

**BEING VALUED AND DEVALUED AT WORK:
A SOCIAL VALUING PERSPECTIVE**

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Being Valued and Devalued at Work

This paper describes how people who clean hospitals experience everyday interactions as both occasions in which their value as individuals is diminished and as occasions in which their value is enhanced. The core of the paper focuses on the different ways that interactions with others grant or deny felt worth. We use stories told by hospital cleaners to build a description of the valuing and devaluing acts that help to compose the meaning that people derive from their work. We use the cleaners' vivid and deeply felt accounts to build a framework to describe key elements in the social valuing process that takes place at work.

In most jobs, the conduct of work requires interaction with others. Interactions with peers make jobs less boring (Roy, 1959) and have consistent effects on work attitudes, withdrawal and effectiveness (Chiaburu & Harrison, 2008). Interactions with bosses incite fear or inspire nurturing (Jackall, 1988). Interactions with clients and customers provide enjoyment (Cohen & Sutton, 1998; Sutton & Rafaeli, 1988) as well as provoke anger and frustration (Hochschild, 1983), affecting the overall quality of one's experience at work. This paper builds on a line of research on how interactions with others shape employees' feelings at work. We began with a simple research question: How do people doing hospital cleaning work feel about doing this kind of work, and how do other people at work affect the experience of this job?

Our initial question was descriptive and consistent with sociologists (e.g., Gold, 1964; Hughes, 1971; Perry, 1978) and organizational researchers (e.g., Ashforth & Kreiner, 1999) interested in how individuals react to doing "dirty work" in organizations. Dirty work is a term used by sociologists to describe work that is experienced as onerous and odious as judged by self, colleagues and co-workers (Emerson & Pollner, 1975). Using an analysis of the stories told by hospital cleaners in a large university setting about their experience of this work, we develop a perspective that focuses on the process of social valuing that occurs in interactions with others at work. Using a grounded theory method (Glaser & Strauss, 1967) we build a social valuing perspective for understanding how individuals derive a sense of worth on the job. While this perspective is built from a study of one type of job, social valuing provides a way of thinking about how interactions with others compose felt worth at work that pertains to a variety of different kinds of work in organizations.

A social valuing framework proposes that employees actively interpret the meaning of how others treat them at work to gauge a sense of worth. Felt worth describes individuals' sense of

importance accorded to them by others. Felt worth is similar to the idea of conferred status from sociology, by assuming that one is granted a social good (status) based on others' level of regard for who one is and what one does (Kemper, 1972). Felt worth is similar to the idea of self-esteem from psychology (e.g., Rosenberg, 1979; Luhtanen & Crocker, 1992) in capturing individuals' beliefs about their significance in the eyes of others. Felt worth captures an individual's cognitions and feelings about the level of regard that others accord him or her as opposed to a more internally-held belief about one's own worth (self-esteem). We argue that felt worth is a fundamental gauge of social inclusion and respect from others. In Goffman's terms (1956), felt worth indicates the degree of sacredness granted to the self by others.

The social valuing perspective suggests that felt worth is composed daily on the job as individuals interact with others at work. During the course of the work day, everyday encounters turn into valuing acts. Consistent with the basic premises of symbolic interactionism, we propose that individuals look to the reflected appraisals of others to derive a sense of significance (Cooley, 1902). Interactions with members and non-members of the organization play a part in social valuing. Members of the same group (in this study the relevant groups are doctors, nurses, patients, and patients' families) engage in interactions that are actively interpreted as valuing or devaluing depending on the content and context of the encounter. Aspects of the encounter that seem important include both situational and personal characteristics that allow an individual to infer the motives or the intent of the "other" involved in the interaction. Consistent with attribution theory (Kelley, 1972, Weiner, 1985), when situational constraints cannot account for an other's behavior, and an other's actions are seen as personally rather than situationally motivated, valuing and devaluing is felt more acutely.

Our perspective of the social valuing process is derived from cleaners stories of their daily

workplace interactions. These stories were of two types. The first were stories of interactions in which others engaged in valuing acts, signaling that the cleaner was regarded positively as an individual and a member of the organization. The second were stories of interactions in which others engaged in devaluing acts, signaling that others regard the cleaner as lacking in social worth as a person and a member of the organization. These valuing and devaluing acts reveal two pathways in the social valuing process. One path is comprised of pairs of valuing and devaluing acts that are in converse relationship to each other. The other path is composed of valuing and devaluing acts that appeared to be unique and independent of one another. Thus, acts which are felt and experienced as valuing may not always imply the opposite of acts that are felt and experienced as devaluing, suggesting that valuing and devaluing are related but distinctive social experiences for employees working in this setting. However, a social valuing perspective suggests a coupling between the meaning of other's acts for a person's work and the meaning of the acts for the worth of the person. Work valuing is person valuing. Work devaluing is also person devaluing.

The paper offers five contributions to thinking about how employees experience their work. First, at a very basic level, it introduces ideas from symbolic interactionism for understanding how the meaning of work is constituted in the everyday interactions that occur on the job. It is complementary to our earlier work on interpersonal sensemaking that argues that noticing and interpreting interpersonal actions from others informs how employees make meaning of their jobs, their roles, and themselves (Wrzesniewski, Dutton & Debebe, 2003). Consistent with Earley (1997), Fine (1996), and others who have applied symbolic interactionism to the context of work, it emphasizes the fluid and processual nature of how identities and meaning are constituted through daily interactions with others at work (e.g., Bartel & Dutton, 2001; DeRue & Ashford, 2010). It takes Cooley's (1902) and Goffman's (1956) ideas of the self as socially constituted and makes

them concrete in the context of doing work. While a social information processing perspective on the meaning and design of work (Salancik & Pfeffer, 1978) acknowledges others matter through the provision of task-related cues, a symbolic interactionist account deepens the impact that others have on the experience and meaning of the work.

Second, a social valuing perspective makes felt worth a central gauge of how individuals experience the meaning of work. Rather than focusing on job attitudes such as satisfaction or work values, it suggests that felt worth is a critical psychological bridge by which individuals sense their connection to their work. We argue that individuals' understandings of and connections to their work are the dynamic product of their beliefs about work, the properties of work itself, but also the messages individuals receive from others at work about the worth of the work they do and the kind of person they are (see also Rosso, Dekas, & Wrzesniewski, 2010). These messages are rarely direct. Rather they are communicated in the ways others act toward a job holder in the conduct of doing their work. This felt worth is a social product, constituted and transformed in the course of daily interactions with others.

Third, a social valuing perspective reveals the emotional side of interactions at work. Interactions with others convey worth partially by the kinds of feelings that they engender. Valuing interactions are associated with positive emotions such as pleasure, gratitude and appreciation. Devaluing interactions are associated with hurt, anger, frustration, and sadness. Thus, social valuing emphasizes that interaction at work creates powerful feelings for individuals (Sandelands, 1988; Sandelands & Boudens, 2000) that contribute to a sense of felt worth.

Fourth, the feelings associated with these interactions are intertwined in complex ways with the race, gender and class of the people doing the work and the people with whom they are interacting. Social valuing and devaluing may unfold and create a sense of felt worth differently for

employees of certain race, gender, and social class groups, whose group identities have long been associated with particular types of work. This, combined with the fact that certain groups with which these employees interact on the job may also be of a dominant race, gender, or social class, acts to complicate the social milieu in which valuing and devaluing acts occur. The stories reveal the complexities of how race and gender create behaviors and interpretations that affect the social valuing process.

A fifth contribution of the study is less about the social valuing theory we create, and more about a focus on the critical activities carried out by people playing support roles in organizations. We agree with Barley's (1996) assertion that organizational studies has been relatively silent about the nature of work, which has hampered our understanding of organizational processes and how individuals experience their workplaces (Weiss & Rupp, 2011). In addition, silence about the work of non-managers and people who do work that is non-technical, lower paid and considered essential but "dirty" is particularly striking (Bamberger & Pratt, 2010). We see this gap as an opportunity to enrich our understanding of the critical support work employees do that enables the work of others but which, in the words of Fletcher (1998), is often disappeared in organizations and in organizational scholarship. This type of service work is often explicitly organized to be out of sight. "It takes place behind institutional walls, where outsiders rarely penetrate (nursing homes, chronic care facilities), in back rooms (restaurant kitchens), or at night or other times when occupants are gone (office buildings and hotels)" (Glenn, 1999, p. 20). Yet the cleaning work of hospitals is like the work of garbage collection studied by Perry (1978). It is "a base of activity upon which much else must rest. Despite the vaunted technological advances and perhaps even because of them, the lowliest services remain important" (Perry, 1978, p. 6). The hospital cleaners in this study play a vital role of caring for place, which enables caring for people.

We build our social valuing perspective in four steps. First, we describe the setting and the method we employed to study the experience of cleaning in hospitals. Second, we present descriptive data about the kinds of valuing and devaluing acts that appeared in the cleaners' stories about how they interacted with others on the job. Third, we use the patterns in the stories told to develop the social valuing perspective. We then use this perspective to surface new questions for organizational scholars interested in job design, the meaning of work, and a relational perspective on individual behavior in organizations.

METHOD

The Setting and the Work of Cleaning Hospitals

We conducted our study in Tech Hospital, which is part of a medical system known for its high technology medicine. The hospital is licensed for 850 beds (although at the time of the study 750 beds were in use) with approximately 34,000 admissions and 714,000 outpatient clinic visits annually, and over 800 physicians, 640 residents, and 1,500 registered nurses. The Environmental Services Department is a critical support unit for the hospital. It is known for its experienced staff (average tenure of the staff = 7.1 years) and generous benefits. At the time of the study the hospital was undergoing a major cost cutting effort in order to try to reduce the cost per case, without compromising quality. The hospital was in year two of a four-year effort to reduce overall hospital expenses by \$200 million. In the environmental services department, approximately 25% of the total payroll had been eliminated in the 2-month period before we conducted our study. While downsizing efforts had ended a little over six months before we did our interviews, considerable anxiety remained about whether there would be future job cuts. In addition, most cleaners in the sample had relocated to a new unit in the hospital when these changes occurred. As a result, most of the stories told to us in the interviews had taken place within the past year.

A hospital's effectiveness depends on the work of the cleaning staff. The delivery of quality care to patients in a hospital rests on the effective care for the physical infrastructure of the hospital. Those who clean hospitals ensure a safe and sanitary environment for the execution of routine and complicated medical procedures.

Cleaners in this study were part of an environmental services department that performed four primary hospital activities. First, they provided the cleaning that allowed for the smooth and safe transition from one patient leaving a room to another moving into the room, a process called a discharge. The three other primary services included: the daily cleaning of the patients' rooms, cleaning public spaces (including restrooms, corridors, stairways, escalators) and the cleaning and care of family areas (e.g., waiting rooms and examination rooms) and staff areas (e.g., nurses' stations, physicians' on-call rooms).

A hospital cleaning job has both routine and non-routine elements. Because the majority of our sample were Custodian II cleaners, their primary job involved to cleaning patients' rooms and rooms that were in the proximate area. The routine tasks involved in executing this work included damp wiping all surfaces, pulling (emptying) trash, filling dispensers, dusting, cleaning the toilets and floors in the bathrooms, and sweeping and mopping the floors. If a patient was discharged, a cleaner must then remake the bed with fresh linens, as well as re-clean the room thoroughly from start to finish.

Patient discharges introduce a non-routine element into the cleaners' jobs. As described above, this task involves considerable extra work and is unpredictable in terms of timing and load. The discharge factor created interdependence between the cleaners as they often needed to help each other in order to complete the extra work.

Our Research Process

We studied hospital cleaners' work in two phases. In Phase 1 we conducted two focus groups with cleaning staff members from environmental services at Tech Hospital to learn more about what doing this work was like. Our questions were intentionally broad, focusing on job duties and responsibilities, who the cleaners interacted with during the course of a job shift, and how cleaners characterized feelings about their work, their staff unit and the hospital more generally. The focus groups consisted of a total of eight cleaners from Tech Hospital. We conducted the focus groups as a team (Krueger, 1994), and audiotaped the sessions and transcribed the tapes. All three authors coded the transcripts by following the set of procedures for open-coding described by Strauss and Corbin (1990). The coded focus group results identified several topic areas relevant to a cleaner's work that we felt were key in understanding the experience of this work. We used these topic areas for designing the interview protocol for Phase 2. We pre-tested the questions in interviews with a sample of four focus group members.

Phase 2 involved face-to-face interviews with a sample of 29¹ cleaners randomly selected from the population of 237 cleaners in the environmental services department. The sample was representative of gender and shift for the entire department, and varied on dimensions such as type of unit and amount of contact with others on the unit. Sixteen men and twelve women participated in the study, with 13 individuals on the day shift, 11 on the evening shift and 5 on the midnight shift. We interviewed cleaning staff from medical units such as rehabilitation, neurosurgery, cardiology, and pathology and others with more general unit assignments such as cleaning the cafeteria, corridors and the stairwells. Based on interviewer observations, 21 of the informants were black and 7 were white. Each interview took one to two hours and all were conducted during

¹ After sending copies of the transcribed interviews to all participants in the study, one person chose to not have his data included in the study. Our final data sample consists of 28 individuals.

cleaners' work shifts. We guaranteed anonymity of responses, thus, the quotes used in this paper use pseudonyms. Study participation was voluntary. Four of the original cleaners contacted declined to be interviewed.

We designed the interview to capture hospital cleaners' descriptions of their jobs, their feelings about their work, and their characterization of their relationship with different types of people routinely encountered on their job: doctors, nurses, patients, and patients' visitors². We utilized a mixture of open-ended questions and some closed-ended, scale-based measures. We encouraged participants to share specific stories that illustrated general claims that they made about their relationships with doctors, nurses, patients and patients' visitors. We coded these data to form the categories of valuing and devaluing interactions that inform this paper. In addition, we interviewed two top hospital administrators to better understand the department's structure and history in Tech Hospital. Each author also spent several days at the hospital doing structured observations of interactions between cleaning staff and other people occupying the hospital.

Coding

All three authors coded one-third of the interviews using the guidelines for open-coding described by Strauss and Corbin (1990). First, we transcribed the interviews, then coded each interview for themes that were contained within the statements made by the cleaners. We grouped the statements by theme. For example, when cleaners talked about the dangerous equipment or conditions they faced in their jobs, we grouped these statements together into a category called "danger in cleaning work." We used this coding procedure for all interviews, frequently revisiting categories to ensure that they continued to be valid, were not too large (e.g., representing more than one category), and fit the data well. We reconciled disagreements over coding through discussion.

² A sampling of the interview questions is presented in the Appendix.

Stories represent “someone telling someone else that something happened” (Smith, 1981, p. 182). Narratives or stories are the means by which individuals render themselves as intelligible to others (Gergen & Gergen, 1988). They are forms of thought that convey the particulars of a person’s life (Bruner, 1986) and are well-suited to convey the richness and nuances of meaning in human affairs (Carter 1993, p. 6; see also Martin, 1986; Mishler, 1995; Scholes, 1982). Narratives, as a method of analysis and form of data, are finding an important place in organizational research (e.g., Barry & Elmes, 1997; Czarniawska, 1997; Gephart, 1993; O’Connor, 1995; 1996; 1997; Weick & Browning, 1986). They form the heart of the data presented in this paper.

Close to 200 stories emerged from the interviews that described actions that others (doctors, nurses, patients, and patients’ visitors) had taken toward the cleaner. Most often these were actions that cleaners talked about to illustrate why they characterized their relationship with members of a group in a particular way (e.g., as positive or negative), or stories that explained why a cleaner was dependent on a group in a particular way. The majority of these stories (n=138, or 69%) contained content that indicated that the cleaner felt valued (affirmed, important, cared for, 80 stories) or devalued (denied, unimportant, ignored, 58 stories).

We collapsed the devaluing acts from the stories into five larger categories, and the valuing acts into four, based on the coherence of the underlying themes. Within each category, the behaviors aimed toward a cleaner were variable, but each category cohered in the sense of resulting in actions that were felt as either valuing or devaluing. We coded each act contained in a story twice to guarantee agreement between coders. There were few disagreements in how an act was categorized (in less than 15% of the cases). We then tabulated the number of mentions of the different kinds of devaluing and valuing acts mentioned in reference to the four different interaction partners. If a participant mentioned several stories that were in the same category of valuing or

devaluing acts, we only counted the first mention. We use the number of mentions of acts involving the different relational partners as a rough indication of the relative prominence of the interaction partner in particular parts of the social valuing process.

FINDINGS

Our research findings fall into three major clusters. First, we describe patterns in how cleaners construe the nature of the work. Next, we describe and illustrate the major categories of devaluing interactions. Finally, we describe and illustrate the distinctly different kinds of valuing interactions.

Nature of the Work

Cleaning work is often dangerous work. Cleaning requires lifting heavy materials such as bags of linen and handling sharp objects such as needles or scalpels. Most times cleaners expressed a lack of concern about the danger. Ben tells about whether he thinks his work is dangerous or not:

Interviewer: “Are there aspects of your daily tasks that are dangerous for you?”

Ben: “Any time that you lift a red bag, a biohazardous bag. You got to make sure you keep it away from your body ‘cause there could be anything in that. I know a lady [a cleaner] who got cut with a scalpel. They cut through the bag and got her in the leg and while she was walking down the hall, the nurse said, ‘Your bag is leaking’. When she looked down it wasn’t leaking, it was running out of her leg and on the thing she had to get 18 stitches. It was so sharp she didn’t realize it.”

Every study participant felt that their work was critical to the hospital’s functioning and particularly to the care of the patients.³ This sense of value was expressed most often in terms of the role they played in preventing patients from getting sicker. For example, one cleaner described his role with patients undergoing bone marrow procedures:

³ 65% said “extremely important”, 35% said “very important”, and 3 didn’t give a rating.

“You have to be very careful with a lot of airborne things. Like, you can’t do any dusting, high dusting, because dust carried airborne bacteria and germs and these people breathe that in and their bodies may not be able to tolerate and fight it, and you can cost them their lives.”

In sum, study participants experienced the job of hospital cleaning as fundamentally important. The job had elements that were routine and non-routine, dangerous and unpredictable.

Devaluing Interactions

The stories of interactions with doctors, nurses, patients, and patients’ visitors brimmed with incidences in which cleaners expressed feelings associated with being devalued or denied a sense of worth or substance. We describe five types of devaluing acts as revealed in the cleaners’ stories. The different categories of devaluing acts and the number of mentions of each act contained in stories about doctors, nurses, patients and patients’ visitors are summarized in Table 1. Table 1 presents the different types of acts that we used to compose the devaluing clusters, as well as the frequency of mentions for each type act. The stories are revealing about cleaners’ experiences with these four relational partners. After describing the devaluing and valuing acts discerned from these stories, we return to building theory for how, in relationship with others, those doing the work are simultaneously devalued and valued.

Insert Table 1 about here

We begin the discussion of devaluing with a focus on non-actions that deny both a person’s existence and sense of worth. We end with a discussion of much more proactive and intrusive acts done by others that directly communicate the message that who the cleaner is or the job of a cleaner is inadequate or not worthwhile. Between the two anchors are a range of acts that construe the cleaner in a way that denies a sense of worth or positive regard, with the net effect of devaluing the

work and by implication, the cleaner who is executing the work. First, we describe the most prevalent theme, where cleaners talked about being ignored. Second, we describe how cleaners experienced disgust and disdain from others. The third category focuses on experiencing being distrusted by others. Fourth, we describe the stories that refer to ways in which others make the cleaners' job more difficult. The final category of devaluing acts involves others conveying negative information to the cleaners.

Not recognizing a cleaner's presence. When two people share the same physical space, the behaviors of one toward the other provide or deny cues that the other is recognized, is present, and is valued at a most basic level. If the "other" in an encounter offers no overt signs of recognition that grant a sense of existence or being to another, then this act was experienced as devaluing.

Of all of the clusters of devaluing actions that others took toward the cleaner, the greatest number of study participants (13) mentioned this the most often (23 times). These acts were most often contained in accounts told about interactions with doctors (15), and much more rarely in stories of nurses (4), visitors (3) and the patients themselves (1). Acts of non-recognition came in two forms. Sometimes others actively ignored the cleaners by failing to acknowledge their presence. Cleaners mused about how and why nurses and doctors whom they saw every day would not acknowledge their presence with a simple "hi" or other gesture of recognition. The non-response was sometimes felt in a glance. Harry noted his experience of not being seen by the doctors:

"The doctors have a tendency to look at us like we're not even there, like, you know, we'll be working in the hallways, and you know, no recognition of what you are doing whatsoever."

Non-recognition was felt acutely when cleaners experienced non-acknowledgment, especially when it came from the people that they saw every day at work. In this example, Luke

offered and disqualified race as a reason for the non-recognition:

“In the S unit, I’ve been working there almost a year now and they used to not speak to me. They [people who work on the unit] would see me every weekend and not say hello, just hello. Or they order out for lunch a lot and they never ask me to order out to lunch. I don’t think it is a black thing. I think it’s just because I’m an outsider.”

In a final non-recognition example, Challie talked about how nurses communicated their low opinions of cleaners by only addressing a cleaner by name when they needed something. It was the contrast with how she was treated when things were not needed that was hurtful. She offered this explanation of how nurses’ low opinion gets communicated:

“It gets communicated to me by the way they approach me when they want certain things done. I say this because I have noticed like the whole time I’m down there, they really don’t have too many things to say to me. But the first time they needed something, it’s ‘Oh, Challie, could you please do this or that?’ Then it’s like, ‘Oh.’ You know, and I’m not saying it to be sarcastic but it’s kind of like saying, well, oh, I’m glad they do acknowledge me and they do know my name. Because, for a while there, I don’t even think they acknowledged that I was there, you know. But you kind of take it for what it’s worth. I’ve learned to take it for just as it is.”

Several cleaners expressed a similar sentiment that they felt like an “invisible person that sort of floats around on the outside looking in.”

Others communicated non-recognition when they did not move out of a cleaner’s way when he or she was trying to work. Thirteen cleaners mentioned the significance of others not moving out

of their way when they were trying to execute their tasks. These stories often involved a cleaner's efforts to get around a single or group of individuals who were physically in the way, making it difficult for the cleaner to navigate the space. Most acts in this cluster involved the same story – mostly doctors, standing in bunches, seeing the cleaner coming, yet not granting the cleaner the space to get by. Ignoring the cleaners was striking because cleaners pushed carts that were 4 feet tall and 3 feet wide with brightly colored pails hanging on the sides, which made loud clattering noises when being pushed through the hallways. Ignoring a physical presence with this many visible and audible cues was a powerful act. Cleaners described these stories with the most strongly expressed negative feelings of any that were conveyed in the interviews. The expressed anger in Harry's words as he described the doctors' actions illustrates this point.

“And the doctors stand in the way. And what I mean by ‘doctors that stand in the way.’ I mean literally, stand in the way. Like you're going down the hallway to sweep it. Doctors will stand in the way. You have to ask them to move, every day, the same doctors every day. It can be the same doctors. You see them ten times a week. You have to ask them to move ten times that week.” [and later] “That's just like they (the doctors) have no regard for whatever anyone else is doing in the hallway. It's not just our department. It's any department.”

Non-recognition was often associated with subtler pressure for cleaners to announce their presence by saying, “Excuse me,” so that they could get past or execute their work. Having to announce one's presence with this phrase was another sign that the cleaner was being treated as invisible, not present, and/or not worthy of recognition. In our data, the act of making someone say “Excuse me” was always done by others to the cleaners and never vice versa. Sheena conveys her displeasure with this routine:

Interviewer: How about the doctors... Can you tell me a story?

Sheena: “I don’t really deal with them too much. They do seem rude sometimes, you know, because they never want to move out of your way. That’s why I’ve heard them [other cleaners] say, ‘Don’t go into a room when they are in there, you know. Because they really don’t want to move out of your way.’ It’s like they see you coming. You’d think they’d step out of the way.”

Interviewer: “And when you...?”

Sheena: “Sometimes, you get the impression like, you know, they think they are more important than you are. And I mean their job is very important, but you know, cleaning the hospital is very important too.”

Interviewer: “And when you say they won’t step out of the way, is that when you are trying to move?”

Sheena: “Yeah, either way. Sometimes we run those big machines to clean the hallways, you know. They see you coming. You’d think they’d step out of the way.”

Interviewer: “But they don’t?”

Sheena: “No.”

Interviewer: “So what do you do?”

Sheena: “You end up stopping, you know, and saying, ‘Excuse me,’ you know. They look at you like, you know, like who are you to tell us to get out of your way? I mean they’re not all like that, but you know it seems like a lot of them are.”

Communicating disgust or disdain toward the cleaner. A second category of devaluing acts refers to others’ expressed attitudes about the cleaner as a person or role occupant. The expressed attitudes communicated the absence of positive regard for the cleaner, and expressed a

type of disgust or disdain. Sometimes the attitudes of others were conveyed in a look (2 stories). However, most often, the stories of this form of devaluing described the way that others spoke to the cleaner. The disrespect or negative valuing by visitors (2), nurses (1) or doctors (4) was communicated verbally either through the tone of the message, as revealed in Challie's story below, or sometimes by the actual content of what was said. In all cases the cleaners experienced the attitudes as hurtful. In Challie's case she was trying to help a supervisor by executing a discharge which was not officially part of her job. It was the patient's visitor's behavior that she described as devaluing.

“About 3 weeks ago I had an incident where I was called. I don't do discharges anymore but I was called as a favor to my supervisor to come up to a patient and clean a room because the patient's family was complaining that the room was filthy. It was supposed to be cleaned by the day shift and evidently, the day shift had skipped over this room. I had to go up there, which was like a lamb going into a lion's den if you can imagine that feeling. And you have these people [the patients' visitors] shouting, 'This room is filthy,' and this, that and the other. 'I want this room cleaned now.' That's one thing I will not deal with. I've always been the type that I'm straightforward, so what I did was say, 'I'm very sorry that the room was not to your approval but I'm here to correct it for you.' But I'll tell you, the comments and stuff really have to cease. I'm not here for word slinging.”

Communicating distrust of the cleaner. Cleaners experienced a third form of devaluing when others behaved toward them as though they were untrustworthy. Cleaners fight against an occupational stereotype that suggests that they steal, lie, and generally cannot be trusted. In the past,

this type of belief set typified employers' assumptions about domestic servants in households as well – presumed guilty unless proven innocent (Dudden, 1983). Knowledge of this stereotype was always part of the backdrop when the cleaners struggled with how to respond to others' accusations. Cleaners described the accusations as hurtful, and at the same time, there was anger and resignation intertwined with how the cleaners reconciled themselves with the situation. Distrust stories came in two forms: accusations that the cleaner had not done his or her cleaning work and accusations that a cleaner was the cause of negative outcomes.

People who clean have difficulty providing visible evidence that their job is complete. When the work is done well, it typically goes unnoticed. The work leaves its most visible trace when it is done poorly or not at all. Hospital cleaners walk a difficult line. While cleaning rooms, they often need to move things which are not theirs (e.g., people's personal articles) in order to get access to the surfaces and spaces that need to be cleaned. However, moving people's things is "out of bounds" for many cleaners, as they worry about possible accusations. In this situation a cleaner risked either accusations of stealing or rifling through others' belongings, or accusations of not doing her work. The double bind was evident in Darlene's explanation for how she dealt with visitors' things and accusations of not having cleaned a family's area:

Interviewer: "In what ways do you depend on the patients' visitors to get your job done?"

Darlene: "Moving their stuff. Because a lot of parents [of patients] have a lot of stuff just laying around and then they say the room wasn't clean because you didn't move the stuff around."

Interviewer: "And will they tell you the room isn't clean or will they tell someone else?"

Darlene: "They will tell someone else that their room wasn't cleaned all day. They won't be in there, so when they come back and their stuff is still the way that they left it, then they

assume their room wasn't cleaned."

Interviewer: "I see."

Darlene: "So, I just go in there and I tell them, 'Your room was cleaned, I cleaned it but it's not up to me to move your stuff. If you want to move it, then I'll do it. Otherwise I have to go around it.'"

Accusations of not cleaning chipped away at the cleaners' sense of themselves as responsible workers who do the work required at an acceptable quality level. Additional stories communicated ways that the cleaner could not be trusted. First, there was the story of Miriam who, after picking up leftovers, which was common practice, was accused and treated as a person who had stolen food from others and almost lost her job. A second story takes the issue of accusations of doing a poor job much further. A serious allegation was made against Kyle, whose involuntary delay in preparing a patient's room was used as a basis for blaming him for a patient's death. Kyle tells the story this way:

Kyle: "There was a time when I got called to do a discharge. Well, actually I didn't get called. When I got to the floor, I finally did get called. I was cleaning the room. They brought the patient before the room was even clean. I don't know whether it was a doctor or what, whoever it was, was like, 'Why is this room not clean?' It was not clean 'cause I just got called four or five minutes ago. Yeah. I can't do a room in five minutes and they were pretty pissed off about it."

Interviewer: "At you?"

Kyle: "Yeah, pretty much, I don't think they know how I let it go so, and then it just happened that the patient passed way. So, and I don't know if it was 'cause the room wasn't ready but that patient passed away..."

Interviewer: “In that room?”

Kyle: “Yeah.”

Interviewer: “And so you felt kind of responsible or...”

Kyle: “Not really responsible, just that the patient didn’t make it and there was a controversy involving that particular room and I was supposed to clean it or whatever you know, so...”

Interviewer: “Did you feel you were kind of blamed for it?”

Kyle: “Yeah, that’s what I kind of felt like they was saying, ‘Oh, since the room wasn’t ready that patient didn’t make it cause you didn’t have the room ready. There was no way I could have it ready in five minutes. That was a bad day.’”

Making a cleaner’s job more difficult. While all of the acts mentioned thus far made the hospital cleaner’s job more difficult, some acts directly added extra work to a cleaner’s tasks. These acts communicated a lack of respect toward the cleaner and his or her job. Several types of devaluing acts make cleaners’ work more difficult.

First, a cleaner’s work was made more difficult when others did not do their own jobs. Sequential interdependence (Thompson, 1967) characterizes the relationship between many aspects of the nurses’ and the cleaners’ work. For example, cleaners relied on nurses to remove bodily fluids and other materials to prepare a space for cleaning. These tasks are the dirtiest of the dirty work that composes a nurse’s job, and sometimes, they literally spilled into the cleaners’ work domain.

When others did not do their jobs, it often meant more work for a cleaner. Kyle describes his anger at the work created by others not completing their tasks:

“The bag...broke open and all this blood...went everywhere so I had to clean

that up. And then the person who was supposed to do the job, I saw them sitting down talking on the phone, so...I was pretty upset about that, you know...I was too mad to even mention it to her.”

A cleaner’s job is more difficult if others “do not pick up their own messes.” Acts of not picking up after oneself were infused with significance. While cleaners forgave patients and visitors who, for health or emotional reasons, did not clean up after themselves, nurses and doctors were judged by a different standard. Not cleaning up and making someone else do the work sent strong messages. These acts evoked powerful negative emotions, conveyed in Bertie’s story:

“I don’t think they [doctors and nurses] value our jobs more or like they should. They take advantage of, you know, our jobs as being housekeepers and pick up after them. I’ve sat there and watched doctors and nurses throw something on the floor and just, you know, look at it, like ‘She’ll pick that up.’ You know, the housekeeper or somebody will pick it up. Or too lazy to pick up after themselves or they leave trash all over the place so one of the things that I would say about nurses and doctors, is that they don’t really respect us. It’s in keeping their own environment clean. Because I’m only here and I’m not going to be sitting in this mess. They gotta sit in it, so I would think they would want to clean it up, but they don’t, so, stuff like that. I think they’re pretty messy people for professional people.”

In the accounts that fit this theme, cleaners expressed clear resentment about how this type of behavior made them feel. For the most part, they mentioned feeling insulted and angry.

A cleaner’s job involves cleaning public spaces that he or she does not control. People doing this work rely on others to honor the work by not destroying it. If others damage work already completed by the cleaners (e.g., walking on freshly waxed floors, leaving trash on the floors and tables) this was experienced as devaluing. As earlier accounts demonstrate, contests for dignity

were waged on the floors daily. Walking on the floors was sometimes experienced as being walked on as a person:

Ken: “Some of them [the doctors] feel like they’re next to God. There’s a lot of doctors who feel that way too.”

Interviewer: “How does this get communicated?”

Ken: “Just in their tone and their body language. Every now and then some might, they don’t want to say it, but you know they just feel it. Say, like this. for instance I am cleaning their room or waxing. A doctor will walk right through it. Even if it is not an emergency. You can tell them. Everyone else will go around. You know, saying, he will walk right through here. Now, do you think that’s kind of a sense? Just because he’s a doctor. Nurses will go around housekeepers. So that’s why you get this feeling. Who he just thinks he is....”

Stories about patients’ visitors were similar in content and tone. Craig describes the lack of consideration conveyed to him by a visitor who marched through his freshly mopped floor:

“There are a lot of nasty patients that take it out on you that they are sick. Several of the patients’ visitors are not respectful of my cleaning and will often track right through an area where I am mopping. I think that this indicates they don’t care about the cleaning people. I feel that it was very inconsiderate that they would go ahead and walk right through my mopping area.”⁴

Communicating negative information to the cleaner. The final category of devaluing acts more directly communicates that the other in the story does not find the work or the person doing the work adequate. We cluster these acts into a category called “communicating negative

⁴ We have altered this quote to appear as a direct quote. Craig was not taped and this is a modified excerpt from the interview record.

information.” At the core of these acts is the transmission of information to the cleaner that the work or the behavior of the cleaner is not up to par. Complaints are troubling, because regardless of who makes them, they have real consequences. Sometimes complaints evoke a simple reprimand by a supervisor. Most times, cleaners felt that the consequences were more serious.

Complaints are also troubling because of what they imply about a cleaner’s motives and competence. Often times they result from situations in which a cleaner senses that a supervisor is not supportive. Jetta explained how it felt to have supervisors not explain to clients at her regular location why her station had not been kept to its usual standard of cleanliness:

“There was a lot of complaints. Like the first, in September, I sprained my ankle so I was off of work for a while. So we had a lot of different people doing the area so there was a lot of complaints. Well, my supervisor didn’t say, you know, I’m sorry, we have someone filling [in when] the regular person’s not here.”

Cleaners became angry when displeased nurses or visitors complained to supervisors rather than coming directly to them. This kind of act made the cleaner feel like a non-person, while at the same time, undercutting his or her authority. Cleaners viewed this type of practice as unfair. Jetta was frustrated by the nurses’ tendency to go to her supervisor rather than speaking directly to her:

Interviewer: “How important is your relationship with the nurses in the performance of your job?”

Jetta: “For me, it is very important. There’s only one area where I have a problem with the nurses and they really don’t communicate to me. They call and they talk to my supervisor which is very aggravating because they only get one side of the story.”

Some of the cleaners tried to protect themselves against this practice by attempting to

influence nurses and visitors to come directly to them if they have any feedback:

“I guess I try to get on their [nurses’] good side right away. So, I wouldn’t have a problem as far as with the work you know. I mean some nurses, if they don’t like you, they will complain a lot you know. Not to you per se, but they’ll complain to your department. Okay? And then they’ll call down your department on you. So, you know, you try to get that thing where, ‘Hey, you know, if you need anything or if something’s not done, you know, you can come to me.’”

In one small way, this action represents an attempt by one cleaner to control his environment so acts of devaluing would be less likely to happen.

In general, devaluing interactions communicated to cleaners that they were either not worthy of acknowledgement by others, or, if they were, then they were treated with a lack of regard or active disrespect. While these interactions were often recounted with feelings of anger, hurt, and frustration, it was typically the case that these feelings were not expressed to cleaners’ interaction partners. In the next section, we consider a different set of interactions that gave rise to a sense of being valued by others.

Valuing Interactions

The devaluing episodes reveal only one side of the social valuing process. Cleaners told an abundance of stories of valuing that occurred in interactions with patients and visitors, as well as with nurses and doctors. These acts are summarized in Table 2. As with the devaluing stories, the actions taken towards the cleaners by the four relational partners vary in terms of how passively or actively intended they seem to have been. The valuing acts cohere into four categories. As the descriptions below reveal, three of the four categories of valuing acts were opposites of the devaluing acts (e.g., being recognized, others making one’s job easier and communicating positive

information). In addition, there was a category of valuing stories that described being treated as a member of the hospital team or group.

Insert Table 2 about here

Recognizing a cleaner’s presence. A gaze, a greeting, the initiation of a more extended conversation, and acts of politeness were all experienced as valuing acts. All were described in terms that suggested cleaners felt affirmed and valued in these kinds of interactions.

A simple gaze confers or denies personhood to another. No words need to be spoken for someone to infer that the other grants or denies them the status of a human being worthy of simple acknowledgement. Kevin’s account of how patients look at him despite the rarity of direct contact illustrates his awareness of this valuing act:

“Actually there is not much contact between me and the patients so the only thing I’d be in contact is ‘good morning’ and they say it back. They’re not real different. They look at you like a person, you know? That’s it.”

The cleaners’ stories conveyed frequent occurrences of others initiating conversation with the cleaner to ease pain, to pass time, or to generate useful information. These encounters were described as important occasions of validation of the cleaner’s worth as a person and as hospital staff member. Others’ engagement of a cleaner in conversation was felt as a form of “personing.” Sometimes a conversation was initiated because a patient, nurse, or visitor wished to inform the cleaner of “how things are going.” Challie explained her general impression of patients and in it she revealed the significance of these initiating conversations:

“I feel that – they’re very nice, even though they’re so sick. They’re always polite, and always stop in to talk and let me know, ‘Well, I don’t have to have treatment anymore’ or, you know, anything that’s an improvement for them,

they let you know.”

Sometimes, the patients initiated conversations that had serious messages. Ned told this story to typify his relationship with patients. In a time of extreme distress for patients and their visitors, the cleaner is often seen as someone who is willing to listen, spend time, and be sympathetic, as in the following story:

“I take out of the room a little of my time to talk. The other lady, she talked to me and said I looked like her son. And she was saying she was sorry. I mean she was going on with the whole story. I said, ‘There’s nothing to be sorry about, you know.’ I just try to comfort her because she was upset.... She was sorry she wasn’t a good mother and all. And she was apologizing to me, I said, ‘I know I must look like your son, but I’m not your son.’ But you know like ... I have a relationship with them. It is good.”

Conversations initiated by the nurses and doctors were seen as more surprising than conversations begun by patients or visitors. Small actions of recognition and friendliness toward the cleaners were experienced as very positive, building a sense of felt connection and mutuality with the other. Thus, Jetta told us of her favorite nurses in the Y clinic, and how more than the token “hi” was registered and felt:

“Well, the other nurses I see is in a Y clinic and they’re extremely nice, very nice. Always will pass me, talk to me, and ask me how I am doing. And it’s really, ‘Hi, how are you doing?’ It’s not just ‘cause they are passing me. So that makes it nice and that way, if there is anything extra that they would like done, they can come talk to me, and ask me, and I can tell them when I get to that.”

When cleaners told of doctors' acts of recognition, they were often told as non-representative stories. Doctors' recognition acts were clearly valued, as they were mentioned by over one-third of the study participants (10 cleaners). In an instance of proactive conversation seeking, Ben relays the active help he received from a doctor when he appeared ill:

“Well, one day my stomach was hurt because I went to my doctor and found out it was an ulcer. But it was hurting real bad and I was bent over with my broom (at work). This one doctor asked, ‘What’s wrong? Where was it hurting?’ He told me I might have an ulcer and that I needed to go to the doctor and get it checked out and all that. This happened a while ago. Maybe a year and a half. Now, every time I see him, he says, ‘Hey Ben, how are you doing? Is everything better?’”

Recognition of another is also communicated by small acts of politeness. Lennie expresses his appreciation for the gesture of holding a door open, which has the same impact as the passing of pleasantries. “But that makes you feel good when a doctor says something to you or tries to say something pleasant to you or holding the door for you, or you know, trying to be sociable.”

Treating a cleaner as a group member. Cleaners did notice when others included them in activities, conferring on them the short-term status of group member (Whyte, 1955) and expressing a form of appreciation for their contributions. We heard only two stories of this kind, and they were both told about interactions with nurses. One story was a brief mention of being included in the ritual of sharing food among the nurses. The other mention appeared in response to a question about the kinds of things the cleaner did during the course of the day for nurses. Corey answered:

“If they’re moving a patient from one bed to another bed in a different room or something, I will help them. And in return, they’ll, you know, they

appreciate it. When they have potluck or a dinner, or doughnuts, or rolls or whatever, or coffee, they invite me. So, and it lets me know that they appreciate me and that I'm likable."

Making the cleaner's job easier. Interviews were replete with accounts of how the cleaner's job was eased by the actions of others. Most accounts involved interactions with nurses (16) with whom the cleaners were most directly interdependent. Cleaners felt valued when others provided job-relevant information. Others made a cleaner's job easier by providing information that allowed anticipation and responses to upcoming needs or changes in the day's work flow. Cleaners experienced a sense of gratefulness if others took the time to notify them of situations that might require additional attention or planning. Sometimes this preventive information sharing meant a patient got better service. Cleaners told these stories only about interactions with nurses and most often when explaining why nurses were important to their job. As Kyle explained, "I think the nurses are important because they can let us know what needs to be done in the room if we're not there yet or something that needs to be taken care of right away. Maybe a blood spill or a bathroom that needs to be cleaned right away."

For privacy reasons, cleaners are typically not told about patients' diseases. However, sometimes knowing a patient's diseases helps a cleaner know how to approach the patient and the cleaning task. Nurses are vital information sources:

Interviewer: "How do you find out what illnesses the patients have on the floor that you are working on?"

Corey: "Well, that comes with, I mean, that comes with knowing your area. But it also comes with knowing your nurses, too. For instance, if there's a patient that has AIDS, O.K.? If you are a nurse and we are good friends, I ask you and you tell me."

A third means of valuing was accomplished when others calibrated demands for a cleaner. A nurse could make a cleaner's job easier by monitoring and adjusting the cleaner's workload. Nurses see the task sequences a cleaner must execute, and often have discretion to adjust demands. Ned describes how a nurse thoughtfully calibrated the demands put on him by altering a sequence of discharge requests:

Ned: "I guess with the nurses, I have a good understanding. I mean they come to me and they ask me, they say, 'We are switching beds. This person, we're moving this person to this room, could you please clean this room for me?' And sometimes they do so many bed changes, you know, they'll say, 'Like, I'm sorry to put you through all this work, you know, well, we got to ready this single room for a special patient...' And I'm thinking, this is no problem, I mean I am here to work."

Interviewer: "So your sense is that they are sensitive...."

Ned: "Oh, yeah. They're really sensitive to me. They sometimes feel I have enough discharges. Like the other day, she's (nurse) like, 'Oh, boy, you've done three discharges today, already. Wow. I've saved this room for this afternoon, because you've done too much already.' They are very sensitive to me."

Cleaners also felt valued when others picked up after themselves or moved their equipment, which in turn made it easier for them to do their work. Ben noted the respect that this behavior conveyed:

"I have some nurses who'll move equipment for me instead of looking at me like, 'Oh, he's a housekeeper, he can move it himself.' I feel like that puts us on the same, as far as they can respect my job just as well as I respect their job."

For hospital cleaners, the presence or absence of others' efforts to physically move and

accommodate the cleaner's need for access was packed with meaning. Not moving was experienced as a denial of the cleaner's existence and need to get work done. Moving was described as an act of helpfulness that directly reduced the difficulty of completing a cleaning task. Several cleaners (10) talked about instances in which visitors moved for the cleaner. Patients' visitors can be tuned into a cleaner's needs and move in anticipation. Bill shared his impression that some patients' visitors are courteous and helpful in this regard, while others "look right through you."

Bill: "If they're (visitors) real nice and everything, you won't have to ask them to scoot over or move you know. They're just real helpful and they want to get out of your way. And I really find that most people are cooperative."

Interviewer: "Is that primarily how you need their cooperation? As sort of, getting out of your way so you can do your work?"

Bill: "Right, you know, just that they acknowledge that we're there and that we're in there to do something. It's like if you know, you see someone in there with the mop. You know that you're going to have to get things off the floor, your personal belongings. Just to be courteous is the main thing. Some people are. Some people look through you as if they don't see you and you have to tell them, 'Can you pick that up, or could you move that, or can I get back there?'"

Communicating positive information to the cleaner. The final category involves acts that communicate a cleaner's work has real value and is appreciated by the person who observes or is the benefactor of the cleaner's efforts. Cleaners only told these stories about patients and visitors. In telling these stories, the cleaners' tone of voice, gestures and demeanor communicated a genuine gratefulness. Recurring expressions of appreciation were unexpected and not taken for granted. Rather, they were exceptional acts with powerful meaning. Luke's appreciation of the expression of

thanks from patients and their visitors was evident in this set of quotes⁵:

Luke: “With patients, you come out there, you go. They really like you to sit and talk with them and just be social. I like that. I think everybody likes to be social. Yeah, so stuff like that. All patients and I haven’t met one (that) is bad, and the visitors too. They’re interested in what you do, even though it is just housekeeping. They’re interested. I guess you appreciate that. Makes you feel all right. And they say thank you a lot.”

Interviewer: “Do they say thank you a lot when you’re working in their rooms, or outside when you run into them?”

Luke: “When I come in, I change the trash, change the linen, if you sweep up and clean everything else, they thank you for it. And they are not required to say thank you. That is my job. You know, they get, they could throw all their linen on the floor and I could not get upset.”

Interviewer: “Right.”

Luke: “Because they are the customers. Whereas nurses, I feel like I can get upset because you know what a linen chute is.”

Interviewer: “Right.”

Luke: “And stuff like that. I don’t know. I guess I feel appreciated by these things.”

In general, the valuing interactions recounted by the cleaners were marked by a sense of appreciation, gratitude, and happiness expressed in the telling of the stories. At their core, each valuing interaction conveyed to cleaners that they were recognized as human beings by others at the hospital. Valuing interactions in which cleaners were included, helped, or communicated with by others took this recognition several steps further to suggest that they were respected and deserving members of the organization.

⁵ This quote also appears in Wrzesniewski et al. (2003).

A Social Valuing Perspective

The cleaners' accounts reveal the multitude of ways that people enhance or diminish a sense of value for others in the work that they do. These valuing or devaluing acts are everyday experiences in organizations. They are often noteworthy in their lack of exceptionalness. The significance of apparently pedestrian events -- a look that sees or does not, a "hi" that greets or its absence when expected, a step that avoids a wet floor or one that destroys a floor's shine, or an effort to clean up one's own mess or a failure to try -- is that the act constructs another as worthy or not, valued or not, significant or not.

The picture of social valuing that occurs every day on the job is consistent with symbolic interactionists' assumptions that individuals actively search for meaning in their everyday activities (Hewitt, 1997). Further, a social valuing perspective highlights the fluid and processual qualities of the meaning that people derive from work. Interactions with some people made the cleaners feel valued and worthy, while moments later, engaging with different relational partners, the meaning of the work and the person doing the work was altered through devaluing acts. It suggests that the meaning of the work one does (Wrzesniewski, et al., 2003) and the worth one is accorded in doing that work is constituted through a series of daily interactions with others.

The others who matter in composing a sense of worth include a range of people with whom one interacts during the course of a day. Sometimes it is other employees (such as the nurses and doctors) who are the critical actors in social valuing. Other times it is customers (i.e., patients) and companions of customers (i.e., patients' visitors) that dominate the valuing process. The cleaners' stories emphasize that interactions with a variety of individuals whom one encounters at work shape the worth one feels on the job.

Figure 1 presents a picture of the social valuing process suggested by the cleaners' stories.

The figure has at its core the employees' experiences of being valued and devalued. Valuing or devaluing, in turn, creates a sense of felt worth on the job. The framework suggests that three types of acts are similar in the sense of having symmetrical and opposite effects on employees' experiences of being valued or devalued: 1) confirming or denying existence; 2) providing positive or negative feedback; and 3) enhancing or diminishing a person's capacity to perform their work-related tasks. At the same time, Figure 1 suggests that there are other unique sets of behaviors that convey valuing and devaluing, suggesting that social valuing is not a simplistic and symmetrical process.

Insert Figure 1 about here

The experience of being valued is associated with an employee's belief that the other (in this case, a doctor, nurse, patient, or patients' visitor) regards the employee as important or significant in some way. This sense of regard from the other is associated with positive feelings such as pleasantness, appreciation, and gratitude. When others interact with an employee in a valuing way, they grant them dignity by "treating them in accord with the content, or source, of the essential worth of human beings" (Margolis, 1999, p. 15). Being valued in a work setting implies that an employee has been granted standing as a person of some worth. This sense of value may or may not be connected to being granted respect in terms of inclusion or group membership (Bartel, Wrzesniewski, & Wiesenfeld, 2012; Tyler & Lind, 1992).

The experience of being devalued is the negative side of the social valuing process. Not only is being devalued associated with beliefs that others do not regard the employee as significant or important, but this experience is also associated with painful negative emotions such as anger, hurt and frustration. The experience of being devalued is being treated as if one were not there. While related to Tyler's (1999) idea of respect (or its absence), devaluing is closer to the denial of dignity,

where one's essence as a human being is denied through the interaction in some way, and this exclusion creates emotional angst in some form. It is resonant with the idea of relational devaluation, introduced by Leary and his colleagues (Leary, Springer, Nagel, Ansell & Evan, 1998), but it can be induced by conditions that are broader and more complex than simply a lack of inclusion. In fact, in this context, lack of inclusion was not mentioned as a source of devaluing.

DISCUSSION

The social valuing process described above and depicted in Figure 1 was enacted through two pathways. One path is comprised of pairs of valuing and devaluing acts that are in converse relationship to each other. The other path is composed of valuing and devaluing acts that appeared to be unique and independent of one another. Below, we describe these pathways by making reference to the devaluing and valuing acts identified and illustrated in the findings section.

Social Valuing Through Converse Processes

While the data suggest several ways that individuals are socially valued and devalued, three paths emerged that reflected opposites of each other in valuing and devaluing acts. The first two have been recognized in different literatures as critical in shaping of people's experience in interactions with others, while the third has been largely ignored. Consideration of all three as part of a general process of social valuing has real promise in transforming how organizational scholars think about the social production of the a sense of felt worth at work.

Recognizing and Not Recognizing A Cleaner's Presence. Felt worth is created or destroyed through the basic recognition that others provide employees and their work. Recognition is pivotal, as individuals have a basic need to be validated as present (Baldwin, 1911; James, 1890; Mead, 1934). As the stories revealed, affirmation or denial of existence were conveyed in small, seemingly mundane acts. Goffman (1956) called these kinds of acts "status rituals," as they derived

their meaning by granting (or not) someone's status as a social being. The cleaners' stories suggest that these rituals are varied and powerful as signs that one is worthy of human recognition. Through recognition acts (or their denial) individuals acquire a sense of themselves as worthy of respect (Taylor, 1989). Through recognition acts, others grant a "manifest sense of confirmed worth as a human being" (Margolis, 1999, p. 27).

Despite the fundamental importance of recognition acts, organizational scholars have largely ignored their importance in accounting for how individuals acquire a sense of meaning for the work that they do (for an exception, see Wrzesniewski et al., 2003). Perhaps this blind spot is due to a focus on managerial jobs and people doing jobs where basic recognition is taken for granted. However, a focus on job holders with lower power, lower status jobs reveals the significance of acts that grant or deny existence. For example, people who study individuals doing invisible work in organizations (i.e., work that leaves no trace, has no apparent author or owner, is taken for granted and only noticed if it is not done, e.g., Fletcher, 1998; Frost, 1998; Jacques, 1993; Kolb, 1992; Star, Strauss, Fagerbaugh, Suczek, & Weiner, 1982) note the felt indignity associated with being "non-personed". For example, Rollins (1985), in her participant observer study as a domestic worker, relays how it felt to have her existence denied while doing her work: "But such incidents were always disconcerting. It was this aspect of servitude I found to be one of the strongest affronts to my dignity as a human being ... These gestures of ignoring my presence were not, I think, intended as insults, they were expressions of the employer's ability to annihilate the humanness and even, at times, the very existence of me, a servant and a black woman." (1985, p. 209).

For individuals doing dirty work or other socially "tainted" jobs, the attainment of the status of "being present" or "being a person" is a social accomplishment, made easier or more difficult by the actions of others (Goffman, 1956). Robert Murphy, using his own experience as a physically

impaired person, notes the subtlety with which various gestures and actions create a sense of personing for the physically impaired. “It occurs through a subconscious grammar of gesture and verbal nuance, a language so subtle that it escapes the awareness of both user and hearer, except when it is withheld, as is so often for the physically impaired,” (1987, 119). In the stories of the cleaners, we saw similar subtlety in how the granting or withholding of personhood was accomplished through the interactions of the cleaners and those they encountered on their jobs.

The non-personing of the cleaners was most evident in stories about the doctors. The treatment of another as not present, not existing or invisible was treatment that constructed and ensured a relationship of dominance (doctors) and subordination (cleaners). Dominance was ensured by making the cleaners do deference acts (e.g., saying, “excuse me”) (Goffman, 1956) to even be granted a minimal sense of existence. Deference acts ensure the reproduction of status differentials in everyday interaction. As Goffman (1956, p. 480) describes them, deference acts are also promises about likely future behavior that “pledge to treat the recipient in a particular way in the on-coming activity.” Cleaners’ expectations of non-personing from doctors explain why stories that contained doctors’ small acts of recognition were the most frequent way that cleaners recalled being valued by this higher status group. Even though non-recognition from doctors was expected, when it happened it still evoked hurt and anger.

Communicating Positive and Negative Information. Positive and negative feedback about job performance also contributes to social valuing. Feedback involves the communication of one’s perceptions and evaluations of another’s behavior (Ashford, 1986) and acts as a social cue that makes salient how one is doing on the job (Salancik & Pfeffer, 1978). Feedback also provides evaluative information about the self (Ashford, 1986). Symbolic interactionists posit that feedback is fundamental to the creation of an individual’s self-concept (Mead, 1934; Cooley, 1902).

Performance feedback enables improvement but also signals whether who one is and what one does has value.

In the cleaners' stories, patients and patients' visitors were the only communicators of positive feedback, while all relational partners conveyed negative information. The stories portrayed nurses as the most frequent communicators of negative information, although their prominence was partially related to the greater level of task-based interdependence that they shared with the cleaners. Thus, recurring feedback is central to learning on the job, but it is also a vital element in the daily construction of felt worth. For study participants, positive feedback overrode the invisible nature of the work. By granting visibility to the work, in turn, positive feedback bestowed a sense of acknowledgment and value upon the work and the person doing the work.

Making A Cleaner's Job Easier or More Difficult. Others played a significant role in social valuing by enhancing and diminishing the cleaners' ability to do their own jobs well. Others' actions could make the cleaners' work instrumentally or symbolically easier or more difficult, affecting a sense of felt worth. At an instrumental level, disabling acts (e.g., others not picking up their own messes) increased the amount of time that cleaners had to spend doing their work while at the same time conveying a lack of respect for their job. Correspondingly, enabling acts (e.g., getting out of the way in anticipation of a cleaner's need to work), made doing the work easier in terms of time and difficulty, while signaling respect.

These kinds of enabling or disabling acts tend not to be considered in the organizational literature. While studies of job design do imply that task difficulty shapes experienced meaningfulness of the work (e.g., Hackman & Oldham, 1976), they ignore the roles that others play in making the work easier or more difficult, and the valuing message that such acts send. Yet these acts send subtle but powerful cues that one is in relationship with another, and if the acts are

enabling, this sense of relatedness contributes to a feeling of worth and personal growth (Jordan, Kaplan, Miller, Stiver & Surry, 1991). Task enabling actions directed toward another can be an important means for creating high-quality connections at work (Dutton, 2003).

The data suggest that nurses' social valuing of cleaners was heavily tied to how they eased or made more difficult the cleaners' task performance. While others at work conveyed value this way, nurses were particularly prominent in these kinds of stories. As with the feedback path, nurses' prominence here may be due to their greater task interdependence with the cleaners. Thus, this form of social valuing most often occurs with others with whom one is task interdependent.

Social Valuing Through Unique Processes

In this context, certain acts carried weight in conveying devaluing information, but their opposite was not mentioned as consequential for feeling a sense of social value. Both being distrusted and the communication of disgust toward a cleaner are actions that fall into this category. As others have pointed out, the conveying of distrust is not the same as low trust (Lewicki, McAllister & Bies, 1998), arguing strongly for treating trust and distrust separately, and not as opposite poles of a single dimension. These authors suggest that high distrust is accompanied by attitudes and expressed emotions such as fear, skepticism, cynicism, watchfulness and vigilance. It is understandable that cleaners, when the recipient of these sorts of attitudes and expressed emotions from others, feel a lessened sense of worth and value.

By communicating disgust, others act toward the cleaner in a disrespectful way that has echoes of what others have called interpersonal incivility (Pearson & Porath, 2009). This form of devaluing occurs through both direct and indirect communication, undercutting the experienced worth of the cleaner. Both forms of communication were associated with hurt and anger.

Both forms of devaluing may be a hazard of doing work which is often seen by others as

impure (Douglass, 2002) and tainted with duties and chores that are seen by others as dirty. Thus, the pervasiveness of these forms of social devaluing may be more endemic to people who are doing work that involves tasks that are seen by others as degraded and degrading (Ashforth & Kreiner, 1999). However, the fact that the work is socially constructed in ways that spill over to interpersonal treatment of those doing the work does not mean these acts are felt more lightly. As we saw in the examples, the feelings associated with being devalued in these ways can be personally devastating and maddening, where hurt and anger coningle as felt responses.

On the valuing side, some cleaners noted the positive experience of being interpersonally engaged by others as if they were a member of the group. While group inclusion was not mentioned as a form of devaluing, its opposite, being included group activities such as potlucks was experienced as a powerful sign of being viewed as a person of worth and value. Cleaners may note this form of social valuing as a type of exception to the “normal” experience of being excluded. In fact the normalcy of not being treated as a group member may render this form of interpersonal treatment as not worthy of mention, helping to explain why inclusion was not mentioned as a valuing interaction.

In sum, the social valuing process unfolds in an organizational context where job incumbents have expectations about how they will be and should be treated. These expectations help to determine what will be noticed and what will be ignored in interpersonal treatment from others. Future research should compare experiences of social valuing across different kinds of jobs and occupations to determine the most potent and pervasive forms of social valuing that unfold. For example, the experience of devaluing through lack of acknowledgement by others may be a common experience across job types and levels, shared by individuals who are ignored by others at higher levels of the organization. Further, research will need to explore what aspects of social

valuing are experienced in equal degree and with opposite effects, and explain why some forms of valuing and devaluing are not present at all.

Theoretical Implications

This paper explored how individuals react to doing “dirty work” in organizations. We explored this through stories of workplace interactions of cleaning staff within a hospital setting. These stories were of two types: interactions in which cleaners felt valued as individuals and in their roles as well as those in which they felt devalued. Based on these stories, we developed a social valuing perspective which addresses how individuals derive a sense of worth on the job. Our resulting framework suggests that the social valuing process occurs through two pathways. One pathway is through conversely related acts and the second pathway is through unique acts. Here we focus on the theoretical contributions of our research, followed by its limitations and future directions.

Job Design and the Meaning of Work. A social valuing perspective aligns with theories of job design that argue others at work help to determine the experienced meaningfulness of jobs (Hackman & Oldham, 1976) and that other people provide social and informational cues about the tasks that shape how people view their jobs (Salancik & Pfeffer, 1978; White & Mitchell, 1979). In contrast, a social valuing perspective suggests that the social cues that shape task perceptions may be much more explicitly social or interaction-based than those implied by a social information processing perspective on job design. Rather than seeing others at work providing cues that job incumbents passively receive and interpret, we argue job holders actively search for big and small cues in the course of daily interaction that convey recognition and worth. A social valuing perspective suggests that a wider group of individuals plays a role in providing social cues about jobs than research has yet considered. Further, it suggests that people actively interpret and

remember what people do or do not do towards them in their jobs. Most importantly, a social valuing perspective suggests that there is a close coupling between the way others make individuals feel about their work and how they feel valued as individuals. Thus the design of jobs, and the interactions it implies, shapes the meaning of the work and the meaning of self at work and beyond (Brief & Nord, 1990; Wrzesniewski et al., 2003).

Dirty Work and Other Roles. We learned that most cleaners take great pride in effectively executing this sometimes dangerous, but vital work. Our most important insight is that felt worth on the job is tied importantly to what happens in social encounters with the full spectrum of individuals that one encounters while doing one's job. While others have argued that authorities grant respect to those below them in ways that affect assessments of respect (e.g., Tyler, DeGoey & Smith, 1996), our analysis suggests that others above, below, and beside individuals contribute to the creation of felt worth. Whether intended or not, customers, co-workers, and other people encountered at work act towards the employee in ways that increase or decrease felt value.

While the view of work valuing is composed from the stories of people doing cleaning work in hospitals, we believe that the social valuing process affects all organizational employees. All employees act towards others in ways that either communicate others' value or deny it. They do it with and without intentional effects. While organizational scholars have long been concerned with how leaders and supervisors communicate a sense of worth and value to those who are below them (e.g., Pfeffer, 1981), they have been relatively silent about the roles that co-workers, subordinates, customers, and other interactional partners have in creating the value that others experience on the job. Thus, each organizational employee is a potential player in the social valuing of others. Similarly, every employee's own sense of felt worth is tied, in part, to the intentional and unintentional acts of others.

Research Limitations

Our research was based on the accounts of cleaners, and thus suffers from the drawbacks of self-reported data. The cleaners' accounts are just that. They are one half of a set of individuals' stories in what is a dyadic and often more complex set of relationships. Thus, our study offers a rather one-sided account of how meaning is constituted in interaction with others. Clearly, future research is necessary to address the dynamic interaction pattern that comprises the full work experience.

Second, our data suggest that race and gender affect how cleaners made sense of how they were treated in interactions with others. While our data are only suggestive, participants' race, gender, and ethnicity were related to how participants responded to these kinds of interaction episodes. Our study raises more questions than provides answers about how interactions with others at work, is part of "doing race" and "doing gender" (West & Zimmerman, 1987). However, the data suggest that black participants do extra cognitive and emotional work to discern whether their race explained others' behavior. At the same time, the historical role of women and people of color in this occupation was an important part of the cultural narrative that informed how daily interaction episodes were interpreted (Glenn, 1999; Walsh, 1975). Thus, future research should explore the ways in which these sociopolitical categories influence the social valuing process

Third, the frequency of mentions of different kinds of acts in the stories about different groups of relational partners (e.g., doctors, nurses, patients and visitors) are imperfect indicators of the actual frequency of interactions with members of these groups. In addition, with these narrative data it is difficult to make claims about their accuracy in reflecting the exact details of what transpired. Future research could consider participant observer methods that allow for the real-time documentation of actual interactions on the job. Ideally, controlled field experiments would allow

for more definitive conclusions about how interactions with others shape the social valuing process. Thus, future research might explain whether recalled interactions or actual interactions are more important to the valuing process.

Fourth, the value of case study approach is its capacity to answer “how and why” research questions when a researcher has very limited control over events (Yin, 1984). At the same time, the hospital setting, the particular organization studied, and the proximity of data collection to downsizing efforts all raise questions about the generalizability of this depiction of the social valuing process. Are interactions with others central in how individuals experience a sense of worth at work in a manufacturing as opposed to a service setting, for doctors and nurses as opposed to cleaners, for individuals working in munificent as opposed to resource-scarce environments? We hope that this research will motivate studies to address these important questions of whether interactions with others are more central to social valuing in some contexts and less in others.

Future Research

The social valuing perspective on work opens multiple possibilities for future research. At a basic level, it suggests that theories of individual satisfaction, well-being, motivation, and performance on the job would benefit from considering the experience at work to be more relational in nature (e.g., Bradbury & Lichtenstein, 2000; Ferris, Liden, Munyon, Summers, Basic, & Buckley, 2009; Gersick, Bartunek, & Dutton, 2000; Waldron, 2000). Our theories of individual behavior on the job suffer from the individualist biases of many psychological theories, which treat individuals as separate and independent entities (Dachler & Hosking, 1995; Gergen, 1994; Sampson, 1992). By focusing on social valuing at work, organizational researchers emphasize the relational elements that compose people’s work experiences. Perhaps like relational work, this kind of element in work is “disappeared” (Fletcher, 1998) because it is seen as soft, less rational, and

more emotional than the “hard” features of jobs such as pay, benefits, and the tasks of the job. Even when the relational elements of work are studied, they are often aggregated into factors such as the quality of the social environment (Repetti & Cosmas, 1991) which do not allow consideration of interactional dynamics and processes such as social valuation.

Beyond considering a full range of interaction partners who play a role in social valuing, future research must consider how these encounters affect individuals’ psychologies, and in a more controlled fashion, test how felt worth translates into behaviors on and off the job. For example, we need more systematic considerations of how affective reactions to experiences of being socially valued or devalued translate into behavior. While our research suggests that valuing and devaluing actions are associated with unique feelings on the job, more direct studies of the emotional consequences of different forms of social valuing are clearly warranted. Psychological research suggests that positive emotions can influence cognitive processes (Fredrickson, 1998), while negative emotions can have equally powerful, but not necessarily symmetrical effects. Where social valuing is so strongly intertwined with felt emotion, these kinds of emotional effects would be expected. However, how the positive and negative emotions experienced in valuing and devaluing episodes combine or interact over time is a vastly important but understudied process. Looking at the social valuing that takes place at work is an excellent area to study the basic psychological question of how positive and negative emotions interact over time.

Social valuing processes also affect individuals’ attachment, commitment, and identification at work. Tyler (1999), for example, argues that status judgments such as people’s sense of respect from those above them, are related to obligation, commitment, and identification with their work organizations. He also argues that respect from others (as well as pride) contributes to the level and form of helping and other discretionary cooperative behaviors. It is reasonable to assert that a

similar process is engaged when people discern messages of worth (or its opposite) from the broad range of individuals whom they encounter on the job. The social valuing process creates or destroys motivation for employees to act in ways that support or undermine the organization within which they have experienced this kind of treatment. Future research needs to study the direct connections between social valuing and individuals' motivation and attachment behaviors.

Beyond behavior at work, social valuing experienced at work may also affect behavior off the job. To the degree that social valuing affects psychological engagement (Kahn, 1990) or sense of self-identity, valuing is likely to affect what people think, do and feel outside of the job domain. Whether valuing or devaluing patterns at work enhance or diminish engagement in family or other activities outside of work represents an exciting domain for future research (Rothbard, 1998).

CONCLUSION

We began this research with a simple question about how people doing this kind of organizational cleaning work experience the job. Our results suggest a rich set of pathways through which others influence a sense of felt worth on the job. The social valuing perspective we present is consistent with organizational behavior research that argues that social interactions help to shape the way individuals view themselves and the work that they do. Consistent with the human relations perspective in general, a focus on social valuing emphasizes the role that social connections with others have on affective and behavioral outcomes of employees (e.g., Katz & Kahn, 1978; Locke, 1976). However, rather than using abstract and general concepts to capture employees' social experiences at work (e.g., social support, quality of working relationships, co-worker support), a social valuing perspective focuses on the particularistic meanings of specific interactions that people experience throughout the day. Further, a social valuing perspective highlights the power of others in defining our experience of organizations and work.

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Table 1
Acts of Devaluing in Relationship with Cleaners¹

Category of Acts	Examples	# of Mentions about Different Relational Partners				Total
		Patients	Patients' Visitors	Nurses	Doctors	
Not Recognizing C's Presence	Fail to acknowledge C's presence or active ignoring			3	6	23
	Not moving out of C's way	1	3	1	9	
Communicate Disgust or Disdain Toward C	Nonverbal communication		1		1	9
	Verbal communication Tone of voice Rudeness of content		2	1	3	
Communicate Distrust of C	Accusing C of not cleaning		5	1		11
	Other accusations C's word never wins	1	1	2		
Make C's Job More Difficult	Don't do own job well			5		22
	Being untidy – not picking up after self Destroying work already done	2	1 3	4 1	4 2	
Communicate Negative Information To C	Complains about C or C's work	1		6	3	15
	Go behind back; complains indirectly about C		2	3		
Total		5	18	28	29	80

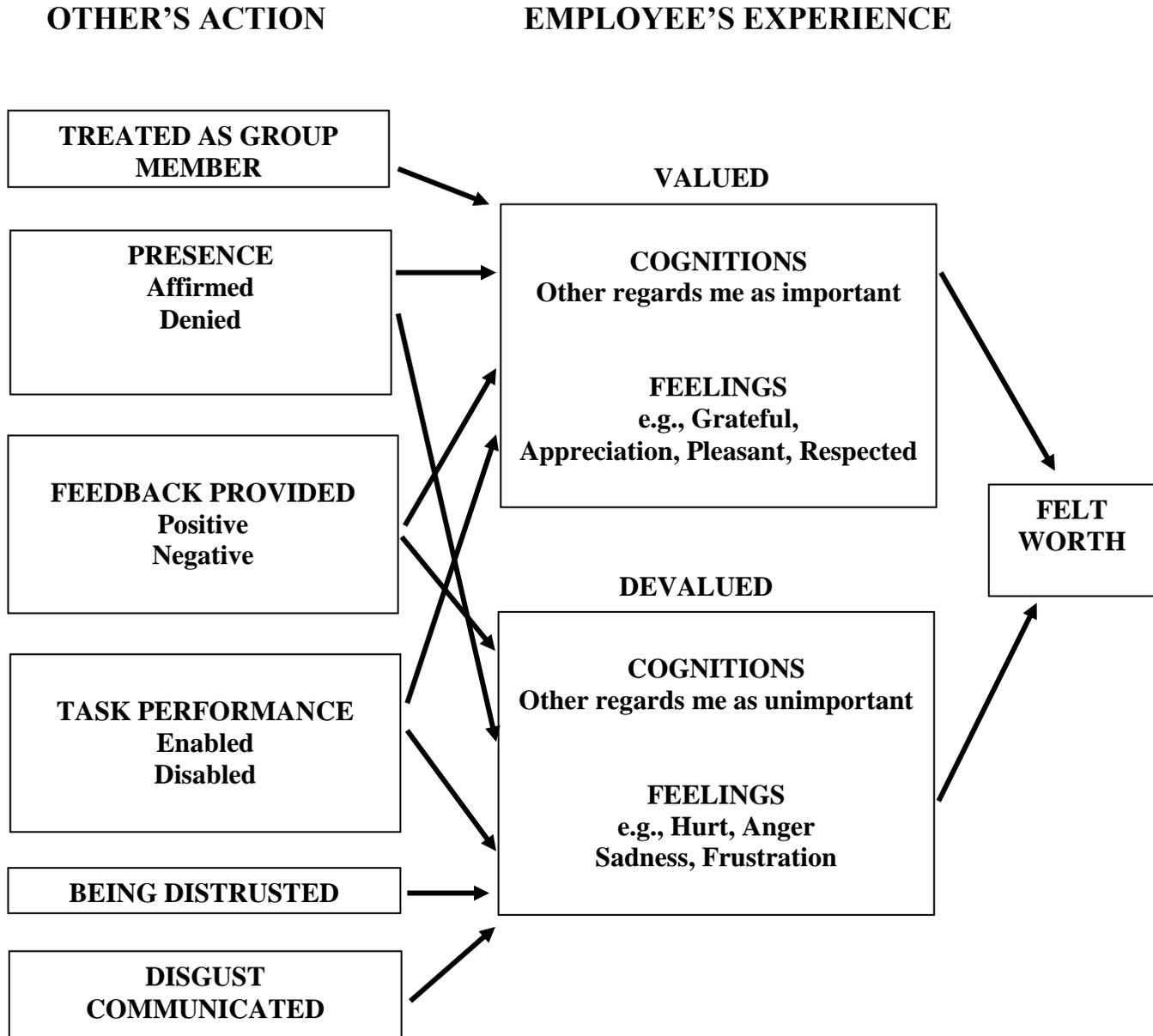
¹To preserve space we use C as an abbreviation for cleaner or cleaners in the tables.

Table 2
Acts of Valuing in Relationship with Cleaners¹

Category of Acts	Examples	# of Mentions about Different Relational Partners				Total
		Patients	Patients' Visitors	Nurses	Doctors	
Recognize C's Presence	A look Initiate communication Hold door	1 6	3	3	9 1	23
Treat C as Member of "the Group"	Sharing food Include in collective events			1 1		2
Make C's Job Easier	Do own job well Provide job relevant information Calibrate demands Being tidy: Pick-up after self Moving out of C's way Move C's equipment		10	5 4 1 2 3 1	1 1	28
Communicate Positive Information to C	Compliment, express appreciation	3	2			5
Total		10	15	21	12	58

¹To preserve space we use C as an abbreviation for cleaner or cleaners in the tables.

FIGURE 1
SOCIAL VALUING PROCESSES AT WORK



Appendix A: Sample Interview Protocol Items

1. How long have you been in the business of housekeeping?
2. How long have you been at Tech Hospital?
3. How long have you been in this job?
4. What unit do you work on?
5. What shift do you usually work?
6. How long have you worked on this unit?
7. Have you worked on any other unit in this hospital?
8. In what ways are the following relationships important in the performance of your job (a) nurses (b) patients (c) patients' visitors.?
9. Can you tell me a story to help me understand the kind of relationship you have with (a) nurses (b) patients (c) patients' visitors (d) doctors?
10. We have asked a lot of questions about these groups of people; are there other sets of people who affect your performance on the job? Who are they? What makes them important?
11. Of the tasks you perform as part of your job, which of the tasks are the least enjoyable? What makes you feel this way?
12. Which are the most enjoyable? Why?