private sector and production/reproduction. As Burgess and Campbell (1998:10) signifies, the intensified fragmentation and polarization of the labour force in contemporary labour market leads varied forms of experiences of insecurity and uncertainty among workers with different class status and locations. Indeed, expansion of service sector, increasing weight of white-collar workers in the labour market and polarization of labour makes *social locations* (such as gender, race, ethnicity) and interrelations among them more important in approaching precariousness than status of employment in analysing the implications of restructuring on labour's living and working conditions. In line with this emphasis, the following part of the chapter questions gendered implications of restructuring and focuses on its implications on women's living and working conditions.

3.3 IMPLICATIONS OF THE ARTICULATION BETWEEN FLEXIBILIZATION AND PRECARIOUSNESS ON WOMEN WORKERS

Discussions in previous parts of the chapter reveals that a '*flexible restructuring*' process in economical, political and social levels has been occurred both in developed and developing

countries and led to a more generalized insecurity and uncertainty in working and living conditions of labour. However, this process and its implications are gendered[23]; female labour and gender relations have been at the centre of restructuring and its implications.

Flexible restructuring has reflected on female labour mainly within two processes: ***Firstly***, both in developed and developing countries, flexibilization has been experienced as *feminization of labour force.* It is seen that female labour, marginalized from production in Fordist era based on *male breadwinner/female caregiver* model and/or *family wage* ideology (Boserup, 1970:106-117; Standing, 1989; Pearson, 1992:173; Fraser, 1997; Toksöz, 2012b: 171-172), has been encouraged to participate labour force in Post-Fordism in labour intensive manufacturing industry (i.e. textile, garment, food industries) and in expanding service sector especially since the second half of 1990s.

In his analysis on the relationship between flexibilization and female employment, Standing (1989) approaches feminization of labour force as 'substitution of women for men in types of work traditionally done by men' and, *in this regard*, have a tendency to perceive the relationship between flexibilization and feminization of labour force as an increased opportunity for women to participate public sphere and a trigger to the elimination of gender based division of labour (Standing, 1989:1080). However, feminization of labour force does not by itself indicate the feminization of jobs traditionally done by men. Instead, it is compatible with the disappearance of the jobs traditionally done by men in industrial sector as an outcome of technological developments and deindustrialization, *on the one hand,* and increase in the numbers of jobs in expanding service sector traditionally done by women/ associated with feminine skills, *on the other* (Elson, 1996:37). As phrased by McDowell (1991:401);

> It is becoming clear that women's labour and the conditions under which they enter the labour market as bearers of specifically 'feminine' attributes is a central element of current restructuring.

Indeed, there is strong evidence of continued and in some sense intensified differentiation of occupations even in service sector according to gender stereotypes about women's proper

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[23] To argue that a phenomenon is gendered is to focus attention on the process whereby sex differences become social inequalities and to emphasize that gender shapes social relations in key institutions that organize society, such as the labour market, the state or the family (Acker, 1992:567).

place in relation to paid work and historically ascribed affective-relational skills of women valued and demanded by capital with respect to the expansion of service sector, such as *a nice mumsy face at the desk* (Kerfoot and Knights, 1994, as cited in Kerfoot and Korczynski, 2005:389; Mitropoulos 2005; Fantone, 2007:12; Casas-Cortes, 2014:219-220). It is seen that women overwhelmingly predominate in traditionally female occupational categories; such as health, care, teaching, pink-collar clerical and administrative jobs in offices, sales and food services jobs (Jackson, 2004:2). This implies that feminization labour force has been experienced as women's persistent confinement to *occupational ghettos* (Goffee and Scase, 1995:127), not challenging gender-based division of labour (McDowell, 1991; Goffee and Scase, 1995: 127; Rubery and *et al.*, 1998:289; Kerfoot and Korczynski, 2005:388; Ergüneş, 2008:28-29; Omay, 2011:258-259).

Secondly, it is seen that *feminization of labour force* has been accompanied with *intensification of women's reproductive responsibilities.* Intensification of women's reproductive responsibilities relates to the elimination of welfare state. Indeed, state's withdrawal from provisioning social services to cut public expenses has been increasing the importance of reproductive activities associated with female labour, both within the household and in the labour market. Different from previous era, *intensification of reproductive duties* within the household and *commodification of reproduction* regarding to the privatization policies makes *paid* and/or *unpaid* forms of reproduction one of the prominent aspects of flexibilization and female employment in contemporary era (McDowell, 1991:416; Candeias, 2004; Casas-Cortes, 2014:219).

These two processes signify that what gendered flexibilization in current period is the coexistence of 'women's increased participation to work' and 'state's withdrawal from service provisioning' that leads to an *intensified conflict between production and reproduction.* Moreover, this conflict is reinforced by women's *decisiveness* in labour force participation and growing *inadequacy* of male wages for dependents (Vosko and Clark, 2009:4) reflected on female employment within two aspects:

Firstly, this conflict is resolved by transferring the burden of domestic duties to *another woman,* paid or unpaid base, within or outside of the household. Women deciding to participate labour force develop individual strategies to cope with this conflict that includes asking grandparents to care for children (Clement and *et al.*, 2009:242), hiring a woman

within the house or buying a service needed from private sector. In that point, it is seen that *commodification of domestic labour* reinforces the development of a *reproduction sector,* a *care sector* in particular, that provides employment opportunities to female labour and new valuation areas to the capital in service sector. On the other side, while reproduction industry gives rise to new forms of connection among women, it is seen that commodification of domestic labour reproduces gender-based division of labour and experienced as a rise in casual, low-paid, informal service sector employment fostering new forms of inequality: racialised, class-based divisions among women (Cranford and Vosko 2006; Fuller and Vosko 2008; Webber and Williams, 2008:774; Vosko and Clark, 2009:5; Adkins and Dever, 2014:5-6).

Secondly, this conflict also reflects on female employment as concentration of female labour mainly in non-standard jobs. It can be argued that female employment in contemporary era is mainly discussed in relation to *time bind* that women are caught in and experienced intense scheduling pressures that result from juggling the incompatible demands of a paid job and unpaid family work (Webber and Williams, 2008:752-753). Some scholars have a tendency to approach flexibilization of employment and expansion of non-standard jobs as an opportunity for female labour in terms of its enabling to reconcile work and family responsibilities (Blossfeld and Hakim 1997; Fagan and O'Reilly, 1998:23; Epstein and *et al.*, 1999; Hakim, 2000; Rosenfeld, 2001:109; Watson and *et al.*, 2003:49). In economic terms, it is claimed that flexible work may offer a *compensating differential* in the form of greater flexibility to organize time in one's personal life, which is mainly based on child care and housework for the most employed mothers (Smith 1979, as cited in Silver and Goldscheider, 1994:1104). Particularly, part-time jobs providing working time-flexibility are considered in that way. It is also statistically indicated that there is a feminization of part-time jobs the motivation behind which is explained in relation to women's reproductive responsibilities (Evans, 1990; Pinch and Storey, 1992: 199; Rosenfeld and Birkelund, 1995:111; Figart and Mutari, 2000:851; Webber and Williams, 2008: 752-753; Tannous and Smith, 2013:255).

This is an unsurprising outcome of that reproduction is still considered in relation to female labour in social, economical and political levels (Vosko and Clark, 2009:23). It is evident that state's and employers' reluctance to bear responsibility for reproduction makes household to absorb risks and female labour to shoulder the burden of the conflict between production and rerproduction. This signifies the tendency of *individualization* instead of

institutionalization or socialization of reproduction in contemporary period. By this way, while employers and state externalize the cost of reproduction by transferring it to women (Ergüder, 2011:22), non-standard jobs become a constrained or involuntary chooses for many women facing the structural incompatibilities of work and motherhood, in supply side (Huws and *et al*., 1989; Allen and Wolkowitz, 1987; Pinch and Storey, 1992:212; Fredman, 2004:300; Webber and Williams, 2008:771; Echtelt and *et al.*, 2009:209; Vosko and Clark, 2009). Accordingly, in an economy of competitiveness that bear no responsibility for daily and inter-generational human reproduction, flexibility runs the risk of unleashing competitive forces, leaves women with comparatively few options for paid work and cause *double burden* rather than easing the tensions between family and work (Fredman, 2004:300; Jackson, 2004:4; Echtelt and *et al.*, 2009:209).

These discussions indicates that flexibilization and feminization of labour force have been occurring along with *gender-based segregated labour market* characterized by women's concentration in peripheries and their vulnerability to non-standardization of standard jobs. The critical point in here is that while expansion of service sector increases employment opportunities for women quantitatively, segregated appearance of female labour in the labour market has been characterised by women's concentration at the bottom of occupational hierarchy, being trapped in the ghettos of 'female' jobs seen as desirable but socially and economically less rewarded and degradation of feminine emotional skills by perceived as ordinary, natural or inherent feminine capabilities (Özkaplan, 2009). With respect to the conflict between production and reproduction, in many countries, it is seen that especially women with caring responsibilities have tended to be clustered in less desirable forms of employment (Fagan, O'Reilly and Halpin, 2005; Carre and Heinz, 2009; O' Reilly and *et al.*, 2009; Vosko and Clark, 2009; Durbin and Conley, 2010:183-184).

This implies that, voluntarily or involuntarily, women's concentration in non-standard jobs has been experienced as women's exclusion from better working conditions, higher wages, career opportunities, and access to legal, institutional and representational protection. Accordingly, instead of challenging, it is evident that feminization of labour force and women's concentration in flexible jobs institutionalizes gender-based division of labour and the invisible barriers that prevents women's accession to legal and institutional support mechanism (Figart and Mutari, 2000:848; Crompthon, 2002:538; Webber and Williams, 2008:753). Therefore, as emphasized by Elson (1996:42), the main concern about the

relationship between flexible restructuring and female employment is the erosion of rights and organizing against the erosion of those rights, rather than disintegration of a male norm of employment.

This evokes precariousness debate in approaching the implications of flexibilization on women's living and working conditions. Instead of reducing to a particular homogenous group, precariousness debate emphasizes *social locations* and intersectionality of these social locations in terms of understanding the experience of precariousness. However, there is also a widespread emphasis in the literature claims that precarious workers, or those at risk of precariousness, are more likely to be women (Tucker, 2002:7-8; Cranford, Vosko and Zukewick 2003a, 2003b; Jackson, 2004:3; OXFAM, 2005:i; Cranford and Vosko, 2006; Evans, 2008:2; Vosko and Clark, 2009).

It is emphasized that women are one of the groups more vulnerable to all dimensions of the precariousness; 'insecure working conditions', 'elimination of the control over working conditions', 'skill reproduction insecurity' and 'insecure and uncertain living conditions' *–as discussed in 3.2*. However, it is seen that women are considered mainly within general aspects of precariousness in discussions of the dimensions. Gender specific aspects of precariousness can be seen only in the emphasis of Tucker (2002:7) on 'no protection against discrimination, sexual harassment' and Tompa and *et al.* (2007:217-218) on *work role status* referring to low prestige associated with individual's position in the occupational hierarchy and within a larger community based on race/ethnicity, gender, age, and health status factors. This implies the fact that precariousness not only refers to a decrease in the quality of jobs but systematic degradation, segregation and disadvantage of some groups that makes them more prone to more generalized insecurity and uncertainty.

However, in that point, it is important to emphasize that what differentiates contemporary period is not 'intensification of female employment in flexible jobs', 'segregated appearance of female labour in the labour market' and 'women's being responsible for reproductive duties'; but intensification of these tendencies with regards to the uneasy tension between production and reproduction/work and family responsibilities. Different from previous era, '*individual's efforts to reconcile earning and caring activities*' is considered as one of the prominent new social risks of contemporary period related to precariousness (Taylor-Gooby, 2004:3). As emphasized by Crompton (2002:549);

> What is different about current situation, however, is that more and more women are seeking to develop employment careers, and there have been substantial changes in gender role attitudes and the social 'claims' made by men and women. However, it would seem that a feature of employment that has not changed is that employment careers are difficult to develop in conjunction with caring responsibilities.

This emphasis implies that while women's positioning as both homeworkers and breadwinners in contemporary period challenges traditional male breadwinner model, the conflict between production and reproduction restricts women's employment opportunities and lowers their bargaining power over wage and non-wage conditions (Tucker, 2002:8; Fredman, 2004:300; Hoskin, 2004:15). In other words, although female labour has always been employed flexibility and trapped in precarious living and working conditions, the conflict between production and reproduction in contemporary era makes women as one of the groups more vulnerable to non-standardization of standard employment relations and fall in the trap of precariousness.

On the other side, in spite of the tendency of approaching the relationship between flexibilization, precariousness and female employment in relation to women's concentration in non-standard jobs, it is also important to emphasize that it is not possible to approach contemporary gendered patterns within standard/non-standard jobs dichotomy. Considering the relationship between flexibilization, precariousness and female employment within non-standard/standard dichotomy is an extension of a tendency associating standard employment and professional jobs with male workers who are able to devote themselves to their careers, work long hours and require minimal accommodation for their personal lives. This positions female labour automatically to non-standard jobs. It is claimed that women's primary responsibilities for performing domestic work and childcare makes them workers only available in certain hours (Tucker, 2002:8; Webber and Williams, 2008:754-755; Echtelt and *et al.*, 2009:194) and leads to their exclusion from standardized working conditions, protection and representation rights provided by standard jobs (Cromption, 2002:544; Webber and Williams, 2008:752-753; Vosko and Clark, 2009:4; Vosko, MacDonald and Campbell, 2009:10-11).

However, as discussed in previous part of the chapter, insecurity and uncertainty has been becoming "endemic across the entire labour force, rather than confined to those workers who are engaged in non-standard work" (Burchell, 2002:68; Heery and Salmon, 1999:4-5; Pusey

and *et al.*, 2003:68, as cited in Hoskin, 2004:13). On the other side, reducing feminization of labour force to segregation of female labour in non-standard jobs is inadequate to explain increasing numbers of men in non-standard employment patterns and increasing numbers of women in professional occupations and permanent jobs (Walby, 1989; Pinch and Storey, 1992:200; Campbell, 2000; Jackson, 2004:2-3; Hoskin, 2004:10-11). Moreover, despite non-standard jobs are more prone to precariousness, with respect to the articulation between capitalism and patriarchy, working conditions of women both in standard and nonstandard jobs carries the characteristics of flexibilization, experienced as systematic degradation, deskilling, deteriorated living and working conditions and extended control over production and reproduction, as compared with other social locations.

Within this scope, this part of the chapter reveals that while flexible restructuring generates a demand for female labour, it has come together with "a modification rather than a fundamental change in gender-based division of labour" (Crompthon, 2002:538). As emphasized by Elson (1996:40);

> The gender division of labour, which tends to confine women to relatively subordinate and inferior positions in the organisation of monetised production, is not overridden by `flexibility. Rather it structures the form that flexibility takes.

Therefore, as argued by Fredman (2004), it is not an accident that the precarious and flexible workforce is made up predominantly women. It is seen that in contemporary era the role assumed to female labour is not only performing reproduction but also participating to labour force and, showing consent to the process of non-standardization of standard jobs to reconcile these two. It is an unsurprising outcome of the new gender regime combining productive and reproductive duties through which female labour is positioned in jobs not challenging gender based division of labour but contributing to flexible capital accumulation and enabling state to withdraw from welfare provisions. This implies that what gendered contemporary era is the articulation among 'deregulation', 'elimination of welfare state' and 'conservatism'.

To sum up; the period since the end of 1970s has been experienced as r*estructuring* both in developed and developing countries, considered as a response to the crisis of capital accumulation. As this crisis is attributed to rigidities generated by Fordist organization of

production and Keynesian welfare and full-employment policies, the restructuring process have been characterized by the articulation among *flexible organization of production*, *deregulation of labour market* and *elimination of welfare state*.

This articulation leads to elimination of legal and institutional protective framework and, *to this respect*, reflects on labour as more generalized insecurity and uncertainty, designated as *precariousness*. In other words, flexibilization, characterized by capitals' increased freedom in determining workplace, working time, number of workers and wage levels according to market conditions, has been experienced by labour as deterioration in their living and working conditions.

Moreover, regarding to the polarization and fragmentation of labour force, precariousness have become an experience crosscuts workers having different class positions, social locations and working status. In that point, it is important to emphasize that the reciprocal relationship between *fragmentation and polarization of labour force* and *individualization of risks* (Roque, 2013:2,5) is one of the important aspects of contemporary era reproducing flexible regime of accumulation. Indeed, while elimination of legal and institutional protective framework leads to *individualization of risks, fragmentation and polarization of labour force* reinforces individualization. This becomes a strategy reproducing the deterioration in living and working conditions, generating consent and obscuring collective actions against this deterioration.

Despite it is not possible to reduce the experience of precariousness to any particular social location; it is widely acknowledged that precariousness hits some groups more than others, the most vulnerable one of which is female labour. Despite restructuring have been experienced as an extension in employment opportunities of female labour, called as *feminization of labour force*, it is seen that women have been integrated to restructuring as cheap, flexible, segregated, reserve army of labour from the very beginning and one of the groups more vulnerable to non-standardization of standard employment relations especially since the second half of 1990s with the expansion of service sector.

However, it is important to emphasize that segregated, flexible and non-standard appearance of female employment is not a new phenomenon. What new today is the intensification of these tendencies with respect to the conflict between production and reproduction or working

life and family life. It is because of the fact that flexible regime of accumulation is based on increased demand for female labour both in production and reproduction to gain competitiveness by decreasing labour cost and to enable employer and state to avoid bearing responsibility for reproduction. This conflict between production and reproduction reflects on labour market as an increase in the numbers of jobs gendered in composition and gendered in rewards that means women's systematic exclusion from better living and working conditions, trivialized, normalized and legitimated by the articulation between capitalism and patriarchy.

This implies that flexibilization and precariousness not only express the deterioration in working conditions but also restructuring of power relations both in public and private spheres by integrating production and reproduction. Although increased demand for female labour makes male breadwinner ideology no longer accurate, rather than reconciling the conflict between production and reproduction, it is seen that flexibilization reinforces gender-based division of labour by making women constantly traversing the boundary between unpaid and paid work.

This implies the fact that flexibilization and the experience of precariousness is located in an intersection among social locations, household dynamics, labour market structures and welfare state. Although flexible organization of production, deregulation of labour market and elimination of welfare state are common trends both in developed and developing countries, each country's labour market structures, social policy approach and gender regime differentiate the way articulation between these processes are experienced and reflected on workers' living and working conditions. Accordingly, the following chapter aims to question restructuring experience of Turkey and focuses on its implications on living and working conditions of labour.

CHAPTER 4

FLEXIBLE RESTRUCTURING AND GENDERED ASPECTS OF PRECARIOUSNESS IN TURKEY

This chapter aims to discuss flexible restructuring process and gendered aspects of precariousness in Turkey within its economic and socio-political aspects.

Chapter is composed of two main parts: The first part of the chapter focuses on main aspects of flexibilization in Turkey by considering restructuring of labour market and the welfare regime since 1980s. The second part of the chapter, on the other side, deals with the implications of flexible restructuring on women's working and living conditions and gendered aspects of precariousness in Turkey. The chapter finishes with concluding remarks.

4.1 MAIN ASPECTS OF FLEXIBLE RESTRUCTURING IN TURKEY

The main principles of the integration of flexible restructuring to developing countries were ensued by Structural Adjustment Policies (SAPs). In order to adjust conditions in developing countries to global and flexible regime of capital accumulation, international finance institutions, IMF and WB, offered financial support or credit programs to these countries, affected by *economic crises*, under the condition of implementing SAPs. SAPs are composed of: (1) Adopting export-oriented industrialization strategy, (2) Reducing domestic demand, (3) Making regulations that enables integration of internal markets to global markets, (4) Downsizing state, (5) Cutting public expenditures, (6) Privatizations, (7) Eliminating restrictions preventing market from efficient functioning (Deregulation), (8) Decreasing the cost of employment and weakening organization power of the labour (Ecevit, 1998: 33).

These adjustment policies signify a *neoliberal approach* that perceives globalization and competitiveness as the main propulsive forces and, attacks upon institutionalized welfare provision and interventionist state. It targets deregulated, flexible labour markets, no trade-unions, privatization of public utilities and subjection of health and education services, and also social security systems, to the disciplines of the market relations (Özdemir and Yücesan-Özdemir, 2004:33; Mütevellioğlu and Işık, 2009:161-162). Therefore, SAPs are the

instruments of implanting neoliberalism to developing countries by restructuring their economic, political and social structures in the interest of global capital.

Thereby, different from developed countries, integration of flexible restructuring to developing countries can be considered as an obscured form of imperialism or *neo-colonization,* as conceptualized by Lingam (2005:2). Indeed, the language of liberalization obscures the reality that flexible restructuring has resulted from deliberate interventions pressured by international finance institutions. In other words, adjustment has the meaning of obligating developing countries to integrate 'flexible and global mode of capital accumulation' by applying SAPs. These interventions dominate countries' economies and formulate mandates to open and liberalize an economy and, *on that account*, are not 'free market strategies' (Pyle and Ward, 2003:464). These interventions attach internal tendencies to external dynamics and expand the scope of uncertainties in developing countries (Sönmez, 2010:177).

4.1.1 Root of Flexible Restructuring in Turkey: 24th January Decisions

Integration of flexible restructuring to Turkey can be dated back to the implementation of the principles of SAPs since 1980s, known as *24th January Decisions*. However, it is not possible to approach integration of flexible restructuring to Turkey only as an outcome of *economic crisis* or *crisis of import-substituted industrialization* but also as a *crisis of hegemony* (Topal, 2002:72-73). As occurred in some other developing countries - such as Argentine and Chile - this *crisis of hegemony,* characterized by political unrest and instability, was overcome by the *Military Intervention* in 1980. Only through this *Military Intervention* implementation of SAPs and construction of neoliberal regime were enabled in Turkey (Topal, 2002:72-73; Müftüoğlu, 2014a:136; Müftüoğlu and Bal, 2014:236-237).

In line with the tendencies in other developing countries, export-oriented industrialization model has been adopted and the economic concern has been focused on eliminating restrictions in front of competitiveness, integration to global markets and attracting *foreign investments*. Welfare state has been downsizing; commodification/privatization of social services and limiting the scope of social security expenses have been the dominant socio-political efforts. In the labour market, on the other hand, the weight of agricultural and industrial sector in employment has been diminishing; service sector has been expanded and

appeared as the main motive behind employment creation especially in urban areas. Indeed, it is seen that 53.7 % of employment concentrates in service sector in Turkey[24].

4.1.2 Phases of Flexible Restructuring in Turkey

In spite of these similar tendencies, flexible restructuring in Turkey is generally approached within two phases (Oğuz, 2012:229-231). While early phase of restructuring was based mainly on supressing or decreasing *real wages* legitimated by the rhetoric of *budget constrains*, since the second half of 1990s, an emphasis on *rigidity of labour market* has been raised as an obstacle in front of productivity legitimated by the rhetoric of *gaining competitiveness* (Oğuz, 2012:229-230-231; Müftüoğlu, 2014a:136; Yaman-Öztürk and Öztürk, 2014:89). This can be considered a response to the integration of Asian-Pacific and South-African countries to global economy with their cheap labour reserves that challenges Turkey's competitive power and, *to this respect,* makes decreasing *non-wage cost of labour* a concern in addition to supressing real wages (Oğuz, 2012:229,230,231; Müftüoğlu, 2014a: 136).

However, it is possible to consider the following period since the second half of 2000s as the new (third) phase of flexibilization in Turkey. This period, since the second half of 2000s, has been characterised by a decisive socio-political tendency promoting *flexibilization* as a requirement in order to increase competitiveness of the economy. Indeed, by enabling employers to organize working conditions according to their priorities and needs, flexibilization is promoted as a possibility of responding changes and fluctuations in the global economy and as a catalyser of productivity, sustainable economic growth and competitiveness in the main policy documents (DP9, 2006:75,116; DP10, 2013:47; NES, 2014:26). Thereby, as an extension of the emphasis on the rigidity since the second half of 1990s, eliminating obstacles in front of flexibilization of labour market and making relevant legislative and socio-political arrangements to reduce non-wage cost of labour have been find a place in main policy documents and applications especially since the second half of 2000s (DP9, 2006:30,46,91,112; DP10, 2013:47,152; NES, 2014:16).

[24] TurkStat, Labour Force Statistics 2016, http://www.tuik.gov.tr/PreTablo.do?alt_id=1007, Date of access:15.05.2017.

This implies that, in spite of its being continuation of the first phase, second phase of adjustment in Turkey has been different in terms of the role assumed to state: The state, intervention of which over market was targeted to passivized in the first phase, was transformed into an *active regulatory state* in the second. Indeed, while first phase was mainly based on restructuring of economic sphere by de-regulation and privatization policies, second phase has been characterised by re-structuring of all spheres of social life according to market relations (Bağımsız Sosyal Bilimciler, 2005:4). Thereby, as argued by Onaran (2002:273), flexibilization in Turkey has based on *re-regulatory* interventions of the state in the interest of capital and cannot be reduced simply to *de-regulation.*

Furthermore, it is important to note that these interventions mainly concentrate in economic crisis periods. In other words, economic crisis periods are characterized by the expansion of the scope of flexibilization in Turkey's labour market. This signifies that, rather than particular responses, the integration of flexibilization to Turkey's labour market has been systematic, general and structural interventions as an outcome of patternalized economic crisis *(1994, 1998-1999, 2001, 2008) - the reasons and negative effects of which are generally attributed to rigidity of labour market* (Ansal, 1996:7; Kutlu, 2012:69,73; Müftüoğlu and Bal, 2014:236-237).

4.1.3 Myth of Rigidity

On the other side, despite flexibilization is propounded as a requirement due to the rigidity of labour market, restructuring experience of Turkey signifies that the claim, *rigidity of labour market*, is a myth (Yeldan, 2012:8; Çelik, 2012:32; Onaran, 2004) with respect to four interrelated aspects:

Firstly, Fordist period of capital accumulation in Turkey was not accompanied with Keynesian welfare policies and, as emphasized by Müftüoğlu and Bal (2014:236-237), until 1960s, flexibilization in Turkey had been boundless. Only after *1960 Military Intervention* and with the *1961 Constitution* regulations expanding collective agreement right, and restricting capital's power over labour and working conditions could be seen (Pennings and Süral, 2005:6; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:308; Müftüoğlu and Bal, 2014: 236-237). However, the critical point is that it is only a small number of workers benefitted from these regulations. In 1960s, the labour mainly concentrated in agricultural sector and

only the workers working in public sector and large-scale firms were able to benefit from these regulations (Müftüoğlu and Bal, 2014:230-231). Since the 1980 Military Intervention, *paradoxically*, these rights given as a result of a Military Intervention in 1960 has been gradually withdrawn as a result of another Military Intervention. Accordingly, as argued by Müftüoğlu (2014c), restructuring in Turkey should be approached a process of *re-flexibilization,* instead of flexibilization, to emphasize that flexibilization is not a new phenomenon in Turkey's labour market.

Secondly, while flexibilization has resulted in the expansion of non-standard employment patterns in developed countries, the first response to flexibilization was rapid expansion of informal sector in late-capitalized countries. In a similar manner, informal sector, implying a non-unionised workforce without any kind of security and into an easy 'hire and fire' relationship with capital, has been the recognizable employment pattern as an appearance of flexibilization in Turkey (Özdemir and Yücesan-Özdemir, 2004:36; Dereli, Sengers and Donders, 2005:18; Toksöz, 2007:2; Özkaplan, 2008:6; Yaman-Öztürk, 2010:25; Müftüoğlu and Bal, 2014:219). In spite of decreasing trend, statistical indicators reveals that four out of 10 workers in Turkey's labour market are still working unregistered and without social security[25]. Moreover, the tendencies in the last 10 years signifies that flexibilization of labour market through informal sector has become a *norm* for disadvantaged groups, one of which is female labour (Mütevellioğlu and Işık, 2009:160-161; Yaman-Öztürk, 2010:25; Yaman-Öztürk and Dedeoğlu, 2010:9; Müftüoğlu and Bal, 2014:219). Thereby, it is not possible to claim rigidity of a labour market in which the majority of labour force works without legal, social and institutional security.

In that point, it is crucial to note that expansion of informal sector in developing countries, and also in Turkey, can be considered as a quick reflex to minimize labour costs in order to attract foreign direct investments and to integrate global economy. Although the necessity of flexibilization and decreasing labour costs have been acknowledged since the end of 1970s, these could not be applied directly in developed countries due to institutionalized welfare state, standard employment relations and high trade-unionism. Therefore, since 1980s, it is seen that some or entire stages of production has been transferred to periphery or semi-

[25] According to TurkStat, Labour Force Statistics 2016,(*http://www.tuik.gov.tr/PreTablo.do?altid=1007*, Date of access:15.05.2017*)*, 33.5 % of workers were not registered to any social security institution in Turkey.

periphery countries where labour is already unorganized, wages are low, labour rights are poor and additional benefits are provided to attract foreign investments (Dereli, Sengers and Donders, 2005:18; Güler-Müftüoğlu and Akdemir, 2005:171-172, as cited in Müftüoğlu and Bal, 2014:223). This led a '*race to bottom*' in developing countries in terms of wages and non-wage cost of labour to gain competitiveness, attract foreign direct investments and, expanded the weight of informal sector as a first response.

Thirdly, as an unsurprising outcome of the sensitivity on decreasing wage and non-wage cost of employment, eliminating organization and bargaining power of labour marks flexible restructuring process in developing countries. The process, started mainly with the 1980 Military Intervention, has also been recognizable in Turkey with 'low trade-unionism' and 'poor trade-union membership' (Ansal, 1996:5-6; Özdemir and Yücesan-Özdemir, 2004:38; İzdeş, 2011:28-29; Müftüoğlu, 2014a:136; Müftüoğlu and Bal, 2014: 219; Yaman-Öztürk and Öztürk, 2014:96). As emphasized by Özdemir and Yücesan-Özdemir (2004:39), the decrease of unionization has been remarkable since 1990s, especially among private sector workers. This implies that the persistency of low trade unionism has been reinforced by privatizations and expansion of service sector in Turkey.

It is possible to argue that trade union membership has always been the privilege of small amount of workers in Turkey. As indicated by July 2015 Labour Statistics, only 11.21 % of workers are trade union member in Turkey (Republic of Turkey Ministry of Labour and Social Security, 2016:50). This is because of the fact that trade unions have restricted their activities to organize core labour force within standard employment relations in public and formal sector. Thereby, trade unions, ignoring informal sector workers since 1980s, have also been lack of agenda to respond non-standardization of standard jobs, deregulation and changing configuration of the labour force (increasing weight of service workers, women workers and young labour force in the labour market) (Özdemir and Yücesan-Özdemir, 2004:38; Mütevellioğlu and Işık, 2009:160-161; Koç, 2012:293-295; Kümbetoğlu, User and Akpınar, 2014:306-309; Müftüoğlu and Bal, 2014:219,227,237). As emphasized by Koç (2012:293), despite working class has grown quantitatively 10 times in the last 30 years, trade unions have been unable to transform this growing potential to an organized political struggle and a dialogue that triggers a consciousness about shared conditions and interests. This has been reproduced by the *fragmentation of labour force* and *polarisation of employment status* through non-standardization of employment relations especially in

service sector (Mütevellioğlu and Işık, 2009:160-161; Kablay, 2014:169), and white-collar workers' reluctance against joining a union "presumably due to their role as a 'petty bourgeoisie' in the 'making of the working class" (Özdemir and Yücesan-Özdemir, 2004:38). As urged by Özdemir and Yücesan-Özdemir (2004:40):

> All in all, workers in Turkey face the unregulated and un-cushioned effects of social policy and the labour market. Living in endemic insecurity separates the workforce from a kind of identity and the autonomy that would be capable of building new strategies to deal with class struggle and alienation, and, as a result, social exclusion, political indifference and individualized survival strategies are likely to be the outcome for the majority of the population.

Finally, as a ***fourth*** point, in line with the experiences of other countries, flexible restructuring has accompanied with the elimination of welfare state in Turkey. As an extension of the *rigidity* claim, the discussions on restructuring the system since 1990s resulted in *social security reform* in 2008. However, as argued by Gökbayrak (2010:143), it is not possible to consider restructuring of welfare regime in Turkey as a result of generous welfare provisions pressured on public expenses. It is because of the fact that welfare state in Turkey is already non-institutionalized, designated as *quasi-social welfare state* by Özdemir and Yücesan-Özdemir (2004:33).

Restructuring of welfare regime in Turkey can be tackled in relation to social security, social services and social assistance dimensions. As a first dimension, access to social security system in Turkey is mainly based on working status and premium payment. If the dominance of informal sector and high unemployment rates are considered, narrowness of the social security system and disassociation of considerable number of workers from social and legal protective framework are highly evident in Turkey (Gökbayrak, 2010:155). On the other side, although non-standardization of standard employment has been experienced, non-standard jobs' relationship with social security system has not been cleared yet. As social security system is mainly based on standard, full-time workers and their premium payments in its current form (Ulusoy, 2014:115; KEIG, 2015:64), it is unsurprising that non-standard workers' access to income/pay/salary opportunities related to social security system is very limited, nearly impossible (Özdemir and Yücesan-Özdemir, 2004:33-40; Dereli, Sengers and Donders, 2005:22; Gökbayrak, 2010:154; Karadeniz, 2011).

In terms of social services, as an extension of the tendency of cutting public expenses, privatization or commodification of social services has been considerable in Turkey. As signified by Boratav and *et al*. (2000:34, as cited in Özdemir and Yücesan-Özdemir, 2004: 39) "after the 1980s, there has been an increased scope for the market-based provision of public goods, such as education, health and social security. From 1994 onwards, entrepreneurs started to move into these sectors and the private sector's share in total education and health investments had reached 50 per cent by 1997". The critical point in commodification of social services is *individualization of social and economic risks* that attaches accessing social services to individual's socio-economic status or socio-economic capital. Similarly, despite the tendency of increase in spending, the social assistance scheme is also not based on citizenship. As a response to increase in poverty rates in the last 25 years, a movement toward a *more targeted welfare approach* organized around preventing poverty is evident in Turkey. This implies that, instead of universal coverage, the system aims the most vulnerable part of the population (Özdemir and Yücesan-Özdemir, 2004:33-34; Gökbayrak, 2010:157; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:309). This means gradual dissociation of middle-class and white-collar labour from welfare provisions, the living and working conditions of whom has been deteriorating especially since 2000s.

Accordingly, these three dimensions indicated that restructuring of welfare regime in Turkey has been characterized by the motivation of cutting public expenses and has resulted in 'decrease in the numbers of workers covered by social security and assistance system', 'quantitative and qualitative restrictions in public welfare provision' and 'commodification or privatization of social services' (Ecevit, 1998:33-34; Özdemir and Yücesan-Özdemir, 2004:33-34; Yaman-Öztürk, 2010:25; Ecevit, 2012:258-259; Kablay, 2014:158,163; Ulusoy, 2014:116). These characteristics of the welfare regime also make the claim of *rigidity* invalid for Turkey.

4.1.4 Non-Standardization of Standard Employment Relations

Since the second half of 2000s, there is a recognizable socio-political tendency emphasizing on expanding the weight of flexible/non-standard jobs in the market and tackling employment creation challenge with increasing the weight of non-standard jobs in the labour market. It is seen that expansion of non-standard jobs is also considered as a response to the dominance of informal sector (NES, 2014:2,13,14,30,31) and integration of disadvantaged

groups to labour market, one of which is women (NES, 2014:34,80; DP10, 2013:41,50,51, 55,164,186). However, as a challenge to this socio-political tendency, the impact of non-standard jobs on employment has been very limited in Turkey in spite of their being regulated in the Labour Law in 2003 (Dereli, Sengers and Donders, 2005:22). Indeed, according to statistical indicators[26], while the weight of part-time jobs in employment is 12.4 %, it is 11.9 % for temporary jobs.

This reluctance against non-standard jobs in the labour market can be approached in three points: *Firstly*, in line with the discussions above, the dominance of informal sector has been the manifest of Turkey's flexible restructuring and integration to global economy. Therefore, it is unsurprising that flexibilization of employment relations has not been relied on expansion of non-standard jobs in a labour market in which formal sector is already non-institutionalized or standard employment relations are limited. As an extension of the first point, *secondly,* the way non-standard jobs are regulated in the Labour Law does not provide cost advantage to employers (Dereli, Sengers and Donders, 2005:22; Koç and Görücü, 2011: 174; Tatlıoğlu, 2012:72) if it is compared with the cost advantage in informal sector. Finally, as a *third* point, flexible restructuring in Turkey is based on *intensification of work* and *increase in working-hours* (Özdemir and Yücesan-Özdemir, 2004:33; Buğra, 2010:19; Şahin, 2014:47; Ünlütürk-Ulutaş, 2014:88; Yaman-Öztürk and Öztürk, 2014:89; Zencir, 2014:547; KEİG, 2015:5). This implies that, different from developed countries, full-time working still dominates employment structure and the expansion of part-time jobs has not applied as a strategy of working-time flexibility in Turkey.

Accordingly, it can be argued that the first response to flexibilization of employment relations in Turkey is mainly based on *non-standardization of standard employment relations* rather than expansion of flexible jobs in the labour market. In spite of their limited weight in total employment yet, the increased appeal to 'subcontracting', 'fixed term contract' and 'temporary employment via private employment agencies' is recognizable as a strategy of cost-minimization through non-standardization of standard employment relations in Turkey. Moreover, non-standardization of standard employment relations has been experienced not only in private sector, but also in public sector. In return for expansion of

[26] TurkStat, Labour Force Statistics 2013, (*https://biruni.tuik.gov.tr/isgucuapp/isgucu.zul,* Date of access: 15.05.2017). Only statistical indicators about part-time jobs and temporary jobs are available in TurkStat Labour Force Statistics. Thereby, it is not possible to provide a framework for the weight and tendencies in Turkey about non-standard jobs regulated in Labour Law.

informal sector and non-standard jobs in private sector, privatizations and 'transformation of public employment regime' marks flexibilization of employment relations in public sector.

As an extension of minimizing state, while privatizations has thrown public workers out from secure and standard employment relations since the early stages of flexible restructuring in Turkey, transformation of public employment regime has engaged with increasing the numbers of fixed-term contracts and subcontracting *(such as security, catering, cleaning, front office services)* in the public sector especially since 2000s (Oğuz, 2012:229-230-231; Topak, 2012:219,241,260; Kablay, 2014:158; Müftüoğlu, 2014b:241-242; KEİG, 2015:13-14). Although regulated as an exception at the beginning, it is seen that fixed-term contracts has becoming a norm in public sector which creates an employee status neither civil servant nor worker, covered neither by Civil Servants Law nor by Labour Law (Aslan, 2005:334; Gözler, 2006:605; Özkal-Sayan and Albayrak, 2011; Oğuz, 2012:229-230-231; Kablay, 2014:159). This implies fragmentation and gradual disassociation of workers from economic, legal, institutional and social security in the public sector.

Accordingly, different from previous patterns, it is seen that the process of non-standardization of standard employment relations, occurred both in public and private sectors, indicates *fragmentation* of labour force by *polarization* of employment status (Mütevellioğlu and Işık, 2009:160-161; Göztepe, 2012:31; KEİG, 2015:13). This blurs the line between public sector/private sector, formal sector/informal sector and standard employment/non-standard employment. Reinforced by this fragmentation and blurring boundaries, as an extension of the discussions above, non-standardization of standard employment relations or flexibilization of employment relations reflects on labour as 'decrease in wages', 'gradual withdrawal from labour rights', 'fewer job security reinforced by high unemployment rates', 'lower organizing and bargaining power', 'limited possibility of meeting conditions imposed by social security system grounded on standard employment relations' and 'uncertainty about career and future' (Özdemir and Yücesan-Özdemir, 2004: 39-40; Işığıçok and Emirgil, 2009; Sandıkçı, 2014: 290). On the other side, in spite of the persistency of full-time working tradition in Turkey, longer and overtime working becomes the main form of working-time flexibility and comes together with degradation of working conditions and elimination of security (Lordoğlu, 2006:90; Mütevellioğlu and Işık, 2009: 194; İzdeş, 2011:28-29; Şahin, 2014:47; Yaman-Öztürk and Öztürk, 2014:89).

4.1.5 Expansion of Service Sector and Deterioration in Working and Living Conditions of White-collar Labour

In spite of its contribution to employment creation in urban areas, what critical in Turkey's contemporary labour market is that especially the employment relations in expanding service sector has been reflected on labour as deterioration in working and living conditions. Işığıçok and Emirgil's study (2009:91) signifies more generalized *job insecurity* in service sector and shows that this is perceived as 'decrease in legal protection rights', 'deterioration in working conditions', 'increase of unemployment risk', 'threat of not finding a new job in the labour market after falling out of current job, 'the loss of ability to build a career' and "the loss of foresight relating to the future' by service sector workers. This is because of the fact that stockless, just in time, labour-intensive nature of service sector provides convenient conditions for the flexibilization and non-standardization of employment relations. This is also reinforced by the tendency that the jobs created in service sector has become more routine and involved a low skilled, fragmented and polarized workforce (Dereli, Sengers and Donders, 2005:22; Işığıçok and Emirgil, 2009:85).

On the other side, expansion of the service sector means expansion of the weight of white-collar labour in Turkey's labour market. However, different from previous patterns, another critical tendency in Turkey's labour market is that non-standardization of standard jobs or flexibilization of employment relations also challenges privileged status of white-collar professional workers. In line with the discussions above, it is evident that white-collar professional workers, both in public and private sectors, have been experiencing degradation in their working conditions, wages, status and elimination in their legal, institutional and social security (Bulutay, 1999; Özdemir and Yücesan-Özdemir, 2004:33,35; Ünal, 2005:47; Işığıçok and Emirgil, 2009:83; Durmaz, 2013:276; Kaya, 2014; Nurol, 2014; Sandıkçı, 2014: 290-291).

Kaya (2014:594) signifies the *2001 economic crisis* as a main turning point after which educated, qualified and professional white-collar workers reconcile themselves to job insecurity reinforced by the expansion of service sector and high unemployment rates among educated labour force. It can be argued that *high unemployment rates* among educated white-collar labour force generate two important outcomes reinforcing the flexibilization, non-standardization and degradation of working conditions in service sector: *Firstly*, job

insecurity and scarcity of jobs leads white-collar workers' consent to deterioration and degradation in their living and working conditions (Işığıçok and Emirgil, 2009; Kaya, 2014: 593-594; Nurol, 2014:5; Sandıkçı, 2014:290-291). As confirmed in Işığıçok and Emirgil's study (2009:91), precariousness of working conditions does not prevent service sector workers from accepting the jobs though involuntarily due to the fear of unemployment. As an extension of the first point, *secondly,* job insecurity and scarcity of jobs also leads degradation of skills resulted in *deskilling*, individualization of skill reproduction and increasing pressure on white-collar workers to keep themselves employable (Bora and Erdoğan, 2011:19; Kaya, 2014:600; Koşar, 2014:124; Müftüoğlu, 2014a:135).

Within this scope, this part of the chapter reveals that Turkey's strategy of competitiveness in global markets has been based on *cost minimization* by supressing both real wages and non-wage cost of labour since 1980s. This has been experienced as flexible restructuring characterised by the expansion of informal sector and non-standardization of standard employment relations both in public and private sectors, along with the *de-regulatory* and *re-regulatory* interventions of the state in the interest of capital. On the other side, qualitative and quantitative decrease in the public welfare provisions and a more targeted welfare approach has accompanied flexible restructuring of employment relations in the labour market. The reflection of flexible restructuring on labour is falling gradually outside of legal, institutional and social protective framework appeared as; 'low wages', 'low trade unionism', 'high unemployment rates', 'gradual disassociation from labour rights', the loss of foresight relating to the future', 'poor access to social security' and 'limited access to public-based social services' (Özdemir and Yücesan-Özdemir, 2004:40; Işığıçok and Emirgil, 2009; Kablay, 2014:162; Mütevellioğlu and Işık, 2009:163-164; Müftüoğlu, 2014a: 134-135; Şahin, 2014: 48).

Özdemir and Yücesan-Özdemir (2004:33) conceptualizes this trend in Turkey as *endemic insecurity* and urges that under these conditions, "a majority of people, even the middle class, will live in endemic insecurity". In contrast to OECD's *Employment Protection Legislation (EPL)* index[27], studies measuring rigidity in relation to the criteria of *security* (Tangian, 2008; Yeldan, 2012) determine Turkey as the most flexible and insecure labour

[27] According to OECD's *Employment Protection Legislation (EPL)* Index based on 'difficulty of individual and collective dismissals' and 'provisions regarding fixed-term contract and temporary work agencies' Turkey is indicated as the most rigid labour market among 40 countries.

market in terms of job security, income security and legal security dimensions. Accordingly, in contrast to the claim, *rigidity of labour market,* Turkey's restructuring experience signifies *precariousness:* degradation, insecurity and uncertainty in living and working conditions the scope of which has become more generalized and expanded especially since 2000s.

However, the implications of flexible restructuring on living and working conditions are not same for all social groups/locations in the labour market. The next part of the chapter discusses the implications of flexible restructuring on women's living and working conditions and gendered aspects of precariousness in Turkey.

4.2 FLEXIBLE RESTRUCTURING AS A TRIGGER TO MORE GENERALIZED FEMINIZATION OF PRECARIOUSNESS IN TURKEY

Discussions in *3.3* indicate that both in developed and developing countries transition to export-oriented industrialization increased female labour force participation in a way that it generated the phenomenon, *feminization of labour force.*

4.2.1 Persistency of Male Domination in the Labour Force

However, different from other countries, one of the most prominent gendered aspects of restructuring in Turkey is that feminization of labour force has not experienced in spite of export-orientation of the economy (Çağatay and Berik, 1990; Eraydın and Erendil, 1996; Eyüboğlu, Özar and Tanrıöver, 1998:39; Günlük-Şenesen, Pulhan and Özar, 2000; İlkkaracan, 2012:202; Toksöz, 2012b:195-196). In other words, as a continuation of the import-substituted period[28], rather than feminization, flexible restructuring process has characterized by *masculinization* of labour force in Turkey (İlkkaracan, 1998:285-286; Toksöz, 2012b:195-196).

[28] Import-substituted industrialization period is generally considered as women's marginalization from labour market and characterized by the hegemony of male-breadwinner ideology in feminist literature (Boserup, 1970:106-117). In a similar manner, it is possible to argue marginalization of female labour in import-substituted period in Turkey (Toksöz, 2012b:183). In this period, female labour was mainly in agriculture as an unpaid family worker in rural areas. Although it was possible to see small numbers of high educated women in professional occupations in service sector in urban areas (Kandiyoti, 1997), as revealed by Kazgan (1982:163-164), in 1975, female employment rates in non-agricultural production are only 3.9 % in industrial sector and 7.7 % in service sector in urban areas.

Moreover, the expected increase in female labour force participation in the long term, called *U-turn hypothesis*[29], has also not occurred in Turkey (İlkkaracan, 2012:202-203; Memiş, Öneş and Kızılırmak, 2012:164). In spite of an upward trend, statistical indicators signify persistency of low labour force participation among female labour. Indeed, only 3 out of 10 women are participating to labour force in Turkey[30]. The male-dominance in labour market is also apparent in employment rates. It is seen that 28.0 %[31] of women find a chance to access provided employment opportunities in Turkey.

4.2.2 Gender-based Segregated Appearance of Labour Market

In addition to the persistency of male domination in labour force, sectoral distribution of employment signifies *gender-based segregation,* as another prominent gendered aspects of flexible restructuring in Turkey:

In *industrial sector*, the weight of female labour has been limited and intensified mainly in *labour intensive* manufacturing industry, such as food, textile and garment production. It is seen that only 14.9 % of female labour is in industrial sector in Turkey and nearly all are employed in manufacturing sub-sector (97.4 %)[32]. Although cheap and unregistered female labour in labour-intensive manufacturing industry has been crucial for the integration of Turkey to global markets especially in early phases of flexible restructuring, it is important to note that implementation of technology to labour process and integration of Asian-Pacific and South-African countries to global economy has been supressing female employment in manufacturing sector (Toksöz, 2012b:191-193).

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[29] There is a tendency to approach women's persistent marginalization from labour market in relation to *rural to urban migration*. According to this approach, female labour disassociated from agricultural sector was unable to integrate urban labour market due to their low human capital levels. Marginalization is conceptualized as *housewifization* in this approach. However, called as *U-turn,* an increase in female employment rates is assumed along with increased employment opportunities in the labour market regarding to urbanization, industrialization, economic growth and development (İlkkaracan, 1998:286; Buğra, 2010:4-5; Yılmaz, 2010:269-270).

[30] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[31] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[32] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

It is seen that female employment in Turkey mainly concentrates in *service sector* (55.4 %)[33]. In spite of its increasing contribution to female employment rates, it is important to emphasize that female employment in expanding service sector have remained very low, as compared to men[34], and the trends in developed countries (Ecevit, 2008:139; Buğra, 2010: 27). Moreover, gender-based segregated appearance of service sector also attracts attention. It is seen that women are concentrated mainly in '*wholesale and retail trade*' (19.4 %), '*human, health and social work activities*' (17.3 %) and '*education*' (18.4 %) sub-sectors of service sector[35]. What critical is that these sub-sectors are expanding sectors of service sector and mainly composed of occupations considered as *woman's jobs* - such as teachers, nurses, care workers. However, as occurred in industrial sector, expansion of service sector has also been far away from challenging the dominance of male labour and gender-based segregation in Turkey's labour market.

4.2.3 Female Employment in Informal Sector

Another important gendered aspect of flexible restructuring in Turkey is concentration of female employment in informal sector. Similar with the tendencies in other developing countries, flexible restructuring appeared firstly in the form of *feminization of informal employment* in industrial sector (Ecevit, 1998:56; Toksöz, 2007:1-2; Ergüneş, 2008:29; KEİG, 2009:12; Yaman-Öztürk, 2010:38-39). What critical is persistency of this tendency. Indeed, it is seen that nearly half of female employment (44.3 %)[36] is still concentrated in informal sector in Turkey. It is also evident that the rise in female employment in expanding

[33] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017*)*. It is important to note that the dominance of agricultural sector in female employment in Turkey has been decreasing. Since 2005, it is seen that female employment in agriculture has been behind female employment in service sector.

[34] According to TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr /PreTablo.do?alt_id=1007*, Date of access:15.05.2017*),* 68.5 % of employment in the service sector was male labour force.

[35] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[36]According to TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access: 15.05.2017*)*.

service sector is showing the tendency of women's concentration in unregistered jobs in informal sector in urban areas (51.2 %)[37].

Accordingly, contrary to employers' emphasis on rigidity and/or expensiveness of female labour (TİSK Women Employment Summit, 2006:106), women's concentration in unregistered jobs in informal sector indicates that majority of female labour in Turkey's labour market work with low wages and, outside of legal, institutional and social security. This implies that female labour has been integrated to restructuring as a flexible labour force from the very beginning and one of the most vulnerable groups to more generalized insecurity and uncertainty, called as *precariousness*.

4.2.4 Main Gendered Aspects of Insecurity and Uncertainty

However, it is not possible to approach precariousness and flexible positioning of female labour only in relation to their concentration in informal sector[38]. As an extension of non-standardization of standard employment relations, female labour has been one of the most vulnerable groups to the process of precariousness and has been marginalized from better

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[37]TurkStat, Labour Force Statistics 2013, *(http://rapory.tuik.gov.tr/15-05-2017-21:43:16-2126627202 135322210818774744602.html,* Date of access: 15.05.2017).

[38] There is widespread tendency in the feminist literature on women's employment in Turkey to consider flexibilization and precariousness of female labour in relation to their concentration in informal sector. It can be argued that deterioration in working and living conditions of women in formal sector and professional occupations is nearly neglected. However, besides informal employment, precariousness mainly relates to the process of non-standardization of standard employment relations especially in formal sector (For a detailed discussion of this point, see *Chapter 2* on Theoretical Framework of the study). Accordingly, by focusing on non-standardization of standard employment relations in health labour process in the case of nurses, this study can be considered as an effort to extend the scope of the discussions on the articulation between flexibilization and precariousness in feminist literature on female employment in Turkey.

and secure working conditions in Turkey's labour market irrespective of their employment in formal and informal sectors[39]:

Career Insecurity

Firstly, as an appearance of ***career insecurity***, indicators signify women's disadvantaged position in terms of accessing higher positions, designated as *gender-based vertical segregation*. Although women's intensification in professional and semi-professional occupations (20.2 %) is recognizable especially in expanding service sector, low numbers of women in higher managerial positions (2.5 %) indicates women's exclusion not only from power and decision making but also from higher wages, better working conditions and career opportunities [40]. Besides unseen gendered barriers, termed as *glass ceiling,* women's *interrupted working history*[41] due to marriage, pregnancy and childcare is also another gendered pattern renders women's losing foresight relating to their future and career.

Income Insecurity

Secondly, as an appearance of ***income insecurity,*** gender gap in wages is clear in Turkey. According to WEF Gender Gap Report (2015:346), Turkey is ranked 82 out of 134 countries in terms of wage equality for similar work. Particularly, high gender wage gap in

[39] Discussed gendered aspects of insecurity and uncertainty in the following pages are based on integrating dimensions of the precariousness in the literature, discussed in *3.2*, with the statistical indicators of women workers and the findings/arguments of studies on female employment in Turkey. However, findings of this study signify both 'context specificness of the definitions for the dimensions of precariousness in the literature' and 'restrictiveness of the framework provided by studies on female employment in Turkey' in analysing flexibilization of health labour process and its implications on nurses' working and living conditions in Turkey. This leads this study to re-define or give a new insight to the dimensions of the precariousness in the literature and extend the framework provided by studies on female employment in Turkey in line with the findings of this study on flexibilization of health labour process and its implications on nurses' working and living conditions. For the contribution of this study to the definition of the dimensions of the precariousness and the framework on female employment in Turkey, see *Chapter 7, Chapter 8* and *Chapter 9*.

[40] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[41] In Turkey, women's labour force participation is eight years on average and more than half of the women work approximately five years before marriage and pregnancy. Designated as M-shape tendency, women's labour force participation is the highest among 25-29 age group; then it declines due to marriage, pregnancy or childcare; it increases again between ages of 35-39; then it declines again due to retirement or other reasons.

professional occupations attracts attention (19.2 %)[42]. Moreover, concentration in 'informal sector' and 'lower levels in occupational hierarchy' means low and irregular wage/income for female labour. This also makes women one of the groups more vulnerable to working poverty (İlkkaracan, 2010:46-47; Dayıoğlu and Başlevent, 2012: 129).

Job Insecurity

Thirdly, as discussed in *4.1.4*, flexible restructuring in Turkey has been accompanied with employment creation challenge, called as *jobless growth*. If trends in female labour force participation and employment are considered, it is clear that flexible restructuring has not generated employment opportunities particularly for female labour (Ecevit, 1998:56; Kardam and Toksöz, 2004:153; Toksöz, 2007:2). Indeed, high unemployment rates (15.4 %)[43] among female labour indicates women's exclusion and marginalization from economic, employment related and even social opportunities in Turkey. Particularly, high non-agricultural unemployment rates among women (19.6 %)[44] signify gendered aspects of non-agricultural employment creation challenge since 1980s.

On the other side, high female unemployment rates not only imply women's difficulty in accessing employment opportunities but also their vulnerability to ***job insecurity***. Reinforced by their concentration in flexible jobs and informal sector, women are the workers losing their jobs firstly, especially in economic crisis periods, with respect to male breadwinner ideology and/or their low performance due to their reproductive duties (İzdeş, 2011:27; Sarıtaş-Eldem, 2015:24-25). On the other side, in contrast to approaches considering service sector more secure for female labour in terms of job-loss (Fodor, 1997), high unemployment rates among women in service sector (59.2 %)[45] in Turkey reveals that service sector does not provide adequate, permanent and secure jobs for female labour. This is very much

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[42] TurkStat, Structure of Earning Survey 2014, *(http://www.tuik.gov.tr/PreTablo.do?alt_id=1008,* Date of access:15.05.2017).

[43] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[44] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

[45] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

related to the fact that the types of jobs women do in service sector have become more inclined to be nonstandard, unskilled, routine, repetitive and generally in-between formal-informal sectors. Moreover, as an aspect of *deskilling*, in spite of the positive correlation between education and female labour force participation, high unemployment rates among educated women[46] implies that high human capital level is also no longer guarantee of a job or employment for women. This is apparent from the fact that unemployment rates are highest among women looking for professional or semi-professional occupations (27.3 %)[47].

Legal Insecurity

Fourthly, in contradiction to the emphasis on rigidity of female labour, ***legal insecurity*** of women workers is evident in Turkey. On the one hand, as mentioned before, intensification of female labour in informal sector means women's working outside of legal protective framework. On the other hand, although female labour is considered as expensive regarding to the regulations on maternity leave, breastfeeding and daily nursery (Buğra, 2010:19; Sarıtaş-Eldem, 2015:26), women do not benefit from these rights regulated in the Labour Law properly. It is seen that women generally use none or less of their legal maternity leave and breast-feeding durations. It is even evident that women are obliged to sign a contract by employers promising 'not to get pregnant' to avoid costs of leaves and daily-nursery obligation (Ünlütürk-Ulutaş, 2014:85). Employers' reluctance to fulfil daily-nursery responsibility by keeping the number of women workers under the number regulated in the Labour Law is also clear (Toksöz, 2007:78; Ecevit, 2008:160; Ecevit, 2012:227; Ünlütürk-Ulutaş, 2015:737). Moreover, the dominance of firms having 0-9 workers especially in service sector in Turkey is also another fact estranging majority of female labour from the regulation on daily nursery (Dedeoğlu, 2012:224; Ünlütürk-Ulutaş, 2015:737).

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[46] According to TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017), 60.9 % of unemployed women have high school and higher education.

[47] TurkStat, Labour Force Statistics 2016, (*http://www.tuik.gov.tr/PreTablo.do?alt_id=1007*, Date of access:15.05.2017).

Representation Insecurity

Fifthly, low trade-union membership rates among women in Turkey signify their vulnerability to ***representation insecurity***. It is seen that unionization of women is only 7.04 % in July 2015 Labour Force Statistics (Republic of Turkey Ministry of Labour and Social Security, 2016:54). In addition to their concentration in informal sector, privatizations and non-standardization of standard jobs reinforce women's disassociation from institutional protection and bargaining power. It is important to emphasize that in spite of its importance in female employment, trade-unionization in sub-sectors of service sector important for female employment -*such as health, social services and education*- has been very poor[48]. On the other side, irrespective of the number of women in a trade union, it is seen that the issues related to women are remained at the end of trade unions' bargaining agenda (Tokol, 1998:21; Yeğen, 2000:7,38; Toksöz, 2005:42; Urhan, 2006:21; Yıldız, 2007:37; Özar, 2012: 284-291). This lowers women's bargaining power and, *in this regard*, reproduces their insecure and uncertain working conditions.

Social Protection Insecurity

Finally, as a *sixth* point, it is not possible to approach integration of female labour to flexible restructuring without adding elimination of welfare state to the analysis. One reflection of the elimination of welfare state on women **is *social protection insecurity*** experienced as insecure and uncertain living conditions. Durusoy-Öztepe and Ünlütürk-Ulutaş (2013:312), even argues *feminization of social insecurity* in Turkey. As an extension of women's low labour force participation and high unemployment rates, majority of female population is marginalized from the social security system based on employment. This makes women dependent to employed male member of the household to access social security (Gökbayrak, 2011:184,186; Dedeoğlu and Elveren, 2012:35; Şahin, 2012:234; Şahin and Elveren, 2012: 287; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:312; Ulusoy, 2014:115-116).

Moreover, as social security model in Turkey is based on standard, full-time employment in formal sector, intensification of female labour in non-standard employment relations mainly

[48] According to July 2015 Labour Force Statistics (Republic of Turkey Ministry of Labour and Social Security, 2016:46,48), Unionization rates are only 6.05 % in *Commerce, Office, Education and Fine Arts* and 6.8 % in *Health and Social Services*.

in informal sector is another fact disassociating women from accessing social security provisions (Karadeniz, 2011:84; Dedeoğlu and Elveren, 2012:35; Ulusoy, 2014:115-116; Ünlütürk-Ulutaş, 2015:724). Irrespective of working in formal or informal sectors, women's 'interrupted working pattern' and 'low and irregular income level' also restrain their access to social security provisions due to their inability to meet premium payment requirements (Gökbayrak, 2011:168; Karadeniz, 2011:119-120; Şahin, 2012:233; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:313).

4.2.5 Intensified Conflict between Production and Reproduction

Another important reflection of the elimination of welfare state on women is state's withdrawal from provisioning social services to cut public expenses since 1980s. As discussed before, state's withdrawal from provisioning social services has been experienced as transferring the burden of social and economic risks gradually to individuals.

However, much more than individualization of risks, it is possible to argue that restructuring of welfare regime in Turkey is relied on a socio-cultural structure in which *family/household* is designated as the main solidarity unit, risk absorber and service provider (Şener, 2010; Gökbayrak, 2010:159; Buğra, 2012:61; Dedeoğlu and Elveren, 2012:29; Rittersberger-Tılıç and Kalaycıoğlu, 2012:307; Erdoğdu and Toksöz, 2013:7). This family-based welfare regime means woman-based welfare regime in practice (Yaman-Öztürk, 2010:69-70; Ecevit, 2012:258-259; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:309). Indeed, it is assumed that the gap, generated as an outcome state's withdrawal from social services, be filled by reproductive duties of female labour within the household. Thereby, family and/or woman-based welfare regime in Turkey has been experienced as *intensification of reproductive duties* within the household. It is possible to see the reflection of this intensification in reproductive duties on female labour force participation rates. Statistical indicators signify women's reproductive responsibilities within the household as the most important reason of their low and/or non-participation to labour force. Indeed, it is seen that six out of 10 women do not participate labour force due to their domestic responsibilities[49].

[49] According to TurkStat, Labour Force Statistics 2016, (http://www.tuik.gov.tr/PreTablo.do?alt_id=1007, Date of access:15.05.2017), 55.3 % of woman show domestic responsibilities as a reason of their not being in the labour force.

On the other side, the critical gendered pattern in Turkey's labour market cannot be reduced to women's low labour force participation with respect to the intensification of their reproductive responsibilities within the household. As an extension of a socio-political perspective perceiving female employment in relation to economic growth/ development and targeting to increase women's labour force participation and employment rates especially since the second half of 2000s (DP10, 2013:164; NES, 2014:35), contemporary welfare regime in Turkey assumes a role to female labour both *inside and outside* of the labour market, in *public and private spheres*, in *production and reproduction*. What is expected from women is not only filling the gap generated by state's withdrawal from service provisioning by their reproductive labour within the household but also contributing to economic growth and development by their productive labour in the labour market.

This new approach to female labour -involving in and outside of the labour market- challenges the hegemony of traditional *family wage* ideology in Turkey without challenging gender-based division of labour. Indeed, the impact of women's, especially educated young women's, increasing and decisive (Sarıtaş-Eldem, 2015:17) labour force participation[50], on gendered distribution of time-use is not considerable (İlkkaracan, 2010:50-53; Memiş, Öneş and Kızılırmak, 2012; Ünlütürk-Ulutaş, 2014:86; KEİG, 2015). It is seen that women spend four hours more than men on domestic duties [51]. This implies that it is still mainly women who are responsible for domestic tasks within the household. Thereby, it is important to underline that the most important contemporary determinant of female employment in Turkey is *the intensified conflict between production and reproduction*. Moreover, how and through what socio-political intervention this conflict is solved is at the centre of women's access to secure, certain, better working and living conditions in Turkey.

[50] Designated as M-shape tendency, women's labour force participation is the highest among 25-29 age group; then it declines due to marriage, pregnancy or childcare; it increases again between ages of 35-39, but newer reach the rates among 25-29 age group; then it declines again due to retirement or other reasons. As emphasized by Ecevit (2008:129), this tendency urges us about the fact that women's labour force in Turkey's labour market is *young female labour force* that requires special attention and consideration.

[51] TurkStat, Time-Use Data 2014-2015, *(http://www.tuik.gov.tr/PreTablo.do?alt_id=1068*, Date of access: 15.05.2017).

4.2.6 "Care" in the middle of the Conflict between Production and Reproduction

As an extension of state's gradual withdrawal from service provisioning, in spite of the commodification process, household or private sphere is still the main sphere where reproductive services are provided *paid and/or unpaid* base in Turkey. The increasing demand for paid care-workers and domestic-workers within the household (Rittersberger-Tılıç and Kalaycıoğlu, 2012) can be considered as an appearance of this fact. This implies that, rather than institutionalization, *the intensified conflict between production and reproduction* is resolved within the household even if it is commoditized.

It is important to discuss the conflict between production and reproduction especially in relation to *care* (child-care, elderly-care, patient-care, disabled-care) in Turkey. *Child-care*[52], in particular, is the most important gendered aspects of the conflict between production and reproduction directly related to women's disassociation from secure, certain, better working and living conditions in Turkey:

The institutional provision of child-care is very poor in Turkey. Institutional care especially for children between 0-3 ages is nearly lack (Ecevit, 2010:91,95; Ecevit, 2012:228). In addition to the decrease in the numbers of daily nurseries in public sector (Ecevit, 2012:229-230), it is not possible to reach the numbers of firms in private sector discharging their daily-nursery obligations regulated in the Labour Law (Ecevit, 2008:160; Ecevit, 2010:97). On the other side, despite the numbers of private daily nurseries has been expanding, only small numbers of women, generally middle-class high educated women in professional occupations, are able to benefit from these institutional private childcare services due to their expensiveness (Dedeoğlu, 2012:226; Ecevit, 2012: 229; Toksöz, 2012a:117).

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[52] In spite of the prominence of childcare, Rittersberger-Tılıç and Kalaycıoğlu, (2012:317) emphasize the increasing demand to paid care workers within the household for elderly and patient care. As mentioned before, termed as demographic transition, the population projections signify the increase in elderly population in Turkey. Thereby, it is important to note that the tendencies of 'increasing elderly population' and 'non-institutionalization of care' will make elderly-care as an aspect of the conflict between production and reproduction in addition to child-care. It is unsurprising that provision of elderly and patient care will also be organized within the household. In addition to decrease in the institutional provision of care, a socio-political applications promoting home-based care via cash transfers can be considered as evidences of this (Ecevit, 2008:165; Buğra, 2010:28; Karadeniz, 2011: 112; Toksöz, 2012a:117).

Thereby, unsurprisingly, problems of availability, accessibility, affordability of institutional childcare services in Turkey makes female labour as the main provider of childcare within the household (Ecevit, 2010:89; Yaman-Öztürk, 2010:45-46; Buğra, 2012:62-63; Rittersberger-Tılıç and Kalaycıoğlu, 2012:301; Ecevit, 2012:223; Durusoy-Öztepe and Ünlütürk-Ulutaş, 2013:309; Ünlütürk-Ulutaş, 2014:80). What critical in here is that this makes childcare as an individual problem of women, and, *to this respect*, attaches women's labour force participation and conditions of their employment to their possibility of transferring childcare to another woman paid or unpaid base. Indeed, it is seen that providers of childcare within the households are close relatives (generally grandmothers) in unpaid base or professional care-workers in paid base (Toksöz, 2012a:117; Rittersberger-Tılıç and Kalaycıoğlu, 2012:304,306; Ünlütürk-Ulutaş, 2014: 80,84)

4.2.7 Gendered Appearances of Non-standardization of Standard Employment Relations

These tendencies, discussed above, reveals that female labour has been one of the more vulnerable groups to *precariousness*, more generalized insecurity and uncertainty in living and working conditions in Turkey. These tendencies remark the articulation between 'flexibilization of employment relations', 'deregulation of labour market' and 'elimination of welfare state' as an underlying root of women's vulnerability to more generalized insecurity and uncertainty in their working and living conditions since 1980s. Women's integration to labour market in Turkey has always been in the form of 'flexible labour force'. As an extension of family wage ideology, female labour has served as *functionally flexible reserve army of labour,* pulled-in and pulled-out according to the demand in the labour market, especially in economic crisis periods (Temiz, 2004:64; İzdeş, 2011:27; Sapancalı, 2005:93; Karadeniz, 2011:89).

However, it can be argued that the recent socio-political emphasis on the relationship between female employment and development challenges the hegemony of traditional family wage ideology and positioning of female labour as a *functionally flexible reserve army* in Turkey. Much more than a reserve army of labour, *non-standardization of standard employment relations* and concentration of women in non-standard jobs both in public and private, formal and informal sectors underlies flexible usage of female labour in contemporary organization of the labour market in Turkey:

As discussed before, concentration of female employment in *informal sector* is the first and main appearance of the flexible usage of female labour in Turkey (Erdut, 2005:46; Yılmaz, 2010:272; Karadeniz, 2011:89-90). *Privatizations*, as an early phase of flexibilization of employment relations, has been another political intervention disassociating women from standard and secure employment relations in public sector (KEİG, 2015:5) due to their disadvantaged situation in accessing employment opportunities in formal, private sector. Promotion of *entrepreneurship* among women, as a response to poverty and low female employment rates, has also been another aspect of disassociation of female labour from standard employment relations in formal sector since 1990s (Toksöz, 2007:51,60; Ecevit, 2008:191-192; Karadeniz, 2011:90). It is because of the fact that home-based working and self-employment, the dominant forms of women's integration to flexible restructuring, has been characterized by low income, insecure, uncertain and informal working conditions in Turkey (Yaman-Öztürk, 2010:38-39; Karadeniz, 2011:119).

On the other side, the increasing appeal to subcontracting, fixed-term contracts, temporary employment both in public and private sectors comes along with increasing numbers of women within these employment relations especially in service sector. For instance, while the weight of temporary employment in total female employment is only 7.3 %, it attracts attention that 55.2 % of this is in service sector[53]. Accordingly, in spite of the quantitative contribution of service sector on women's employment rates, the increasing trend of non-standardization of standard employment relations, especially in sub-sectors important for female employment, through subcontracting and fixed-term contracts reinforces women's disassociation from standard, secure and certain working and living conditions (Yılmaz, 2010:268-269,272; Omay, 2011:262-263; Oğuz, 2012: 229-230-231; KEİG, 2015:64).

Most recently, it is seen that female employment is considered in relation to the expansion of the weight of non-standard/flexible jobs in formal sector in socio-political level (NES, 2014: 34,80; DP10, 2013:41,50,51,55,164,186). It is assumed that expansion of the weight of flexible jobs in the labour market will increase female employment and eliminates the dominance of informal sector. Moreover, what critical is that expansion of flexible jobs, especially the expansion of *part-time jobs* and *temporary employment via private employment agencies*, is provided as a work-life reconciliation mechanism, as a solution to

[53] TurkStat, Labour Force Statistics 2013, (*https://biruni.tuik.gov.tr/isgucuapp/isgucu.zul*, Date of access:15.05.2017).

the intensified conflict between production and reproduction (Karakoyun, 2007:123; Ünlütürk-Ulutaş, 2014:88; Yaman-Öztürk and Öztürk, 2014:97).

However, in a labour market in which female employment is already concentrated in flexible employment relations, the assumed positive impact of the expansion of non-standard jobs on female employment rates is questionable. On the other side, in contrast to the dominance of part-time employment among women in developed countries, employer' low appeal to part-time jobs signifies different path of flexibilization of employment relations in Turkey[54]. Indeed, as discussed before, flexible restructuring in Turkey has been triggered *intensification of work, full-time working tradition* and *overtime working*. Thereby, despite part-time jobs are provided as a solution to female employment, persistency of full-time tradition in Turkey challenges the assumed impact of part-time jobs on female employment (Ünlütürk-Ulutaş, 2015:745).

On the other side, even if expansion of non-standardization of standard employment relations increases female employment rates, what critical in here is it has come along with precariousness in women's living and working conditions. As Turkey's flexible restructuring is mainly based on *low-cost strategy*, non-standardization of standard employment relations, as an appearance of flexible restructuring in Turkey, has been reflected on female labour as low income, poor security (involving income, legal, employment, representation, social security)', 'uncertain working conditions', 'limited, nearly impossible, access to opportunities provided by social security system' both in public and private sectors (Temiz, 2004:65; Ecevit, 2008:201; Yaman-Öztürk and Dedeoğlu, 2010:9,16-17; Gökbayrak, 2011: 185; İzdeş, 2011:28-29; Karadeniz, 2011:120; Ecevit, 2012:235; KEİG, 2014:12; Ulusoy, 2014:115-116).

Moreover, different from previous periods, it is no longer possible to approach women's vulnerability to more generalized insecurity and uncertainty in relation to their low human capital, concentration in informal sector and horizontal and/or vertical segregation in occupational hierarchy. As the process of non-standardization of standard employment relations has been integrating all parts of the labour market (including employment relations

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[54] According to Turkstat Labour Force Statistics 2013, *(https://biruni.tuik.gov.tr/isgucuapp/isgucu.zul*, Date of access: 15.05.2017), only 12.4 % of workers in Turkey were employed in part-time jobs. On the other side, it is important to emphasize that 59.7 % of part-time workers were women.

in formal and public sector), degradation in living and working conditions effects female labour irrespective of their human capital, education, their occupational and sectoral positioning in the labour market.

Accordingly, it is evident that non-standardization of standard employment relations is at the centre of the articulation of the interests among capital, state and family (Ergüneş, 2008:29; Yaman-Öztürk and Dedeoğlu, 2010:29-30; Gökbayrak, 2011:186; Toksöz, 2012b:196): Non-standardization of female employment serves the interest of *capital* by enabling elimination of labour cost; *state* by enabling to cut public expenses through transferring the burden of welfare on the shoulders of female labour paid and/or unpaid base; *family,* by reproducing prestigious position of men in the labour market and, *to this respect*, attaching the welfare of women to a man in the household. This articulation has reflected on female labour as being one of the groups more vulnerable to non-standardization of standard jobs, segregation in non-standard jobs, enlarged control over both production and reproduction (Yaman-Öztürk, 2010:71; Oğuz, 2012:231), reproduced gender-based division of labour and persistent gender-based inequalities by systematic disassociation of women from better, secure, certain working and living conditions.

To sum up; since 1980s a restructuring process has been experienced in Turkey. In line with the global trends and tendencies, restructuring has characterized mainly by the articulation between *flexibilization of employment relations, deregulation of labour market* and *elimination of welfare state* and this articulation has reflected on labour as more generalized insecurity and uncertainty in living and working conditions, called as *precariousness*.

It is evident that the articulation between flexibilization of employment relations and elimination of welfare state makes women one of the groups more vulnerable to *precariousness.* In contrast to the emphasis on rigidity and/or expensiveness of female labour, female labour has been functioning as a *flexible reserve army of labour* in Turkey. Female labour shoulders the burden of restructuring through its productive and reproductive contributions and has been easily adjusted to crisis and fluctuations of the market by being segmented and concentrated in peripheries of labour market and easily hired and fired with respect to the demand. As female labour in Turkey is mainly intensified in informal sector, as there is a gender-gap in wages, as women's representation in trade unions is very limited, as their discontinuous working patterns are far from meeting severance pay and premium

requirements, as their access to care services has been very poor, women's labour has been already flexible labour force and experienced deepened precariousness in Turkey, from the very beginning.

This is an unsurprising reflection of the hegemony of *new right* logic in policy-making process, which can be designated as an agreement established and signed between liberalism and conservatism (Topal, 2002:66-67). However, what new today is not the hegemony of new right ideology in policy making process and/or insecurity and uncertainty in women's working and living conditions, but its becoming *more generalized* and *feminized* regarding to the *intensified conflict between production and reproduction.* It is because of the fact that what is expected from women in contemporary gender regime in Turkey is *participating to production* in the labour market to contribute competitiveness of the economy and *continuing to reproduction* at the same time within the household in its paid and/or unpaid forms to preserve young and dynamic labour force and to enable withdrawal of state and employers from the cost of reproduction.

This gender regime puts *non-standardization of standard employment relations* at the centre of gender regime in Turkey. Although legitimated as women's *preference*, it is evident that non-standardization of standard employment relations is in the middle of the integrated interests among capital, state and family: Non-standardization of female employment serves the interest of *capital* by enabling the elimination of labour cost; *state* by enabling to cut public expenses through transferring the burden of welfare on the shoulders of female labour paid and/or unpaid base; *family,* by reproducing prestigious position of men in the labour market and, *to this respect*, attaching the welfare of women to a man in the household.

These integrated interests have reflected on female labour as being one of the groups more vulnerable to non-standardization of standard employment relations, segregation in non-standard jobs, enlarged control over both production and reproduction, reproduced gender-based division of labour and persistent gender-based inequalities both in public and private spheres by systematic deskilling and disassociation of female labour from better, secure, certain working and living conditions.

Within this scope, the following chapter aims to analyse this trends and tendencies in health sector in detail by mainly focusing on nurses' working and living conditions.

CHAPTER 5

RESTRUCTURING OF HEALTH SECTOR AND IT'S IMPLICATIONS ON NURSING OCCUPATION IN TURKEY

In line with the discussions in *Chapter 4*, this chapter aims to discuss restructuring of health sector in Turkey and its implications on living and working conditions of nurses with respect to the articulation among *flexibilization of employment relations, deregulation of labour market* and *elimination of the conditions of welfare state* in health sector.

Chapter is composed of two main parts: The first part of the chapter deals with restructuring of the provision and organization of health services especially since 2003 in Turkey. The second part of the chapter discusses implications of this restructuring on working and living conditions of health labourer, *in general*, and nurses, *in particular*, with respect to the aspects of precariousness. The chapter finishes with concluding remarks.

5.1 RESTRUCTURING OF THE PROVISION AND ORGANIZATION OF HEALTH SERVICES IN TURKEY

In line with the discussions in *Chapter 3* and *Chapter 4*, one response of capitalism to its crisis has been restructuring of the provision and organization of public services through neo-liberal ideology since 1980s. Health is one and the leading of these public services that have been subjected to restructuring. Although the root of restructuring of health services in Turkey can be dated back to 24th of January Decisions in 1980, restructuring of health mainly relies on *Health Transformation Programme (HTP)* applied since 2003[55].

Health Transformation Programme is considered as a response to the problems in accessing health services, poor quality in service provision and increased public health expenses (Acar, 2010:150) and based on redefining the role of state in the provision and organization of

[55] It is important to note that applied reforms since 2003 has been the extension of the vision in Development Plan 7, *planning 1996-2000 period*, and Development Plan 8, *planning 2001-2005 period*. However, the components of neo-liberal restructuring of health in Turkey have become concrete with the Health Transformation Programme since 2003.

health services. Rather than being main provider of health services, the programme aims to reduce role of state to planning, controlling and coordinating the provision of the service (Elbek and Adaş, 2009:34; Acar, 2010:150; Urhan and Etiler, 2011:206; Topak, 2012:296; Harmancı-Seren and Yıldırım, 2013:126). This means gradual withdrawal of state from service provision and, *to this respect* commodification of health and privatization of health services through applied reforms since 2003. Applied reforms can be considered within two main dimensions: transformation in *financing of the health* and transformation in *provision of the health services*.

5.1.1 Transformation in Financing of the Health Services

Transformation in *financing of the health services* has been characterised by the motivation of decreasing the share allocated to health in state budget. Whilst health expenditures has been increasing in general, the proportion of total health expenditure to GDP, 6.1 % in 2008, has decreased 5.4 % in 2013 in Turkey (T.C Ministry of Health, Statistical Yearbook, 2014: 169). This proportion places Turkey at the end within OECD countries in which the average health expenditure as a share of GDP is 8.9 % in 2013 (T.C Ministry of Health, Statistical Yearbook, 2014:170).

This implies a paradigm shift from *tax-based system* to *premium-based system* in the financing of health services (Etiler, 2010:99; Yavuz, 2011:50; Harmancı-Seren and Yıldırım, 2013:126; Zencir, 2014:535) becoming concrete with the Law number 5510, *Social Insurances and Universal Health Insurance,* in 2006. In spite of its being an attempt to take every citizen under the scope of public health insurance schemes, Law number 5510 does not consider access to health services as a right but attaches it to individuals' premium payments (Elbek and Adaş, 2009:37-38; Etiler, 2010:108; Kesici, 2013:135). On the other side, what critical is premium payments within public insurance schemes gradually has become insufficient to access health services. This reflects as promotion of private health insurance schemes and expanded margin of out-of-pocket expenses in accessing to health services. In fact, according to 2014 Health Expenditure Statistics[56], out of pocket health expenditures of households –including treatment, pharmaceutical and so on- 16.8 % in 2013 reached to 18.8 % in the year 2014.

[56] http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=18853, Date of access: 29.10.2016.

Transformation in financing of the health services has also been characterised by the separation between *service provider* and *finance provider* (Etiler, 2010:99; Ünlütürk-Ulutaş, 2011b:179; Yavuz, 2011:50; Kaya and Tekin, 2013:114; Zencir, 2014:535). As a finance provider through public insurance schemes, this separation makes state as an institution buying service from public or private health institutions[57]. In order to decrease public resources transferred to health, this process has come along with reforms aiming to decrease remunerations to public or private health institutions in exchange for the service. This puts public and private health institutions under cost pressure and increases the amount of individual contributions in accessing to health services.

5.1.2 Transformation in Provision of the Health Services

Another important dimension of Health Transformation Programme is transformation in *provision of the health services.* While state has been withdrawn from service provision, it is seen that the demand for health services has been expanding (Zencir, 2009:181; Urhan and Etiler, 2011:195). This expansion can be considered in terms of rising life expectancy, increasing elderly population and induced demand for health services in the market.

It is seen that this conflict between 'decreasing role of state in service provision' and 'increasing demand for health services' has been tackled by promoting the expansion of private sector and/or encouraging both domestic and foreign investments in provision of the health services (Etiler, 2010:108; Urhan and Etiler, 2011:206-207; Özkan and *et al*., 2013: 16; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:39). As indicated in 2014 Health Expenditure Statistics[58], health expenditures by private sector reached to 24.9 % in 2014, which was 19.3 % in the previous year. This is also recognizable from increase in the numbers of private health institutions. In addition to general upward trend in their numbers[59], following public hospitals (56.7 %), it is seen that 36.7 % of hospitals is composed of private hospitals in Turkey (T.C Ministry of Health, Statistical Yearbook, 2014:75).

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[57] In this chapter, the term *health institution(s) is* preferred in order to comprise all kinds of institutions, from hospitals to family health centres, providing health services.

[58] *http://www.turkstat.gov.tr/PreHaberBultenleri.do?id=18853*, Date of access: 29.10.2016.

[59] According to TurkStat *Health Statistics (http://www.tuik.gov.tr/PreTablo.do?alt_id=1095*, Date of access:29.10.2016)*,* the numbers of private hospitals *-90 in 1980, 125 in 1990 and 261 in 2000-* reached to 556 in 2014.

On the other side, what critical is the blurring line between public and private health service provision. Indeed, privatization of health does not only imply changes in private sector but also provision of health services in the public health institutions. There is a recognizable tendency to transform public health institutions to autonomous enterprises in terms of their administrative and financial operations (HTP, 2003:36; Hamzaoğlu, 2007:426-427; Acar, 2010:154-155; Pala, 2011:35; Harmancı-Seren and Yıldırım, 2013:126; Zencir, 2014:536). Especially since 1990s, decrease in state's contribution to expenses of health institutions has confluence with increasing share of *hospital revenues/incomes* in financing of the public health services (Etiler, 2010:99). This puts public health institutions under cost pressure; creates motivation of cost minimization and attaches decisions on service provision –such as allocation of resources, planning of personnel- to the demand in the market in order to be competitive.

Moreover, in an environment in which public health institutions are expected to meet their expenses with their incomes/hospital revenues/without putting burden on public resources, *subcontracting* has become an expanding and dominant practice in the sector. As an extension of the motivation of decreasing costs, health institutions has started to contract out some services to private sector. It is seen that the process has started with outsourcing of non-medical services, *such as security, catering and cleaning*, has been continuing with the purchase of some medical services, *such as imaging, medical tests, radiology*, and even health personnel, *such as nurses* (Tüzün, 2008:322-323; Acar, 2010:150; Urhan and Etiler, 2011:210; Ünlütürk-Ulutaş, 2011b:198; Zencir, 2014:537; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:40).

Accordingly, it is evident that transformation in service provision implies provision of the services by financially and administratively *self-sufficient* health institutions, conceptualized as *decentralization* in provision of the health services (Hamzaoğlu, 2007:426; Acar, 2010:155; Ünlütürk-Ulutaş, 2011b:179; Zencir, 2014:536). This new approach in service provision has become more concrete through *Public Hospital Unions Reform* (Zencir, 2014: 537-538) discussed since *Draft Law on the Pilot Implementation of public hospital unions* proposed in 2007. According to the Draft Law, public hospital unions are planned administratively and financially autonomous health managements that are able to operate independent and flexible in terms of using their resources, planning their personnel investments, managing their budget by considering conditions in the market. In 2011, public

hospital unions were regulated with the Decree Law number 663. Although the scope of administrative and financial autonomy provided in the Decree Law is less than it was planned in the Draft Law, public hospital unions' autonomy in planning personnel structure flexibly through employing health personnel contract-based was reserved with the regulation (Yavuz, 2011:51; Aktel and *et al*., 2013:49-50,57).

Transformation in the health service provision has also included restructuring of primary level services, based on *Family Health* model. The process, starting in 2004 with the *Family Health Pilot Implementation Law* number 5258, was completed at the end of 2010. Family Health model represents an approach to health in which preventive health services provided to individuals are separated from preventive public health services. While system makes family health centres responsible for providing preventive health services to individuals, preventive public health services are organized in public health centres. What critical in here is that the health service provision in Family Health centres is based on premium payments of the individuals. Accordingly, restructuring of primary level health services has been experienced as 'disintegration of service provision in health', 'privatization of primary level health services' and 'trivialization of preventive public health services' (Elbek and Adaş, 2009:36; Acar, 2010:154-155; Etiler, 2010:99,108; Topak, 2012:294-295; Zencir, 2014: 539).

Within this scope, it can be argued that health transformation programme is based on *commodification of health* and *privatization of the health services* (Hamzaoğlu, 2007:426; Acar, 2010:154; Etiler, 2010; Harmancı-Seren and Yıldırım, 2013; Özkan, 2014; Zencir, 2014; Ciğerci-Ulukan and Özmen-Yılmaz, 2016:94; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:38). Indeed, health has been becoming a commodity in all levels of service provision, the access to which has been based on the amount of money you have as an individual. This financing approach makes patient a customer, *instead of a citizen*, health a commodity, *instead of a citizenship right*.

On the other side, although promoted as public health institutions' increasing autonomy in decision-making, decentralization of service provision means expanding integration of hospital revenues/incomes to service provision and increasing cost pressure on health institutions. In other words, decentralization implies an expectation from health institutions to meet all kinds of expenses with their incomes without putting burden on public resources.

This makes health a sector, instead of a public service, and health institutions as management units obligated to develop administration and production strategies in order to survive in market conditions.

Although neo-liberal restructuring of health has characterized by the Health Transformation Programme in Turkey, applied reforms since 2003 has been the reflection of the vision presented especially since the second half of 1990s in main policy documents and regulations. However, what differentiates the process after 2003 is that the burden of transformation has been put on the shoulders of health labourer. The next part of the chapter discusses implications of this restructuring on working and living conditions of health labourer, *in general*, and nurses, *in particular*, with respect to the aspects of precariousness.

5.2 MAIN ASPECTS OF PRECARIOUSNESS IN WORKING AND LIVING CONDITIONS OF NURSES IN TURKEY

As discussed in *5.1*, restructuring of health has been experienced as *commodification of health* and *privatization of health services* in Turkey. The direction of this restructuring has lead to flexibilization of labour process in health service provision and, *to this respect,* transformation in working and living conditions of health labourer.

Especially since 2003, it can be argued that the burden of restructuring in health has been put on the shoulders of health labourer. Due to it's being a labour-intensive service needed to be provided 7/24, health is one of the sectors more vulnerable to the impacts of *flexibilization of labour process* and *employment relations* in the service provision (Urhan and Etiler, 2011: 194). Moreover, the cost of health labourer has become an important aspect of *cost minimization strategy* in health institutions *-the survival of which are attached to market conditions, demand and competitiveness with applied reforms*. Accordingly, it is clear that restructuring in the financing and service provision of health has resulted in *commodification of health labourer* as well (Acar, 2010:160; Ünlütürk, 2011b:32-34) and increased downward pressure on their working and living conditions.

5.2.1 Nursing and Feminization of Health Sector

Non-physician healthcare workers have been more vulnerable to the impacts of restructuring in health sector. Due to *physician-oriented* structure of health in production, organization and regulation levels, while restructuring of health has been reflected on physicians through gaining their *consent*, it has been experienced as *coercion* by non-physician health labourer (Ünlütürk-Ulutaş, 2011a:22; Kesici, 2013:142-143). On the other hand, it is crucial to discuss the impact of restructuring by focusing on non-physician *female* healthcare workers due to female-intensive appearance of the health sector. Moreover, health sector, historically female-dominated already, reveals the tendency of increasing weight of female labour (Nalbantoğlu, 2011:20; Urhan and Etiler, 2011:191,195; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:41). As compared to the trends in other sub-sectors of the service sector, increase in the weight of female labour within total healthcare workers is considerable in Turkey and is called as feminization of health[60].

One of the reasons behind female-dominated structure and feminization in the sector is that nursing as an occupation, traditionally considered as woman's job (Altuğ-Özsoy and Başalan-İz, 2005:255; Ünlütürk-Ulutaş, 2011a:22). It is seen that the weight of nurses (19.4 %) within total healthcare workers is higher than that of physicians (17.9 %) (T.C Ministry of Health, Statistical Yearbook Bulletin, 2015:6). Due to this recognizable quantitative indicators and their being indispensible part of labour process in all levels of service provision, nurses as a group requires a special attention in terms of questioning the implications of restructuring in health sector (Nalbantoğlu, 2011:20).

Although it was possible to see nursing in previous periods, it is generally argued that nursing became an occupation in a modern way in 1912 in Turkey with the opening of Red Crescent Foundation's six months courses on nursing. The political approach aiming to increase the numbers of female professionals in early Republican period also reinforced

[60] According to TurkStat, *Labour Force Statistics, 2016* (http://www.tuik.gov.tr/PreTablo.do ?alt id=1007, *date of access:15.05.2017*), following the *wholesale and retail trade* (19.4 %) and education (18.4 %) sub-sectors, female employment in service sector mainly concentrates in *human health and social work activities* sub-sector (17.3 %). The critical point in here is that female employment in *human health and social work activities* sub-sector is higher than general female employment rate in Turkey. While general female employment rate in Turkey is 28 % in 2016, it is seen that 70.8 % of workers employed in *human health and social work activities* sub-sector were women. In other words, three out of five workers in *human health and social work activities* were women.

increase in the numbers of woman nurses in Turkey (Urhan and Etiler, 2011:119-200). Since 1912, schools providing nursing education have been developed in different levels and, *currently*, nursing education is available in BA, MA and PhD levels.

5.2.2 Increasing Control over Emotional Labour

Historically, nursing is always considered as woman's job due to its being an extension of caregiving practice attached to female labour and provided within the household. *Care* is the essence of nursing occupation. Care, *in nursing*, not only refers to meet physical needs but also emotional needs of a patient. Indeed, more than other healthcare workers, emotional skills, *such as devotion, fidelity, patience, debonairness* and *interpersonal relationship with patients*, are indispensable part of service provision of nurses. What critical is that these are considered as inherited female competencies, need not to be considered as skills and reflected to wages (Urhan and Etiler, 2011:212).

More importantly, it is seen that the emphasis given to these emotional labour/skills in health service provision has been increasing. As an extension of the privatization of health, redefinition of patient as a customer makes *customer satisfaction* an important aspect of service provision/labour process. If increasing duration of interpersonal relations with patients is also taken into consideration, the emphasis on customer satisfaction increases the pressure and control over nurses' emotional competencies in service provision (Güngör, 2009:170; Ünlütürk-Ulutaş, 2011a:25; Kaya and Tekin, 2013:111,115,117).

5.2.3 The Tendency of Providing *More Service with Fewer Personnel*

On the other side, as mentioned in *5.1*, restructuring of service provision in health has come along with increasing demand for health services. As an extension of defining patients as customers, public and private health institutions find themselves under the pressure of meeting customers' increasing demands immediately, effectively and continuously to be competitive. However, this increasing demand for health services has not been reflected on the numbers of health workers. It is seen that health institutions, survival of which are depended on their incomes/hospital revenues, prefer to provide *more service with fewer personnel* as a cost minimization strategy.

It is possible to follow the impact of this preference in nursing occupation. In spite of the general increase in their numbers, the numbers of nurses are still behind the demand (Urhan and Etiler, 2011:207; Harmancı-Seren and Yıldırım, 2013:129; Özkan and *et al*., 2013:16; Öztürk, Candaş and Babacan, 2015:28,30). According to 2015 Statistical Yearbook Bulletin (2015:6), the numbers of active nurses is 152.803. This implies the fact that it is only 261 nurses and midwives available for 100.000 patients (T.C Ministry of Health, Statistical Yearbook Bulletin, 2015:6) and even one nurse per doctor is not available in Turkey.

5.2.4 Intensification of the Workload

This conflict between increasing demand for health services and shortage of nurses has led to *intensification of the workload* in service provision (Zencir, 2009:183; Urhan and Etiler, 2011:207; Ünlütürk-Ulutaş, 2011b:357-358; Harmancı-Seren and Yıldırım, 2013:123; Özkan and *et al*., 2013:16,20; Öztürk, Candaş and Babacan, 2015:28,30; Çalık and *et al*., 2015). The main reflection of 'intensification of the workload without increasing numbers of nurses' is increased absolute and relative working hours.

Increase in *absolute working hours* means extension of working hours and increase in the numbers of night shifts (Zencir, 2009:183; Soyer, 2011:72; Ünlütürk-Ulutaş, 2011a:24; Harmancı-Seren and Yıldırım, 2013:123). Increased working hours and night shifts mean longer interaction period with patients and patients' accompanists and, *to this respect,* deepen pressure on nurses' physical and emotional capacity. In other words, extension of absolute working hours increases exhaustion in nursing by making workload physically and psychologically more demanding (THD, 2008:8-11; Çalık and *et al.*, 2015:38). Moreover, longer working hours and increased numbers of night shifts make balancing work and family responsibilities much more difficult for nurses (Mardin and *et al.,* 2000:69; THD, 2008:8-9). Parallel with the increase in working hours and night shifts, nurses show the tendencies of 'quitting after marriage or pregnancy' and 'moving to levels of service provision without night shifts'. The domination of young female nurses within total numbers of nurses can also be considered as another tendency (Mardin and *et al.,* 2000:30).

These tendencies also imply health institutions' reluctance against applying legal framework that would enable female workers to reconcile their work and family duties. As seen in the findings of different studies (Mardin and *et al.,* 2000:73; Öztürk, Candaş and Babacan, 2015:

28; Çalık and *et al*., 2015:37-39), one of the most prominent problems expressed by nurses is lack of daily nurseries in their workplaces and their difficulty in using their legal rights -*annual leave, maternity leave and breastfeeding leave*- properly. Health institutions' reluctance against providing daily nursery opportunities and leaves directly relates to their urge to minimize non-wage cost of employment and preserve continuity of service provision with complete personnel as much as possible. However, nurses have experienced this reluctance as *legal insecurity* -being unable to benefit from labour rights properly-, *career insecurity* -interrupted working history-, and *social/future insecurity* -restricted possibility of making personal decisions about private life freely-.

Increase in *relative working hours,* on the other side, means intensification of daily routine or increase in the numbers of tasks within the workload without increasing absolute working hours. This puts pressure on nurses' emotional labour and duration of breaks within working hours (Zencir, 2009:183). What critical in here is that increase in the numbers of tasks also involves additional tasks not clearly defined within actual tasks of the occupation. As emphasized by Ünal and Seren (2010:24), in the last ten years, the weight of additional tasks besides care *-main task of nursing occupation*- has been expanding within the workload of nurses. Called as *functional flexibility*, in spite of the availability of labour force with relevant educational background, nurses has been made responsible especially for the tasks of medical secretaries and medical technicians (Ünal and Seren, 2010). In other words, the tasks such as keeping records, procurement, ultrasonography, electrocardiography has gradually become part of nurses' workload (Ünal and Seren, 2010:24; Nalbantoğlu, 2011:19; Ünlütürk-Ulutaş, 2011a:25; Harmancı-Seren and Yıldırım, 2013:123; Özkan and *et al*., 2013:20; Zencir, 2014:546; Özkan, 2014;557; Öztürk, Candaş and Babacan, 2015:28).

This can be considered as another strategy of minimizing labour costs by making nurses responsible for secretarial and technical tasks instead of employing adequate number of personnel with relevant educational background. The fact is that regulation on the *occupational terms of reference* in nursing has not been certain and/or reflected to the practice reinforces functionally flexible usage of nurses (Ünal and Seren, 2010:27-28).

5.2.5 Performance-based Salary System

Another important reflection of restructuring on nurses is performance-based salary system. As discussed in *5.1*, as an extension of the motivation of making health institutions financially autonomous management units, the share of hospital revenues/incomes not only increases in service provision but also in salaries (Urhan and Etiler, 2011:209; Ünlütürk-Ulutaş, 2011b:193-194; Harmancı-Seren and Yıldırım, 2013:126; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:40). This puts downward pressure on real wages and attaches the amount of monthly salary to the performance of the health worker. Called as *wage flexibility,* health institutions use performance-based payments as disciplining/controlling mechanism to reinforce effectiveness of the labour force, whilst its reflections on health workers are uncertainty in monthly salary and increased wage differences among them (Zencir, 2009: 185; Keyder, 2007:25, as cited in Acar, 2010:156; Urhan and Etiler, 2011:208; Ünlütürk-Ulutaş, 2011b:215; Kesici, 2013:142; Zencir, 2012:544-545).

What critical is that the reflection of performance-based payments on nurses remains around 20 % in proportion to physicians. Although performance-based system more specifically intensifies workload of the nurses, physician-oriented organization of health sector makes contribution of performance-based payments on nurses' wages less than that of physicians (Urhan and Etiler, 2011:210; Ünlütürk-Ulutaş, 2011a:24; Ünlütürk-Ulutaş, 2011b:215; Öztürk, Candaş and Babacan, 2015:27,30; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:41).

On the other side, in addition to nurses' restricted access to performance payments, it is seen that low level of real wages has become one of the prominent problems expressed by nurses. Nurses find their wages less than the effort job requires and their educational qualifications deserve (Altuğ-Özsoy and Başalan-İz, 2005:255-256; Özkan and *et al*., 2013:21-22; Öztürk, Candaş and Babacan, 2015:27,30). Moreover, different from previous periods, as seen in Soyer's study (2011:73), one out of four health personnel expresses that s/he is not paid fully and timely even in public sector, which can be considered as an aspect of the expansion of contracted, sub-contracted and temporary employment.

5.2.6 Polarized Status of Employment

This implies transformation of employment structure as another important impact of restructuring on nurses. As an extension of the increase in the numbers of private health institutions, private sector has become the main motive behind employment rates in the sector. Currently, following their relatively high ratios (66.6 %) in public hospitals, 17 % of nurses are employed in private sector in Turkey - which is more than the weight of nurses in university hospitals (14.7 %) - (T.C Ministry of Health, Statistical Yearbook Bulletin, 2015: 6). In other words, an upward trend in their employment in private sector is recognizable. Whilst increasing employment rates can be considered positive in terms of female employment, this increase has been characterised by job insecurity through the expansion of contracted temporary employment in the sector.

Another aspect of changing employment relations is increasing weight of temporary employment relations in public health institutions especially since the second half of 2000s. In fact, contracted employment and sub-contracting was made possible for the first time in health sector with the regulation number 4924 in 2003 and its scope was enlarged with the regulations on 4B contracted employment status, family health system and public hospital unions; where health personnel are expected to be employed solely contract-based. Called as *numerical/employment flexibility*, while increasing weight of contracted workers enables health institutions to plan their personnel structure flexibly and it reflects on workers as elimination of job security (Urhan and Etiler, 2011:208; Özkal-Sayan and Küçük, 2012; Özkan and *et al.*, 2013: 21; Kesici, 2013:138; Öztürk, Candaş and Babacan, 2015:29; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:38). As seen in Soyer's study (2011:73), three out of four health workers consider their job more insecure as compared to the past and more than half of them carry the fear of losing their jobs.

On the others side, in addition to the elimination of job security, another important implication of contracted employment is accelerating fragmentation and/or polarisation among health workers. Fragmentation and/or polarisation means nurses doing same job but having different employment status, working conditions and labour rights (Zencir, 2009:186; Ünlütürk-Ulutaş, 2011a:23; Ünlütürk-Ulutaş, 2011b:358; Harmancı-Seren and Yıldırım, 2013:128; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:38). In terms of nursing, it is possible to classify nurses within six different employment statuses: (1) Permanent/4A-

contracted nurses according to Civil Servants Law (657); (2) 4B-contracted nurses according to Civil Servants Law (657); (3) Contracted-nurses according to Law number 4924; (4) Contracted-nurses according to family health system; (5) Contracted nurses according to sub-contracting; (6) Contracted vice-nurses according to Civil Servants Law (657).

5.2.7 Polarization as a Challenge to Organization

This creates different nurse groups with different needs and expectations, *to this respect*; challenges labour peace and their organization capacity. Despite efforts for organization among nurses dated back to 1940s, studies (Harmancı and Baykal, 2006; Koçak, 2006) reveal poor organization among nurses both in occupational associations and unions. Koçak (2006:73) emphasizes persistency of this tendency in the last 20 years in contrast with the increased downward pressure on their working and living conditions[61]. Moreover, even if they become a member of an organization such as union, it is seen that nurses tend not to be an active member in there (Harmancı and Baykal, 2006:198-199).

As one of the reasons behind this reluctance, nurses do not believe effectiveness of available organizations. In other words, although nurses find such organizations important in terms of improving working conditions of the occupation, their mistrust on their effectiveness puts them away from organizations and their activities (Harmancı and Baykal, 2006:200-201,202; Koçak, 2006:61-63,73-75). In line with the findings of Kesici's study (2013:167-167), it is possible to consider nurses' mistrust on effectiveness of organizations as an aspect of

[61] Except for the findings of studies in the literature, the statistical information focusing on the organization tendencies among nurses is neary not available. In available statistical indicators, nurses are considered together with general health workers or midwives group. In spite of its growing importance in female employment, according to July 2015 Labour Force Statistics, total trade-unionization in *health and social services* sub-sector is only 6.8 % in Turkey (Republic of Turkey Ministry of Labour and Social Security, 2016:51). Sağlık-İş is seen as the trade-union organizing 4.02 % of workers, which is the highest coverage rate. Following the Sağlık-İş, Öz Sağlık-İş is the second union organizing 2.31 % of health workers in the private sector. On the other side, women's low representation in administrative positions in trade unions organizing workers in health and social services is also evident. According to 2015 Labour Force Statistics, it is seen that only 10.9 % of administrators are women in trade unions in health and social services sub-sector (Republic of Turkey Ministry of Labour and Social Security, 2016:59). There are also trade unions organizing nurses working in public part of health service provision such as Sağlık-Sen, Tüm Sağlık-Sen, Türk Sağlık-Sen and SES. Among these, SES comes into prominenence with its critical approach to the transformation of health sector. In line with the statistical information gained from the representative of the SES, %30 of their members is 'nurses and midwives group' and nurses are composed 85 % of this group. As compared to nurses in university hospitals, it is important to note that members are mainly composed of nurses working in public hospitals (77 %).

organizations' inability to organize very fragmented or polarized nursing population and/or develop proper tools comprising their heterogeneous needs and expectations.

In that vein, poor organization among nurses can be considered as another aspect of polarization of employment status and increasing domination of contracted employment in the sector. As revealed in Koçak's study (2006:64-65,76-77), the organization tendencies among contracted nurses are lower than that of permanent nurses. This lower tendency relates to expanding job insecurity even in the public sector and, *to this respect*, nurses' increasing sensitivity on establishing good relationship with hospital administration (Koçak, 2006:76-77; Harmancı and Baykal, 2006:205; Özkan and *et al*., 2013:16). In addition to poor organization among nurses in general term, it is possible to capture the reflection of job insecurity in nurses' lower motivation of being member of unions as compared to associations. As revealed in Koçak's study (2006), the most prominent reason behind nurses' non-participation to unions is their hesitation to be part of political and ideological claims about their occupation that carries the risk of tension with hospital administration.

Consciously or unconsciously, this mistrust and hesitation creates desensitisation and depersonalisation to their occupational problems; showing either manifest of latent consent to the deterioration in their working conditions and continuing to provide care devotedly (Özkan, 2014:570). In this context, called as *representation insecurity,* it can be argued that 'expansion of contracted employment or job insecurity in the sector' and 'fragmentation or polarization among nurses' hinder organization tendency even in public sector and decreases bargaining power of nurses. As an extension of its being woman's job, it is also important to emphasize that their difficulty in balancing work and family responsibilities makes nurses one of the groups more vulnerable to representation insecurity by restricting their attachment to and being an active member of available organizations (Harmancı and Baykal, 2006:201).

5.2.8 Persistency in Non-professionalization of the Occupation

Restructuring has also reflected on nurses as degradation of nursing as a professional occupation. Degradation generally considered in the literature in relation to *non-professionalization* of nursing occupation. Discussions in the literature can be classified under four main aspects:

Firstly, degradation of nursing is considered as an aspect of its being woman's job. Indeed, as an extension of its being considered as woman's job, nursing is already an occupation showing the motives of gender-based systematic trivialization, discrimination and segregation (Urhan and Etiler, 2011:194; Ünlütürk-Ulutaş, 2011b: 236; Çelebi-Çakıroğlu and Harmancı-Seren, 2016:41). The relationship between nurses and physicians, *in particular,* is at the centre of this systematic gender-based degradation or non-professionalization of the occupation.

Patient's wellbeing is based on two dimensions: treatment and care. While physician is recognized the person diagnoses and makes decisions on treatment, nurse is considered responsible for following physician's decisions and providing care according to that treatment. However, the reflection of this division of labour to workload is hierarchical and gendered. As *care* is considered as an extension of gender based division of labour within the household, nurses' *care labour* in labour process is secondarized and trivialized. In other words, despite care is an indispensable and complementary part of patients' wellbeing; there is a persistency in perceiving nurses as the helpers of the physicians (Mardin and *et al.,* 2000:92; Tarihçi-Delice, 2006:43; Öztürk, Candaş and Babacan, 2015:29).

In line with this gendered trivialization process, *secondly*, degradation or non-professionalization of nursing is based on their limited or restricted autonomy in the labour process. It is because of the fact that the gendered division of labour between nurses and physicians subjects nurses' workload's to physicians' commands and/or control (Mardin and *et al.*, 2000:72-73; Altuğ-Özsoy and Başalan-İz, 2005: 256; Urhan and Etiler, 2011:194; Çavuşoğlu, 2013:58). Due to this limited autonomy and control over the workload, nursing is counted as semi-professional occupation (Mardin and *et al.,* 2000:23; Altuğ-Özsoy and Başalan-İz, 2005:255; Ünal and Seren, 2010:27-28). Although the Statutory Decree in 2011 defines duties and responsibilities of nurses more detailed, it does not respond to the need of professionalization and autonomy in nursing occupation, and insists perceiving main responsibility of nurse as applying treatment recommended by the physician (Ünlütürk-Ulutaş, 2011b:234-235). Although nursing is an occupation requiring special training or education, this makes nurses unable to use their know-how properly and hesitant to make decisions freely even while they are providing care.

What critical in here is that this not only means nurses' limited control over labour process but also *deskilling* of nursing, the *third* aspect of degradation or non-professionalization of the occupation. Indeed, the perception subordinating nursing to physicians' commands and control functions as making nurses' educational background insignificant, undervaluing their qualifications, considering their skills as inherited feminine competencies and, *in this respect*, cheapening their labour (Altuğ-Özsoy and Başalan-İz, 2005:256-257; Urhan and Etiler, 2011:212). Moreover, more integration of technology to workload makes nursing much assembly line like occupation and, *to this respect*, reinforces deskilling of nursing (Ünlütürk-Ulutaş, 2011a:24, Yavuz, 2011:49).

Fourthly, degradation and/or non-professionalization of nursing occupation rely on dissolving of the occupational identity mainly through systematic fragmentation processes. As discussed above, one reflection of this is fragmentation or polarisation of nurses through employment status. If recent implementations in the sector are considered, it is possible to argue deepening of dissolving of nursing identity by means of the expansion of contracted, subcontracted, temporary employment. An example of this is family health system. In family health system, nurses are employed in contract-based with the status of *family health personnel* instead of nurse status. This results in dissolving of not only job security but also nurses' occupational identity within the system (Yılmaz, 2009; Nalbantoğlu, 2011:19; Urhan and Etiler, 2011:208; Ünlütürk-Ulutaş, 2011a:23; Harmancı-Seren and Yıldırım, 2013:130).

Fragmentation of nurses through educational background is another aspect dissolving nurses' occupational identity and, *to this respect*, leading to non- professionalization and degradation of the occupation. As mentioned by Özkan (2014:567-568), there are 17 different nurse profiles in Turkey according to educational background. Although availability of nursing education in BA, MA and PhD levels influences technical and scientific impression about the occupation, the level of education is not the most important a criterion that differentiates nurses' working conditions and tasks in practice. In other words, irrelevant to their educational background, all nurses do same tasks under same working conditions (Ünlütürk-Ulutaş, 2011b:235). Called as *career insecurity,* this implies that educational background does not provide opportunities of *step up* and *promotion* in nursing occupation.

It is also possible to see employment of workers having midwife and emergency medical technician educational backgrounds as nurses in the field. Moreover, according to the

regulation in 2014, graduates of vocational schools can only entitled to be *assistant nurses*, promotion of assistant nurses as a solution to the shortage in the number of nurses may create the tendency of giving priority to assistant nurses in employment in order to minimize labour costs (Koçak, 2015). As an aspect of degradation of nursing occupation, these practices trivialize nursing education by melting different education levels in the same pot and/or equalizing working conditions of nurses with different education levels in practice.

Due to this systematic process of trivialization of nursing occupation and equalization of nurses' educational background, nurses having BA and higher degrees retreat from demanding better wages and working conditions. An important reason of this tendency is the expanded fear of losing their job or hesitation to have a dispute with hospital administration. This can be considered not only as an aspect of deskilling of nursing as an occupation but also a motivation of creating a *reserve army of nurses* that puts downward pressure on working and living conditions (Özkan, 2014:557).

5.2.9 Restricted Opportunity of Specialization

On the other side, different from other countries, specialization is possible in nursing until MA level in Turkey (Çavuşoğlu, 2013:19). This expands the scope of functionally flexible usage of nurses. Indeed, it is possible to see appointment of nurses in different units/services in health institutions during their career. Moreover, even if a nurse specialized in a field, management can easily appoint that nurse to any unit in need of nurse labour (Çavuşoğlu, 2013:19). It is again possible to consider this situation as an aspect of deskilling, due to the fact that nurses' move from one unit to another during their career makes them subject to learning process over and over again continuously.

It is seen that organization of on-job-training opportunities does not contribute to specialization of nurses as well (Öztürk and Savaşkan, 2008:43-44; Öztürk, Candaş and Babacan, 2015:29,32). Restructuring of health has come along with new medical techniques and intervention of more technology to labour process that make health workers to adapt their skills to these changing medical, technical and technological qualifications (Yavuz, 2011:49). This increases the importance of skill reproduction opportunities in health sector.

However, as seen in Mardin and *et al.*'s study, available on-the-job training opportunities are limited. Moreover, even if provided, as revealed in Öztürk and Savaşkan's study (2008), on-the-job trainings are generally on general subjects, not practice-oriented and, *in this regard*, not give nurses way to improve their skills and qualifications according to these new expectations in the workload. On the other side, nurses' emphasis on the organization of on-the-job trainings within working hours in Öztürk and Savaşkan's study (2008) can be interpreted as nurses' difficulty in sparing extra time for trainings in their non-working times most probably due their out-of-work responsibilities.

It is also important to emphasize that even if on the job trainings are organized within working hours, due to intensified workload it is not possible for all nurses to participate in trainings. Called as *skill reproduction insecurity*, although the emphasis on the importance of on-the-job-trainings in nursing occupation dates back to the Bylaw in 1986, the organization of on-the-job trainings reinforces deskilling of nursing occupation and functions as minimizing labour cost by restricting budget allocated to trainings (Öztürk and Savaşkan, 2008:44-45).

5.2.10 Vulnerability to Physical and Verbal Violence

In micro level, it is possible to see the impact of degradation and non-professionalization of nursing in nurse-physician and nurse-patient relationships. As revealed in different studies (Mardin and *et al.,* 2000:92; Çavuşoğlu, 2013:57-58; Öztürk, Candaş and Babacan, 2015:29-30,32), nurses are subject to insult and contempt of physicians, even of hospital administrators. It is possible to argue that physician-oriented structure of the sector normalizes this degrading attitude towards nurses, which is also backed by unequal gendered division of labour between nurses and physicians.

Moreover, as argued by Etiler (2010:102), restructuring process since 1990s comes along with the establishment of a public perception that accuses directly health workers from the problems in the provision of health service. It can be argued that transformation of patients to customers makes patients more demanding and *complaining* as a control mechanism over nurses' performance and emotional labour. As an outcome of the extended interaction period between patients and nurses, nurses are also one of the groups more vulnerable to be subjected to physical and verbal violence of the patients and patients' accompanists (Mardin

and *et al.*, 2000:88; Nalbantoğlu, 2011:21; Özkan and *et al*., 2013:18; Öztürk, Candaş and Babacan, 2015:29,32; Çalık and *et al*., 2015:38,41). Moreover, both in hospital personnel and patients levels conducted studies also signify vulnerability of nurses to sexual harassment (Mardin and *et al.*, 2000:87-89,102).

Within this scope, discussions in this part of the chapter reveal that nurses have experienced restructuring in health as a downward pressure on their working and, *to this respect,* living conditions. As seen in the findings of Soyer's study (2011:71-72, 74), two out of three health workers consider the impacts of transformation in health on their working conditions negative and more than half of them signify last 10 years as a turning point for this downward trend. In line with the discussions above, as seen in Sürer's study (2009:42-45), intensified workload, longer working hours, increased stressfulness of the job, poor skill reproduction opportunities, low wages and a preference to move levels of service provision without night shifts are main reasons underlining turnover rates among nurses. Study signifies (Sürer, 2009) higher turnover rates among contracted nurses as compared to permanent nurses that can be considered as an indicator of negative impact of privatization and the expansion of contracted employment in health sector on working conditions of nurses. Accordingly, it can be clearly argued that restructuring of health has deepened flexibilization of labour process and employment relations that has reflected on nurses as more generalized insecurity and uncertainty in their working and living conditions, called as *precariousness*.

To sum up; the process since 2003 has been experienced as restructuring of financing and service provision of health, called as *Health Transformation Programme*, in Turkey. As an extension of the hegemony of neoliberal ideology since 1980s, restructuring of health has been characterised by interrelated processes of commodification of health and privatization of health services. This makes patients as customers, *expectations of whom should be meet immediately, effectively and continuously*, and put pressure on public and private health institutions to become financially and administratively autonomous/self-sufficient management units, *able to meet their expenses from their incomes without putting burden on public resources*.

It is seen that immediate reaction of health institutions to that process has been applying flexibilization strategies to labour process. In that point, it is important to emphasize that due

to it’s being a labour-intensive service expected to be provided 7/24, service provision in health has been flexible from the very beginning. In other words, flexibilization of labour process is not a new phenomenon in health sector. However, what new today is *more* flexibilization of labour process and its reflection on health workers as a *more generalized* downward pressure on their working and living conditions.

Called as *decentralization*, in order to meet customers’ needs immediately, effectively and continuously without putting burden on public resources, reforms in restructuring process has come along with enabling health institutions to act independent and flexible in terms using their resources and planning their personnel structures according to conditions in the market. As an extension of its being a labour-intensive service, *minimizing wage and non-wage cost of labour* through applying numerical, functional, working time, wage flexibilization strategies has been the main motivation of public and private health institutions. This leads to tendencies of providing more service with fewer personnel, increasing relative and absolute working hours, extending the scope of contracted personnel both in public and private institutions, relegating wages to health workers’ performance, systematic fragmentation/polarisation of health workers. While these strategies adapt working conditions to market conditions to increase effectiveness of service provision in health, these have been experienced by health workers as ‘insecurity and uncertainty in job, wage, working time, career, representation’, ‘elimination of the control over labour process’, ‘deskilling’ and ‘degradation of occupational identity and status’.

Due to *physician-oriented* structure of health service, it is evident that non- physician health workers have been one of the groups more vulnerable to this downward pressure on working and living conditions. Indeed, while restructuring of health has been reflected on physicians through gaining their *consent*, non-physician health workers have experienced this process as *coercion.* Moreover, due to their being indispensable part of health service provision in its all levels, it is seen that nurses have been one of the groups much more vulnerable to negative implications of restructuring process. As an extension of it’s being considered as woman’s jobs, restructuring has reflected on nurses by articulating with systematic gender-based degradation, segregation and trivialization processes.

In addition to negative implications of restructuring on working and living conditions in general, due to penetration of gender based division of labour both inside and outside of the

workplace, nurses have experienced this process as more difficulty in balancing work and family responsibilities, more intensified control over their unwaged emotional labour, more systematic cheapening, deskilling, degradation and non-professionalization of caring *as a practice* and nursing *as an occupation*. This integrates nurses to restructuring of labour process in health service provision as numerically and functionally flexible, cheap workers with newer ending smile, compassion, patience and altruism.

CHAPTER 6

METHODOLOGY

This chapter focuses on methodological approach and research design of the study. Chapter is composed of three interrelated parts. The first part of the chapter clarifies research questions of the study in detail. The second part of the chapter aims to provide a discussion on methodological standpoint of the study. Third part of the chapter explains method of the study and details of the fieldwork.

6.1 RESEARCH QUESTIONS OF THE STUDY

This study aims to analyse the impacts of flexibilization of labour process and, *in this regard*, flexibilization of employment relations on working and living conditions of female labour in Turkey.

Regarding to its expanding weight in employment structure, *in general*, and female employment, *in particular*, study focuses on examining the relationship between female employment and flexibilization of employment relations in *service sector*. On the other side, due to its being more fragile to flexibilization process, study focuses on *health sector* and *nursing labour* in order to give a comprehensive account for the impacts of flexibilization on working and living conditions of female labour in service sector in Turkey. In addition to health sector's being more convenient for flexibilization of employment relations, nursing's being *historically old*, *white-collar, semi-professional occupation* traditionally considered as *women's jobs* and realized within *standard* and/or *formal employment relations* for a long time in Turkey, puts nursing occupation at the centre of study's examination on flexibilization of employment relations and its gendered implications on working and living conditions of working women[62].

Within this scope, this study is based on two main research questions:

[62] For a detailed discussion on this point, see *Chapter 5*.

1. What is the relationship between flexibilization and female employment in service sector in Turkey?

This question aims to understand the reasons and dynamics behind flexibilization of labour process in service sector and its reflections on female employment in Turkey. This involves examining Turkey's restructuring experience in detail and understanding productive and reproductive roles assumed to female labour in flexible restructuring process. Since study focuses on health sector and nurses, this examination is based on examining restructuring in health sector especially since 2003, understanding flexibilization of labour process in health service provision and questioning the positioning of nurses within this process.

2. What are the implications of flexibilization of employment relations in service sector on working and living conditions of working women?

As complementing first research question, this question aims to explore flexibilization of employment relations with a particular focus on working and living conditions of female labour in service sector. This implies examination of the constituted relationship between female labour and labour market in flexibilization process in Turkey. It is because of the fact that the constituted relationship between female labour and labour market in flexibilization process directly relates to women's access to secure, certain, better working and living conditions. Accordingly, this research question implies a deeper focus on the process of flexibilization of employment relations in service sector, *reflected as non-standardization of standard employment*, and questioning this *process* in relation to income security, job security, legal security, career security, representation security, social security and future security dimensions.

In line with the theoretical framework of the study, this means questioning the articulation between flexibilization of employment relations and precariousness, and providing an account for *its gendered outcomes for women working in service sector*. As study focuses on health sector and nursing labour within it, the articulation between flexibilization of employment relations and precariousness is examined in the case of flexibilization of health labour process, non-standardization of standard employment relations in health sector and its implications on nurses' working and living conditions.

In this context, these two interrelated questions imply the fact that the main problematic of the study is not flexibilization of employment relations in essence, but providing an account for 'under what conditions and through which indicators flexibilization of employment relations has been experienced as precariousness by working women/nurses in service sector/health sector'.

6.2 METHODOLOGICAL STANDPOINT OF THE STUDY

This part of the chapter aims to discuss methodological standpoint of the study by providing an account for its relevancy with theoretical framework and research questions. As methodology, epistemology and ontology are consistent, it is important to emphasize that provided discussion on methodological standpoint of the study involves epistemological and ontological premises of the study as well.

The discussion on methodological standpoint is made within three sub-parts. While first sub-part focuses on methodological standpoint of the study, second sub-part aims to give an account for the relationship between methodological standpoint and theoretical framework of the study. In line with the discussions in these two sub-parts, third sub-part deals with main principles of the feminist research in relation to study's methodological standpoint.

6.2.1 FEMINIST STANDPOINT METHODOLOGY

The methodological approach pursuit in this study is *feminist.* This implies that this study is based on a premise of *women and men are different*. This does not mean women and men are different in terms of class, race, ethnicity and so on; because mainstream methodological principles already makes it possible to analyse these kinds of differences between men and women. Thereby, this premise implies differences between women and men due to their gender -*their being woman* and *being man*-, neglected in mainstream social thought.

Despite mainstream modernist methodology assumes that the knowledge derived from *scientific method* is able to explain *social reality within its totality*, feminist methodology challenges scientific method and the principle of objectivity from its very beginning by arguing that mainstream methodological approach of modernity is male-biased and ignores women's experiences. Accordingly, feminist methodology is a challenge to reduction of the

category of woman to an individual (Ecevit, 2011:33-34) and makes women as a unit/object of analysis to generate *women's experiences* (Gross, 1986:191; Harding, 1987:7; Beasley, 1999:18-19) ignored and/or neglected in *malestream* social research.

In addition to taking women/nurses as *a unit of analysis* and focusing on *women's experiences*, this study also acknowledges *epistemic privilege* of women/nurses by inspired from feminist standpoint methodological approach. Feminist Standpoint Methodology (FSM), emerged in the 1970s, relies on an argument that "there are some perspectives on society from which, however well-intentioned one may be, the real relations of humans with each other and with the natural world are not visible" (Hartsock, 1983:159). According to FSM, while experiences of the oppressed groups are absent in privilegeds' perception on social reality, oppresseds are capable of perceiving "things from the perspective of not only privileged (men) but also the oppressed women" (Smith, 1987, as cited in Abbott, Wallace and Tyler, 2005:374). Due to opresseds' this *double vision* and/or *outsider within* position*,* FSM gives *epistemic privilege* to women and emphasizes their capability of acquiring *less distorted* and *less partial* perception of the social reality they are experiencing.

Furthermore, FSM also considers women/oppressed as a political subject by emphasizing their potential to generate critical insights about their experiences and, *in this regard*, about existing power relations. According to FSM, this *double vision* or *outsider within position* carries the potential that enables oppresseds to "transform their consciousness into an oppositional one and to begin to see the possibility of ending their oppression" (Harding, 2004:6). Thereby, FSM propounds methodological approach that enables women not only epistemic but also political privilege in term of providing a better account of social reality and transforming it.

However, FSM considers standpoint as "achieved rather than obvious, a mediated rather than an immediate understanding" (Hartsock, 1998:110). It is because of the fact that perception of oppressed groups about social reality is always under the risk of "obscured by the dominant, hegemonous ideologies and the practices that they make appear normal and even natural" (Harding, 2004:9). This makes standpoint *an achieved historically shared collective identity and consciousness,* "… something for which oppressed groups must struggle, something that requires both science and politics" (Harding, 2004:8). Therefore, as argued

by Harding (2004:7-8), achieved a standpoint implies "…how a social and political disadvantage can be turned into an epistemic, scientific and political advantage".

On the other side, despite feminism came on the scene by arguing different experiences and unequal power relations between woman and man, the process since 1960s has been characterised by an *internal criticism* within feminist thought. Although the differentiation of sex and gender opened a pathway to feminist thought to challenge dominant malestream paradigms, in 1960s, the intervention of Black Feminist makes *otherness* an important methodological and epistemological questioning within feminism by emphasizing *some women/black women and their experiences are excluded from feminist knowledge production/thought.* This intervention of Black feminists has been reinforced by the impact of postmodernism since 1980s and comes along with the critic of *gender* category, the very first contribution of feminism to social theory, termed as *gender scepticism* by Bordo (1990: 135). It is seen that the critic on dualistic and hierarchal approach of modernity to woman and man categories, called as *Cartesian dualism*, was challenged by the intervention of *gender* category; but with the *decentralization* of two sides of the duality by FSM, gender has been considered as biased category in term of obscuring differences and power relations among women.

Decentralization challenges consideration of two sides of duality as homogenous groups and attribution of power solely to men. This implies concentration on the differences/specifities of women's experiences and recognition of power relations among women (Hekman, 1997: 349; Beasley, 1999:20; Ramazanoğlu and Holland, 2002:65-66; Chantel, 2007:18). As argued by Frye (1996:36-37):

> ...the differences among women across cultures, locales and generations make it clear that although all female humans may live lives shaped by the concept of Woman, they are not all shaped by the same concept of Woman. (…) Woman is not the only concept or social category any of us lives under. Each of us is a woman of some class, some colour, some occupation, some ethnic or religious group.

Thereby, it is evident that acknowledgement of the *specifities of women's subjectivities/ experiences* and *decentralization* makes standpoint contextual, locational, impartial, contingent and situated (Ecevit, 2011:35). However, this does not make it possible to consider FSM as a pure relativistic methodological standpoint (Harding, 1993:61). It is

because of the fact that women's subjectivities/experiences and specifities of these subjectivities/experiences are still attached to structures in FSM. In other words, the experience and its positioning within material reality is still critical for FSM. It is because of the fact that FSM does not divorce itself from *praxis*: providing women an *epistemic privilege* in terms of acquiring a better account of social reality and a *political privilege* in terms of *achieving* a *standpoint* to transform patriarchal power relations. This means FSM insists on keeping not only its *analytical* but also *normative* essence. This puts FSM in an *intermediate position* between objectivism-relativism, modernism-postmodernism on the *slipper pole,* the metaphor provided by Haraway (1991). It is seen that although it has been developing in a conflicting way to enlightenment and humanism from its very beginning, FSM is still reluctant to leave aside some premises of modernist (theorizing) and humanist (emancipation) methodological principals.

By inspiring from the discussed principles of FSM, this study also represents an intermediate position. However, it is important to emphasize that within the large specturum of the FSM, this study positions itself much closer to the modernist side of the Haraway's slippery pole. In other words, although this study provides a critical approach to the methodological principles of orthodox modernism, it is based on more structuralist interpretation of the social life and experiences of the subjects/nurses. This positioning overlaps with the theoretical framework of the study. The next sub-part focuses on the interrelatedness between methodological standpoint and theoretical framework of the study.

6.2.2 THE EXPERIENCE OF PRECARIOUSNESS FROM A FEMINIST STANDPOINT

This methodological approach, discussed in *6.2.1*, overlaps with the theoretical framework of this study. As discussed in *Chapter 2* in detail, this study is based on Labour Process Theory (LPT) and Precariousness Debate (PD) in analysing the impacts of flexibilization on women's working and living conditions in service sector; with a particular focus on *health sector* and in the case of *nursing labourers*.

It can be argued that the overlap between methodological and theoretical standpoint of the study is based on their Marxist background and their being evolving as a critic to modernist approach to social reality. In line with the methodological standpoint of the study, both in

LPT and PD modernist approach to social reality is considered an *epistemic violence,* as termed by Yücesan-Özdemir (2010:35-36), obscuring to understand social reality within its totality.

As a response to this epistemic violence, LPT and PD comes on the scene as a challenge to all kinds of dualistic and essential perception to social reality by emphasizing blurring realms and interrelatedness between white collar/blue collar, public sphere/private sphere, production/reproduction dualisms assumed in modernist thought. In a similar vein with the methodological standpoint, challenging dualities enlarges the scope of social reality comprised in knowledge production and enables to question exploitation/precariousness/ power relations in spheres and for groups considered out of power relations before.

However, by challenging dualities, LPT and PD do not only enlarges the scope exploitation but also *subjectivities* of the exploited groups included in knowledge production. It is based on the fact that LPT and PD, but PD in particular, represents a shift from analysing solely macro-level aspects of exploitation to focusing on the *experience of exploitation* in flexibilization process. In other words, the changing focus to working and living conditions of labour gives way to the generation of *experiences* and, *in this regard*, *subjectivities* of the exploited groups.

On the other side, the subjectivities in LPT and PD are political subjectivities. In line with the epistemic and political privilege attributed to oppressed groups in FSM, the subjectivities in LPT and PD are not passive victims of power relations but carrying the potential of being aware of, challenging and transforming oppressive aspects of existing social reality. Moreover, as an extension of the emphasis on the embeddedness of the spheres of social reality perceived out of power relations before, every aspects of social reality become not only a source of exploitation but also new political subjectivities emerging against more generalized insecurity and uncertainty in flexibilization process.

However, as discussed in *Chapter 2* in detail, PD goes one step further than LPT in terms of providing an account for subjectivities and experiences in existing power relations. While LPT does not give an account for multiple and heterogeneous experiences of workers by reducing power relations to labour process and, political subjectivities to man/capital and woman/labour dualism, by adding *social location* to the analysis (intersection of gender,

race, ethnicity, class and so on), PD enlarges the scope of subjectivities and gives way to the acknowledgement of multiplicity and heterogeneity of the experiences of these subjectivities. In a similar manner with the methodological standpoint of the study, this implies that PD deals power relations not only between man/capital and woman/labour, but also among women positioning in different social locations to each other.

It is evident that adding social location to the analysis overlaps with the contextuality, situatedness, contingency and impartiality of the experience in FSM. However, as discussed in *6.2.1*, inclusion of social locations to the analysis does not mean abandoning the possibility of transforming these power relations. Instead, the emphasis on enlarged scope of exploitation and/or decentralization of political subjectivities in LPT and PD is a theoretical standpoint that makes it possible to emphasize more generalized insecurity and uncertainty cross-cutting experiences of workers grouped under mutually exclusive socio-economic categories before. In other words, both in LPT and PD, challenging dualistic approach to different positioning of workers to social reality comes along with the emphasis on *convergenc*e in living and working conditions of workers positioning in different social locations and, this convergence is perceived a trigger to a uniting political ground, reinvent different alliances and forms of political struggles among emerged new political subjectivities.

This coincides with the *intermediate positioning* and persistent sensitivity on *praxis* seen in methodological standpoint. It is because of the fact that this theoretical framework does not give up tracing the *commonalities*, as a source of political possibility, but without ignoring *multiplicities* and/or reducing *diversity of experiences* to each other. In other words, approaching precariousness as an experience and precarity as a trigger to the composition of the common can be considered as a movement between theory and practice with regards to bringing differences, specifities, multiplicities of experiences and subjectivities into relation within a material whole/structure.

This coincidence between methodological standpoint and theoretical framework and their intermediate positioning has crucial reflections on feminist research process. This next sub-part focuses on main principles of feminist research from a standpoint.

6.2.3 MAIN PRINCIPLES OF FEMINIST RESEARCH FROM A STANDPOINT

In line with the discussions in *6.2.1,* it is evident that the very first main principle in feminist standpoint is *taking women's experiences* as the focus of research. Furthermore, standpoint gives epistemic and political privilege to women due to their positioning to power relations that make them capable of perceiving social reality from the standpoints of both oppressed and oppressor and, transforming it (Harding, 1993:56). On the other side, feminist research from a standpoint also decentralizes the category of woman that requires acknowledgement of the differences of women's experiences and the power relations among them. As argued by Harding (1993:65);

> Feminist knowledge has started from many different women's lives; there is no typical or essential woman's lives from which feminists' starts their thought. Moreover, these different women's lives are in important respects opposed to each other.

This implies that woman from a feminist standpoint is not a soulless *object* of the research but a *subject* having different, specific, situated, contingent positioning to social reality which is one of the indispensable focus of knowledge production process.

On the other side, feminist research from a standpoint is not based on objectivity of the knowing-self. As it starts from acknowledging the relationship between knowledge and power, contrary to the ideal of objectivity in traditional modernist methodology, FSM emphasizes impossibility of objective, value-free, context-independent and neutral positioning of knowing-self to social reality in knowledge production process (Gross, 1986:198-200; Harding, 1993; Alcoff and Potter, 1993:5-6; Ramazanoğlu and Holland, 2002:46)[63]. As mentioned by Ramazanoğlu and Holland (2002:16);

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[63] As summarized by Harding (1993:63), in classical understanding the subject of the knowledge is supposed to have a number of distinctive characteristics: (1) This subject of knowledge is culturally and historically disembodied or invisible because knowledge is by definition universal; (2) In this respect, the subject of scientific knowledge is different in kind from the objects whose properties scientific knowledge describes and explains, because the latter are determinate in space and time; (3) Though the subject of knowledge is trans-historical, knowledge is initially produced, discovered, by individuals and groups of individuals not by culturally specific societies or subgroups in a society such as a certain class or gender or race; (4) The subject is homogenous and unitary, because knowledge must be consistent and coherent. However, these premises are challenged within feminism.

> Logically, feminist methodology cannot be independent of the ontology, epistemology, subjectivity, politics, ethics, and social situation of the researcher. No rules of methodology enable researchers to escape their ideas, subjectivity, politics, ethics and social location.

Furthermore, FSM not only acknowledges the intervention of subjectivities of the knowing-self into research process but also considers this intervention as a requirement. Conceptualized as *strong objectivity* by Harding (1993:50,68-69), in FSM objectivity does not mean keeping subjectivities of knowing-self out, but critical intervention of these subjectivities to knowledge production process in order to generate a better account of social reality and a potential to transform it.

It is because of the fact that in FSM social reality is not "out there" waiting to be explored, but *constituted*. Since both object/woman/known and subject/knowing-self is constituted under hegemony, the knowledge gained from women and the *empirical* analysis made by knowing-self reflects the hegemonic account of social reality. This makes knowledge production an *inter-subjective* occurrence in feminist research, requiring inclusion of subjectivities of both subject and object and an *interaction* among their subjectivities (Gross, 1986:200-201; Alcoff and Potter, 1993:4-5; Abbott, Wallace and Tyler, 2005:369; Ecevit, 2011:34). According to FSM, only by means of the interaction between knower and known, it is possible to be aware of, challenge and transcend this hegemonic knowledge of women's reality. This makes *interaction* a methodological and epistemological tool in feminist research providing the possibility of knowledge free from the impact of hegemony.

The requirement of the *interaction* in feminist research is also a challenge to assumed duality between knower and known assumed in modernist methodology. As an extension of the Cartesian Dualism, modernist methodology separates/oppositions knower and known from each other and assumes a hierarchy between them. Modernist methodology gives epistemic power to knowing-self with respect to gain true knowledge of social reality by his/her ability to employ scientific method and put his/her subjectivities into a bracket. However, as argued by Code (1993), it is not useful to attempt to provide a universal analysis of knowledge in terms of S knows that *p*. On this model in analytic philosophy, S is a subject –universal, neutral, without particular features- who knows that a proposition *p* is true.

In contrast, by questioning objectivity in knowledge production process and by requiring interaction, FSM challenges the oppositional and hierarchal positioning assumed between subject and object. Indeed, interaction implies that, methodologically and epistemologically, knowledge cannot be an individual product of the knowing-self. Instead, from a standpoint, knowledge is the product of the interaction between subjectivities of knower and known that requires a *non-hierarchal* knowledge production process.

Accordingly, "instead of presuming a space or gulf between the rational, knowing subject and the object known, feminist theory acknowledges the contiguity between them. Feminist theory seems openly prepared to accept the constitutive interrelations of the subject, its social position and its mediated relation to the object" (Gross, 1986:200-201). This implies the fact that in FSM non-hierarchy and interaction does not only mean releasing subjectivities of the knower, but also *decentralization* of the knowing-self (Ramazanoğlu and Holland, 2002:65) or *multiplying subjects,* as termed by Longino (1993:110), implying rejection of objective, centred or unified knowing category. In classical science, the knowing self is centred, because, in here, the knowing self is assumed to be able to control his/her subjectivities and, *in this regard*, the knowledge produced by knowing-self is repeatable. In contrast, by decentralizing knowing-self, FSM acknowledges multiplicity, situatedness, contextuality and contingency of the knowledge. As mentioned by Harding (1993:63),

> The subject is homogenous and unitary because knowledge must be consistent and coherent. If the subject of knowledge were permitted to be multiple and heterogonous then the knowledge produced by such subjects would be multiple and contradictory and thus inconsistent and incoherent.

However, with the intervention of Black feminists in 1960s and postmodern thought in 1980s, an emphasis on *otherizing* impact of the category of gender and differences/ specifities of women's experiences highlights the argument that power relations are inherent in knowledge production process, but, *this time*, with a specific focus on inevitability of power imbalances between knower and known in feminist knowledge production process.

The intervention of Black feminists and the impact of postmodernism signifies that FSM has not been able to divorce itself from the ideal of knowing-self in spite of the sensitivity on decentralization of the subject in knowledge production process. In FSM, there is still a knowing-self having an epistemic power in speaking on behalf of others and/or in making

decisions on which of the experiences are excluded or included/kept inside or outside in the process of representation/conceptualization and theorization of women's experiences. This challenges optimistic view on *non-hierarchy* and *interaction* in undermining power inequalities between knower and known in research process and, *in this regard*, knowledge production (Ramazanoğlu and Holland, 2002:106-120; Doucet and Mauthner, 2006:40-41; Rolin, 2009).

As a response, most recently, *reflexivity* is adopted as an epistemological and methodological tool in feminist research from a standpoint (Ramazanoğlu and Holland, 2002:118-119; Fonow and Cook, 2005; Doucet and Mauthner, 2006:37-42). In addition to objectify experiences of the object/women, reflexivity requires from knowing feminist to take herself as an object, to objectify her subjectivities and to give a critical account for the implication of the intervention of her subjectivities to knowledge production process (Abbott, Wallace and Tyler, 2005:368-369).

This implies that main question is not *how power relations in knowledge production process is eliminated* but, *how power relations affect knowledge production process*. In here, *strong objectivity* becomes *strong reflexivity* (Harding, 1993:69) in which knowing feminist opens her subjectivities intervened to knowledge production process to *an epistemic community*. However, it is important to emphasize that the epistemic community in FSM does not imply an epistemic community but epistemic *communities*. It is because of the fact that, in FSM, again, "a notion of a feminist epistemic community implies the negotiation of commonalities across differences" (Ramazanoğlu and Holland, 2002:139). Moreover, epistemic community does not imply mainstream scientific epistemic community as well. As mentioned in Ramazanoğlu and Holland (2002:139);

> Feminist epistemic communities may differ from existing academic epistemic communities not so much in their ability to authorize the adequacy of particular knowledge claims, but in their judgements of what constitute adequate and proper processes of knowledge production. This would cover the values incorporated into research practices, including openness to criticism, community standards in managing intellectual disputes and standards of intellectual authority (Longino, 1990).

Accordingly, decentralization of subject in FSM does not mean that feminist knowing-self interprets and represents women's experiences whatever she would like to. Rather,

decentralization comes along with reflexivity and requires accountability of feminist knowing-self by existing *women epistemic communities* (Alcoff and Potter, 1993:9; Longino, 1993:111-113; Ramazanoğlu and Holland, 2002:119,138-140) composed of both feminist activists and academia.

It can be argued that an emphasis on reflexivity in feminist research is again an endeavour of keeping feminist thought within modernism and/or putting a distance to relativism. Despite decentralization of knowing-self implies acknowledgement of situatedness, contingency, impartiality of knowledge derived from research process, due to the persistent sensitivity on *praxis* in feminist thought, it is seen that FSM insists on providing better account of gendered social lives and giving a way to an achieved a standpoint to transform it (Hekman, 1997:363; Ramazanoğlu and Holland, 2002: 63, 120). As mentioned by Alcoff and Potter (1993:13-14);

> …for feminists, the purpose of epistemology is not only satisfying intellectual curiosity, but also to contribute to an emancipatory goal. (…) It follows that feminist epistemologies should be self-reflexive, able to reveal their own social grounds, a revelation made all the more urgent because academic feminists are in a contradictory social position, seeking fundamental changes in the very institutions that empower us to speak and work.

Within this scope, FSM still does not divorce itself from the endeavour of theorizing and, *in this regard*, does keep the epistemic privilege of the knowing self. Adopting a feminist standpoint means "acknowledging impartiality, contingency, situatedness, contextuality of the knowledge by decentralizing both subject and object", but still "not divorcing from theorizing (by keeping the status of knowing self) and practicing (by keeping the motivation of transforming existing social reality) by attaching subjectivities to structures".

Along with the theoretical framework of the study, this makes FSM and knowledge production process within this methodological standpoint an endeavour of exploring *commonalities* of women's experiences in order to generate a potential for transformation, but without reducing *different experiences/specifities* of women to each other. This, again, highlights intermediate positioning of this study on Haraway's slipper pole (1991), defined as "*the modernity of feminist postmodernism"* by Harding (1996:313-314).

6.3 RESEARCH DESIGN OF THE STUDY

This part of the chapter deals with research design of the study to provide a roadmap for the data collection and/or knowledge production processes of the study. The first sub-part explains adopted method and employed data collection tool in this study. The second sub-part aims to provide the scope and details of the fieldwork and, *finally*, the third sub-part deals with limitations of the study faced in data collection process.

6.3.1 METHOD OF THE RESEARCH

The research method adopted in this study is *Qualitative Research Method*. In addition to statistical indicators, related to subject, and observations in the field, the data collected in this study is mainly based on *semi-structured in-depth interview technique.*

As an extension of the methodological standpoint and research principles of the study, discussed in *6.2.1 and 6.2.3*, qualitative research method overlaps with *inter-subjective* and *non-hierarchal* nature of knowledge production process from a feminist standpoint. Suitably with the principles of *inter-subjectivity* or *non-hierarchy*, by providing an environment for gaining an insight into experiences, in-depth interview, *on the other side*, is a technique that enables *intervention of* and *interaction among* subjectivities of both knower and known. In other words, the articulation between the principles of feminist research and the possibilities provided by in-depth interview technique enables to perceive social reality from oppressed/women/nurses' vision and makes their diverse and common voices to be hearth or their subjectivities/experiences to be reflected in knowledge production process (Mies, 1983; Ramazanoğlu and Holland, 2002:15; Abbott, Wallace and Tyler, 2005:368).

Moreover, *qualitative research method* and *in-depth interview technique* suits to methodological standpoint not only by generating the experience of exploitation/ precariousness but also by giving possibility to the emergence of political subjectivities of the women/nurses. Indeed, in line with the discussions in *6.2.3*, the opportunity of interaction between knower and known in in-depth interviews makes knowledge production an *awareness raising process,* in itself, in terms of providing a potential for being aware of, challenging and transforming hegemonic knowledge of existing social reality. In other words, it enables known to re/consider her subjectivities/experiences from a standpoint

hidden and ignored before.

Despite qualitative research method and in-depth interview technique are considered as a trigger to *non-hierarchy* in feminist standpoint research, *in line with the discussions in 6.2.3*, research process of this study confirms persistent domination of knowing-self in knowledge production process. *Firstly*, it can be argued that this dominance comes from questions derived from feminist theoretical framework adopted by the knowing-self. Indeed, as they are derived from a feminist perspective, questions used in in-depth interviews make it much possible for women/nurses to approach their working and living conditions from a critical perspective and/or encourage them to reconsider their experiences from the themes provided by the knowing-self. Although this restricts the possibility of non-hierarchy, it is the intervention of the subjectivity of knowing-self through adopted theoretical framework making in-depth interviews an awareness raising process in itself and helping nurses to generate a critical and political insight on their experiences in flexibilization of labour process/their working and living conditions.

Secondly, as an extension of the methodological standpoint of the study, qualitative research method and in-depth interviews technique are considered suitable in terms of providing a comprehensive account on both *commonalities* and *multiplicities* of women/ nurses' experiences. However, in line with the discussions in *6.2.1* and *6.2.3*, the theoretical and methodological emphasis on considering precariousness as *a more generalized insecurity and uncertainty cross-cutting different social locations* and a sensitivity on *convergence* as a trigger to *the emergence of political subjectivities* carries the risk of directing knowing-self's attention more on the commonalities with regards to knowing self's power of making decision on which of the experiences are excluded and included.

These two points increase the importance of reflexivity in knowledge production process that requires knowing-self to give a self-critical account not only for her methodological and theoretical standpoint but also for her preferences in data collection and knowledge production process. As a part of this requirement, the next sub-part deals with the scope and details of the fieldwork regarding to the preferences and decisions of the knowing-self.

6.3.2 SCOPE AND DETAILS OF THE FIELDWORK

This study aims to analyse the gendered reflections of flexibilization of employment relations on woman workers' working and living conditions in service sector; in the case *of health sector* and *nursing labour* within it.

As discussed in *Chapter 5* in detail, the specific focus on health sector is based on its being more fragile to flexibilization of labour process due to 7/24 nature of service provision and increased pressure of flexibilization on employment relations and, *in this regard*, on health labourer especially since 2003 through the application of Health Transformation Program. The nursing occupation within health sector, *on the other side*, is one of the most vulnerable parts of flexibilization process and fits with the aim of this study due to its being considered;

- Traditionally *woman's job,*
- *Semi-professional occupation,* the category of occupation in which female labour in service sector is mainly concentrated in Turkey,
- *Historically old* occupation characterised by *standard employment relations* in the formal sector for a considerable period of time.

These characteristics make nursing occupation the case of this study to understand gendered implications of flexible restructuring of employment relations in health service provision and nurses' working and living conditions.

Scope of the fieldwork

The data collection process of the study took *four months* (*November 2016 to February 2017*) and started with a preliminary *pilot study* involving five in-depth interviews.

Due to nurses' reluctance to share extra time for interviews in their non-working times, in-depth interviews were conducted within *hospitals* and *family health centres*. Although making interviews in health institutions caused interruptions during interviews due to ongoing service provision, being within the service provision enables to make observations

on the labour process and the relationships between nurses-other health workers, nurses-patients, nurses-nurses - *which are parts of the inquiry in this study*.

In-depth interviews were conducted after getting oral and/or formal permissions of the health institutions. It can be argued that there is a general reluctance against becoming part of researches among nurses due to 'their time constrains in their working and non-working times', 'their disappointments about previous studies' and 'their hesitation to be critical and have a conflict with the administration'. Thereby, getting permission from administration helps to convince or encourage nurses to become part of this study. Moreover, getting permission from administration makes it easier to access nurses working in different units of health service provision and, *by this way*, enlarges the scope or diversity of the interviewed group. However, it is also important to emphasize that getting permission makes administration to be determinative on *where* and *with whom* in-depth interviews were conducted. Although it is not possible to measure, this may be a factor affecting nurses' responses.

In-depth interviews were conducted in three different hospitals (including public, private and university hospitals) and three different family health centres. This implies that this study comprises nurses working in *first level* (family health centres), *second level* (public hospitals) and *third level* (university hospitals) health service provision. This enables to understand and compare working and living conditions of nurses in three main levels of health service provision. By including both public and private hospitals, *on the other side*, this study also gives an account for working and living conditions of nurses both in public and private health service provision.

Since study does not aim to question any health institution individually, the names of the hospitals and family health centres are not provided in the context of the study. The criteria used in the selection of hospitals are *capacity* (providing health services to considerable amount of patient) and *history* (being an institutionalized and well-known health institution providing health services for a significant period of time, more specifically before and after health transformation programme/2003). This implies that, rather than random interviews from various health institutions, the *capacity* and *history* of health institutions in which nurses are working are important criteria of this study to understand and to provide a comparative account of working and living conditions of nurses. These criteria are derived

from the aim of the study. Since this study focuses on the *process* of non-standardization of standard employment relations, it is preferred to question the impact of flexibilization on employment relations in historically old, well known, institutionalized health institutions, experienced this transformation process.

On the other side, three family health centres were selected from Çankaya, one of the biggest districts in Ankara. This signifies that in-depth interviews in first level health service provisions are concentrated in nurses working in family medicine system. It is because of the fact that family medicine system characterizes the transformation in the 1st level health service provision resulting in transformation of the nurses to *family health care staff* and *contracted workers*.

TABLE 1:

Type of Health Institution	**Number of Interviews**
Public Hospital	15
Private Hospital	13
University Hospital	11
Family Health Centre	11
Total	50

As seen on Table 1, in the context of the study, *50 in-depth interviews* were conducted with nurses. Table 1 also signifies that a balanced distribution of the numbers of nurses according to health institutions was paid attention as much as possible. In reality, the numbers of in-depth interviews conducted in the context of the study is more than 50. During the fieldwork, an opportunity was found for interviewing or communicating with various women titled as nurse, but working outside of health service provision, in administrative units (such as in general directorate, department of education) or some specialized units (such as infection control committee). Although these communications are reflected to analysis process as a part of observations, they were not counted within the numbers of in-depth interviews, as this study focuses on labour process/health service provision.

In-depth interviews in hospitals include nurses working in different units of service provision (in services and polyclinics) and specialized in a particular task (bedsore nurse, operating room nurse). Due to it’s being more fragile to flexibilization of employment relations, as

seen on the Table 2; in-depth interviews were preferred to concentrate mainly in nurses working in services.

TABLE 2:

Unit of Service	**Number of Interviews**
Policlinic	9
Service	28
Family Health Staff	11
Specialized Nurses	2
Total	50

It was paid attention to conduct interviews in different services. In terms of nurses' current unit, conducted 28 interviews comprises 11 different services - *orthopaedics, dermatology, internal diseases, nephrology, urology, neurosurgery, thoracic surgeon, infection, new-born intensive care, emergency service and emergency intensive care*. However, it is important to emphasize that current unit of nurses is not an important criteria in the context of this study. Firstly, this study asks nurses to compare their past and present experiences to understand the impact of non-standardization of employment relations on working and living conditions of nursing occupation. Secondly, nurses' occupational identity and their perception about nursing occupation are not direct outcomes of their conditions in their current unit but their working history/career. Thereby, this study considers nurses' working history as *a whole* and current unit of nurses is not the main focus in approaching nurses' experiences.

In-depth interviews were based on a *semi-structured interview directive* including questions and themes derived from theoretical framework of the study. In line with the theoretical concerns of the study, these questions and themes are related to nurses', working history or nursing career; current working conditions (such as working time, unit, employment status); control over labour process; strategies of work and family life reconciliation; job security; income security, legal security, representation security, future security, skill reproduction security and occupational degradation. Since this study focuses on flexibilization of employment relations or non-standardization of standard employment relations, *as mentioned before*, it is expected from nurses to provide a comparative account of their previous and current experiences regarding to themes provided.

In-depth interviews were based on voluntary participation of nurses. Although nurses are accessed through administrations, their voluntary participation was confirmed at the beginning of the interviews. Interviews took 40-90 minutes and voice recorder was used with the consent of nurses.

Profile of the Nurses

In-depth interviews were conducted with *female nurses*. Although nursing is still considered as woman's job, there is an increasing tendency in the numbers of male nurses. This enables this study to understand the impact of the entrance of male nurses to occupation from the very beginning of the tendency and provides a ground for comparing differentiated experiences of male and female nurses in labour process.

Another important criterion in this study is nurses' *duration of work/working experience*. To enable nurses to make comparison between their past and present working and living conditions, it was preferred to interview with nurses having at least 10 years working experience.

TABLE 3

Duration of Work	**Number of Interviews**
10 – 20 years	21
20 – 30 years	28
More than 30 years	1
Total	50

It is important to mention that this criterion leads concentration of interviews in *head nurses* in the services, generally entitled to working experience and duration of work. It is seen that 19 out of 28 interviews in services were conducted with head nurses. Concentration of interviews in head nurses enables to gain a detailed knowledge on the organization of the labour process within the service and working conditions of all nurses under the administration of head nurse. However, head nurses' administrative position might be a factor that eliminates their critical stance on working and living conditions. It is because of their participation to interviews through hospital administration, their closeness to hospital

administration and their understandable motivation to reflect positive sides of their own administration within the service.

Education is another important criteria in this study. It is because of the fact that there is still no standard in education in nursing occupation and this fragments nurses as a group and differentiates their experiences.

TABLE 4:

Level of Education	**Number of Interviews**
Medical Vocational High School	16
2 years/Associate Degree	8
4 years/BA Degree	22
MA Degree	4
Total	50

Marital status and *motherhood status* are other criteria in the context of this study in terms of understanding nurses' work-family reconciliation strategies differentiating their experiences. In terms of nurses' marital status, 42 of them are married, two of them are divorced and 6 of them are bachelor. In terms of motherhood status, 43 out of 50 nurses have children and nearly half of those children (21 children) are in their *pre-school ages*. This enables this study to examine nurses' access to legal rights during and after pregnancy (such as regulations on maternity leave, night shifts for pregnant nurses) and their strategies to organize child-care.

As another criterion, in terms of *employment status*, 24 of interviewed nurses, working in private hospital and family health centres, are *contracted* nurses and remaining 26 of nurses are *permanent* nurses, working in public hospital and university hospital. It is important to mention that while 11 out of 25 contracted nurses are working in family health centres and have their contracted status according to *Civil Servants Law* (657), remaining 13 nurses are contracted according to Labour Law (4857) and working in private hospital. This implies that this study comprises the experiences of 'contracted nurses in private sector', 'contracted nurses in public sector' and 'permanent nurses'.

TABLE 5:

Status of Employment	**Number of Interviews**
Contracted acc. to 657	11
Contracted acc. to 4857	13
Permanent	26
Total	50

It can be argued that concentration of interviews in permanent nurses in public hospital and university hospital is based on administrations' determination in the organization of interviews and the criteria at least 10 years of working experience. This implies that contracted working has been a recent tendency effecting mainly young nurses in public and university hospitals. This unable this study to gain direct knowledge about working and living conditions of contracted nurses in public and university hospitals. However, *on the other hand*, it is not possible to abandon the criterion of working experience in a study aiming to understand the process of non-standardization/flexibilization of employment relations and, *in this regard*, looking for a comparative account of the past and present of the nursing occupation.

Data collection process was finished when responses to each theme overlap with each other or repeats, called as *saturation* in qualitative research method.

Analysis

The analysis is organized under *categories* derived from data collected and interpreted in relation to the indicators of the precariousness (such as income security, job security, skill reproduction security, legal security, career security, representation security, social security and future security) derived from theoretical framework of the study.

The positioning according to criteria (gender, duration of work, education, marital and motherhood status, status of employment, type of health institution), *presented above*, signifies social locations of nurses in the context of this study. In line with the theoretical and methodological sensitivities, the analysis focuses on commonalities and differences of nurses' working and living conditions through their social locations to understand the impact of flexibilization on employment relations. These commonalities and differences are

approached in relation to *macro-level* patriarchal-capitalist structures and *micro-level* gendered power relations within labour process. In line with the methodological and theoretical standpoint, gendered power relations are approached not only between men and women but also among women/nurses regarding to their social locations.

It is important to emphasize that this study does not claim to provide the knowledge of nursing that can be generalized. This comes from methodological standpoint of the study. Although collected data provides a comprehensive account for commonalities and multiplicities of nurses' experiences, ongoing fragmentation among nurses regarding to their employment status, education level, different organization of labour process in different health institutions and, *in this regard,* increasing polarization in their working and living conditions, makes it impossible to make generalizations about nursing occupation and nurses' experiences in practice as well.

The next sub-part focuses on limitations faced in data collection process restricting scope of study and, *to this respect*, affecting knowledge production/analysis process.

6.3.3 LIMITATIONS OF THE STUDY

The persistent fragmentation in health service provision and polarization in nurses' working and living conditions made determining the scope of study problematic. The characteristics of health service provision are not only changing according to type of health institution (public, private, university, family health centre) but also within an individual health institution (services, polyclinics). This means nurses' working and living conditions vary within an individual institution and as compared to the type of health institutions. Along with the aim of transforming health institutions to financially and administratively autonomous management units, there are also differentiations in rules and regulations applied in different health institutions. In addition to this fragmentation in health service provision, differentiation of nurses according to their employment status, educational background, marital and motherhood status intensifies the difficulty in determining the scope of data collection and analysis of the collected data.

There is a general reluctance of nurses to become part of researches. One reason of this reluctance is their time constrains in their working and non-working times. Since it was

faced with nurses' much reluctance to share extra time for interviews in their non-working times, it was decided to conduct interviews within health institutions. However, due to ongoing service provision, trying to conduct interviews within labour process caused interruption of interviews several times. These interruptions distracted concentration of both nurses and researcher and, *most of the time*, decreased motivation of continuing after interruption. This also leads to decrease in the duration of interviews regarding to ongoing labour process and, *in this regard*, generally short answers due to hurriedness of nurses to finish interview as soon as possible.

Since it is not possible for nurses to leave their working place due to ongoing service provision, most of the interviews were conducted in the nurse rooms. This, again, caused interruptions or distractions during interviews because these rooms are places nurses, sometimes patients, are coming and going continuously for some purposes. This also created a compulsion to make interviews in front of audiences composed of nurses. Existence of audiences sometimes resulted in their intervention in interviews and can be considered as a limitation by creating self-control in interviewed nurse's responses.

As mentioned in *6.3.2*, organization of interviews with the help of administrations enables to access nurses working in different units of service provision and encourages nurses to become part of this study. However, determination of the unit and the names of nurses by administration might be another limitation affecting nurses' responses in a way that eliminates nurses' critical stance about their working conditions.

Along with the methodological standpoint and research design of the study, the following Chapter 7 and Chapter 8 focus on findings and analysis of the data collected.

CHAPTER 7

TRACING PRECARIOUSNESS IN NURSES' WORKING AND LIVING CONDITIONS

This chapter aims to question reflections of flexibilization in health labour process and its implications on nurses' working and living conditions regarding to the dimensions of the precariousness. Chapter is composed of two main parts. The first part of the chapter focuses on *health labour process* and aspects of precariousness in nurses' *working conditions* such as working hours, job specification, wages, emotional labour and career opportunities in nursing occupation. As it is not possible to reduce implications of the articulation between flexibilization and precariousness solely to the labour process, the second part of the chapter more specifically focuses on *living conditions* by questioning the interrelatedness between working and living conditions of nurses. The chapter finishes with concluding remarks.

7.1 FLEXIBILIZATION OF HEALTH LABOUR PROCESS AND ASPECTS OF PRECARIOUSNESS IN NURSES' WORKING CONDITIONS

This part of the chapter aims to question reflections of flexibilization on health labour process and examines these reflections regarding to the dimensions of the precariousness by focusing on nurses' working conditions within health labour process. It also aims to provide a comprehensive framework for the nursing occupation by considering stories of nurses from entrance to retirement and by comprising a comparative approach from past to present in order to explore main dynamics of the transformation in health labour process and its implications on nurses' working conditions.

7.1.1 Inability to Built a Career

Where the faith falls through…

One of the prominent characteristics of nursing is nurses' inability to make a decision on their service-unit. Moreover, after employed at a service-unit, there is no guarantee for

nurses to continue their career in this particular service-unit. Irrespective of the type of health institution, it is seen that units of service have changed various times during their career. Indeed, as revealed in the findings, nurses' service-units have been changed at least three times during their career and there are only five out of 50 nurses working at the same service-unit from the beginning of their career. Although some of these changes are outcomes of nurses' own demands, findings reveal most of the changes are mainly done by hospital administrations owing to the personnel need in different service-units.

> N8: This is because of the personnel need in different service-units. If there is one nurse more in this service-unit, this one nurse is moved to another service-unit in need. We know that we are permanent in nowhere and working with this worry. For instance, I have been working in this service-unit for 12 years; however I am not sure whether I will be able continue in here. While I had been working in otorhinolaryngology service-unit for more than three years, I also did not know I was moved to another service-unit. While I turned back to maternity leave, I suddenly found myself in a different service-unit. It is not possible to foresee changes. Hospital administration can move me to another service-unit tomorrow. (Public Hospital, 23 years Experience, Married, BA Degree)

> N18: It is obvious that I could not plan my career freely. The initiative of the hospital administration has been on the centre of my career. If hospital administration does not provide the opportunity, expressing your service-unit preferences does mean nothing. Hospital administration changes your service-unit various times in order to fill the gaps in the nursing staff. In nursing occupation, it is not possible for us to know where we will be worked tomorrow. (Private Hospital, 22 years Experience, Married, BA Degree)

> N10: There is no possibility of making a decision on the service-unit. Filling the gaps is the strategy of hospital administration in planning nursing-personnel. Any of the changes during my career was my own decision. It is 100 % the initiative of the hospital administration. After I turned back to maternity leave, I found myself in orthopaedic service-unit. (Public Hospital, 22 years Experience, Married, Associate Degree)

As seen, what critical is not only the initiative of hospital administration in changing service-units of nurses, but also *unpredictability* or *irregularity* of these changes. This signifies nurses' inability to plan/build their career freely and, *by this way*, in line with the arguments of *Burgess and Campbell (1998), Temiz (2004), Tompa and et al. (2007), McKay, Clark and Paraskevopoulou (2011), Roque (2013)*, it becomes an aspect of *career insecurity*. Moreover, by extending its definition, findings of this study reveal that career insecurity cannot be reduced to insecurity and uncertainty in climbing career steps, discussed later in

7.1.6 in detail, but hospital administrations' initiative on deciding *how long* and *in which service-unit* a nurse is employed is also an indicator of security in the career.

On the other side, as also confirming the study of *Çavuşoğlu (2013)*, even if a nurse has specialized in a particular field or has certificates of a particular subject, irrespective of his/her level of education and qualifications, his/her service-unit is still determined according to the strategy of *filling the gaps* in the personnel.

> N10: Changes in service-units are not based on our own demand, but totally determined by the hospital administration. Even if you are a nurse specialized in surgery, there is not a guarantee that you should be assigned in surgery service-unit if there is no need in there. Moreover, your being worked in emergency service-unit before does not mean you will not be moved to this service-unit again. If there is a need, hospital administration is able to move you there again. They do not consider whether you have worked in there before or not. (Public Hospital, 22 years Experience, Married, Associate Degree)

> N34: For instance, I am a specialized nurse having a MA degree on psychiatry but I am working in haematology service-unit. It is not possible for you to plan your career. Instead, you are moved from one service-unit to another according to personnel need. I believe that hospital administration considers your background but the opportunity of being assigned according to your qualifications is limited. (University Hospital, 15 years Experience, Bachelor, MA Degree)

It is evident from the findings that the strategy of *filling the gaps* according to personnel-needs, characterised by hospital administrations' initiative in moving nurses one service-unit to another, is an aspect of *functional flexibilization* in health labour process experienced as *functional insecurity* by nurses, as confirming *Standing's (1997)* and *Tucker's (2002)* arguments.

In that point, it is important to mention that, different from university and public hospitals, health service provision is not organized under service-units in private hospital. In other words, rather than differentiating service-units clearly, there is a tendency of bringing relevant service-units together in private hospital. This makes private hospital more adaptive to the demand - *changing numbers of patients asking service for different health problems* - and requires a nursing staff ready to provide health services to all kinds of patients with different needs. This implies more functionally flexible usage of nursing labour in private hospital.

> N22: Service-units are mixed in here. Hospital administration does not allow you to specialize in a particular service-unit because of the strategy of filling the gaps. It is not possible for me to say I am a surgery nurse, because during the day I am providing healthcare for surgery, paediatric and orthopaedic service-units. (Private Hospital, 21 years Experience, Married, Vocational High School)

It is possible to go one step further and consider strategy of filling the gaps as an aspect of *numerical flexibility* articulated with *functional flexibility*. It is because of the fact that changing service-units of nurses is *a personnel-planning strategy* used by hospital administration. Indeed, rather than employing new personnel to meet personnel needs in different service-units, changing service-unit of the existing nursing staff gives hospital an opportunity to move nurses from one service-unit to another one to fill the gaps without an additional cost.

The strategy of filling the gaps through changing service-units of nurses is also an articulation between *functional insecurity* and *job insecurity*. Indeed, by extending the definitions of *Rodgers (1989), Rubery (1989), Tucker (2002), Tompa and et al. (2007)*, findings of this study reveal that job insecurity cannot be reduced to the *fear of being unemployment* for nurses. Rather, it has been experienced as a *fear of being assigned in different service-units without nurses' own demand/consent* especially in public and university hospitals. If turnover tendency in nursing is questioned, it is seen that nurses' working histories are not characterised only by a movement from one health institution to another, but from one service-unit to another one within a particular hospital. In this regard, it can be argued that changing a service-unit does not only imply hospital administration's initiative over nurses' career but also a disciplining or *control* mechanism used by hospital administration in health labour process. Indeed, as mentioned by nurses, in some cases changes in service-units can be used as a penalty; as a response to nurse's disorderly behaviours in the service-unit.

> N8: No nurse wants to have a conflict, because the sanction is being moved to another service-unit. One of my colleagues who was moved to another service-unit said me on that time that it would have been better if they laid her off instead of moving to there. (Public Hospital, 23 years Experience, Married, BA Degree)

On the other side, in line with the discussions of *Çavuşoğlu (2013)*, it is evident that functional flexibilization through the strategy of filling the gaps means restraining nurses from specialization in a particular field.

> N14: Can you assign an accountant in human relations department? But, if you are a nurse, you are considered as a joker staff can easily be moved to somewhere in need. If we are allowed to specialized in a particular field they cannot move us from one place to another easily. (Public Hospital, 21 years Experience, Married, BA Degree)

> N5: It is not possible to plan your career freely. I know lots of colleagues, service-units of whom have been changed once every two-six months. Administrations have never had a motivation about our specialization. Why they have to have this motivation? They know if they allow me to specialize in orthopaedic-unit, it will be no longer possible for them to move me to another service-unit easily. (Public Hospital, 30 years Experience, Married, Associate Degree)

Restrained possibility of specialization can be considered as an aspect of the articulation of functional insecurity with *systematic deskilling of nurses* and *skill reproduction insecurity* in health labour process. Indeed, as emphasized by nurses, a move from one service-unit to another not only requires new adaptation process but also being subjected to learning process over and over again during the career.

> N39: Ok, we have a basic theoretical knowledge but service-units are different. Service-units require specialization. For example, in this service-unit, while you do not come across with metabolic diseases, you know influenza and how to threat these patients. When they move you to another service-unit, you go back to the drawing board and waste a lot of time to adapt. (University Hospital, 19 years Experience, Married, BA Degree)

> N13: Before I came here, I even had not known what is nephrology. I think specialization is very important because, each service-unit has its own system. The system in nephrology service-unit, intensive care service-unit and internal diseases service-unit are different. When you are moved to another service-unit you start as a beginner. Each service-unit uses different medicines and tools. Therefore, every change means a new learning process. (Public Hospital, 23 years Experience, Married, Vocational High School)

> N15: Specialization increases initiative. Changes in service-units, on the contrary, cause loss of time. Now, I know urology service-unit well. If I am moved to internal diseases service-unit again, this will create at least two-three months loss of time; because, I need to start over to learn this service-unit again. As another example, if you move operating nurse,

> having the ability of providing correct tools to physicians during the operation, to another service-unit, this will create labour force loss in operating room and adaptation problem for this nurse in the new service-unit. (Public Hospital, 26 years Experience, Married, BA Degree)

Accordingly, as a reflection of systematic deskilling in *Braverman's* term (1974), this does not only restrain the possibility of specialization but also exterminates nurses' education level and working experience. Moreover, as an aspect of *skill reproduction insecurity* and undervaluation of qualifications in *Sennett's (1998), Bora and Erdoğan's (2011), Ferreire's (2012), Roque's (2013), Müftüoğlu's (2014a), Güler-Müftüoğlu's (2014)* term, findings of this study signify the feeling of incompleteness, adequateness, uncertainty and insecurity about owned skills among nurses at the expense of their high human capital level.

It is important to emphasize that nurses' inability to build their career or their movement from one service-unit to another during their working history is not a new phenomenon in health labour process. What new today is intensification of this tendency due to downward pressure on the numbers of nurses especially in service-units. In addition to long-term movements from one service-unit to another, it is seen that working with limited numbers of nurses creates a tendency of daily or weekly movement of nurses among different service-units, called as *going to help*, on the ground of emergent personnel needs. This can be from one service-unit to another or from one health institution to other.

> N28: Different service-units assist each other. For example, if the number of patients is less in the sixth floor but more in the fourth floor today, we are going help to fourth floor. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

> N23: The numbers of nurses are planned according to the number of patients. If the numbers of patients in second floor is less and if one nurse is more in there, this one nurse is moved to another floor in need in order not to stem patients' treatment. (Private Hospital, 25 years Experience, Married, Associate Degree)

> N49: Although we are working in family health centre, we were assigned in emergency service-units once in a month in shifts between 16:00 to 24:00. I have been working in primary health care for a long time, how much can I be effective in emergency service-units? I was like a puzzled duck because I do not know cases, medicines, diagnosis or tools in emergency service-unit. This is filling the gaps. This is due to complementing personnel needs in hospitals. (Family Health Centre, 27 years Experience, Bachelor, Vocational High School)

In this context, findings reveal that the tendency of working with limited numbers of nurses intensifies functional and numerical flexibilization in health labour process. This has been experienced by nurses as insecurity and uncertainty in career and, as confirming *Braverman's* thesis *(1974),* it comes together with systematic *deskilling* and *cheapening* of nursing labour. On the other side, in contrast to perspectives based on differentiation and classification, findings of this study signify interrelatedness of and articulation among different strategies of flexibilization and the dimensions of the precariousness. Moreover, in contrast to the argument of *Wood (1989)*, reducing the importance of functional flexibilization to industrial sector, findings of this study indicate how functional flexibilization can be a crucial strategy in service sector and articulate with different strategies of flexibilization.

7.1.2 Job Specification

Being in the middle of occupational
professionalism and conscience…

Nursing is an occupation job specification (duties and responsibilities) of which is defined by nursing act and nursing regulation. In spite of the existence of legal regulatory framework, as confirming the arguments of *Ünal and Seren (2010), Nalbantoğlu (2011), Ünlütürk-Ulutaş (2011a), Harmancı, Seren and Yıldırım (2013), Özkan and et al. (2013), Zencir (2014), Özkan (2014), Öztürk, Candaş and Babacan (2015)*, nurses emphasize job specification is not applied in practice and they do various tasks remaining outside of their job specification.

As defined by nurses, they are *joker staff* that means they do *everything* done and/or owned by no one. As indicated by the findings, nurses find themselves performing some medical practices, generally defined within job specification of the physicians, or additional administrative tasks asked by hospital administration. Moreover, in order not to stem workflow, nurses also feel themselves responsible for the repair of the burst bulb, broken bed or cleanness of the service-unit.

> N5: We do not have a job specification. Actually, there is a legal regulation. Sometimes we impose hospital administration to make legal framework applied, but when we say ‘this is not our duty or responsibility’, it gives rise to disturbance. Sometimes I find myself doing physicians’ tasks, sometimes other personnel’s tasks. There is not a framework. Even if there is, it is not applied. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N9: We are doing lots of things outside of nurses’ job specification. Broken bed, burst bulb, inactive plug becomes our responsibility. We are secretary, cleaner, physician and repairman...(Public Hospital, 25 years Experience, Married, BA Degree)

This implies flexible essence of job specification in nursing occupation. Moreover, it is seen that flexibility is not only about changing content of job specification but also extension of it without reflecting on wages.

> N38: Tasks belong to no one pile on nurses. There is a job specification but it is very flexible. Lots of things outside of nurses’ job specification are imposed on us and can be easily added to our duties and responsibilities. I find myself performing lots of different tasks that I think I should not do: for example some duties of physicians such as dressing, examining patient on stretcher, applying catheter. (University Hospital, 12 years Experience, Married, BA Degree)

> N6: There is a job specification but it is not applied in practice. We are obliged to do lots of things actually outside of our duties and responsibilities. The reason of this may be decreasing costs. For example, instead of employing a medical secretary, nurses are made responsible for it without reflecting on their wages. (Public Hospital, 21 years Experience, Married, BA Degree)

> N14: Lots of tasks perceived drudgery by physicians are transferred to nurses’ shoulders. We perform lots of tasks outside of our duties and responsibilities. For example, I have been busy with the repair of the new saturation machine today. On the other side, when hospital administration decides to apply something new, it is generally asked from nurses. Job specification is extended but it is not reflected on wages. (Public Hospital, 21 years Experience, Married, BA Degree)

In this context, nurses’ insecurity and uncertainty in working under already regulated job specification can be considered as an aspect *legal insecurity,* in line with the arguments of *Rodger (1989), Rubery (1989), Standing (1997), Burgess and Campbell (1998), Tucker (2002), Candeias (2004), Tompa and et al. (2007), McKay, Clark and Paraskvopoulou (2011).*

Moreover, as confirming the study of *Ünal and Seren (2010)*, this can be considered as an aspect of *functional flexibilization* and *functional insecurity*. Indeed, findings imply that regulatory framework on job specification is rather open-ended or limited to general principles that enables health institutions to use nursing labour functionally flexible and/or to change job specification of nurses freely according to changing needs. This means changeable duties and responsibilities of nurses in institutional and service-unit levels. In family health centres case, it is also possible to see changing job specification of nurses in individual level. As reflected by the findings, the division of labour between physicians and nurses are not clear in family health system and job specification of a nurse is a matter of *one to one bargain* between she and the physician she is working for. Thereby, it can be argued that nurses' job specification is more flexible in family health centres.

> N44: In nursing, there supposed to be a job specification but there is not…It is open-ended. Regulation implies you have to do everything asked by physicians. In family health system you are one to one with the physician. This makes job specification more flexible. The division of labour between nurse and physicians in family health system is not clear. (Family Health Centre, 23 years Experience, Married, BA Degree)

> N45: Family health system attaches job specification to personal relations. The relationship between nurse and physician is assumed as teamwork but in reality this functions against nurses. As far as I heard, in some family health centres nurses are cleaning, serving tea…One physician asked one of my colleague to serve tea for him, when my colleague said 'no', the physician asked her 'do not you serve for your husband at home? (Family Health Centre, 27 years Experience, Married, Vocational High School)

The critical point in here is that nurses are aware of *what is in* and *what is out* of their job specification. However, nurses hesitate to say *no* for additional duties and responsibilities outside of their job specification. Thereby, as also emphasized by nurses, nurses' consent to do tasks outside of their job specification at the expense of their awareness can be considered as an aspect of their weakness in bargaining.

> N5: It is easy to supress nurses. It is easy to pile something on nurses. When a secretary is on leave, it is asked from nurse to fill in secretary. Why is it not asked from physicians?, because administration's sanction power is more on us. If I say *no*, I would be moved to another service-unit. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N10: There are always something new added to our job specification. We know those new things added are out of our duties and responsibilities as a nurse. However, we do not have a possibility to say *no*. If we challenge the order and hierarchy, if we become reactive, hospital administration will change our service-unit. (Public Hospital, 22 years Experience, Married, Associate Degree)

Findings reveal that nurses' weakness in bargaining is very much related to lack of organization and poor solidarity among nurses, discussed later in *Chapter 8* in detail. As a cause and a result of the fear of losing a job or being moved to another service-unit, it is seen that poor organization capacity and low level of solidarity among nurses makes it easier for administration to feel flexible in changing and extending job specification of nurses according to immediate needs and changing demands.

> N38: Personally I am a reactive person. Once, I came up against applying catheter, but they told me 'I had to perform this, if I did not, I would have been penalized'. When three of my colleagues show consent to apply catheter, when I am the only one resisting, it becomes more easy for hospital administration to extend our job specification. (University Hospital, 12 years Experience, Married, BA Degree)

> N4: There is someone responsible for statistical records in the hospital. It is not my duty. However, nursing directorate made head nurses responsible for sending statistics of their service-unit every month. I do not know statistics or I do not have extra time for doing this. If I show a reaction, I know my colleagues will leave me alone. If I say this is not my responsibility, I know hospital administration tells me 'everybody is doing, so you have to'. Couple of years ago, they asked head nurses to control cleaning supplies. There were personnel responsible for this in the hospital; why I was made responsible for following whether there is soap in toilets or not. I was the only head nurse reacting to this request among 40 service-units. Nobody supported me, so my reaction was not considered. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

Accordingly, it can be argued that functional flexibilization is put it into practice owing to the nurses' weak bargaining power, which is an aspect of *representation insecurity* in *Rodgers's (1989), Rubery's (1989), Standing's (1997), Candeias's (2004), Tompa et al.'s (2007), McKay, Clark and Paraskevopoulou's (2011)* term.

On the other side, nurses also have a tendency to explain their consent in relation to their *conscience*. Indeed, in order not to stem treatment of the patients, nurses feel themselves responsible for performing all kinds of immediate needs, even if these are not defined in their job specification and reflected on their wages. Therefore, working for people in need

and having health problems makes nurses finding themselves in the middle of occupational professionalism and their conscience.

> N15: Even if we try to behave professionally, we cannot avoid from this maternal sensitivity. If I do not do these tasks, I know there is no other one to do it. If I do not do, this will stem treatment of the patient, workflow of the service-unit. (Public Hospital, 26 years Experience, Married, BA Degree)

> N14: We cannot be negligent. We cannot say I am not doing this because I am not paid for this. We cannot say my working conditions are not good enough; so today I will work less. Because, if I do not do, I know there is no other to do these. This is a matter of conscience. You have to have a patient-oriented attitude. If you do not do, this may harm patient's treatment. For example, doctor opens patient's wound and goes. Although dressing is not our duty, we are doing. Because, at that moment, you come alone with your conscience; you cannot leave patient in this situation. (Public Hospital, 21 years Experience, Married, BA Degree)

Also confirmed by the findings, nurses' emphasis on *conscience* is a part of nursing's being woman's job. Indeed, according to nurses, they, *themselve*s, or others (physicians, patients, administration) automatically have an expectation from nurses to embrace service-unit and be welcoming to additional tasks to maintain flow of workload in a way they maintain domestic duties in their home. In other words, in a way expressed by nurses, it is expected from nurses to be the *mothers of the service-unit*.

> N29: There is not a job specification in nursing. There is a regulation but it is not put into practice. Job specification is open-ended. Due to being a woman, you have an intention to embrace service-unit and patients. If there is a patient waiting, you do not wait for the doctor. If phone is ringing, you do not wait for the secretary. If tea pours over there, you do not wait for the cleaner. If there is something stemming treatment of a patient, you have an intension to solve it as soon as possible. This is the nature of nursing occupation and being woman. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N48: You are mother in everywhere. Everything is imposed on you and you make it your duty. We have this kind of intention. (Family Health Centre, 28 years Experience, Married, Vocational High School)

> N39: Nursing is woman's job. This makes us vulnerable because gender roles reflect on our occupation. The expectations from a nurse at the hospital and a mother at the household are similar. (University Hospital, 19 years Experience, Married, BA Degree)

In this content, findings implies articulation of *functional insecurity* and *legal insecurity* with gender through which these additional tasks are *non-recognized* in *Chhachhi's (1999)* term, made invisible natural talent of being a woman and, *in this regard*, not reflected on wages. In other words, in line with the arguments of *Wajcman (1991), Coyle (1982), Cockburn (1985), Chhachhi (1999)* on the strategies of gendered skill designation of jobs, flexible job specification becomes a strategy of *deskilling* and *cheapening* nursing labour under the ground of gender-based division of labour. Nurses' emphasis on male nurses' lower motivation of adopting service-unit than female nurses and male nurses' tendency to behave more professional in job specification confirms the articulation of gender with deskilling and cheapening through the strategy of functional flexibilization.

7.1.3 Working Time

Blurring realms of
working and non-working time…

Different from many other occupations in the service sector, one of the essential characteristics of health labour process is *working time flexibility* due to seven days 24 hours service provision and/or working with night and day shifts.

As mentioned by nurses, the most ideal working hours are practiced in policlinics in nursing occupation. In policlinics nurses are working without night shifts, in weekdays and in determined working hours (generally 40 hours in a week, between 08:00 to 17:00) without doing overtime work. Nurses in policlinics are also able to use their one-hour lunch breaks properly.

Although working hours in family health centres seem like policlinics from outside, it is seen that family health nurses spend extra time for work outside of determined working hours in order to access patients in their portfolio.

> N49: There is a performance target. If I could not access determined number of patients, administration cuts it from my wage. This makes me feel restless. Even if a patient calls me in midnight, I feel obliged to answer the phone, because, I have to build a good relationship with

> patients. If I do not get along with patients, they will not come, for example, to vaccination and I will not achieve the performance target. In reality, it is like you are here 24 hours. You are always with the worry of missing something. If patients do not come, there is any sanction on them. The sanction is imposed on nurses because we are their employees; we are in their hand. If patients do not come, it becomes our failure; causing cut in our wages. (Family Health Centre, 27 years Experience, Bachelor, Vocational High School)

> N50: We are like convicted…My mind is always busy with performance. Even if I am on leave, I do not feel on ease and I come here despite my colleagues tell me 'do not worry we are here'. I really missed days I feel relaxed. (Family Health Centre, 25 years Experience, Married, Vocational High School)

This can be considered an aspect of *working time insecurity* in *Standing's (1997)* and *Tucker's (2002)* term and blurring realms between working and non-working time of family health nurses as an outcome performance targets imposed on family health nurses in family health system.

In service-units, *on the other side*, it is seen that working hours are longer in private hospital as compared to public and university hospitals. While it is weekly 40 hours in public and university hospitals, nurses in private hospital work 45 hours; five hours more in a week. Moreover, nurses in private hospital emphasize that it is not only their *absolute working hours* but workload within working hours, called as *relative working hours*, is more intensive than public and university hospitals.

> N19: If nurses in public hospital work two hours, we are working five hours. There is a difference in workload. Yes, in public hospital there is 1 nurse for 30 patients but the weight of care is more in here. For example, in here, I am following patient's vital signs half-hourly. (Private Hospital, 11 years Experience, Married, Vocational High School)

> N22: As compared to public hospitals our workload is heavy. The numbers of patients is more in public hospitals, but the weight of provided healthcare is more in here. This is one of reason behind patients' preference of private hospitals. (Private Hospital, 21 years Experience, Married, Vocational High School)

Different from public and university hospitals, it is also seen that policlinic nurses in private hospital are working half-day on Saturday.

However, irrespective of the type of health institution, it is evident that in service-units, nurses experience more intensive *working time insecurity*. Indeed, findings reveal that working outside of determined daily and weekly working hours has become ordinary for service-unit nurses. In addition to extended working hours, nurses are also faced with uncertainty in numbers of night shifts.

> N14: Working hours are 08:00-16:00 or 16:00-08:00. You have to work 40 hours a week but sometimes it may extend to 56 hours, 64 hours. (Public Hospital, 21 years Experience, Married, BA Degree)

> N30: Daytime working is 08:00-16:00. However, most of the time, I leave service-unit 16:30, 16:50. If there is an urgent situation, you cannot leave the service-unit. Working hours sometimes reaches 48 hours. (University Hospital, 24 years Experience, Married, BA Degree)

On the other side, it is seen that service-unit nurses are also not able to use their lunch breaks properly.

> N23: It is not possible to have one-hour lunch break. If there is a patient in need, you cannot say I am having my lunch. In banks, you are waiting outside of the door during their lunch breaks, but this kind of situation is not possible for us. We are sacrificing from our primary needs. Yesterday, while I was eating my lunch, they called me for an emergent patient. Yes, I was hungry but I saved someone's life. (Private Hospital, 25 years Experience, Married, Associate Degree)

> N38: There is not a determined lunchtime. You can eat whenever you find an opportunity. We cannot make patients wait. This is human health. That's way we give priority to our jobs and postpone our primary needs. (University Hospital, 12 years Experience, Married, BA Degree)

> N10: In service-units, you cannot find the notion of *lunch break*. It is not possible for us to leave service-unit and go to lunch. We are having lunch by rotation. If every nurse in the service-unit uses one-hour lunch break, we cannot handle the workload. Our lunches are generally no more than 15 minutes. (Public Hospital, 22 years Experience, Married, Associate Degree)

As mentioned, flexibility in working hours is not a new phenomenon in health labour process. It is not possible to *lock the door* of service-unit in lunch breaks, at weekends, in national or religious holidays in health sector. In order to ensure continuity of patients' treatment and respond to emergent needs, health labour process in service-units requires a

nursing staff always ready to provide healthcare. However, what new today is intensified pressure on the workload and, *in this regard*, an upward pressure on absolute and relative working hours in health labour process due to working under adequate number of nurses especially in service-units. As confirming the discussions in *5.2.3* and *5.2.4*, although aging population and people's raised awareness about health are also factors intensifying workload, according to nurses, main dynamics behind intensification of the workload is *working at the minimum numbers of nurses*.

> N5: Our nursing staff is not adequate. In this service-unit, there are six nurses for 30 beds…Due to working in critical numbers, when someone goes to leave, others become obliged to shoulder shifts and tasks of this nurse. Our workload has always been very intensive, however in the past our numbers were adequate. In 90s, we had eight-nine nurses for 30 beds. Therefore, using annual leaves or shift-turns were more convenient in the past. The workload is same but as we do more job with fewer personnel. The workload has become heavier. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N4: Doing more job with less nurses… This tendency started at 2000s. When I started my career, the numbers of nurses were more adequate. In operation days, it was possible for us to be two nurses in the service-unit at nights. Since 1999, nurse recruitment in hospitals has been decreasing. As our number is inadequate, we try to handle 32 beds with three-four nurses in daytime. This intensifies workload. This is not only the problem in my service-unit; all service-units have been working under these conditions. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

> N36: The numbers of nurses in service-units is inadequate. This intensifies the workload. The workload has increased incrementally over time. (University Hospital, 10 years Experience, Married, BA Degree)

> N24: The numbers of nurses were more in the past. I can say that our numbers have been decreased in this service-unit. In private sector, nursing-personnel planning is more strict and made according to the numbers of patients. (Private Hospital, 18 years Experience, Married, BA Degree)

Working at the minimum means more flexibilization in absolute and relative working hours in health labour process experienced by nurses as more insecurity and uncertainty in working hours and numbers of night shift. Indeed, as an outcome of working at the minimum, the absence of one nurse for some reason (such as health problem, maternity leave, annual leave) puts burden of workload to the shoulders of remaining nurses at the service-unit. This means

increased working hours insecurity and requires nursing staff always ready to be called and be at the service-unit anytime required.

> N37: Shifts are not regular. It is not possible to say, for example, you have a night shift every Monday. The days of shifts are slipping. If service-unit is busy, if one of our colleague has medical report, if one of us was moved to another service-unit to 'help', it is possible for me to call you, as a head nurse, even if you are on leave or it is your off-day. They have two days off every week. However, in their off-days, they have to keep their phone open and come to service-unit if they are called. This is what our life is…(University Hospital, 20 years Experience, Married, BA Degree)

> N33: Working hours are 08:00-16:00, 16:00-08:00. It is required to work 40 hours a week. Due to inadequateness the numbers of nurses, working hours may reach 48, 52, 60 hours. Sometimes I start at 08:00 and continue until 18:30. In the past, our numbers were more adequate so the pressure on working hours was not that much. (University Hospital, 12 years Experience, Married, BA Degree)

On the other side, it is seen that over-time working is paid. However, what critical in here is that, paying for overtime working is a *compulsory choice* due to increased pressure of working at the minimum numbers. Indeed, as seen in university hospital case, health institutions prefer to pay nurses for their overtime working instead of providing off-days in exchange for the over-time.

> N39: Our working time is 08:00-16:00 or 16:00-08:00. We are working 40 hours in a week. If you work over 40 hours, you are paid 12 TL or you use off days instead. However, hospital administration allows nurses to use only two days off and exchanges remaining days with money. As a head nurse of the service-unit, I am telling my colleagues 'you cannot use off more than two days; you have to sell us remaining days'. By this way, we make them work more. Hospital administration prefers this due to inadequate numbers of nurse personnel. (University Hospital, 19 years Experience, Married, BA Degree)

Accordingly, in line with the arguments of *Özdemir and Yücesan-Özdemir (2004), Lordoğlu (2006), Mütevellioğlu and Işık (2009), İzdeş (2011), Buğra (2010), Şahin (2014), Ünlütürk-Ulutaş (2014), Yaman-Öztürk and Öztürk (2014), Zencir (2014), KEİG (2015)*, findings of this study confirm that *longer hours* and *overtime work* is the main form of working time flexibility in health labour process. In contradiction with the socio-political tendency promoting part-time employment as a strategy of increasing female employment rates and easing the tension between working and family life, discussed in *4.2.7,* it is evident from the

findings that intensified workload comes along with extended working hours due to working at the minimum numbers in health service provision.

Moreover, by extending the definition of *Standing (1997)* and *Tucker (2002)*, findings of this study reveal that *working time insecurity* does not only mean insecurity and uncertainty in working hours but extended control of work over nurses' whole life regarding to more blurred line between working and non-working hours. In other words, more insecurity and uncertainty in working hours has been experienced as more difficulty in organizing working and non-working time/life by nurses. Therefore, parallel with the studies of *Çalık and et al. (2015)* and *Mardin and et al. (2000)*, working time insecurity comes together with intensified pressure on nurses' physical and emotional capacity and it is seen that nurses are unable to have enough time for reproducing their labour power and have difficulty in reconciling work and family/private life due to inadequate number of nurses more specifically in service-units, discussed later in *7.2.1* in detail.

7.1.4 Wages

Getting thinner slice
from the cake getting bigger…

In line with the findings, it is possible to argue that nurses raise the issue of their wages as the most important problem regarding to their working conditions. Irrespective of the type of health institution, in contrast to the study of *Soyer (2011)*, nurses mention that they get paid full *(the exact amount written in their contract)*, regularly and on time. However, they also emphasize that the wages in nursing occupation is very low and often under what they deserve.

> N14: If additional payment from hospital's revenue is not considered, we are paid around 2000 TL. This is not what we deserve. Lots of my colleagues have become volunteer for doing extra night shifts in order to increase their wages. …One of my friends works as a security staff in one of the public institutions. She is graduated from secondary school. For me, she is unskilled but her wage is 2150 TL. (Public Hospital, 21 years Experience, Married, BA Degree)

> N30: As we always emphasize, our wages are not the wage we deserve. Every occupation has its own difficulties but working with patients is more difficult. We work in night shifts, 7/24, we do not have weekends, religious or national holidays. Teachers teach healthy children, engineers work with computer, but we are working with unhealthy people and do not have an excuse for our mistakes. (University Hospital, 24 years Experience, Married, BA Degree)

> N2: The wage is not we deserve. Nursing occupation requires working devotedly. It is physically and emotionally demanding occupation. There are nurses remain standing more than 16 hours in a day. (Public Hospital, 29 years Experience, Married, Vocational High School)

Moreover, nurses emphasize that the impact of the level of education, status/position and working experience on wages is not considerable.

> N10: Wages change according to the level of education but the difference it makes is not considerable. (Public Hospital, 22 years Experience, Married, Associate Degree)

> N24: You are paid according to your working experience and position. Education is not a criterion. For example, I am graduated from university but its impact on my wage is not considerable. (Private Hospital, 18 years Experience, Married, BA Degree)

As confirming *Braverman's (1974)* and *Edward's (1979)* thesis, this implies that it is no longer possible to assume a positive correlation between human capital and wages in nursing occupation and, *to this extent*, this can be considered as an aspect of *deskilling* and *cheapening* of educated and experienced nurses' labour at the expense of their increasing presence in health service provision.

On the other side, irrespective of the type of health institution, nurses also mention downward pressure on their wage levels over time. Indeed, in spite of intensified workload day by day, nurses emphasize their decreasing wage levels and purchasing power as compared to the previous years.

> N14: In 1994, I started working with 64 TL. I bought 3000 German Marks on that time with my wage. Lets say 1500 Euro of today. 1500 euro is equal to 4500 TL, but my wage is not equal to 4500 TL now. (Public Hospital, 21 years Experience, Married, BA Degree)

> N9: Our wages are not what we deserve. Today, we have talked with my colleagues about inadequacy of our wages. You need to minimalize your expenses to maintain. When I was graduated, my wage was much more than today. On that time, I was able to meet my own needs, support my family and do saving; I remember that I was able to share money to buy a gold bracelet. Today, it is not possible for me to buy a bracelet with my whole wage. (Family Health Centre, 27 years Experience, Bachelor, Vocational High School)

> N4: When I started occupation, my wage was higher. My husband is a soldier and on that time my wage was higher than his wage. Now, my wage is lower than his retirement salary. While his retirement salary is 3200 TL, I am paid 2500 TL per month. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

More specifically, married nurses, having children, emphasize insufficiency of their wages to maintain themselves and their dependants.

> N8: Our wages have always been under our efforts. Today, life is more expensive. It is not easy to maintain with one income. Throughout my career, I could have saved only five gold bracelets. Moreover, this was possible in the past. Now, I have children, I am married, so, this is not possible. (Public Hospital, 23 years Experience, Married, BA Degree)

> N13: When you have children, you need more money and your wage become more inadequate. (Public Hospital, 23 years Experience, Married, Vocational High School)

> N19: When you have children, you feel the downward pressure on your wage's purchasing power more. (Private Hospital, 11 years Experience, Married, Vocational High School)

In line with the arguments of *Rodgers (1989), Standing (1997), Tucker (2002), Temiz (2004), Tompa et al. (2007), McKay, Clark and Paraskevopoulou (2011)*, these findings can be considered as an aspect of *income insecurity.* However, the critical point in here is that, rather than irregularity and uncertainty in wages, findings imply the fact that *income insecurity* in nursing occupation is experienced as an *income insufficiency*; low and/or insufficient wages and becoming more distant to decent living conditions.

More specifically, nurses in private hospital have experienced more intensive income insecurity. As compared to their workload and working hours, it can be argued that wages of nurses in private hospitals are relatively lower than that of university and public hospitals. Moreover, it is seen that nurses in private hospitals emphasize more on the downward

pressure on their wages as compared to past and considers this pressure in relation to intensified competitiveness in private health sector.

> N25: Wages can be better. In the past, wages in private hospitals was much better. The increase in the numbers of private hospitals decreases wages. When this hospital was opened, our wages were two times more than wages in public hospitals. But I heard that nurses are paid two times more than us in public hospitals now. I have been working for 14 years; my wage is nearly equal to the wage of a nurse recently started his/her career in public hospitals. (Private Hospital, 14 years Experience, Married, BA Degree)

> N24: In the past, our purchasing power was better. The purchasing power of our wage today is equal to purchasing power it provides 10 years ago. In Ankara, this slice is getting smaller in private sector. In the past, there were five private hospitals in Ankara, but today the number is more. This creates competitiveness. (Private Hospital, 18 years Experience, Married, BA Degree)

In private hospital, nurses also mention that the hospital administration does not allow nurses to inform their colleagues about the amount of their wages.

> N25: In here, nobody knows others' wages. You can just estimate it by comparing your position. (Private Hospital, 14 years Experience, Married, BA Degree)

> N24: As a hospital policy, it is expected that you should not make clear the amount of your wage when you are with your colleagues. (Private Hospital, 18 years Experience, Married, BA Degree)

This implies more individualization of wage bargaining for nurses in private hospitals and, *in this regard*, more *wage flexibility*. If increasing share of private sector in health service provision is considered, it is possible to assume more flexibilization of nurses' wages and more income insufficiency of nurses in private sector.

On the other side, parallel with the discussions in *5.2.5*, findings confirm attachment of wages to performance-based system and/or distribution of hospital's monthly income. As an aspect of *wage flexibility* in health labour process, findings signify changing wage levels of health personnel from one hospital to another and even one service-unit to another within a particular hospital. This also implies changing *wage policy* from one health institution to another. Indeed, it is seen that nurses' having monetary benefit from hospital's income and

the amount of this benefit are changing according to the wage policy applied in a particular hospital.

> N4: In this hospital, we do not receive a share from performance. They just pay us additional 1030 TL from hospital's income. But this is not the same in other hospitals. I know two more hospitals not allowing nurses to benefit from performance. But in some other hospitals, there are nurses paid 500 TL or 1000 TL more from the performance. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

> N8: Nurses are not received a share from hospital's income in this institution. This hospital's income is very high and the numbers of nurses are low. However, I am working in a hospital earning more but provide any to nurses from this income. I do not know the reason. It is on the initiative of the hospital administration. (Public Hospital, 23 years Experience, Married, BA Degree)

As an aspect of decentralization, this implies state's minimum/restricted involvement on wage levels but increased decisiveness of hospital's monthly income on the amount of wages of the personnel, which means attachment of the wages to the market conditions or demand.

However, what critical in here is that nurses' low wages imply limited reflection of hospital's income or performance to their wages. Irrespective of the type of health institution, it is seen that reflection of hospital's income or performance on nurses' wages is very limited and nurses perceive distribution of hospitals' income as unfair and inequitable. More specifically, as confirming the studies of *Urhan and Etiler (2011), Ünlütürk-Ulutaş (2011a, 2011b), Öztürk, Candaş and Babacan (2015), Çelebi-Çakıroğlu and Harmancı-Seren (2016)*, nurses also emphasize unequal and unfair distribution of hospital's income between physicians and nurses.

> N10: In the past, there is not that much gap between wages of nurses and physicians. As time passes, while their wages have become better with performance payments, our wages remain constant. (Public Hospital, 22 years Experience, Married, Associate Degree)

> N3: The contribution of hospital's income to nurses' wages is fixed. Physicians, on the other side, are paid both from hospital's income and their performance. Performance is not reflected on our wages and contribution of hospital's income to our wage is negligible. In the past, the gap between wages of physicians and nurses was only 11 TL. Now while I am paid one, physicians are paid five. (Public Hospital, 22 years Experience, Married, Associate Degree)

It is evident that while the difference between net wages of nurses and the beginner physicians was not considerable in the past, performance-based system is now in favour of physicians and has created a wage gap between these two groups.

> N14: Performance is not reflected on our wages. In this hospital, the number of professors is high. When this is the situation; the money is primarily distributed among physicians. If money remains, you have a chance to benefit from this remaining part. The message to physicians is 'If you close your private clinics, we will pay extra money in exchange for your performance in the hospital'. As it is assumed that we are benefitted from performance, our wages are kept at the bottom as compared to other public workers, but in reality, we are not. (Public Hospital, 21 years Experience, Married, BA Degree)

> N16: Nurses are not received a share from the performance in this hospital. In the past, it was discussed but hospital administration decided not to give a share to nurses for various reasons, one of which is financial obstacles. However, physicians have received a share. I do not know the reason. (Private Hospital, 20 years Experience, Married, BA Degree)

Accordingly, although performance-based system has intensified workload and this intensified workload has been put on the shoulders of nurses, their contribution to performance is not reflected or reflected slightly on their wages. In other words, although intensified workload, as an outcome of performance-based system, requires increase in the performance of nurses automatically, it does not create an adequate impact on nurses' wages.

> N15: We are working in the same hospital; we are shouldering the same workload. It can be possible to say that we are shouldering more of the workload. However, while wages of physicians have been increased, we are not able to receive a share from the performance. If this is teamwork, why does performance increase someone's wage two-three times more, but reflected on some others none. This is not fair. (Public Hospital, 26 years Experience, Married, BA Degree)

> N29: The distribution of performance is not fair. Reflection of performance on nurses is very limited. The cake is getting bigger but nurses are continuing to eat the thinner slice. Although we are showing effort to make this cake bigger, our slice is remaining same or limited. There are physicians paid seven times more after performance is reflected to wages, while its' reflection on nurses is only 200-250 TL. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N36: If nurses are a part of the team, why does hospital administration becomes a penny pincher in dividing the cake? Why? Why share of nurses within the performance is determined in lower level? Because we

> are weak, nursing directorate is weak. (University Hospital, 10 years Experience, Married, BA Degree)

As confirming *Friedman's (1977), Edward's (1979) and Buroway's (1979, 1983, 1985)* claims on control mechanisms, findings imply *different* control or consent manufacturing strategies applied to different groups in health labour process and reveal that wage policy in a particular hospital and the way hospital's income is distributed seek the consent of physicians rather than nurses. Moreover, in line with the findings, it is seen that wages paid to nurses and limited contribution of hospital's income on their wages is both a sign and a result of nurses' weakness in bargaining. Although health is a sector getting bigger day by day, nurses' weak bargaining power, discussed later in *Chapter 8* in detail, has become a factor reinforcing systematic *deskilling* and *cheapening* of nursing labour in health labour process.

7.1.5 Emotional Exhaustion

Emotional labour as
a new domain of patients…

In line with the findings discussed in previous parts, more increased pressure on physical capacity of nurses is evident. More intensified workload along with working at the minimum number of nursing staff makes physical exhaustion of nurses more evident characteristics of health labour process. However, nursing an occupation is not only physically but also emotionally demanding occupation. As revealed by the findings, being understanding, patient, debonairness and altruistic have always been emotional expectations requested from nurses in health labour process and this emotional labour is not paid.

> N38: Debonairness is not a qualification expected in any other occupation. Do you expect debonairness from a teacher or a bank employee? I do not know why it is expected from nurses. A nurse may have a sick child at home, had an argument with her husband, lost one of her relative or just be tired. Today, even shopkeepers are able to tell their customers 'do not look, if you will not buy'. (University Hospital, 12 years Experience, Married, BA Degree)

> N2: It is expected from us to be altruistic irrespective of the conditions. However, this is not reflected on wages. (Public Hospital, 29 years Experience, Married, Vocational High School)

As emphasized by nurses, these emotional qualifications are not expected from other healthcare personnel. In spite of their similar responsibility in patients' treatment, nurses, *more specifically*, emphasize that these are not expected from physicians.

> N4: Everybody expects nurses to behave like an angel. Nurses do not have a chance to sulk over something. Nobody considers their working conditions. While service-unit is busy, sometimes we may not able to show expected tenderness. We do not retard patients' treatment, but sometimes it may not be possible for us to meet their emotional expectations. As nursing is woman's job, tenderness is expected from nurses not from physicians. Patients do not complain to physicians easily. While they cannot ask physicians 'why do you make me wait that much?', they say everything come to their mouth to nurses. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

Nurses emphasize that these emotional qualifications are not expected from male nurses as well. It is seen that emotional expectations from female nurses are unpaid and do not create any difference between male and female nurses' wages. Thereby, as also argued by nurses, it is possible to consider nurses' unpaid emotional labour in relation to nursing's being a woman's job. In other words, as confirming the arguments of *Philips and Taylor (1980), Crompthon and Jones (1984), Jenson (1989), Wajcman (1991), Chhachhi (1999), McDowell (2001), Özkaplan (2009), Urhan and Etiler (2011)*, despite increasing importance of emotional labour in health service provision, female nurses' unpaid emotional labour confirm articulation of nurses' emotional labour with gender relations as a strategy of non-recognition and cheapening of their emotional skills.

Integration of nurses' emotional labour to service provision is not a new phenomenon in health labour process. As also mentioned at the beginning, what new today is increased pressure on nurses' physical and emotional capacity/labour. As signified by findings, more intensified workload along with working at the minimum numbers has caused health labour process to be more flexible and, *in this regard*, more demanding as compared to past. As nurses is the group spending more time with patients in health service provision, intensification of the workload has put more pressure on their emotional labour as compared to other groups.

As an aspect of this increased pressure, nurses emphasize that patients are becoming more demanding, intolerant and impatient, as compared to the past. Along with the emphasis of nurses, more demanding attitude of patients is evident more specifically in private hospital and family health centres.

> N25: This is a private hospital therefore it is not surprising that we aim to satisfy patients. As patients pay to get health service in here, they seek full service qualitatively and quantitatively. If I go to a private hospital, this will be what I expect as well. If you are working in a private hospital, you need to keep this in your mind. As I am keeping this fact in my mind, patients' expectations do not bother me. Here is a private hospital so you have to smile. (Private Hospital, 14 years Experience, Married, BA Degree)

> N45: Family health system creates more psychological exhaustion. Patients have an attitude that 'you are my own nurse, so you have to do whatever I ask'. They cannot stand the 10 minutes wait. They expect to be welcomed and given attention immediately. The system makes patients in primary health service more demanding. The system makes us their servant. (Family Health Centre, 27 years Experience, Married, Vocational High School)

> N48: In family health system, patients have an attitude 'you are my own nurse'; you have to do whatever I ask. You are like their domain. You are like a person rented to patients. (Family Health Centre, 28 years Experience, Married, Vocational High School)

It is seen that nurses interpret patients' more demanding, intolerant and impatient attitude in relation to the increased emphasis on *patients' rights* and establishment of *patients' right units* in health institutions.

> N5: There is a patients' rights unit. When a patient ask you a question and you do not answer in a way s/he is expecting, s/he can easily complain you. Hospital administration calls you and asks 'why did not you answer the patient?, why were you rude to the patient?'. Nobody asks you 'what happened'. There are no labour rights. There are patients' rights. There is patients' satisfaction. The system spoils patients. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N8: Patients' rights units encourage patients to be arrogant. You are free to uphold your rights but without forgetting labour rights. Your rights do not give you a right to insult someone. Patients become clients and it is expected from you to be more tolerant. (Public Hospital, 23 years Experience, Married, BA Degree)

In addition to individual patients' rights units in hospitals, patients are also have chance to complain by using complaint line (BİMER) provided by the Ministry. According to nurses, 'making channels of complain more available and easier for patients' and 'reinforcing their more demanding attitude' increase the numbers of received complains.

> N36: In the past, we did not have toilet roles in the service-unit for a period. However, on that period, complaining forms were printed on the most qualified paper. There are patients ready to complain and there is a system available for them. There is a mechanism set up to collect patients' complains (BİMER) that enables patients to complain easily. I have written numerous defences against various insignificant complain. (University Hospital, 10 years Experience, Married, BA Degree)

> N10: Patients' rights put us into trouble. You cannot say anything to patients. They sometimes become very arrogant and this demoralizes you. Patients have learned complaining channels well. There is a complaint line, 182, where patients can easily find someone listening complains. Patients are also called and asked whether they are satisfied with the service they received. Patients are very happy with this and they are spoiled. (Public Hospital, 22 years Experience, Married, Associate Degree)

In line with the discussions in *5.1.2* and *5.2.10*, increased sensitivity on patients' rights and more availability of complaining channels is an outcome of general political tendency, transforming patients to customers. However, as emphasized by nurses, the reflection of this political tendency to nursing labour is decreased sensitivity on labour rights and deterioration of their occupational respectability.

> N14: Making patients more demanding is the policy. When they go to bank, they do not complain about waiting too long. But in hospital, waiting 10 minutes annoyed them immediately. The policy encourages patients to complain. There is an increase in the numbers of complains. The policy makes patients customers and decrease nurses respectability. (Public Hospital, 21 years Experience, Married, BA Degree)

> N29: There is a policy deteriorating occupational respectfulness of health personnel. What makes patients arrogant is this policy against occupational identity and respectfulness of the nurses. (University Hospital, 29 years Experience, Bachelor, BA Degree)

This implies the fact that the sensitivity on patient rights does not only increases the pressure on and control over nurses' physical and emotional labour but, as confirming the arguments of *Candeias (2004), Temiz (2004), Tompa and et al. (2007), Güngör (2009), Ünlütürk-*

Ulutaş (2011a), Koç (2012), Oğuz (2012), Standing (2012), Seymour (2012), Roque (2013), Kaya and Tekin (2013), Kaya (2014), it also reinforces insecurity and uncertainty in terms of eliminating the social appropriation or occupational respectfulness associated to nurses by making their emotional labour as a new domain of patients via complaining channels.

On the other side, as an aspect of decreased sensitivity on labour rights, findings also reveal that clientalization of patients has come along with hospital administrations' more patient-friendly attitude and taking side with patients against complains.

> N37: There is a term 'being a magnet hospital'. Hospital administration tells us 'we have to be a magnet hospital; there are lost of hospitals around us, we have to pull patients to us'. During my career, I rarely have a conflict with patients. But whenever I was complained, I did not have a chance to defend myself. I was always found the guilty part. Hospital administration told me 'we know you, you are a nice person but you could behave like this, you could express yourself like that…'. As I know I will be the wrong part, I pay more attention not to have a conflict with patients. (University Hospital, 20 years Experience, Married, BA Degree)

> N29: Patients have become clients. There is an approach always find patients right. In the past, there was not such an approach. It is because of the motivation of attracting more patients, earning more money and increasing hospital's income. In order not to lose customers, patients' complains are considered and they are always found right. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N10: After the introduction of performance system, patients have become customers. Before performance, it was not important whether patients come or not. But now if the numbers of patients are low, the wages of physicians are low. That's why; the numbers of patients have become important. When we receive complain, what is told us is to be more tolerant. (Public Hospital, 22 years Experience, Married, Associate Degree)

In line with the discussions of *Hamzaoğlu (2007), Acar (2010), Etiler (2010), Pala (2011), Ünlütürk-Ulutaş (2011b), Harmancı-Seren and Yıldırım (2013), Zencir (2014)*, this patient-friendly attitude can be considered as an outcome of the pressure on health institutions to become financially autonomous bodies creating an effort in health institutions to attract more patients in order to increase hospitals' income. However, it is seen that the reflection of this patient-friendly attitude on healthcare personnel, *in general*, and nurses, *in particular*, is *commodification* of their emotional labour and their becoming more vulnerable to direct and indirect (through the mechanisms of complaints) verbal violence of the patients. Although

discussions in *5.2.10* signifies physical violence against healthcare personnel in health labour process, none of nurses in this study mention about a physical violence they have experienced. As confirming the arguments of *Etiler (2010)*, it is evident from the findings that patients' verbal violence against health personnel is backed by increased sensitivity on patient rights reflecting on nurses as *decreased sensitivity on labour rights* and *elimination of occupational respectfulness*. In this regard, it is also evident that this patient-friendly attitude makes patients' complains a new control mechanism in health labour process over nurses' emotional labour.

7.1.6 Climbing the Career Steps

Starting as a nurse, finishing as a nurse…

Findings reveal that career steps or possibilities of promotion in nursing occupation are very limited. There are three main career steps directly related to nursing occupation. The first and the highest career step relating to nursing occupation is being a *director* or being part of directorate team in *nursing directorate units* in hospitals. The director and the directorate team are selected among nurses and assigned directly by hospital administration. The second main career step is becoming a *supervisor*, responsible for supervising nurses in night shifts on behalf of nursing directorate. The third main career step is being *head nurse* of the service-unit. In addition to these positions, it is possible to see assignment of nurses in different administrative units - such as in education unit, infection control committee or in desk jobs in different institutions of Ministry of Health- mentioned and considered by nurses as career steps or promotion possibilities.

It is evident that these limited career steps/promotion opportunities are available only for limited number of nurses if total number of nurses in hospitals is considered. Moreover, long-term assignments to these positions makes climbing career steps more restricted.

> N22: There is one director in the hospital and one head nurse in the service-unit. If I need to wait their retirement, how can I plan a career for myself? I am waiting for nothing; there are a head nurse and a nursing director continuing to work in these positions. I am sure there will be nothing changed in my career at least in the next five years. (Private Hospital, 21 years Experience, Married, Vocational High School)

> N34: I do not think that your know-how, education level and background have an impact on promotions. For example, to be a supervisor, you need to wait until this position becomes available. Moreover, there may be five candidates for this position but only one of them will be selected. (University Hospital, 15 years Experience, Bachelor, MA Degree)

Accordingly, this restricted career progression and limited career opportunities of nurses in health labour process can be considered as an aspect of *career insecurity* in *Tompa and et al.'s (2007), Burgess and Campbell's (1998), Temiz's (2004), McKay, Clark and Paraskevopoulou's (2011)* term. Moreover, in line with the findings, it is possible to argue that the criteria of selection for these positions and promotions are not objective, concrete and certain. Indeed, more than the level of education, having a good relationship with hospital administration or having been complying with the rules and regulations of the institution are generally become more important in climbing career steps and getting promotion.

> N5: Being university graduate does change nothing. Irrelevant to your education level, you are just a nurse. Head nurse is generally selected according to working experience; there is no need to have a higher education for this position. Having promotion is mainly based on your working experience and your relations in the service-unit. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N16: Your clinical experience is non-negligible. But your working experience, your continuity in the institution, your familiarity with hospital's organizational culture are important for being selected as a head nurse or supervisor. It depends on how hospital administration assesses you. (Private Hospital, 20 years Experience, Married, BA Degree)

> N25: If your colleague has a good relationship with the hospital administration, she becomes a head nurse and you remain an ordinary staff. I do not think working experience is a criterion. I do not know what is the criterion. (Private Hospital, 14 years Experience, Married, BA Degree)

It is seen that working experience, as a sign of continuity in an institution, makes nurses closer to promotion, but without having a good relations with the hospital administration, it does not guarantee it.

> N8: Actually, being a head nurse should be based on working experience. Hospital administration is looking at least 20 years working experience but they generally prefer someone with whom they have a good

> relationship and communicate more easily. (Public Hospital, 23 years Experience, Married, BA Degree)

Accordingly, in addition to limited and/or restricted career opportunities, by extending its definition, findings of this study reveal that career insecurity also relates to the prominence of subjective criteria –*having a good relations with the hospital administration*- in career progression for nurses in health labour process. Moreover, as climbing career steps is based more on your subjective relations with the hospital administration; *firstly*, when hospital administration changes, most of the time it is not possible for you to keep your position and, *secondly*, when criteria are not certain, you do not have a chance to temper your working performance or qualifications to meet requirements of these positions.

> N16: You are not able to plan your career. When hospital administration changes, there is a possibility that you are moved to another place. Education may have an impact, but climbing career steps is based more on the decision of hospital administration. (Private Hospital, 20 years Experience, Married, BA Degree)

> N39: I do not believe that your working experience or occupational know-how is considered. When hospital administration changes, the positions of people change. If promotions are based on objective criteria, why are positions of people changed? Positions change because promotions are not based on objective criteria. (University Hospital, 19 years Experience, Married, BA Degree)

On the other side, the critical point in here is that nurses' motivation for these positions is not about financial gain. As mentioned by nurses, although these positions increase responsibility and workload on the shoulders of nurses, their impact on wage is limited.

> N25: You can be a head nurse or a supervisor according to your working experience and continuity in this institution. But its impact on wage is not considerable. Promotions increase your responsibility and workload but this increased responsibility and workload have no reflection on wages. (Private Hospital, 14 years Experience, Married, BA Degree)

> N10: You can be a head nurse. Being a head nurse increases your responsibilities and workload. You have to give an account of everything. However, its' reflection on the wage is not considerable. (Public Hospital, 22 years Experience, Married, Associate Degree)

What these positions offer, *then*, is being exempted from night shifts. It is seen that the common characteristic of being a head nurse, nursing directorate or working in other

administrative desk jobs is the possibility of working in daytime without night shifts. Being supervisor, *on the other side*, is a step for these positions.

> N14: If you are a head nurse, your responsibility increases but in exchange for this you do not work in shifts at nights and in religious or national holidays. (Public Hospital, 21 years Experience, Married, BA Degree)

> N36: In our occupation, the only promotion is being exempted from shifts. Being a supervisor is a step for this. (University Hospital, 10 years Experience, Married, BA Degree)

> N39: In nursing, the promotion is being exempted from shifts. As you have been experienced the worst, good of the bad becomes a promotion. After working in shifts for several years, you are thinking like 'at least I will be at home in the evenings'. (University Hospital, 19 years Experience, Married, BA Degree)

This implies the fact that climbing career steps in nursing does not mean earning more money but getting rid of the pressure of working time insecurity and, *in this regard*, easing the tension between work and family life, discussed later in *7.2* in detail. As an extension of intensified 'working time flexibility' and 'physical and emotional exhaustion', for nurses, especially married nurses and mothers, being exempted from night shifts has become a motivation or promotion in nursing occupation.

Confirming the findings discussed in previous parts, it is also possible to argue that prominence of subjective criteria in climbing career steps has operated as a control mechanism in health labour process over nurses in terms of encouraging nurses to be *docile/uncritical against working conditions*, in order to be the one selected by hospital administration for these positions and, *by this way*, being exempted from shifts.

> N37: If you have a conflict in service-unit with a physician, this will have a negative impact on getting promotion. If you want to be exempted from night shifts, you should try not to create a trouble, you should clothe problems, you should not be reactive and you should be docile. (University Hospital, 20 years Experience, Married, BA Degree)

> N14: The message is 'not offend eyes'. If you are so reactive, hospital administration may change your service-unit. You have a motherhood responsibility. There is a baby waiting you at home at nights. If you want to be exempted from night shift, you have to build good relations with

> hospital administration to be the one selected for positions. Being the one selected is not based on education; it is attached to establishing good relations and personal networks. (Public Hospital, 21 years Experience, Married, BA Degree)

In this regard, as an extension of limited promotion opportunities in nursing occupation, irrespective of the type of health institution, nurses have a tendency to define their career as *starting as a nurse, finishing as a nurse*. This implies inadequateness of defined career steps in nursing occupation. Moreover, it also implies the fact that there are any criteria classifying nurses and differentiating their working conditions from each other throughout their career. Indeed, in line with the findings discussed in previous parts, the impact of nurses' education level and working experience on their wages and working conditions is not considerable.

> N2: In reality, you can be nothing. You are just a nurse. There are no career steps. Education does differentiate nothing. All of us are performing same tasks, in same environment, under same conditions. (Public Hospital, 29 years Experience, Married, Vocational High School)

> N11: The worst part of our occupation is unavailability of career steps. A nurse with a BA degree works under same conditions with a nurse graduated from secondary school. Our level of education does not differentiate or classify us. (Public Hospital, 27 years Experience, Married, BA Degree)

> N15: The attitude against a nurse with 25 years experience and five years experience is same. In other occupations, your working experience provides seniority to you. In army you can get a star, in academy you can be a professor, but in nursing everything is same. (Public Hospital, 26 years Experience, Married, BA Degree)

In other words, as confirming the arguments of *Ünlütürk-Ulutaş (2011a, 2011b), Özkan (2014), Koçak (2015)*, irrespective of their level of education and working experience, nurses are generally performing the same tasks, under same working conditions and nearly for same amount of wages. What differentiates nurses from each other is, *then*, whether they are working in night shifts or not. Along with *Braverman's* argument (1974), this can be considered as another aspect of *deskilling* functioning as a mechanism of *cheapening* educated nurses at the expense of their increasing presence in health service provision.

7.1.7 Employment Status: Being contracted or Permanent

Striving after Better Working Conditions…

In line with the discussions in *4.2.6*, one of the recent fact in health labour process is increase in the numbers of contracted nurses as an outcome the expansion in the share of private sector in health service provision, application of family health system and the increased tendency in public and university hospitals.

Irrespective of their employment status, all nurses perform almost the same tasks under similar working conditions in a particular health labour process. However, in line with the emphasis of nurses, it is evident that contracted work creates a disadvantaged situation for contracted nurses mainly in terms of working time security, wage security and job security.

> N11: Contracted nurses' working hours are longer and wages are lower than permanent nurses. They are generally preferred in the busiest service-units such as in emergency and intensive care and where nursing staff is inadequate in number. (Public Hospital, 27 years Experience, Married, BA Degree)

> N14: In some hospitals contracted nurses are paid less. Contracted nurses do not have job security. While three notices are enough to be dismissed for contracted nurses, hospital administration can only change service-unit of permanent nurses. Permanent nurses' working hours are more certain. At least you have a chance to complain about your concerns as a permanent nurse. But complaining may cause losing the job for contracted nurses and, for me, it is because of this fear contracted colleagues are more docile. Contracted nurses' leaves are also not certain. I have a contracted colleague and it has not been possible for us to plan something in one of her off-days, because a call may come, she may be asked to come to hospital and in this situation she has to go as soon as possible. (Public Hospital, 21 years Experience, Married, BA Degree)

> N29: A permanent nurse has a possibility to say 'I cannot work more than 40 hours'. However, contracted nurses do not have such kind of possibility. They are paid less but work more. They do not have job security. In some cases permanent nurses have a chance to say *no,* but hospital administration can move contracted nurses wherever they want, because being contracted means accepting all conditions imposed by hospital administration from the very beginning. (University Hospital, 29 years Experience, Bachelor, BA Degree)

On the other side, although contracted working is identified with job insecurity, in contrast to the studies of *Işığıçok and Emirgil (2009)* and *Soyer (2011)*, what evident from the findings is that the relationship between contracted working and job insecurity is not perceived as an urgent problem in nursing occupation. Even in private hospital, it is seen that nurses do not feel considerable job insecurity. At first glance, this can be considered as an outcome of their being experienced nurses having more than ten years working experience in the same institution. Although working experience is a dimension, nurse's emphasis on high turnover rates especially among younger nurses due to their tendency of quitting job within shorter periods can be another dimension in explaining this situation. This is interpreted by nurses in relation to increased share of private sector in health service provision and, *accordingly*, increased availability of job opportunities for nurses in the job market.

> N26: Health is an expanding sector providing job opportunities. As long as the number of private hospitals increases, there is a need occurring for more nurses and so, there is not job insecurity for nurses. (Private Hospital, 11 years Experience, Married, BA Degree)

> N27: On the contrary…No problem about job insecurity. There are lots of private hospitals. There is a need for nurses both in public and private hospitals. If you do not find a position in public hospitals, you can find one in private hospitals. (Private Hospital, 11 years Experience, Married, BA Degree)

> N28: I do not agree that job insecurity has been increasing for nurses. In addition to provided positions in the public hospitals, the numbers of private hospitals has been increasing and this has reinforced the need for nurses. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

In this context, findings of this study reveal that the problem in being contracted is not the fear of loosing the job but degradation in the working and living conditions of contracted nurses. The degradation in working conditions through contracted working is much clearer in family health system. In line with the discussions in *5.1.2*, the implementation of family health system is reflected on nurses as a transformation in their employment status from permanent to contracted. Although being contracted has created a fear of job security among family health nurses at the beginning, this fear has transformed to the worrying about *wage insecurity* regarding to performance system - discussed later in *7.1.4* -, *legal insecurity* regarding to their difficulty in using their leaves - discussed later in *7.2.1 and 7.2.2*-, and

degradation in their occupational status regarding to change in their title from nurse to family healthcare personnel.

> N43: At the beginning, of course, being contracted created a worry. We are contracted but we have a chance to turn back our previous places of duty with a permanent status anytime we would like to. This has decreased our worry about job insecurity. (Family Health Centre, 20 years Experience, Married, Associate Degree)

> N46: This is a state policy. They could not find a status for us and, at the end, they created new status; contracted civil servant. It is not clear whether we are a civil servant or a contacted worker. At the beginning, being contracted created a worry. However, the opportunity of turning back to your previous place of duty whenever you want eliminated my hesitation. (Family Health Centre, 25 years Experience, Married, Associate Degree)

However, by signifying increasing tendency of contracted employment in health labour process, nurses are not certain about what the system will bring for new family health nurses in the future. Indeed, it is seen that family health nurses consider their so-called guaranteed job security as a temporary situation given to gain consent of nurses and, *by this way*, enable a smooth transformation in primary healthcare system.

> N46: Health sector has been privatized. In my opinion, from now on, employment in health sector will be contracted-based. Privatization has started in family health centres and now it has been expanding to hospitals. The numbers of contracted workers in health sector will be increased in the following period. (Family Health Centre, 25 years Experience, Married, Associate Degree)

On the other side, as indicated by the findings, more than minimizing labour costs, the main motivation behind employing contracted nurses in public and university hospitals is to meet their personnel needs as a response to limited availability of permanent nursing positions. In line with the arguments of *Oğuz (2012), Topak (2012), Kablay (2014), Müftüoğlu (2014b), Müftüoğlu and Bal (2014), KEİG (2015)*, this is a clear aspect of the political tendency of minimizing the share of core labour force or permanent employment in health labour process. Nurses' response to this limited availability in permanent employment status is, *on the other side*, showing consent to contracted working in health institutions until they are assigned to a permanent position.

> N1: When I was graduated, I was appointed immediately. But now, this is not possible. Thereby, nurses, recently graduated, start working in private hospitals during the period they are waiting to be appointed in public or university hospitals. (Public Hospital, 35 years Experience, Bachelor, Vocational High School)

> N20: After graduation, if you do not find a position in a public hospital, you prefer to start working in private hospitals. I tried to have a position in public hospital, but I could not and I stayed in private hospital. But if I find a possibility, I will prefer to work in a public hospital. (Private Hospital, 10 years Experience, Married, Vocational High School)

As an extension of this tendency, what critical is high *turnover rates* among contracted nurses more specifically regarding to the motivation of becoming a permanent nurse in public hospitals.

> N35: If there were job insecurity, turnover rates would not be that much among contracted nurses. (University Hospital, 10 years Experience, Married, BA Degree)

> N36: Rather than the fear of loosing job among nurses, there is a fear of loosing nursing staff in health institutions. You make an effort for training new contracted nurses, but at the half of the way they leave us in the lurch for lighter working conditions or more money. Then another one is coming… (University Hospital, 10 years Experience, Married, BA Degree)

> N38: I do not think that contracted nurses feel the fear of loosing their job. They quit job suddenly and this obliges you to make so much effort to train new comers again and again. Young nurses are intolerant to work under difficult working conditions. They want to earn more money with fever effort. They have a preference to work in public hospitals where they will have a possibility to sleep at night shifts. This was not the perspective I had when I was a young nurse. (University Hospital, 12 years Experience, Married, BA Degree)

> N39: They do not feel job insecurity. Instead, they feel the freedom of choosing among available opportunities. They prefer to work in public hospitals where they have a chance to sleep in night shifts and provide healthcare for two patients instead of 10. (University Hospital, 19 years Experience, Married, BA Degree)

As confirming the tendency mentioned above, the movement from private and university hospitals to public hospitals is not because of having job security but striving after better working conditions. In other words, as confirming the study of *Sürer (2009)*, as nurses find working conditions better and workload lighter in public hospitals as compared to university

and private hospitals, they have a tendency to move to the public hospitals as soon as they find a possibility. While this confirms insecurity and uncertainty in working and living conditions in private and university hospitals more specifically for contracted nurses, it is also possible to consider nurses' high turnover rates as a *strategy of resistance* against the downward pressure on working and living conditions in *Barker and Downing'*s *(1980)* term.

On the other side of the coin, as emphasized by permanent nurses in private and university hospitals, the tendency of moving to public hospitals among contracted-nurses, creates a circulation in nursing staff and causes a decline in the numbers of nurses in service-units in recruitment periods when assignments in public hospitals are made. As they are already working with minimum numbers of nursing staff, *unsurprisingly*, even one single loss in existing staff results in more physical and emotional pressure of workload on the remaining nurses.

> N29: In order to solve the problem of inadequacy in nursing staff, the hospital administration has started to employ contracted nurses. Contracted nurses do not develop a sense of belonging because they know they are not permanent in here; they are able to quit anytime they would like to. This affects their relations with you and with patients. Rather than doing their best in here, they are striving for better working conditions. But I cannot be angry with them because of their attitude because their wages, social right and job security are lower. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N30: Contracted working does not create job insecurity. Rather, increase in contracted nurses has become a punishment for us. If they do not feel comfortable with the working conditions, they are able to quit the job anytime they would like to. We do not have that kind of possibility. Due to busy workload, they quit to move to the public hospitals where working conditions are more decent. Couple of days ago, I lost one of my nurses working for two years. This means transferring her duties to remaining nurses in the service-unit. (University Hospital, 24 years Experience, Married, BA Degree)

> N39: Contracted nurses increase turnover rates. When they realize that workload is heavy, wages are low and it is not certain when they will be able exempted from night shifts in here, they start to strive for better working conditions and quit job. They do not develop the feeling of belonging because they perceive here as a temporary workplace and think that sooner or later they will move to another place. This puts the burden of workload on the shoulders of remaining nurses. Quit of someone means transferring of his/her duties to the remaining others. (University Hospital, 19 years Experience, Married, BA Degree)

In this regard, while being contracted provides nurses the freedom of striving after favourable working conditions, contracted nurses movement to public hospitals means more flexibility and, *in this regard*, uncertainty and insecurity in working and living conditions of permanent and experienced nurses remaining in private and university hospital. Accordingly, as confirming the arguments of *Vosko (2003), Cranford, Vosko and Zukewich (2003a, 2003b), Mütevellioğlu and Işık (2009), Göztepe (2012), KEİG (2015)*, flexibilization in health labour process has been experienced mainly as non-standardization of standard employment relations and precariousness is not an experience that can be reduced to contracted workers.

7.1.8 The Loss of Ability to Foresee the Future

A dream difficult to be realized…

Findings reveal that an ability to foresee future is approached in relation to *retirement* by nurses. In other words, *future security* relates to *social protection insecurity* for nurses in terms of accessing the right of retirement.

There are two groups of nurses in terms of retirement. One group of nurses is close to their retirement ages. As nursing is a physically and emotionally demanding occupation, it is seen that this group of nurses are looking forward to retirement due to the occupational exhaustion they are experiencing.

> N7: As time passes, exhaustion occurs. At the beginning of my career, I was doing my job with love. But I have been disinclined from the occupation. Attitudes of patients, heavy workload, shifts, overtime working have made me tired and exhausted. Now, I am looking forward to retirement. (Public Hospital, 18 years Experience, Married, BA Degree)

> N12: I am looking forward to be retired. I have no longer have sensitivity on the future of the occupation. I do not believe something will change…(Public Hospital, 26 years Experience, Married, Vocational High School)

However, due to considerable decrease in nurses' income after retirement, retirement does not mean feeling secure about future for nurses. According to nurses, as compared to past, *retirement grant* has no longer enable them to make investment that may secure their future and the amount of *retirement salary* is far away from providing decent living standards to them after their retirement.

> N4: I have already entitled to be retired, but I am continuing to work. If I retire, my retirement salary will be 2200 TL. My retirement grant will be 80.000 TL. I can do nothing with this; this will not sufficient to buy a flat or start a business. I can just buy a car. My living standards will decline. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

> N40: I entitled to retirement two years ago. If I am retired, my wage will be 1500 TL less off. It is already very difficult for me to maintain myself and my family; how could I earn a living after retirement? We always ask a wage providing decent living conditions. After retirement, we also would like to have decent living conditions. We are human beings and we have needs. (Family Health Centre, 20 years Experience, Married, Associate Degree)

Due to considerable decrease in their income after retirement, it is seen that nurses continue or have an intention to continue working after retirement.

> N1: Far from making future plans, nurses can no longer consider retirement, because they are worrying about earning a living after retirement. (Public Hospital, 27 years Experience, Married, BA Degree)

> N27: Nobody wants to be retired. If I retired, my retirement pension will be 2000 TL. My retirement salary will be half of my current salary because additionals I earned through hospital's income and performance will be cut. I have to continue working. (Private Hospital, 11 years Experience, Married, BA Degree)

> N1: Far from planning retirement, nurses have no longer want to be retired, because they are worried about maintaining themselves after retirement. (Public Hospital, 35 years Experience, Bachelor, Vocational High School)

On the other side, for the second group of nurses, it is possible to argue that retirement has become an *ideal/dream difficult to be realized* due to increased retirement ages.

> N39: I even cannot dream about retirement. I do not know whether I will be able to work until 56 years old. I do not understand the intent behind

> this policy. (University Hospital, 19 years Experience, Married, BA Degree)

> N31: I do not believe I will able to be retired. I even do not believe I will be alive until retirement age. (University Hospital, 12 years Experience, Bachelor, MA Degree)

> N32: Retirement age is very high, there is no longer a hope to be retired. (University Hospital, 10 years Experience, Married, BA Degree)

Up to now, the system has appreciated older nurses' labour and experiences generally in policlinics until their retirement. As mentioned in previous parts, in policlinics nurses work daytime with a workload not as intensive as it is in service-units. However, with the increase in retirement age nurses have become concerned about their working conditions until their retirement due to limited numbers of positions in policlinics and expected increase in the numbers of older nurses in the future.

> N38: I even do not believe I will retire. I have 23 years to my retirement; I will able to be retired when I am 57 years old. Are there adequate numbers of policlinics? If there are not what will happen to these nurses close to their retirement ages? (University Hospital, 12 years Experience, Married, BA Degree)

> N6: We cannot make future plans. We have to work until retirement age but retirement age is very high. It is not possible to work actively in this occupation until 55 years old. As we are not sure whether we are able to work until these ages, many of us cannot foresee their future. In the future, there will be lots of people in this situation and working in passive service-units will not be easy. Future will be more difficult. (Public Hospital, 21 years Experience, Married, BA Degree)

Findings reveal that nurses are concerned about their working conditions mostly because it is not possible for them to work actively in service-units, especially in night shifts, and perform main nursing practices (such as drawing blood) effectively when they get older.

> N25: The retirement age is very high. We make fun of each other: on that age one of us may not hear, one of us may not see properly…Your moves, reflexes will be much slower, you will not able to be active. (Private Hospital, 14 years Experience, Married, BA Degree)

> N26: In our occupation, exhaustion is intensive. Couple of days ago, we were making fun of the retirement age; we will provide service with crutches. (Private Hospital, 11 years Experience, Married, BA Degree)

> N33: A person, 65 years old, can work as a nurse in nowhere, even in policlinics. Just consider drawing a blood; Is a 65 years old nurse able to draw blood properly? (University Hospital, 12 years Experience, Married, BA Degree)

On the other side, in private hospital, increased retirement age does not only mean being unable to foresee future but also articulates with *job insecurity*. Indeed, while nurses in public and university hospitals are concerned mainly about working conditions in their older ages, nurses in private hospital argue that private hospitals do not prefer to continue work with older nurses until their retirement.

> N31: It is not possible to work until 58 years old in service-units. More specifically, private hospitals will not prefer to work with this group. Private hospitals may prefer to dismiss these nurses or nurses may quit job voluntarily. (University Hospital, 12 years Experience, Bachelor, MA Degree)

> N24: Retirement age worries me if I have to work until 55 years old. I am 41 years old now and I am not sure I will be able to work in here until 55 years old. Here is private sector. Yes I am experienced and hospital administration is happy to work with me now. But I do not know whether they would like to work with me when I am 55 years old. They may prefer younger nurses. I do not know how private sector will be able to absorb increased numbers of nurses in their older ages. (Private Hospital, 18 years Experience, Married, BA Degree)

Accordingly, in line with the argument of *Candeias (2004)*, it is seen that future security means *social protection security* for nurses defined as having decent living conditions after retirement. Findings indicate that nurses are no longer feel secure about their future due to the downward pressure on their income after retirement. Moreover, it is seen that nurses even do not feel certain about whether they will be entitled to their retirement rights due to increased retirement ages. Despite physical and emotional exhaustion in nursing occupation is acknowledged and, *in this regard,* decreasing retirement ages had been promised by politicians several times in the past, it is surprising for nurses that contrary has happened.

In this context, it is seen that retirement, even if it is a slight possibility, no longer provides *future security* and *social protection security* to nurses. What critical in findings is that nurses' feeling of future and social protection insecurity is backed by general socio-political tendencies characterized by state's withdrawal from taking responsibility for social uncertainties. As a reflection of the elimination of welfare state, in line with the arguments of

Crompton (2002), Temiz (2004), Erdut (2004) and *Fredman (2004), future insecurity* and *social protection insecurity* has the meaning of transferring social and economic risks onto workers and the household. By this way, as confirming the arguments of *Mitrapoulos (2005), Neilson and Rossiter (2005), Precarias a la Deriva (2005), Tsianos and Papadopoulos (2006), Candeias (2004), Clement and et al. (2009), O'Connor (2009), Desperak (2013), Casas-Cortes (2014)*, findings reveal that the feeling of insecurity and uncertainty cannot be reduced to labour process but it becomes an experience having implications on *nurses* and their *belongings'* whole lives (past, present and future) through strategies of flexibilization.

7.2 ASPECTS OF PRECARIOUSNESS IN NURSES' LIVING CONDITIONS

Findings in previous part of this chapter confirm flexibilization in health labour process and reveal that flexibilization has reflected on nurses' working conditions as insecurity and uncertainty about their career, working hours, job specification, wages and the future. However, in line with the theoretical discussions, findings also signify that precariousness cannot be reduced to health labour process and working conditions. In this context, this part of the chapter focuses on the aspects of precariousness in nurses' living conditions. In addition to decrease in living standards due considerable decrease in wages, discussed in *7.1*, by starting from the findings that indicate blurring realms of working and non-working time, this part of the chapter more specifically questions possibilities of balancing work and family/private life in nursing occupation.

7.2.1 Blurred Line between Working and Non-working Life

More intensified control of
work over private life…

It is possible to argue that blurred line between working and non-working life is one of the essential characteristics of nursing occupation due to 7/24 nature of health service provision. As indicated by findings, the critical point in here is that nurses have experienced blurred line between working and non-working life as a *more intensified control of work over their*

private lives. This means nurses have become unable to make decision on, plan or organize their private lives freely.

One aspect of more intensified control of work over private life is nurses' limitation in using their *annual leaves* properly. Due to inadequacy in the numbers of nursing staff, irrespective of the type of health institution, nurses mention that they have not had a chance to use *whole* of their annual leaves and they have obliged to organize the duration and the dates of annual leaves according to workload and the dates of other nurses' annual leaves.

> N5: Due to heavy workload, we cannot use our annual leaves properly. I have been working in this hospital for 26 years. We have always worked with inadequate numbers of nurses. I have never had a chance to say 'our number is adequate this year, so I will be able to use 20 days of my annual leave'. For the last 30 years, I could not use 20 days leave. I was generally able to use five days, 12 days of it because our team is composed of five-six nurses. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N33: Due to inadequateness in the numbers of nurses, using annual leave may become a problem. We are using our annual leaves by turn; two nurses cannot use their annual leaves at the same time. Moreover, if you have 30 days annual leave, you are able to use only 10 days of it. (University Hospital, 12 years Experience, Married, BA Degree)

> N38: I have been working in here for five years. I do not remember a period that I did not worry before going to leave. There was always something happened and I could not go. As we are working at minimum numbers, an immediate situation stops everything. If one of our colleagues gets a medical report, you cannot go to leave. After working all these years, I do no longer want to have an argument with the head nurse for going to annual leave I deserved. (University Hospital, 12 years Experience, Married, BA Degree)

It is seen that limitation in using annual leaves is an outcome of the conflict between intensified workload and inadequate numbers of nursing staff. It is evident that annual leave is regulated rights of nurses in the law. Thereby, in line with the arguments of *Rodger (1989), Rubery (1989), Standing (1997), Burgess and Campbell (1998), Tucker (2002), Candeias (2004), Tompa et al. (2007), McKay, Clark and Paraskevopoulou, (2011)*, nurses' limitation in using their regulated annual leaves can be considered as an aspect of *legal insecurity*.

On the other side, in family health system, findings reveal that the problem is not only nurses' limitation in using their annual leaves but also the cut in their wages during the period they are on leave.

> N41: Using leaves is problematic. If you do not leave one of your colleagues behind, someone from community health centre is assigned during your leave. In this situation, this period is cut from your wage. (Family Health Centre, 25 years Experience, Married, Vocational High School)

> N45: Even if you have a medical report, you have to leave one of your colleagues behind you. If you do not, administration cuts this period from your wage. That's why; we try to organize our leaves amongst us. (Family Health Centre, 27 years Experience, Married, Vocational High School)

It is seen that in family health system nurses not only have a difficulty in using their annual leaves but also using their rights of having a rest based on a medical report. This implies the fact that in family health system *legal insecurity* is more critical and comes together with *wage insecurity*.

Another aspect of more intensified control of work over private life is *night shifts*. In comparison with other daytime occupations in the service sector, existence of night shifts is an important factor that blurs the line between working and non-working times in nurses' life.

> N1: We work in night shifts. This affects your biology and social life. You cannot spare enough time for your social and private life. (Public Hospital, 35 years Experience, Bachelor, Vocational High School)

> N28: If you work in daytime, you work like a normal officer. But working with night shifts puts nurses in a disadvantaged situation. There is nothing to do for this, because you have accepted this situation at the beginning. Due to night shifts, you do not have a social life. For example; you have a guest at home, but you have to be at the hospital. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

However, the critical point in here is that more intensified working time flexibility or 'more intensified uncertainty and insecurity in working hours', reinforced by working at the minimum numbers of nurses, makes maintaining work – life balance much more difficult for nurses, as compared to past. Due to the tendency of overtime working and increased

numbers of night shifts, discussed in *7.1.3*, it is seen that nurses' possibility of organizing their private life freely has become more restricted.

> N34: Working in night shifts affects nurses' whole life from social life to emotional wellbeing. We do not have a regular numbers of night shifts. This problem has become an intensified problem over the years. You do not have a chance to make a plan for a weekend on next month freely. It is tried to organize night shifts regularly but service-unit is very active; when one of our colleagues get a medical report, his/her shifts are distributed among other nurses in the service-unit, because we do not have extra nursing staff for this. (University Hospital, 15 years Experience, Bachelor, MA Degree)

> N38: This is one of our difficulties. More nightshifts, compulsory over time working, inadequate numbers of nurses; you are not able to spend enough time with your family, your children and do not have a proper family life. (University Hospital, 12 years Experience, Married, BA Degree)

> N30: When numbers of nurses are adequate, numbers of night shifts decrease and private life becomes more decent. Working with night shifts is very difficult. You have to organize your private life according to night shifts. When we decide to go somewhere with my friends, we try to arrange the day and the time according to my night shifts. (University Hospital, 24 years Experience, Married, BA Degree)

This implies the fact that more blurred line between working and non-working time means more blurred line between working life and private life for nurses. What critical is that, by extending *Friedman's (1977), Edwards's (1979) and Buroway's (1979, 1983, 1985)* thesis on control, this blurring line is in favour of working life and, as confirming feminist discussions on control discussed in *2.2.2*, this means more intensified control of work over reproduction and/or nurses' private or family life. Accordingly, by extending the scope of the arguments of *Standing (1997)* and *Tucker (2002)*, findings of this study reveal that working time insecurity cannot be reduced to insecurity and uncertainty in working hours. Indeed, findings of this study indicate the requirement of a perspective to working time insecurity comprising extended control of work/working time over nurses' whole life and the difficulty of balancing work and private/family life.

On the other side, it is seen that blurred line between working and non-working life is more evident for nurses, married and having children. Due to domestic duties and motherhood

roles, the upward pressure on the numbers of night shifts makes work-life balance more problematic for nurses, married and having children.

> N30: I am lucky that I was bachelor while I was working in night shifts. I am aware that my colleagues working in night shifts are in difficulty; the time they spend with children in here is more than the time they spend with their own children.(University Hospital, 24 years Experience, Married, BA Degree)

> N6: Sometimes, it becomes difficult. You work in night shifts without sleeping. But, on the other hand, you are a woman and a mother; you have responsibilities, lots to do at home. It is not possible to say 'I come from night shift, I am sleepless' and leave these responsibilities aside. (Public Hospital, 21 years Experience, Married, BA Degree)

In addition to overtime working and night shifts, as indicated by the findings, physically and emotionally more demanding health labour process as an outcome of intensified workload are factors affecting nurses' private/family lives as well.

> N6: It is not easy. You sacrifice from your private life. You can postpone your responsibilities at home but not your responsibilities at work. When I go to home, I am generally nervous, very tired, in sleepwalker mood with a sullen face. When my husband asks something, sometimes I act impulsively. (Public Hospital, 21 years Experience, Married, BA Degree)

> N34: As compared to children in the service-unit, I do not devote same amount of attention and patience to my own children and husband at home. I sometimes feel regret about this situation and ask myself 'do not my husband and children deserve the same attention and patience?' (University Hospital, 15 years Experience, Bachelor, MA Degree)

> N18: I do not find enough energy for home…I do not speak a lot at home. You can postpone your responsibilities at home, but you cannot disrupt your duties at the service-unit. It is not possible…You sacrifice from your own social life. (Private Hospital, 22 years Experience, Married, BA Degree)

Findings imply that more demanding health labour process puts nurses' private life to secondary place. In other words, it is evident from the findings that more control over emotional labour means more control of work over nurses' private/family life. On the other hand, as indicated by the findings, the difficulty in balancing work and family life or the intensified conflict between production and reproduction has been experienced as *double*

burden by nurses. Thus, one can easily understood how *being exempted from night shifts* has become one of the most important promotions in nursing occupation, discussed in *7.1.6.*

> N14: For the last 12 years, I have not work in night shifts because I am the head nurse in this service-unit. I understood what marriage means after I had been exempted from night shifts, because, I was able to have a dinner with my family around a table at evenings, this is more than happy. However, a colleague of mine is still working in night shifts, has three children and she cannot see her children's face properly. Working conditions negatively affects family life. (Public Hospital, 21 years Experience, Married, BA Degree)

> N37: Nurses' marriage life is different. Our marriage life is not look like other people's marriage life. After 10 years with night shifts, I started to work at daytime and I felt like I was not married before. I started to see my husband and children every evening. We could not get used to this situation at the beginning. Because, during 10 years, we were able to see each other in my off days and, my husband and children were generally alone at home. (University Hospital, 20 years Experience, Married, BA Degree)

The critical point in here is the fact that nurses' motivation of being exempted from night shifts cannot be considered as their *preference,* in *Hakim's* term, but as an outcome of more intensified *time bind*, in *Webber and Williams'* term (2008). In line with the discussions in *3.3* and *4.2.5,* findings of this study confirm and emphasize the intensified conflict between production and reproduction in flexibilization of health labour process. This makes being exempted from night shifts one of the mechanisms in nursing occupation that eases the tension between working and non-working life for nurses.

As discussed in *7.1.6*, being assigned in policlinics and administrative positions makes nurses able to be exempted from night shifts. In addition to these, findings reveal some other applications in hospitals making it possible for nurses to work in daytime. In public hospital, the hospital allows nurses to work in daytime in exchange for their 20 years working experience/service in the institution. In a similar way, in the university hospital, nurses having 10 years working experience/service in institution are enabled to work in daytime. However, what critical in here is that hospitals no longer have a motivation to provide this opportunity for nurses. Due to downward pressure on nurses' numbers in hospitals and increased retirement ages, as emphasized by nurses, hospitals have become reluctant to lose their personnel available to assign in night shifts.

> N37: In the past, we were able to exempt from night shifts after 10 years of working experience at the hospital. As retirement age has been increased, they repealed this application. They assert that 'if we continue exempting nurses from night shift in their 10th years, where we will use them in the following 27 years'. (University Hospital, 20 years Experience, Married, BA Degree)

> N9: I am in my 25th years. I hope I will be exempted from night shifts this year. If nursing staff is adequate, you can be exempted from night shifts. This is under the initiative of the hospital administration. (Family Health Centre, 27 years Experience, Bachelor, Vocational High School)

In this regard, in line with the findings, it is also possible to claim that nurses' difficulty in balancing their work – family life will become more intense over time, more specifically for married nurses with children.

7.2.2 Childcare: In the Middle of the Tension between Work and Family Life

Working Conditions As a Challenge to
Male Control over Female Labour in the Household…

Findings discussed in *7.2.1* signify a reinforced tension between work and family life experienced by married nurses with children due to more intensified and demanding workload and night shifts. It is seen that nurses feel sorry about not spending enough time with their children, more specifically during their pre-school ages. It has not been easy for nurses to reconcile their motherhood responsibilities with working conditions as postponing or secondarizing their other domestic tasks in the household. As confirming the discussions in *4.2.6*, this puts *childcare*, more specifically socialization of children under preschool ages, in the middle of the tension between nurses' work and family life.

As revealed by findings, irrespective of the type of health institution, nurses are able to use their *maternity leaves* properly in a way regulated in the law. Moreover, nurses also signify an improvement in maternity leaves as compared to past. As mentioned by nurses, hospital administrations are more supportive before and after birth, the duration of maternity leave was extended and the opportunity to be exempted from night shifts for two years after birth was provided.

> N9: I returned to work while my child was 42 days old. In our period, maternity leave was two weeks before and four weeks after birth. Night shifts were beginning immediately after maternity leave. When you return to work, you may find yourself in a different service-unit. They gave all the favourableness to your life. To give birth was like a punishment in the past. Now, maternity leave has been extended and more available. (Family Health Centre, 27 years Experience, Bachelor, Vocational High School)

> N14: My period was very difficult. Maternity leave was 40 days, breastfeeding leaves was available only for 6 months and when you turned back you were made work in night shifts immediately. Now, nurses, at least, are not worked in night shifts until 24 months after birth. (Public Hospital, 21 years Experience, Married, BA Degree)

Health institutions more supportive approach against birth-related leaves can be considered as an extension of the gender regime in Turkey aiming to promote childbirth among working women, in line with the arguments of *Ecevit (2008), Buğra (2010), Karadeniz (2011)* and *Toksöz (2012a)*. On the other side, parallel with argument of *Walby (2002),* improvements in the regulation of maternity leave also confirms togetherness of de-regulation and re-regulation in adjusting female labour to flexibilization of health labour process in Turkey.

While improvements in the regulation of maternity leave are effective in terms of easing the tension between work and family life, extended duration of maternity leave puts the pressure of intensified workload on the shoulders of nurses remaining. The critical point in here is that nurses' reproductive ages correspond to the period they are working actively/ productively in services and night shifts. In line with the findings discussed in previous parts, as an outcome of the conflict between intensified workload and working at the minimum numbers, it is seen that an absence of a nurse due to maternity leave makes working conditions more flexible and, *in this regard*, precarious for the remaining nurses.

> N30: Now, nurses are able to work daytime and use breastfeeding leave until their children become two years old. In this situation, night shifts are compulsorily allocated among remaining nurses in the service-unit. This means one nurse's absence due to maternity or breastfeeding leave becomes a punishment for the remaining nurses. I have three-four nurses in the service-unit carrying the potential of pregnancy. I am worrying that one of them will come and say 'I am pregnant', due to inadequateness in our numbers and heavy workload. (University Hospital, 24 years Experience, Married, BA Degree)

> N10: Now, it is more possible to use your maternity leave properly. However, due to night shifts, hospital administration is sensitive to keep existing numbers of nursing staff, because one nurse in maternity leave means, one nurse missing in the service-unit. That's why; head nurses do not like nurses carrying the potential of pregnancy. Of course they like, but the system generates this hesitation for head nurses. (Public Hospital, 22 years Experience, Married, Associate Degree)

This situation is more evident in family health centres. Indeed, family health nurses have a tendency to undertake workload of their friends during maternity leave period. Because, similar with the organization of annual leaves, discussed in *7.2.1*, in case of assignment of a nurse from community health centres, nurses' wages are cut during their maternity leaves.

> N40: If you do not leave someone behind you during maternity leave period, administration will cut this period from your wage. This is an outcome of being a contracted employee. Three months maternity leave is a long period; your colleagues may not want to take your duties and responsibilities. I also can be reluctant to take over someone's duties for three months. If maternity leave is a right, why do you cut it from my wage? (Family Health Centre, 20 years Experience, Married, Associate Degree)

This, again, can be considered as an aspect of *legal insecurity* in terms of being restricted in using maternity leave period and *wage insecurity* for family health nurses.

On the other side, it is also possible to see an improvement in the regulation of *breastfeeding leave* in terms of extension in its duration. However, as compared to maternity leave, findings indicate that nurses are not able to use their breastfeeding leaves properly. It is seen that there is tendency to organize breastfeeding leaves in accordance with the busyness and workload in the service-unit.

> N11: There is no problem with using maternity leaves. But, in terms of breastfeeding leaves, it is not possible for a nurse to use breastfeeding leave in busy hours of the clinic. (Public Hospital, 27 years Experience, Married, BA Degree)

> N30: Due to heavy workload in the service-unit, some of our colleagues are not able to use their breastfeeding leaves in a daily base. I am collecting hours they could not use and I will make them use their leaves next week. (University Hospital, 24 years Experience, Married, BA Degree)

Different from the regulation in the law, findings signify the tendency of collecting breastfeeding hours together instead of providing them in daily basis. This implies insecurity and uncertainty in using breastfeeding leaves and is an aspect of *legal insecurity* in *Rodger's (1989), Rubery's (1989), Standing's (1997), Burgess and Campbell's (1998), Tucker's (2002), Candeias's (2004), Tompa and et al.'s (2007), McKay, Clark and Paraskevopoulou's (2011)* term.

After birth-related leaves, it is seen that nurses apply for different kinds of available childcare opportunities during children's preschool ages. Findings indicate that nurses organize childcare mainly in the household (26 nurses) in its paid (9 nurses) and unpaid (17 nurses) forms despite the availability of childcare opportunities in health institutions. While public hospital and university hospital have their own daily nurseries, private hospital has an agreement with one of the private nursery offering less price to hospital's personnel. What critical in here is that despite the availability of nurseries in health institutions, provided nurseries are not free and nurses possibility of benefitting from these nurseries is restricted regarding to their limited capacity and expensiveness.

> N17: There is not a nursery in the hospital but there is an agreement with a private nursery offering lower price to hospital's personnel. But it is very expensive; it is more than I am able to afford with my wage. When I first heard the price, I thought it was better to stay at home and looked after my children by myself. My mother and mother-in-love looked after my children. (Private Hospital, 11 years Experience, Married, BA Degree)

> N29: After a long struggling process, nursery was opened in the hospital. However, its capacity is very limited and it costs 700 TL per month. It is very expensive. We work in night shifts; is it rational to ask 60 TL per day for the nursery, while you are paid 30 TL per night for night shifts. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N35: I sent my child to nursery but it was not hospital's nursery due to its limited capacity. This is an unacceptable excuse; its capacity should match with the number of the personnel. It is also very expensive; 700-800 TL per month. I am an employee of you and you should make my life easier. You should provide adequate and affordable nursery to eliminate my burden as a mother. I really had had financial difficulties; I was spending more than half of my wage to nannies and nurseries. Stress of financial difficulties, stress of job, stress of night shifts…These are not my individual experiences. We, as nurses, are trying to provide health service under the pressure of these emotions. (University Hospital, 10 years Experience, Married, BA Degree)

Although private nurseries are find expensive by nurses as compared to the amount of their wages, it is ironic that there are nurses who prefer private nurseries instead of nurseries provided by their own institutions due to their expensiveness. In line with the arguments of *Ecevit (2010, 2012),* it is evident that limited capacity in available institutional nurseries, unavailability of childcare opportunities more specifically between the ages of 0 to 3 and expensiveness of private nurseries are aspects of *cost sensitivity* in health institutions. This limited capacity and expensiveness makes childcare nurses' individual problem, compulsorily organized or absorbed within the household and experienced by nurses as *legal insecurity* and *social protection insecurity*.

This can also be considered as the reflection of *wage/income insecurity* that restricts nurses' possibility of benefitting from paid institutional childcare opportunities. On the other side, as another aspect of wage insecurity, in line with the arguments of *Clement and et al. (2009), Ecevit (2010), Yaman-Öztürk (2010), Buğra, (2012), Rittersberger-Tılıç and Kalaycıoğlu (2012), Ecevit (2012), Durusoy-Öztepe and Ünlütürk-Ulutaş (2013), Ünlütürk-Ulutaş (2014)*, it is evident from the findings that organization of childcare within the household is mainly based on unpaid female labour. Due to expensiveness of paid home-based childcare as compared to nurses' wages, findings indicate that, *if it is possible,* relatives (generally grandmothers) support nurses in the care of their children during preschool period or until nursery age.

What critical in findings is that childcare is not only something in which responsibility of mother is transferred to another woman paid and/or unpaid forms, but also husbands play an active role due to the existence of night shifts.

> N5: My husband supported me. This occupation is very difficult and there are night shifts. We were looking after children with my husband by turn. I worked and raised my children under very difficult conditions. (Public Hospital, 30 years Experience, Married, Associate Degree)

> N35: My husband supported me. We raised two children together. Especially in night shifts, my husband looked after children. Sometimes I think which one of us was the mother. (University Hospital, 10 years Experience, Married, BA Degree)

> N39: My husband supported me. I had a possibility to spent time with my children only six months. My husband raised my two children. (University Hospital, 19 years Experience, Married, BA Degree)

It is possible to argue that more intensified control of work over nurses' family lives makes husband a part of childcare and domestic duties voluntarily or compulsorily. It is possible to perceive more intensified workload as a challenge to unequal gender based division of labour within the household. Parallel with the argument of *McDowell (1991)*, this implies the fact that the main beneficiary of female labour in the current system is *capital*, rather than *men*. Moreover, although women are still perceived as the main provider of reproduction within the household, as confirming the arguments of *McDowell (1991), Crompton (2002), Walby (2002), Vosko and Clark (2009)*, *İlkkaracan (2010), Memiş, Öneş and Kızılırmak (2012), Ünlütürk-Ulutaş (2014), KEİG (2015),* it is also possible to consider husbands' consent on overtaking childcare and domestic duties as the erosion of traditional male breadwinner and family wage ideologies.

In this regard, findings signify limited availability of institutional mechanisms that create the potential to ease the conflict between production-reproduction and/or working-private/family life. The long time-gap between the ages of children can be considered as an aspect of nurses' difficulty in balancing their working and non-working life and inadequacy of provided work-life reconciliation possibilities. As signified by the findings, it is possible to see more than six years gap (eight nurses) between nurses' births.

> N37: My first child is 15 and the second one is three years old. I was obliged to give this gap between them. I have raised my first children while I was working in night shifts. It was really very difficult. I decided to second child after exempted from night shifts. (University Hospital, 20 years Experience, Married, BA Degree)

This implies nurses' restricted control over their decisions on their private lives, even if it is the decision of giving a birth, due to more intensified control of work over nurses non-working lives regarding to the conflict between intensified workload and inadequate numbers of nursing staff.

7.2.3 The Conflict between Work and Family Life as a Trigger to Male Nurse Favour

Male footsteps in female domains…

Findings, discussed in *7.2.1* and *7.2.3*, signify the conflict between work and family life that doubles the physical and emotional pressure on female nurses. It is evident that what creates the conflict between work and family life is woman's domestic duties in the household as an outcome of unequal gender based division of labour.

What critical in findings is that the conflict between 'intensified workload and working at the minimum numbers of nursing staff' articulates with the conflict between 'work and family life'. Moreover, in line with the findings discussed in *7.2.3*, it is seen that the regulations applied to ease the tension between work and family life result in more flexibilization and precarisation of remaining nurses' working conditions. Thereby, findings indicate a worry about the entrance of male nurses to health labour process in a way disadvantaging female nurses or generating *male nurse favour*.

In the current situation, it is possible to see male nurses in health labour process, more specifically in service-units requiring physical power such as emergency or intensive care units, but still in limited numbers. It is important to emphasize that, as compared to public and university hospital, the numbers of male nurses are more in private hospital. According to findings, it is possible to argue that female nurses perceive entrance of male nurses to health labour process positive in general. In addition to their physical power, existence of male nurses is considered as a trigger that provides a potential to reinforce professionalism and status of nursing occupation.

> N39: Existence of male nurses is beneficial in tasks requiring physical power. On the other side, it may also balance the implications of gender roles in nursing occupation. Because, the status of our job is related to its being woman's job. (University Hospital, 19 years Experience, Married, BA Degree)

> N48: Existence of male nurses would increase status of nursing occupation. Nursing will be no longer perceived as woman's jobs if there are male nurses in service-units. (Family Health Centre, 28 years Experience, Married, Vocational High School)

This established relationship between 'entrance of male nurses to health labour process' and 'rising in occupational status' confirms the disadvantaged position of nursing occupation due to its identification as woman's job. In spite of this welcoming approach to male nurses, *on the other side*, due to man's limited role in domestic duties in the household, findings signify female nurses' worry about the possibility of *male favour* in health labour process. This worry is based on an argument that the conflict between intensified workload and working at the minimum number of nurses may create a male nurse preference in hospital administrations' decisions in order to avoid handling workload with a missing labour power during birth-related leaves.

As one of the aspect of this worry, it is evident from the findings that it is easier to adapt male nurses' private lives to working conditions and immediate needs in health labour process as compared to female nurses. As argued by head nurses, responsible for organizing shifts, assigning male nurses in night shifts do not create same kind of hesitation they feel in assigning female nurses.

> N10: As a head nurse, it is easier to work with male nurses. Female nurses have responsibility of their children but male nurses do not have such kind of responsibility. I am freer in assigning male nurses in night shifts. I am able to assign them in four night shifts instead of three. They may find this more but they are performing what is given without a trouble. Due to their responsibilities in the household, this situation most probably puts female nurses in trouble. (Public Hospital, 22 years Experience, Married, Associate Degree)

On the other side, as discussed in *7.2.2*, although extended duration of birth-related leaves ease the tension between female nurses' work and family life, nurses signify that maternity leave can be a trigger that create a male preference in hospital administrations' decisions in order to avoid loss of nursing staff available more specifically in night shifts.

> N28: Hospital administration may prefer male nurses due to birth-related leaves. By considering maternity and breastfeeding leaves, they may employ male nurses instead of female nurses in order not to lose six months. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

> N39: The only problem male nurses have is military service. But female nurses have maternity leaves and they do not work in night shifts until 24 months after birth. I think the hospital administration's male preference is to avoid these. (University Hospital, 19 years Experience, Married, BA Degree)

On the other side, although female nurses express their worry about male favour clearly, as seen in the findings, they do not consider this as a challenge that will transform nursing occupation to man's job, instead of woman's job. This is based on patients' persistent female nurse preference in healthcare service provision as compared to male nurses, observed by female nurses. Accordingly, although entrance of male nurses to occupation is considered as a trigger decreasing numbers of female nurses in health labour process, as an aspect of *job insecurity*, the main concern of female nurses about male nurses is its becoming *career insecurity* for female nurses over time. Indeed, it is seen that male nurses are find more advantaged in climbing career steps by female nurses regarding to their limited role in domestic duties in the household.

> N15: There is one male nurse in our service-unit. He is generally working in night shifts. Due to male dominance, they will become administrative positions sooner or later. They become administrative positions much faster. Because they do not have domestic responsibilities and they are able to concentrate on their career. Career requires concentration to job. (Public Hospital, 26 years Experience, Married, BA Degree)

> N24: It is already more difficult for female nurses to make a career. Entrance of male nurses to occupation decreases women's career opportunities due to birth-related responsibilities of female nurses. Existence of night shifts in occupation automatically creates male preference especially in private sector. Increase in their number will make this preference more significant. They are able to climb career steps faster than female nurses. (Private Hospital, 18 years Experience, Married, BA Degree)

> N30: There is not male nurse in our service-unit but I have started to see male nurses in trainee groups. If I were an administrator, I would prefer male nurses. Because male nurses do not have maternity leave, physically more powerful and I can assign them more easily in night shifts. In the long run, I think male nurses will occupy administrative positions. (University Hospital, 24 years Experience, Married, BA Degree)

Moreover, male nurses' motivation to administrative positions from the very beginning of their career is exerted by female nurses as a sign of gender-based vertical segregation in health labour process in the future.

> N34: There is one male nurse in my service-unit. The first day he came, he asked 'what are the requirements for being an administrator?' I think male nurses will have the motivation for administrative positions. In my opinion, the numbers of male nurses in service-units will be less. (University Hospital, 15 years Experience, Bachelor, MA Degree)

> N35: In the long term, while female nurses will remain in the service-units, male nurses will be in administrative positions. Male nurses come to service-unit with the motivation of being an administrator. (University Hospital, 10 years Experience, Married, BA Degree)

> N37: Male nurses will prefer to be an administrator. Even intern male nurses, coming to service-unit, say that 'I do not need to learn all those, because I will not work in the service-unit, I will be an administrator'. (University Hospital, 20 years Experience, Married, BA Degree)

In this regard, although entrance of male nurses to healthcare service provision may create positive outcomes in general, it carries the possibility of gender-based vertical segregation in health labour process over time. As experienced in many other parts of service sector, this will result in more insecurity and uncertainty in female nurses' working and living conditions in terms of career, wage, social protection, working hours regarding to the persistent conflict between working and non-working time. In other words, although findings confirms *Vosko's (2003)* and *Cranford, Vosko and Zukewich's (2003b)* argument of *feminization of employment norms* in terms of male entrance to female domain, the conflict between work and family life will be experienced as keeping female nurses in service provider position in health labour process and, *in this regard*, putting the pressure of flexibilization and precariousness mainly on the shoulders of female nurses.

To sum up; due to 7/24 nature of health service provision, health labour process is already flexible in essence. However, as confirmed by the findings, the period since 2000s has signified transformation in health service provision and, in line with the arguments of *Müftüoğlu, (2014c)* and *Müftüoğlu and Bal (2014)*, this transformation has been experienced as *re-flexibilization* of health labour process. On the other side, as confirming the theoretical framework, findings indicate that the period of re-flexibilization has been characterised by more freedom of hospital administration in adjusting working conditions to the demand in the market at the expense of more insecurity and uncertainty in nurses' working and living conditions. This implies the fact that the burden of re-flexibilization has been put more on the shoulders of labour/ nurses.

It is seen that the main dynamic behind re-flexibilization of health labour process is the conflict between *working with minimum numbers of nursing staff* and *intensified workload*. Despite workload has been already intensifying regarding to aging of the population, induced demand through clientalization of patients, increased awareness/ sensitivity on

health; *more than these factors*, the downward pressure on the numbers of nursing staff is considered as the main trigger intensifying the workload on per nurse.

As revealed by the findings, it is this conflict reinforcing more flexible organization of working time, job specification, wage, employment status, balancing work and family life. As confirming the theoretical framework, what critical in here is that re-flexibilization or more flexible organization of health labour process has been experienced by nurses as precariousness. In other words, flexibilization has reflected on nurses as feeling more insecure and uncertain about their career, future, working hours, wages, duties and responsibilities. On the other side, it is again this conflict reinforcing more control of work over nurses' 'physical and emotional capacity' and 'decisions on their family/private life' by blurring the line between working and non-working. This implies the fact that re-flexibilization and precariousness cannot be reduced to health labour process but must be considered as an experience having implications on the whole life of nurses and their belongings. Moreover, as evident from the findings, it is the articulation of gender roles with nursing occupation enabling and reinforcing this precarisation of nurses' both working and living conditions.

The conflict between working with minimum numbers of nursing staff and intensified workload can be considered as an aspect of *minimizing labour costs*. While the tendency of minimizing labour costs through minimizing nursing staff is unsurprising in private sector, in line with the theoretical discussions, decreasing availability of permanent employment status in public and university hospitals underlines increasing motivation of cutting the share of public resources in health service provision but this time by specifically targeting labour costs.

As seen in the findings, decreased availability of permanent employment has directed public and university hospitals to employ contracted nurses to meet need in nursing staff, more specifically in service-units. Although contracted employment means more flexible and precarious working and living conditions, it is not possible to reduce experience of precariousness to contracted nurses. It is also not possible to classify contracted and permanent nurses in terms of the level of precarisation in their working and living conditions. As indicated by the findings, while being contacted gives contracted nurses a possibility and/or freedom of striving after better working conditions, this striving has

become a punishment for permanent nurses and makes their working and living conditions more flexible and precarious. Along with the findings, it is possible to go one step further and argue that, in the current conditions, bargaining power of contracted nurses in health institutions is more than that of permanent nurses. While it is easier to ask sacrifice from permanent nurses, it is generally not possible for hospital administration to make contracted nurses work under heavy workload for longer durations.

Accordingly, as confirming the theoretical discussions, findings imply the fact that the experience of precariousness cannot be approached within dualistic perspectives. More than dualisms, the critical point indicated by the findings is that all nurses, regardless of the type of health institution, signify same aspects of precariousness in their working and living conditions. This implies not only convergence in working and living conditions of different nurses with different social locations but also general tendency of non-standardization of standard employment relations in nursing occupation regarding to blurring realms between public and private sector, contracted and permanent employment status in terms of working and living conditions.

However, it is important to note that minimizing nursing staff is not the only strategy applied to minimize labour costs in health labour process. Systematic *deskilling of nursing labour* by equalizing human capital of nurses in health service provision and limited availability of institutional work-life balancing mechanisms are other factors, indicated by findings, applied in cheapening nursing labour. As findings signify, it is again the articulation of gender roles with nursing occupation that provides more convenient conditions for cheapening and deskilling of nursing labour and makes nurses as one of the most vulnerable group of re-flexibilization of health labour process. As signified by findings, what critical in here is that while flexibilization of health labour process challenges unequal gender based division of labour within the household or traditional family wage ideologies, it is unequal gender based division of labour, again, that makes precariousness of working and living conditions more precarious in health labour process. Accordingly, as confirming the theoretical discussions, it is evident that the main beneficiary of female labour is capital not the man in the household in current organization of health labour process.

CHAPTER 8

REPRESENTATION INSECURITY AS A TRIGGER TO THE REPRODUCTION OF PRECARIOUSNESS

Findings discussed in *Chapter 7* indicate re-flexibilization of health labour process, especially since 2000s, and its reflections on nurses as more insecurity and uncertainty in working and living conditions. Moreover, findings in *Chapter 7* also make it clear that precarisation has been experienced as systematic process of deskilling, more control of work over nurses' physical and emotional labour and less decision making power of nurses on their private/family life. Although feeling more insecure and uncertain about career, job specification, wage, working hours, future, work and family life is evident, without questioning representation security in health labour process, analysis on the nurses' experience of precariousness will be incomplete. Indeed, the persistent downward pressure on nurses' working and living conditions despite increased demand on nursing labour in health sector makes this questioning inevitable.

In this context, this chapter questions representation security in health labour process both as a dimension and a trigger of reproduction of precariousness. Chapter is composed of two main parts. The first part of the chapter focuses on representation of nurses in decision-making processes. The second part of the chapter, *on the other side*, deals with questions nurses' political subjectivity and questions solidarity and organization among nurses. The chapter finishes with concluding remarks.

8.1 REPRESENTATION IN DECISION-MAKING PROCESSES

This part of the chapter aims to examine representation security of nurses in decision-making processes. This examination is based on questioning, *firstly*, adequacy of applied regulations in terms of their correspondence with nurses' needs and expectations and, *secondly*, nurses' possibilities of participation to and representation in decision-making processes in available institutional mechanisms.

8.1.1 Adequateness of the Regulatory Framework on Working Conditions

Having Limited Voice,
Having Limited Rights…

Adequateness of legal regulatory framework can be considered as an aspect of *legal insecurity*. Indeed, by extending the definition of *Rodgers (1989), Rubery (1989), Standing (1997), Burgess and Campbell (1998), Tucker (2002), Candeias (2004), Tompa et al. (2007), McKay, Clark and Paraskevopoulou (2011)* on legal insecurity, findings of this study reveal that legal insecurity is not only about proper access to legal rights in the Labour Law, but also adequateness of relevant regulatory framework.

On the other side, adequateness of legal regulatory framework is also one of the important dimensions in questioning *representation security*. Indeed, findings make it clear that having a chance to be represented in decision-making mechanisms increases legal security and the possibility of regulations improving working conditions of an occupation. Thereby, by extending the scope of the definition of *Rodgers (1989), Rubery (1989), Standing (1997), Candeias (2004), Tompa et al. (2007), McKay, Clark and Paraskevopoulou (2011)*, findings of this study also signify the articulation between legal security and representation security and reveal that security of representation cannot be reduced to organization under institutional bodies, such as trade unions.

As an aspect of *legal insecurity* and *representation insecurity* in health labour process, it is evident from the findings that irrespective of their education level, employment status and marital status, all nurses find regulations on their working conditions inadequate. As indicated by the findings, nurses signify adequateness of nursing staff, wage, occupational exhaustion, job specification, specialization and working hours as areas needed to be *regulated* and/or *re-regulated*. In line with the findings discussed in *7.2.1*, it is only the regulation on birth-related leaves nurses mention an improvement as compared to past.

What critical in here is that, as confirming the findings discussed in *7.1*, these signified areas correspond with the working conditions nurses feel insecure and uncertain about. More specifically, nurses' emphasis on the re-regulation of adequate nursing staff (*31 nurses*),

wage (*20 nurses*) and occupational exhaustion (*19 nurses*) is recognizable. It can be argued that the emphasis on these three comprises all other dimensions. It is because of the fact that nurses' emphasis on adequate nursing staff and occupational exhaustion refers not only to physically and emotionally more demanding workload but also to non-recognition of occupational exhaustion in wages, retirement age and retirement salary in regulation level. In other words, the emphasis on occupational exhaustion and wage, *in itself*, implies a downward pressure on nurses' working and living conditions despite more intensifying workload in health labour process.

On the other side, in addition to the emphasis on inadequate regulation of working conditions, as confirming the studies of *Mardin and et al. (2000), Tarihçi-Delice (2006) and Öztürk, Candaş and Babacan (2015)*, consideration of nurses as *allied health personnel* in regulations is another recognizable emphasis among nurses.

> N29: Nurses are considered as allied health personnel. This consideration starts from the Ministry level. Why am I considered as allied health personnel? I am part of the team, I got education of this occupation, I am working, I am producing, I am achieving…Without getting rid of allied health personnel etiquette nothing will change. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N31: Nurses are defined as allied health personnel. This creates a duality as physicians and others from the beginning. We are not allied health personnel. On the contrary, we are the group performing most of the tasks in here. Although physicians' conditions are also not good, in my opinion the Ministry of Health does not pay attention to nurses and hear nurses' voices. (University Hospital, 12 years Experience, Bachelor, MA Degree)
> N8: Rather than defining as an independent occupation, nursing has always been kept under physicians. We are always kept under the shadows of physicians. (Public Hospital, 23 years Experience, Married, BA Degree)

In line with the discussions of *Mardin and et al. (2000), Altuğ-Özsoy and Başalan-İz (2005), Urhan and Etiler (2011), Çavuşoğlu (2013)*, nurses consider this situation as an unequal positioning of nurses against physicians and as a sign of *non-appreciation* or *undervaluation* of nursing occupation in administration and social policy levels. According to nurses, it is because of this persisting consideration or approach, regulations on nurses' working conditions have always been inadequate and this inadequateness has been legitimated on this ground.

> N28: The hegemony of physicians is considerable. As there is a persisting tendency of considering nursing occupation as allied health personnel, it is difficult to improve our conditions. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

> N14: I have never heard Ministers of Health refers nurses as nurse. We are considered as allied health personnel. As long as nursing is not perceived as an independent occupation, our conditions have been getting worse. (Public Hospital, 21 years Experience, Married, BA Degree)

As an extension of the emphasis on duality between nurses and physicians, it is seen that nurses explain inadequateness of regulations as an outcome of positioning of physicians in higher administrative positions both in health institutions and Ministry level.

> N44: The reason behind inadequateness of the regulations is that Ministers of Health have always been physicians. As Ministers of Health have always been physicians, nurses' voices have never been heard. (Family Health Centre, 23 years Experience, Married, BA Degree)

> N35: It is not Ministry of Health. It is Ministry of Physicians. Why are Ministers of Health always physicians? Is not a nurse capable of being a Minister? Do not we have adequate education level? Our occupation is not represented in higher positions. If we have a chance to reach these positions, our conditions will get better. (University Hospital, 10 years Experience, Married, BA Degree)

As seen in the findings, nurses' none or limited access to higher administrative positions means having none or limited voice in policy and regulation making processes. On the other side, as emphasized by nurses, this generates not only a *physician-dominated structure* in health labour process but also reproduces this structure by prioritizing physicians' problems.

> N6: If regulations are adequate, our working conditions will be better. All regulations are about physicians' working conditions. It is not Ministry of Health. It is Ministry of Physicians. As administrators are physicians, they are giving priority to physicians' expectations and needs. If there were nurses in administrative positions, this would not occur like this. There are any nurses in these positions making our voices to be heard. (Public Hospital, 21 years Experience, Married, BA Degree)

> N10: Everything is physician-oriented. Nurses have never been considered. We are not represented in the Ministry of Health because physicians occupy higher positions. It is Ministry of Physicians. Administrators represent their group/physicians in the Ministry. (Public Hospital, 22 years Experience, Married, Associate Degree)

In addition to giving priority to physicians, according to nurses, physician-dominated structure means organization of health labour process in favour of physicians. In line with the findings in *7.2*, flexibilization of job specification and performance-based salary system can be considered as examples of these regulations favouring physicians.

> N39: Regulations are generally about physicians. Administrators are always physicians and nurses are kept in the background. Nurses are a group attached to physicians and physicians are happy with this situation because this is for their benefit. (University Hospital, 19 years Experience, Married, BA Degree)

> N13: The regulations on nurses' are inadequate because the system is physicians-oriented. All rules and regulations are in favor of physicians. (Public Hospital, 23 years Experience, Married, Vocational High School)
> N14: It is the Ministry of Physicians. There is any person representing nurses in the Ministry of Health. The tasks physicians do not want to perform are easily transferred to nurses with regulations. For example, with the new regulation, throat culture, performed by physicians in the past, has become the duty of nurses now. (Public Hospital, 21 years Experience, Married, BA Degree)

> N44: The problem is that the Ministers of Health has always been physicians. This has restricted nurses' voices to be heart. As nurses have been non-appreciated until now, they are easily made responsible for everything irrespective of their regulated job specification. And using nurses as a joker staff is on the benefit of physicians. (Family Health Centre, 23 years Experience, Married, BA Degree)

Parallel with the studies of *Mardin and et al. (2000), Altuğ-Özsoy and Başalan-İz (2005), Urhan and Etiler (2011), Çavuşoğlu (2013) and Ünlütürk-Ulutaş (2011b)*, this implies the fact that physician-oriented structure does not only mean nurses' limited representation in decision-making processes, but also assumes a hierarchal relationship between nurses and physicians, rather than a teamwork, and subjects nurses' workload to physicians' control.

> N28: A physician supports and considers other physician's needs. Nursing occupation has not freed itself from the status of allied health personnel. This has been discussed since I was at school, for more than 15 years. The status of allied heath personnel irritates me because this generates a hierarchy between nurses and physicians. This obliges nurses to do whatever physicians ask. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

In this regard, as confirming *Friedman's (1977)* and *Edwards' (1979)* thesis on segmentation, it is evident from the findings that health system has asked the consent of

physicians, instead of nurses, in re-flexilibization of health labour process. Although nurses emphasize degradation in physicians' working and living conditions in current formation of the health sector, due to physician-dominated structure of health system, nurses find themselves disadvantaged in reaching higher administrative positions, participating policy making processes and being represented in decision making mechanisms. This not only signifies nurses' *representation insecurity* and *legal insecurity* but also *non-appreciation/undervaluation* or *non-professionalization* of the nursing occupation and, *in this regard*, becomes an aspect of production and reproduction of precarious working and living conditions for nurses.

8.1.2 Increased Initiative of Health Institutions over Nurses' Working Conditions

Conditions of working
more dependent to conditions of the market…

Findings discussed in *8.1.1* confirm findings on working conditions nurses feel insecure and uncertain about and signify inadequateness of legal regulatory framework on these working conditions. As an extension of the findings in *8.1.1*, in addition to the inadequateness of macro regulatory framework, increased initiative of health institutions over nurses' working conditions is prominent in the findings. In line with the findings in *7.2*, it is possible to argue that health institutions has become more determinative on planning their personnel structure, working hours, wages, job specification, career possibilities or nursery opportunities.

> N29: State regulates minimum principles and all other things are left to hospital's initiative. For instance, using leaves depends on your institutions' will. We would like to have certain and determinate legal rights. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N3: Every hospital has its own rules and regulations that you have to adapt yourself. (University Hospital, 20 years Experience, Married, BA Degree)

On the one hand, parallel with the arguments of *Elbek and Adaş (2009), Acar (2010), Urhan and Etiler (2011), Topak (2012), Harmancı-Seren and Yıldırım (2013)*, this implies state's restricted role of regulating minimum principles and standards in the organization of health labour process and leaving determinative power mainly to health institutions. On the other

hand, this also means changing working conditions from one institution to another enabling health institutions to be more flexible in giving quick responses or making quick arrangements against immediate needs and changing demands. Moreover, in line with the arguments of *Hamzaoğlu (2007), Acar (2010), Ünlütürk-Ulutaş (2011b), Zencir (2014)*, it is also clear that increased initiative of health institutions over working conditions corresponds with the tendency of *decentralization* in health service provision in terms of making health institutions financially and administratively self-sufficient autonomous bodies.

On the other side, although increased initiatives of health institutions over nurses' working conditions in health labour process is evident, in terms of *representation insecurity*, it is critical to question nurses participation to decision making processes in their institutions. Similar with the findings discussed in *8.1.1*, nurses mention physicians' positioning in higher administrative positions within health institutions and perceive this physician-oriented structure as a sign of organization of health labour process for the benefit of physicians through regulations.

> N37: As hospital administration is composed of physicians, there is a tendency to organize service provision in favour of physicians. (University Hospital, 20 years Experience, Married, BA Degree)

> N39: Regulations prioritize physicians. As higher administrators are composed of physicians, nurses are left aside in regulations. We are not an independent group. We, as a nursing group, are attached to physicians. (University Hospital, 19 years Experience, Married, BA Degree)

On the other side, as discussed in *7.2.2*, although there are nursing directorates in hospitals, nurses' do not find nursing directorates effective in term of voicing nurses' problems and representing nurses in decision-making processes.

> N37: We are not an independent group. There is nursing directorate but it is also dependent, because nursing directorate team is assigned by hospital administration. Nursing directorate is obliged to apply everything requested by the hospital administration. My working experience confirms that if they do not apply, hospital administration has power to discharge them from their positions. Nursing director should have the power of say 'no'. As they do not have a power to say 'no', everything can be easily imposed on nursing group. (University Hospital, 20 years Experience, Married, BA Degree)

> N38: We do not have a chance to say 'no'. Because we are not organized, we do not have a voice. Nursing directorate is also unable to say 'no', because nursing directorate team is assigned in these administrative positions by hospital administration. (University Hospital, 12 years Experience, Married, BA Degree)

> N50: Nursing directorates are unable to represent nurses because they are busy with protecting their own positions. They are in these positions not because they deserve. Hospital administration assigned them. (Family Health Centre, 25 years Experience, Married, Vocational High School)

As mentioned by nurses, this is because of the fact that nursing directorate team is assigned by hospital administration and, this makes nursing directorate a dependent body more or less applying decisions made by higher administration in the hospitals.

> N5: In contrast to physicians, there are any mechanisms, including nursing directorate, representing and struggling for nurses. The system is physician-dominated. The higher hospital administration is composed of physicians. There is a nursing directorate having a potential to represent nurses but it does not have a power. Someone from higher hospital administration may call nursing director and ask her to change the service-unit of a nurse. Nursing directorate has never had a power to say 'no'. (Public Hospital, 30 years Experience, Married, Associate Degree)

This means weak bargaining power of nursing directorates and, *in this respect*, nurses in health institutions. In this context, in line with the arguments of *Karakoyun (2007), Durak (2012), Oğuz (2012), Kablay (2014)*, findings of this study extends the scope of deregulation by revealing the fact that deregulation is not only characterized by the adequateness of the relevant macro level regulatory framework but increased initiative or freedom of health institutions in determining working conditions through their micro level *re-regulative* activities according to immediate demands in health service provision. On the other side, it is evident from the findings that nurses are underrepresented and have limited possibility of participating decision making processes about their working conditions in their health institutions. This implies the fact that while increased initiative provides flexibility to health institutions to arrange working conditions in health labour process according to immediate needs and demands, this has been experienced by nurses as more insecure and uncertain working and living conditions through estranging nurses to higher administrative positions and, *by this way*, restricting their representation possibilities.

8.2 NURSES AS A POLITICAL SUBJECTIVITY

The previous part of the chapter reveals nurses' limited possibility of participation to and representation in macro and micro level decision-making processes and signifies nurses' insecurity of representation and, *in this regard*, reproduction of precarious working and living conditions. This part of the chapter aims to discuss representation insecurity by questioning nurses' political subjectivity against the downward pressure on their working and living conditions and focusing on *intra group relations* among nurses. This questioning involves, *firstly*, solidarity among nurses as a trigger to organization and, *secondly*, organization among nurses under institutional mechanisms.

8.2.1 Solidarity among Nurses

Taking a docile attitude,
Being in a cooperation with the system…

It is evident from the findings that, *voluntarily or involuntarily*, there are solidarity among nurses in terms of shouldering the workload in their service-unit. As seen in the findings discussed in *Chapter 7*, the cooperation among nurses in maintaining workload, planning leaves, arranging night shifts can be considered as aspects of this kind of solidarity. However, it is possible to consider this solidarity as *passive solidarity*. Because, rather than challenging existing working conditions, this solidarity is absorption of the pressure of working conditions within the group. In terms of challenging and struggling against existing working conditions, *on the other side*, irrespective of the type of health institutions, a poor *active solidarity* among nurses is evident from the findings.

It is possible to argue that there is a general ignorance or insensitivity among nurses against working conditions of their occupation. As indicated by the findings, nurses' knowledge about working conditions of their colleagues working in different type of health institutions, different employment status, different service-units, even in the same service-unit is no more than assumptions. As seen in the findings, even head nurses generally do not know wage differences between nurses working in their service-unit. Despite their considerable awareness and emphasis on degradation in their own working and living conditions, nurses'

ignorance against working conditions of their colleagues is an ironic situation. If longer working experience of nurses in this study is considered, it is possible to approach this ignorance or insensitivity as an aspect of withdrawal from questioning and challenging due to discouragement and/or loosing the hope over time.

> N39: Literally poor solidarity is because of us. We have become insensitive and fed up over time. To whom I complain? Let's say I complain to nursing director; what will change? Nothing changes. Due to this situation, everybody goes into their shell, struggles individually, does their tasks and goes back their home. (University Hospital, 19 years Experience, Married, BA Degree)

> N38: Like me, everybody hides his/her head in the sand. We have become insensitive. There is not a cooperation or uprising against an imposition. (University Hospital, 12 years Experience, Married, BA Degree)

What critical in here is that ignorance or insensitivity become a factor limiting possibility of active solidarity among nurses. On the other side, findings signify working conditions as another dimension of poor active solidarity among nurses. As indicated by the findings, it is seen that heavy working conditions and intensified workload restrict possibility of communication and interaction among nurses even working in the same service-unit and, *to this respect*, limits the possibility of active solidarity.

> N10: Due to heavy workload, we do not find a chance of coming together. No one knows about anyone. I have colleagues I have not seen for months. (Public Hospital, 22 years Experience, Married, Associate Degree)

> N20: We have become insensitive to our problems because we do not have time. Sometimes we talk about our problems but it goes to nowhere. Because after working time, there are children at home waiting for you. (Private Hospital, 10 years Experience, Married, Vocational High School)

> N39: If you ask 'how many times do you communicate with other service-units' head nurses?' or 'how many times do you visit your colleagues in other service-units?', my answer is *None*. Due to heavy workload, we neither see, nor communicate with each other. (University Hospital, 19 years Experience, Married, BA Degree)

In comparison with family health centres and policlinics, due to more active and heavy workload, more specifically nurses in services find more limited possibility of interaction

with their colleagues. As they do not have a proper and determinate time even for lunch breaks, nurses in services rarely have a proper environment and time for chatting about their problems or establishing active solidarity.

On the other side, even if there is a possibility of interaction and communication, findings reveal that nurses are hesitate to voice their critics in a higher tone, support each other and establish solidarity against their problems. In other words, also as en extension of under-representation in macro and micro level decision making mechanisms, discussed in *8.1*, poor solidarity comes into prominence with nurses' emphasis on their feeling of *loneliness* in challenging, voicing and struggling against their problems in health labour process. As indicated by the findings, it is seen that nurses explain this situation in relation to the sensitivity on establishing and maintaining a good relationship with hospital administration.

> N33: You do not prefer to offend the eye or come to the forefront. Our job is already very difficult and stressful; you do not want to have a trouble with the hospital administration. On the other side, most probably you will find none of your colleagues standing behind you if you have a trouble with the hospital administration. (University Hospital, 12 years Experience, Married, BA Degree)

> N4: Although there are dieticians working in this hospital, nurses are made responsible for the diet of patients. We came together with my seven colleagues working in this service-unit and decided to complain nursing director about this situation. The day after, only three of these seven colleagues came to talk with nursing director. Why? They do not want their name to be mentioned as a part of the trouble. They do want to maintain their good relationship with the hospital administration. Whenever you complain about a situation in an environment no one is critical, you become a troublemaker for the hospital administration. (Public Hospital, 29 years Experience, Bachelor, BA Degree)

It is evident from the findings that the sensitivity on having a good relationship with hospital administration is an aspect of established system attaching career possibilities and promotions of nurses' to their relationship with hospital administration. In other words, as also evident from findings in *Chapter 7*, nurses have the tendency of *taking a docile attitude* to downward pressure on working and living conditions with the hope of maintaining their current conditions, staying in their current service-unit and/or being the one selected for administrative positions to be able to exempt from night shifts.

> N8: Everybody is busy with his/her own situation. Nobody wants to have a conflict with hospital administration. Nobody wants to be a troublemaker because; they are worrying to be moved to another service-unit by the hospital administration. (Public Hospital, 23 years Experience, Married, BA Degree)

> N46: There is not solidarity among us. Everybody tries to establish a good relationship with hospital administration because everything is in hospital administrations' initiative. Even if there is a problem, nurses have a tendency to stay silent to maintain their current situation they are comfortable with. (Family Health Centre, 25 years Experience, Married, Associate Degree)

> N34: Nurses run after their personal interests. They try to establish and maintain good relations with hospital administration to be the one selected for promotions or higher positions. (University Hospital, 15 years Experience, Bachelor, MA Degree)

Unsurprisingly, this docile attitude limits the possibility of active solidarity among nurses and, *by this way*, becomes a dimension of *representation insecurity* and reproduction of precarious working and living conditions. Because, poor active solidarity comes together with weak bargaining power or more individualized bargaining and makes it easier for hospital administration to apply flexibilization strategies to health labour process.

On the other side, this attitude implies intensified control of work over nurses' not only labour power but also political subjectivity. In addition to direct control mechanisms, it is evident from the findings that current organization of the health labour process bases on *self-control* and *consent*; nurses' own engagement with the targets of the system despite their awareness in the degradation of working and living conditions. In other words, it is evident that taking docile attitude makes nurses in solidarity with the system, rather solidarity with other nurses to change existing working conditions. It is because of this passive solidarity or poor active solidarity degradation in nurses' working and living conditions is reproduced at the expense of increasing demand for nursing labour in health sector.

8.2.2 Organization of Nurses under Institutional Bodies

Being active in complaining,
Being passive in struggling…

Another important dimension of representation security is the possibility of organizing under institutional bodies. It is seen that nurses mention *association* and *trade unions* as institutional bodies under which they are able to organize. Discussions in *5.2.7* signify lower rates of organization among nurses. However, in contrast to this general tendency, organization among nurses in this study is numerically high. Findings indicate that more than half of the nurses (*28 out of 50 nurses*) mention their *membership* to association, organizing nurses, or one of the trade unions, organizing healthcare labourer.

The weight of organizing under association (*17 nurses*) and trade unions (*16 nurses*) is nearly same. However, the type of health institution differentiates the tendency of organization. There are any nurses in family health centres mentioned their membership to one of these institutional bodies. On the other side, it is evident from the findings that organization of nurses in university hospital (*5 nurses*) is lower than that of in private (*13 nurses*) and public (*11 nurses*) hospitals. Moreover, it is seen that while nurses in private hospital are mainly the members of association, in public hospital organizing under trade union is more prevalent tendency. It is possible to explain this differentiation in relation to the dominant organization culture or the general motivation of organization among nurses in a particular health institution. For instance, the dominance of organizing under association in private hospital can be considered as an outcome of the existence of nurses being in administrative positions in the association.

Despite this high membership tendency, parallel with the study of *Harmancı and Baykal (2006)*, the critical point in here is *poor active membership* among nurses. It is possible to argue that nearly none of the nurses are active members in terms of following and participating to activities organized by the organization they are member of. On the other side, there are only three out of 50 nurses working actively in their health institutions on behalf of their organization.

Similar with the findings in *8.2.1*, one reason of nurses' passive membership is loosing hope, discouragement or withdrawal from challenging and questioning their occupational problems over time.

> N15: This is my 26th year in this occupation. We really made an effort to improve conditions of our occupation. I gave up because we achieved no result. Nothing had changed. As you see, occupation is going round in circles and this discourages me. (Public Hospital, 26 years Experience, Married, BA Degree)

> N8: I lost my hope. Nurses have never given priority, but for the last 10 years, I have come over. In the past, many people wanted to be a nurse but now I sometimes hesitate to tell people *I am a nurse*. I am close to my retirement, may god give my remaining colleagues patience. (Public Hospital, 23 years Experience, Married, BA Degree)

> N31: I lost my hope about my occupation. At the beginning, I was very idealist about my occupation. But now I do not like my occupation. I feel exhausted and disgusted. Nothing changes. Whatever you do, nothing changes…(University Hospital, 12 years Experience, Bachelor, MA Degree)

As confirming the study of *Özkan (2014),* although they still perceive organization and solidarity critical in improving working and living conditions of their occupation, due to negative experiences with existing organizations, it is seen that nurses' have discouraged from membership or active membership over time. Indeed, as indicated by the findings, *ineffectiveness of organizations* is the most important problem emphasized by nurses *(28 nurses)* as a reason of their none or passive membership.

> N35: Organization among nurses is low because there has been nothing achieved until now. In the past 20 years, nobody from association came and told about something achieved or solved. (University Hospital, 10 years Experience, Married, BA Degree)

> N45: In my opinion, organizations are not effective. If they were effective, I would participate more actively. In family health system, for a period of time, lots of nurses was suffered from temporary assignments in the hospitals despite it is forbidden in the Law. Trade unions even have not interfered with this situation. I was a member of one of the union, but now, I am not. (Family Health Centre, 27 years Experience, Married, Vocational High School)

> N26: I am a member of the association. Association has made an effort but, in my opinion, it has been hindered or prevented to be active. Association does not represent nurses because there is a political barrier in front of our demands. (Private Hospital, 11 years Experience, Married, BA Degree)

In line with the arguments of *Harmancı and Baykal (2006), Koçak (2006) and Kesici (2013)*, findings indicate that by ineffectiveness of organizations nurses' imply, *firstly*, failure of existing organizations in representing/voicing nurses and struggling against their occupational problems, *secondly,* limited capacity of existing organizations in terms of embracing nurses in all levels of health service provision and, *thirdly,* restricted bargaining power of existing organizations in physician-oriented/dominated structure of the health sector.

On the other side of the coin, nurses, active in these institutional bodies, criticize their colleagues' passive attitude against organization and their refrain from supporting organizations actively.

> N29: I am a workplace representative of one of the trade unions. I am also a member of the association. We are really striving hard. However, there is a problem of organization among nurses. Nurses do not support organizations due to the fear of losing their job or heavy working conditions. Sometimes we organize meetings in lunch times to discuss our problems. I invite my colleague but she always gives something as an excuse not to come with me. Why? She avoids meddling. They are waiting for someone struggling for their rights. If organizations achieve something, non-organized colleagues benefit from this achievement. If nothing is achieved, they do not have a motivation of struggling for their rights. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N28: I was a board member in association for a period of time. I strived hard to convince my colleagues to be member of the association despite close relationship of nursing directorate of the hospital with the association. We like complaining but we are not struggling. We have a right to complain about conditions, but we have to make an effort to change existing conditions. Three nurses struggle for 100.000 nurses; in my opinion because of this situation we have not gained ground on our occupational problems. (Private Hospital, 22 years Experience, Bachelor, MA Degree)

> N27: Non-organized colleagues always expect from someone. They want association to struggle for them. But without their support, association is able to achieve nothing. They should propose something about our occupational problems or stand behind what is proposed by the association. (Private Hospital, 11 years Experience, Married, BA Degree)

As confirming the studies of *Koçak (2006), Harmancı and Baykal (2006), Özkan and et al. (2013)*, findings indicate that nurses' passive attitude against organization and organizations is explained mainly in relation to sensitivity on maintaining good relationship with the hospital administration and the fear of losing their jobs. In line with the findings in *8.2.1,* it is evident that attachment of career security and job security of nurses to *having good relations with the hospital administration* generates a *docile attitude/ subjectivity* against downward pressure on working and living conditions and, *to this respect*, becomes an obstacle against transformation of nurses' subjectivity to active political subjectivity under organizations.

Intensive workload and *heavy working conditions* is another reason expressed by nurses *(26 nurses)* as a reason of their none or passive membership to organizations. More specifically, nurses working in service-units and in night shifts emphasize restrictive impact of working conditions on their relations with organizations.

> N33: If there is a march, you cannot see nurses working in service-units in there. Our working conditions in service-units do not provide an opportunity for participating to such kind of activities. We even do not have a lunch break. I would like to participate but it is not possible with this working conditions. (University Hospital, 12 years Experience, Married, BA Degree)

> N36: Working conditions….We are in a working environment you are able to feel nothing in it. They do not allow you to think or busy your mind about something. When you get back to home, the only thing you think is the pain in your head or back. (University Hospital, 10 years Experience, Married, BA Degree)

Interlacing with heavy working conditions, as confirming the argument of *Harmancı and Baykal (2006)*, *difficulty in balancing work and family life* is expressed *(17 nurses)* as another obstacle against nurses' membership and active participation to these institutions. More specifically, married nurses and mothers signify the conflict between working conditions and their domestic duties as a reason of their passive attitude in organizing.

> N11: Due to working conditions it is difficult to participate activities of trade union. With children it is more difficult. I need to go to home as soon as possible after work…(Public Hospital, 27 years Experience, Married, BA Degree)

> N8: I am working five days of the week in here. I even do not have time to go to the cinema with my children. How it can be possible for me to go

> to trade union’s meeting. (Public Hospital, 23 years Experience, Married, BA Degree)

> N19: With these working conditions organization is impossible. I finish at 6:30 pm and I get home around 7:30 pm. I am generally outside of the home from 7:00 am in the morning to 7:30 pm at the evening. The time remained after work is very limited. And I prefer to spend this time with my children or for my personal matters. (Private Hospital, 11 years Experience, Married, Vocational High School)

These findings imply articulation of gender or unequal gender-based division of labour with the security of representation. On the other side, in line with the arguments of *Özdemir and Yücesan-Özdemir (2004), Mütevellioğlu and Işık (2009), Hyman (2012), Koç (2012), Kümbetoğlu, Üser and Akpınar (2014), Müftüoğlu and Bal (2014)*, as indicated by the findings, nurses emphasize polarization or fragmentation among nursing labourer as compared to past and consider *(18 nurses)* this as an obstacle against organization among nurses.

> N26: There is a fragmentation among nurse group. If this process continues, nurses will be more fragmented and solidarity among us will become more impossible. (Private Hospital, 11 years Experience, Married, BA Degree)

> N39: Fragmentation in nursing group is an obstacle against organization. Fragmentation challenges comprehensive approach against problems. It is always easy to fragment but difficult to draw together. In the past, there was only one employment status, 4A. But now different employment statuses have been emerging. Every new employment status comes with much worse working conditions than the previous one. Instead of drawing together all nurses in 4A status, the aim is to fragment the group and create a race to bottom in working conditions. This makes struggling much difficult for me as a nurse with permanent employment status. (University Hospital, 19 years Experience, Married, BA Degree)

> N41: Fragmentation restricts our chance of organization. There is no unity and solidarity among nurses. (Family Health Centre, 25 years Experience, Married, Vocational High School)

> N42: Our voice has never had a chance to be heard. Fragmentation limits the possibility of organization. No one knows about the other. There is nowhere bringing nurses together. (Family Health Centre, 27 years Experience, Married, Associate Degree)

As indicated by the findings, by fragmentation, nurses imply differentiation of nurses in terms of their education level, employment status and type of health institution they are working in. In line with the findings, perceiving polarization and fragmentation as an obstacle against nurses' organization does not mainly imply *differentiation of interests* or *competitiveness* among nurses in the current situation. In other words, in contrast to the arguments of *Kablay (2014), Müftüoğlu (2014c), Müftüoğlu and Bal (2014),* although nurses are aware of differentiation of nurses' working and living conditions through different social locations, nurses do not perceive each other as different groups having different interests or do not perceive differences as a trigger to competitiveness among nurses yet.

It is evident from the findings that nurses are sensitive more on *convergence* rather than differences in their working and living conditions. As confirming this tendency: In term of education level, it is seen that all nurses, even nurses graduated from medical vocational high school, emphasize that minimum educational requirement in nursing occupation should be university degree. In terms of employment status, it is seen that all nurses, even nurses having permanent contract, are against increase in the numbers of contracted nurses in health labour process. In terms of the type of health institutions, all nurses emphasize a downward pressure on nurses' working and living conditions in health labour process in general. On the other side, as another evidence of nurses' emphasis more on convergence, although physicians are considered more advantaged as compared to nurses, it is seen that nurses emphasize degradation in physicians working conditions as well. Moreover, it is also seen that nurses are aware of the general degradation in working and living conditions of professional occupations in the service sector.

Accordingly, by emphasizing fragmentation and polarization as an obstacle against organization, nurses imply macro political framework and applied policies fragmenting nurses, polarizing their working conditions and establishing virtual differences among nurses rather than providing an environment for organization and solidarity. In other words, nurses have a tendency of perceiving fragmentation as an intentional socio-political strategy of *divide and rule*. When this strategy comes together with less communication, limited interaction and poor solidarity among nurses due to heavy working conditions and intensified workload, the possibility of organization become more restricted and the power/ initiative of hospital administration over working conditions become more convenient.

> N29: Working conditions have been worsening. Despite efforts, occupation is running around in circle, because nursing is an occupation easy to be manipulated. It is easy, for example, to play with the structure of nursing education. Administrators do not try to decrease the duration of medical education to three years. Nobody says young population that you are able to become a physician with an education in private colleges with money. But it is possible to be a nurse with two years vocational education in a private college. We are absorbing everything imposed on us because of our weak bargaining power. I am discouraged; I do not believe I can change something. (University Hospital, 29 years Experience, Bachelor, BA Degree)

> N34: Nurses are the group easily manipulated because we are not organized. As we are not organized, we become the group more vulnerable to the processes. It is not possible to change something with crying/complaining. We need to stop complaining/crying and start struggling. (University Hospital, 15 years Experience, Bachelor, MA Degree)

In this regard, although nurses discouragement and insensitivity against their occupational problems over time can be a reason behind nurses none or passive membership, it is seen that ineffectiveness of institutional bodies, heavy and intensive workload, difficulty in balancing work and family life, the sensitivity on establishing good relations with hospital administration, the fear of losing job and fragmentation of nursing staff are perceived as obstacles against active organization of nurses. Despite general increase in demand for nursing labour in health sector, this passive subjectivity or docile attitude weakens nurses' bargaining power and makes nurses a convenient or easily manipulated group absorbing all kinds of flexibilization strategies and showing consent to downward pressure on working and living conditions. By this way, passivity in organization not only generates representation insecurity but also become a dimension of reproducing precarious working and living conditions.

To sum up; the findings discussed in *Chapter 7* and *Chapter 8* reveal that, irrespective of their social location, nurses are aware of and have a critical approach against the downward pressure on their working and living conditions. Prevalent more specifically among university hospital and public hospital nurses, nurses have a comprehensive perception to their occupation and have a tendency to approach their occupational problems in relation to macro level political (*representation in policy-making processes, adequateness of regulations*), economical (*expansion of health sector and increasing demand on nursing*

labour) and social (*gender-based division of labour, general approach against nursing occupation in society*) structures.

It is also evident from the findings that nurses still emphasize on the importance of the solidarity and organization in terms of improving working and living conditions. This implies the fact that, in contrast to the emphasis of *Roque (2013)*, nurses do not consider the feeling of insecurity and uncertainty as an individual experience/problem but still have a tendency to emphasize more on *convergence* rather than focusing and emphasizing on differences in their working and living conditions through fragmentation or polarization strategies. However, what critical in here is the fact that nurses critical and comprehensive approach does not generate or turn into a political subjectivity that can be a trigger to active solidarity, active participation, active organization.

In line with the findings although there is a solidarity among nurses in terms of absorbing the pressure on the workload, due to 'nurses' discouragement and insensitivity against their occupational problems over time', 'ineffectiveness of existing organizations', 'heavy and intensive workload', 'difficulty in balancing work and family life', 'fragmentation in nursing staff' and 'attachment of career and job security of nurses to the initiative of the hospital administration' makes nurses hesitate to or not able to be part of an active solidarity and organization.

As indicated by the findings, this process comes together with the *feeling of loneliness* in challenging, voicing and struggling against their occupational problems and gives way to a *docile subjectivity* rather than a political subjectivity. On the other side of the coin, it is also evident from the findings that nurses' restricted possibility of representation in administrative bodies and limited participation to decision making processes in a physician-oriented/dominated structure reinforces or reproduces this feeling of loneliness and, *in this regard,* docile subjectivity. This passive subjectivity or docile attitude weakens nurses bargaining power and makes nurses an easily manipulated group showing consent to the downward pressure on working and living conditions articulated with flexibilization strategies in the current formation of health labour process, at the expense of increasing demand on nursing labour in expanding health sector.

It is evident that the current system is not only based on increased control of work over nurses' physical and emotional capacity but increased control of work over nurses' political subjectivity. In addition to direct control mechanisms, it is evident from the findings that current organization of the health labour process bases on *self-control* and *consent*; nurses' own engagement with the targets of the system despite their awareness in the degradation of working and living conditions. In other words, it is evident that taking docile attitude makes nurses in solidarity with the system, rather solidarity with other nurses to change existing working conditions.

Accordingly, in line with the findings, it can be argued that the most important dimension of the precariousness in nursing occupation is representation insecurity. It is because of the fact that being insecure in representation is both a reason and a reproducer of other dimensions of the precariousness in health labour process.

CHAPTER 9

CONCLUSION

The root of flexibilization of labour process in Turkey is applied principles of Structural Adjustment Polices (*SAPs*) since 1980s claiming 'cutting public expenditures by withdrawing state from intervening to employment relations and service/welfare provision' and 'attaching employment relations to the market conditions by eliminating wage and non-wage restrictions in front of competitiveness'. Especially since the second half of 1990s, these principles have find an appearance in the emphasis of capital on the *rigidity of labour market* in which regulatory framework protecting labour from insecurity and uncertainties is considered as an obstacle in front of productivity, development and employment creation in Turkey. The following period since the second half of 2000s, *on the other side*, has been characterised by a decisive socio-political tendency promoting expansion of flexible employment relations as a requirement in order to provide capital a possibility of adjusting working conditions to the changes and fluctuations in the global economy.

In line with the global tendencies, with its growing weight in the labour market, it is also possible to realize the impact of flexibilization in the service sector in Turkey more specifically since the second half of 1990s. Health Transformation Programme applied since 2003, *on the other side*, has been the integration of flexibilization to the health service provision and, *to this extent*, the clear appearance of flexibilization strategies in the organization of health labour process in Turkey. However, it is important to mention that due to seven days 24 hours nature of health service provision, health labour process has always been flexible in essence. Thereby, the transformation process since 2000s has been characterised by *re-flexibilization* or *more flexible* organization of health labour process.

It is clear that the most prominent reflection of re-flexibilization on health labour process is *minimizing costs* not only in private but also in public forms of health service provision. However, as an extension of the socio-political perspective transforming patients to customers waiting to be satisfied, what critical in the current situation is recognizable sensitivity on minimizing mainly *labour costs* both wage and non-wage. It is also evident that the sensitivity on minimizing labour costs has come into prominence mainly with the

downward pressure on the numbers of nursing staff and with the tendency of *working with minimum numbers of nurses*. While the tendency of working with minimum numbers to minimize labour cost is unsurprising in private hospital/ sector, it is seen that this tendency has generated as a response to the decreasing numbers of permanent nurse positions available to public and university hospitals.

In addition to induced demand to health services and aging population, working with minimum numbers of nurses increases the pressure of workload on per nurses and, *to this respect*, generates a conflict between *intensified workload* and *inadequate numbers of nurses*. This conflict has been the main dynamic behind the application of flexibilization strategies to health labour process. Indeed, in order to ease the conflict between intensified workload and inadequate numbers of nurses, hospital administrations in health institutions has hold more on to flexibilization strategies and applied more flexible organization of working time, job specification, wage, promotions, personnel structure and employment relations that enables them to provide *more work/service with fewer personnel/nurses*.

This conflict and application of flexibilization strategies in health labour process is an extension of state's tendency of cutting public expenditures in the health sector and related macro-level socio-political framework characterized by the principles of 'making contracted employment possible in public sector against decreased permanent positions', 'promoting performance-based system supported by clientalization of patients' and 'decentralizing health service provision through making health institutions financially and administratively self-sufficient/ autonomous bodies'. These principles imply restricted role of state to determine minimum principles and standards or increased initiative of hospital administrations in organizing health service provision. Thereby, it is unsurprising that health institutions, expected to meet their expenses with their incomes without putting burden on public resources, tend to 'minimize wage and non-wage labour costs' and apply flexibilization strategies in order to 'meet induced expectations of customers/ patients immediately with fewer nursing personnel'.

Increased initiative of hospital administrations in regulating health service provision implies attachment of the organization health labour process to the demand in the market through performance-based system. In other words, increased initiative means relegation of the decisions of hospital administrations on working conditions, personnel planning, wage,

working hours, job specification, career opportunities, promotion possibilities to the principles of competitiveness not only in private but also in public forms of health service provision. It is evident, *on the other side*, that relegating working conditions to the performance/demand/competitiveness results in the experience of more insecurity and uncertainty about working conditions, job, career, future, wage, working hours, duties and responsibilities for nurses. This implies the fact that that re-flexibilization has been characterised by more freedom of hospital administrations in adjusting working conditions to the demand in the market at the expense of more insecurity and uncertainty in nurses' working conditions.

It is not only working conditions becoming more insecure and uncertain but also living conditions. Indeed, it is not possible to reduce the articulation between re-flexibilization and precariousness to health labour process but it is a requirement to consider it as an experience having implications on the whole life of nurses and their belongings/families. It is seen that flexibilization of labour process has come along with the more blurred line between working and non-working times and, *to this respect*, workers' decreased possibility of planning or making decisions on their private lives freely. This implies that, in contrast to perspectives assuming increased initiative of workers on working conditions, workers has not only been taken away from the control over working conditions but also over their living conditions in the current organization of the health labour process. In other words, re-flexibilization of labour process has come along with the intensified conflict between working and non-working time experienced as an intensified control of work over nurses' private/family lives.

This point leads to discuss gendered implications of the articulation between flexibilization and precariousness. It is because of the fact that the blurred line between working and non-working times implies more intensified conflict between production and reproduction regarding to the current gender regime assuming a role to female labour both in production and reproduction. *Firstly*, it is seen that participation to production seems no longer a *preference* for nurses. Indeed, nurses' consideration of working even after their entitlement to retirement can be taken as a sign of inadequateness of the wage of *male breadwinner* and as a challenge to traditional *family wage* ideology. Moreover, it is this challenge that makes husbands play an active role in domestic and childcare duties, and explains husbands' consent to shoulder the burden of the intensified conflict between production and reproduction.

Secondly, despite husbands' - voluntarily or involuntarily - increasing participation to domestic duties, there is a persistency in traditional unequal gender based division of labour within the household attaching domestic and caring responsibilities *mainly* to female labour. This makes nurses one of the groups more vulnerable to the blurring line between working and non-working times under the limited availability of institutional work – life reconciliation mechanisms due to administrations' sensitivity on minimizing non-wage cost of the labour. This means *modification rather than a fundamental change* in gender relations within the household.

While nurses seem to have a possibility of postponing or ignoring domestic duties, *childcare*, more specifically socialization of children under pre-school ages is at the centre of the conflict between production and reproduction especially for nurses working in night shifts. Although nurses emphasize more supportive attitude of hospital administrations in providing maternity and breastfeeding leaves as compared to past, the problems of *availability*, *accessibility/capacity* and *affordability* in its institutional provision make childcare an individual problem of nurses generally solved within the household with another female labour preferably unpaid. Accordingly, it is this conflict between production and reproduction intensifying the deteriorative implications of the flexibilization of health labour process on nurses' working and living conditions by reinforcing more control over nurses' physical and emotional labour both in and outside of the workplace.

On the other side, working with minimum numbers, limited institutional work-life reconciliation mechanisms and more flexible organization of personnel structure, employment relations, wage, job specification, working time, career and promotion opportunities are not the only strategies applied in health labour process to minimize labour costs. Two other important processes are evident in health labour process that enables flexibilization of health labour process and, *to this extent*, precarisation of nurses' working and living conditions:

The *first* process is *systematic deskilling of nursing labour*. Although university graduate nurses' increasing presence in the health service provision, the impact of human capital on nurses' wages, career planning and promotion opportunities are not considerable. Irrespective of their human capital level, it is seen that all nurses shoulder the burden of same workload by performing similar tasks with almost for the same wages and under

similar working conditions. Moreover, although clientalization of patients increases the importance of emotional skills in health service provision, intensified pressure of emotional exhaustion on nurses is not reflected on wages by concealed under *conscience* and *altruism*. This signifies the articulation of gender relations with skill designation of the nursing occupation.

The *second* process is *systematic degradation of the nursing occupation*. As another aspect of transforming patients to customers waiting to be satisfied, while increased availability of mechanisms set up to collect patients' complaints signify increased sensitivity on patients' rights, this increased sensitivity on patients' rights have reflected on nurses as decreased sensitivity on labour rights and deterioration of their occupational respectability. Moreover, it is also evident that this increased sensitivity on patients' rights or patient-friendly attitude in health institutions regarding to be a *magnet hospital* makes patients' complaints as a new control mechanism over nurses' physical and emotional labour in the current organization of the health labour process.

On the other side, the persistency in defining nurses as *allied health personnel* is another form of the degradation of the nursing occupation. Defining nurses as *allied health personnel* reproduces the hierarchal relationship between nurses and physicians and, *by this way*, gives physicians an initiative in regulating and organizing health labour process both in micro and macro level decision making processes. Putting regulation and organization of health labour process under the control of physicians is a way of relegating nursing labour to the benefits of physicians and, *in this regard*, competitive targets of the health institutions through the medium of the performance based system. Reproducing *physician-dominated structure* in health sector implies the fact that while performance-based system targets the *consent* of physicians, none or limited contribution of performance on nurses at the expense of more intensified pressure of performance targets on their physical and emotional labour has been experienced mainly as a *coercion* by nurses.

In this content, it is evident that these two processes also operate as cost minimization strategies and lead to precariousness in nurses' working and living conditions. What critical is that nurses are *aware of* and *critical against* deteriorative implications of re-flexibilization on their working and living conditions. However, it is seen that their awareness and critical

perspective has not transformed into an active political subjectivity. Instead, a *docile attitude* against precariousness in their working and living conditions is more evident among nurses.

Beside experienced nurses' withdrawal or discouragement from struggling against their occupational problems over time, this docile attitude mainly comes from nurses' effort to maintain their relatively better working conditions in their current service-units and grasp the chance of *exempting from night shifts* by being the one selected by hospital administration for the relevant administrative positions. As *having good relations with administration* and *continuity in the institution* are the most important criteria for staying in the current service-unit and being the one selected for the relevant administrative positions, nurses tend to express a docile attitude through *self-control* or *self-disciplining* and, *by this way*, show consent to deterioration in their working and living conditions. It is important to emphasize that the sensitivity of nurses on grasping the chance of *exempting from night shifts* underlines the difficulty of nurses in balancing their working and family life. This also underlines that being exempted from night shifts has become one of the most prominent mechanisms providing a possibility for easing the tension between work and family life in the current organization of health labour process.

Thereby, it is evident that although flexibilization of labour process has become a challenge to traditional family wage ideology, it also reinforces *a docile attitude* against precariousness in working and living conditions by relegating the possibility of easing the tension between production and reproduction to the criteria of *continuity in the institution* and *having good relations with the administrations*. This signifies that, in addition to applied *direct control* mechanisms, the articulation of gender relations with flexibilization makes *exempting from night shifts* as a *consent manufacturing mechanism* and nurses a part of the reproduction of precariousness in their working and living conditions.

This docile attitude against precariousness in working and living conditions signifies nurses' *weak bargaining power*. *On the one hand*, it is seen that this docile attitude has come from the *feeling of loneliness* in challenging, voicing and struggling against occupational problems. Indeed, 'nurses' restricted possibility of representation in administrative bodies', 'their limited participation to decision-making processes' and 'dependency of existing units in hospitals representing nursing staff *(nursing directorate)*' in a physician-dominated structure weaken nurses' bargaining power, lead feeling of loneliness and reinforce a docile

attitude. *On the other hand,* docile attitude or the feeling of loneliness also underlines the weakness of solidarity and organization among nurses. Indeed, a poor active solidarity and organization tendency among nurses due to 'ineffectiveness of existing organizations', 'heavy and intensive workload', 'tension between work and family life', 'fragmentation in nursing staff' and 'the sensitivity on having good relations with administration' weakens nurses' bargaining power and generate a docile attitude.

Accordingly, although limited availability of nursing labour in expanding health sector creates the expectation of improvement in their wages, occupational respectfulness and working conditions, it is seen that nurses' weak bargaining power or docile attitude functions as an obstacle against such kind of improvement. In other words, this docile attitude or passive political subjectivity makes nurses one of the easily manipulated groups showing consent to downward pressure on working and living conditions at the expense of increasing demand on nursing labour in expanding health sector. In order to tackle with the intensified conflict between production and reproduction, it is seen that nurses tend to be in solidarity with the capital by expressing a docile attitude instead of with their colleagues. By this way, they give their initiative over working and living conditions to the hand of capital by their own hands. Thereby, it becomes clear that it is not only the *labour power* - in its physical and emotional forms - but also (political) *subjectivity* of nurses being subjected to the intensified control of capital in the current formation of the health labour process. This puts mainly *representation insecurity* at the centre of the articulation between flexibilization and precariousness due to its being both a reason and a reproducer of precariousness in health labour process.

Discussion: Theoretical and Methodological Implications of the Study

It is evident that restructuring of health labour process has been experiencing as an articulation between flexibilization and precariousness. This implies the fact that the problem is not flexibilization of labour process, *in itself*, but articulation of flexibilization with more insecurity and uncertainty in workers' working and living conditions. Indeed, under a socio-political framework targeting a market driven health labour process as a way of cutting public expenditures, flexibilization has become strategies of cutting wage and non-wage cost of labour and, *to this extent*, articulated with precariousness.

What critical in flexibilization is increased initiative or control of hospital administrations in regulating and organizing health labour process. Called as *decentralization*, this implies restricted role of state to regulate minimum standards and principles but extended role of hospital administrations in making decisions on working conditions. In contrast to approaches considering *deregulation* in relation to the elimination of existing macro-level regulatory framework, this signifies a perspective considering flexibilization of health labour process as a combination of *de-regulation* and *re-regulation* involving not only *macro-level* but also *micro-level* decision-making and/or regulating processes.

On the other side, in contrast to multi-skilled, up-skilled and autonomous labour claims of flexibilization theories, in line with the arguments of Labour Process Theory and Precariousness Debate, it is clear that flexibilization of labour process has come along with systematic 'deskilling and cheapening of labour', 'degradation of occupations' and 'the feeling of more insecurity and uncertainty about not only working and but also living conditions'. This challenged duality between working and living also challenges the approaches reducing *control* to the labour process without analysing its implications and aspects in the sphere of non-working. Indeed, it is evident that the current formation of health labour process imposes an intensified control not only over physical and emotional capacity of workers/nurses in the labour process, but also over their private/ family life, personal decisions and subjectivities.

It is also evident that flexibilization of health labour process and precariousness are *gendered* processes. Due to the persistency in unequal *gender-based division of labour* both in and outside of the workplace, the intensified conflict between production and reproduction makes female labour as one of the most vulnerable groups to the processes of precariousness, cheapening and deskilling.

However, it is no longer adequate to approach the articulation of gender relations with flexibilization and precariousness within traditional *man's job/woman's job duality*. It is seen that entrance of male labour to nursing occupation challenges the approaches analysing the articulation between gender relations and precariousness by considering nursing as a woman's job. Rather than asking whether a job is women's or men's, this signifies that the focus of analysis should be *processes* and *adaptation of gender relations to these processes* in the interest of the capital. In other words, what makes precariousness and flexibilization

gendered is not the occupation, *in itself*, but working conditions of the relevant occupation and articulation of these working conditions with gender relations in a way disadvantaged female labour.

Moreover, it is also no longer possible to consider gendered power relations within *mutually exclusive man and woman categories*. *Firstly*, female labour and male labour categories are not homogeneous due to more intensified polarization of labour in terms of their education level, marital status, motherhood status, employment status and so on. Although gender is still an umbrella in terms of emphasizing the negative impacts of gender relations in working and living conditions of female nurses, it is seen that being married, having a child, working in night shifts, working in service-units and working in private hospitals are indicators differentiating experiences of nurses in a way making them vulnerable against the dimensions of the precariousness. This implies power relations not only between men and women, but also among women.

However, the clues of the power relations among women are still not clear due to nurses' emphasis on *convergence* in their working and living conditions. Moreover, nurses also emphasize on the *convergence* in men's and women's working and living conditions. Indeed, husbands' more intervention in maintaining domestic and caring duties within the household or husbands' consent to shoulder more intensified conflict between production and reproduction challenges traditional *family wage* ideology, which implies the fact that, more than men, the main beneficiary of gender relations in the current formation of the health labour process is the *capital*.

This also implies the fact that it is no longer adequate to consider the articulation between gender relations and precariousness within traditional *feminization* and *gender-based horizontal segregation* approaches. Indeed, flexibilization of labour process has affected whole parts of the labour market and it is no longer adequate to classify its deteriorative gendered implications according to a particular segment, sector, gender, occupation and employment status. More specifically, the integration of male labour to nursing occupation, traditionally considered as the feminine segments of the health sector, underlines changing forms of the adaptation of gender relations to the changing formation of the labour process. Indeed, contrary with the claims of traditional gender-based segmentation perspectives, it is not possible to explain integration of male labour to nursing occupation in relation to an

improvement in the working and living conditions provided by nursing occupation. This confirms *feminization of employment norms,* instead of a feminization of a particular segment, as a framework requiring a particular focus on working and living conditions in understanding the articulation of gender relations with precariousness.

On the other side, despite the widespread tendency of approaching the articulation between precariousness and flexibilization in relation to female employment in flexible jobs and informal sector, it is evident that the main dynamic in the current formation of health labour process in Turkey is *non-standardization of standard employment relations* in the formal sector. Except from contracted and sub-contracted employment relations, very limited application to other forms of flexible jobs has been evident in Turkey's labour market. As flexibilization has characterised mainly by the persistency in full-time and over-time working tradition in Turkey, focusing on part-time employment also becomes inadequate in analysing precariousness, *in general,* and its gendered implications, *in particular*. Accordingly, rather than reducing restructuring of health labour process to the analysis on non-standard employment relations, understanding the dynamics behind non-standardization of standard employment relations and implications of these dynamics on (female) labour through the dimensions of precariousness is a critical starting point in understanding the articulation between flexibilization and precariousness in health labour process in Turkey.

This implies that focusing on non-standardization of standard employment relations means challenging approaches analysing insecurity and uncertainty within contracted employment/permanent employment dualism. Indeed, it is seen that the burden of flexibilization and precariousness has put more on the shoulders of permanent nurses even in public sector as compared to contracted workers. While being contracted gives more freedom to nurses in striving after better working and living conditions, permanent nurses are obliged to absorb the pressure on the workload due to the circulation in contracted nursing staff and, *at the same time*, the pressure of deregulation on their labour rights. This makes their working and living conditions more flexible and precarious as compared to contracted nurses. In other words, it has become mainly permanent nurses, *assumed to be secure and in standard employment relations*, shouldering the burden of flexibilization process and trying to adapt themselves to the intensified deterioration and conflict in their working and living conditions.

Changing focus to non-standardization of standard employment relations also makes it possible to perceive the fact that, in the current formation of health labour process, precariousness cannot be approached within the duality between being employed and unemployed. It is evident that in the current formation of health labour process, more than keeping the status of being employed, the main motivation is 'maintaining working conditions in the current service-unit nurses are comfortable within' or 'striving after better working conditions'. This implies that it is no longer adequate to reduce the analysis on precariousness to *unemployment/job insecurity/numerical flexibility* due to the expansion of health sector. In other words, instead of traditional jobless growth perspectives, increasing availability of employment opportunities in expanding health sector requires shifting focus to the *quality of available jobs* in the sector.

On the other side, it is also evident that changing focus from unemployment to *quality of available jobs* is also not adequate in understanding the dynamics behind precariousness. Due to the diversification of the working conditions available even in a particular occupation regarding to intensified fragmentation and polarization processes, questioning the *quality of diversified working conditions within a particular job/occupation* through the dimensions of the precariousness becomes a requirement in the analysis. Moreover, in contrast to approaches considering women's emancipation in relation to their participation to labour market, a shift to *quality of working conditions* emancipates analysis on the gendered aspects of precariousness from being stuck into women's high unemployment and turn-over rates.

In terms of sector-based questioning, the prominent motivation of having a position in public hospitals among nurses can be considered as an aspect of relatively better quality of working conditions in the public hospital. As confirming the previous discussions, the reason behind the motivation of having a position in public hospital is not job security but working under relatively better working conditions as compared to working conditions in private hospital and university hospital. However, as an extension of the sensitivity on adjusting working conditions to the demand even in public provision of health services, nurses in public hospital also emphasize deterioration in their working and living conditions over time and this confirms the approaches challenging the duality between public and private sector in terms of analysing precariousness.

On the other side, in contrast to perspectives providing a segmentative approach to control mechanisms, in the current organization of health labour process, it is also not adequate to differentiate applied control mechanisms according to different groups. It is clear that while system targets the *consent* of physicians, nurses has been experiencing flexibilization of health labour process mainly as a *coercion* by being excluded from decision making power and representation mechanisms at the expense of more intensified pressure on their physical and emotional labour. This highlights dominance of *direct control* mechanisms on nursing labour. However, in addition to applied direct control mechanisms - such as 'changing service-unit without consent of nurses', 'laying off' or 'attaching health labour process to the commands of the physicians'-, the articulation of gender relations with flexibilization makes 'the possibility of exempting from night shifts' as a *consent manufacturing* mechanism in health labour process. This implies combination of *coercion* and *consent* in health labour process or the combination of *direct control* and *self-control/self-disciplining* processes making nurses' as a part of the reproduction of their precarious working and living conditions.

As also signified in previous discussions, flexibilization of health labour process has come along with more polarized and fragmented appearance of nursing labour. Although nurses consider this intensified polarization as a challenge to solidarity or organization among nurses, it is evident that they still approach more intensified insecurity and uncertainty from a comprehensive perspective and emphasize more on *convergence* in their working and living conditions. In other words, nurses keep on highlighting *commonalities in their fate* despite *polarization in their social locations*. This signifies that, rather than individualizing their experience of precariousness, nurses are still sensitive in their occupational identity and critical against the deterioration in working and living conditions provided by the occupation.

However, it is evident that emphasis on convergence has not transformed into a political subjectivity, solidarity or organization and a potential to strengthen nurses' bargaining power. As emphasized by nurses, one of the prominent reasons behind this is ineffectiveness of existing institutional organizations due to their inadequateness in representing diversified needs and expectations of more polarized nursing labour. However, in contrast to approaches reducing representation security to organization in trade unions and occupational associations, due to the process of decentralization, it is evident that adding opportunities of

representation in macro and micro level decision making processes to the analysis and even questioning the daily possibilities of organization within service-unit(s) is crucial in terms of understanding the security of representation in the current formation of the labour process.

Within this scope, all those theoretical and methodological implications signify that it is not possible to consider current formation of the health labour process within dualistic approaches. In other words, as indicated by the discussions above, an analysis on the articulation between flexibilization and precariousness cannot be reduced to traditional production/reproduction, working time/non-working time, standard jobs/nonstandard jobs, formal sector/informal sector, man's jobswoman's jobs, direct control/indirect control, coercion/consent dualisms.

It is clear that precariousness debate provides methodological and theoretical possibilities for emancipating analysis from dualistic perspectives. However, the analytical tools it provides, *dimensions of the precariousness*, carry the risk of becoming a template to decide whether an experience fits with existing definitions of the dimension in question or not. Accordingly, in order to overcome dualistic approaches, rather than acknowledging dimensions of the precariousness as templates, extending boundaries of these definitions of the dimensions by focusing on *generating experiences* is a requirement for a better, gender sensitive and comprehensive account of precariousness. It is seen that the findings of this study underlines *context specificness* of the dimensions of the precariousness in the literature. This *context specificness* leads this study to re-define or give a new insight to the dimensions of the precariousness in line with the findings on restructuring of health labour process in Turkey and its implications on nursing labourer[64]:

In terms of legal insecurity; legal insecurity can no longer be reduced to poor access to rights and benefits. It also includes inadequateness and ineffectiveness of the existing macro level legal regulatory framework. Moreover, by acknowledging increased initiative of hospital administrations in organizing labour process, workers' possibilities of participation to micro and macro level decision making/regulation processes should be questioned as a dimension of poor access to legal regulatory framework.

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[64] It is important to note that although each dimension is defined in itself, different dimensions of the precariousness interrelate to each other. In other words, it is not possible to classify the experience of precariousness under mutually exclusive dimensions. Accordingly, approaching precariousness within dimensions is because of normative purposes.

In terms of career insecurity; career insecurity does not only mean restricted possibilities of planning career and accessing existing promotion opportunities, but it also implies uncertainty in the criteria for promotions. In other words, the experience of insecurity and uncertainty in the career also relates to the attachment of promotion opportunities to more *subjective criteria* and increasing initiative of hospital administrations in determining *who will work, in which unit, for how long* without asking the consent of workers and without considering their human capital level.

In terms of representation insecurity; representation does not only mean organizing in trade unions or occupational associations. As an extension of increasing initiative of hospital administrations in organizing labour process, questioning possibilities of participation to micro and macro level decision making mechanisms and even daily possibilities of organization or solidarity within service-unit(s) has become an important aspect of representation insecurity.

In terms of job insecurity; it is no longer adequate to reduce job insecurity to the fear of being unemployment. As an extension of the requirement of focusing on the quality of diversified working conditions in a particular job/occupation, job insecurity also involves questioning workers' fear of losing their existing positioning they are comfortable within or the fear of losing *relatively better* working conditions without their consent.

In terms of working time insecurity; working-time insecurity does not only involve uncertainty in working hours, but it also requires questioning workers' possibilities of making decisions on, planning and organizing their non-working times regarding to more blurring line between working and non-working.

It is seen that this study does not provide a comprehensive account of the multiplicity of experiences according to different social locations. Broadness of the scope of study can be a considered as a reason of limited reflection of differences to the analysis. Thereby, a future study working with a smaller nurse group in detail will provide much better account of the impact of social locations on the experience of precariousness. On the other side, a future study focusing on the entrance of male labour to nursing occupation in detail will also be critical in terms of understanding transformation of an occupation and its gendered implications on working and living conditions. Although current process has been

characterised mainly by non-standardization of standard employment relations, it also seems important to design future studies focusing on emerging flexible jobs/employment relations in health sector in detail. More specifically a study on working and living conditions of contracted and sub-contracted nurses will be fruitful in terms of understanding deskilling, cheapening and precariousness of nursing labour force. Finally, a future study focusing on nurses working family health centres is crucial in terms of following the implications of family health model on working and living conditions of nursing labour in detail.

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APPENDICES

A: TURKISH SUMMARY/TÜRKÇE ÖZET

Giriş

1980 sonrası süreç hem gelişmiş, hem de gelişmekte olan ülkelerde *çalışma*nın yeniden yapılanması (*restructuring of work*) olarak deneyimlenmektedir. Çalışmanın yeniden yapılanması emek sürecinin daha esnek bir şekilde örgütlenmesi ile karakterize olmakta ve kamu harcamalarının kısılması amacıyla devletin sosyal refaha ve istihdam ilişkilerine olan müdahalesinin azaltılması bu sürecin sosyo-politik arka planını oluşturmaktadır. Bu arka plan devletin rolünün asgari standartları ve prensipleri belirlemeye indirgenmesine karşılık, sermayenin pazardaki ani talep ve değişikliklere göre emek sürecini organize etme ve düzenlemede karar-verme gücünün/inisiyatifinin artması anlamına gelmektedir.

Emek sürecinin organizasyonunun pazar koşullarına bağlanması emeğin ücret ve ücret-dışı maliyetlerini azaltmayı emek sürecinin şu anki örgütlenmesinde en fazla öne çıkan hassasiyet haline getirmiştir. Dolayısıyla, emek sürecinin esnek yeniden örgütlenmesi çalışanların çalışma ve yaşam koşullarında prekarleşme (*precariousness*) olarak adlandırılan daha fazla güvencesizlik ve belirsizlik pahasına sermayenin çalışma sürelerini, ücret seviyelerini, görev tanımlarını, işgücü miktarını, personel yapısını, istihdam ilişkilerini, kariyer ve terfi olanaklarını pazar koşullarına göre belirleme özgürlüğünü ifade etmektedir.

Bu kapsamda bu çalışma emek sürecinin şu anki örgütlenmesinde esnekleşme ile prekarleşme arasındaki eklemlenmeyi sorgulamaktadır. Esnekleşme ve prekarleşmeyi birbirinin yerine kullanan ya da birbirine indirgeyen çalışmaların aksine, bu çalışma kapsamında esnekleşme ve prekarleşme birbirinden farklı iki ayrı süreç olarak ele alınmaktadır. Çünkü asıl problem esnekleşme değil, esnekleşmenin hangi koşullar altında emeğin çalışma ve yaşam koşulları için prekarleştirici sonuçlar ortaya çıkarttığıdır. Dolayısıyla, bu çalışma emek sürecinin esnekleşmesini analiz etmekte ve prekarleşmenin boyutları çerçevesinde bu sürecin emeğin çalışma ve yaşam koşulları üzerindeki etkilerini sosyal, ekonomik ve politik bir arka plan çerçevesinde sorgulamaktadır.

Çalışmanın Alanı ve Kapsamı

Çalışma, Türkiye'de emek sürecinin esnek yeniden yapılanması sürecine odaklanmakta, esnekleşme ve prekarleşme arasındaki eklemlenmenin Türkiye'deki dinamiklerini ortaya çıkarmaktadır. Türkiye'de emek sürecinin esnekleşmesinin kökenini, 24 Ocak Kararları olarak adlandırılan, "devleti istihdam ilişkileri ve hizmet sunumundan geri çekerek kamu harcamalarının kısılmasını" ve "rekabet edebilirlik önündeki ücret ve ücret-dışı tüm maliyetleri azaltarak istihdam ilişkilerinin pazar koşulları ile ilişkilendirmesini" öngören Yapısal Uyum Politikaları'nın 1980'den bu yana uygulanan prensiplerine kadar götürmek mümkündür. Türkiye'de esnekleşme genellikle iki aşama çerçevesinde ele alınmaktadır (Oğuz, 2012:229-231). Esnekleşmenin ilk aşaması, bütçe kısıtları nedeniyle reel ücretlerin düşürülmesi ile görünürlük kazanmışken, özellikle 1990'lı yılların ikinci yarısıyla başlatılan ikinci aşama, emeği güvencesizlik ve belirsizliklerden koruyan yasal çerçeveyi üretkenlik, kalkınma ve istihdam yaratma önünde engel olarak gören sermayenin Türkiye'de *emek piyasasının katılığın*a yönelik vurgusunda karakterize olmaktadır. Bu reel ücretlere ilave olarak emeğin ücret-dışı maliyetlerinin de düşürülmesini gündeme getirmiştir (Oğuz, 2012:229,230,231; Müftüoğlu, 2014a, 135).

2000'li yılların ikinci yarısından itibaren izleyen dönemi ise, Türkiye'de esnekleşmenin üçüncü aşaması olarak nitelendirmek mümkündür. Bu yeni aşama ekonominin rekabet edebilirliğini arttırmak amacıyla esnekleşmeyi neredeyse bir zorunluluk olarak gören kararlı bir sosyo-politik arka planla desteklenmektedir. Nitekim, sermayeye küresel ekonomideki değişiklikler ve dalgalanmalara göre çalışma koşullarını uyarlama imkanı sağlamak amacıyla esnekleşme önündeki engellerin kaldırılması, işgücünün ücret ve ücret-dışı maliyetlerini azaltacak gerekli yasal düzenlemelerin yapılması, özellikle esnek istihdam ilişkilerinin işgücü piyasasındaki ağırlığının artırılması temel politika dokümanlarında üretkenlik, sürdürülebilir ekonomik büyüme, rekabet edebilirlik ve yeni istihdam olanakları yaratılmasının katalizörü olarak öne çıkarılmaktadır (DP9, 2006:30,46,91,75,112,116; DP10, 2013:47; NES, 2014:16, 26).

Fakat, gelişmiş ülkelerden farklı olarak, emek sürecinin esnekleşmesinin Türkiye'de işgücü piyasasına esnek işlerin artması şeklinde yansımadığı görülmektedir. İş Kanunu'nda 2003 yılından bu yana yer almaları ve Kanun kapsamında düzenlenen esnek çalışma biçimlerinin kapsamının zaman içinde genişletilmesine rağmen, sözleşmeli çalışma ve taşeron çalışma

dışında, Türkiye'de işgücü piyasasında formel sektörde esnek işlerde çalışan sayısının oldukça sınırlı olduğu görülmektedir. Ayrıca, Türkiye'de esnek yeniden yapılanma sürecinin tam zamanlı çalışma, işin yoğunlaşması ve çalışma sürelerinin artması şeklinde deneyimlenmesi durumu da söz konusudur (Özdemir ve Yücesan-Özdemir, 2004:33; Buğra, 2010:19; Şahin, 2014:47; Ünlütürk-Ulutaş, 2014:88; Yaman-Öztürk ve Öztürk, 2014:89; Zencir, 2014:547). Bu durum, Türkiye'de emek sürecinin esnekleşmesinin standart-dışı işlerin artması şeklinde değil, geçmişte standart, güvenceli ve belirli olarak değerlendirilen standart işlerin esnekleşme stratejilerinin uygulanması ile *standart-dışılaşması* olarak yaşandığına işaret etmektedir. Bu kapsamda bu çalışma, Türkiye'de esnekleşme ve prekarleşme arasındaki eklemlenmenin dinamiklerini hem özel sektörde, hem de kamu sektöründe *standart istihdam ilişkilerinin standart-dışılaşması* sürecine odaklanarak irdelemektedir.

Diğer taraftan, küresel eğilimlerle paralel şekilde, 90'ların ikinci yarısından sonraki süreç, işgücü piyasasında hizmet sektörünün istihdamdaki ağırlığının giderek büyümesiyle birlikte, esnekleşmenin Türkiye'de hizmet sektörüne de sirayet etmeye başladığı bir döneme işaret etmektedir. Müşterilerin taleplerini mümkün olan en kısa sürede karşılamaya yönelik artan duyarlılık nedeni ile, esnekleşme stratejilerinin diğer sektörlerden daha fazla olarak hizmet sektöründe öne çıktığı görülmektedir. Ayrıca, hizmet sunumunun emek-yoğun doğası nedeni ile esnekleşmenin çalışma ve yaşam koşulları üzerindeki yıkıcı etkilerine karşı beyaz yakalı profesyonel ve yarı-profesyonel meslek gruplarının daha kırılgan hale gelmesi durumu söz konusudur (Tucker, 2002:7; Lee, McCann ve Messenger, 2007:88; Uyanık, 2008:216; Parlak ve Özdemir, 2011:33; Göker ve Akyol, 2013:68). Bu kapsamda bu çalışma hizmet sektöründe emek sürecinin esnekleşmesine odaklanmakta ve beyaz yakalı profesyonel ve yarı profesyonel meslek gruplarının bu süreçten nasıl etkilendiğini sorgulamaktadır.

Bu sorgu çalışma kapsamında *sağlık sektörü* üzerinden analiz edilmektedir. 2003 yılından bu yana uygulanan *Sağlıkta Dönüşüm Programı* esnekleşme prensiplerinin sağlık hizmetlerinin sunumuna entegre edilmesine ve bu anlamda da Türkiye'de sağlık emek sürecinin örgütlenmesinde esnekleşme stratejilerinin uygulanmasına olanak sağlayan sosyo-politik arka planı oluşturmaktadır. Fakat, burada belirtmek gerekir ki, sağlık hizmetlerinin sunumunun 7 gün 24 saatlik kesintisiz yapısı nedeniyle, sağlık emek süreci özünde zaten esnektir. Dolayısıyla, 2000'lerden bu yana sağlık sektöründe gerçekleşen dönüşüm sürecini *yeniden-esnekleşme* olarak tanımlamak veya sağlık emek sürecinin özellikle emeğin çalışma

ve yaşam koşulları üzerinden *daha esnek* bir şekilde örgütlenmesi olarak değerlendirmek gerekmektedir.

Sağlık emek süreci standart istihdam ilişkilerinin standart-dışılaşmasını incelemek açısından uygun bir zemin sunmaktadır. Bir kamu hizmeti olan sağlık hizmetleri *formel sektörde* sunulmakta ve sektördeki istihdam ilişkileri tarihsel olarak *süresiz/kadrolu*, hizmet sektöründeki diğer alanlara göre görece daha *güvenceli*, *belirli* veya *standart istihdam ilişkileri* altında gerçekleşmektedir. Fakat, "sektörde sağlık hizmetlerinin sunumunda özel sektörün artan payı", "adem-i merkezileşme adı altında sağlık kuruluşlarının yönetsel ve finansal açısından kendi kendisine yetebilen otonom birimler haline getirilmesi eğilimi" ve bu iki süreçle bağlantılı olarak, "hastaların memnun edilmesi gereken müşteriler haline getirilmesi ile desteklenen performansa dayalı sistem" sağlık hizmetlerinin sunumunu ve dolayısıyla sağlık emek sürecinin organizasyonunu piyasadaki talebe duyarlı hale getirmiştir. Bu durum, standart olan çalışma ilişkilerinin standart-dışılaşması sürecini tetiklemiştir. Nitekim, sağlık hizmetlerinin sunumunun pazara duyarlı hale getirilmesi, emeğin ücret ve ücret-dışı haklarının kısılması gereken maliyet unsurları olarak öne çıkarılmasına, çalışma koşullarının taleple ve rekabet edebilirlik ile ilişkilendirilmesine ve, bu anlamda da, sağlık emekçilerinin çalışma ve yaşam koşulları üzerinde aşağı doğru bir baskıya neden olmuştur. Dolayısıyla, bu çalışmanın kapsamını oluşturan sağlık emek süreci esnekleşmenin dinamiklerini irdeleme ve bu dinamiklerin çalışanların çalışma ve yaşam koşulları üzerindeki etkilerini sorgulama açısından hizmet sektöründeki en uygun zeminlerden birisidir.

Diğer taraftan, bu çalışma kapsamında esnekleşme ile prekarleşme arasındaki eklemlenme hemşirelik mesleği üzerinden ele alınmaktadır. Hemşirelik *tarihsel olarak eski*, genellikle *kadın mesleği* olarak tanımlanan, uzun süredir *formel sektörde* ve *standart istihdam ilişkileri* altında gerçekleştirilen *yarı-profesyonel* bir meslektir. Sağlık hizmetlerinin sunulduğu hasta grubu ile *en yakın* ve *en uzun süreli* etkileşime giren grup olmaları nedeniyle hemşirelerin sağlık sektöründe gerçekleşen değişim veya dönüşüm süreçlerinden daha çabuk etkilendikleri ve bu süreçlere karşı diğer sağlık çalışanlarına göre görece daha kırılgan oldukları söylenebilir. Bu çerçevede, çalışma kapsamında hemşirelik mesleğine odaklanma hemşirelik mesleğinde standart olan istihdam ilişkilerinin zaman içinde nasıl standart-dışı hale geldiğine ilişkin karşılaştırmalı bir perspektif sunma ve bu sürecin hemşirelerin çalışma ve yaşam koşulları üzerinde ne tür etkiler yarattığını analiz etme olanağı sağlamaktadır.

Hemşirelik mesleğine odaklanılmasının arkasında yatan bir diğer önemli neden ise çalışma kapsamında esnekleşme ve prekarleşme arasındaki eklemlenme sürecinin *toplumsal cinsiyetçi (gendered)* bir süreç olarak değerlendirilmesidir. Bu çalışma, esnekleşme sürecinde kadın emeğinin sosyal, ekonomik ve politik konumlanışlarını sorunsallaştırmakta ve prekarleşmenin boyutları çerçevesinde kadınların bu süreçteki *deneyimlerini* hemşirelik mesleği üzerinden ortaya çıkartma amacı taşımaktadır.

Bu kapsamda bu çalışma, sağlık emek sürecinde esnekleşmenin dinamiklerini irdelemekte, bu dinamiklerin Türkiye'de kadın çalışanların çalışma ve yaşam koşulları üzerindeki etkilerini prekarleşmenin boyutları çerçevesinde hemşirelik mesleği üzerinden analiz etmektedir.

Teorik Çerçeve

1970'lerden bu yana çalışmanın yeniden yapılanması süreci (*restructuring of work*) emek rejimlerini analiz eden literatür tarafından çeşitli görüşler altında açıklanmaya çalışılmaktadır. Bu sürece ilişkin analizleri birbirine karşıt iki perspektif altında özetlemek mümkündür. *Esnekleşme* ya da *Esnek Uzmanlaşma* olarak adlandırılan ilk perspektif, hizmet sektörünün genişlemesini, emek piyasasında beyaz yakalı çalışanların ağırlığının artmasını, teknoloji ve bilginin emek sürecinde artan önemini yeni dönemin yeni dinamikleri olarak saymaktadır. Bu perspektif altında yer alan görüşlerde yeni dönem post-endüstriyel, post-fordist, bilgi toplumu, network toplumu veya kuralsız kapitalizm gibi çeşitli biçimlerde kavramsallaştırılmaktadır. Bu yeni dönemde çok-vasıflı (*multi-skilled*), daha vasıflı/ vasıflanmış (*upskilled*), emek süreci üzerinde kontrol ve inisiyatifi artmış beyaz yakalı bir çalışan grubundan bahsedilmekte, emek sürecinin katı, rutinleşmiş, anti-demokratik yapısının bir önceki (fordist) dönemde kaldığı veya yeni dönemde söz konusu olmadığı belirtilmektedir (Blauner, 1964; Bell, 1974; Hirschborn, 1984; Piore ve Sabel, 1984; Zuboff, 1988; Urry, 1995; Castells, 2005). Bu perspektif altında emek ve sermaye arasındaki ilişki hiyerarşik olmayan, katılımcı ve karşılıklı sorumluluk içeren (Adler ve Cole, 1993; Womack ve diğerleri, 1990) bir ilişki olarak tasvir edildiğinden, yeni dönemde emek ve sermayenin çıkarlarının uzlaştığı (Yücesan-Özdemir, 2002:450) ve esnekleşmenin emeği özgürleştirdiği iddia edilmektedir.

Diğer taraftan, ikinci perspektif çalışmanın yeniden yapılanmasını önceki dönemden bağımsız yeni bir dönem olarak görmek yerine kapitalizmin sermaye birikim stratejisinde bir reformasyon/yeniden uyarlama olarak değerlendirir. Bu perspektif 1970'lere kadar açıklama gücünü kaybettiği düşünülerek ihmal edilen Emek Süreci Teorisine dayanmaktadır. Esnekleşme görüşünün tersine, emek süreci teorisi çalışmanın dönüşümünü fordist prensiplerden bir kopuş olarak görmek yerine, bu prensiplerin hizmet sektörüne ve beyaz yakalı çalışanlara sirayet etmesi şeklinde değerlendirir (Gorz, 1986; Hirsch, 1993; Mandel, 1999; Kumar, 1999; Harvey, 2006). Emek süreci teorisine göre, hizmet sektörünün genişlemesi, beyaz yakalıların sayısının artması, teknolojik gelişmeler ve esnekleşme emeğin özgürleşmesi ile sonuçlanmamıştır. Aksine, bu süreç emeğin vasıfsızlaşması (*deskilling*), işlerin itibarsızlaşması (*degradation*), işin yoğunlaşması, sermayenin emek süreci üzerindeki kontrolünün daha katı hale gelmesi, emek sürecinin rutinleşmesi ve standartlaşması şeklinde yaşanmaktadır. Bu kapsamda bu çalışma, emek süreci teorisi altında Braverman'in vasıfsızlaşma, işlerin itibarsızlaşması ve emeğin ucuzlatılması tezine (1984), emek üzerinde sermayenin artan/yoğunlaşan ve emeğin rızası üzerinden yeniden üretilen kontrolünü anlatmak için Friedman'ın sorumlu otonomi (1977), Edwards'ın teknik ve bürokratik kontrol (1979) ve Burawoy'un baskı ve rıza (1979, 1983, 1985) kavramları çerçevesinde şekillendirdikleri tezlerine göndermek yapmaktadır.

Öte taraftan, çalışma teorik çerçevesini sadece emek süreci teorisi ile sınırlandırmamakta, emek süreci teorisinin vasıfsızlaşma, itibarsızlaşma ve kontrol ile ilgili tezlerine sırtını yaslamakta birlikte bu tezleri teorik ve metodolojik olarak hem destekleyen hem de aşma potansiyeli sunan prekarleşme tartışmasını da kullanmaktadır. Prekarleşme tartışması özellikle 1990'lardan itibaren yaşanan dönüşümü anlatmak için teorik ve metodolojik bir zemin sunmakta, 90'lara kadar istihdam ve işsizlik tartışmalarına sıkışan emek tartışmalarını işgücü piyasasında hali hazırda var olan işlerin sunduğu çalışma ve yaşam koşullarının kötüleşmesine odaklanan işlerin kalitesi (*quality of jobs*) meselesine kaydırmaktadır (Burgess ve Campbell, 1998:6; Tucker, 2002:12; Cranford, Vosko ve Zukewich, 2003b: 455). Burada altını çizmek gerekir ki, prekarleşme yeni bir durum değil, kapitalizmin yapısal ve varoluşsal niteliklerinden birisidir. Dolayısıyla, şu an ki dönemde yeni olan prekarleşme değil, işgücü piyasasında standart-dışı istihdam ilişkilerinin artması nedeniyle çalışma ve yaşam koşullarındaki belirsizlik ve güvencesizlik durumunu ifade eden prekarleşme deneyiminin daha genelleşmesidir (Tucker, 2002:18).

Diğer taraftan, prekarleşme tartışmasında bu daha genelleşmiş güvencesizlik ve belirsizlik deneyimi sadece çalışma koşulları ve istihdam ilişkilerinden oluşan emek sürecine indirgenmez. Emek sürecine ilave olarak çalışanların ve onlara bağlı kişilerin tüm yaşamlarına/yaşam koşullarına sirayet eden bir güvencesizlik ve belirsizlik durumundan bahsedilir (Mitropoulos, 2005; Neilson ve Rossiter, 2005; Precarias a la Deriva, 2005; Tsianos ve Papadopoulos, 2006; Candeias, 2004; O'Connor, 2009; Desperak, 2013:124; Casas-Cortes, 2014). Bu durum, emeğin kontrolünü emek sürecine indirgeyip iş-dışı'nı analizin dışında bırakan düalisttik bakış açılarının aksine, sermayenin emek üzerindeki kontrolünü hem iş hem de iş-dışı yaşamı kapsayacak şekilde ele alma ve analiz etme zorunluluğu doğurmaktadır. Nitekim, Neilson ve Rossiter'in çalışmasında da ifade ettiği gibi (2005, aktaran Tsianos ve Papadopoulos, 2006:2), çalışmanın üretkenliği iş-dışı yaşamla da ilişkilidir; işgücünün sömürüsü emek sürecinin sınırlarını aşar, hayatın tüm alanlarını ve tüm zamanı kapsayacak şekilde işçilerin yaşamlarında dağılır.

Bu çalışma kapsamında emek süreci teorisinin ve prekarleşme tartışmasının teorik arka plan olarak kullanılmasının en önemli sebeplerinden birisi de, çalışanları yapılar tarafından şekillendirilen pasif özneler olarak gören perspektiflerden farklı olarak, emeğin öznelliğini veya emeğin deneyimlerini ortaya çıkarma üzerindeki vurgularıdır. Hem emek süreci teorisi, hem de prekarleşme tartışması emeğin sadece ekonomik yapı tarafından sömürülmesine işaret etmez, aynı zamanda emeğin politik öznelliğini sorgulamaya da alan sağlar. Emek bu iki perspektifte de basitçe sömürülen pasif bir özneler değil, öznelliğini ortaya koyan veya politik bir tepki ortaya çıkartma potansiyeli taşıyan bir öznelerdir.

Bu politik öznelliğin arka planı hem emek süreci teorisinin hem de prekarleşme tartışmasında şu anki süreçte daha geniş bir çalışan grubunun çalışma ve yaşam koşullarındaki benzeşme veya üst üste binmedir. Bu benzeşme durumu ise, yukarıda da ifade edildiği gibi, daha geniş bir grubun vasıfsızlaşması, mesleklerinin itibarsızlaşması, hem iş hem de iş-dışı yaşamlarındaki kontrol veya inisiyatiflerini kaybetmeleri, çalışma ve yaşam koşulları ile ilgili daha genelleşmiş bir belirsizlik ve güvencesizlik hissetmeleridir. Emek süreci teorisi beyaz yakalıların toplumdaki ve emek piyasasındaki ayrıcalıklı konumlarını kaybettiklerine işaret etmekte ve beyaz yakalıları da içine alan daha genelleşmiş bir *proleterleşme* sürecinden bahsetmektedir (Braverman, 1979:245; Kelly, 1980:23; Wright ve Singelmann, 1982:178; Aronowitz ve DiFazio, 1996:189; Kumar, 1999:39*)*.

Prekarleşme tartışması ise, sosyal konum (*social location*) kavramını ortaya atarak (Cranford, Vosko ve Zukewich, 2003a:6) çok çeşitli öznellikler bakımından (cinsiyet, ırk, etnisite vb.) çok daha fazla bölünmüş, katmanlaşmış, çeşitlenmiş bir çalışan grubundan bahsetmesine rağmen, bu çeşitliliğin yazgılarını birleştiren ortaklıklara odaklanır ve bu durumu *prekarleşme* olarak tanımlar. Bu durum, prekarleşme tartışmasının emek süreci teorisinin bir adım ötesine geçtiğine işaret eder. Nitekim, prekarleşme tartışması emek sermaye arasındaki çelişkiyi düalisttik bir durumdan çıkartır, farklı sosyal konumlanışlara sahip çalışanların birbirinden farklılaşmış deneyimlerini birbirine indirgemeden, bu farklılıklar içindeki bütünleştirici zemin üzerinde bir politik öznellik potansiyeli araştırır (Candeias, 2004; Gill ve Pratt, 2006:31-32; Fantone, 2007; Özuğulu, 2010; Arnold ve Bongiovi, 2012).

Emek süreci teorisinin ve prekarleşme tartışmasının emek sürecinin esnekleşmesini analiz etmede sağladığı olanaklara rağmen, kadın emeğinin bu süreçten nasıl etkilendiğine ilişkin toplumsal cinsiyete duyarlı bir bakış açısı sunamamaktadırlar. Bu durum, çalışma kapsamında vasıfsızlaşma, kontrol, prekarleşme, emeğin çalışma ve yaşam koşullarındaki benzeşme ve politik öznelliğe ilişkin toplumsal cinsiyetçi bir bakış açısı geliştirme zorunluluğu ortaya çıkartmıştır. Bu bakış açısı, toplumsal cinsiyetin vasıfların tanımlanması süreci ile iç içe geçişi üzerinden kadın emeğinin nasıl sistematik olarak vasıfsızlaştırıldığını, üretim ve yeniden üretim arasındaki artan çelişki üzerinden kadın emeğinin prekarleşme sürecine karşı nasıl daha kırılgan hale geldiğini, kadın emeği üzerinde hem üretim ve hem de yeniden üretim alanında yoğunlaşan kontrolü ve son olarak da kadınların ve erkeklerin benzeşen çalışma koşulları üzerinden yeni dönemde toplumsal cinsiyet ilişkilerinden asıl çıkar sağlayan grubun erkeklerden çok sermaye olduğunu (McDowell, 1991:416) vurgulamaktadır.

Çalışma kapsamında emek sürecinin esnekleşmesinin kadın emeği üzerindeki etkileri prekarleşmenin boyutları üzerinden tartışılmaktadır. Farklı düşünürlerin literatürdeki farklı sınıflandırma ve kavramsallaştırmalarından hareketle (Rodgers, 1989; Standing, 1999; Laparra ve diğerleri, 2004; Temiz, 2004; Vosko, 2006; O'Connor, 2009; McKay, Clark ve Paraskevopoulou, 2011) çalışma kapsamında dört temel kategori altında güvencesizleşme ve belirsizleşme boyutları ele alınmaktadır. Bunlardan birincisi, *çalışma koşullarının daha güvencesiz ve belirsiz hale gelmesi*dir. Bunun altında, iş güvencesizliği, yasal güvencesizlik, gelir güvencesizliği, temsil güvencesizliği boyutları yer alır. İkinci alan emeğin çalışma

koşulları üzerinde kontrolünü kaybetmesidir. Bunun altında çalışma saatlerinin düzensizliği, emek süreci üzerinde emeğin kontrol veya inisiyatifinin azalması ve fonksiyonel güvencesizlik boyutları yer almaktadır. Üçüncü alan *vasıfları yeniden üretme güvencesizliği*dir. Bunun altında eğitimin ve sahip olunan niteliklerin yeni dönemde değersizleşmesi ve emeğin kendisini sürekli yetersiz hissetmesi boyutları vardır. Son olarak, dördüncü alan *yaşam koşullarının güvencesizleşmesi ve belirsizleşmesi*dir. Bunun altında kariyer güvencesizliği, mesleklerin itibarsızlaşması, sosyal güvenceden mahrum kalma boyutları yer almaktadır.

Bu dört alan ve bu alanları altında sayılan boyutların sayısal, çalışma süresi, fonksiyonel ve ücret alanlarında uygulanan esnekleşme stratejileri ile örtüştüğü açıktır. Bir başka ifade ile, işverenlere pazardaki talebe göre çalışan sayısını, çalışma saatlerini, ücret seviyelerini, iş ve görev tanımlarını uyarlama imkanı vererek çalışma koşullarını esnekleştiren stratejilerin emeğin çalışma ve yaşam koşullarında çeşitli boyutlar altında daha genelleşmiş bir belirsizlik ve güvencesizlik deneyimi ortaya çıkarttığı görülmektedir.

Burada kritik olan nokta, prekarleşmenin boyutlarına ilişkin literatürde yer alan ve tanımlanan boyutların koşullara göre değişiyor (*context-specific*) olmasıdır. Bu çalışmanın verileri de tanımların koşullara göre değişiyor olduğunu doğrulamaktadır. Bu durum, bu çalışma kapsamında sağlık emek sürecinin esnekleşmesinin hemşirelerin çalışma ve yaşam koşulları üzerindeki etkilerine ilişkin veriler çerçevesinde bu boyutların yeniden tanımlanması veya bu kavramlara yine içerikler kazandırılması zorunluluğunu ortaya çıkartmıştır. Çalışmanın verileri çerçevesinde genişletilen ve yeniden tanımlanan prekarleşmenin boyutları aşağıda çalışmanın teorik ve metodolojik katkısı bölümünde yer almaktadır.

Metodoloji

Çalışma kapsamında feminist duruş metodolojisi kullanılmaktadır. Feminist duruş metodolojisinin bu çalışma açısında en önemli prensibi sadece kadınların deneyimlerini açığa çıkartılması üzerindeki vurgusu değil, kadınların öznelliklerinin/deneyimlerinin çeşitliliğine ve özgünlüğüne de odaklanmasıdır. Bir başka ifade ile, homojen bir kadın ve onun karşıtı erkek kategorisi şeklindeki ikili bakış açısının tersine, feminist duruş metodoloji iki tarafı da merkezsizleştirerek (*decentralization*) kadınların deneyimlerindeki farklılıkları

ve kadınlar arasındaki güç ilişkilerini de (Hekman, 1997:349; Beasley, 1999:20; Ramazanoğlu ve Holland, 2002:65-66; Chantel, 2007:18) ortaya çıkartır.

Fakat bu durum feminist duruş metodolojisini tamamen rölativist bir metodoloji yapmaz. Çünkü feminist duruş metodolojisi için hala deneyimleri yapılar içerisinde ele almak ve değerlendirmek esastır. Bu da feminist duruş metodolojisinin teori ve pratik birlikteliğine *(praxis)* olan vurgusundan ileri gelmektedir. Nitekim, feminist duruş metodoloji sosyal gerçekliğin daha iyi bir tasviri için kadınların epistemik olarak ayrıcalıklı konumuna (*epistemic privilege*) işaret etmekle kalmaz, bu epistemik ayrıcalığın bu eşitsiz gerçekliği dönüştürme potansiyeline de işaret eder. Bu durum, feminist duruş metodolojisi'ni bir ucunda objektivizm diğer ucunda rölativizm olan kaygan bir çubuk üzerinde arada kalmış bir pozisyon alış haline getirir (Haraway, 1991). Nitekim, feminist duruş metodolojisi ortaya çıktığı ilk günden itibaren aydınlanmanın, hümanizmin ve modernizmin ilkelerine çelişik bir şekilde gelişmesine rağmen, modernitenin ve hümanizmin gerçekliğe ilişkin teorik bir açıklama sunma ve insanlığı özgürleştirme prensiplerini tamamen bırakmaz.

Feminist duruş metodolojisinin bu arada kalmış pozisyonunun çalışmanın teorik çerçevesi ile örtüştüğü açıktır. Bir başka ifade ile, feminist duruş metodolojisinin farklılıkları kabul eden, farklılıkları birbirine indirgemeyen ama bu farklılıklara rağmen bir teorize etme ve politik eylemlilik *(praxis)* arayışı, emek süreci teorisi ve prekarleşme tartışmasının çalışanların emek sürecinin yeni organizasyonu içinde daha da çeşitlenmiş, farklılaşmış öznelliklerinde çalışma ve yaşam koşullarını birleştirici bir düzlem arayışı ve bu düzlemi politik bir olanak olarak görmesi ile uyuşmaktadır. Bir başka ifade ile, feminist duruş metodolojisine paralel şekilde, prekarleşmeyi çalışma ve yaşam koşullarında daha genelleşmiş bir güvencesizlik ve belirsizlik deneyimi olarak görmek, bu deneyimi/öznellikleri materyal bir bütün veya yapılar içinde anlamlandırmak/teorize etmek ve aynı zamanda bu deneyimlerde ortak olanın söz konusu yapıyı dönüştürme potansiyelini vurgulamak hem teori ve pratik'in biraradalığına hem de modernizm ve post-modernizm arasındaki arada kalmış bir pozisyon alışa bu çalışma açısından işaret eder.

Metot ve Saha Çalışmasının Kapsamı

Çalışma kapsamında *nitel araştırma metodu* kullanılmaktadır. İstatistiki göstergeler ve sahadaki gözlemler yanında, veri toplama yarı yapılandırılmış soru formu çerçevesinde

gerçekleştirilen *derinlemesine mülakat* tekniğine dayanmaktadır. Çalışmanın teorik çerçevesinden yola çıkılarak, yarı yapılandırılmış soru formu hemşirelerin çalışma geçmişi/ deneyimi, şu anki çalışma koşulları, sağlık emek süreci üzerindeki inisiyatifleri, iş ve aile yaşamını uyumlaştırmada kullandıkları stratejiler, iş güvencesi, gelir güvencesi, yasal güvence, temsil güvencesi, gelecek güvencesi, vasıflarını yenileme güvencesi, mesleki itibarsızlaşma temalarına dayanmaktadır.

Veri toplama süreci beş derinlemesine mülakattan oluşan *pilot çalışma* ile başlamakta, toplam dört aylık (*Kasım 2016 – Şubat 2017*) bir süreyi kapsamaktadır. Derinlemesine mülakatlar kamu, özel ve üniversite hastanesi olmak üzere üç farklı hastanede ve üç farklı aile sağlığı merkezinde gerçekleştirilmiştir. Bu kapsamda çalışma birinci basamak (*aile sağlığı merkezi*), ikinci basamak (*kamu hastanesi ve özel hastane*) ve üçüncü basamak (*üniversite hastanesi*) olmak üzere sağlık hizmet sunumunun tüm aşamalarında görev alan hemşireleri kapsamaktadır. Hemşirelerin hem iş hem de iş-dışı zamanlarında çalışmaya zaman ayırmak konusundaki isteksizlikleri, daha önce katıldıkları diğer çalışmalarla ilgili hayal kırıklıkları ve eleştiri yapmak ya da hastane yönetimi ile ilişkilerinin bozulmasına yönelik çekinceleri nedenleri ile derinlemesine mülakatlar seçilen sağlık kuruluşlarında gerçekleştirilmiştir.

Çalışmaya seçilen sağlık kuruluşlarından gerekli izinler alındıktan sonra başlanmıştır. Seçilen sağlık kuruluşlarındaki yönetimlerin çalışmadan haberdar olması ve çalışmanın gerçekleştirilmesine izin vermiş olması hemşireleri çalışmaya katılmak konusunda ikna etmeyi kolaylaştıran bir etken olmuştur. Ayrıca, sağlık kuruluşlarındaki yönetimlerin çalışmaya dahil olması çalışmanın ortaya koyduğu kriterlere göre farklı birimlerde çalışan hemşirelere ulaşmayı kolaylaştırmış, saha çalışmasının kapsamının genişletilebilmesine ve kapsama alınan hemşirelerin çeşitliliğinin sağlanabilmesine olanak tanımıştır. Fakat, burada altını çizmek gerekir ki, sağlık kuruluşlarındaki yönetimlerin çalışmaya dahil olması aynı zamanda derinlemesine mülakatların hangi birimde ve kimlerle yapılacağı konusunda belirleyici olmaları sonucunu doğurmuştur. Tam olarak ölçmek mümkün olmamakla birlikte, bu durumun hemşirelerin cevapları üzerinde bir etki yaratmış olması olasıdır.

Çalışma zaman içinde sağlık emek sürecinin esnekleşmesinin hemşirelerin çalışma ve yaşam koşulları üzerindeki etkilerine odaklanmakta, bu kapsamda da geçmiş ve şu anki deneyimlere ilişkin karşılaştırmalı bir bakış açısı sunmayı amaçlamaktadır. Bu durum,

mülakatların sağlık kuruluşlarında gerçekleştirilmesinin altında yatan bir diğer etkendir. Bir başka ifade ile, derinlemesine mülakat yapılacak hemşirelerin rastlantısal olarak seçilmesindense, belirli kriterlere göre seçilmiş sağlık kuruluşlarında yapılması tercih edilmiştir. Derinlemesine mülakatların gerçekleştirileceği sağlık kuruluşlarının seçiminde iki temel kriter kullanılmıştır: 1- *kapasite* (kayda değer sayıda hastaya hizmet verme), 2- *tarih* (kurumsallaşmış, uzun süredir sağlık hizmeti sunan ve bilinen bir hastane olmak; özellikle sağlıkta dönüşüm programının uygulanmaya başlandığı 2003 yılı öncesi ve sonrasında sağlık hizmeti sunuyor olmak). Diğer taraftan, derinlemesine mülakatların yapıldığı aile sağlığı merkezleri de Ankara'daki en büyük ilçelerden birisi olan Çankaya bölgesinden seçilmiştir.

Çalışma kapsamında 50 hemşire ile derinlemesine mülakat gerçekleştirilmiştir. Fakat, burada altını çizmek gerekir ki, çalışma kapsamında gerçekleştirilen derinlemesine mülakat sayısı aslında 50'den fazladır. Veri toplama süreci esnasında, şu anda çeşitli idari birimlerde görev alan ama kariyerinin bir döneminde sağlık emek sürecinde hemşire olarak hizmet vermiş pek çok hemşire ile görüşme imkanı olmuştur. Bu görüşmeler gözlemler olarak analiz sürecine yansıtılmakla birlikte, bu çalışma sağlık emek sürecinde hizmet veren hemşirelere odaklanmış olduğundan bu görüşmeler derinlemesine mülakatlar olarak çalışmanın kapsamına alınmamıştır.

Hemşireler gönüllülük esasına göre çalışmaya dahil edilmiştir. Mülakat yapılacak hemşirelere hastane yönetimi aracılığı ile ulaşılmış olmasına rağmen, *gönüllü katılım formu* üzerinden mülakatlara başlamadan önce hemşirelerin rızası alınmıştır. Mülakatlar 40-90 dakika arasında sürmüştür ve hemşirelerin izni alınarak mülakatlar ses kayıt cihazına kaydedilmiştir. Çalışma kadın hemşirelerin deneyimlerine odaklandığından, çalışma kapsamına alınacak hemşirelerin seçiminde kullanılan kriterlerden birisi *cinsiyet*tir. Hemşirelerin seçiminde kullanılan bir diğer kriter hemşirelerin *çalışma deneyimi*dir. Mesleğin sunduğu çalışma ve yaşam koşulları ile ilgili karşılaştırmalı bir perspektif sunmaları beklendiğinden, mülakatlar en az 10 yıllık çalışma geçmişi olan hemşirelerle gerçekleştirilmiştir. Hemşirelik mesleğinde sahada hala standart bir eğitimin olmaması, *eğitim seviyesi*ni hem vasıfsızlaşma, hem de prekarleşmenin diğer boyutları açısından hemşirelerin seçiminde kullanılan bir diğer önemli kriter haline getirmiştir. *Medeni durum* ve *çocuk sahibi olma durumu* iş ve aile yaşamını uyumlaştırma stratejilerini sorgulama bakımından çalışma kapsamında hemşirelerin seçiminde kullanılan bir diğer önemli kriterdir. Son olarak, *istihdam statüsü* hemşirelerin seçiminde kullanılan kriterlerdendir. Çalışma

kapsamında, Devlet Memurları Kanunu uyarınca kadrolu olarak çalışan (*devlet ve üniversite hastanesinde*), Devlet Memurları Kanunu uyarınca sözleşmeli olarak çalışan (*aile hekimliği merkezlerinde*) ve İş Kanunu uyarınca sözleşmeli olarak çalışan (*özel hastanede*) hemşireler yer almaktadır. Devlet ve üniversite hastanesinde yapılan görüşmelerin kadrolu hemşirelerden oluşması hastane yönetiminin hemşirelerin seçiminde belirleyici olmasından ve çalışma kapsamında öne çıkan en az 10 yıl çalışma geçmişine sahip olma kriterinden kaynaklanmaktadır.

Veri toplama sürecine, nitel araştırma tekniğinde *doygunluk* kriteri olarak kavramsallaştırılan, cevaplar birbirini tekrarlamaya başladığında son verilmiştir. Analiz süreci ise, elde edilen verilerden kategoriler devşirilmesi ve bu kategoriler altındaki verilerin/ deneyimlerin esnekleşmenin boyutları çerçevesinde yorumlanmasına dayanmaktadır.

Çalışmanın Sınırlılıkları

Sağlık hizmetlerinin sunumunda özellikle son dönemde artan çeşitlilik, hemşirelerin çalışma ve yaşam koşullarının içinde çalıştıkları sağlık emek sürecine göre farklılaşmasına neden olmaktadır. Bu durum, çalışmanın kapsamını belirleme konusunda zorluk ortaya çıkartmıştır. Hemşirelerin çalışma koşulları, çalıştıkları sağlık kuruluşunun statüsüne göre (kamu, özel, üniversite, aile hekimliği merkezi), aynı statüdeki bir sağlık kuruluşundan diğerine, hatta aynı sağlık kuruluşu içindeki farklı birimlere göre farklılık göstermektedir. Hastaneleri idari ve finansal açıdan özerk birimler haline getirme eğilimi kural ve düzenlemelerin de bir sağlık kuruluşundan diğerine değişmesine neden olmakta, bu durum farklılaşmayı daha da derinleştirmektedir. Bu farklılıklara ilave olarak, hemşirelerin istihdam statüsü, eğitim seviyeleri, medeni ve annelik durumları gibi sosyo-demografik özellikleri üzerinden de birbirinden farklılaşıyor olması göz önüne alındığında, çalışmanın kapsamını belirleme ve analiz süreçlerinde ortaya çıkan güçlük açıktır.

Hemşireler arasında çalışmaya katılma konusunda genel bir isteksizlik durumu gözlemlenmiştir. Bunun nedenleri, hemşirelerin hem iş hem de iş-dışı zamanlarında çalışmaya zaman ayırmak konusundaki isteksizlikleri, daha önce katıldıkları diğer çalışmalarla ilgili hayal kırıklıkları ve eleştiri yapmak ya da hastane yönetimi ile ilişkilerinin bozulmasına yönelik çekinceleri olarak ortaya çıkmaktadır. Fakat, kesintisiz olarak devam eden sağlık hizmet sunumu esnasında mülakatları gerçekleştirmeye çalışmak mülakatların

sık sık kesintiye uğramasına neden olmuştur. Bu kesintiler hem araştırmacının hem de hemşirelerin dikkatlerini dağıtmış, hemşirelerin mülakata devam etmek konusundaki motivasyonlarını düşürmüştür. Hemşirelerin bir an önce mülakatı bitirip işine dönmek istemesi bazı mülakatlarda cevaplarını kısa tutmalarına ve mülakatın kısa sürmesine neden olmuştur.

Sağlık hizmeti sunumunun kesintisiz devam eden bir süreç olması nedeniyle hemşireleri görev yaptıkları birimden uzaklaştırmak veya mülakatların yapılmasına elverişli bir ortam oluşturabilmek çoğu zaman mümkün olmamıştır. Mülakatlar genellikle her birimde bulunan hemşire odalarında gerçekleştirilmiştir. Fakat bu odalarda diğer hemşirelerin de bulunması veya çeşitli sebeplerle hastaların, doktorların veya hemşirelerin odaya girip çıkması yine mülakatların kesintiye uğramasına neden olmuştur. Diğer taraftan, bu durum aynı zamanda bazı mülakatların bir dinleyici kitlesi önünde gerçekleştirilmesi zorunluluğunu ortaya çıkartmıştır. Dinleyici hemşirelerin varlığı ise onların da bazen mülakata dahil olmasına veya mülakat yapılan hemşirenin dinleyicilerin varlığını hesaba katarak cevaplarını yapılandırmasına neden olmuştur.

Hemşirelere hastane yönetimi aracılığı ile ulaşılmıştır. Veri toplama süreci hastane yönetimlerinden gerekli izinlerin alınmasından sonra başlamış, bu durum hastane yönetimlerinin mülakatların hangi birimlerde ve hangi hemşirelerle yapılacağı konusunda belirleyici olmasına neden olmuştur. Hastane yönetimlerinin çalışmadan haberdar olması ve çalışmaya izin vermiş olması hemşireleri çalışmaya katılmak konusunda teşvik etmesine rağmen, isimlerin ve birimlerin hastane yönetimi tarafından belirlenmesinin veya bilinmesinin hemşirelerin çalışma koşullarına ilişkin eleştirel bir bakış açısı sunma konusunda çekimser cevaplar vermesine yol açmış olabileceği olasılığı bulunmaktadır.

Çalışmanın Verileri ve Sonuçlar

Yeniden esnekleşmenin sağlık emek sürecindeki öne çıkan yansımasının sağlık hizmetlerinin hem kamu hem de özel sektördeki sunumunda *maliyetleri kısmak* olduğu açıktır. Fakat, hastaları memnun edilmesi gereken müşterilere dönüştüren sosyo-politik arka planın bir uzantısı olarak, yeni dönemde kritik olan özellikle *emeğin ücret ve ücret-dışı maliyetlerini kısmak* üzerindeki gözle görülür duyarlılıktır. Sağlık emek sürecinde emek maliyetlerinin kısılması hemşire sayısındaki aşağı doğru bir baskı ve *asgari sayıda hemşire ile çalışma* ile

ortaya çıkmaktadır. Özel hastanelerde bir maliyet kısma yolu olarak az sayıda hemşire ile çalışmak beklenebilecek bir durumken, kamu ve üniversite hastanelerinde bu eğilimin kadrolu hemşire sayısındaki azalmaya bir tepki olarak ortaya çıktığı görülmektedir.

Diğer taraftan, sağlık hizmetlerine yönelik kışkırtılan talep ve yaşlanmakta nüfusa ek olarak, az sayıda hemşire ile çalışmak hemşire başına düşen iş yükünü artırmaktadır. Bu durum, 'yoğunlaşan iş yükü' ile 'yetersiz sayıda hemşire ile çalışmak' arasında bir çelişki ortaya çıkartmaktadır. Bu çelişki ise, sağlık emek sürecinde esnekleşme stratejilerinin uygulanmasının arkasında yatan temel dinamik olarak ortaya çıkmaktadır. Nitekim, yetersiz hemşire sayısı ve artan iş yükü arasındaki çelişki ile başedebilmek için hastane yönetimlerinin esnekleşme stratejilerine daha fazla yöneldikleri görülmektedir. Bir başka ifade ile, daha esnek bir şekilde düzenlenen çalışma süresi, görev tanımı, ücretler, personel planlaması, istihdam ilişkileri, terfi ve kariyer olanakları ile hastane yönetimlerinin kendilerine *az kişi ile çok iş yapma* olanağı yarattıkları ve bu sayede de yetersiz hemşire sayısı ve artan iş yükü arasındaki çelişkiyi çözme yoluna gittikleri görülmektedir.

Son dönemde sağlık emek sürecinde sağlık kuruluşlarının karşı karşıya kaldıkları bu çelişki ve esnekleşme stratejilerinin uygulanması makro düzeyde devletin sağlık harcamalarını kısmak üzerine kurduğu sosyo-politik arka plan ile ilgilidir. 'Azalan kadrolu pozisyonlara karşılık kamu sektöründe sözleşmeli eleman çalıştırmayı mümkün hale getirme', 'hastaların müşterileşmesi ile desteklenen performansa dayalı sistem' ve 'sağlık kuruluşlarının finansal ve yönetsel açıdan kendi kendilerine yetebilen otonom birimler haline getirilerek sağlık hizmet sunumunun adem-i merkezileştirilmesi' bu sosyo-politik arka planın temel ilkelerini oluşturmaktadır. Bu ilkeler, devletin rolünün asgari prensip ve standartları belirlemeye indirgenmesine karşılık, sağlık kuruluşlarının sağlık hizmetlerinin organizasyonunda artan inisiyatifi anlamına gelmektedir. Bu durumda, kamu kaynaklarına yük olmadan kendi gelirleri ile masraflarını karşılaması beklenen sağlık kuruluşlarının emeğin ücret ve ücret-dışı maliyetlerini kısma yoluna gitmesi ve az sayıda hemşire ile hastaların/müşterilerin kışkırtılmış beklentilerini karşılamak amacıyla emek sürecinin organizasyonunda esnekleşme stratejilerine daha fazla yönelmeleri durumu söz konusu olmuştur.

Hastane yönetimlerinin sağlık hizmetlerinin organizasyonundaki artan inisiyatifi, sağlık emek sürecinin organizasyonunun performansa-dayalı sistem aracılığı ile pazardaki talebe bağlanması anlamına gelmektedir. Bir başka ifade ile, hastane yönetimlerinin sağlık

hizmetlerinin organizasyonundaki artan inisiyatifi çalışma koşulları, personel planlaması, ücretler, çalışma saatleri, görev tanımı, kariyer olanakları ve yükselme olasılıkları üzerindeki kararlarında hem kamu hem de özel sektörde *rekabet edebilir olmayı* temel kriter haline getirmiştir. Sağlık emek sürecinin organizasyonunun performans/talep/rekabet edebilirliğe bağlanması ise, hemşirelerde çalışma koşulları, kariyerleri, gelecekleri, ücretleri, çalışma saatleri, görev ve sorumlulukları konularında daha fazla güvencesizlik ve belirsizlik deneyimine yol açmaktadır. Bir başka ifade ile, yeniden-esnekleşme hastane yönetimlerinin çalışma koşullarını pazardaki talebe uyarlamaktaki özgürlüğüne karşılık hemşirelerin çalışma koşullarının daha fazla güvencesiz ve belirsiz hale gelmesi şeklinde deneyimlenmektedir.

Fakat, yeniden esnekleşme ve prekarleşme arasındaki eklemlenmeyi sağlık emek sürecine indirgemek mümkün gözükmemektedir. Sağlık emek sürecinin şu anki organizasyonunda güvencesiz ve belirsiz hale gelen sadece çalışma koşulları değil aynı zamanda yaşam koşullarıdır. Nitekim, bu eklemlenme hemşireler ve hemşirelere bağlı kişilerin yaşamlarının tümüne etkisi olan bir süreçtir. Emek sürecinin esnekleşmesinin iş ve iş-dışı zaman arasındaki çizginin bulanıklaşması ile birlikte geldiği ve bundan dolayı da çalışanların iş-dışı zamanlarını planlama veya özel hayatları ile ilgili özgürce karar alma olanaklarının azaldığı görülmektedir. Bir başka ifade ile, sağlık emek sürecinin yeniden esnekleşmesi iş ve iş-dışı zaman arasındaki yoğunlaşan çelişki ile ortaya çıkmakta ve bu durum hemşireler tarafından iş-dışı yaşamları üzerinde işin daha yoğunlaşan kontrolü şeklinde deneyimlenmektedir.

İş ve iş-dışı arasındaki çizginin bulanıklaşması esnekleşme ve prekarleşme arasındaki eklemlenmenin toplumsal cinsiyetçi *(gendered)* etkilerini gündeme getirmektedir. Çünkü iş ve iş-dışı arasındaki çizginin bulanıklaşması, kadın emeğine hem üretim hem de yeniden üretim alanında rol biçen şu anki toplumsal cinsiyet rejiminde üretim ve yeniden üretim arasında daha yoğunlaşmış bir çelişki anlamına gelmektedir. İlk olarak, hemşireler arasında üretim alanına katılmanın/çalışmanın artık bir tercih olmadığı açıktır. Nitekim, hemşirelerin emekliliğe hak kazanmalarına rağmen hala çalışmaya devam etmek istemeleri evin ekmek parasını getiren olarak görülen erkeğin ücretinin şu anki koşullarda yetersiz kaldığının bir göstergesi ve bu anlamda da geleneksel aile ücreti (*family wage*) düşüncesini sarsan bir durum olarak değerlendirilebilir. Bu sarsıntı, hemşirelerin eşlerini kadınlara yüklenen hane-içi sorumlulukların ve çocuk bakımının bir parçası haline getirmekte ve üretim ve yeniden-

üretim arasındaki çelişkinin ortaya çıkardığı gerginliği sırtlamada rıza göstermelerinin nedenini açıklamaktadır.

İkinci olarak, eşlerin isteyerek veya istemeyerek hane-içi sorumluluklara ve çocuk bakımına artan katılımının hane-içi sorumlulukları ve çocuk bakımını doğrudan kadın emeği ile ilişkilendiren toplumsal cinsiyete dayalı eşitsiz işbölümünü ortadan kaldırmadığının altını çizmek gerekmektedir. Bir başka ifade ile, toplumsal cinsiyete dayalı hane-içi eşitsiz işbölümünde bir kararlılık söz konusudur. Bu kararlı durum, hastane yönetimlerinin ücret dışı maliyetlerini kısmak amacıyla iş ve aile yaşamını uyumlaştıracak mekanizmaları daha az sunduğu bir ortamda hemşireleri iş ve iş-dışı zaman arasındaki giderek daha fazla bulanıklaşan çizgiye karşı daha kırılgan hale getirmektedir.

Hemşirelerin hane-içi sorumluluklarını erteleyebilme olanağına sahip olduğu görülürken, çocuk bakımı, özellikle okul öncesi yaştaki çocukların sosyalizasyonu, gece nöbetlerinde çalışan hemşireler başta olmak üzere üretim ve yeniden-üretim arasındaki çelişkinin ortasında yer almaktadır. Hemşireler annelik ve emzirme izinleri konusunda hastane yönetimlerinin geçmişe nazaran daha destekleyici bir tutum sergilediklerini vurgulamasına rağmen, çocuk bakımının kurumsal sunumundaki *erişememe, sağlık kuruluşlarında bulunan çocuk bakım merkezlerinin kapasitesinin yetersiz olması* ve *çocuk bakım merkezlerinin ücretinin maaş ile karşılanamaması* problemleri çocuk bakımını hemşirelerin tercihen ücretsiz olarak hane içinde yine bir kadın emeği ile çözmeye çalıştıkları bireysel bir sorun haline getirmektedir. Dolayısıyla, üretim ve yeniden-üretim arasındaki çelişkinin hemşirelerin hem iş hem de iş-dışında fiziksel ve duygusal emekleri üzerindeki kontrolü artırdığı açıktır. Bir başka ifade ile, üretim ve yeniden-üretim arasındaki artan çelişki ile karakterize olan sağlık emek sürecinin esnekleşmesi hemşirelerin çalışma ve yaşam koşullarındaki aşağı doğru baskıyı tetiklemektedir.

Diğer taraftan, 'asgari bir hemşire sayısı ile çalışmak', 'iş ve aile yaşamını uyumlaştırmak üzere sunulan mekanizmaların sınırlılığı' ve 'personel yapısı, istihdam ilişkileri, ücret, iş tanımı, çalışma süresi, terfi ve yükselme olanaklarının daha esnek örgütlenmesi' dışında sağlık emek sürecinin esnekleşmesini, *bu anlamda da*, hemşirelerin çalışma ve yaşam koşullarının prekarleşmesini sağlayan iki önemli süreç daha söz konusudur:

İlk süreç, hemşire emeğinin sistematik olarak *vasıfsızlaştırılması*dır. Sağlık hizmetinin sunumunda üniversite mezunu hemşirelerin artan varlığına rağmen, hemşirelerin beşeri sermayelerinin ücret, kariyer planlaması, terfi ve yükselme olanakları üzerindeki etkisinin sınırlı olduğu görülmektedir. Beşeri sermaye düzeylerinden bağımsız olarak, bütün hemşirelerin aynı iş yükü altında, benzer çalışma koşullarıyla, neredeyse aynı ücretlerle benzer işleri yaptıkları görülmektedir. Diğer taraftan, hastaların müşterileşmesi sağlık hizmetlerinin sunumunda duygusal emeğin rolünü artırmasına rağmen, hemşireler üzerindeki duygusal yıpranmanın vicdan ve alturizm/fedakarlık altında gizlendiği ve hemşirelerin ücretlerine yansıtılmadığı görülmektedir. Bu durum hemşirelik mesleğin ile ilgili vasıfların tanımlanmasına toplumsal cinsiyet ilişkilerinin eklemlenmesinin bir göstergesidir.

İkinci süreç, hemşirelik mesleğinin sistematik olarak *itibarsızlaştırılması*dır. Hastaların memnun edilmesi gereken müşteriler haline getirilmesinin bir diğer görünümü olarak, hastalara şikayet edebilme imkanı sağlayan mekanizmaların artan şekilde sunulduğu ve kurulan birimler ile hasta haklarına yönelik duyarlılığın arttığı görülmektedir. Fakat, hasta haklarına yönelik artan duyarlılık ve çeşitlenen şikayet mekanizmaları hemşirelere çalışan hakları üzerinde azalan duyarlılık ve mesleki saygınlığın azalması şeklinde yansımaktadır. Öte yandan, sağlık kuruluşlarının daha fazla sayıda hasta çekebilen *mıknatıs hastane* olabilmek için sergiledikleri *hasta-dostu tutum*un hastaların şikayetlerini hemşirelerin fiziksel ve duygusal emekleri üzerinde yeni bir kontrol mekanizması haline getirdiği de açıktır.

Hemşirelik mesleğinin sistematik olarak itibarsızlaşmasının altında yatan bir diğer etken de hemşireleri *yardımcı sağlık personeli* olarak tanımlama konusundaki ısrardır. Hemşirelerin yardımcı sağlık personeli olarak tanımlanması hemşireler ve doktorlar arasındaki hiyerarşik ilişkiyi yeniden üretmekte ve bu yolla da hem makro, hem de mikro seviyede doktorlara sağlık emek sürecini düzenleme ve organize etme inisiyatifi vermektedir. Sağlık emek sürecinin düzenlenmesini ve organizasyonunu doktorların kontrolüne vermek ise, hemşireleri performansa dayalı sistem üzerinden sağlık kuruluşlarının rekabetçi hedeflerine bağlamak anlamına gelmektedir. Nitekim, sağlık sektörünün doktor odaklı yapısı nedeniyle, performansa dayalı sistemin uygulanmasında doktorların rızasının *(consent)* hedeflendiği, duygusal ve fiziksel emekleri üzerinde baskı oluşturmasına karşılık performansın hemşirelere hiç ya da oldukça az yansıması nedeni ile bu sürecin hemşireler tarafından baskı (*coercion*) olarak deneyimlendiği görülmektedir.

Bu kapsamda, diğer süreçlerle beraber, bu iki sürecin de emek maliyetlerini kısmak üzere işletildiği ve hemşirelerin çalışma ve yaşam koşullarında prekarleşmeye yol açtığı açıktır. Burada kritik olan, hemşirelerin bu durumun farkında olması ve esnekleşmenin çalışma ve yaşam koşulları üzerindeki yıkıcı etkilerine yönelik eleştirel tavırlarıdır. Fakat, hemşirelerin bu konudaki bilinçliliğinin ve eleştirel tavırlarının aktif politik bir öznelliğe dönüşmediği, aksine, hemşirelerin çalışma ve yaşam koşullarındaki prekarkeşmeye yönelik uyumlu/uysal (*docile*) bir tutum sergiledikleri görülmektedir.

Deneyimli hemşirelerin zaman içinde mesleki problemlerine karşı mücadele etmekle bir şeyleri değiştirebileceklerine yönelik umutlarını kaybetmeleri bir kenarda tutulursa, bu uyumlu/uysal tutumun, genel olarak, hemşirelerin 'şu anki birimlerinde iyi olduğunu düşündükleri çalışma koşullarını korumak' ve 'gece nöbeti tutmaktan muaf olma olanağı sağlayan pozisyonlar için hasta yönetimi tarafından seçilen kişi olmaya çalışmak'tan kaynaklandığı görülmektedir. Hastane yönetimi ile iyi ilişkiler kurmak ve kurumda devamlılık hemşirelerin 'kendilerini iyi hissettikleri şu anki birimlerinde kalmaları' ve 'gece nöbetinden muaf olma olanağı sağlayan pozisyonlar için seçilen kişi olmaları' için en önemli kriterler olduğundan, hemşireler öz kontrol (*self-control*) ve öz disiplin (*self-discipline*) ile uyumlu/uysal tutum sergilemekte ve çalışma ve yaşam koşullarındaki kötüleşmeye rıza göstermektedir. Bu noktada, hemşirelerin gece nöbetlerinden çıkma şansını yakalamaktaki hassasiyetlerinin hemşirelerin çalışma ve yaşam koşullarını dengelemede ne kadar zorluk çektiklerine işaret ettiğinin altını çizmek gerekmektedir. Bu hassasiyet bir yandan da sağlık emek sürecinin şu anki örgütlenme biçiminde nöbetten çıkmanın iş ve aile yaşamını uyumlaştırma olasılığı sağlamada en öne çıkan mekanizma olduğunu da göstermektedir.

Dolayısıyla, sağlık emek sürecinin esnekleşmesi hane içindeki toplumsal cinsiyete dayalı eşitsiz iş bölümünü bir nebze de olsa sarsmış olmasına rağmen, yine toplumsal cinsiyete dayalı eşitsiz işbölümü nedeni ile iş ve aile yaşamını arasında artan çelişkiyi çözme olasılığının hastane ile iyi ilişkiler kurmaya ve kurumdaki devamlılığa bağlanması çalışma ve yaşam koşullarındaki prekarleşmeye karşı hemşireler arasında uyumlu/uysal bir tutumu tetiklemektedir. Bu durum, hemşire emeği üzerindeki doğrudan kontrol mekanizmalarının (*işten çıkartma, birimini değiştirme, sağlık emek sürecinin organizasyonunu doktorlara bağlama*) yanında, toplumsal cinsiyet ilişkilerinin esnekleşme ile eklemlenmesi üzerinden nöbetten çıkmanın nasıl bir *rıza* üretme mekanizması haline geldiğini ve hemşirelerin de

çalışma ve yaşam koşullarındaki prekarleşmenin yeniden üretiminin nasıl bir parçası haline getirildiğini göstermektedir.

Çalışma ve yaşam koşullarındaki prekarleşmeye yönelik bu uyumlu/uysal tutum hemşirelerin pazarlık güçlerinin zayıf olduğuna işaret etmektedir. Bunun görünümlerinden birisi, hemşirelerin mesleki problemlerini dile getirme ve mücadele etmede kendilerini yalnız hissetmeleridir. Nitekim, doktor odaklı bir sistemde hemşirelerin 'idari organlardaki sınırlı temsili', 'karar alma mekanizmalarına/süreçlerine kısıtlı katılımları' ve 'hemşireleri sağlık kuruluşlarında temsil eden organların *(hemşirelik müdürlüğü)* üst yönetime bağımlı olması' pazarlık güçlerini zayıflatmakta, kendilerini yalnız hissetmelerine yol açmakta ve uyumlu/uysal tutum geliştirmelerini tetiklemektedir. Diğer taraftan, uyumlu/uysal tutum ve yalnızlık hissi hemşireler arasındaki dayanışma ve örgütlenmenin zayıf olduğuna da işaret etmektedir. Nitekim, 'var olan örgütlerin hemşireler tarafından etkin bulunmaması', 'ağır ve yoğunlaşmış iş yükü', 'iş ve aile yaşamı arasında mekik dokumak', 'hemşire emeğinin yeni süreçte artan çeşitliliği', 'hemşirelerin hastane yönetimi ile ilişkilerini bozmak istememeleri' hemşireleri aktif dayanışmaktan ve örgütlenmekten uzaklaştırmakta, pazarlık güçlerini zayıflatmakta ve yine uyumlu/uysal bir tutum geliştirmelerini tetiklemektedir.

Büyümekte olan sağlık sektöründe hemşire emeğine artan talebe karşılık sayılarının az olması hemşirelerin ücretlerinde, mesleki saygınlığında ve çalışma koşullarında bir iyileşme beklentisi yaratırken bunun tersi bir sürecin söz konusu olmasının hemşirelerin pazarlık güçlerinin zayıflığı veya uyumlu/uysal tutumları ile ilgili olduğu açıktır. Bir başka ifade ile, pazarlık gücünün zayıf olmasının bir sonucu olarak bu uyumlu/uysal tutum veya pasif politik öznellik büyümekte olan sağlık sektöründe hemşire emeğine yönelik artan talebe rağmen hemşireleri çalışma ve yaşam koşullarındaki aşağı doğru baskıya rıza gösteren kolayca manipüle edilen gruplardan birisi haline getirmektedir. Üretim ve yeniden-üretim arasındaki yoğunlaşan çelişki ile baş edebilmek için, hemşirelerin kendi meslektaşları ile değil uyumlu/ uysal tutumları üzerinden sermaye ile dayanışma eğiliminde oldukları görülmektedir. Bu yolla, çalışma ve yaşam koşulları üzerindeki inisiyatiflerini kendi elleri ile sermayenin eline vermiş olmaktadırlar. Dolayısıyla, sağlık emek sürecinin şu anki örgütlenmesinde hemşirelerin sadece hem duygusal hem de fiziksel biçimi ile emek güçlerinin değil, (politik) öznelliklerinin de sermayenin kontrolü altına girdiği açık hale gelmektedir. Bu durum özellikle temsil güvencesizliğini sağlık emek sürecindeki prekarleşmenin, hem nedeni hem

de sonucu olarak, esnekleşme ve prekarleşme arasındaki eklemlenmenin merkezine yerleştirmektedir.

Çalışmanın Teorik ve Metodolojik Katkısı:

Çalışmanın verileri çalışmanın teorik ve metodolojik duruşuna paralel şekilde sağlık emek sürecinin şu anki organizasyonunu düalisttik bir bakış açısıyla veya ikilikler üzerinden analiz etmenin mümkün olmadığını göstermiştir. Bir başka ifade ile, prekarleşme ve esnekleşme arasındaki eklemlenmenin analizini geleneksel üretim/yeniden-üretim, iş zamanı/iş-dışı zaman, standart işler/standart dışı işler, formel sektör/enformel sektör, kadın işi/erkek işi, doğrudan kontrol/ dolaylı kontrol, baskı/rıza ikiliklerine indirgemek mümkün değildir.

Özellikle prekarleşme tartışmasının sunduğu teorik ve metodolojik olanakların analizi ikiliklerden özgürleştirme potansiyeli sunduğu açıktır. Fakat, prekarleşmenin sunduğu analitik araçlar, ki bu araçlar prekarleşmenin çeşitli boyutlarıdır *(dimensions of precariousness)*, analiz sürecinde bir deneyimin basitçe prekarleşmenin boyutlarından birisine tekabül edip etmediğinin karar verildiği bir şablona dönüşme riski taşımaktadır. Dolayısıyla, ikilikler üzerinden analiz etmenin kısıtlayıcılığından kurtulabilmek için, prekarleşmenin boyutlarını şablon olarak kabul edip kullanmak yerine, bu boyutlara ilişkin var olan tanımları prekarkeşmeye ilişkin deneyimleri ortaya çıkartmaya odaklanarak genişletmenin toplumsal cinsiyete duyarlı ve kapsamlı bir prekarleşme bilgisi sunacağı açıktır.

Bu çalışmanın verileri literatürde yer alan ve çeşitli düşünürler tarafından tanımlanan prekarleşmenin boyutlarının koşullara göre değişken *(context specific)* olduğunun altını çizmektedir. Bu koşullara göre değişme durumu bu çalışmanın Türkiye'de sağlık emek sürecinin yeniden yapılanması ve bu yeniden yapılanmanın hemşireler üzerindeki etkilerine ilişkin verileri çerçevesinde prekarleşmenin boyutlarını yeniden tanımlamasını ve bu boyutlara yeni içerikler kazandırmasını gerektirmiştir. Çalışmanın verileri çerçevesinde prekarleşmenin çeşitli boyutlarına ilişkin genişletilen tanımlar aşağıdaki gibidir:

Yasal güvencesizlik bakımından; yasal güvencesizliği sadece var olan hak ve olanaklara erişememeye indirgemek mümkün değildir. Yasal güvencesizlik aynı zamanda var olan makro yasal çerçevenin yetersizliği ya da etkin olarak uygulanmaması ile de ilgilidir. Ayrıca,

hastane yönetimlerinin emek sürecini düzenlemedeki artan inisiyatifinin bir uzantısı olarak, çalışanların mikro ve makro düzeydeki karar alma mekanizmalarında temsil edilme veya düzenleme süreçlerine katılma olasılığı da yasal güvencesizliğin göstergelerinden birisi olarak sorgulanmalıdır.

Kariyer güvencesizliği bakımından; kariyer güvencesizliği sadece çalışanların kariyerlerini planlama olanaklarının sınırlı olması ya da var olan terfi olanaklarına kısıtlı erişimleri olarak değerlendirilemez. Kariyer güvencesizliği aynı zamanda kariyer ve terfi olanaklarına erişim kriterlerinin belirsiz olması ile de ilgilidir. Bir başka ifade ile, kariyer konusunda güvencesizlik ve belirsizlik terfi olanaklarının *sübjektif kriterlere bağlı olması* (hastane yönetimi ile iyi ilişkiler kurmuş olmak vb.) veya hastane yönetimlerinin kimin, hangi birimde, ne kadar süre çalışacağı konusunda hemşirelerin beşeri sermayelerini hiç yada az dikkate alarak çalışanların kariyerleri üzerinde onların rızasını almadan karar verme inisiyatiflerinin artması ile de ilgilidir.

Temsil güvencesizliği bakımından; temsil sadece çalışanların mesleki örgütlerde ve sendikalarda örgütlenmeleri anlamına gelmemektedir. Hastane yönetimlerinin emek sürecinin organizasyonundaki artan inisiyatifi hemşirelerin mikro ve makro seviyede karar alma mekanizmalarına katılımlarını, hatta birimlerindeki gündelik dayanışma olasılıklarını temsil güvencesizliğinin unsurlarından birisi haline getirmiştir.

İş güvencesizliği bakımından, iş güvencesizliğini *işini kaybetme korku*suna indirgemek artık yeterli gözükmemektedir. Aynı mesleğin sunduğu çalışma ve yaşam koşullarının bile bir kurumdan diğerine, hatta bir birimden diğerine değiştiği bir ortamda, iş güvencesizliği çalışanların görece daha iyi buldukları mevcut çalışma koşullarını kendi rızaları dışında kaybetme korkularını da içermektedir. Nitekim, hemşireler açısından iş güvencesizliği basitçe işini kaybetme korkusu değildir. Sağlık sektörünün genişlemesi ile hemşire emeğine yönelik artan talebin bir uzantısı olarak, hemşireler için iş güvencesizliği işten çıkarılma korkusu değil, hastane yönetimi tarafından nispeten memnun oldukları mevcut çalışma birimlerinin kendi rızaları dışında değiştirilmesidir.

Çalışma süresi güvencesizliği bakımından; çalışma süresi güvencesizliğini sadece çalışma sürelerindeki belirsizliğe indirgemek mümkün gözükmemektedir. İş ve iş-dışı zaman arasındaki bulanıklaşan çizginin bir sonucu olarak, çalışma süresi güvencesizliği aynı

zamanda çalışanların özel hayatları ile ilgili özgürce karar alabilme, iş-dışı zamanlarını planlayabilme ve organize edebilme olanaklarını da sorgulamayı gerektirmektedir. Çünkü, iş ve iş-dışı zaman arasındaki bulanıklaşan çizgi, iş-dışı zamanın da belirsizleşmesini ve güvencesizleşmesini tetiklemektedir.

B. CURRICULUM VITAE

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EDUCATION:

MA:	Middle East Technical University, Department of Sociology	(2007 – 2010)
Lisans:	Hacettepe University, Department of Sociology	(2001 – 2005)

WORK EXPERIENCE:

December 2009 – *present* : **Research Assistant**, Hacettepe University Department of Sociology, Turkey

2 November 2015 – 2 March 2016 : **Visiting Scholar**, University of Cambridge Department of Sociology, UK

2 March 2015 – 2 November 2015: **Academic Visitor**, Oxford University Department of Sociology, UK

PROJECTS:

7-10 December 2016: **Researcher**; 'The level of satisfaction and perceived quality of services for patients over 18 years old, in a case, region of Yozgat and Mersin'. A research project conducted by the T.C Ministry of Health.

2014 – 2015: **Researcher**; 'An Examination of Gender Equality in Working Life through Employers' Tendencies and Expactations, in a case of İÇASİFED'. The research project conducted by ANGİKAD (Busines Women Entrepreneurs and Enhancement Association) in the context of 'Increasing Women's Access to Economic Opportunities Program' by the T.C Ministry of Family and Social Policies and World Bank Turkey.

2012 – 2013: **Short Term Expert; '**United Nations Joint Programme Fostering an Enabling Environment for Gender Equality in Turkey', UNDP Turkey.

2012 – 2015: **Researcher; '**The Role of Women in Traditional Handicraft in Azerbaijan and Turkey'. A research project conducted by Turkish National

Commissions for UNESCO and Azerbaijani National Commissions for UNESCO.

2009 – 2017: **Project Assistant**; **‘**The Perception of Ageing and Life Quality: The Case of Ankara’. A research project of Hacettepe University Scientific Research and Coordination Unit conducted by Prof. Dr. Aylin Görgün Baran.

ARTICLE:

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REPORTS AND WORKING PAPERS:

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2012, "Women's Employment in Turkey". New Horizons UNDP Podcast 48, (14 May). (In Turkish) *http://www.undp.org.tr/Gozlem2.aspx?WebSayfaNo=3911*

AREAS OF SPECIALIZATION AND RESEARCH INTERESTS:

Social Policy, Gender Policies, Work and Employment, Qualitative Research and Feminist Methodology

C. TEZ FOTOKOPİSİ İZİN FORMU

ENSTİTÜ

Fen Bilimleri Enstitüsü	
Sosyal Bilimler Enstitüsü	X
Uygulamalı Matematik Enstitüsü	
Enformatik Enstitüsü	
Deniz Bilimleri Enstitüsü	

YAZARIN

Soyadı : SARITAŞ
Adı : CANET TUBA
Bölümü : SOSYOLOJİ

TEZİN ADI (İngilizce): Gendered Aspects of Flexible Work and Precariousness in Turkey: A Case of Nurses in Health Sector

TEZİN TÜRÜ: Yüksek Lisans [ ] Doktora [X]

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