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ORIGINAL ARTICLE

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

Guilt, care, and the ideal worker: Comparing guilt among working carers and care workers

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Abstract

This article explores care workers and working carers' experiences of work. It focuses on how both groups of workers experience pressures to adhere to an ideal, which this article argues, is centered on an emotional reaction of guilt. Through this ideal of a guilty worker, a "care ethic" is reconfigured to become a "work ethic." Drawing on 120 semistructured interviews with care workers, working carers, trade union officers, and care company managers, the article examines how guilt is experienced and constructed in the workplace, and how it becomes beneficial to the aims of the employing organization. The article links the construction and instrumentalization of guilt to Acker's analysis of the ideal worker and to the problematic discourse of the "heroism" of key workers during the Covid-19 pandemic. This discourse can reinforce the image of a sacrificial ideal worker; it implies that if workers do not take a sacrificial approach as part of their work and care ethics, they should feel guilty.

KEYWORDS
control, guilt, ideal worker, social care, unpaid care

1 | INTRODUCTION

This article examines Acker's conception of the ideal worker (1990, 2006) for two groups of workers: working carers (employees who combine paid work with unpaid care responsibilities for an aging, disabled, or long-term ill relative) and paid care workers. Analysis of these groups of workers provides insight into the intertwining of care and work and the

similarities in constructions of a heroic "ideal worker," which both groups face within their employment. A dominant aspect of this ideal worker is, we argue, feelings of guilt. In response to the ambition of this special issue, our article reimagines the figure of the ideal worker as a "guilty" worker. While the ideal worker norm has been widely used to explain the experiences of workers in various contexts (Nkomo & Rodriguez, 2019; Williams, 2000), the role played by emotions such as guilt in pressuring workers to conform to this ideal has been less explored. Existing studies on the experience of guilt at work (Berthe & Chédotal, 2018) do not specifically address how the nature of work—working conditions and relationships between workers and managers—contributes to guilt. In addition, guilt management has so far been neglected in studies on care and work (Stone, 2000, p. 111). By focusing on guilt, this article has two objectives. Firstly, we show that the population of carers (whether paid or unpaid) are at risk of experiencing specific forms of internalized guilt related to the intersection of care and work, and that this guilt perpetuates an "ideal worker norm" among carers. Secondly, we show that guilt can be instrumentalized and managed to pressure workers amid periods of crisis, rendering them "heroic" workers, and that the gendered distribution of caring responsibilities impacts propensity toward guilt.

In England's social care sector, decades of privatization, outsourcing, financialization, and austerity measures have led to poor working conditions, low wages, and a competitive tendering process, which overlook "better employment practices" (Rubery et al., 2015, p. 434). There has also been increased pressure on individuals to provide informal care, defined as parents, partners, family members, or friends caring for older, vulnerable, and disabled relatives (Clancy et al., 2019). Carers with these long-term care responsibilities are more likely to be older and female (Carmichael & Ercolani, 2016), and they often face an economic necessity to remain in employment while taking on care responsibilities. Poor employment conditions among care workers and the increasing number of individuals providing unpaid care are issues, which have attracted more attention during the spread of Covid-19. Aspects of self-sacrifice within the provision of care (Tronto, 1993) have been emphasized by the media and by the government. This "heroism" discourse (Cox, 2020) had already been perpetuated prior to the pandemic; it has been criticized for obscuring the conditions of carers in society and pressuring them to provide more care and more work (Bolton & Wibberley, 2014; Starr & Szebehely, 2017). Unpaid carers, meanwhile, have become "unsung" or "forgotten" heroes during the pandemic (Paddison, 2021).

This article explores the prevalence of this heroism discourse—and its relation to guilt—*prior* to Covid-19. By focusing on both paid and unpaid care, we highlight the gendered interactions between work and care, taking the perspective that "paid or not, care remains assumed by women, migrants, poor populations, these three categories often crossing with each other" (Paperman & Laugier, 2005, p. 290). Our research asks: do care workers and working carers experience similar guilt at work; how do guilt and the consequences of guilt become an aspect of the ideal worker; to what extent is guilt—related to the ethics of care and work—beneficial to organizations; and what factors produce, encourage, and utilize guilt. The remainder of the article is structured as follows. First, it explores literature on guilt, ethics, and the ideal worker. The next section outlines the research methods used. To analyze "formal" paid care, the article draws on interview data from home care workers, care home workers, and support workers. To analyze "informal" care, the article utilizes interview data from individuals providing care for family members while remaining in paid employment, referred to as "working carers." The article also draws upon interviews with union officers and organizers, providing a broader perspective on employment relations and provision of care. The findings demonstrate the prominence of guilt as an emotional reaction of individuals acting at the work/care nexus and explore how and why carers might be particularly vulnerable to the effects of guilt. Our findings show how this guilt is constructed and instrumentalized to become a key attribute of the ideal worker and contribute an analysis of the "usefulness" of guilt to organizations. Throughout, we highlight how assumptions relating to gender play a key role in the propensity of—and utilization of—guilt.

1.1 | Guilt

While the ethics and emotions involved in care have been the subject of a substantial amount of literature (e.g., Paperman & Laugier, 2005; Pulcini, 2017), the specific emotion of guilt in this area has been less of a focus. As a concept, guilt is often defined in relation to other emotions, Tangney and Dearing (2002), for example, argue that shame connects to feelings of anger, while guilt relates to feelings of empathy. Another definition from Zizek

(2017, p. 202) presents shame as an external, normative emotion, and guilt as internalized: "I am ashamed when the (public) Other sees me in my nudity [...] guilt, on the contrary, is independent of how others see me, what they talk about me: I am guilty in myself." This coheres with the perspective that guilt-prone individuals have violated their expectations of themselves, indicating a "moral failure" (Newman & Trump, 2017) or "an internal acknowledgment of an unpaid psychological debt" (Hochschild, 1983, p. 82). Literature on social psychology also points out to gendered experiences of guilt (Cohen et al., 2012). Women experience pressure due to being seen positioned as "the 'kin keepers' in families" (Gonyea et al., 2008, p. 560); this "kinship like" relationship may invoke a "complicated web of obligations" (Dodson & Zincavage, 2007, p. 907). Guilt can specifically impact women who are mothers (Aarntzen et al., 2021) and women who decide *not* to provide unpaid care for dependents (Brea et al., 2016). Those who do provide care often experience guilt and stress concerning whether they are devoting enough time to care and providing "good" care (Burr & Colley, 2019; Johncock, 2018; Tomkins & Eatough, 2014; Yeandle et al., 2002). While studies on paid care tend to focus on "burnout"—and "fear and guilt management do not get much attention" (Stone, 2000, p. 111)—broader research on guilt in workplaces has indicated that guilt can be part of a managerial strategy to reinforce compliant behaviors among employees (Berthe & Chédotal, 2018). This can then decrease job satisfaction (Buckley et al., 2018). Guilt has also been identified by Gibson (2019) as part of a "technology of power" within social work, enacted by managers, organizational leaders, and the government. Gibson calls for other studies to consider how these emotional processes play a role in other organizational contexts; our research responds to this call.

1.2 | Ethics

To contextualize guilt, we consider forms of ethics and norms surrounding care and work. "Good" care has been conceptualized as a combination of emotional labor (Bolton & Boyd, 2003; Hochschild, 1983) and physical labor (Bolton & Wibberley, 2014). Good care can also be understood using the concept of care ethics, which refers to a normative philosophical claim positing collective care as a morality and as a more equitable means of structuring society. The mutual dependence valued in care ethics is in opposition to dominant "masculine" notions of individualism (Gilligan, 1982). Care ethics successfully highlight how care labor requires attention to others' needs; yet it can perpetuate an essentialist understanding of gender (Dorlin, 2011). Acker (2006, p. 444, 453) argues that emphasizing biological beliefs in gender differences (such as beliefs that women are more caring) acts to "legitimate inequality." In our use of the concept, we are not suggesting that women have an inherently propensity toward care. Instead, we highlight how stereotypical perceptions of gender posit forms of care work as a feminine activity—with men viewed as autonomous, while women are frequently defined in relation to others—then devalue the activity on the basis of its femininity (Acker, 1990; Palmer & Eveline, 2012). We approach care ethics as intertwined with power dynamics (Faur & Tizziani, 2018); because of the relational nature of care and a propensity for carers to neglect their own needs and self-sacrifice (Tronto, 1993), carers may be particularly vulnerable to forms of exploitation.

Our analytical approach considers the tensions between care ethics and work ethics. Work ethics can be defined as the way in which workers become socially and morally committed to labor (Gerrard, 2014) with types of work ethic varying depending on the occupational, political, economic, and cultural context (Alfano, 2021). A post-Fordist work ethic particularly encourages workers to view labor as a process of moral self-realization. Farrugia notes that (2019, p. 1087): "'becoming a worker' has become an ethical condition for the experience of meaningful subjectivity." Work ethics thus functions in a similar way to Acker's ideal worker framework; Heelas (2002, p. 81) writes that "different work ethics [...] are ideal-type differentiations," which trace "dynamics of fusion or tension." Drawing parallels between work ethics and care ethics, Weeks (2011) has argued that calls from some feminist theorists (particularly those associated with the Wages for Housework literature) to pay for care labor reiterate capitalism's work ethic. The effect is that "the ethic of care could also be construed as an ethic of work" (Weeks, 2011, p. 67). Our research similarly explores similarities in care and work ethic, yet whereas Weeks' analysis focuses on broader dynamics of commodification of labor, we explore how these forms of ethic connect through experiences of guilt.

1.3 | The ideal worker

A strong work ethic is encouraged through notions of an ideal worker—through images, symbols, and discourses, which legitimize certain qualities and conduct at work (Acker, 1992, 2006). The ideal worker is a norm varying across different social and work contexts (Kirkham et al., 2018; Tienari et al., 2016) shaped by expectations related to gender and race. Some situations call for a "real worker" who is typically gendered as an aggressive, goal-orientated, and competitive man (Acker, 2006, p. 450). This "abstract" worker does not allow feelings or personal responsibilities interfere with their work (Acker, 1990, p. 152), and emotion becomes subjugated in the workplace. In other contexts, emotion is instrumentalized: sometimes through the "acting" of emotions (Hochschild, 1983) and other times through an authentic and philanthropic expression of feeling, which is particularly relevant to a context of care (Bolton & Boyd, 2003, p. 293). In these situations, the "ideal" worker aligns with feminine gender stereotypes. Another ideal characteristic might be compliance and acceptance of low wages. Again, the ideal worker in these instances becomes a woman—often an immigrant woman (Acker, 2006, p. 450). This article expands understanding of the ideal worker by examining how the failure to comply with organizational and gendered norms or standards can trigger emotions, such as shame and guilt, and how guilt can benefit organizations—creating an ideal of a "guilty" worker.

2 | METHODS

The research takes a qualitative approach, collecting data through semi-structured interviews. This methodology does not aim toward generalizability—instead, we prioritized collecting in-depth analyses, which center personal experiences of workers and contextualize these experiences within the social structures of organizations (Mitchell, 1983). The data collected from our interviewees and discussed in this article may, therefore, only reflect a partial aspect of the "social reality" of these organizations. To examine the nexus of work and care from different angles, we chose to analyze unpaid and paid work simultaneously. The findings are derived from a total of 120 interviews, carried out with working carers and care workers across a variety of organizations, alongside managers, employers, and senior staff at the organizations. Working carers who were employees providing unpaid care alongside their daily job were interviewed across three organizations. These were large private, public, and third-sector organizations in the UK, which had all implemented some form of support for working carers (e.g., paid care leave and flexible policies). Recruitment took place with the support of various gatekeepers and key informants (such as Human Resource managers and line managers). Table A1 (Annex) presents the characteristics of working carers and other interviewees. The research also draws upon interviews with paid care and support workers from a residential home, a domiciliary care company, and three companies providing support primarily for individuals with learning disabilities[1] (Table A2). Recruitment within these organizations was carried out by contacting gatekeepers and using a snowballing method. The research also included union organizers and officers from three trade unions involved in organizing in the social care sector.

The working carers were mainly women as were the employees at the domiciliary care company and residential home. Among support workers and union staff, the gender composition differed, most of them being men. The majority of participants across all groups were white British. The lack of ethnic or racial diversity among participants was related in part to the composition of the organizations researched, but also could be a result of our use of snowball sampling. Snowball sampling tends to overrepresent participants from the networks of those interviewees that the interviewer spoke with first (Kirchherr & Charles, 2018, p. 3). This becomes "complex" when research is not aiming to primarily investigate ethnicity or race but is aiming to understand the influence of these factors (Vickers et al., 2012, p. 9). We would need to have considered strategies to increase the representativeness of a sample—for example, using a "booster sample"—during the fieldwork.

The interviews were conducted between September 2018 and November 2019, by phone or face-to face, and lasted between 15 min and 2 h. Interviews were semistructured and focused on care workers and working carers' experiences of work as well as their views on union organizing and workplace support. Interviews with union officers and organizers

covered the obstacles to organizing and recruiting in the social care sector and the difficulties to implement support for working carers at work. The interview recordings were transcribed verbatim, and transcripts and field notes were coded following the thematic analysis using NVivo. The codes were established both inductively and deductively: themes were developed deductively out of the literature review and were combined with an inductive analysis of findings. The various themes of guilt and ethics, working conditions, managerial, and organizational pressures, reluctance to ask for support or undertake action, as well as gender stigma were emergent from the analysis and refined with the support of the literature.

The finding sections are structured as follows. The first section explores the experiences and views of working carers and care workers related to guilt and ethics. The second section analyzes how feelings of guilt can benefit organizations: it details the "ideal" tendencies of compliance and loyalty among working carers and care workers, which connect to emotional reactions of guilt. The last findings section considers how organizational pressures and internalized expectations shape guilt and how emotionally manipulative tactics can be utilized by managers and employers—enabling them to alleviate the financial difficulties which their organizations face.

2.1 | Guilt and ethics

This section explores guilt among working carers and care workers and interactions between work ethics and care ethics. Interviews with working carers suggested that research participants across all three organizations experienced forms of guilt. One working carer, employed in an understaffed and underfunded government agency, said that the rigidity of her hours and frequent emotional outbreaks of her customers left her feeling drained at night: she then felt unable to provide care to her mother and grandmother. The working carer commented: "I do feel guilty because work does sometimes take a lot out of me" (WC16, F). A second working carer had a job in retail at the charity organization. She described her time as being stretched between caring for her mother and between her work shifts. She explained: "I think you can't stop feeling guilty if you're not careful. You can feel guilty about not doing enough for your loved ones […] but you just have to work with everything" (WC6, F). This guilt was connected to gender norms: one working carer commented that she did not see herself as a carer, but that as "a mum and a daughter […] you just do whatever is needed" (WC28, F): being a woman within a family was thus associated with a willingness to take on whatever caring responsibilities are required.

Carers across the organizations thus had high expectations of themselves in terms of the care they felt they should be providing, leading them to feel guilty when they felt they were failing their own standards as "carers" because of work pressures. However, the majority of references to guilt in interviews with working carers related to an inability to respond to the needs of their *work* as opposed to an inability to care. Working carers avoided using their allocated leave to provide care, as they feared the negative effect on their colleagues due to the lack of staff available to replace them if they were taking time off. An interviewee who had health problems alongside care responsibilities said: "I kind of feel guilty, [a colleague] said 'you should do it, because you could get some time off for appointments with your mum,' and I'm like, 'I feel bad, I've taken so much time off already'" (WC4, F). Another working carer said:

> If you don't come back in you are then letting our colleagues down, which means it is then more work for them. The whole carer's structure isn't just family […] it then extends to work because you are worried about your work colleagues.
>
> (WC22, F)

Guilt thus related to loyalty toward colleagues—a form of "care," albeit not toward their relatives who received their support. In addition to loyalty, guilt was connected to work ethic. A working carer described feeling guilty about asking for support with their care responsibilities: "I [have] a real work ethic, and I think if I am being paid to work, I should be working" (WC4, F). This work ethic could be explained by the prevalence of the disembodied "ideal worker" as their frame of reference at work. Due to their care responsibilities, working carers engaged in more work to comply with this figure and alleviate feelings of guilt.

While working carers predominantly referred to a guilt related to not working enough, the care workers and support workers interviewed were of the view that their company's work structures prevented them from *caring* enough. Care workers viewed having a care ethic as an essential part of their job. Their close connections with care recipients dominated their accounts, and their views at times demonstrated the societal expectation that care work is entered into for the love of the profession. Multiple workers described their job as an "addiction" and the positive impact on care recipients as a "reward." Workers emphasized that it was appropriate that the compassion element of care leads to a high expenditure of effort. One office worker employed at the home care company said: "you've got to give everything you've got to your job if you want to be a carer. It's not worth doing otherwise" (OW26, F). A worker at the residential home commented that her company was "trying to make cutbacks, but how is it fair on the residents or who we're looking after? It's not [...] if you're short staffed, you can't do the job as well as you should" (AC32, F).

2.2 | Benefits of guilt for the organization

To alleviate feelings of guilt, care workers carried out additional labor for their organizations. One home care worker mentioned that some of her colleagues were working "like dogs, 12-h shifts, five, six, sometimes 7 days a week" (CW20, F). Another worker at the home care company worried that if they declined a shift for a care recipient who they regularly provided care for and somebody else went in their stead, that care recipient might be given inferior care. The worker said:

> It's the only profession that I've ever felt like [managers have] kind of got you by the neck. Because if you say no, then you're gonna worry about that person [...] You can't help but think 'who are they gonna get? Are they gonna do it right? They don't really know them.'
>
> (CW21, M)

While this can be viewed as a form of "self-sacrifice" for care recipients (Tronto, 1993), it also demonstrates how a care ethic can be reconfigured as work ethic. The intensification of labor was similarly apparent among working carers. In the government department, budget restrictions meant that staffing levels had fallen, resulting in additional work for the employees that remained. A working carer at the organization described opting *not* to use the allocated leave and presented her decision as stoic and somewhat commendable: "we're very fortunate that we do have 5 days of special leave, but in 25 years I didn't apply for it" (WC20, F). At the private company, a working carer explained that she had chosen not to take time off while arranging the funeral of her mother because of loyalty to her colleagues: "I thought, 'God, the team can't take two of us being off, that's going to be so stressful' [...] When you are in a team where there are not many of you, you already know there is a pressure on the team" (WC25, F).

Working carers were also willing to work extra unpaid hours in appreciation of their organization: a manager in the charity organization said that "when you need somebody to stand in, step up or do an extra-long day, those people never say no" (HRM43, F). The manager's suggestion that working carers are more compliant is reflected in other aspects of the research findings. For example, interviewees appeared disinterested in utilizing their "voice" as workers or enforcing rights. A working carer commented: "I don't come to work to sit there seeing what my rights are, I come to work to do the work" (WC20, F). Another working carer felt that guilt prevented her from ensuring that her employer complied with rights and entitlements: "I know everything I am entitled to. It really is just guilt stopping me doing it at the moment" (WC4, F). There was a reluctance among interviewees to utilize unions as a means of enforcing rights or express a collective voice. Working carers did not always consider their problems to be worth addressing by unions—suggesting another form of guilt. One working carer said: "our union representative [...] she has got a big area to cover and I don't like to keep harassing her" (WC18, M).

This reticence to utilize unions, combined with a reticence to use allocated support, suggests that guilt encourages working carers to become unobtrusive workers. This guilt was also affected by gender. A comment from a

working carer employed at the private organization emphasized how gender stereotypes affect whether employees use care leave and how gender dynamics shape stigma around care provision in the workplace. She referred to an experience with a male manager amid times of work pressures:

> As I was leaving [work, he] shouted at me multiple times as I was walking down the corridor, basically again questioning why I'm using this [time off for care], which has obviously put me off speaking about my caring responsibilities in the workplace going forward. A lot of males would say it was banter [but] the facial expression he had, it was questioning. It was, 'well, why are you doing this, why isn't your mum doing it.'
>
> (WC36, F)

Care workers also seemed reluctant to push for improvements to pay and working conditions or to join unions. In part, this was an effect of the emotional connections with care recipients and the rewards of emotional labor. A home care worker commented that "if you were in [care] for the money, you wouldn't be doing the job [...] at the end of the day it's not how I feel, it's the customers, the vulnerable, [that] need covering" (OW27, F). Another care worker emphasized that their responsibility toward the person they were caring for prevented radical industrial action:

> We couldn't [go on strike] because we care too much about the people we're looking after, and we wouldn't want them to suffer [...] I feel like [managers] have kind of got you by the neck a little, and that's a really difficult position to be in as an adult working with adults, you feel a bit taken advantage of. It's strange. It's very strange. You feel trapped almost.
>
> (CW21, M)

According to the union organizers interviewed, this feeling of being trapped was related to guilt. One union organizer claimed that many workers in the sector feel that "the burden of responsibility" for care is solely on them. He argued that "if anything happens to you there's somebody else above you that has to fill that role, so don't feel guilty" (TU10, M).

2.3 | The causes and management of guilt

Care workers and working carers attributed guilt to a variety of factors. As noted earlier, working carers tended not to actually *use* the care leave, or if they did use the care leave, they would put in more effort in other areas. This approach to the care leave was, as we found in some instances, actively encouraged rather than solely internally driven. A manager in the charity organization described a "give and take" relationship and referred to an employee who did not claim time in lieu for the additional hours that she had worked. The manager recalled:

> What [the employee] doesn't do is come to me and say, 'I would like a day back because I've done an extra seven hours.' What she says is, 'you give me such a lot for my carer's responsibilities and allow me to have an afternoon every week to go and visit my dad, that I would never ever ask for those hours back.'
>
> (HRM, 43)

The manager's expectation that employees show gratitude for care leave could thus have reinforced their ethics. In the private sector organization, an interviewee connected her reluctance to take the care leave to what was left *unsaid* by managers: "it's the manager's responsibility to say 'no, no, you just take time,' [and] not make you feel bad" (WC25, F). Demonstrating how the company worsened the gendered double stigma of being a mum and being a carer, she also told us: "I feel pressured by the company not to let the fact that I'm a carer and a mum impact my job" (WC25, F).

The alignment between organizational goals and individual goals also seemed affected by a range of factors beyond "work ethic." At the government agency, two working carers referred to feeling guilty when they felt their care responsibilities obstructed the organization's "business needs" (WC21, F, and WC22, F) then noted that "business needs" was "the phrase [managers] use if you are off sick, or you go home early. They just [say], 'you have to think of the business needs, does the business need you?'." Specific discourses could therefore exacerbate feelings of guilt among working carers and move them toward a compliant "ideal." Another external factor exacerbating guilt was organizational pressures. At both the government agency and the charity organization, working carers described being placed under scrutiny when taking time off because of staffing issues due to job cuts. A shop manager, who had care responsibilities for her autistic son and elderly mother, said: "when I took my week's holiday to look after my mum, the shop was still ringing me all the time" (WC5, F).

Reflecting the experiences of working carers, care workers' guilt appeared to be partly related to organizational pressures and actions of managers. At one of the nonprofit organizations providing support, a worker described sharing his concerns about a care recipient (whose behavioral needs were increasing) with his manager: "I said, 'look we can't cope with this anymore, he needs a different kind of care' […] And they just said, 'well you're absolving your responsibilities—that's the nature of the job, that's what you've got to do'" (SW57, M). A union organizer argued that moral conflicts faced by workers were encouraged and exploited by managers:

> One thing in care work that does set it apart from other areas is the emotional blackmail […] There's a huge amount of unpaid overtime done. Because people are blackmailed into 'John isn't gonna get his care if you don't go, a carer hasn't turned up so he won't get lunch if you don't go' […] but then you don't get paid for that extra hour.
>
> (TW10, M)

Emotional blackmail could be used to the point where care workers would neglect their own health and care needs, pushing further the norm of the ideal worker toward a kind of "sacrificial figure." For example, a care worker at the home care company recalled office staff pressuring her to work after she had trapped a nerve in her back: "they made me come out, they wanted me to come out and do calls […] and when I said I can't they moaned at me" (CW20, F). Workers were mostly on 0-h contracts and would often be called upon to ensure that shifts were covered. The manager of the care home connected this tactic to underfunding:

> When I wake up as a carer and I'm suffering from depression and I can't face the world, I've got ten, fifteen [people] that day who are dependent on me arriving and if I don't go, who will? So, on the one hand we really care for our carers, but at the same time we're emotionally blackmailing them to get to the calls because we need somebody to do it, cos there's no slack in the system.
>
> (M31, M)

This lack of "slack" can also be connected to the gendered devaluation of care: a worker referred to care as "traditionally seen as women's work […] there's sexism there maybe […] it's not a vital industry it's just kind of a need that should be taken care of with as little money spent on it as possible" (SW51, M). At the home care company and the residential home, not only was the work seen as "women's work," it was also carried out primarily by women. An office worker at the residential home referred to a lineage of local women: "there's people that I've taken on that I've known their mums, I've known their sisters" (OW27, F). According to union organizers, the overwhelmingly female workforce was more likely to prioritize quality of care over working conditions. A union organizer said that "care is [seen as] an extension of what women do largely" (TU1, F), and a union officer commented that care workers do not value themselves "because we're women, and women will always look after everybody else before they look after themselves" (TU4, F).

3 | DISCUSSION

The findings of this research expand understanding of the "ideal" worker by considering factors of work ethics, care ethics, and the emotion of guilt. Acker's emphasis on the ideal worker norm has helpfully illuminated mechanisms shaping the experiences of care workers and working carers. By analyzing these experiences and perspectives of care workers and workers alongside each other, we highlight how guilt connects to ethics of work and care. In Section 2.1, we examined how guilt factors in to experiences of both groups of workers. Working carers described that guilt is related to care—reflecting the emotions experienced particularly by mothers facing work-family conflicts—but in general, their guilt is also connected to "letting down" colleagues or their employer. They attached importance to being seen as good, responsible workers and described feelings of reciprocity (and care) toward colleagues. In contrast, care workers were not, primarily, describing a responsibility toward their employer, their colleagues, or the business (although it is likely that this form of responsibility also existed). The emotion of guilt related more clearly to an inability to provide care to a sufficient degree. Care workers thus primarily emphasized a care ethic—they focused on ensuring that care duties were carried out with attention, commitment, and respect (Molinier, 2005)—while working carers emphasized a work ethic, simultaneous to concern for colleagues.

Whether driven by a guilt related to work or related to care, though, the result was that employees worked harder. While the experience of our participants took place pre-pandemic, our analysis does suggest that under exceptional pressure—such as during the Covid-19 pandemic—the effect of guilt could be multiplied. As Zanhour and Sumpter (2022, p. 15) note, ideal worker norms become more firmly established in organizational systems during times of crisis. Guilt then becomes more prevalent in workers' experiences. Section 2.2 analyzed some of the "benefits" of guilt for organizations, that is, ways in which guilt becomes (via ethics) an attribute of an ideal worker. Echoing the analysis by Tomkins and Eatough (2014), we found that working carers preferred to "hide" care responsibilities. "Ideal" tendencies of malleability, compliance, and loyalty among working carers and care workers are connected to emotional reactions of guilt. The embodiment of the ideal worker as an individual independent from care responsibilities was also a prominent frame of reference among working carers, which became "consequential for the realization of substantive social rights" (Gottfried, 2015, p. 145) in that working carers were reluctant to use existing support. Care workers, in contrast, were "useful" to their organizations when they *were* driven by care responsibilities. Another way that guilt benefited organizations was that workers accepted individual responsibility. For example, interviewees took to heart the possibility that their coworkers would be overworked without them as opposed to regarding any lack of capacity as an organizational failing. This emphasis on the personal and moral responsibility of workers also constituted a notable and concerning element of the discourse on "heroism" during the Covid-19 pandemic (Cox, 2020). The "personalization" of moral responsibility—leading to feelings of guilt in case of failure—could mean that additional work was ignored or normalized as "part of the job."

Working carers and care workers also expressed guilt about approaching unions. The former viewed their care responsibilities as less significant than other issues that unions might be focused on, while the latter were cautious of negatively affecting the care they provided through industrial actions. This perspective of care workers on unions (analyzed in relation to mobilization in Whitfield, 2022) corresponds to other research (Huget, 2020) and reflects low levels of union membership across the social care sector (Baines & Cunningham, 2015; Hayes & Moore, 2017).

In Section 2.3, we analyze how this guilt, as one of the "ideal qualities and conduct" (Granberg, 2015, p. 792) of workers, is shaped by working conditions, pressures from colleagues and employers, gender expectations and stigmas, loyalty toward the organization or toward colleagues, and working carers' internalized perceptions of how they should be acting as employees. We suggest that guilt became tied up with organizational strategy: workers were not always directly or explicitly instructed to work longer or not to use their care leave; however, particularly in times of staff shortages, they were pressured through values and discourses to do so, such as during Covid 19 (Cox, 2020; Paddison, 2021; Zanhour & Sumpter, 2022). Among care workers, some managerial-level staff used workers' affective and moral capacities to push their employees to do more—referring to "emotionally blackmailing" staff. The extent to which individuals were compelled by the broader employment context to utilize workers' guilt in this way was unclear as the data did not

include information on, for example, company accounts or local authority contracts. Arguably though, relying on tactics of emotional blackmail—regardless of external context—indicates that a business is not viable. This was also a striking aspect of workers' experiences during Covid-19. As Cox (2020) emphasizes, encouraging (even implicitly) a "hero narrative" during the Covid-19 pandemic had the effect that organizations and government became less accountable for their policies and actions, and the risks taken by workers were both unacknowledged and relied upon.

Our research also contributes a conceptual analysis of guilt, work ethics, care ethics, gender, and notions of an ideal worker. We found that although guilt relates to internal expectations of oneself (Newman & Trump, 2017; Zizek, 2017), it is also impacted by culture, society, gender, and power dynamics. Guilt related to care and work seemed exacerbated by gender norms; yet in our study, workers who were not women were still affected a devaluation of care related to an entrenched association between care and women. Our analysis of unpaid and paid care also suggests that care is subsumed by work under capitalist systems. As argued by Weeks (2011), there is a proximity between an ethics of care and an ethics of work. But this is not merely because payment for care can act to commodify it: a care ethic can have the effect that workers strive toward a compliant "ideal" (Acker, 2006, p. 450) to avoid feelings of guilt. As a contribution to literature on the ideal worker, our analysis emphasizes that ideal workers are not necessarily abstract and machine-like. Workers who feel guilty—who are susceptible to "emotional blackmail"—become malleable, hardworking, and unlikely to push for additional support or workplace improvements. Guilt can thus be understood as a key characteristic of the ideal pandemic worker in contexts of health and social care (Day et al., 2021, p. 11; Aughterson et al., 2021, p. 7).

The findings point to practical and policy-level changes that could be implemented to combat the prevalence of guilt among workers and challenge the management of guilt. First, any workplace assistance from organizations, such as trade unions, would need to recognize the role of guilt in deterring workers from accessing support at work. Second, we suggest changes to employment legislation. Regulation of contract precarity could lessen emotionally manipulative dynamics; the prevalence of 0-h contracts within paid social care provision has been found to increase stress (Ravalier et al., 2019) and could also make workers more susceptible to emotional manipulation of their guilt reactions. An additional area of legislation, which could alleviate reliance on working carers' guilt and lesson stigma around care provision, is equality legislation. The association Carers UK is currently campaigning for "caring" to be included as a protective characteristic. In addition, carers do not have either legal recourse to additional support in the workplace (aside from flexible working requests, which are also available to the wider population). Employers of individuals with a disability have a duty to consider "reasonable adjustments"; yet this duty does not extend to the employers of carers. A bill to extend reasonable adjustments to carers had its first reading in parliament in 2020—at the time of writing, it is yet to have its second reading. Another bill, which succeeded at its second reading in October 2022, proposes an entitlement of up to a week of care leave per year (although legislation does not require employers to pay carers during this period).

In the health care sector, there are also deep-rooted structural macro challenges, which lead to emotional blackmail at a micro scale. Stopping these practices would require an overhaul of care commissioning and care provision. More broadly, we argue that workers' tendencies toward guilt demonstrate the pressure placed on individuals when responsibility for care in society is individualized (Aulenbacher et al., 2018), as it has been during the Covid-19 pandemic. For a more collective approach, it would be necessary to adjust societal views on the importance of care in comparison to the importance of work and to examine the purpose of guilt in the workplace. Further, tackling structural inequalities requires unpacking assumptions and beliefs surrounding gender and care; it would require an "'ungendering' of care" (Chatzidakis et al., 2020, p. 3).

4 | CONCLUSION

This article has explored the role of guilt in creating "ideal workers" in a context of paid and unpaid care provision, across employees' experiences in the private, voluntary, and public sectors. Our findings have highlighted the similar effects of guilt for both care workers and working carers and emphasized that workers' reactions of guilt can be beneficial for organizations—leading to hardworking and compliant workers less likely to challenge working conditions or utilize and push for support. Guilt becomes an important element of an ideal worker construction in a care context,

which may contribute to further inequalities in care (Molinier, 2005; Tronto, 1993). Our analysis thus contributes to the "gap" in research on guilt management in the context of care and work (Stone, 2000, p. 111) and across organizational contexts (Gibson, 2019). The study also examines the factors, which create or exacerbate feelings of guilt among workers; while guilt relates to internal perceptions of oneself, guilt is also impacted by external factors. These include behavior of managers and colleagues, organizational pressures (and funding structures), and gender norms. Alongside empirical insights into the experiences of workers, our research provides a theoretical contribution of showing how, at the nexus of work and care, guilt comes to constitute an important emotional and psychological aspect of the construction of the "ideal worker." This psychological aspect can explain the compliance of workers to this ideal and the effect of societal and organizational pressures in amplifying this internal compliance. We thus extend Acker's framework by drawing on empirical data. Further research could consider the effects of the pandemic to explore whether, and how, guilt was exploited—contributing to the rise of an "ideal pandemic worker."

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DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

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ENDNOTE

[1] Note that this article uses the term "care worker" to also include support workers and care assistants (the forms of work have some differences, but the key aspect for our analysis is that it is all paid work).

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ANNEX

TABLE A1 Details of participants

Role	Care responsibilities	Participant reference	Gender
Employee in charity organization (CO)	Parents	WC1	F
Employee in CO	Son	WC2	F
Employee in CO	Parents and husband	WC3	F
Employee in CO	Mother	WC4	F
Employee in retail branch of CO	Son and mother	WC5	F
Employee in retail branch of CO	Mother	WC6	F
Employee in retail branch of CO	Daughter	WC7	F
Employee in CO	Grandmother	WC8	F
Employee in CO	Wife, mother, and daughter	WC9	M
Employee in CO	Husband	WC10	F
Employee in CO	Wife and son	WC11	M
Employee in CO	Parents	WC12	F
Employee in CO	Mother	WC13	F
Employee in government department (GD)	Parents and parents in law	WC14	F
Employee in GD	Daughter and wife	WC15	M
Receptionist in GD	Grandmother	WC16	F
Employee in GD	Father	WC17	M
Employee in GD	Father	WC18	M
Employee in GD	Parents	WC19	M
Employee in GD	Mother and brother	WC20	F
Employee in GD	Parents and parents in law	WC21	F
Employee in GD	Mother	WC22	F
Employee in financial company (FC)	Parents	WC23	F
Employee in FC	Daughter	WC24	F
Employee in FC	Mother and daughter	WC25	F
Employee in FC	Daughter	WC26	F
Employee in FC	Grandfather	WC27	M
Employee in FC	Parents	WC28	F
Employee in FC	Daughter	WC29	F
Employee in FC	Daughter	WC30	F
Employee in FC	Mother	WC31	F
Employee in FC	Wife and children	WC32	M
Employee in FC	Wife	WC33	M
Employee in FC	Grandparents	WC34	F
Employee in FC	Parents and grandparents	WC35	F
Employee in FC	Grandmother	WC36	F
Employee in FC	Mother-in-law	WC37	M
Employee in FC	Mother	WC38	F
Employee in FC	Son	WC39	F

TABLE A1 (Continued)

Role	Care responsibilities	Participant reference	Gender
Representative carers UK	N/A	RP40	F
Researcher GD	N/A	RGD41	F
Manager civil service	N/A	MCS42	F
HR manager CO	N/A	HRM43	F
Diversity & inclusion (D&I) manager CO	N/A	D&IM44	F
Line manager CO	N/A	LM45	M
Line manager CO	N/A	LM46	M
Trade union CO	N/A	TU47	M
Carer champion GD	N/A	CC48	M
Carer champion GD	N/A	CC49	F
Chair of carers network GD	N/A	CCN50	M
D&I manager GD	N/A	D&IM51	F
Trade union GD	N/A	TU52	M
Trade union GD	N/A	TU53	F
HR manager FC	N/A	HRM54	F
Line manager FC	N/A	LM55	F
Chair of carers network FC	N/A	CC56	F
Chair of carers network FC	N/A	CC57	F
Trade union FC	N/A	TU58	M
Trade union FC	N/A	TU59	F
Trade union FC	N/A	TU60	F

TABLE A2 Details of participants

Role	Organization	Participant reference	Gender
Organizer	Trade union 1	TU1	F
Organizer	Trade union 1	TU2	M
Organizer	Trade union 1	TU3	F
Officer	Trade union 1	TU4	F
Officer	Trade union 2	TU5	M
Officer	Trade union 2	TU6	M
Organizer	Trade union 2	TU7	M
Organizer	Trade union 2	TU8	F
Organizer	Trade union 2	TU9	M
Organizer	Trade union 3	TU10	M
Organizer	Trade union 3	TU11	M
Officer	Trade union 3	TU12	M
Organizer	Trade union 3	TU13	M
Organizer	Trade union 3	TU14	M

(Continues)

TABLE A2 (Continued)

Role	Organization	Participant reference	Gender
Organizer	Trade union 3	TU15	F
Officer	Trade union (TU council)	TU16	M
Officer	Trade union (TUC)	TU17	M
Care worker	Home care company	CW18	F
Care worker	Home care company	CW19	F
Care worker	Home care company	CW20	F
Care worker	Home care company	CW21	M
Care worker	Home care company	CW22	F
Care worker	Home care company	CW23	F
Care worker	Home care company	CW24	F
Office worker	Home care company	OW25	F
Office worker	Home care company	OW26	F
Office worker	Home care company	OW27	F
Office worker	Home care company	OW28	F
Office worker	Home care company	OW29	F
Office worker	Home care company	OW30	F
Manager	Home care company	M31	M
Activities coordinator	Residential home	AC32	F
Domestic worker	Residential home	DW33	F
Care assistant	Residential home	CA34	F
Care assistant	Residential home	CA35	M
Kitchen assistant	Residential home	KA36	F
Laundry worker	Residential home	LW37	M
Care assistant	Residential home	CA38	F
Care assistant	Residential home	CA39	F
Care assistant	Residential home	CA40	F
Care assistant	Residential home	CA41	F
Care assistant	Residential home	CA42	F
Domestic assistant	Residential home	CA43	F
Care assistant	Residential home	CA44	F
Care assistant	Residential home	CA45	F
Office worker	Residential home	OW46	F
HR manager	Residential home	OW47	F
Interim manager	Residential home	M48	F
Support worker	Support provider 1	SW49	M
Support worker	Support provider 1	SW50	M
Support worker	Support provider 1	SW51	F
Support worker	Support provider 1	SW52	F
Support worker	Support provider 2	SW53	M

TABLE A2 (Continued)

Role	Organization	Participant reference	Gender
Support worker	Support provider 2	SW54	M
Support worker	Support provider 2	SW55	M
Former support worker	Support provider 2	SW56	F
Former support worker	Support provider 2	SW57	M
Former support worker	Support provider 2	SW58	M
Former support worker	Support provider 2	SW59	M
Support worker	Support provider 3	SW60	M