No place for old women: A critical inquiry into age in later working life

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Abstract
Western countries currently face pressing demands to transform the labour market participation of older workers, in order to address the pressing economic and social challenges of an ageing population. However, in this article we argue that our understanding of older workers is limited, by a dominant discourse that emphasises individuals rather than organizations; and valorises youth as the performative aspiration for all workers, regardless of age. To see things differently, and to see different things, we offer a novel analytical synthesis that combines insights from post-foundational feminist theory, the 2007 film No Country for Old Men and an empirical study of older nurses working in the Norwegian public healthcare system. Our aim is to provide the foundations for alternative interventions in the world of work that might underpin a more sustainable future for older workers.

Keywords
Ageing, Organizations, Gender, Feminist Theory, Film.

'A man cannot escape what's coming to him'

*In the 2007 movie **No Country for Old Men** this statement captures the story of an aging Sheriff as he realises that he is losing grip, after a life-long career in criminal investigation. Driven by its central crime plot the film operates as a meta-story about social change, ageing and work. Here we draw on this narrative following a feminist methodology to conduct a novel inquiry into age in later working life.*

Many Western countries currently face long-term demographic changes that demand fundamental re-thinking of public finances, including the organization of public sector services. Older workers and particularly the question of retirement age are central here, with strong incentives for both governments and employers to extend working lives, reduce early retirement and enable longer-term labour market participation. Rising the statutory retirement age is one instrument used but it is widely recognised that this must be accompanied by greater attention to the processes of organizational exclusion that limit older workers' opportunities and to the mechanisms of inclusion

that might challenge these (Thomas et al 2014). In this article we focus on these organizational processes.

We begin by analysing the dominant discourse that positions older workers as a problem in the workplace (Duncan and Loretto 2004; Posthuma and Campion 2009) and the rising counter-discourse of the 'active ageing' movement (WHO 2002; OECD 2013). At first glance, these offer competing representations of older workers: the former points to prejudice and discrimination as older workers are seen as increasingly incapable of keeping up with the pace of work, and new skills demands; the latter insists that older workers are an underutilised resource, able to grow their skills and contribute effectively to the workplace over the life-course. However, despite good intentions, the counter-discourse shares some common foundations with its dominant other, meaning that it may – in fact - contribute to the reproduction of inequality, defeating its own purpose (Thomas et al. 2014).

There are two key points. *First*, both arguments *individualise* ageing. It is the 'older worker' that is seen as capable or not: the problem or the solution. Organizational interventions are about what to do for, or with the older worker – as an individual – rather than any more fundamental investigation into the organizational materialities, discourses and practices implicated in the construction of age at work (Ainsworth and Hardy 2008; Riach and Kelly 2013; Thomas et al. 2014). *Second*, in both cases, *youth* operates the norm, against which age is measured (Ainsworth and Hardy 2008; Biggs 2004; Featherstone and Hepworth 1991; Tretheway 1999). The older worker references an ideal, young and healthy worker, setting the standard for all workers. However, the alternative also normalised youth: older workers can perform *just as* younger workers, given the chance. In either case there is little or no room for ageing at work, only for approximations of youth.

It is notable that apparently opposite representations are so similar, and that it is difficult to transcend their common and problematic foundations. Our aim is to take up this challenge and offer new understandings of ageing, change and work. To do this we draw on three novel analytical resources. First, post-foundational feminist theory and methodology, specifically Donna Haraway's (1996, 1997, 2004) notion of 'diffraction' and the broader principles of feminist theory, which emphasise practice, performativity and multiplicity, rather than singular individual attributes (Mol 2002). Second, we add the analytical insights of an already-told story, the film *No Country for Old Men,* highlighted by a research participant describing her experience of ageing at work. Third, as an exemplification of older workers, we present empirical material from a case study of older hospital nurses. Fusing together theory, the film, and our empirical research, we produce an analytical framework that enables us to see different things and to see things differently related to ageing at work.

In what follows, we first provide an overview of previous research on older workers, elaborating our claims above. Second, we present the three elements of our analytical

framework, the theoretical, the fictional, and the empirical. Third, we fuse these together as a story about older nurses at work. Fourth, we discuss how this story helps us to think about later working life more generally. Finally, we conclude by suggesting a language to talk about age differences, organizational change, and older workers' prospects in working life.

Understanding older workers and technological change: the story so far

Previous research presents compelling evidence of ageism at work, despite legislation outlawing this across Europe and North America. Older workers continue to be excluded from working life in general or from particular forms of work (Duncan and Loretto 2004) because of employers' perceptions that they are less able to learn new skills and maintain productivity, that they are resistant to organizational change (Posthuma and Campion 2009); and because of negative stereotypes amongst peers.

However, when older workers themselves are the subjects of study it appears that adaptation is *not* dependent on age. Whilst younger workers may have more computer skills, older workers are well able to adapt to a digitised work environment (Borghans and Weel 2002) and stay longer in work as a consequence, even past retirement age (Friedberg 2003). Echoing the 'active ageing' movement (WHO 2002) this re-positions older workers as an underutilised resource, able to make a positive contribution beyond statutory retirement age (OECD 2013). On this basis, the effective integration of older workers into work organizations would be beneficial for individuals, the economy and wider society.

This extant literature on ageing and work constitutes a binary: on the one hand suggesting that older workers cannot keep up in modern work organizations, and are a problem. On the other, that they are capable and willing to learn and not a problem but an asset. Despite this, the binary operates within a shared discourse (Foucault 1972), the established mode of thinking and talking about ageing at work. That is, a preoccupation with the *individual worker*, and his or her abilities, and the *maintenance of a youth*. Both are problematic.

The individualised focus is preoccupied with capacities pertaining to the individual worker, consequently ignoring the organizational aspects of working life. To the extent that this literature engages with organizational aspects, they are related to what the organization may do to support the older worker so that he or she can perform as required. Meanwhile, *the focus on youth* denies older workers may be different from their younger peers, naturalising the young and healthy worker as the ideal. What we learn from the literature is that old age *as a category* is linked to incompetence: those who maintain their fitness and willingly learn new things, including new technologies, are not defined as 'old'.

In either case, success in later working life means eliminating old age: there is no room for differentiated ways of ageing. This effectively limits policy and organizational responses to workers in later life. As long as we, researchers and policy makers alike, remain in this discourse, age inequality is unavoidable: older workers are trapped in it and excluded from work in subtle ways. They are subjected to the dominant older worker discourse either as compliant subjects who take an individual responsibility for eliminating age by 'keeping up' both mentally and physically, or by blaming themselves for not 'staying young' and withdrawing from the workplace. We need different stories about ageing, and work, stories that help us to see the dynamics of ageing as embedded practices rather than as individualised processes allowing us to challenge the normalisation of youth in conceptualisations of the ideal worker.

An emergent literature supports our claims, naming age as an organizing principle and locating organizations as an element in the *production* of age differences. Thomas et al (2014), for example, highlight the need for research on the aged nature *of* organizing, and Riach and Kelly (2013) turn attention away from the individual and re-imagine ageism as an organizational fear of mortality that explains the aversion to ageing in working life, and that abjection of the older worker that takes place, even in organizations with the best of managerial intentions. Riach and Kelly (ibid) call for context-specific analysis and a research agenda that understands ageing as a mutually constituting principle of organizational life. With our former research (Lotherington and Obstfelder 2014; Halford et al 2015) and this article we respond to this call, adding a new analytical lens in this endeavour.

Resources to tell different stories

Theoretical resources
Our first resource is post-foundational feminist theory and methodology. This is a gender sensitising resource from which we take two key points:

First, its insistence on the situatedness of knowledge (Haraway 1991); and on knowledge production as *interventions* in the world, rather than abstract forms of knowing (Haraway 2004; Law and Singleton 2012; Wajcman 2004). This demands both recognition of the partiality of our research, and of the effects of our knowledge production in practice.

Haraway (1997) makes a distinction between the critical practice of 'reflection' and that of 'diffraction'. Reflection is about mirroring and sameness, mapping replication and reproduction, which requires a viewer in a fixed position. Related to the dominant older-worker discourse this means that even the critical reflection on age discrimination that presents capable rather than incapable older workers 'displays the same elsewhere' because to show that age discrimination takes place, and that older workers are really just as capable as the young, is to say nothing new and 'solutions'

based on this claim only 'work' for older workers who can perform as before (mirror sameness) and comply with the demands at work (replication and reproduction). For those who don't, such critical practice of reflection will only reinforce their misfortune, and the practices of the work organization will carry on as before. We might say that the emperor has no clothes.

We must instead *diffract* critical inquiry (Haraway 1997: 268). Rather than observing differences and mapping them, a diffraction practice will inquire *the production of differences and the effects thereof.* For our purposes here, diffraction as a method means understanding work organizations (hospitals) as embedded (nursing) practices and analysing how these produce (age) differences.

Second, post-foundational feminist theory argues that no category is fixed, clean or pure but is performed (Butler 1990) or enacted (Mol 2002) in relations with people, practices and things. Gender is not 'a' thing, neither is age, rather, age and gender are co-constitutive or intersectional (Krekula 2007). In so much as 'age' or 'gender' appear as independent this is an effect of their co-constitution, rather than evidence of any essential purity or essence (see Halford et al (2015) for a further discussion of this). In short, we cannot take these categories for granted as existing 'out there' but must inquire into their production.

In this spirit Acker (1990) deciphered the standard, normalised and abstract 'worker'. She argued that the categories 'work' and 'worker' were not neutral but carried with them a gendered history of male dominance. Hence, gender is inherent in organizational processes. The abstract worker set a certain standard for what a good worker should do and be that proved difficult for (some) women. Likewise, in our case this standard worker carries gender (Sandelowski 2000) but also youth, making it difficult for some in later life to perform to the norm. Indeed, the standard, normalised worker appears body-less, whereas real workers engage in work, not despite of, but *with* their bodies (Mol 2008). Bodies constitute one of several heterogeneous actors of work practices, and when bodies or other actors change, practices change. Hence, work practices are not given but need to be established and re-established continuously.

We must, therefore, understand work, not as coherent, bearing *one* logic of practice, but as different socio-material practices varying over time and place (Berg and Mol 1998). Following this logic being an older worker will vary along various intersectional axes that constitute the work practices. Ageing processes might be troublesome in some work practices, not in others. The age problematic springs from the work practice and its material and non-material elements, not the individual worker, and age and gender might be produced differently when co-constituted with other socio-material actors in work practices. Instead of asking how the deviant worker can fit with the standard, we must, therefore, question the taken-for-granted fixedness of the standard, and (re-) establish work practices that recognise a variety of

bodies. This will not only be good for older nurses but for all workers, irrespective of age or sex, who does not fit with the standard. Interventions then, must be continuous, and adjustments mutual, because '*no one is standard or ill fitted in all communities of practice (…) we might have been otherwise, and might yet be, as a matter of embodied fact*' (Haraway 1997: 38, 39).

Fictional resources
The film *No Country for Old Men* is our second resource, gifted to us by Anna, one of the nurses we interviewed in our research. Anna enjoyed her work but did not like some of the recent changes that – as she saw it – interfered in her work. She said:

> *It's crazy what they're doing. To be honest, for me it's just a question of keeping up. One more year, and I'll be 62.* (and able to take early retirement)

More generally, Anna said

> *This job is not for old women. It doesn't fit.*

And, at the very end of the interview:

> *I think I've said all I wanted to say. I'm thinking about that movie 'No Country for Old Men.'*

These statements intrigued us, what could Anna have meant? Why was the hospital a bad place for old women and what was the link to the film? How could a violent, macho Western be associated with her caring and even feminised work at the hospital? We watched the film again, and again, to try and see what Anna had seen, and read the blog *No Country for Old Men: A somewhat complete analysis* (Blog 2008). In the process the film emerged as our second analytical resource. In what follows we describe the plot emphasising the elements that we find important for understanding Anna's statements and that will frame the story we are about to tell about older nurses.

No Country for Old Men (2007*),* based on Cormac McCarthy's novel has all the characteristics of a Western movie: scenic landscapes, gunshots in empty streets, heroes and villains. At the same time it operates as a symbolic critique of modern America, and can be understood as a meta-story about social change and modern society. The movie opens with the aging Sheriff, Ed Tom Bell, talking about Texas sheriffs-past. It was a time and place where sheriffs often didn't carry guns, simply because it wasn't necessary (Blog 2008). But, in situations when guns were needed, they sorted things out. A sheriff should be wise, warm and caring but ready to act. Almost like a nurse. It was a simple life: the life for him. At the same time the camera pans across a sweeping, wild Texas landscape, onto which the film places a new and modern lawlessness. We observe a shift from a familiar world of work, to something

puzzling and frustrating. A chain of violent events begins when a young man stumbles upon a bloody crime scene, a pickup truck loaded with heroin and a suitcase full of cash. The young man hesitates but takes the money. The drama has begun. The Sheriff is pushed from pillar to post as he attempts to implement the old approach to sheriff-life but the villain, Anton Chigurh, is invincible. Eventually Ed Tom Bell realises that it is useless; he cannot cope with the world as it has become. He decides to retire: this new working life has exhausted his comprehension. He says:

I do not want to go out and meet something I do not understand.

The last part of the movie revolves around the phenomenon of fate and variations over the statement:

A man cannot escape what's coming to him.

In the last scene, Ed Tom Bell tells his wife about a dream: he dreamed of his father who died when he was 20 years younger than Bell is now, and surprisingly, the film ends there. We will return to this scene, but for now the film has done its job and provided us with Ed Tom Bell, Sheriff and (anti-)hero, and the villain, Anton Chigurh.

The villain proves central to our story about age in later working life. He is an assassin paid to find the money taken from the crime scene. Chigurh is described as '*A ghost - pretty much*': intangible but terribly dangerous (Blog 2008). When someone asks how dangerous, the response is '*Compared to what?*' Unintelligible by conventional markers, Chigurh does not come from the place where the story is set, and his signature weapon is a captive bolt pistol, normally used for stunning animals. This makes no sense to people when he approaches – a gun would – and Chigurh can talk calmly, often for some time, before he stuns his victims to death. He is unstoppable in his brutality: kills whoever stand in his way and moves on without looking back. He does however bring his own kind of fate-based morality: Chigurh tosses a coin and the (potential) victim is forced to *'call it'*. Heads or tails decides their destiny. Chigurh is never caught; he simply disappears without us knowing what happens next.

Femininity, masculinity and gender relations are portrayed rather stereotypically in the film. Women appear as soft, and fearful, at home or in feminised jobs, with men as the antithesis: tough, violent and brave, out in public space, making life safe for their women-folk. The rare occasions where these polarised feminine and masculine worlds come together mark key aspects of the movie. Over the course of the film, two relevant themes emerge. One concerns a diffracted masculinity, as we follow Ed Tom Bell's struggle with modern times. This culminates in the kitchen scene with his wife when Ed Tom Bell shows his frailty and admits defeat. He cannot go out there and be the sheriff he wanted to be, the man he wanted to be. He gives in and retires. The other is a new and brutal interference between masculinity and femininity. Anton

Chigurh does not distinguish between his (male) enemies and a feminine world of innocence. The same regime applies whoever the person is, and he kills them as well, the women who represent innocent femininity in the movie, if he finds it necessary.

Empirical resources
Whilst our empirical research took place in a site far away from the Wild West – at two major acute hospitals in Norway where we conducted a large research project on older healthcare workers and new technologies from 2009-2012 – figuratively the sites are closer to each other. Over the last fifteen years the Norwegian public healthcare sector has undergone major changes that have transformed the nature of healthcare work (Halford et al 2009, 2010). The changes are partly about new governance and management systems (Busch et al, 2011; Dunleavy et al, 2006; Holweg 2007) and partly about digitization of organization and work processes (Halford et al, 2010). These two change processes are intertwined: the modern hospital is characterised by its high density of technology where patients are connected to instruments of different kinds, and carers are occupied with analysing and communicating information flows in the computer systems. The carers here include the younger generation who grew up with keyboards and World Wide Web and handles the digital workspace swiftly, but also those with a long career in healthcare before the age of digitization who presumably struggle a bit more (Lotherington and Obstfelder, 2014; Halford et al, 2015). The latter group of doctors and nurses have seen dramatic transformations to their working lives. They were our guides to understanding age in later working life through interviews about work and workspaces before and now.

Overall, we followed a mixed methods methodology comprising a survey of all doctors and nurses at the two hospitals (N=6245), in-depth interviews with managers, clinicians, staff from the IT department and labour unions (N=52) and a range of focus groups (N=9). Women constituted a large majority among the nurses, whereas the other groups were more gender balanced. All the material collected has informed our analysis here, by providing a general understanding of the field, but it is a sub-set of the qualitative data that we draw on in this article. In addition to our interview with Anna, in what follows we work closely with a four-hour focus group conducted with semi- and retired nurses in September 2010. Our particular attention to this focus group grew out of an abductive process of shifting between empirical and theoretical work (Alvesson and Skjöldberg 2009), and the film. As we worked with our full set of resources we started to see provocative connections between this focus group and the film narrative that commanded our further attention.

Fusing the resources together

Our analytical framework fuses the resources described above, and enables us to shift focus from the individual to the organizational, analyse how age is produced and the

effects of this. The framework is an optical device that '*diffract rather than reflect*' (Haraway 1997: 69), as we tell the stories of older surgical nurses. The stories are about changes in working life; and are about lived experiences as well as being interventions into certain ways of thinking about age in later working life. In this way we set our local and specific stories about daily life in an operating room at a hospital in Norway on a larger stage, and lean on Mol (2008) who says (p. 88):

> *While good arguments are unambiguous, good stories leave room for a variety of interpretations. While sound arguments should be clear and transparent, powerful stories work by evoking people's imagination, empathy and irritation. While conflicting arguments work against each other, conflicting stories tend to enrich each other. And while adding up arguments leads to a conclusion, adding on stories is more likely to be a way of raising ever more questions.*

This resonates with Haraway's advice about diffracting critical inquiry. Our ambition is that the stories we are about to tell will raise new questions, because that is what this field needs – a field so full of answers '*showing again that the emperor has no clothes*' (Haraway 1996: 429). In the end this will enable us and others to see things differently, see different things, and present it '*in a more worldly way*' (Haraway 1996: 429).

Reflections around a table
The focus group comprised a group of retired and semi-retired nurses, all women, aged between 62 and 76 years old. We have chosen to name them Karin, Rønnaug, Randi and Solveig. The participants were recruited from a pre-existing network of friends, who had worked together at various points in their nursing careers, recruited by the snowballing method from an original contact. The focus group took place in a former prison now transformed into a café – a place familiar to the participants and chosen by them. We were seated around a table in the hallway between the old prison cells. So there they were our (anti-) heroines, or our story's Ed Tom Bell, symbolically guarding the inmates, talking about their lifetimes in the operating room 30, 40 and 50 years ago

Drawing on a pre-existing network or 'cluster' (Wilkinson 1999) in this way is a validated recruitment method for focus groups, offering benefit both to the quality of the data gathered and for the well-being of the individuals taking part (Rodriguez et al 2011). Listening to already constituted social groups with shared experiences generates interactions and discussions of grounded, real-life scenarios and shared experiences (Warr 2005), shifting the balance of data collection towards the voice of the group, as the researcher's influence is diffused by sheer numbers and as the researcher-participant relationship is displaced by the connection between the participants (Wilkinson 1999). Focus groups of this type are recognised as an especially effective way to enable the articulation of themes that are under-researched

and difficult to describe and to empower the voice of under-represented groups, enabling collective sense-making grounded in shared experience. Furthermore, this method allowed us to move beyond the individual stories narrated in interviews to begin to grasp the narrative of a generation (Chatrakul Na Ayndhya et al 2014) that linked individual biographies with layers of context (Brannen and Nilsen 2013), personal experiences to wider processes of social change in the everyday practice of nursing work, hospital organization and healthcare.

We began the focus group with an explanation of our research, and asked the participants to describe nursing as they came into it, all those years ago. We did not focus particularly on gender or age but rather on the question of change of working lifetimes. We offered few prompts – the group had plenty to say from just these initial guidelines – but we did ask simply for elaboration where gender, age and/or technology was raised by the group. Our analysis of the focus group took an immersive approach, with iterative readings of the transcript and repeated listening to its recording interspersed with theoretical work and viewings of the film. We were driven by the emergent connections across these different analytical resources, out of which a complex narrative of gendered ageing in nursing work began to crystalise. Paying attention to the dynamics of the group, it was notable that there was no dissent between the participants and a shared responsibility for the story that was told. No one voice dominated. Rather the participants worked hard over the four hours to negotiate individual experiences into a coherent account, not so much for us – it seemed – as for themselves. Whilst the reflections of the group went back and forth in time, as the participants pieced the story together, we present their account from past to present, to focus on the sweep of change across their lifetimes. We do not have the space for extended reflection on the interactive nature of the account that emerged, however, it is clear that the respondents prompted each other, and worked collaboratively to construct this generational narrative in a way that was not possible through the individualised survey and interview methods used elsewhere in the project.

For example, our respondents reminded each other of the 'housewife' training that was a pre-requisite for access to nursing in the 1950s and 1960s. Rønnaug said:

> *It was such all-around-work, but we did at least learn to labour!*

Everybody nodded, and Randi added:

> *We had the responsibility for everything.*

'Everything' meant a significant responsibility to facilitate the operation in advance, to support the surgeon during the operation, and to prepare the operating room for the next patient. They did for the surgeon what a housewife was expected to do for her husband: prepare, serve and tidy up. The nursing profession carried with it the dominant subordinate femininity of the time. We never heard them complain about

this, or boast about their own abilities and responsibilities. Rather an overwhelming mood of grief for something that had gone missing over the years. But this is not to say that we are presenting a sentimental story about how everything was better before (Strangleman 2007). The point is that work became different, and that this difference did something to the nurses' relationship to work, to their identity, dignity and self-respect. Our job has been to analyse what it did, and how, which might help us to provide a new account of older workers in general, and another destiny to Ed Tom Bell's.

Wild West landscapes

As it was in the past, the surgical nurse had detailed knowledge about each and every operation, because, as Solveig said:

> *The instruments were our responsibility. All instruments were non-sterile. We had to find out what was needed for surgery and sterilise and pack. We had to know what to use for the different operations.*

They also had to prepare the tools the nurses would come to need. Randi recalled:

> *And then we had such a table with suture threads that we used for suturing ... there we were: pulling up the sutures, threading them on the needles - thin needles, small eyes, when we were about to suture something thin. What a change when we got swaged needles! Then we didn't have to do that.* (Swaged needles = pre-packed eyeless needles– Authors' comment.)

She went on:

> *It was a lot of work with the swabs. We counted stacks of tens and folded them. We got some saline that we used for wet swabs - now you get everything ready - we did it ourselves. We washed, dried, powdered and packed the used ones. We did even patch them if necessary.*

Re-use and repair-routines signal public poverty, and Norway was a poor country then. It was necessary to economise, also with regard to hospital materials. For the surgical nurses it was taken for granted, just something one did. As the conversation continued, the oldest of them, Solveig, wondered about something else:

> *We made plaster, did you?*

Rønnaug replied

> *Yes... and we sharpened the needles. As a nursing student, we learned to sharpen needles, wash them and put them in formaldehyde. But worst of all was the calculations of drugs - it was awful!*

There was a general approval of Rønnaug's comment around the table, but soon the reflections went back to the operating room and the central position they had. Their job was to assist the surgeon during the operation. The professional relationship in the operating room was based both on the nurses' technical skills and their interpersonal skills with the surgeon. They had to know his likes and dislikes (they were always men), his mood, and his way of doing things.

> *You must know what to hand over to the surgeon - preferably before he knows it himself.* (Karin)

But this intertwined knowledge, consisting of the operation and the operator, instruments and medical conditions, was not enough. The nurses were also active in the operation and they had to keep track of what was going on:

> *We had to ensure that nothing was forgotten in the patient. We counted the swabs - 100 times - before and after and during. We still do that. It is very much to remember. But in those times there were real operations - open the stomach and stuff - and we took active part in the operation. It requires experience to avoid fumbling.* (Karin)

When the surgeon and the patient were gone, the nurses had more to do:

> *We had to clean the operating room between patients. There was no one else who cleaned. We shared the work so that one cleaned the operating room, while the other took the instruments.* (Solveig)

Karin continued

> *And then the report was written with pen on paper.*

Then Solveig added

> *It was enough to do in quiet periods as well, such as packing surgical tools and cleaning cabinets, and see to it that things were not expired and such. I remember one who didn't like this, and said she had not become a surgical nurse to clean cabinets. Then we were shocked! But she cleaned the cabinet that day.*

Cleaning was an undisguised part of surgical nurses' work, again a stereotypical female activity that this young nurse opposed. She did not know, as the older nurses did, that – apart from the obvious advantages – cleaning familiarised them with the operating room, helping them to be alert and ahead of upcoming events. They thrived in this hospital landscape of patients, professionals, instruments and cleaning devices. It was a materiality of their liking, where competence, usefulness and recognition nurtured their dignity and self-respect.

The operating room parallels the Wild West landscape of the movie. Just like Ed Tom

Bell loved and handled the beauty and simplicity of the surroundings of the old times, the nurses handled the necessary and available tools nimbly, and loved the everyday scenery of the operating room. Life was simple and in control for Ed Tom as well as for the nurses. In this socio-material landscape they became the nurses they wanted to be. It was a life for them that resonate with the life of *the craftsman: '... the special human condition of being* engaged*'* (Sennett 2008: 20). The nurses – and the sheriff – founded their work *'on skills developed to a high degree'* (ibid), to the perfection, as a result of their desire to do things well. They conducted craftsmanship anchored in a tangible feminised reality, took pride in their work and were emotionally rewarded (Sennett 2008: 21). However, a new time was about to invade the operating room. The colleague, who opposed cleaning, was only an early warning – comparable to the first gunshot. The experienced nurses managed to fight back, and restore the nursing order then, but this was not to last.

Gunshots in empty streets

Outsourcing was a key part of modernization in Norwegian hospitals. Whilst Randi didn't use the word she described its practice:

> *Acute and emergency operations have become much, much better! It cannot be compared - it's about safety. That's very good. Now we receive a paper package that contains everything we need: coats, swabs, knifes, washing sets, drapes and everything. So we have a small tray with everything we need for the operation, and don't have to spend time on packing ... So it's much faster. We do not even have to do the calculation of drugs! It comes ready to use.*

Much of what the surgical nurses spent time on, found pride in doing perfectly, is now done by anonymous others. Nevertheless, they were generally positive about this. But, they were sceptical about the digitization of the work processes. Rønnaug said:

> *Computers came into the operating rooms. We got the X-ray images on screens and reports should be written on the screen. That computer is, I'm sure, good for those who use it a lot, but for us who do not, it is more ... a nuisance.*

The computers intruded, and it was difficult to see their value. The computer disrupted the rhythm and smoothness of work routines, and they disliked it. And new technologies also changed clinical practice. Karin explained:

> *The good old operations disappeared. It's* (endo-)*scopy now. A lot of standing - for hours – it's a much more passive and stagnant job. ... No, give me a real belly!*

Adaptation to the new time appeared as an everlasting process. There were new devices; systems, programmes and work routines, and everything seemed to run so

much faster. Metaphorically we hear more and more gunshots now, and according to Karin, training was hardly offered. She explained that the nurses were not provided with weapons to fight back:

> *Sighs and groans! New programme again - without training! I felt we got very little training in computer use, really. It was more like asking there and then, and then someone helped you. And those who used it most were good at it, while the rest of us made it in a way.*
>
> *But I've said that I will not use it, because I'm hardly there. I'd rather spend time on something else - useful - instead of sitting in front of a screen.*
>
> *That was not why we became surgical nurses!*

So the older nurses invalidated computers and computer use as part of nursing work, saying that they had not become surgical nurses to do computer work, echoing the phrase used earlier about cleaning work. Society had changed, work had changed, and the older nurses lost control over own work practice. Some challenges became too big, Randi recalled:

> *Orthopaedic surgery has changed a lot, and very rapidly. Just think about all the instruments! Actually, you could have needed an engineering degree to work in the operating room today. We didn't need that when we started. That's where I jumped off! It was only two years until I was about to be retired - and when I saw all the gadgets and all that was needed for a prosthesis, I felt ... one should not feel that as long as one is working, but ... now, now I start to feel old. ... You have to be young to keep up today!*

Randi blamed herself for not keeping up, and explained it with age. She was too old for this. Her body could not manage anymore. It was too heavy for her now. Similarly, when Karin got sick she told us she couldn't take it anymore, and said:

> *I didn't want to learn more!*

This resonates with Ed Tom Bell's lament that he no longer wanted to go out and meet something he didn't understand. But the world of work is changing and they cannot prevent it: *A man cannot escape what's coming to him.*

It is this sinister; uncertainty connected to the transformations in healthcare work that amount to our story's gunshots in empty streets. The nurses had no weapons to help them stand up for what was important for them, or to make a smooth transition to the new times. They didn't even see what exactly they had lost and wanted to fight for, and, like Ed Tom Bell, retirement became the solution. The old times were gone and working life had become too difficult to handle. If we see Ed Tom Bell's dream about

his father's death as symbolic of the death of the old times and way of living, and the death of sheriff life as he knew it; we might see Karin's statement *I didn't want to learn more!* as representing the death of the old operating room, the working life as these nurses knew it and along with this their hard-earned clinical competence, professional skills and integrity.

There was no longer a need for what they were good at. Indeed it was not even important to be good at it anymore. These changes per se were not the problem, but the frustration and damage that followed the denial of the urge they had to do well, that is, do conduct craftsmanship, were.

Anna said:

> *This job is not for old women. It doesn't fit. I'm thinking about that movie 'No country for old men'.*

Perhaps she heard Ed Tom:

> *What's going on is overwhelming. I feel overmatched. This country is hard on people - it's not an easy place to live in.*

Like Ed Tom Bell our nurses left working life in a state of resignation. The heterogeneous, socio-material work practices shifted dramatically throughout a long career. They tried to keep up but finally gave in, blaming their own inability to master all the new technologies, devices and work routines. They internalised stereotypes about older workers (Loretto et al., 2009), and excluded themselves from work. This describes an individualised exclusion mechanism that works in concord with workplaces' prejudice towards older workers (Lotherington and Obstfelder, 2014). It is hardly tangible but works very well.

The villain
The older surgical nurses struggled with what the operating room had become but also to explain what was going on with their relationship to work. To help us understand their frustration and describe the villain in our story we bring Anton Chigurh back in:

1. Chigurh doesn't come from the place where the story is set. He comes from elsewhere. He scares people, and they do not understand what's going on around him. Our villain does not originally come from the local site, the hospital or operating room either, but from outside, dressed in clothes with modernisation and renewal designs. The older nurses do not find the modernisation processes problematic as such, rather the opposite. We have seen them appreciating several of the effects the modernisation processes had on their work, but at the same time there are things going on that they do not understand, which makes them feel left behind – feel old – and want to leave. The socio-material practices that once produced them as super-

competent, sought after surgical nurses – craftsmen - had gradually been replaced with another that produced them as old and useless, also in their own eyes.

2. In the film we do not get to know Chigurh but he is there and we feel his presence intensely. That is also the case with our villain. We do not know exactly what it is or how it got there, but it's definitely there. Something indefinable with consequences for the older nurses' relationship to work is going on. It is diffuse and hardly possible to articulate. The only available vocabulary is that of age and ageing, getting old, not fitting in anymore, and no one to blame but oneself.

3. Chigurh is unstoppable in his brutality with his own fate-based morals in which heads or tails decide the victim's destiny. Our villain does not toss the coin but enacts a similar morality, and money is involved here as well. Older healthcare workers are warmly welcomed to stay in work longer but there is talk of them as lagging behind, and not coping so well, both among colleagues and managers. When we asked about a concrete problem concerning ageing and night shifts one manager, William, commented:

> *The hospital cannot keep up with a bunch of 60-year-olds hanging around and just wanting to work day shifts. The hospital is operated 24/7 and that means night shifts.*

When one of the older surgical nurses asked to concentrate on tasks she was good at instead of having to struggle with new procedures that others did better and more efficiently, she was rejected. The older nurses must perform exactly as their younger peers do. That's what the hospital needs: youth, or at least youthfulness. There is no room for those who cannot comply. Instead of adapting work to the work experiences and craftsmanship of older workers, the older workers are expected to adapt. Those who don't must leave. It is up to the individual worker to comply or not. One regime applies whoever the person is and whatever the situation. The older worker is the one to decide her or his destiny – heads or tails!

4. Anton Chigurh is not caught, and Ed Tom Bell struggles with his inability to conquer him. The villain in our story is not caught either, but moves on, and the surgical nurses struggle with not tackling the work situation. Like Ed Tom Bell they are pushed from pillar to post in attempts to maintain their professional integrity, pride and dignity in the encounter with the new times. And just like Bell, there are fewer situations where their competence is enough, or even useful at all. They do not master everyday working life, and cannot bear what the operating room has become. The relations between patients, professionals, technologies and devices are different, and rather than competence and recognition, the effects of the socio-material relations are helplessness and disrespect. From being heroines at work they are produced as anti-heroines, just like Bell.

5. The description of Anton Chigurh as '*a ghost pretty much*' is a good summing up of our character as well. That's what makes it so difficult to spot and catch.

The villain in our story is obviously different from Chigurh but has some of the same characteristics, especially the dichotomised approach, that things can only be one way or the other– and there is nothing one can do about it. One more story illustrates the point. Anna and some similarly aged colleagues complained because the break room was converted to office space. They asked to re-introduce such a room, because they felt they needed one to be able to stay longer in work. The answer from management was that people should come to the hospital to work, not to have breaks. Older workers must not appear as old, because 'old' means not being able to live up to what's required in modern work organizations. '*You have to be young to keep up today!*' as Randi said.

Our story draws attention to how a dichotomised approach conceals complexity, and suggests that there is something wrong with the very idea of the standard worker. It is the taken-for-granted fixedness of the standard and the complexity of ageing at work that needs to be scrutinised. We have seen that it is not about being either able or not, either willing to learn or not, either adaptable or hesitant to change, but about how different socio-material situations produce competence, pride, recognition, and craftsmanship but also helplessness and feelings of incompetence, as part of doing healthcare work. In our story it is not about the individual's will or choice, but about the relations between people, practices and things. The healthcare worker never acts alone. Relations between humans and non-humans alike are crucial for the production of good healthcare but also for the production of healthy workplaces for older workers of all kinds.

Diffracting critical inquiry

We cannot claim to have seen the same as Anna saw, or that we now understand what she meant about the hospital being a bad place for old women, or how *No Country for Old Men* explained working life to her, but her statements equipped us with ideas for diffracting critical inquiry, as Haraway (1997) recommends. Our move was to make the powerful masculine connoted stories in the film interfere with our feminine connoted stories about the older surgical nurses, and let the stories enrich each other to raise more questions, rather than produce unambiguous conclusions, as Mol (2008) advises. This encounter between facts and fiction became our optical device for diffraction.

What this diffraction process demonstrates is that there is not one simple answer to why hospital work 'did not fit old women'. Rather than pointing to one thing, there are a variety of answers – or rather questions. To insist that the situation for older healthcare workers is related to modernisation, New Public Management, lean

production, managerialism, or other similar phenomenon would be to say *'again that the emperor has no clothes'* (Haraway, 1996: 429). It is not wrong but it is said before, and it does not help to repeat it. This answer is still well within the dominant older-worker discourse of either capable or not that we need to transcend.

Another possibility is 'transformations in healthcare work'. This would imply that the transformations make older healthcare workers leave, because the once beloved job is not there anymore, meaning that the older nurses feel useless. This resonates with Ed Tom Bell's situation. Yet, the answer is not so simple. The problem is not transformations in work processes *as such*. Only some transformations produce these exclusionary effects, and besides, it is not only work that changes, workers change too. Workers, old and young, women and men, enter into socio-technical work practices with their bodies and minds. The processes of change that are going on are sometimes enacted in concord, other times in dissonance, according to our story. For example, when Karin says that she doesn't want to learn more, dissonance is the case. Changes in work processes outlived the changes she went through mentally and physically, and she lost control of what was going on in the operation room.

'Losing control over own work situation' is a third answer. It was not that the older surgical nurses did not want to be surgical nurses anymore, they desperately did, but they were not able to enact a femininity and be the nurses they wanted to be – just like Ed Tom Bell but with opposite sign.

Following this, 'disrupted femininity' might be a forth answer. The nurses pride and respect for their work came in part from the gendering of socio-material practices in the operating room. In the film we saw disruptions in masculinity and sheriff practices, whereas in our story femininity and nursing practices were disrupted. The established femininity that made up the fundament for the nursing practice was interfered from various directions, not allowing them to be the nurses they wanted to be. One disruption was the technological transformations; another was the young nurse who did not want to clean cabinets. The older nurses defeated her, but of course, it was more to it than one nurse not wanting to clean cabinets. She symbolised an emerging nursing identity founded on a new femininity, that did not stem from their operating room or the hospital but from outside, from society in general. The older surgical nurses did not approve of the new image of nursing they saw coming.

Something was lost along the way for both the hero of the movie and heroines in our story. Still, when the older surgical nurses talked about changes in their working lives, it was not about either bad *or* good changes, but both, or even none, depending on the socio-material situation. The differences produced appeared sometimes as competence, confidence, pride and dignity, and sometimes as incompetence and helplessness. They labelled the latter effect *'feeling old'*, a feeling of grief and loss that they did not really comprehend but made them want to leave employment – in resignation – because hospital work did not fit older women (Anna). But rather than

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blaming the individual worker for not keeping up, '*feeling old*' should be seen as an effect of new socio-material work practices. Then grief and loss can be understood, not as losing work tasks or having to use new tools, but as losing respect and recognition in work, and no longer being able to take pride and be tangibly anchored as craftsmen in work, to paraphrase Sennett (2008) again.

Conclusion

Because older workers are excluded in different ways from working life in spite of legislation against it, and the best-intentioned interventions designed to address this appear to have little effect, we need new understandings of age in later working life. The purpose of this article has been to intervene by providing a language to talk and deal with ageing, change and work differently.

The first step was to shift focus from the individual to the organizational to inquire into how *age is produced in work organizations.* The analysis brought forward an understanding of age as an emergent effect of the interaction between people, processes and things. Age is nothing in itself but becomes something in interaction, that is, age is co-constituted with other elements in the work practice, such as people (bodies and minds), technologies, objects, and procedures. The experience of age and ageing at work is hence a produced effect of work practices, and when workers change, work practices change, so do the experiences of age and ageing at work. When age appears as a problem in work organizations the language should be about *work practice interference* rather than about the individual worker as capable or not. Therefore, to stay in work longer and enjoy work in later life is not about the individual worker but about the socio-material practices where the worker is one of many elements. This implies moving the focus away from the individual worker towards the dynamic work practices with all its human and non-human elements.

The next step was to explore *the effects of the produced age differences on the organizational processes,* that is, what effects the produced distinction between young and old had in the organization. An important effect was the establishment of the standard worker/good nurse as a young and by all means healthy, agile and vigilant person. This was a standard that the older workers struggled to comply with, and blamed themselves for not. No one had to tell them that they were not good enough. The older workers took care of their own exclusion and retired. Hence, the effects of the young/old distinction were individualised exclusion mechanisms.

However, a consequence of the first part of the conclusion is that exclusion and inclusion of older workers in the work force are to be found in the organization of work, that is, how people, processes and materiality of all kinds are put and kept together. Changes in work practices can, therefore, have both exclusionary and inclusionary effects. They will be exclusionary as long as workers' ageing is not taken

into consideration as one of the elements in the work practice. When normal ageing processes are denied, the efforts to include older workers are to reduce the effects of ageing, that is, to make approximations of youth.

A contrary, inclusionary effect may appear if ageing at work is 'allowed', and work practices are organized according to changing bodies as well as changing technologies or policies. Normal ageing processes should, therefore, not be denied but utilised for developing dynamic work practices, rather than fixed standards. The produced effects of work can continue to be respect and recognition if the various elements of the work practice are changed in concord. Then the complexities of the elements in the work practice must be realigned towards more promising interference patterns that provide future older workers with another destiny than Ed Tom Bell and the older surgical nurses in our story got. This will not only make working life attractive for older workers but for everybody who at some point in life do not fit the standard.

References

Acker, J. (1990) 'Hierarchies, Jobs, Bodies: A Theory of Gendered Organizations', *Gender and Society*, Vol. 4, 2: 139-58.

Ainsworth, S. and Hardy, C. (2008) 'The Enterprising Self: An Unsuitable Job for an Older Worker', *Organization,* Vol. 15, 3: 389-405.

Alvesson, M. and Skjöldberg, K. (2009) *Reflexive Methodology: New Vistas for Qualitative Research,* London: Sage Publications Ltd.

Berg, M. and Mol, A. (eds.) (1998) *Differences in Medicine. Unravelling practices, techniques and bodies*, Duke University: Duke University press.

Biggs, S. (2004) 'Age, gender, narratives and masquerades', *Journal of Aging Studies,* Vol. 18, 1: 45-58.

Blog (2008) http://toomanycupcakes.blogspot.no/2008/03/no-country-for-old-men-somewhat.html (accessed 12/01/15).

Borghans, L. and Weel, B.T. (2002) *Do older workers have more trouble using a computer than younger workers?* ROA-RM-2002/1E, Maastricht: Research Centre for Education and the Labour Market, University of Maastricht.

Brannen, J., and Nilsen, A. (2013) 'Methodological approaches, practices and reflections', In A. Nilsen, J. Brannen, and S. Lewis (Eds.), *Transitions to parenthood in Europe.* Bristol: Policy Press, pp. 27–40.

Busch, T., Johnsen, E., Klausen, K.K. and Vanebo, J.O. (2011) *Modernisering av offentlig sektor. Trender, ideen og praksiser*, Oslo: Universitetsforlaget.

Butler, J. (1990) *Gender Trouble: Feminism and the Subversion of Identity*, New York and London: Routledge.

Chatrakul Na Ayudhya, U., Smithson, J., and Lewis, S. (2014) 'Focus group methodology in a life course approach – individual accounts within a peer cohort group', *International Journal of Social Research Methodology*, Vol. 17, 2: 157–171.

Duncan, C. and Loretto, W. (2004) 'Never the Right Age? Gender and Age-Based Discrimination in Employment', *Gender, Work and Organization*, Vol. 11, 1: 97-115.

Dunleavy, P., Margetts, H, Bastow, S. and Tinkler, J. (2006) *Digital Era Governance: IT Corporations, the State and E-Government*, Oxford: Oxford University Press, 2006.

Featherstone, M. and Hepworth, M. (1991) 'The mask of ageing and the postmodern lifecourse' in Featherstone, M., Hepworth. M. and Turner, B., (Eds) The Body: *Social processes and cultural theory,* London: Sage.

Foucault, M. (1972) *The Archaeology of Knowledge*, New York: Tavistock.

Friedberg, L. (2003) 'The impact of technological change on older workers: evidence from data on computer use', *Industrial and Labor Relations Review,* Vol. 56, 3: 511-29.

Halford, S., Kukarenko, N., Lotherington, A.T. and Obstfelder, A. (2015) 'Technical Change and the Un/Troubling of Gendered Ageing in Healthcare Work', *Gender, Work and Organization*, Vol. 22, 5: 495-509.

Halford, S., Lotherington, A.T., Dyb, K., and Obstfelder, A. (2010) 'Un/doing gender with ICT?', *NORA. Nordic Journal of Feminist and Gender Research*, Vol. 18, 1: 20-37.

Halford, S., Obstfelder, A. and Lotherington, A.T. (2009) 'Beyond implementation and resistance: how the delivery of ICT policy is reshaping healthcare', *Policy and Politics,* Vol. 37, 1: 113-128.

Haraway, D. (1991) 'Situated knowledges. The Science Question in Feminism and the Privilege of Partial Perspective', in Haraway, D. (ed.) *Simians, Cyborgs and women. The Reinvention of Nature,* London: Free Association Books, pp. 183-201

Haraway, D. (1996) 'Modest Witness: Feminist Diffractions in Science Studies', in Galison, P. and Stump, D.J. *The Disunity of Science, Boundaries, Contexts, and Power.* Stanford: Stanford University Press, pp. 428-45

Haraway, D. (1997) *Modest_Witness@Second_Millennium. FemaleMan©_Meets_OncoMouse,* London: Routledge

Haraway, D. (2004) *The Haraway reader,* New York and London: Routledge.

Holweg, M. (2007) 'The genealogy of lean production', *Journal of Operations Management,* Vol. 25, 2: 420–37.

Krekula, C. (2007) 'The Intersection of Age and Gender. Reworking Gender Theory and Social Gerontology', *Current Sociology*, Vol. 55, 2: 155-171.

Law, J. and Singleton, V. (2012) *ANT and politics: working in and on the world*, ANT and Politics.pdf QS7 (HeterogeneitiesDOTnet, John Law's STS web page, accessed 12.03.2013).

Lotherington, A.T. and Obstfelder, A. (2014) '"Du må være ung for å henge med i dag!" Inkluderings- og ekskluderingsmekanismer på det høyteknologiske sykehuset', *Søkelys på arbeidslivet*, Vol. 31, 1-2: 118-135.

Loretto, W., Vickerstaff, S. and White, P. (2009) *The future for older workers,* Bristol: Policy Press.

Mol, A. (2002) *The Body Multiple: Ontology in Medical Practice*, Durham, N. Ca., and London: Duke University Press

Mol, A. (2008) *The logic of care. Health and the problem of patient choice,* London and New York: Routledge.

OECD (2013) *Ageing and Employment Policies: Norway 2013: Working Better with Age,* OECD publishing. http://dx.doi.org/10.1787/9789264201484-en.

Posthuma, R.A. and Campion, M.A. (2009) 'Age stereotypes in the workplace: common stereotypes, moderators, and future research directions', *Journal of Management,* Vol. 35, 1: 158-88.

Riach, K. and Kelly, S. (2013) 'The need for fresh blood: understanding organizational age inequality through a vampiric lens', *Organization*, Vol. 0, 0:1-19, DOI: 10.1177/1350508413508999.

Rodriguez, K., Schwartz, J., Lahman, M. and Geist, M. (2011) 'Culturally Responsive Focus Groups: Reframing the Research Experience to Focus on Participants', *International Journal of Qualitative Methods,* Vol. 10, 4: 400-417.

Thomas, R., Hardy, C., Cutcher, L. and Ainsworth, S. (2014) 'What's Age Got to Do With It? On the Critical Analysis of Age and Organizations', *Organization Studies,* Vol. 35, 11: 1569-1584.

Trethway, A. (1999) 'Disciplined bodies: women's embodied identities', *Organization Studies*, Vol. 20, 3: 423-450.

Sandelowski, M. (2000) *Desires and Devices: gender, technology and American nursing,* Chapel Hill: University of North Carolina Press.

Sennett, R. (2008) *The Craftsman,* London: Penguin Books.

Strangleman, T. (2009) *The Remembrance to a Lost Work: Nostalgia, Labour and the Visual* http://www.nowaytomakealiving.net/post/269/ (accessed 12/01/15).

Wajcman, J. (2004) *TechnoFeminism*, Cambridge and Malden: Polity Press.

Warr, D. (2005) '"It was fun . . . but we don't usually talk about these things": Analyzing Sociable Interaction in Focus Groups', *Qualitative Inquiry*, Vol. 11, 2: 200-225.

WHO (2002) 'Active Ageing. A Policy Framework', *World Health Organization*, WHO/NMH/NPH/02.8.

Wilkinson, S. (1999) 'Focus Groups: A feminist method', *Psychology of Women Quarterly*, Vol. 23, 2: 221-244.