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*How Care is Constituted in Interaction: A Situated Comparison of Two Hospital Wards*

Studying the world through the lens of intimate labor is, in many ways, an exciting and open-ended intellectual project. When feminist scholars first began theorizing reproductive labor they revised conventional social science paradigms for understanding modern life. These new conceptual tools highlight the importance of emotion work, care work, reproductive labor, and intimate labor in understanding social life. “Intimate labor” is itself a compelling choice of words, as it draws attention to distinctions around what may be analyzed as “intimate” or not and what may be considered to be “labor.” One useful way of exploring intimate labor as a category of analysis is to think about the importance of contexts in the way intimate labor articulates with power, gender, race, sexuality, class, age, and other lines of experience.

This dissertation project addresses institutional, cultural, and group level dynamics that articulate in the racialized and gendered division of intimate labor in hospital wards. In this work I am looking at the different (in some ways contradictory) logics of the rapidly changing US health care system and how these logics are instantiated in daily discourses, practices, and interactions on different hospital wards -- especially in the dynamics and experiences of care. More specifically, I am using ethnographic methods to analyze how patient care is constituted in interaction amongst hospital staff and patients in two hospital wards. By comparing similar wards in two different hospitals, each with a different organizational form, I highlight the effects of institutional factors on the meanings and practices of situated care. I also explore how these cultures of care affect both patient and staff experiences of medical treatment, care, and healing.