

**“You Have No Idea What It Takes”:  
An Examination of How Low-wage Single Parents Navigate Work and Home**

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Submitted to the Graduate Faculty of the  
School of Social Work in partial fulfillment  
of the requirements for the degree of  
Doctor of Philosophy

University of Pittsburgh

2021

UNIVERSITY OF PITTSBURGH  
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## **“You Have No Idea What It Takes”: An Examination of How Low-wage Single Parents Navigate Work and Home**

Kess Lovell Ballentine, PhD.

University of Pittsburgh, 2021

Over the last fifty years, workers’ rights have eroded even as work demands increased. These labor inequities, along with racism and sexism, mean that the mostly female, primarily Black and Brown, workers in caregiving jobs in the service sector tend to earn low wages with poor benefits and thus struggle to support their families. This study examines the experiences of working parents in this sector with relatively good jobs, defined as wages well above the minimum wage (\$14.88/hour, on average), fringe benefits, and ample hours. I focus on (1) what workplace policies and practices parents identified as supports and barriers to family well-being, (2) how these factors interacted with the broader social environment to affect parenting, and (3) how parents navigated supports and barriers. I completed two interviews each with 21 single parents (20 mothers and 1 father) of elementary-aged children working in relatively good, low-wage healthcare jobs. I used a qualitative methodology drawn from extended case method and phenomenology and a theoretical framework informed by ecological, feminist, and work-family theories.

This dissertation uncovers how policies and practices that aim to care for employees are perverted by individual prejudices and discriminatory social structures, at best insensitive and at worst punitive to employees. Mothers described feeling misunderstood and undervalued at work. This study disrupts the myth of the ideal worker, the persistent reification of the work-family divide, and the assumption that “family friendly” policies extend care to lower-wage, single parent families. I show how mothers grapple with the cultural contradiction between expectations to be

ideal workers and intensive mothers and suggest that there is a material contradiction between these problematic norms. Additionally, I critique current motherhood theory as undervaluing work as a site of motherhood and encompassing limited aspects of motherhood. I propose holistic motherhood as a framework to challenge the false dichotomy between paid and unpaid care labor and acknowledge paid labor as a site of meaning-making for mothers. Future research should further examine the struggles of working parents with relatively good jobs and explore whether the holistic motherhood framework can help in reformulating policies to better support working families.

## Table of Contents

Preface.....	xiii
1.0 Introduction.....	1
2.0 Background .....	7
2.1 Job Quality .....	7
2.2 Work-Family Conflict & Spillover .....	9
2.3 A Changed Labor Market .....	10
2.4 Defining Low-Wage Work.....	14
2.5 The Scope of Low-Wage Work .....	15
2.6 Pathways between Low-Wage Work & Well-Being.....	16
2.6.1 Material Hardships Pathway .....	16
2.6.2 Job Quality Pathway.....	17
2.6.3 Discrimination Pathway .....	20
2.7 Preliminary Data Collection and Analysis.....	21
2.8 Socio-Cultural Context .....	23
2.8.1 Intensive Motherhood.....	24
2.8.2 Ideal Worker .....	27
2.8.3 Moral Motherhood & the Cultural Contradiction .....	28
2.8.4 Strengths-Based Motherhood .....	29
2.9 Theoretical Framework .....	32
2.9.1 Ecological Theory.....	32
2.9.2 Feminist Theories .....	33

2.9.2.1 Intersectionality .....	33
2.9.2.2 Ethic of Care .....	35
2.9.3 Work-Family Theories.....	38
2.9.3.1 Boundary Theory.....	38
2.9.3.2 Conservation of Resources Theory .....	41
2.9.4 Theoretical Framework .....	43
2.10 Gaps & Significance .....	45
3.0 Methods.....	50
3.1 Research Questions .....	50
3.2 Research Approach .....	51
3.2.1 Phenomenology.....	51
3.2.2 Extended Case Method .....	52
3.2.3 My Approach & Rationale.....	52
3.3 Sample Rationale .....	54
3.4 Recruitment.....	57
3.5 Research Protocol.....	59
3.6 Sample Demographic Summary .....	60
3.7 Data Sources.....	62
3.7.1 Interviews.....	62
3.7.2 Demographic Sheet .....	64
3.7.3 Strengths & Difficulty Questionnaire.....	65
3.7.4 Field Notes .....	65
3.7.5 Artifacts.....	66

3.7.6 Subsequent Research .....	67
3.8 Data Analysis .....	67
3.8.1 Data Cleaning .....	68
3.8.2 Coding & Theme-Building .....	68
3.8.3 Trustworthiness.....	69
3.9 Reflexivity & Positionality .....	70
4.0 Descriptive Findings of Participants, their Children, and their Jobs .....	76
4.1 Family Descriptions.....	76
4.1.1 Sara & Eli .....	76
4.1.2 Roxy & Bertha Rae .....	77
4.1.3 Alex, Lilly, Nellie, & Millie.....	78
4.1.4 Elisa & Kayla.....	79
4.1.5 Rachel & Ariel.....	80
4.1.6 Lee & Silky .....	81
4.1.7 Nancy, Darrel, Jamal, & Nikki .....	82
4.1.8 Lonnie, Jay, Ky, & Pooh.....	83
4.1.9 Marie & Neveah .....	84
4.1.10 Sasha & Bianca.....	85
4.1.11 Victoria & Claudia.....	86
4.1.12 Ryan & Madison .....	87
4.1.13 Nicole & Jerry .....	88
4.1.14 Maya, Steve, Matthew, & Leyla.....	89
4.1.15 Lisa, Ashley, & Jennifer .....	91



4.1.16 Amber, Zane, & Marty .....	91
4.1.17 Joy, Ginny, Tim, & Smiley .....	92
4.1.18 Jada, James, Jamila, Jace, Jacob, & Jeremiah .....	93
4.1.19 Crystal, Kenzy, & Chris .....	95
4.1.20 Cheryl, Stella, Janelle, Kurt, & Prescott.....	96
4.1.21 Tammy, Naomi, John, & Bryant .....	97
4.2 Jobs & Job Quality .....	98
4.2.1 Wage Levels .....	99
4.2.2 Opportunities for Increases.....	100
4.2.3 Fringe Benefits & Access .....	107
4.2.4 Autonomy.....	110
4.2.5 Schedule .....	112
4.2.6 Termination .....	114
4.2.7 Personal Assessments.....	115
4.3 Conclusions .....	116
<b>5.0 Every Day is an Emergency: The Limitations of Well-Intentioned Workplace</b>	
<b>Policies.....</b>	<b>118</b>
<b>5.1 Key Policies .....</b>	<b>119</b>
5.1.1 Shifts & Paid Time Off .....	119
5.1.2 The Point System.....	121
<b>5.2 Supportive Schedules .....</b>	<b>122</b>
5.2.1 High Flexibility, High Autonomy.....	123
5.2.2 Working Part-Time.....	126

5.2.3 Benefits of Supportive Schedules.....	130
5.3 “I’m not a person that just calls off”: Barriers to the Use of Paid Time Off.....	131
5.3.1 Employing Defensive Motherhood at Work: Section Conclusion .....	140
5.4 Punishing Everyday Emergencies: Paid Time Off & Point Systems.....	142
5.4.1 Supervisors & the Point System.....	146
5.4.2 Consequences of the Point System.....	148
5.4.3 Section Conclusion .....	155
5.5 Chapter Conclusion.....	157
6.0 “Got My Guard Up”: Workplace Relationships .....	159
6.1 Qualities of Poor Supervision .....	160
6.1.1 Effects of Poor Supervision .....	163
6.2 “You Just Don’t Know Who’s for You”: Navigating Workplace Relationships and Stress.....	166
6.3 Supervisor Support .....	173
6.4 Beyond Supervisors .....	176
6.5 Conclusion.....	181
7.0 “For him it was more the white picket fence”: Experiencing and Navigating Discrimination against Black and Single Motherhood.....	183
7.1 Gendered Racism in the Workplace.....	183
7.1.1 Microaggressions.....	185
7.1.2 Policing Self-Expression .....	188
7.1.3 Tokenization .....	195
7.2 Mothers and the Ideal Worker.....	198

7.3 “Every day is not a party”: Trying and failing to be an intensive mother.....	203
7.4 “There’s a Price to Pay”: Coping with a Cultural Contradiction .....	208
7.5 A Holistic Motherhood.....	214
7.6 Conclusion .....	219
<b>8.0 Implications &amp; Conclusions .....</b>	<b>220</b>
8.1 Implications for Practice.....	225
8.1.1 Implications for Workplace Practice .....	225
8.1.2 Implications for Social Work Practice .....	228
8.2 Implications for Policy .....	229
8.3 Implications for Research .....	232
8.4 Limitations .....	234
8.5 Final Thoughts .....	235
Appendix A Interview Guide .....	238
Appendix B Demographic Form .....	245
Appendix C Strengths & Difficulties Questionnaire .....	246
Bibliography .....	248

## List of Tables

<b>Table 1 Sample Demographics .....</b>	<b>62</b>
<b>Table 2 Paid Time Off .....</b>	<b>134</b>

## Preface

Graduate study is a long process that requires a lot of personal gumption and social support. I want to thank the people in my life who supported my journey to this point.

First, I thank my parents for instilling in me the importance of reading and education. They afforded me my undergraduate education, which changed my life and for which I will be forever grateful.

Second, I want to support all my teachers along the way. I had excellent teachers as a child and have had many throughout my undergraduate and graduate degrees. My teachers helped me expand my thinking and hone my craft as a speaker and writer while inspiring me to commit my life to educating others. I thank my K-12 educators and my instructors at Penn State and NC State. Most recently, I want to thank Drs. Goodkind, Shook, Engel, Farmer, Henly, Brush, Glazener, and Gill-Peterson for pushing me as a novice scholar. Dr. Goodkind gets an extra special mention. She has been my steadfast teacher, mentor, and advocate through my MSW and my PhD degrees. I thank her for all her time, instruction, and support.

Third, I want to thank my sister, Anne, and close friends during these past few years. The social support of so many incredible and joyful women has helped me keep my perspective and believe in myself even when life became overwhelming making school a struggle.

Fourth, I want to thank my research participants, my students, and the local activists I've had the pleasure of meeting in here Pittsburgh. All of you inspire me to not just do the work, but to make sure that it has an impact.

Last, I must thank my beloved husband, Dr. Chris George. One of my goals for graduate school was to do it while keeping my marriage healthy and strong. I am pleased to submit this dissertation a few weeks before our 10<sup>th</sup> wedding anniversary. Each day I thank God for our marriage which sustains me in this extraordinary, though often troubling world. Chris held my hand through a number of personal and family hardships endured during graduate school. He pushed me to grow and always reminded me that I can do it, enduring countless run-throughs of my existential crises about completing my doctorate. He took over far more than his half of our domestic labor, when I was busy or just needed to rest. I thank him for every hug, every impromptu editing job, every cup of coffee, every lovingly cooked dinner, and every break – even if he had to tear me away from my desk! I look forward to our next stage of life since this month will be the first time neither of us is a formal student. I'm sure we will find new challenges and adventures to pursue, and I can't wait!

In the end, you have to sit down and do it – propose the study, read the literature, talk to the participants, analyze the data, write the words, rewrite the words, day after day, hour after hour. I believed in myself, and I did it! I am grateful for everything in me and all the people around me who helped me succeed. I pray that this work or the future work that stems from it will make a material difference in people's lives. But for now, I pause to celebrate simply completing this dissertation!

## 1.0 Introduction

Since the 1970s, many of the hard-won labor rights of the early 20<sup>th</sup> century have eroded. Wages have stagnated and few Americans have even \$400 in emergency savings (U.S. Federal Reserve, 2019). Secure and stable jobs with generous benefits have become increasingly rare as unions have lost power, while the precarious low-wage job market has exploded (Kalleberg, 2011). This growing labor sector rarely provides living wages, fringe benefits, or even ample hours. Meanwhile, working demands have increased, with more education and work hours required for less pay (Presser, 2003). Additionally, low-wage families, who are majority Black and Brown, deal with discrimination across the social environment with incredibly negative effects for their health and well-being (Bailey, et al., 2017; Flores, 2010; Landrine & Corral, 2009; Williams, et al., 2019). Thus, even before COVID-19, the U.S. was not a healthy and supportive place for families, particularly those in the expanding low-wage job market.

In some ways, I completed this dissertation in two different worlds. I collected my data in the world before COVID-19. Like many other social justice advocates, I was worried about family well-being in that world. I had taught in a poor, rural school where poverty and racism deeply affected family life. As parents worked hard to provide for their children's basic needs and spend quality time with them, I observed these families being over-surveilled from all angles; parents were controlled by authorities at work, through the schools, and in the community. In Pittsburgh, I was doing research with families who had negotiated better working conditions and increased wages. These changes helped alleviate some of the stress of material deficits but did not eradicate family hardships. Also, little was done to address the difficult working conditions among these

low-wage hospital workers with whom I was doing research, many of whom experienced emotional and physical strain as a regular part of their job.

Then COVID-19 hit right as I was completing my final interviews for this study. I pivoted from spending my field research time in the hospital cafeteria, to talking to hospital workers over the phone. Through the transition to pandemic life, I learned how hospital workers were adjusting to a new normal while many of the supports for working parents shut down. Schools turned virtual, and daycares shuttered. It became a health risk to have grandparents watch children. Suddenly what had been clear to me for years – that we devalue the essential labor of so many low-wage workers – became clear to the majority of Americans (Lowery, 2020). Furthermore, the Black Lives Matter Movement was reignited in the spring of 2020 when racist state-sanctioned and vigilante violence caused the deaths of George Floyd, Ahmaud Arbery, and Breonna Taylor – to name a few. My work sits at the intersections of these branches of the social justice movement: labor, gender, and racial justice. As the figurative and literal heat of the summer of 2020 cooled and a less volatile president was elected, discussions about justice for low-wage and Black workers in some ways also cooled. Yet their challenges and their urgency have not lessened.

This dissertation tells the stories of what it is like for single, working parents in low-wage healthcare jobs to work in relatively good jobs while still living, working, and parenting in the context of America's matrix of domination (Collins, 2000). Though these data were collected in the world before COVID-19, the lack of response from employers and the government means that many of the conditions of low-wage work remain the same. Healthcare workers worked before and through the pandemic to care directly and indirectly for patient and community health. Regarding working as a caregiver for a caregiving institution, one participant posed a hypothetical question for the administrators at her workplace, asking "who doesn't have a heart?" Indeed,



healthcare employees are often lauded for their caregiving, for their generous hearts. This dissertation questions how well healthcare employers value care, particularly for working parents who participate in paid and unpaid care work. In other words, this dissertation asks: who *does* have a heart for employees of caregiving employers? This dissertation uncovers how policies and practices that purport to care for employees are perverted by individual prejudices and discriminatory social structures, at best insensitive and at worst punitive to employees. These findings further disrupt the myth of the ideal worker, the persistent reification of the work-family divide, and the assumption that “family friendly” policies extend care to lower-wage, single parent families.

Consequently, the current study is timely. It reveals the hardships and stressful navigational choices predominantly Black, single, working parents must endure to raise their families. It highlights how even workers with a strong union contract still need much more support to alleviate parent stress and pursue optimal family well-being. And last, it comes at a time when many Americans may be open to a new normal that centers family well-being. In the last year, many of us have spent more time at home with our families than ever before. Through the devastation of COVID-19 and racist violence, more have realized the necessity of care work: as we watched family members cared for by essential workers in hospitals and nursing homes, as many cared for their children 24 hours a day – being not only mom or dad but also school teacher and child activity coordinator, as we watched our government fail so completely to care for its people. Through these experiences, we as a society took a hard look at care – what it takes to care alone or be unable to reach someone to care for them.

Thus, the results of this study come at a time when there may be a window for change. In the weeks preceding my completion of this study, the American Rescue Plan Act of 2021 was

passed, including \$50 billion dollars to support children, families, and early childcare providers. This is an incredibly important step; this dissertation discusses more that can be done to support families working in the low-wage job sector. I argue that much more than money is needed to relieve parent stress and promote family well-being. I show that some workplace policies truly benefit parents. We could supplement these changes with policy and practice improvements that alleviate stress, promote equity, and center care. Through this study, I identify how the experiences of single parents working low-wage jobs might inform these changes.

In Chapter 2, I outline the background for the study. I begin by reviewing the literature on job quality and low-wage work. I describe the historical context that led to an expansion of the low-wage job market and how single mothers are particularly at risk of being in low-wage jobs of poor quality. Next, I review key concepts from literature on motherhood, particularly highlighting the tension between hegemonic norms of intensive motherhood and the ideal worker called the cultural contradiction (Hays, 1996). I then explain my theoretical framework which draws from ecological, feminist, and work-family theories. Finally, I identify gaps in the literature around the experiences of workers in the low-wage labor sector with “relatively good” jobs and who have single parent family structures. I also point to a lack of understanding of how workplace discrimination affects home life.

In Chapter 3, I outline the methodology for the current research. I begin by presenting my research questions. I aim to understand (1) what workplace policies and practices parents identified as supports or barriers to family well-being, (2) how these factors interacted with the broader social environment to affect parenting, and (3) how parents navigated the identified supports and barriers. Next, I describe my research approach, which draws from phenomenology (Moustakas, 1994; van Manen, 1990) and the extended case method (Burawoy, 1998; 2009). Together, these work to

explain both workers' individual experience as low-wage working parents with relatively good jobs and also the role of macro-level forces, such as discrimination, in affecting working conditions and family life. I then explain how I identified and recruited my research participants, which included 21 parents working in low-wage healthcare jobs. Next, I explain my data collection process of completing two interviews with each parent as well as collecting some additional demographic and observational data. I describe my analytical process and conclude with a description of my positionality and process of reflexivity.

I elaborate on the sample in Chapter 4. I begin by using thick description to provide a synopsis for each family unit. In the second half of the chapter, I evaluate each aspect of my participants' job quality, drawing primarily from Kalleberg's (2011) framework. I conclude that overall most parents in the sample had relatively good job quality – better than the worst jobs in the low-wage labor market but still falling short of “good” jobs. Unfortunately, most families continued to experience material hardships and some of their jobs had qualities that have been associated with worse family outcomes.

In addition, some aspects of job quality beyond those in Kalleberg's framework are meaningful for affecting work-family experiences. In the remaining analytical chapters, I examine some other aspects of job quality parents identified when describing workplace policies and practices. I also describe how parents navigated workplace challenges in these domains. In chapter 5, I focus on how workplace policies were implemented, which has been shown to affect work-family conflict (Lambert, 2000). I highlight which policies and job qualities helped parents. Consistent with the literature, I find that paid time off, schedule flexibility, and having autonomy were beneficial job qualities (Kratras, et al., 2015; Moen, et al., 2013; Perry-Jenkins & Gerstel,

2020). However, I show how other policies intersect with each other or community factors in ways that create barriers for single working parents in low-wage jobs.

Other researchers have found that coworker and supervisor relationships can be an important source of support for working parents (Kossek, et al., 2011; Perry-Jenkins & Gerstel, 2020). I examine these factors in chapter 6. Unlike other research (Kossek, et al., 2011; Tews, et al., 2013; Zacher, et al., 2014), I did not find workplace relationships to be very helpful. Most workers had highly bounded relationships, working to limit the extent to which workplace relationships might spill over into home life. In many cases, workers actually identified workplace relationships as causes of stress. In a few circumstances for home-to-work conflict, workers with trusting relationships with their supervisors found the relationships supportive. However, work-to-home conflict was neither addressed by supervisors nor alleviated by any workplace relationships.

In chapter 7, I examine the role of stigma against Black and single mothers in the workplace. I find that interpersonal discrimination based on these prejudices detracted from job quality, indicating that workplace equity is a key aspect of job quality for people with marginalized identities (Bacchus, 2008; Hughes & Dodge, 1997). I find that the current conceptualizations and norms of motherhood fail to acknowledge the realities of mothers' lives. Thus, I propose holistic motherhood, a framework of work and motherhood that centers care and supports the pursuit of social justice for working families. In the final chapter, I consider the implications for this work on policy, practice, and research. I summarize the conclusions and suggest points for future inquiry.

## **2.0 Background**

This chapter contextualizes the current research in the literature and describes the theoretical framework that guides the subsequent analysis. I begin by reviewing relevant literature around job quality and how it affects family life. In this review I identify three pathways through which work can affect family well-being, including material hardships, job quality, and workplace discrimination. I also explain how my work on the Pittsburgh Wage Study research team contributed to the development of the current study. Next, I describe two hegemonic sociocultural constructs, intensive motherhood and the ideal worker, which I use to understand the experiences of working parents. I explain the tension working parents face when trying to perform both roles, termed the cultural contradiction, that helps explain a key factor influencing how parents navigate work and home and the stress they experience doing so. Last, I describe my theoretical framework. I draw from ecological, feminist, and work-family theories. I close by identifying the gaps in the literature and the significance of the current study.

### **2.1 Job Quality**

Having a job is important to individual and family well-being. Beyond the obvious necessity for income, working has generally been shown to be psychologically beneficial compared to being unemployed (McKee-Ryan et al., 2005). Once employed, better job quality is associated with improved subjective well-being among workers, though the mechanisms that explain this relationship are not well understood (Horowitz, 2016). Job quality is a multi-

dimensional construct that is difficult to define due to having both objective and subjective aspects. Kalleberg (2011) provides a framework for assessing some of the commonly studied aspects of job quality, outlining the following aspects as signs of a “good” job. First, good jobs have high earnings with the opportunity for increases across time. These earnings should be ample to cover workers’ basic needs as well as reasonable leisure. Second, good jobs should offer benefits such as health insurance, retirement, and disability insurance. Third, good quality jobs allow workers to have some control over the way they do their work, often described as worker autonomy. Fourth, workers in good jobs have some control over their schedule. Last, workers in good jobs have some sense of job security and feel they have some control over when their employment ends.

The assessment of job quality is also nested within the social environment, where assessment based on generational, cultural, and individual norms also affect perceptions of job quality. For example, Black female workers consider institutional and interpersonal discrimination an important factor when assessing job quality (Bacchus, 2008; Hughes & Dodge, 1997). Aspects of job quality may also vary by industry (Holzer, 2005). Among healthcare workers, intrinsic value of the work contributes to workers’ job satisfaction and pride in their work (Morgan, et al., 2013). Jobs affect people’s lives in myriad ways and the experiences of those effects vary by many factors including type of job, parenting status, and the race and gender of the worker (Perry-Jenkins & Gerstel, 2020). Thus, job quality is multi-dimensional and perceived differently by individuals and groups based on a variety of factors, though some factors, such as those in Kalleberg’s framework, seem to be generally agreed upon.

## 2.2 Work-Family Conflict & Spillover

An additional aspect of how workers evaluate their job quality is the extent to which they find their job stressful and the extent to which it may drain their personal resources, which they may need or want to contribute to other parts of life. For workers with caregiving obligations, the term *structural mismatch* has been used to describe the misalignment between the demands of work and caregiving (Kossek, 2005). Workers may experience this structural mismatch in a number of ways. When one domain requires more attention, time, and energy, this can be called, in the case of work, work-to-family conflict, or in the case of home, home-to-work conflict. Greenhaus and Beutell (1985) identified three types of work-family conflict that continue to be used today by work-family scholars: time-based, strain-based, and behavior-based. Time- and strain-based work-family conflict are relevant to the current study. Time-based work-family conflict is when work requires more time than one is willing or able to work in paid labor. One experiences strain-based work-family conflict when work depletes one of energy or other emotional resources, limiting the emotional or psychic energy available for leisure or obligations. Some traditional aspects of job quality reduce work-family conflict, such as having control over one's schedule (Perry-Jenkins & Gerstel, 2020). Coworker and supervisor support have also been shown to reduce work-family conflict (Kossek, et al., 2011; Tews, et al., 2013). Meanwhile negative workplace relationships have been shown to have positive associations with work-family conflict and, relatedly, have effects on well-being, such as burnout and harsh parent-child interactions (Gassman-Pines, 2011a; Zhou, et al., 2019).

The concept of spillover is related to that of work-family conflict. Positive spillover indicates work enhancing family life while negative spillover complicates family life. The concept of spillover is used in a range of ways. In some cases, it is used as a theoretical perspective (e.g.,

Gassman-Pines, 2011a; Jang & Zippay, 2011). In other cases, it is an umbrella term for the experience of juggling multiple roles, such as employee, spouse, and parent, or the perception of positive or negative emotions and behaviors of one domain affecting another (Keene & Reynolds, 2005). Overall, the term is commonly applied in the work-family literature (e.g., Grzwacz & Marks, 2000; Jang & Zippay, 2011). Spillover has been empirically evaluated to fall into four distinct types: negative work-to-home spillover, positive work-to-home spillover, negative home-to-work spillover, and positive home-to-work spillover. Negative spillover is related to strain-based work-family conflict (Greenhaus & Beutell, 1985), as it focuses on interior facets of the stress from work coming into home. In contrast, time-based strain, for example, may be an actual conflict versus an interior one, where work time is actually taking away from home time. Due to its potential effects on family and child well-being, negative work-to-family spillover has been a primary concern of work-family researchers and garnered significant research. Like job quality, experiences and effects of negative work-family conflict or spillover seem to vary depending on a range of factors, including but not limited to gender, marital status, race, age, class, and type of work (Perry-Jenkins & Gerstel, 2020).

### **2.3 A Changed Labor Market**

While “good” jobs, or at least particular good job qualities, have been associated with improved well-being for working people, supply of high quality jobs has declined since the 1970s. Though political rhetoric often claims that the American economy will return to the post-WWII boom, evidence suggests that boom to be an anomaly fueled by America being in a position to produce goods when current manufacturing centers were still underdeveloped (e.g., China, India),



and Europe was still recovering from war (Kalleberg, 2011). As the global market improved, America faced global competition resulting in price competition, expanded immigration, and outsourcing.

Meanwhile, Americans were beginning to question New Deal logic of collective effort and post-WWII economic boom assumptions. In one vein oil shortages scared Americans into understanding that scarcity of global resources, rather than unlimited expansion and consumerism, may affect prices and access to resources (Acker, 2006; Kalleberg, 2011). In another vein, serious rhetorical work was occurring that changed American's sense of responsibility. The rise in neoliberal ideology, which places full responsibility for survival on the individual rather than the collective or the government, was coupled with work by conservative think tanks to blame individuals rather than global, structural changes for increasing use of welfare and changes in family structure.

These factors fueled public support for deregulation and changes in company management. Companies began to shift their ownership from employee stock options to investors, reducing their sense of responsibility to their employees (Kalleberg, 2011). New business practices such as downsizing and outsourcing work became increasingly common as companies worked to increase profits. At the same time the gap between the highest and lowest paid workers expanded while wages began to stagnate. Indeed, though the Fair Labor Standards Act of 1938 originally defined the minimum wage, it has not kept pace with inflation (Bernstein & Shmitt, 2000; Cooper, et al., 2019). Human resource departments replaced unions as anti-union tactics ramped up and the National Labor Bureau began to be defunded. Together these changes created companies that served investors and top-level management more than they served employees. Meanwhile beginning with President Carter, accelerating through President Reagan, and continuing through

the Clinton administration's trade agreements, deregulation incentivized low-wage work and outsourcing.

Technological changes also had significant effects on changing the labor market. First, technology replaced many unskilled jobs. This caused an expansion in the service industry, jobs which were traditionally more commonly filled by women and paid low wages (Kalleberg, 2011; Presser, 2003). Second, expansions in communication technology created the possibility for domestic workers to work 24/7 to both communicate and compete with international workers while also creating the possibility of supervising low-wage production overseas (Presser, 2003). This expansion of work at all times expanded the demand for service work at all hours of the day at night, increasing the commonality of non-standard shifts.

Women were specifically affected by these changes. The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) enacted massive changes to the United States' social safety net in 1996. Commonly referred to as "welfare reform," PRWORA represented a shift in policy from one of supporting single mothers and other poor women to stay home to care for their children, represented by time-unlimited and uncapped cash assistance through Aid for Dependent Families and Children, to encouraging self-sufficiency and work even for mothers of young children through Temporary Assistance for Needy Families (TANF; U. S. Office of Family Assistance, 1996). TANF included a shift from federal entitlement funding to a state block grant structure, implementation of time limits for assistance, and implementation of work requirements to receive support. With welfare requiring work and supporting limited education options, qualifying mothers were forced to take the first available job, regardless of its sufficiency to provide financial stability (Hays, 2003).

This had significant effects on women while benefiting capitalists. PRWORA functions on key assumptions: people are individually responsible/ rational actors and welfare generosity caused welfare dependence/ single parenthood explosion, perspectives fueled by neoliberal ideology and investments by conservative think tanks (Abramovitz, 1996; Mink, 1998). These assumptions function through neoliberalism despite being disproved by research and the reality that single parenting continues to be a prominent family structure despite welfare reform. Little evidence is available to adequately evaluate PRWORA but what is available suggests that its confluence with low-wage work meant that it has not created financial independence because full-time workers at low wages have survived at or below the poverty line (Falk & McCarty, 2016; Hays, 2003; Lens, 2002). Meanwhile, since mothers have been forced to accept low-paying jobs in order to access life-sustaining cash assistance, U.S. employers have maintained access to a forced low-wage workforce.

This gendered discrimination against single mothers cannot be separated from other types of discrimination. Women make less than men in every racial category and overall Black women are most likely to have the worst paying jobs (Bureau of Labor Statistics, 2017). Women with low education are also likely to be vulnerable to low wages (Kalleberg, 2011). Overall, women, people of color, people with low education levels and immigrants, and the intersections across these identities, are most likely to accomplish low-wage work (Bureau of Labor Statistics, 2017) and also most likely to be vulnerable to structural economic changes out of their control (Kalleberg, 2011). Thus, in the last half a century, hard-won labor and civil rights wins have been weakened, devaluing the labor of many while restricting the mechanisms by which workers can hold employers accountable or opt out of the labor market altogether.

## 2.4 Defining Low-Wage Work

Within this context, many American workers are in the low-wage market. Low-wage work is defined in a range of ways. One method is using type of work, usually including food services, retail work, housekeeping, and low-level healthcare jobs (Carrillo, et al., 2017; Elliott, et al., 2015; Fusaro & Shaefer, 2016; Okechukwu et al., 2012; Swanberg, 2005). The actual level of wage has been used (Fusaro & Shaefer, 2016), as has the household income compared to the federal poverty line, such as incomes at or below 200% of the federal poverty line (Albelda & Shea, 2010; Joshi & Bogen, 2007). Another method is to consider public benefit eligibility, which for the purposes of research both limits the population to a low-income and/or poverty sample while also increasing the ease of sampling (Agrawal, et al., 2018; Katras, et al., 2015; Roll & East, 2014). Given the power of the Fight for Fifteen movement and the policy activity advocating a \$15 minimum wage, \$15 dollars per hour has also been used as a cutoff (Luce, 2017). Concerns remain about the arbitrary cutoff of \$15, since it falls below a living wage for most family sizes and does not account for geographical differences in cost of living. In contrast to an arbitrary number, the most effective method of defining a low wage may be a combination of wage or income with a measure of poverty as used by the Government Accountability Office (U. S. GAO, 2017) and suggested by some researchers (e.g., Slack et al., 2004). Additional variables can be used to both identify low-wage samples and to analyze their experiences, including job stability and employment over time (Hsin & Felfe, 2014; Nomaguchi & Johnson, 2016), household size (U. S. GAO, 2017), type of employment (e.g., full or part-time; Barnes, 2016; Johnson, et al., 2012), experience of material hardship, and perceived economic hardship (Slack et al., 2004).

## 2.5 The Scope of Low-Wage Work

Many parents are part of the “working poor” defined by the Bureau of Labor Statistics (BLS) as people working or looking for work for more than 27 weeks of the year but whose household incomes remain below the federal poverty line (BLS, 2018). The BLS estimates that in 2016, 4.9% of working Americans could be characterized as working poor. These workers are more likely to be female, Black and/or Hispanic, and working in service jobs. Having children significantly increases the likelihood that working individuals will be counted among the working poor, as parents are four times as likely to be poor than non-parents with single mother-households more at risk than those of single fathers or those with two parents in the household.

As is obvious from the range of methods of defining low-wage work, working but being below the federal poverty line does not encompass all parents that many researchers would consider low-wage. A recent Government Accountability Office (GAO) report defined three groups of people as being low-wage: being at or below the federal minimum wage of \$7.25, between the federal minimum wage and \$12 per hour, and \$12.01 to \$16 per hour. It found that 20% of American Families, 13% of American Families, and 5% of American families comprise each group respectively (U.S. GAO, 2017). All told, 38% to 42% of American families earn less than \$16 per hour (U.S. GAO, 2017; National Employment Law Center & Economic Policy Institute, 2019).

Low-wage work does not affect all groups equally. Rather, the impact of low wages disproportionately affects groups that experience discrimination and inequity, including people of color and single mothers. Indeed, women and people of color are over-represented in low-wage work (Tung et al., 2015). Women overall represent 54.7% of workers making less than \$15 per hour while they compose 48.3% of the working population. African Americans represent 15% of

the below \$15 workforce while composing only 12% of the workforce, and Latinx Americans represent 23% of the below \$15 workforce while composing only 16.5% of the total workforce.

## **2.6 Pathways between Low-Wage Work & Well-Being**

Working within low-wage work environments has been shown to relate to individual and family well-being through several pathways, including through material hardships, job qualities, and discrimination.

### **2.6.1 Material Hardships Pathway**

Material hardships, such as food and housing insecurity, are associated with having a low-income. Research shows that many with incomes above the federal poverty line continue to experience material hardships (Boushey et al 2001; Collyer 2020; Neckerman, et al, 2018). A recent study suggests that material hardships are at a constant, high level until parents earn slightly more than \$15 per hour (Collyer, 2020). Many more children experience material hardship than would be identified by their family's income based on poverty status alone, with nearly 1/3 of American children experiencing material hardship in households earning more than 200% of the poverty line (Rodems & Shaefer, 2020). Single parent families without consistent supplemental income beyond their low-wage jobs are likely to experience material hardships as they are both low-wage and low-income families (Eamon & Wu, 2011; Ybarra, et al., 2019). Thus, low wages are associated with material hardships even when parents can earn wages or incomes that put them above the poverty line.

Experiencing material hardships is concerning as they are associated with negative family well-being outcomes. Children experience negative outcomes indirectly through poor parent well-being. Food insecurity has been associated with increased parent stress and worse parent health both of which negatively affect child well-being (Huang, et al., 2010; Okechukwu et al., 2012). Housing insecurity has been associated with increased parent stress and increased child welfare involvement (Slack, et al., 2017). Financial insecurity has also been associated with parent stress and, through stress, worse child behavior (Paat, 2011). Children also seem to experience direct negative effects of material hardships, including worse health, worse behavior, and increased risk of child maltreatment (Cook, et al., 2008; Yang, 2015; Zilanawala & Pilkauskas, 2012).

### **2.6.2 Job Quality Pathway**

Low-wage workers are more likely than higher-wage workers to have poor job quality, for example, having fewer benefits and less schedule control (Gerstel & Clawson, 2018). The intersection of low-wage work with racism in the United States translates to Black workers being much more likely than White workers to have the least predictable schedules and the lowest wages (Perry-Jenkins & Gerstel, 2020). Thus, there may be variability between and within groups as to the extent to which this pathway plays a role in family and child well-being. There are three tributaries through which job quality may affect child well-being: an indirect effect through parent stress, an indirect effect through parenting processes, and a direct effect on child health and behavior.

Parent stress seems a consistent mediator between various antecedents and child outcomes (Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017). Strain-based work-family conflict contributes to overall parent stress. For example, economic hardships, which may be more

commonly experienced by low-wage, low-income parents, and having limited scheduling notice has been associated with increased work-family conflict (Henly & Lambert, 2014; Molina, 2020). This conflict is a manifestation of parent stress and likely has effects on family and child well-being through parent stress. In contrast, some aspects of job quality can actually reduce work-family conflict, likely alleviating parent stress. Control over work hours has been associated with reducing work-family conflict (Moen, et al., 2013). Positive workplace relationships also seem to reduce work-related strain. For example, coworker support has been associated with reduced emotional exhaustion and having high social capital at work reduced work-family conflict among working single mothers (Ciabattari, 2007; Zacher, et al., 2014).

Other research shows a direct effect between aspects of job quality and parent stress and well-being. Flexibility of work schedule has been found to support parenting (Kratras et al., 2015) while inflexible work schedules have been found to increase parent stress and can be associated with parent depression (Nomaguchi & Johnson, 2016). In fact, parents who experience chronic workplace inflexibility report more stress than unemployed parents, with unemployment being empirically found to be a significant stressor. Additionally, supervisor support can be a protective factor for parents, reducing parent stress and improving their capability to care for their children (Henly et al., 2006; Kratras et al., 2015; Swanberg, 2005).

Parenting processes can also be affected by various aspects of job quality. Some factors are associated with parenting that can negatively affect child well-being. For instance, mothers working night shifts has been associated with negative parent-child interaction (Gassman-Pines 2011a; Li, et al., 2014). Supervisor criticism has been associated with harsh and withdrawn parenting (Gassman-Pines, 2011a; 2011b). Other factors are associated with improved parenting



processes. For example, having an engaging job has been associated with more time spent with children and improved parent-child relationships (Roeters, et al., 2010).

Pragmatic aspects of parenting, such as providing food and childcare, are also affected by aspects of job quality. However, they often intersect with community factors. Non-standard work schedules have been associated with challenges in planning, preparing, and providing meals to children (Agrawal et al., 2018). Ability to feed children is not only connected to income, but also sensitive to changes in local service provision such as transportation and childcare services which complicate purchasing and providing food (Agrawal et al., 2018). Childcare can be quite complicated when working the non-standard schedules mandated by many jobs paying low wages, as daycares may not be available (Henly & Lambert, 2005; Presser, 2003) and long waitlists for affordable or state subsidized childcare can limit access (Barnes, 2016; Shapiro & Trisi, 2017). Lack of reliable emergency childcare is related to neglectful behaviors and instability in childcare is associated with aggressive parenting (Ha, et al., 2015).

Last, some aspects of job quality may be directly related to child well-being. Parents having more autonomy at work has been associated with better cognitive outcomes for children (Yetis-Bayraktar, et al., 2013). Work that involves limited cognition, such as routine or basic tasks, has been associated with children having an increased probability of repeating a grade or requiring special education even when maternal education is controlled (Johnson et al., 2012). Much of the other research on direct effects seems to involve parents' work schedules. As previously noted, low-wage, particularly Black low-wage, workers are more likely than more privileged groups to have unpredictable schedules (Gerstel & Clawson, 2018; Kalleberg, 2011; Perry-Jenkins & Gerstel, 2020; Presser, 2003). Thus children, particularly Black or biracial children, of parents with low-wage jobs are more likely than other children to be affected by unpredictable schedules.

Variable schedules have been associated with worse child behaviors than children whose parents have consistent schedules (Johnson, et al., 2012). Night shifts and other non-standard days have been associated with worse child behavior and child health outcomes (Champion, et al., 2012; Dunifon, et al., 2013; Han & Fox, 2011; Li, et al., 2014). The relationships between shifts and child outcomes may be mediated by parent stress (Joshi & Bogen, 2007).

### **2.6.3 Discrimination Pathway**

Discrimination is commonly experienced by single mothers working in low-wage jobs but varies by their positionality (Jones & Shorter-Gooden, 2003; Moss & Tilly, 2001). Discrimination against workers functions on interpersonal and institutional levels. Research shows that supervisors of low-wage working women act on interpersonal prejudices against single mothers and Black women (Moss & Tilly, 2001). Black women experience complex, harmful interpersonal discrimination based on prejudices related to the intersections of their race, class, and their motherhood and marriage statuses (Moss & Tilly, 2001, St. Jean & Feagin, 2008). Such discrimination comes in many forms of “everyday racism” (St. Jean & Feagin, 1998) such as telling racialized jokes (Cole & Secret, 2012) and through varied expectations for Black versus White workers, such as requiring different tasks or levels of emotional labor (Wingfield 2010; Wingfield & Alston, 2014). At the structural level, Black workers experience racism related to hiring and promotion (Hall, et al., 2012). Workers can experience the isolation and scrutiny of tokenization as the only Black woman in their office (Moss Kanter, 1977; Wingfield, 2010). Alternatively, Black women commonly experience being passed over for promotions or transfers, while observing less qualified White people accessing the same jobs (Hall, et al., 2012). Though the limited research examining the effects of race and racism in the workplace on worker well-

being focuses on professional workers, some research has also documented similar experiences among low-wage, Black hospital workers (Wingfield, 2019).

These many avenues and intersections of discrimination are endured by low-wage workers, with particular implications for poor, single, and Black workers. Both experiencing and coping with discrimination are associated with stress (Hall, et al., 2012; Shorter-Gooden, 2004). This stress is associated with a frightening number of health conditions and outcomes, ranging from hypertension to diabetes to shortened life spans and has been shown to be worse for Black women than other racial/ethnic groups (Jones & Shorter-Gooden, 2003; Williams, et al., 2019). Parents' stress and health are associated with child outcomes (Newland, 2015), so it is likely that this is an indirect pathway through which child well-being could be affected by discrimination. Additionally, some research has shown a more direct pathway where experiencing discrimination at work is associated with parental perception of child behavior (Gassman-Pines, 2015). Though that study did not find a connection between discrimination and harsh parenting, parental perception of child behavior, where behavior is perceived as worse than usual, has been documented to be associated with harsher parenting and worse child well-being in other research (Blair-Loy & Wharton, 2002; Gassman-Pines, 2013; Patterson, et al., 1992). Thus, the pathways through which workplace discrimination may directly affect parenting and child well-being warrants additional research.

## **2.7 Preliminary Data Collection and Analysis**

For three years before, during, and in the year since completing this study, I have worked on a study examining the effects of incremental wage increases up to a \$15 minimum wage on

worker well-being. That study, The Pittsburgh Wage Study, employs a mixed-method, longitudinal design where union members are surveyed annually and a sub-set of these workers participates in in-depth interviews. I used the data from this study in combination with my experiences working with parents living in poverty when I was teaching elementary school students in another state to inform the current study. I describe The Pittsburgh Wage Study briefly here and how it contributed to the current research questions and study design.

In the qualitative data, the Pittsburgh Wage Study focuses on how families make ends meet on low wages. Though an occasional parent would speak more intimately and specifically about child rearing, most information about parenting processes were confined to the providing aspect of parenting, including how basic needs and luxuries are provided. Despite their limitations, these data provide information about the strategies parents used to provide for their children (Ballentine, et al., 2020). The preliminary data pointed both to a manifestation of the current phenomenon – low-wage work having specific effects on parenting and child well-being – while offering significant opportunities for further study. Limited data was available to understand the effect of work on parenting processes, relationships with children, and child well-being. Some parents identified long work hours, variable schedules, economic hardship, and stressful working environments as contributing to their overall stress. These challenges seemed to be worse for parents who reported limited social supports. There was also some evidence that suggested supportive workplace policies might be difficult to access, such as health care and paid time off. While only a few parents specifically described their work affecting their parenting, the high level of work-related stress and its potential implications for family well-being were concerning.

Almost no information was available from the preliminary data regarding the interaction between work and the broader social environment. Rarely did parents describe their interaction

with teachers at school or day care workers, for example. This trend held even when parents briefly mentioned that their children had a disability or illness which typically necessitates additional interaction with child-serving professionals. The few parents who had children with disabilities reported spending additional money to address their children's needs including medication, adaptive services, and, in the case of a few children with ODD, paying fines. Overall, specific data collection attending to these issues was needed in order to answer the research questions proposed here. That said, the preliminary data hinted at the existence of rich information not yet revealed through the information from that research study. I used those data to help develop these research questions and working theories and then, later, to triangulate descriptions of workplace policies and practices as well as workplace relationships.

## **2.8 Socio-Cultural Context**

Another aspect when understanding balancing parenting and low-wage work is the social norms that define how people should work and parent. Two hegemonic archetypes largely define good workers and mothers: that of the intensive mother and the ideal worker. Working mothers are evaluated in the context of these normative archetypes and the tension between the two norms often results in single mothers being perceived by authorities to be failing in both roles. Thus, these theoretical norms have real consequences for mothers and their children.

### **2.8.1 Intensive Motherhood**

Early dominant parenthood in the U. S. was defined by Puritanical fathers who endeavored to root out children's original sin and prepare children for adulthood using disciplined work, religion, and physical punishment (Abramovitz, 1996; Hays, 1996). However, the transition from primarily agrarian work on the homestead to work for capitalists during the Industrial Revolution changed family roles. In this new era, mothers were constructed as the primary caregivers. The initial construction of the ideal mother was one who personified the essential elements of womanhood, such as being pleasant, nurturing, committed to her family, and knowledgeable about caregiving and homemaking (Abramovitz, 1996; Hays, 1996). It must be noted that scholarship surrounding children's needs suggests that, despite contemporary notions, no single, comprehensive child-rearing practice has been found to be "needed" by children (Hays, 1996). For example, in his classic scholarship, Aries (1998) reviewed writing and images from the Middle Ages and found that even children had active sexual and social lives and were rarely protected from what would be today considered "adult" or taboo topics. This body of work suggests that both parenthood and childhood are socially constructed.

During the 19th century and into the 20th century, a new form of motherhood emerged, deemed "intensive mothering" by sociologist Sharon Hays (1996). Intensive motherhood is characterized by three main components. First, mothers must be responsible for child-rearing. Even in cases where mothers work, they reclaim this responsibility through intensive selection and management of their children's caregivers. Second, mothering must be "child-centered, expert-guided, emotionally absorbing, labor-intensive, and expensive" (Hays, 1996, p. 8). Finally, children are priceless and exclusively in the private domain, shielded from any kind of labor.

Intensive motherhood is considered a hegemonic motherhood ideology. Mothers across race and class have identified this ideology and worked to adhere to it, often sacrificing much of their own time, energy, and resources to its performance (Elliott, et al, 2015; Lavee, 2016). Its supremacy over other potential and embodied motherhood standards (see below) is related to its consistency with the broader ideologies of capitalism, neoliberalism, and White supremacy. First, this approach to motherhood confirms primarily masculine, euro-centric theories of child rearing and human development. Freud began this trend, grounding nearly all human pathology in the relationship between a child and their mother (Goldstein, et al., 1996). Other prominent theories, including attachment and ecological theory, identify specific parent interactions at specific points of development as necessary for successful child development (Bowlby, 1969; Bronfenbrenner & Morris, 2006). These theories require mothers to ensure that they are highly knowledgeable of children's needs and ensure resources are available to support children's development for the permanent well-being of their relationships, their brain, and their bodies.

Second, intensive mothering privileges White, upper middle-class motherhood. Hays claims that such policies can be justified by working to protect mothering that produces "good" citizens (Hays, 1996). This claim is supported by other scholars both from the perspective of mothers and of children. Valued children, coded as White and from financially independent, two-parent households, lay claim to the best mothering, allowing them to reach their high potential (Glenn, 1994). Meanwhile, women of color, single mothers, and/or financially dependent families are seen as less valuable and producing less valuable children to capitalist markets, assigning them to the strata of low-wage work (Glenn, 1994; Collins, 1994). As such, mothers who are supported in mothering have access to resources unavailable to less valued mothers in low-wage positions,

such as the ability to afford ample food, safe housing and children's books and toys through higher wages and workplace protections such as paid maternity leave, sick days, and lactation rooms.

Finally, intensive motherhood benefits hegemonic masculinity and capitalism. Hays (1996) lists a range of reasons for this. First, given that the worlds of work and home are separated through the ideology of the ideal worker and the promotion of intensive mothering capitalists can assume what Acker calls "nonresponsibility" for reproductive labor while assuming that women will find the unlimited resources to provide unpaid labor (Acker, 2006, p. 10; Glenn, 1994; Hays, 1996). Without the support of capitalists or the government, women will do what needs to be done, and if they do not, harsh punishments will be distributed through child and social welfare offices. This creates an opportunity for corporate nonresponsibility while justifying lower wages for women as they are not able to focus as much on their work and, in some cases, are compelled to work for low wages due to welfare policies (Hays, 2003). Second, the aspect of intensive mothering that requires children's toys, books, clothes, and gadgets makes mothers and their children powerful consumers. Finally, mothers supplement schooling and administer parenting strategies that work to instill a sense of personal responsibility into children. Hays (1996) notes that in addition to providing extensive inexpensive worker education to capitalists, this also helps "create workers who will blame only themselves when they lose their jobs or find their wages inadequate" (Hays, 1996, p. 192). Indeed, the oppression of mothers and their children is intertwined and uses "the ideology of intensive childrearing," as "both the result of and a form of disguising domination" of both mothers and their children in a racialized, capitalistic system (Glenn, 1994, p. 165).



## 2.8.2 Ideal Worker

Mothers are tasked with raising their children to be and themselves embodying an “ideal worker” (Abramovitz, 1996; Acker, 2006). The ideal worker is an individual who is fully committed to their work – mind, body and soul. To achieve this, unlimited time and attention must be given to their work. For privileged White families who were able to afford to have a single breadwinner, men were ideal workers who earned a family wage while women provided unpaid reproductive labor (Abramovitz, 1996; Acker, 2006). This dominant model became an expectation for all workers despite variation in family structure and household income.

The construct of the ideal worker is closely tied to, if not identical to, that of the “good neoliberal citizen” (Korteweg, 2003; Randles & Woodward, 2018). Assessment of the good neoliberal citizen further reveals the connective tissue between the mythical archetypes of the neoliberal citizen/the ideal worker with White supremacy and patriarchy. In their study on women in TANF-era work training programs, Randles and Woodward (2018) state that the good neoliberal citizen:

Appears as a colorblind, genderless ideal, while tacitly assuming the privileges of being a middle-class, White, cisgender, straight man. He is not burdened by the expenses or caretaking needs of children or aging parents, nor a lack of education, cultural and social capital, or access to transportation...neither disadvantaged by racial, ethnic, or gender discrimination; a criminal record or past mistakes; nor health problems, a disability, or a stigmatized gender or sexual identity. (p. 41)

Meanwhile, evidence from research with mothers in mandated TANF programs shows that authorities give mothers no credit for their community contributions through their caregiving nor their work histories, rather taking a deficits approach that assumes women who use public benefits

to be “‘non-workers’ to create a biographical tabula rasa upon which to construct the ideal worker-citizen” (Korteweg, 2003, p. 463). Similarly, low-income women, some of whom actively or previously used public benefits, are heavily stigmatized as those with poor work ethics, the opposite of the good neoliberal citizens (Dodson, 2013; Herbst-Debby, 2018; Moss & Tilley, 2001).

### **2.8.3 Moral Motherhood & the Cultural Contradiction**

Thus, working mothers are caught between these two archetypes: intensive mothers and ideal workers. Hays calls this game of ideological tug of war a “cultural contradiction” (Hays, 1996, p. 3). Intensive motherhood works to build ideal workers, instilling the values, discipline, and educational skills needed for capitalism at a low cost. While on one hand helping to maintain the system, intensive mothers face ideological contradictions. At work they are expected to abandon their intensive motherhood to be ideal workers, an impossible task given their children’s dependence on them. Meanwhile, the ideology of intensive mothering suggests that working may harm children. A difficult position for all mothers, this contradiction is especially challenging for low-wage mothers who have less power to optimize their work-life balance and whose motherhood faces additional critique through classist and racial oppression.

Moral motherhood is a term developed by scholars to describe the struggle many low-income mothers face in the tug of war created by the cultural contradiction in the context of a neoliberal society (Dodson, 2013; Lavee, 2016). In this neoliberal era, “opting out” of work is a common strategy to pursue work-family balance for upper middle-class mothers (Stone, 2008); however, this strategy is financially inconceivable for most low-income mothers. Low-income mothers have been shown to use the ideology of “moral motherhood” to cope. In most cases, they

remain in the labor market, coping with low wages and exploitation, to be and support their children in being good neoliberal citizens who can participate in consumerist behavior (Lavee, 2016). When a situation arises that mothers feel threatens their ability to raise good neoliberal citizens, such as academic failure, they will leave the labor market and justify it as moral. In these situations, mothers “refuse to cooperate with the collective opinion that their personal worth is solely determined by their labor market participation” (Lavee, 2016, p 514). Thus, moral motherhood works to extend intensive motherhood into the low-income sector but maintains consistency with neoliberal ideology.

#### **2.8.4 Strengths-Based Motherhood**

The high standard of intensive motherhood, and its low-income correlate, moral motherhood, cause most mothers to be seen through a deficit lens (Elliott, et al., 2018; Hays, 1996; Randles, 2020). Scholars provide several strengths-based motherhood frameworks that acknowledge the incredible contributions and diverse values of mothers.

The Black family is the cornerstone of Black life (Billingsley, 1968; Dubois, 1898). Repeatedly through history, social scientists and politicians have blamed Black families for ills born of structural inequity, engendering significant harm, and fueling problematic stereotypes (Billingsley, 1968; Dubois, 1898; Hill, 1972). Additionally, key values of Black family life, including a strong commitment to work, achievement, and community care through extended kin networks have been obscured by this deficit lens (Hill, 1972; Collins, 1994). To right this wrong and actively support motherhood, Patricia Hill Collins (1994) cautions against social action supporting mothers that centers White experiences. Rather she notes three goals of Black motherhood that are necessary for equity in motherhood but are not needed or understood by White

mothers. The first goal is to “struggle to control bodies and have reproductive choice” (Collins, 1994, p. 53). This winds through history from enslavement when African American women were not allowed to protect their own bodies from the reproductive goals and sexual violence of slave masters through to forced sterilization to modern issues of prenatal drug use and contraception. The second goal is striving for “the ability to keep wanted children” (Collins, 1994, p. 53). This refers both to the ability to safely birth children, to keep children away from the state, and to keep children alive despite police brutality, health disparities, and community violence (Jimenez, 2006; Lu, et al., 2010).

Finally, Black mothers struggle against “the pervasive efforts by the dominant group to control children’s minds” (Collins, 1994, p. 54). This refers to a range of issues, but one relevant here is that the future work of Black children is less valuable to capitalists and does not deserve a living wage. Notably, participating in paid labor is a valued task in the scope of Black motherhood (Collins, 1994; 2000). However, the centrality of paid work and the extended and often political care work Collins terms *motherwork* are both distinct from the neoliberal concept of work supported by intensive motherhood and those implemented by ideal workers. Rather, paid work is a means to an end - be it dignity, authority, or financial necessity - not a source of identity. Motherwork extends beyond individual parenting, also encapsulating work and community care in the broader conceptualization of womanhood. Thereby motherwork helps to alleviate the strain of the cultural contradiction that relies, at least in part, on the ideal worker and the intensive mother being mutually exclusive identities.

Recent scholarship provides two other strengths-based motherhood frameworks: defensive and inventive motherhood. Both frameworks center poor women’s experiences and come from majority Black (Elliott & Bowen, 2018) and Hispanic/Latina (Randles, 2020) samples. These

frameworks engage with intensive motherhood, demonstrating how poor mothers work to reinvent intensive motherhood in a way they can successfully pursue with limited resources. Defensive motherhood highlights the agentic processes mothers use to demonstrate their interpretation of intensive motherhood. Mothers implement these processes to resist authorities who are criticizing their motherhood. Through a study examining nutrition and health among young children, Elliott and Bowen (2018) identified three defensive mothering practices: “rejecting negative assessments, conveying a favorable impression, and differentiating oneself from an abject and neglectful ‘other’” (p. 512).

Randles (2020) theorized inventive mothering through her examination of diapering practices. Inventive mothering is a reframing of intensive mothering in that it is also “child-centered, time consuming, emotionally absorbing, labor-intensive, self-sacrificing, and expert-guided” (Hays, 1996, as cited by Randles 2020 p. 6). However, while middle-class mothers implement intensive mothering to maintain or even gain further class status, mothers using inventive mothering work to promote their children’s dignity. Unlike, defensive mothering that works to deflect critiques from authorities, inventive mothering proactively prevents or limits expert intervention. This further reveals it as a strengths-based reframe of intensive mothering as it works to maintain the mother as the sole caregiver and limit outside intervention, while acknowledging mothers’ expertise and their additional work to protect their children from the state (Collins, 1994). The end goal is not to save face as a mother, but to preserve the family in the context of high risks for family separation through child services that disproportionately affects poor and Black families.

## **2.9 Theoretical Framework**

### **2.9.1 Ecological Theory**

Bronfenbrenner's ecological theory of human development is commonly used in social work research to explain the complex, bidirectional interactions of humans within various levels of the human ecosystem across time. The term ecology emphasizes that the person and environment are inseparable and dynamically adapt to each other (Bronfenbrenner, 1977; Rosa & Tudge, 2013). According to this theory, there are nested systems of the human ecology: micro-, meso-, exo-, and macro-systems (Bronfenbrenner, 1977). The microsystem encompasses the immediate setting of the individual, where they participate in specific activities based on the setting, their role in the setting, and the role of the other people in the setting. The mesosystem is essentially the interaction of the various microsystems affecting a person. Exosystems "do not contain the developing person but impinge upon or encompass the immediate settings in which that person is found" (Bronfenbrenner, 1977, p. 515). The exosystem includes institutions, ranging from work and school to the distribution of goods and services and informal social networks. The macrosystem encompasses cultural and ideological factors. Finally, the chronosystem encompasses the role of historical time.

In the current study, ecological theory is used to understand how low-wage work interacts across levels of the social environment to affect child well-being (Li et al., 2014). For example, children are likely affected by macrosystem effects such as intensive motherhood and neoliberal ideology as well as by exosystem effects such as the effect of stressful or devaluing low-wage environments on their parents and the family income. Aspects of the mesosystem, such as the neighborhood, school, and social network, may also play a role. Finally, ecological theory grounds

human experience in its chronosystem. Thereby, the major historical effects of welfare reform, expanding income inequality, deregulation, and enduring effects of the Great Recession all may interact with multiple levels of the human ecology and require their own study. As such, ecological theory is useful to studying the problems at hand because it is productive for theorizing new avenues of research. It would suggest even further examination of how qualities of work in the exosystem affect parenting and how ideologies in the macrosystem are transmitted to proximal processes.

However, ecological theory has limitations. It is too general as far as being able to analyze embedded power differentials and roles of discrimination across systems. Though clearly these are encompassed by the human ecology, Bronfenbrenner seems to privilege the nuclear family and very close, consistent, and well-planned interactions between adults and children which other scholars suggest may be a parenting style coded by race and class (Hays, 1996; Collins, 1994). This is not recognized clearly by ecological theory alone. As such, additional theory must help examine these issues in the social environment and uncover the veiled gender, racial, and class assumptions embedded in this theory.

## **2.9.2 Feminist Theories**

### **2.9.2.1 Intersectionality**

Intersectionality emerged from both critical race theory, which critiqued legal scholarship's elision of racism, and standpoint theory, which promoted an alternative, non-positivistic epistemology (Nash, 2008). Crenshaw (1991) developed intersectionality to critique identity politics and their tendency to "conflate or ignore intragroup differences" which created tension among groups and halted the progress of social movements (p. 1242). Specifically, Crenshaw was

concerned that Black women and their experiences were ignored by both the feminist and racial justice movements. She argued that Black women's experience of multiple marginalizations created unique interactions that could not be understood or advocated from a White female or Black male perspective alone. Rather than assuming monolithic experience of groups, intersectionality is the analysis of how power moves through institutions and socially constructed categories to produce and maintain these categories and to generate unique experiences of oppression based on one's social location (Cho, et al., 2013; Choo & Feree, 2010). Intersectionality works to center the experiences of individuals affected by multiple oppressive forces and understand the specific social consciousness of people navigating domination. Together these theories support work to acknowledge these intersections and improve advocacy by learning from the perspectives of individuals whose worldview is informed by understanding their own standpoint and those of multiple, intersecting oppressive forces.

Intersectionality provides both a theory and a method for examining inequalities (Choo & Feree, 2010). Nash (2008) categorizes intersectional methodology into three useful types that echo other researchers' guidance on intersectional methodology. Analyzing anticategorical complexity considers the creation and maintenance of social categorization (Cho, et al., 2013; Nash, 2008). Research on intercategorical complexity looks at the effect of experiencing varying categories of inequality by analyzing individual evidence of those who experience it, which privileges experiential knowledge as truth (Collins, 1989; Nash, 2008, 2016). This approach centers marginalized experiences to inform understanding of both those experiences and that of dominant groups. It should be understood not as an examination of individual identities but rather the effects of power on identity. Lastly, examining intracategorical complexity considers how individuals within a so-called category vary in their experience of inequality. This makes "relationships...the



center of analysis”, specifically power dynamics in relationships (Nash, 2008, p. 6). Nash emphasizes that across these approaches, researchers must consider both privileging and oppressive processes and also remember that intersectional analysis examines structural processes, not identity (Nash, 2008, 2016). To this end, she writes “progressive scholarship requires a nuanced conception of identity that recognizes the ways in which positions of dominance and subordination work in complex and intersecting ways to constitute subjects’ experiences of personhood” (Nash, 2008, p. 10). In summary, intersectional work must explore multiple experiences at multiple levels of society, focus on power relationships, and be process- rather than identity-focused.

One goal of intersectionality is to understand how social categories are assigned (Choo & Feree, 2010). Through this, intersectionality is useful to analyze the way motherhood, particularly motherhood by some low-wage mothers, is devalued. The concept of the interactional effect of various inequities is complementary to ecological theory but intersectionality provides more information about how to examine the role of power and center marginalized perspectives compared to ecological theory, which provides no such guidance. Choo and Feree (2010) note that intersectionality strives to “recognize the distinctiveness of how power operates across particular institutional fields” (p. 134) and works to identify the process of how groups become marginalized (Cho et al., 2013). I use intersectionality as a tool to uncover how low-wage work transmits racism, sexism, and ideologies of intensive motherhood to mothers and how this may potentially translate to family well-being.

### **2.9.2.2 Ethic of Care**

The ethic of care was initially theorized as a theory of moral development in response to Kohlberg’s ethic of justice (Gilligan, 1982). The ethic of justice described stages of moral

development whose penultimate level applies universal rules to solve ethical dilemmas. Kohlberg (1984) defined moral development as the expanding “internalization of basic cultural rules” (p. 43). Importantly, Kohlberg found that while boys and men could achieve this, girls and women could not. His student, Carol Gilligan, questioned these conclusions that she felt mistook gender differences for women’s failure to achieve male’s “superior” status. Instead, Gilligan hypothesized that women’s so-called lack of moral development actually revealed their work to incorporate the needs of others and the complexities of protecting relationships into their understanding of ethics (Gilligan, 1982). Through an empirical study she found overwhelmingly that women privileged the protection of relationships over the application of potentially damaging universal rules. Generally, feminist theory concludes that universal cultural rules are coded as White, masculine, and upper middle-class and overemphasize the individual, masking the interdependence of life (Collins, 1994; Gilligan, 1982; Tronto, 1993).

Gilligan’s landmark work recognized care as central to women’s moral development. The concept of care and the ethics surrounding it have been theoretically productive. I primarily find the work of feminist political scientist Joan Tronto (1993) useful in understanding caregiving processes on individual and institutional levels. In her book, *Moral Boundaries*, Tronto centered care as a framework for social justice contrasted to the ethic of justice (Tronto, 1993). While the ethic of justice centers individual rights determined by absolute rules, the ethic of care centers processes determined by unique, collaborative relationships. While the ethic of justice considers distribution of material resources and individual rights, resources in the ethic of care also encompass relationships, power, and social processes (Young, 1990). While the ethic of justice and the resulting care practices within a neoliberal landscape result in individualization of justice outcomes, the ethic of care holds communities, governments, and institutions collectively

responsible for outcomes of care. Finally, care should be collaboratively determined to respect individual rights and needs of the care recipient and reflect competencies of caregivers and institutions. To achieve this, especially in a culture where care is increasingly routinized and devalued, Tronto (1993) emphasizes care must be a “political as well as a moral process” (p. 97).

Research guided by the ethic of care should accomplish a few goals (Orme, 2002; Tronto, 1993; 2010). First, it must actively examine and reveal power relationships that affect care. Second, it must actively work to affect the material reality of involved persons. Third, it should work with an intersectional perspective to identify pluralistic approaches to care that reflect the values of various groups and subgroups who require care. Finally, it should be bidirectional, considering the effect of the caregiver on the care recipient and that of the care recipient on the care giver – both at individual, community, and institutional levels of care provision.

Theorization around the ethic of care adds a useful theoretical piece to conceptualizing and intervening in social problems related to low-wage workers’ parenting, particularly for employees in healthcare settings who work for caregiving institutions and often perform paid care work. Overall, the ethic of care is distinct from some theories that focus solely on explaining processes and outcomes. On one hand, the ethic of care can be used to assess the social justice of care and in that way it is descriptive. On the other hand, it stems from moral philosophy and is a framework for justice, which has not been achieved in our society. Thus, I use it primarily as a framework for justice rather than a theory.

Specifically, I use the ethic of care as a moral philosophy to evaluate and imagine a just society achieved through the processes of caregiving. First, the ethic of care focuses on care processes and encourages us to look at how qualities of low-wage work and stressors of poverty may affect parenting processes. Second, the ethic of care is useful for examining how power

relationships and universalization versus pluralism may affect the effectiveness of caregiving processes, suggesting a range of interventions that validate self-determination. Third, the ethic of care confirms key aspects of ecological theory, further suggesting that these theories may be complementary. Like ecological theory, it confirms how examining bidirectionality in relationships is critical. Also, work on the ethic of care considers how varying levels of the social system are or are not competent at caregiving, encouraging examination of the context of care and shared responsibility for failures to care. Finally, the ethic of care supports examination of care interventions in ways that the other theories do not, providing specific guidelines for effective caregiving processes. This may help evaluate current caregiving technologies and propose new ones. The methods by which mothers provide care is one intervention that is worth examination especially in situations where resources available to provide care may be limited. It also may highlight the ineffectiveness of child serving systems and employers who see all people as intensive mothers/ ideal workers without respecting the individual needs and cultures of unique persons. The ethic of care recognizes this as problematic and as a fatal flaw in our current caregiving system.

### **2.9.3 Work-Family Theories**

#### **2.9.3.1 Boundary Theory**

In the work-family literature boundary theory is used to understand how working people navigate work and home domains. This theory largely defines work as paid work and home as a place of rest and repose, as is consistent with dominant cultural narratives (Nippert-Eng, 2008). It theorizes that individuals exist on a range with two endpoints: segmentation and integration. The theoretical extreme of segmentation would be complete division between work and home life while

complete integration would be a full blurring of these domains. Real people fall within these two extremes based on social structures around work and home, the individual constraints of their work environment, and their personal preferences. In contrast to former theories that suggest workers react to workplace constraints with boundaries, boundary theory posits that “border crossers” actively create and maintain boundaries based on complex individual and social factors (Clark 2000; Nippert-Eng, 2008). For example, workers have been shown to create a range of “transition rituals” such as dressing for work and changing clothes again upon returning home to embody their observance of the work-home boundary or use of objects at work, such as family photos, to infuse work with some aspects of home life (Nippert-Eng, 2008).

The multi-faceted nature of boundaries interacts with how workers create, maintain, and transition between work and home. Boundaries have various levels of permeability. Permeable boundaries may make the transition between roles or domains easier than impermeable boundaries which may require significant effort to transition across and may limit interaction across domains (Nippert-Eng, 2008). The symmetry of permeability also plays a role; a boundary may be very permeable one way and impermeable the other way. For example, a workplace may expect emails to be answered during non-work hours but not allow personal phone calls at work. Last, the actual domains can overlap, creating an overlapping boundary, such as when someone cares for their child after school in their office. Additionally, the theories describe factors of people in each domain beyond the primary individual of discussion. Termed domain members, these individuals help the border crosser determine and maintain boundaries (Clark, 2000). This aspect of the theory suggests that individuals with high levels of communication and awareness of the other domain are more supportive and reduce work-family conflict. Last, this theory includes individual preferences in boundary management. Relevant to the current study, Kossek and Lautsch (2012)

posit that while some individuals may manage boundaries using the extreme styles of all out integration or complete segmentation, some individuals exist who alternate across these styles. They term these individuals dual-centric as they may be some parts work-centric and some parts family-centric. To accomplish this, individuals' boundary management style may be symmetric (allowing equal numbers of work-to-family and family-to-work interruptions) or asymmetric (with varying work-to-family or family-to-work interruptions). They suggest that when a workplace supports boundary management, the worker will perceive higher levels of control over boundaries and will thus reduce work-family conflict.

As it relates to the current study, individual mothers' boundary management may interact with their priorities across their roles within the available social structures. In an ethnographic study to examine how mothers negotiate work and motherhood, one study identified three typologies among working mothers: integrated, facilitative, and compartmentalized role identities (Hagelskamp, et al., 2011). While drawing theoretically on role identity theory, the study describes how mothers' sense of their own role informs their boundary management style. Mothers identified as taking an "integrated" approach found paid work "a moral obligation and defining characteristic of a 'good mother'" (Hagelskamp, et al., 2011, p. 359). Mothers with "facilitative identities" found work to be a means to an end, allowing them to pay for goods and services aligned with their definition of good motherhood such as educational experiences. Last, mothers with "compartmentalized identities" valued their work identities at a similar level to their motherhood identities and incorporated their work as an important aspect of their identity. These mothers were the most likely in the study to report high levels of work-family conflict.

However, this theory also has limitations for understanding the experiences of single parents working in low-wage jobs. It accepts rather than critiques the application of dominant,

sexist cultural norms to understanding work. Notably, the social structure of work in the twenty-first century remains a false and gendered dichotomy between work and home where work is paid, valuable, and defined by essentialist masculine values, and home is a restful place for unpaid work and defined by essentialist feminine values. Thus, the enactment of border theory in real life and in the theoretical and empirical work that applies it largely reifies values problematized by feminists. As feminists and the lived experiences of many women have demonstrated, many women have always worked within and outside of the home, disrupting the dichotomy of home as a place of rest (Abramovitz, 1996).

### **2.9.3.2 Conservation of Resources Theory**

Conservation of resources theory posits that people work to maintain their resources and, when lost or threatened, will work to minimize resource loss (Hobfoll, 1989). Alternatively, when stress is low, people will work to build up a reserve of resources. Resources are of multiple types, including objects (i.e., have actual utility and contribute to SES/ status), conditions (e.g., marriage, tenure), personal characteristics (e.g., resilience, world outlook) and energies (e.g., time, money, and knowledge). Resources can have an instrumental and/or symbolic value and the loss of them may be perceived or observable. Notably, social support is not included as a resource as it can be both a support and a drain on resources, though an aspect of personal characteristics may be the level to which one can leverage social support as a resource.

Some empirical work has been done to examine the veracity of the model of conservation of resources. One study used a survey of university professors (Grandey & Cropanzano, 1999). This study examined a range of outcomes and both directions of work-family interaction. It largely supported the conservation of resources model, finding that chronic stressors are associated with poor life and work outcomes and that individuals under such stress make decisions to minimize

the amount of resources loss. While work-related stress was clearly associated with measured family outcomes, family-related stress was less clearly associated.

Conservation of resources theory is helpful because it acknowledges that human energy and resources are not unlimited resources. Rather, they must be carefully planted, harvested, and stored and their availability may depend on whether one is in a drought or a time of plenty. While corporate policies may expect people to maintain, for example, a high and positive emotional energy, individuals may not have the resources to perform this every workday. In the context of single parents completing undervalued, underpaid labor with challenging working conditions, resources may be quite limited and the differential between times of plenty versus drought may be less steep than people in more privileged social locations. Thus, through a feminist lens, conservation of resources theory calls for rest and rejuvenation for all workers and hypothesizes that workers who are poorly paid or working low quality jobs in difficult conditions are likely to draw down their resources more readily. Other aspects of low-wage work, such as working long or nonstandard hours, may mean there is less time and energy to recoup resources in non-work time. I use the conservation of resources theory to help uncover sources of stress and rejuvenation. This theory predicts that low-wage workers who are solely responsible for parenthood, such as those in this study, may be experiencing incredibly high stress levels with little reprieve. Thus, it is particularly concerning when workers themselves minimize the level of stress they endure or when their employer exploits them without recognizing the valuable resources, they contribute to paid and unpaid caregiving.



#### **2.9.4 Theoretical Framework**

Put simply, the goal of this study is to explore how low-wage work environments affect parenting. More specifically, this study examines the bidirectional interactions of macro-level parenting ideology, low-wage healthcare work environments, and home. This research is grounded in ecological and feminist theories, including intersectionality and the ethic of care. It also draws from theories and concepts from the work-family literature. Ecological theory recognizes the interrelations of levels of social systems and culture across time while also recognizing the agency of individuals to influence their environments. Intersectionality provides an understanding of how to analyze and explore standpoints of various groups as they are defined by socially constructed and socially meaningful, hierarchical categories. Intersectional theory provides tools for examining power across the cultural context and within individuals that are defined by ecological theory but not sufficiently explained. Finally, the ethic of care provides a way to consider these experiences through a lens of care, which is particularly relevant to social workers working to disrupt forms of care that reify dominating social structures. Additionally, the ethic of care can be used to examine multiple levels of care from both the perspective of the cared for and the care provider, looking at individual care relationships, up to institutional care provision, up to global devaluation of care.

Feminist theory helps uncover the gendered, raced, and classed nature of these blueprints and the power relationships therein. Feminist theorists have worked tirelessly to sketch the marginalizing realities of low-wage mothers onto this blueprint. They have described an ideology of intensive motherhood and how, rather than prioritizing children and caregivers, it has had perverse effects through the power structures of racism, sexism, and classism. These are evidenced by the devaluation of reproductive labor, the harsh policies of welfare reform, and the stressors produced by low-wage work. The dominant blueprint of White privilege and neoliberalism have,

per ecological theory, trickled down to the microsystem where the effects of low-wage work include child neglect. Feminist theories can be used to identify how power flows down from the macrosystem's blueprints through the exosystem and low-wage work through community down to individual family relationships. The ethic of care can be used to problematize the individualization of parenthood and family well-being, encouraging us to widen the scope of research and practice. Thereby, these theories accomplish important work in the current project. They validate the connections I am drawing between macrosystem ideologies, low-wage work, and family life, justifying research examining these connections. Additionally, they suggest clear theoretical methods by which to perform exploratory, intervention, and evaluation research. In the current study I am working to argue that macro-system and exosystem-level issues as they relate to family well-being and low-wage work have not been well studied nor well connected to each other in social work research and practice, nor in the broader literature. A theoretical approach that combines feminist and ecological theories provides a framework to examine the interrelationships of these social problems. Bronfenbrenner describes the ideologies – such as intensive motherhood and neoliberalism - as “blueprints” that create the macrosystem (Bronfenbrenner, 1977, p. 515).

Though feminist and ecological theories are helpful for understanding the broad patterns in these human experiences, work-family theories can fill in some of the gaps as they were developed to examine the particular experience investigated by this study: how single parents navigate home and work. Boundary theory helps identify the range of ways people navigate the enforced separation between work and home life for those doing paid work outside of the home, like those in this study. It is particularly useful for understanding the transitions between work and home (e.g., the commute and transitioning from paid to unpaid caregiver and back again) and how other people, such as family members and coworkers, may play a role in supporting or

complicating workers' navigation of these boundaries. Conservation of resources theory is helpful for understanding working parents' energy and resources as renewable, but not instantly renewable, and thereby limited. This theory is helpful for hypothesizing workers' stress levels and the effect this may have on their well-being and that of their families in a context when the work and the caregiving never ends, and supportive resources may well be limited. This theory is critical for understanding working parents' experiences given the consistent role of stress and stressors in the pathways I have identified between work and home life: material hardships, job quality, and discrimination. Each of these are related to stress, and these stressors and the approaches parents take to cope with or alleviate these stressors can be understood through the conservation of resources theory.

As I describe in the next chapter, my research methods work to support and implement this theoretical framework to examine the interactions across multiple levels of the social environment and privilege the epistemology of my research participants. Research based on these theories should fill an important gap in the literature, in that it should provide suggestions for structural rather than micro-level change – which the lion's share of research on parenting advocates. While micro-level intervention is clearly an important method through which social workers and others can support improved parenting, vast wage inequality and other forms of inequity and discrimination require structural change as well.

## **2.10 Gaps & Significance**

In the current study, I work to bring together multiple, relatively siloed, lines of inquiry using a critical theoretical lens. Through this work I hope to document working parents'

experiences in a more holistic way that complicates the current research that sometimes seeks to simplify life into work versus home or good versus bad parents, jobs, supervisors. To articulate the gaps in the literature, I am guided by the three pathways through which I propose low-wage work affects parents, parenting, and child well-being: via material hardships, via job quality, and via discrimination. First, the research on material hardships is largely housed in the poverty silo. New research is identifying material hardship as an important aspect of poverty that exceeds the arbitrary bounds of the federal poverty line (Neckerman, et al., 2016; Nelson, 2011; Sullivan, et al., 2008). However, there is relatively limited research on this aspect of poverty among the so-called “nonpoor” despite the commonality of material hardships in this group and the potential implications on well-being (e.g., Huang, et al., 2010; Okechukwu et al., 2012). Additionally, some research examines the harmful effects of material hardships on child well-being specifically, but this work largely focuses on extreme poverty, not on children whose parents earn upwards of twice the minimum wage while still earning less than a living wage. A study from workers in this population suggests that material hardships, which are likely at least in part related to wages being below living wages, are associated with worse mental and physical health outcomes (Woo, et al., in press). Second, most literature regarding how job quality affects parents, parenting, and child well-being is located in the “work-family research” silo, there is an over-emphasis in the current research base on professional and married workers compared to low-wage and single workers (Perry-Jenkins & Gerstel, 2020).

Third, in the comparatively small but growing research base focused on work and family among low-wage workers, the focus is primarily on workers with very poor job quality and high precarity, having low wages, unpredictable schedules, and few if any fringe benefits. In contrast, the majority of the workers in this sample have “good” low-wage jobs. These jobs offer paid time

off, health insurance and other fringe benefits. Additionally, they offer consistent schedules with complete full- or part-time hours. Their wages are significantly more than the minimum wage, which remains at the federal level of \$7.25. A significant portion of the sample is also unionized, offering additional protections and guaranteed annual raises. These qualities distinguish these workers from those in worse jobs, aspects of which are associated with negative outcomes for workers and their families. Unreliable hours, very low pay, and limited to no access to benefits or paid time off are associated with negative health and well-being outcomes (Nomaguchi & Johnson, 2016; Perry-Jenkins & Gerstel, 2020). However, these negative outcomes do not seem to be associated only with these aspects of low-level jobs. Indeed, among higher income workers, being overwhelmed at work, being overworked, and having low job satisfaction have also been associated with negative outcomes such as worse physical and mental health and burnout (Kelly & Moen, 2020). Less is known about the workers in this sample who fall somewhere between the worst jobs and significantly better jobs with higher pay and prestige.

Finally, though there is significant research on the effect of discrimination on well-being (Carter, et al., 2019; Dhanani, et al., 2018; Jones & Shorter-Gooden, 2003), there is very little research on how discrimination at work affects parents, parenting, and child well-being (Gassman-Pines, 2015; Perry-Jenkins & Gerstel, 2020). This is particularly salient for low-wage workers who have been shown to experience more overt workplace discrimination than more privileged workers and for Black workers who identify discrimination in the workplace as an important aspect of job quality (Brown & Keith, 2003; Hughes & Dodge, 1997; Moss & Tilly, 2001; Wingfield, 2019).

This research contributes to understanding these gaps in the literature in a few ways. First, the current study focuses on a group marginalized in the intersecting literature – single parents working in “good” low-wage jobs. This is an important group as these working parents occupy a

sizable portion of the working families. Additionally, work-family research demonstrates that inter- and intra-group differences are significant and work-family experiences and needs can vary by industry (Holzer, 2005; Perry-Jenkins & Gerstel, 2020). Thus, examining an under-studied group of single parents with “good” jobs contributes to filling gaps in knowledge. Second, by using a critical lens informed by Black feminist thought, this study adds to the very limited work on how workplace discrimination affects home life. Intersectionality encourages researchers to examine how various intersections of oppressive forces affects individual life experiences. By examining the intersections of sexism, racism, classism, and heteronormativity, this research is more likely to reveal how job quality is experienced differently by people based on their social location. Moreover, by considering the intersecting experiences and the overlap between material hardships, job quality, and discrimination within the broader social environment - affected by social norms like intensive motherhood and broader community effects - to expand research on single parenthood working in “good” jobs. Third, the current literature relies heavily on quantitative data and sometimes on limited measures of work-family conflict, such as single-item measures. Given that this research is drawn from an under-researched sample and examines under-researched mechanisms, such as discrimination, by which job quality may affect parents, parenting, and child well-being, a qualitative method better explains the complexity of parents’ holistic experiences and amplifies the experiences of working parents themselves.

I work to fill this gap in the literature by sharing the experiences of these workers, about whom limited research has been completed. However, I go a step further by using a critical feminist lens to examine how structural oppression and neoliberal ideology interact with these policies to pervert their well-intentioned purpose when applied to single parents, particularly Black and low-income single parents of young children. Through this process, I continue to problematize the

embedded assumptions of the work-family divide in workplace policies and practices and those of Whiteness and sterile masculinity in the conceptualization of the ideal worker. Though critiqued throughout the literature (e.g., Lambert, 1990; Moss Kanter, 1979) these problematic assumptions continue to contribute to workers' experiences at work, complicating their experiences across the social environment, including in their work of parenting. As such, these policies reinforce the oppressive status quo, simultaneously confirming prejudicial assumptions about those who violate the mythical ideal worker archetype while also working to limit or exclude people whose positionality is distinct from this archetype from career ladders. This critical lens reveals how universal policies masquerade as "good" policies at "better" jobs while doing little to support social mobility or protect people from the stressors of material and emotional hardship. Furthermore, it can help extend theory. Ultimately, I draw from theorization on motherhood to consider how motherhood might be reimagined to better support mothers and disrupt the problematic effects of the work-family divide.

## **3.0 Methods**

### **3.1 Research Questions**

To fill the gaps in the literature identified in the previous chapter, I asked the following research questions:

1. What workplace policies and practices do single parents working relatively good, low-wage healthcare jobs identify as supports and barriers to family well-being?
2. How do these workplace factors interact with the broader social environment to support or complicate parenting?
3. How do single parents working relatively good, low-wage healthcare jobs navigate these perceived workplace supports and barriers to parenting?

The purpose of this exploratory study is to understand the effects parents perceive and how they navigate barriers and leverage support to optimize family well-being. This study serves to explore potential relationships and acknowledge the interconnectedness of parent well-being, parenting processes, and child well-being as they contribute to the broader outcome of family well-being. I use the term family well-being as an umbrella term to include multiple domains addressed by the literature, including parents themselves (e.g., parent stress and well-being), parenting (e.g., engaged versus withdrawn parenting), and child well-being (e.g., specific child outcomes).



## **3.2 Research Approach**

These research questions were designed to uncover nuances in workplace policies and practices and examine how they interacted with each other, parents' individual needs, and the broader social environment. This level of complexity is best understood with a qualitative methodology. I drew from two qualitative methods to complete this study: phenomenology and the extended case method.

### **3.2.1 Phenomenology**

Phenomenology seeks to understand the “essence” of a shared lived experience (Moustakas, 1994). It is consistent with feminist epistemologies that privilege people's descriptions of their lived experiences (Collins, 1989) as ontologically it is grounded in a philosophy that reality is ascertained through people's description of their world (van Manen, 1990). Phenomenologists interview a relatively small group of people and use an unstructured interview approach to learn about how people experience a given phenomenon (Moustakas, 1994). A critical step in a phenomenological approach as originally conceived is to use a process of “bracketing” to parcel out the researcher's experiences to suspend any judgment or input from the researcher. In analysis, phenomenologists identify “significant statements” to define themes and describe what people experience, termed textural description, and the broader context that affects their experience, termed structural description. Ultimately, phenomenologists work toward a parsimonious description of what it is like to experience the phenomenon.

### **3.2.2 Extended Case Method**

The extended case method is an ethnographic method used to elaborate theories through reflexive analysis (Burawoy, 1998, 2009). On the spectrum of qualitative methods, it lies somewhere between the completely inductive grounded theory approach and the deductive approach characterized by case studies. The extended case method begins by researchers reflecting in detail on their preconceived notions and theoretical assumptions. They then use significant immersion into the field to identify both everyday micro-level interactions and the bidirectional effects of macro-level forces on participants. Throughout the data collection process, researchers reflect on how data elaborates or violates initial theoretical assumptions while remaining open to previously unforeseen conclusions.

### **3.2.3 My Approach & Rationale**

I drew on both methods to match my research situation which was somewhere between an ethnography and a phenomenological study. As far as phenomenology, I sought to understand the lived experiences of single parents working low-wage healthcare jobs and raising elementary-aged children. Consistent with a phenomenological approach, I trusted that parents' lived experiences were their reality and worked to stay true to their own statements. In analysis I worked to identify the shared experiences across workers. I also documented workers' textural and structural descriptions that, interpreted through my theoretical lens, show how individual's experiences are significantly affected by structural context.

However, I also diverted from the phenomenological method in several ways. First, a purely phenomenological approach would have denied access to my extensive preliminary work

with this population and required a more specific focus on one phenomenon. Even if I believed bracketing were possible (see Positionality & Reflexivity statement), it would have been less useful to the current questions to exclude this preliminary knowledge when interviewing and analyzing data. In many ways this research is a product of both my work as a teacher observing that low-wage working parents were struggling to participate fully in their children's school experiences and my work as a researcher through which I saw that work seemed to both support and hinder family well-being, particularly for single parents. Overall, I wanted not only to recognize that bracketing such extensive preliminary information may be impossible, but also to test and further develop my understanding of working parents' experiences navigating multiple social systems to support their families. Second, I do not completely subscribe to the idea that there is an essential experience, the target of pure phenomenological research. I was interested in the heterogeneous, holistic experiences of workers, which expanded my investigation beyond a singular phenomenon. Third, I used a more structured interview and a slightly different analytical approach, using line-by-line coding versus significant statements as the first step of my coding.

Given my years of field work in a single hospital system and my working theories developed through that work, aspects of the extended case method were useful tools for helping me test and elaborate my working theories and those of work-family theorists in this under-researched context. The extended case method encourages a highly reflexive approach that was consistent with my epistemological approach as a feminist researcher as well as an important factor in rigorous analysis given my positionality and my pre-conceived theories coming into the research. Rather than bracketing these as a phenomenologist would, I tried to engage reflexively throughout the process as ethnographers would. Unlike an extended case methodologist, I did not

use materials from multiple levels, but rather critical theories and workers' perceptions of these higher-level effects to propose possible interactions.

This combined approach is appropriate for the proposed research for two primary reasons. First, it is consistent with the multi-level goals of the research questions, aiming to understand both workers' individual interactions and how parents cope with and actively resist macro-level forces. Phenomenology is best suited to the former goal, while the extended case method is best suited for the latter. Second, though both methods are largely consistent with my theoretical and epistemological approaches, both deviate in meaningful ways that made a combined approach more appropriate to the current project. Phenomenology works to move from individual experiences to a universal sense of what it is like to navigate work and family for single parents in low-wage healthcare jobs. However, it was too focused only on this single phenomenon, required bracketing, and was less well-suited to understanding the role of macro-level forces. Strengths of an extended case method approach complemented this by allowing me to elaborate theory. However, though I had multiple data sources and years of field experience, I fell short of doing a full ethnography and my data collection was somewhere between the extensive breadth of data collection of the extended case method and the unstructured, singular focus of uncovering an experience in phenomenology. In other words, my data collection for this study in the context of my broader research had depth and breadth but neither to the extreme of these other methods.

### **3.3 Sample Rationale**

To answer my research questions and address gaps in the literature, I drew from a specific population. First, I focused on single parents. Single parent families are under-researched,

vulnerable to financial hardship, and likely to be both low-wage and low-income workers (Agars & French, 2016; BLS, 2018; Tung, et al., 2016). American culture and policy stigmatize single parents. Thus, their positionality means they have unique experiences, and likely strategies, for navigating work and home. The broader work-family literature has focused more on married and/or dual-earner couples (Perry-Jenkins & Gerstel, 2020). Focusing on single parents also had methodological benefits, allowing me to interview the “captain of the ship” in most families where the single parent was the primary parent. I hoped that this would get me more accurate, in-depth data than interviewing only one member of a dyad. Thus, focusing on single parents could contribute to the literature and expand understanding of how this group of parents experience and navigate low-wage working while parenting.

Second, I focused on low-wage workers with relatively good jobs. These workers are also under-researched and likely have qualitatively different experiences navigating home and work than those with much worse or better jobs than them due to differing work policies and conditions. I focused my recruitment on workers who had slightly higher wages and some additional protections (e.g., full-time schedules, fringe benefits) than those with worse jobs. In the Pittsburgh area, one group of workers that holds these relatively good jobs are healthcare workers, with whom I completed my preliminary data collection through the Pittsburgh Wage Study. I began recruitment from this group and then continued to focus on healthcare workers to provide some boundary on the type of employers represented in the sample.

Last, I bounded the sample by wages. Given that there are many ways researchers define low-wage work (see Chapter 2), I took a broader approach to defining low-wage work while taking the local policy landscape into account. In the Pittsburgh area, the Fight for \$15 was a meaningful and involved effort. Many of the workers in this study who organized their union and negotiated

an incremental plan to a \$15 minimum wage floor were beneficiaries of that fight. Thus, workers still earning less than \$15 per hour began to be considered low-wage, while those who reached \$15 or more per hour found their wages failed to be a living wage. The combination of this lived experience, recent reports identify \$16 as a reasonable national average for minimum wages (U. S. GAO, 2017; Ross & Bateman, 2019), and the burgeoning research that identifies significant material hardship among the so-called nonpoor (Neckerman, et al., 2016; Nelson, 2011; Sullivan, et al., 2008), I chose to use living wages as an upper bar, using the MIT living wage calculator (Nadeau & Glasmeier, 2018). Though a few workers' wages exceeded the upper limits of most definitions of low-wages (Fusaro & Shaefer, 2016), this cutoff may more accurately capture people whose families are at risk of effects of low-wages on their well-being while still holding relatively good jobs.

Notably, I have an additional set of research questions that focus on how these workers navigate not only work and home, but also their children's school. Though I chose to focus this dissertation only on navigating work and home, this additional research interest also affected the sample, as all parents had to have a child in elementary school. I chose elementary aged students primarily because of my focus on school engagement, which is particularly high in elementary school. Children are young and require more support for things like homework and transportation to school events than older students. Additionally, engagement in children's elementary school career is important for school-related outcomes both during and after elementary school (Jeynes, 2005). Thus, this is a time not only when work may have the greatest likelihood of affecting school engagement, but also when it may have the most impact on long-term child well-being.

I used these factors as eligibility guidelines, but there were some cases that did not completely fulfill all the guidelines. For example, one child ended up only being in preschool, one

parent was not the primary parent, and another parent worked much less than the other workers, working few hours weekly in the gig economy.

### **3.4 Recruitment**

Participants were recruited in a few ways: invitations through our Pittsburgh Wage Study union partners, snowball sampling, and flyering. All recruitment materials and processes were approved through the University of Pittsburgh Institutional Review Board. Many participants were invited through our current network of participants and organizers through the Pittsburgh Wage Study. Early in the study, in the summer of 2019, our union partners spread the word using materials I had provided to people they knew would be eligible, namely single parents with children. Three mothers were recruited in this initial informal invitation and, through them, I piloted the interview instrument. Two mothers had previously participated in the Pittsburgh Wage Study and were interested in also participating in this study. Some of these mothers shared with their friends or colleagues, recruiting four mothers. Next, our union partners sent out a text message through their text list-serve. At that point quite a few people contacted me to participate, though many did not qualify due to other family structures. In the future more resources should be spent examining the experiences of people with other family structures. However, I did identify six participants this way.

Toward wintertime, I hit a lull in recruitment. So, I printed out my IRB-approved flyer with tearable tabs on it, made a google maps route to bus stops, libraries, hospitals, and nursing homes where I thought my sample might live and work, and set out with my tape gun. I flyered all over the city on a blustery winter day. Three found out about the study this way. One participant was a

hospital worker I had met at a work-related event. In early 2020, she emailed me and asked if I wanted help recruiting people, since she worked in the main hospital where I had been doing research. She distributed some flyers and participated in the study herself.

Last, in March of 2020, on the cusp of the pandemic, I was in the hospital doing interviews for the third wave of the Pittsburgh Wage Study. I interviewed a receptionist who worked in an office of all women. I offered her a flyer for my dissertation study after the interview and asked if she knew any young parents who might want to participate. Two mothers called me later that week. One of them was the last participant I interviewed in the hospital cafeteria - where I had done close to 100 interviews for the Pittsburgh Wage Study. I did her second interview by phone the next week after the shutdown. There was only one participant that completed both of her interviews by phone because the hospital - and everything else - had shut down. Once we all realized that the pandemic would last longer than the initial six weeks for which we had all naively and secretly hoped, I was still trying to figure out how I might get to 25 parents, the minimum goal my committee had recommended. Through an email exchange with my committee, it dawned on me that in many ways some of the questions I was asking – particularly those about school - were fundamentally altered by the pandemic and that no data I collected now would fit with the data I had collected before. I gave up the hope of 25 participants and stopped recruitment efforts.

This recruitment approach was in some ways supportive of my methodological approaches. Much of the data collection was within a single hospital system. Even within this part of the sample, there was significant variation in workplace policies, as people worked in different units and varied in their unionization status depending on their job title and workplace. However, other policies were similar, and unionization has ripple effects for non-unionized employees (Farber 2002; 2003; Mishel, 1982), meaning that even non-unionized employees at similar levels



sometimes had similar workplace policies and practices. Additionally, I recruited some people from outside of the hospital system. Though this could have introduced too much variability, I found it helpful for two reasons. First, this variable helped me test emerging theories. Second, without going beyond the hospital, I would not have interviewed a former employee of the main hospital system whose experience was critical to my analysis.

### **3.5 Research Protocol**

Participants contacted me via text, phone, or email if they were interested in participating. I reviewed the study and aspects of participation with them consistent with research ethics and then, with their consent, completed a brief eligibility screener. If they were interested and eligible, we scheduled an interview at a time and location convenient for them. I let them know that I would confirm the appointment early in the day or the night before the interview and reschedule, as necessary. At the start of each interview, I reviewed aspects of the research study and their rights as a research participant. No signed consent was required, rather if parents reiterated their verbal consent at the time of the interview, we proceeded to do their interview. I continued to reiterate aspects of voluntariness as it seemed needed during the interview (e.g., sensitive question, change in body language).

Interviews were audio taped, and I guided each interview using a semi-structured interview guide (see Appendix A). Once the interview portion was complete, I turned off the recorder and completed the demographic questionnaire to protect confidentiality. Participants chose pseudonyms for themselves and their children at this time. Then the participant completed the Strengths and Difficulties Questionnaire. In the initial interviews I also asked a few questions about

the research process such as “how did you feel during the interview process” and “was there anything I asked you about that made you uncomfortable” and “was there anything you wanted to share or were thinking about that I did not ask you about?” These questions helped me update my interview protocol within the first month of data collection. Last, we scheduled the second interview. Participants were compensated \$30 on a debit card for their time spent in the first interview.

I wrote a field memo and planned follow-up questions between the two interviews. I then confirmed that the second interview time still worked and met the participant. At that point, I asked the participant if they had any questions since the last interview and reviewed their rights as a research participant again (e.g., voluntariness). With their consent, I began by asking if they wanted to add anything since their last interview and asked my follow-up questions. We then proceeded with the second semi-structured interview guide. This concluded participation for this study. Participants were compensated \$40 on a debit card for their time participating in the second interview. All research protocol and materials were approved by the University of Pittsburgh Institutional Review Board.

### **3.6 Sample Demographic Summary**

All participants were parents in healthcare jobs with children in elementary school. I had parents discuss one child of their choice (or their only child) and I termed this the “focus child” (see Table 1). I asked all parents to self-identify demographic characteristics for them and their children. Parents identified as mostly Black or African American. All children in the sample were African American, Black, or Biracial. While I did not purposively recruit based on race, having a

minority majority sample is consistent with the racial disproportionality among low-wage service workers and is similar in qualitative research samples drawn from a similar population in Pittsburgh (Goodkind et al., 2020; Tung, et al., 2015). All parents identified themselves and their children as cis-gender. I interviewed only one father and he was a noncustodial parent, so this study focuses primarily on motherhood. In the remaining document I use the term “parents” when the father is included and “mothers” when his case does not apply. All parents had at least a high school degree, and most had some amount of post-high school education. Parents had one to five children. The mean age of parents was 30 and the mean age of focus children was 8. Four parents worked part-time; the rest worked full-time. Parents earned a range of \$11.90 to \$21.36 per hour. All earned less than a living wage for their family size. About half of the sample were in a union ( $n=11$ ). Further information on my sample is provided in Chapter 4, where I describe the participants and their circumstances in detail.

**Table 1 Sample Demographics**

	Parents (N=21)	Focus Children (N=21)
Race/Ethnicity		
African American	8	8
Black	7	8
Biracial	2	5
White	4	0
Black Latino	1	0
Gender		
Female	20	15
Male	1	6
Highest Level of Education		
High School	6	-
Some College	5	-
Technical Degree	2	-
Associate's Degree	8	-
Number of Children	2 (1-5)	
Identified Disability	-	8
	Mean (range)	
Age	30.7 (25-47)	8.2 (4-12)
Hourly Wage	\$14.88 (\$11.90-\$21.36)	-

### 3.7 Data Sources

#### 3.7.1 Interviews

The main data source for the study was interviews. Interviewing allowed me to get detailed information from each parent in their own words, consistent with my goal to privilege my participant's epistemology (Nash, 2008). All participants completed two interviews each of which were completed using a semi-structured interview guide (see Appendix A). The first interview

focused on family and parenting overall as well as details about the school and childhood experiences of one “focus” child. This child was either the person’s only child, only child in elementary school, or, in the case of multiple elementary school-aged children, the child that the parent felt they spent “a little extra time or energy parenting.” I was initially nervous about this framing, not wanting to offend any parents. However, the few parents with multiple elementary-age children seemed to have no issue identifying the child they wanted to focus on and did not seem upset by this framing. The second interview focused more on workplace policies and practices. It concluded with a reflective section that worked to make meaning of the participants’ experiences overall and their connections between the various social institutions we were discussing: home, school, and work. In between the interviews, I ensured that I fully understood the person’s account in the first interview and asked follow-up questions to improve my understanding at the start of the second interview. During interviews I also documented any meaningful facial expressions, hand gestures, children’s actions, or references to our physical space. I used time stamps written on my interview guide to insert these additions into the transcripts during data cleaning.

Data collection took place over the course of about nine months, starting in July 2019 and ending at the start of the pandemic. I did the interviews at times and locations convenient for the parents. I did many interviews in homes, libraries, or coffee shops near the home or workplace. I did a few actually in the workplace, including a break room in an office after it was closed and the hospital cafeteria. We assessed confidentiality and comfort as we went, and in two cases moved when someone sat too close to us for our conversation to be covered by ambient noise. The interview location and circumstance (e.g., presence of children) gave me some insight into

additional aspects of the participant's life, such as more information about their housing situation or the way they interacted with their children.

All participants except one did the two interviews on two separate days. There was one exception to this, as one participant needed to reschedule multiple times and - in an effort to include her in the study - I offered to do both interviews on the same day. For the remainder of the sample who had two individual interviews, the average durations for the first and second interviews were 73 (range 49-122 minutes) and 76 (range 25-113 minutes) minutes, respectively. The shortest interview (25 minutes) was a significant outlier, shorter by 20 minutes than any other interview. This was likely because it was the last interview I did right after the pandemic shutdown. It was one of only two phone interviews, at which I was not experienced at the time, and it was at a particularly difficult historical moment when likely neither the participant nor I were in the best head space to be doing data creation. On the other end, Jada had two of the longest interviews given that she was managing childcare for five children under six years old through the interview process. However, her interviews were not significantly longer than other more effusive parents.

### **3.7.2 Demographic Sheet**

I completed a demographic sheet with each participant at the end of the first interview (see Appendix B). This enabled me to have the data necessary to describe the sample. I had parents self-identify their own and their children's demographic characteristics. I collected the parent and child age, gender, and race/ethnicity. I also collected parents' relationship status, highest level of education, and household compensation. I had parents identify their job title, hourly wage, and take-home pay from their individual job. Then I also had parents describe their household monthly

income, articulating any additional sources of income, such as money from side hustles, income from other family members, and income from benefits like SNAP.

### **3.7.3 Strengths & Difficulty Questionnaire**

I had parents complete a Strengths and Difficulties Questionnaire (SDQ) to help identify child disability to supplement sample description (see Appendix C). The SDQ is a 25-item questionnaire rated for children between 2 and 16 years old, with slightly different versions based on child age (Goodman & Scott, 1999). The SDQ collects information on five sub-scales including emotional symptoms, conduct problems, hyperactivity and inattention, peer relationship problems, and prosocial behavior. Respondents use a 3-level scale of “not true,” “somewhat true,” or “certainly true” to describe children’s participation in 25 behaviors in the prior month. The SDQ has been shown to have comparable discriminatory validity as the Child Behavior Checklist for low-risk children (Goodman & Scott, 1999). It has also been shown to be reliable having an internal reliability of 0.73 and a test re-test reliability of 0.62 (Goodman, 2001).

### **3.7.4 Field Notes**

I took extensive field notes after each interview. The field notes enabled me to describe relevant observations from the interview, record any additional comments parents made after the recorder was off, and reflect on the key points of the interview. I also assessed the interview process and brainstormed new questions I wanted to try or emerging theories I might want to test. As previously stated, I also reviewed the data from the first interview carefully in between interviews and prepared questions for the second interview, which I often wrote in the field note.

Last, I reflected on my own experience as an interviewer and the role me and my communication may have played in the interview process and relationship. Early on I would also use this space to develop new questions or brainstorm questions that were not working. All field notes were written within 24 hours of each interview, typically within a few hours of completing the interview.

For some parents, I had some additional insight into their family life that could be described as informal observation, which I recorded in my field notes. Sara<sup>1</sup> brought her young cousin to my very first interview for the study, so I was able to observe her interactions with a child in her family. Alex brought her children to the first interview, so I also observed her with her girls. I completed Rachel's, Lee's, Victoria's, Sasha's, Joy's, Jada's, Crystal's, and Cheryl's interviews in their homes. All but Crystal were simultaneously doing childcare during the interview. These situations allowed me to observe mothers' interactions with their children, see into their homes, and also experience driving or taking the bus to their homes. This gave me a real sense of the proximity of their homes to school and work as well as into the communities where they lived. Though these observations were limited, they added to my overall understanding of parents' lives.

### **3.7.5 Artifacts**

Some parents also shared artifacts during the interviews. These were useful additional data to help me understand the details of an account a parent was sharing with me. For example, parents sometimes read through a text exchange with a supervisor or showed me a screenshot or picture on their phone. Others showed me letters from the school or a public benefits office. In most cases

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<sup>1</sup> This and all names are pseudonyms. Participants are fully described in chapter 4.



I would simply describe these in my field notes. In a few cases, I asked if the parent were willing to text me a screenshot or picture in which case I would copy and paste them into my field note.

### **3.7.6 Subsequent Research**

In the year since I completed data collection for this study, I have collected data for two other studies with some of the participants of this study. Specifically, I completed Wave 3 Pittsburgh Wage Study interviews with Alex and Lonnie. I have also created semi-structured life history calendars with Alex, Elisa, Lonnie, Joy, and Lisa for a new study of public benefits experiences among parents of children under twelve. These additional data have enabled me to further triangulate my results and test some conclusions, allowing a limited amount of member checking. The newer study also gave me significantly more information about their work and childbearing history. They have also allowed me to better understand the role of the COVID-19 pandemic may play in affecting the conclusions I drew from this pre-pandemic data set.

## **3.8 Data Analysis**

Consistent with most qualitative methodologies using primary data collection (Miles, et al., 2014), I participated in analysis throughout the data collection process, including writing field memos, regularly debriefing with my mentor, theory testing, and limited member checking.

### **3.8.1 Data Cleaning**

After all interviews were professionally transcribed, I listened through each tape to correct them for accuracy. During this task, I added in meaningful body language using notes from my field memos and did some jotting. Once the data was accurate to the best of my ability (some limited inaudible comments remained), I wrote an interpretive memo to record my key impressions and document my process.

### **3.8.2 Coding & Theme-Building**

Next, I moved onto an initial coding process. By this point I had discussed with multiple committee members that the overall data set was too broad to analyze for the dissertation, and I chose to focus on the effects of work on family life. Thus, I took excerpts from the interviews that covered the work, which included most of the second interviews and a few sections of the first interview. I then did line-by-line coding of these excerpts. I used the commenting feature in Microsoft Word to make initial codes, highlighting the key text and then writing the key words from each line in a comment, coding each sentence individually (Chesler, 1987). To develop themes, I chose to print these comments and organize them physically. This process resulted in themes and sub-themes that could be organized into four initial domains: job quality, supervisors, workplace policies, and coworkers. The specificity of line-by-line coding meant that most codes fit into only one spot in this set of domains, themes, and sub-themes.

Once I had an initial organization system for the data, I began to write iterative, analytic memos, circling back through each domain again and again. I began with a descriptive analytic memo for each of the domains. In these memos, I began examining patterns. I used memoing and

data visualizations to develop and test theories as well as determine where I was missing data and needed to go back to the full interviews to see if individual participants had mentioned a topic outside of the coded excerpts (Miles, et al., 2014).

I sent these initial memos to my dissertation chair who would read them and then debrief with me in our weekly phone calls. I continued through this iterative process of memo writing and debriefing to identify and then test emerging conclusions. Within memos I used negative case analysis and thick descriptions combined with regular feedback from my advisor to verify conclusions and work to understand variation in the sample. Ultimately, I was able to write the subsequent findings chapter which I would describe as polished analytic memos.

### **3.8.3 Trustworthiness**

I used several strategies to ensure trustworthiness in my conclusions. First, I worked to be reflexive, a primary method to promote trustworthiness in qualitative, particularly feminist, analysis (Cresswell, 1998; McCorkel & Myers, 2003). Second, I participated in long-term field immersion (Cresswell, 1998). As previously stated, I had been working with hospital workers for three years before this study and have collected data for an additional study with low-wage workers - most of whom are single mothers working in the healthcare industry. This immersion was incredibly helpful throughout the research process, as I had prior knowledge of much of the jargon commonly used by healthcare workers as well as many of the policies and practices used in healthcare workplaces.

The third approach I used was data source triangulation (Denzin, 1978), which was possible for me due to my broader research with this group and the reality that a few of my participants worked in the same workplaces with each other or other people I have interviewed. Thus, I was

able to compare different accounts of the same workplace policies and practices. Fourth, given that I did two separate interviews and have participated in ongoing field research, I was also able to do some limited member checking of my understanding of individual people's experiences and my emerging theories. For example, if I felt I had not fully understood an experience a participant had shared that was critical to my analysis, I had multiple opportunities to reflect what I understood and ask further questions to improve my understanding. In other cases, since I talked to a few parents again for a new study once I was done with data collection and far into analysis in the summer of 2020, I was able to share my findings in an informal way to get some insight on the accuracy of my conclusions. Finally, from my field memos to my final draft I wrote thick descriptions to document the complexity of parents' lives and experiences (Geertz, 1973). Together these various approaches worked to help me develop and test my theories, reflect on my positionality, and lend credibility to the subsequent results.

### **3.9 Reflexivity & Positionality**

The process of reflexivity examines how researchers' own experiences and biases affect the research process. Effective reflexive practice can be understood as a two-step process: (1) identifying one's positionality and (2) reflecting upon how one's positionality affects the research process (Cresswell, 1998; McCorkel & Myers, 2003). I identify as a White, cisgender, person in a heterosexual marriage. I am highly educated, and I come from a well-educated family; my parents both have college-degrees, and my father is a medical doctor. From a class standpoint, I have a privileged but complex experience, as my mother comes from a working-class family and continues to struggle with her class positioning as a person with working class values living in a

more upper middle-class community. Her parenting and my relationships with my maternal family, particularly my uncle and grandmother, taught me many values that I would identify as working class and actively encouraged me to resist the culture of my hometown which embraced more upper-class values.

My family members' work experiences heavily influenced my understanding of class. Neither my grandmother nor my uncle went to college, but both - though a generation apart - worked in "good" jobs. My grandmother went from a bank teller to the manager of the loan department in a credit union, and my uncle worked for thirty years for the Pennsylvania Turnpike. Both had benefits, unions, and pensions. I understood growing up that their race privilege and the timing of their careers created a special generational effect that allowed them relatively good quality of life and well-resourced retirements even without college educations.

I contrast the experiences of the older members of my family with those in my own generation, including my sister, workers I have done research with during graduate school, and, to a lesser extent, my own experience as a worker. My sister has a degree from a major university but earned a degree that was less clearly transferable to the world of work (English). She has worked primarily in food services and identifies as a member of the working class. Unlike previous generations of working-class people in our family, however, she has not had access to the benefits of "good" jobs. In the year before I completed this study, she worked for one of the major healthcare networks from which I recruited for this study. She had benefits but was treated so badly and had no access to a career ladder - despite her college degree - that it was not worth the poor treatment.

I have seen her story echoed throughout my research with low-wage workers. Now, she works at a small business and has essentially no paid time off (3 sick days annually), no health

insurance or retirement benefit, and no union. She earns less than \$15 per hour despite 10 years in food services and a college degree. In many cases the workers in this study have better jobs than my sister, but her experiences and those of my research participants compared to the experiences of my older family members is concerning to me. Thus, I came to this research project with a clear opinion that the average American worker is in trouble now and, ultimately, in their retirement. Thus, I had to be careful throughout the process to acknowledge the benefits while continuing to suggest that these jobs are far from ideal when compared to workers thirty years ago or in many other countries in contemporary times. I found myself to be somewhat of a work quality idealist, which is not always practical when interpreting results for policy and practice recommendations. Still, my goal as a social worker and social justice advocate is to pursue human rights and high quality of life, for which ambitious goal-setting is necessary.

Before graduate school, I worked as an elementary school teacher where the faculty were almost exclusively White, while the student body was richly diverse. Our school did little to engage most parents, who were a diverse group in many ways and ranged from low-income to poor. I was at a loss for how to better support them with the constraints of poverty and racism in the small town where I worked. I had not been prepared to address these tensions, and I observed myself and other teachers judge parents with little knowledge of their lives. In working toward my doctorate, I began to be able to describe and critique what I had only understood as wrong and uncomfortable in my teaching career. I also began to learn more about the constraints on the resources available to many working families in my work with the Pittsburgh Wage Study. While I could see the tip of the iceberg when I was teaching, I pursued my graduate degree and this specific dissertation project to get a better sense of what was below the waves of difficult behaviors and limited academic progress I often saw at school. Thus, this project was in many ways a major

milestone on a journey to understand the conflicts of values and expectations in the domains of work and school that can create obstacles for parents and children.

Other aspects of my identity undoubtedly played a role, but I feel I have less of a sense of what their effects were on the research process. These aspects include my Whiteness, my marital status, and my childlessness. My Whiteness was likely most obvious and impactful given that my sample ended up being primarily Black women, despite no intentional focus on any specific racial group. I know that the presence of my wedding and engagement rings stood out to me as a symbol not only of my marriage which stood in contrast to my research participants who were single mothers (though not always unpartnered or never married) but also my class status as I wear a diamond engagement ring. I noted in some field memos seeing it during an interview and seeing it as so ostentatious. I sometimes thought of removing it before I left, but it felt disingenuous since I never take it off under any other circumstances. These aspects were present in my physical being. Though I never verbally discussed them in the interviews, they were symbols of my race and class privilege omnipresent in the interview process. Another thing I rarely verbally discussed was my childlessness. A review of my field notes shows only one person directly asked me if I had children; others sometimes talked to me as if I probably did have children or at least knew enough about them to understand what they were expressing. I never raised my childlessness without provocation, and it was not really discussed in any of the interviews. As a person researching parenting, my childlessness loomed large for me as I was actively coping with infertility during the period of data collection, making me wonder about my future ability to relate with parents without being a parent.

I know how these aspects of my identity felt to me during the data collection, but I do not know how they affected the research process or my participants' reaction to me. Overall, as a

person, I am more comfortable talking about my professional life than my personal life. This held true in my research, as I shared that I had done research with low-wage workers and my professional identity as a social worker and former teacher. At the time I was collecting data I felt that this approach allowed more of the focus of the interview to be on the participants' experiences and enter the research interview with humility to listen and learn from the experts who comprised my sample. As I read more about reflexivity and research, I fear that this approach may have been trying to distance myself in the interview process from my own identity, a likely futile attempt to hide myself from my research participants and limit the effect of my own positionality on the knowledge expressed through the interview process (McCorkel & Myers, 2003).

Still, there is significant evidence that I had good rapport with most of my research participants. I have interviewed some of the participants multiple times for other research, and our continued work to document their experiences is both product and evidence of our good rapport. All participants completed both interviews. Also, participating parents shared emotional and personal stories of classism, sexism, and racism despite our differences in positionality. However, I cannot know for sure how my positionality affected what they told me or how they recounted their experiences and reflections, there may be benefits of outsider status when seeking detailed accounts of individuals' experiences.

I took a few steps throughout the research process to remain reflexive. First, I used critical theories to support my analysis that actively questioned hegemonic norms. Second, I used careful interview techniques and regularly reflected on these techniques, working to have conversations that supported participants in telling their stories. I also worked with humility, asking clarifying questions to ensure that I fully understood participants' stories and reflections. Similarly, in analysis, I used rigorous methods, such as line-by-line coding and various methods to test



emerging conclusions. I also did some informal member checking with the mothers from this study who participated in a subsequent study. Finally, I regularly reflected my experiences in the field and my ongoing analysis through field notes and memoing as well as in review with others, most particularly my dissertation chair but also with peers. Together through rigorous methods, cultural humility, and regular self-reflection, I worked to remain aware of my effect on the research throughout the process.

## **4.0 Descriptive Findings of Participants, their Children, and their Jobs**

This chapter presents descriptive findings. It begins with descriptions of each family to supplement the basic sample demographics (see chapter 3). Next, I describe the parents' jobs and map their experiences onto aspects of job quality. This provides a detailed evaluation of the quality of their jobs. In sum, this chapter provides important background information and context for the analyses in the following chapters.

### **4.1 Family Descriptions**

#### **4.1.1 Sara & Eli**

At the time of the interview, Sara (27) was a patient transporter earning \$11.90 per hour and working part-time, earning about \$1,000 per month<sup>2</sup>. She also earned about \$200 per month in food stamps and could pay for before- and after-school childcare using Childcare Information Services (CCIS) which coordinates childcare subsidies in our county. Her son, Eli, was five years old and was going into the first grade in the fall of the year I interviewed her. Her son's father and paternal grandmother were very involved in his life and provided emotional and instrumental support, including childcare. She identified herself and her family members as African American.

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<sup>2</sup> Some details about each family have been made more vague or fictionalized to protect the confidentiality of the participants and their families. Details essential to the analysis remain unchanged.

Sara had been working part-time as she studied to become a nurse. When I interviewed her, she had recently completed nursing school and was preparing to take her board exams. Since her interview, she passed her boards and became a nurse. She described having a close family and friend network, even playing in an adult sports league. She was able to live and work in the same neighborhood where she was raised due to a local affordable housing initiative. Sara was somewhat demure during her interview and presented as a very positive person. She struck me as a gentle and insightful mother, for example, she described creating a character called the “disobedience monster” that she used to teach her son about behavior rather than using discipline.

#### **4.1.2 Roxy & Bertha Rae**

Roxy (29) was the only worker I interviewed from the other large hospital system in the Pittsburgh area. She had worked for the company for over a decade, having moved from one hospital to another in order to work at the in-hospital Starbucks as a barista. She earned \$15.11 per hour and was not unionized at the time of her interview. She reported earning about \$1,600 per month. She identified herself and her family members as Black. Her daughter, Bertha Rae, was ten years old and about to go into the fifth grade. Bertha Rae’s father was not involved in her life. Bertha Rae attended a public magnet school. She reported her daughter was also having behavioral problems and experiencing some learning difficulties at school. Consistent with this, her daughter scored above average on the emotional, conduct, and hyperactivity scales of the Strengths & Difficulties Questionnaire.

Roxy relied on her parents and her brother for childcare during the school year. During the summer, she had a set of sleep away camps that enabled her to get a break from her daughter, while she worked extra shifts to save up for school clothes, glasses, and other big purchases. Roxy did

not have a car, relying on the bus for her transportation. She did not qualify for any public benefits beyond the Earned Income Tax Credit. Roxy had a bubbly personality and infectious laugh. She was an excellent storyteller. As a mother, she seemed to prioritize independence and confidence. She worked to maintain her own selfhood as an individual both for her own self-care and to model loving oneself. She also consistently taught Bertha Rae life skills, especially cooking.

#### **4.1.3 Alex, Lilly, Nellie, & Millie**

Alex (30) was a technician in the Operating Room in a major hospital earning \$15.60 per hour. She reported earning monthly about \$1,400 in take home pay and receiving \$300 in food stamps. She also got the Earned Income Tax Credit each year. She had three young daughters, Lillie (8), Nellie (6), and Millie (4). She primarily discussed Nellie during her interview, whom she described as a miniature version of herself. She explained that Nellie had had some behavioral problems in both pre-school and elementary school but that many of them had been addressed effectively through work with her teachers. Though she scored her as “close to average” overall on the SDQ, Nellie scored as high on emotional and conduct problems. Alex identified as White and her daughters as bi-racial. She had been with their father for many years before their separation, and he still played a significant role in their life, regularly providing childcare. Her mother, sister, and best friend also provided each other with childcare and other instrumental supports. She drove from her childhood neighborhood where her family lived to work in another neighborhood with about a 30-to-45-minute commute.

I had interviewed Alex for the Pittsburgh Wage Study and again subsequently for our new study. After doing data co-creation together over a few years, we have good rapport, and I have learned a lot about her life. Before the pandemic, she was an extremely active mother, taking her

children to the pool, the park, or Kennywood after work nearly every day in the summer. At home during lockdown, she reported life being a bit more “chaotic” but that she did many crafty activities with her girls. Though she continued to work in this job through the pandemic, she changed to working all 40 hours on Friday, Saturday, and Sunday, enabling her to support her children in school during most of the week.

#### **4.1.4 Elisa & Kayla**

Elisa (26) worked with Sara as a patient transporter earning \$12.49 per hour. She described herself and her daughter as African American. Her daughter, Kayla, was six and about to go into the first grade. Kayla went to a magnet school in a different neighborhood than where they lived or where her mother worked, but near her grandmother, so her grandmother would be nearby if something happened. This was particularly important since Elisa relied on the bus for transportation and had a 20–30-minute bus ride from work to her school and another 45 minutes home. Elisa was actively looking for a new school as she felt the children were not monitored well when outside the school building and a bag of drugs had recently been found in the school parking lot. She described her daughter as very active, though somewhat sensitive. Elisa was very articulate and described herself as an active mother, dancing and exercising daily with her daughter. She dreamed of having even more time to play with her daughter. I talked to her again in 2020, and she reported leaving the hospital just before the pandemic to work part-time as a home healthcare worker and spend more time with her daughter. She described this as having significant benefits for her while being fortuitous given the pandemic. She was able to have more time with her daughter, including supporting her in school. Workwise it meant that she had a much shorter commute and was able to work independently in a caregiving role, which she enjoyed.

#### **4.1.5 Rachel & Ariel**

Rachel (27) worked as a sterilization technician at the main hospital system, earning \$14.88 per hour. She reported taking home about \$1,400 per month after deductions from her \$2,200 check. Rachel loved the detail-oriented nature of her job and felt it helped her cope with her anxiety. She had recently changed jobs to one where she would be the only person in her position for an outpatient surgery center in the hospital system. This would alleviate her anxiety and save her the fifty or so dollars she spent on union dues each month. Rachel reported that her daughter was on CHIP but that she qualified for no other public benefits. She described having significant challenges accessing dental care despite her dental insurance.

Rachel identified as White and identified her daughter as biracial. She and her daughter, Ariel, lived with her Rachel's mother and adult brother in a home the family had purchased the year before. They had previously all had separate apartments they felt were unsafe and realized they could pool resources to buy a safer, cheaper house together. Her mother was on permanent disability and provided summer and before/after school childcare. Her brother was a manager at a local fast-food restaurant. Ariel's father was not mentioned at all in either interview. This was rare in this sample, but Rachel seemed somewhat private. She described herself as having diagnosed anxiety, which she managed herself.

Ariel was seven years old and in the second grade. Ariel had trouble speaking with adults outside of the home and had been given a speech IEP. Her mother felt the school was over-stating the issue, and she was not concerned. Though I completed the interviews at her home, I only saw Ariel for a brief moment during the second interview as she gleefully said hello to her mother while running through the house in her bathing suit. Rachel reported that Ariel was thriving in the small neighborhood where they had bought a house, with many neighborhood friends and other

parents to help watch the children play outside. In her motherhood, she described enjoying supporting Ariel in exploring her interests. Currently this interest was mermaids, thus the pseudonym. Rachel read her mermaid books, watched mermaid movies with her, and bought her mermaid toys, many of which I saw during my visit.

#### **4.1.6 Lee & Silky**

Lee (28) worked as a front desk clerk at a doctor's clinic within the main hospital system, though she was in a non-union position. She earned \$14.00 per hour and reported taking home about \$1,800 a month. She had been getting \$40 in food stamps, which she lost between the two interviews. She also got a \$100 Section 8 voucher. Lee identified herself and her daughter, Silky, as Black. Silky was eight years old and in the first grade. Lee's mother drove Silky to and from school. Despite this support, Lee described her relationship with her mother as strained, and she was in the process of getting a new job close to her daughter's school so that she could rely on herself for Silky's transportation.

Unfortunately, Lee and Silky had been through a terrible tragedy the previous year when Silky's father was murdered. Silky's father had paid for her childcare and had been growing his relationship with his daughter at the time of his death. In fact, Lee had just let her stay the night at her father's house for the first time only two weeks before his murder. Lee seemed to be suffering from complicated grief or depression, or possibly both. She reported that she had little energy after work and was worried that she was not doing enough with her daughter, which she blamed on a Vitamin D deficiency. Though typically I feel that modern parenthood demands too much activity on the part of parents and kids, this seemed different than this. Rather it seemed that she and her daughter spent a lot of time together napping or playing independently on their computers. Her

daughter also seemed to be feeling depressed, as she explained to me when I met her that her favorite time of the day was the end of the day because she was tired. When I asked her if she felt more awake in the morning, she also said no. With Lee's consent, I shared with her some local resources for grief support for her and her daughter.

#### **4.1.7 Nancy, Darrel, Jamal, & Nikki**

Nancy (37) was the highest paid worker in the sample, earning \$21.36 as an authorization representative. Despite her higher hourly wage, she still earned less than a living wage for her family size, which I determined was sufficient for participation. Nancy was in college to pursue a career in the health insurance industry. The previous time I had talked to Nancy about two years before this interview, she was much less satisfied with her job and only had two children. At the time of this interview, she had moved to a job she much preferred at a different hospital in the same healthcare network and had had a new baby, Jamal. In the interview we mostly discussed Darrell (10) who was in the fifth grade. Nancy identified herself and her family as African American. She identified as single but was actively co-parenting her baby with his father, though they lived separately.

She had been married to her older two children's father who now lives in another city. He was still involved in his children's lives, coming to visit or taking them to his house during breaks from school. Nancy expressed some frustration with this arrangement, since it meant that she had to toil through the day-to-day as a single mother while their father enjoyed the more fun break times. However, she was thankful that their father was still involved, particularly for her elementary-aged son, Darrell. She was concerned about Darrell's experiences as a young Black man. He had had a run-in with a neighbor while wearing a hoodie that Nancy felt was too similar



to encounters like those of Tamir Rice or Trayvon Martin. He had also had difficulty in school to the point that they had wanted to fail him in the fourth grade. She felt they overstated this and were simply not good at working with young boys. He was doing well in the fifth grade which was in a different school with new teachers compared to the primary school. Still, she did report him as slightly elevated on the hyperactive scale of the SDQ. She discussed the possibility of having Darrell go to live with his dad when he reached middle school or high school so that he could be in a school and broader community that is supportive of Black boys and where he would have successful Black, male role models that she felt were not available in Pittsburgh.

She seemed to have an incredibly involved and sensitive relationship with her children, navigating each relationship with unique care. She described her daughter as being an interlocutor for Darrell's stressors, enabling her to follow-up with his concerns about body image or his developing personality. She loved attending his football games and doing other activities with her kids, though she admitted that she felt she never got a break as a single parent. Still, she found having a new baby much easier at 37 than it had been before, explaining she felt more mature, stable, and financially secure.

#### **4.1.8 Lonnie, Jay, Ky, & Pooh**

Lonnie (33) and I have probably the most established relationship of all of the participants. To date I have interviewed her six times, at least once a year for the last four years. At the time of this interview, Lonnie was working as a medical assistant for \$17.63 per hour while earning her prerequisites for nursing school in the evenings. She reported earning \$2,400 in take-home pay. She is one of the hardest workers I have ever met and is a poster child for pulling yourself up by your bootstraps. When I met her four years ago, she was working a terrible variable shift as a

nursing aide, but now she is renovating a house, working toward becoming a nurse, and working a regular schedule that enables her to be involved in her children's lives.

She identified as Black and Latina, but she identified her children as Black. Her focus child for this study, Jay, is smart and self-sufficient, just like his older siblings. At the time of the interview, he was ten and in the fifth grade. The children's fathers have relatively limited contact with them and do little to support them. Her mother regularly provided childcare and was generally a very involved family member. Lonnie often helped her mother financially as she subsisted on SSI payments based on a chronic disease. Overall, Lonnie strikes me as a very organized parent who has helped her children become "self-sufficient" so that she could balance home and work as a single mother. As a young teenager when her first child was born, Lonnie felt she had grown significantly as a parent and as a person to the strong woman she is today.

#### **4.1.9 Marie & Neveah**

Marie (25) was working as a medical assistant in the broader hospital system earning \$16.42 per hour. She identified her and her five-year-old daughter, Neveah, as Black. She reported monthly earnings of about \$1,400 from her hospital job and another \$300 a month from doing hair. She reported not qualifying for any public benefits, which was somewhat frustrating for her. She and her sister had been orphaned in adolescence and lived together in a home they co-own. Her daughter's father had recently begun caring for Neveah in the afternoons, giving Marie an after-work break from parenting most days. Neveah's paternal grandfather was also a key support, helping with childcare if she was sick or had an event at school that her mother could not attend. Marie enjoyed how silly Neveah was but seemed mostly occupied helping improve her behavior at home and school. She actively worked to develop and implement rewards systems to motivate

good behavior and regularly talked with her during the school day to help her get back on track. She had scheduled a psychiatric evaluation for the following month, while the school had started an evaluation for an IEP. Indeed, Neveah's SDQ was high overall with high scores on emotional, conduct, and hyperactivity subscales. Overall, Marie had a specific focus of her current stage of motherhood, however, she struck me as solution-oriented and hopeful about her daughter's future.

#### **4.1.10 Sasha & Bianca**

Sasha (28) worked as a front desk clerk at a cardiologist's office in the main hospital. She earned \$15.60 per hour and reported earning about \$1,700 in take home pay per month. She reported no longer qualifying for public benefits. Her daughter, Bianca, was four years old and slightly outside my sampling frame. I was suspicious of her young age, but Sasha insisted repeatedly that she was in kindergarten which she said knew because she did not pay for school anymore. I asked her about this multiple times in both interviews, having looked up the school which looked like a public preschool, but she truly believed Bianca was in kindergarten. Later I talked to another mother whose daughter had gone to this school, and I asked her about it. She explained the school is simply a publicly funded, and thereby a free, preschool program in the public school system leading me to conclude that Bianca was probably in pre-school.

Still, Sasha's insight was valuable. Sasha was a talker and was one of only a few participants who talked for a long period after the recorder was off, which I recounted in my field memos. Sasha identified her and her daughter as African American. Like her mother, Bianca had a big personality. Her mother said she wanted to be a YouTuber when she grew up. She had a good relationship with her father who was one of the few working fathers in the sample, working a split shift as security in a large downtown building. Bianca spent Friday nights at her father's house.

Sasha's mother also would sometimes watch Bianca to give her a break. Bianca was about to have her tonsils out to treat her sleep apnea which had been causing some health problems. Sasha struck me as an "on the go" parent - often spending the weekends visiting various family members, going to a children's activity like urban air, or simply running errands together. She was committed to her daughter's schooling and recounted a few stories of simply enjoying watching her daughter learning new words or jokes.

#### **4.1.11 Victoria & Claudia**

Victoria (27) identified as a biracial single mother who worked as a unit secretary earning \$14.63 per hour. She reported earning about \$2,000 a month, which is significantly more than others at a similar wage point, possibly due to differences in withdrawals. This interview was the only one that I did in one day, doing both interviews in one sitting. Claudia was also identified as biracial and was a nine-year-old in the fourth grade. Her mother said that Claudia had a diagnosed anxiety disorder and commonly had migraines. They had spent the last few years working toward effective medication management for both conditions, which Victoria felt they had mostly achieved though she still had anxiety attacks. Consistent with this, the SDQ measured her overall as having high behavioral difficulties with high conduct problems and slightly elevated emotional behaviors and hyperactivity. Still, Victoria did not describe her as having significant issues in school although she had observed her having many timeouts during recess, since routinely walked past the playground walking home from the bus stop after her night shift.

Claudia's father was not involved, but Victoria's mother provided a lot of childcare. Victoria's best friend was also frequently involved as an instrumental and emotional support. Claudia was in dance class once a week and enjoyed art. Victoria seemed to be a very pragmatic

mother who liked to do activities with her daughter. She described struggling with her rotating shift requiring her mother to care for Claudia frequently, which she felt disrupted discipline and routine during the school week. Victoria hoped for a schedule like Alex's where she could work on the weekends and be more present through the week.

#### **4.1.12 Ryan & Madison**

Ryan (29) was the only father I interviewed for this study. He identified as bi-racial and identified his daughter as Black. He was one of only two parents in the study who had a formal custody agreement (the other being Lisa), which he had fought for so that he could have a more consistent and guaranteed role in his daughter's life. He worked part-time as an overnight housekeeper in the main hospital for \$12.49 per hour. He reported taking home about \$800 per month as well as \$86 in food stamps and \$260 in disability payments. He continued to work part-time because it was not worth losing his disability payments to work full-time, particularly since having a physical disability made his job as a housekeeper more difficult. He hoped to someday transfer to a job with a higher wage and less physical labor so that he could work full-time day shift.

It would have been interesting to interview Madison's mother because Ryan seemed similar to some of the fathers in the study who were involved but were not the children's primary parent. Like them, he had grown into this role after a long period of not being in his daughter's life because he was incarcerated twice and then recovering from an injury. He began to be more consistently involved after Madison had started school. His formal arrangement was that he had her one night a week and part of the weekend. He co-parented mostly through text and often was left in the dark as far as school communication. Still, he was committed to being involved. He

seemed to have a very active relationship with his daughter, playing games, attending her sporting events when his schedule allowed, and chauffeuring her around the city to various activities she was involved in on the weekends. Gender loomed large in his parenting as he felt surprised how much he enjoyed having a daughter but he also described trying to police her developing sexuality. Ryan lived with his family. He hoped to someday earn enough to move out and be able to afford housing where Madison would have her own room.

#### **4.1.13 Nicole & Jerry**

Nicole (31) was a front desk clerk who earned \$14.00 per hour. She reported earning about \$1,300 in take home pay per month and qualifying for no public benefits. She lived with her ten-year-old son, Jerry, who was in the fourth grade. She identified herself and her son as African American. Nicole was the last person I interviewed for this study in March of 2020, and I felt the least rapport with her. I interviewed her for a different study over the summer of 2020 and felt more rapport. In reflection, I believe the shorter interview was in part due to my lack of experience at the time in doing telephone interviews as well as the overall stress of the pandemic affecting my - and likely her - stress levels.

Nicole presented in the interview and in my subsequent work with her as a pragmatic person. She had eked out a fairly stable life for her and her son, maintaining a single household for his whole life, and she was happy enough with this outcome. She was thankful to only have one child, which she felt she could afford. She reported little family support and her son's father had limited involvement, having been incarcerated a good portion of his life. She felt her son was doing well in school, but at the time of the interview was worried that he would be missing his friends; little did we know how long that would go on at the time. Her interview was marked by her

acceptance of her workplace and her overall financial situation as one that was as good as it could be. Unlike others she did not express frustration about her workplace or her situation in life. She wanted to make sure that her son had diverse friends and made sure he went to a diverse school and was on a diverse community basketball team as frequently as she could afford to pay the dues. She also prioritized his safety by keeping him in the house most of the time, though she was working up to letting him take longer walks in the neighborhood by himself.

#### **4.1.14 Maya, Steve, Matthew, & Leyla**

Maya (27) was a front desk clerk who worked with Nicole. She earned \$15.06 per hour and reported about \$1,500 in take home pay. She qualified for some benefits, including \$300 in food stamps. She identified herself and her three children, Steve (9), Matthew (5), and Leyla (3), as Black. Her focus child, Steve, was in the fourth grade. Like Nicole, Maya's interview process was disrupted by adjusting to the pandemic. I did her first interview in the hospital, and I wrote the following in my field memo for that interview:

A pandemic was just announced today, and we are uncertain the level of the epidemic in America due to severe lack of testing/issues with the test kits. It was a judgement call to go into the hospital to do an interview, but for now I'm taking it day by day. This could turn out to be the wrong decision. My participant did not seem concerned. I assumed they were also being inundated with emails and contingency plans. She said no. Weird given that she is hospital staff. Anyway, one day at a time.

I was in the hospital one more time after this interview for data collection. Maya's second interview happened via phone - my first phone interview due to the pandemic. I was inexperienced with phone interviews at the time, but I felt the interview went better than Nicole's because I had met Maya in person. Still, the timing was difficult as we had just started stay-at-home orders. It was an extremely uncertain time with Maya expressing concern about who was going to watch her children if school remained closed and how she was going to afford to feed them all three meals each day. When I talked to her in the summer, her mother ended up watching the children full-time, and her SNAP benefit was increased to the maximum which helped with food.

Maya had just moved to live close to her mother a few months before the pandemic. This had been an important change because she had been isolated in a different suburb in what she considered to be a worse school district. Before the pandemic, she had moved close to her mother, gotten her children into a charter school she loved, and started her kids at a daycare (and preschool for Leyla) that she appreciated for helping get the kids on the bus and teaching her more about parenting. Maya struck me as a very encouraging, solution-oriented mother. She described motherhood as "repetitive," by which she seemed to mean that she stuck to daily routines and regularly updated them to support her kids. For example, she had learned that her daughter responded well to a star chart at school, so she began one at home to vary family activities through child choice while also motivating good behavior. She also spent a lot of time with her kids on homework. Steve had a learning disability and homework was often a long and frustrating experience for all. Still, she felt optimistic that the charter school was helping her son make significant progress and that he would not have a learning disability once they were done working with him.



#### **4.1.15 Lisa, Ashley, & Jennifer**

Lisa (35) was a medical assistant in a doctor's office in the main hospital network. She earned \$15.61 per hour and reported a household income of \$1,800 from her job and \$740 in monthly child support. Lisa was friends with Lonnie and co-workers with Jada. Lisa identified herself and her daughters as Black. She was one of two parents in the study with a formal custody agreement (the other being Ryan). She and her ex-husband shared her girls evenly, with her having them two days a week and every weekend. Lisa focused on Jennifer's (9) experiences in her interview, but her daughters were only a year apart and went to the same charter school. Her older daughter, Ashley (10), had been born premature and had asthma, which was mostly controlled. Jennifer had had some trouble the previous year in school adjusting to teacher turnover. Lisa, her ex-husband, and her father worked together to help the girls attend a free afterschool program specifically for Black girls, which helped the family financially as well as being an empowering experience. Lisa was a very positive person who enjoyed family and motherhood. She was clearly a cheerleader for her daughters and highly valued her daughter's opinions and perspectives. Overall, Lisa struck me as a caring and understanding person who found her work informed her motherhood and vice versa.

#### **4.1.16 Amber, Zane, & Marty**

Amber (40) was a clinical coordinator in the health network. She earned \$14.27 per hour, earning about \$1,400 per month from her job as well as \$340 monthly in child support for her younger son. Though she got child support, her sons' fathers were not involved in their lives. She emphasized that she never intended to be a single mother. She felt very close to her younger son

Zane (12), while, of course, her relationship was going through some growing pains with her 19-year-old son Marty who was differentiating from her though still living at home. She identified herself as Caucasian and her boys as bi-racial. She described a history of unsafe relationships and feeling safe in her single life, enjoying time with her sons and their dog.

At the time of the interview, she was mostly content with her life and where it was going. She loved the stability of her job and was in college to pursue her bachelor's degree. A few years earlier, she described going through a sort of "life is short" epiphany, where she chose to start spending money on family vacations. This decision was an important milestone in her life, and she was grateful for their shared vacation memories. She was an experienced mother and skilled at recovering from setbacks. She enjoyed spending quality time with her younger son, watching TV or movies, and attending his various sports games and school activities.

#### **4.1.17 Joy, Ginny, Tim, & Smiley**

Joy (31) had been a nursing aide at the main hospital, earning \$13.91 per hour. At the time of the interview, she claimed to be on maternity leave with her eight-week-old daughter. Nearly a year later when I interviewed her for another study, I learned that she had actually lost her job around the time of our interview because she had run out of leave and had been asked to resign. She had had to take a significant amount of time off in the six months before the interview due to hyperemesis during her pregnancy and her daughter experiencing a serious injury. The final straw was when she could not return to work after her unpaid maternity leave because at the same time she was due to return, her infant had nearly died from a sudden illness and had had to be hospitalized. When I talked to her six months into the pandemic, she had been unable to return to work due to school being out, and she was experiencing significant financial hardship. Joy had

limited family support though her mother lived nearby. Her children's fathers were not involved in their lives.

I met Joy in her apartment in a public housing project around Christmas time when her baby was 8 weeks old. She was a gentle mother with a good sense of humor. Before having an infant, she had enjoyed taking her older children to museums and doing other activities with them. Unfortunately, Ginny (10) had had suffered a serious injury at school that year and was utilizing disability services during her recovery. Her son, Tim (5) had asthma. Thus, all members of the family had significant health problems that required a lot of energy from Joy who herself had often been ill. Still, I found Joy to be a very positive, introverted person who wanted to encourage her children to participate in quite activities. For example, she instituted regular "no tech" days where the TV, phones, and computers were off, and they read or simply played together. Overall, Joy recounted multiple stories in her interview that suggested her family had close, joyful relationships that made her chosen pseudonym apropos.

#### **4.1.18 Jada, James, Jamila, Jace, Jacob, & Jeremiah**

Jada (28) was a medical assistant who worked in the same network clinic as Lisa. She earned \$15.54 per hour and was able to earn \$1,500 in net income when she could work all her hours. However, she needed a lot of time off to care for her children who had various physical illnesses and behavioral problems. She had an FMLA account for each of her four sons and often could only earn about \$1,000 per month. She did get food stamps and WIC and lived in income-based housing, though she was struggling to pay her share at the time of the interview. Jada's children's fathers were not involved in their lives, and she preferred being her children's primary parent. She had close relationships with her best friend, her sisters, and her mother, all of whom

had large families. Jada described specific views on motherhood in her interview, explaining that she was raising her children in the Christian faith and working to shelter them from secular and unnatural influences. At the time of the interview, she was questioning working in the medical field as she was suspicious of medications and vaccines.

Jada was a mother of five and identified herself and her children as African American. She had twin five-year-olds, Jamila and James, who were in kindergarten. Our interview focused on James. She also had a three-year-old, a two-year-old, and a young infant. Jada worked to enrich her children at home, evidenced by the many educational posters on the walls, and hoped to someday homeschool her children. She had mixed feelings about the various professionals in her children's lives, who ranged from special educators to mobile therapists to medical doctors. She described her daughter as the only one who did not require much help, though her daughter had a significant tantrum during each interview that made me wonder if her behavior was simply being interpreted differently than her brothers due to her gender or some other reason. Her twin brother, James, was exhibiting significant behavioral problems at school that risked harming himself, such as climbing on top of bookshelves and water fountains, during school transitions. One son was in speech therapy. Another had recently been diagnosed with sleep apnea and was showing signs of a cognitive delay that was yet to be formally evaluated. Another son, Joseph, was in behavioral therapy for aggressive behavior.

Overall, Jada was a committed and very busy mother. I did question how well the behavioral therapists had supported her or how well she had implemented their recommendations. For example, the point charts displayed on the walls were much too complex for their age and did not seem to be used with consistency. During my interviews with her, I saw her comfort, hug, and compliment her children as well as pinch one child, ignore clearly escalating behavioral outbursts,

and threaten physical discipline with a belt. I saw more of her parenting interactions than any other parent whose home I visited.

#### **4.1.19 Crystal, Kenzy, & Chris**

Crystal (28) worked outside of either main hospital system in the Pittsburgh area. Rather, she worked for an independent non-profit that provided medical and financial support for people with intellectual disabilities. Crystal had worked for the company since she was 19 in various capacities. In her current role she scheduled, provided transit, attended, and followed up on all her clients' medical appointments and managed their finances. She was also the medication manager for her clients and their direct care staff. Finally, she worked two overtime shifts a week and provided direct care to a set of her clients who were in the company's residential program.

She earned \$15.35 per hour, taking home \$1,800 to \$2,800 monthly depending on her overtime. Her daughter, Kenzy (8), was in second grade and her son, Chris (3), was still in daycare. She identified as Caucasian and identified her children as bi-racial. She had a limited relationship with Kenzy's father but had a close relationship with one of Kenzy's half-sister's mothers. She was still in a relationship with Chris' father, but he was incarcerated at the time of the interview. Crystal seemed to enjoy an active lifestyle, coaching girls' soccer, serving her clients, and taking annual vacations. She did seem to have some concerns about her younger child, repeatedly stating that her son was hard to handle because he was a boy and that she struggled to find a babysitter due to his behavior. She seemed to have a very close relationship with her daughter whom she described as an easy baby and an overall obedient and beautiful child.

#### **4.1.20 Cheryl, Stella, Janelle, Kurt, & Prescott**

Cheryl (32) was a recently single mother of four. She was working some hours as a home health aide, but primarily working part time as a nursing aide at a skilled nursing facility earning \$14.50 per hour. She reported bringing home about \$1300 per month between these two jobs. She earned an additional \$200 per month selling jewelry, which was displayed on large boards in her living room. She also received \$655 monthly in SNAP as well as a few other public benefits. Her ex with whom she had raised all her children and who was the birth father of her three youngest, had left her the year before. She had struggled with the transition but had used the guidance of another woman she met who raised five girls to find joy in her parenting and also take time for herself. She identified herself and her children as African American. She had a child in every developmental age group. Her oldest daughter (16) was in cyber high school after getting in a fight at school, automatically resulting in the police getting called and resulting in Cheryl removing her from school to avoid further trouble and fines. Her oldest daughter helped with food shopping and dropped her youngest son (4) off at day care each morning. She had a son (12) in middle school and a daughter (8) in the third grade. She mentioned that both her 12- and 8-year-old children had trouble behaviorally in school and problematized the school's responses and ability to intervene proactively. Her daughter, Stella's, SDQ was slightly raised with emotional problems being high and peer relationships slightly raised.

Cheryl was a caring mother who did regular activities with her children to keep the family close. I was amazed at how easily and creatively she kept her youngest son quietly engaged through the two interview sessions, regularly hugging him, and changing his activities without even getting up. She had a "12 days of Christmas" routine set up with a Christmas activity every night for the 12 days preceding Christmas. The night of the second interview she was taking all of the kids to

the movies provided through a local program that focused on African American mothers with sons. She also maintained relationships with a few community social worker-type folks to identify programs and supports for her family. Cheryl struck me as a caring and solution-oriented mother who used her empathy and insight to critique the world and move through challenges.

#### **4.1.21 Tammy, Naomi, John, & Bryant**

Tammy (47) was a rehabilitation specialist earning \$12.50 per hour. It was not until we were into the interview that she shared that she actually worked very few hours in this position. Rather she built her income based on her work in this position only about four hours a week, earning \$200 per month, combined with being a driver for grub hub earning about \$900 monthly in tips. She supplemented this income with her children's disability payments and a few other public benefits, though surprisingly she did not use food stamps. Tammy's work in the gig economy was a useful contrast to the other jobs held by parents in the sample. She had no workplace benefits and rarely worked a full 40 hours a week. Still, she liked the flexibility to be able to supervise and care for her children. Three of her children lived at home, including her adult son (26) and her two younger children: her 14-year-old son and her 11-year-old daughter. She also had a son who had died but would have been 18. She did not explain the details of her son's death but expressed that it had a significant effect on her children and that her daughter often blamed her behavioral outbursts on this death. Additionally, she noted that her adult son basically never left the house and implied this was somewhat related as well.

Overall, Tammy struck me as a deeply caring mother who was struggling to help her children. Her daughter (11), Naomi, had significant behavioral problems, getting disability and special education services to try to address it. She would regularly have verbally and physically

aggressive outbursts both at school and at home. Tammy described being unable to de-escalate these situations and often ignoring them once Naomi was calm again to avoid re-escalating her. Her descriptions of her reactions to the behaviors were concerning and the effects seemed significant for Naomi's development. She was struggling to learn how to read even in the fifth grade and the school was threatening to send her from the school Tammy had chosen for her back to the neighborhood school, which had previously accused her of child abuse. Tammy loved being with her children, cooking them food and being able to spend time with them. She explained that she enjoyed staying home rather than working for their younger years, so she could be there for their many childhood milestones. She liked working for grub hub because she could take her daughter with her as she worked.

## **4.2 Jobs & Job Quality**

Workers in this study had a range of jobs working for healthcare employers. Most workers were service or clerical workers. Service workers included non-clinical jobs like dietary services and patient transport and clinical jobs included medical assistants and nursing aides. Clerical workers included public facing positions like an inpatient unit secretary and multiple people who checked people into clinics or hospitals and non-public facing positions that coordinated patient assessments and discharges.

Job quality is difficult to define. Jobs can be evaluated across many dimensions. Kalleberg's (2011) job quality framework identifies several key dimensions. Specifically, a "good" job has high pay with opportunities for increases, fringe benefits, control over scheduling and termination, and worker autonomy. There are several subjective factors, including how well a job



aligns with one's values and needs. Last, a specific job is evaluated through a variety of norms, such as cultural, societal, and generational norms. In the next section, I map my study participants' experiences onto these various aspects to evaluate their job quality. Though this description shows that job quality is indeed hard to evaluate and quite subjective, overall, I conclude that though not the worst jobs available in the labor market, these are not "good" jobs.

#### **4.2.1 Wage Levels**

Participants in this study earned wages that were well above the minimum wage of \$7.25 per hour (mean=\$14.88/hr, range=\$11.90/hr-\$21.36/hr). For most of the workers in the study, this was the highest wage they had ever earned. A few participants with higher income or fewer people in their families described their wages as enough to cover their basic needs, such as Lisa who had consistent child support and Nicole who felt it was "okay" because she had "only one child." Nancy was the only person who reported no hardship at all in the sample, and she is an outlier earning \$21.36. Removing her from the sample, the remaining participants earn between \$11.90 and \$17.63 with an average of \$14.57. No parents described their earnings as "high" and most described their budgets as falling short of their needs. Compared to the living wages defined by the MIT Living Wage Calculator, all parents in the study earned less than a living wage for their family size (Nadeau & Glasmeier, 2018).

Most parents reported struggling to pay for their basic needs. Nine mothers reported significant hardship, especially food insecurity, inability to pay utility bills, and difficulty affording housing. Five more mothers reported the money was "barely" enough, resulting in them having no extra money and struggling to pay for school clothes or other occasional expenses. Sara reported

that her income was enough to cover her basic needs with the public benefits she received, including income-based housing, SNAP, and childcare subsidy. Alex reported she could make ends meet by working a lot of overtime. Rachel was able to make ends meet by co-owning a house and sharing costs with her mother and brother while Ryan (part-time) survives on his disability payments and living with his family. Though most parents reported that these were the highest wages they had ever earned, these wages could not be considered high. In conclusion, most of these workers were better off than the worst paid workers but still would have needed significantly higher wages to be wages of a “good” job.

#### **4.2.2 Opportunities for Increases**

Another aspect of a “good” job is that it has opportunities for wage increases (Kalleberg, 2011). Study participants had two pathways for increasing wages. One pathway that provided smaller wage increases were raises in one’s current job. Most of the sample was unionized and a key win in their union contract was guaranteed annual wage increases. These could be described as a cost-of-living adjustment, typically being three percent. In some cases, wage increases were higher because initial raises also adjusted for wages that were below local market value. Some non-union workers also reported getting raises. For instance, Crystal reported getting a raise annually over the years preceding the interview. Workers who worked in the main hospital’s network but were not unionized also reported having gotten some wage increases, but they were neither annual nor guaranteed.

Workers could access larger wage increases if they transferred to a better job or earned a degree to qualify for a higher paying job. This opportunity to advance up a career ladder within a hospital or healthcare system is a potential strength that many members of the Pittsburgh Wage

Study have lauded as a marker of hospital systems as “good” employers. For example, Elisa said the best part of the job was “the fact that I can move up.” However, Elisa and many other workers in the study reported significant difficulties being able to step up the career ladder. Across the country, hospital jobs have become weaker employers for low-wage workers as they become increasingly privatized and profit-driven, particularly for Black workers (Greenstone & Looney, 2012; Wilson, et al., 2013; Wilson & Roscigno, 2016). Indeed, in the broader Pittsburgh Wage Study, the hospital where most of the participants in this study work was a premier employer but has since fallen from this high status. One woman from the bigger study once described it to me this way:

The three jobs you were supposed to have in Pittsburgh, Pennsylvania, when I moved here: garbage man, [this hospital], Port Authority. Those were the three jobs everybody wanted. If you want to make money, and you want to be sound, structured in your income, you go to these three places. [This hospital] used to be the number one place to work. Number thirty probably, by now. And it’s because the way they treat their people.

Part of this sentiment was related to the lack of good wages, but many workers felt they could earn living wages if they could get promotions at work. Unfortunately, since working with a variety of hospital workers in this system, I have known far more people who failed to progress than those who did. Most workers I have worked with over the years had one of two stories: they had worked in the same position for many years and never gotten any advancement or they had applied widely, failed to be hired, and either accepted this or left the hospital.

The career ladders in the hospital seemed to be short (2 levels, such as a receptionist 1 to 2) or nonexistent. Alex had a short career ladder option. She had accessed a two dollar raise by

adding a technician qualification to her skillset through an in-hospital training. No additional promotions were available in her current job. For others, the career ladders were unclear. For example, one of the participants working as a receptionist had been hired at the first level of two for that job title. Since then, the other receptionists in her office had left, and she had taken on their responsibilities. However, she had not been offered to go to the second level. She felt the opportunity for this promotion was unclear, saying “I don’t understand the difference [between the levels] because I basically do everything a level-two do, so I don’t understand.” Others agreed that there had been no discussion of career ladders. Ryan was actively trying to get a better job but said, “I haven’t come to anything that’s here to help you to change departments or things like that, no.” Victoria noted that though goal setting was part of her annual evaluations, it was perfunctory:

Q. Has anyone ever helped you think about how to move forward in your career?

No. We do evaluations, and we'll think about it. Okay. Like, "Let's make a goal. How do we reach this goal?" But it's kind of just that one talk and done. There's nothing taking steps to actually fulfill the goal.

For others, it seems that there may be unspoken exclusions of some workers from available career ladders. Elisa felt that people were assessing her attitude when she moved around the hospital as a patient transporter and tried to maintain a positive demeanor in the hopes it would help one of her applications get picked up. She said, “If people recognize you as a happy individual, maybe-- or not happy. But positive all the time. That can help as well.” Ultimately, Elisa left the hospital without her hard work or positive attitude helping her access a better job.

Repeated discussions with workers suggest that Elisa may be right in part - that workers are being evaluated informally for access to opportunities - but maybe not based on their positive

demeanor. For example, Ryan was actively trying to get a new job in part because he wanted to work full-time to earn more money to care for his daughter and in part because the physicality of housekeeping was difficult for him as a person with a physical disability. Ryan had to continue working nights because his disability prevented him from doing some of the housekeeping work required during the day. In response, he had been applying to jobs that would better match his physical abilities while also providing a higher wage and day shift which would enable him to move out of his mother's house, stop using SSI, and be able to provide more for his daughter. Ryan described his frustration saying, "I live in the fact that I can't get hired in a different department." He attempted to divine the reasons, listing his work history that did not prepare him for an office job and how few jobs were available at an employer where many veteran workers were holding onto their positions. He did not mention any possible discrimination based on his history of incarceration and his current positionality as a Black-presenting bi-racial person with a disability.

Even when supportive programs, like tuition reimbursement, were available, some parents reported they were too hard to use. One participant described how she would like to become a dental hygienist but that the tuition programs and available schools at both local hospital systems made this inaccessible to her, she said:

Yeah, yeah. I could start, probably make it all the way to where I came at a year into the program, but the program's at strict hours, 8:00 to 4:00, Monday through Friday, and those are my work hours and majority any dental office work hours. Majority no dental offices are open on weekends. Some are open late nights, but it might be two or three times a week. So, I was just like, "I'm sure I could work when I make as much as I do now to be able to sustain the bills and finances that I do.

Probably not. And that would probably be stressful, and I probably will fall behind.

And it probably will just be traumatic."

Instead of pursuing what would be a very lucrative and stable job, she concluded that her only way forward would be to start her own business (though potentially no less lucrative) and planned to take business classes to prepare to open her own salon.

The only career ladder that seemed to lead to a living wage seems to be becoming a nurse. Many workers aspired to this goal and two people in this study were currently working toward it. Both faced significant challenges to achieving this goal, illustrating how difficult this career ladder can be for working single parents. When I first met her, Lonnie saw becoming a nurse as the only way out of an incredibly stressful situation where she had little money, time, and energy left to care for herself and her children. Back in 2017 she said this:

I do want to buy a house, I do want to finish nursing school, or start nursing school, then finish. [laughter] Like I said, get to a point where I'm able to not be in the situation. Like, this is just a horrible space that I'm in, so I want to get to a point where I'm able, like I said, to afford all the bills that I have, and then be able to have something left over so that I can do the things that I want to do, and, you know, just have money left over in general, so I'm not, like, I have nothing.

Lonnie has moved toward this goal since I have known her by a combination of luck and hard work. She took her first two steps from a home health aide to a nursing assistant, to a level two nursing assistant through brief hospital trainings. For three years she worked a brutal rotating night and day shift that was stressing her to the point of tears the first time I met her. A few months after that, her supervisor approved her to enter a lottery for in-hospital training program. It seemed that despite her high stress level, she had made a good impression on her supervisor. As she put it, "I

try not to bring my home problems to work because it's nobody's fault at work.” The training program opened the next level of the career ladder, but this step required perseverance. She somehow managed to continue working her rotating night and day shift, take the six-month evening class, and – with the help of her mother who was not working – raise her three children. After completing the training, she had a higher wage and, more importantly, a daylight schedule which made a huge difference in her life and parenting. By summer 2020 she was taking her prerequisites for nursing school and felt confident she had the time and energy to complete these and advance to nursing school. Lonnie’s experience illustrates how difficult it can be to access and climb the career ladder and still, three years later she is at least two years from her goal of becoming a nurse.

Another participant was also in school to be a nurse, working part-time to facilitate school. The hospital played little role beyond accommodating her school schedule. Unlike Lonnie, she had not had access to any internal training. However, her experience illustrated another potential barrier to scaling a career ladder: racism. She explained that she had nearly not finished her nursing degree because of racist treatment by a clinical professor and the administrator supporting her. She was the only Black woman in her class and experienced differential treatment that was preventing her from passing her final clinical course. She felt defeated, but her community rallied around her. Her mother, grandmother, and White classmate worked to prove that Sara was experiencing discrimination. She said:

I was pretty down about it, but my mom and my grandma wrote a letter to the Dean, and they were really compelling, I guess, they just showed different sides. My mom was more so, was it discrimination, it is weird that she is the only Black student and all this is happening. It was a lot. And then my son's grandma kind of showed the

process of me being in school and just my-- they were true and they were coming from the heart and stuff, so. The Dean finally had got back to us after a while and was like, they have an investigative process.

Once the investigation started, she and her White classmate started staging situations to prove differential treatment, “And we noticed that [the instructor] said something to me that was the exact same thing that my friend did and she didn't say anything to her.” Racism was found to play a role, but proving this was not the end of Sara's struggles. She had to transfer to another campus and repeat the course. After passing her clinicals, she was two points below the recommended level for her board practice exams and was mandated to take another 12-week board preparation course. Again, she felt she was being expected to do more than necessary, saying “I was like ‘*another* obstacle.’” She delayed taking the course and ended up having to pay for it twice, not realizing it would expire. Overall, she described feeling depleted by the whole experience saying, “I think just mentally I was just kind of defeated. Or just like discouraged for a while. Knowing I had to do it, I had no choice, I was going to do it.” Happily, a year later, she told me she had indeed passed her boards and was employed full-time as a nurse

These experiences show that despite the commonality of workers seeing healthcare jobs as stable positions with potential opportunities to “move up,” the reality of advancement seemed a much harder road filled with barriers frequently tied to factors beyond the workers' control. Many workers faced a variety of barriers to promotion, including lack of supportive programs and lack of better jobs into which to advance. These women are clear exceptions, but they had a lot going for them. They had discipline to work toward their goals and family support to overcome barriers that may have stopped them from reaching them. One even had enough resources to work only part-time. However, their stories suggest not only the incredible perseverance required, but also



the relatively limited role their jobs had in helping them reach their goals. Despite the fact that many people working in the hospital believed that the hospital is a place where one can “move up,” after years of talking with hospital employees, it seems that few people are actually able to advance. When parents discussed applying for internal transfers or feeling stuck, I asked them about the support they were getting to access and scale a career ladder. For most workers, there seems to be little or no career ladder.

#### **4.2.3 Fringe Benefits & Access**

In a society where few social services are provided publicly, people largely rely on employers to provide healthcare (Hamel, et al., 2019). In the U.S. context, access to fringe benefits is one marker of a good job (Kalleberg, 2011). All participants in the sample, except Tammy and Cheryl, had access to a standard range of benefits through work: retirement fund, health insurance, life insurance, long- and short-term disability insurance, and dental and vision insurance. Workers in the main hospital system also have access to tuition reimbursement, though Nancy was the only participant who was using this benefit, which other participants described as hard to access since they could not afford to be reimbursed. Despite the availability of benefits, access to the benefits was not universal. Access to health insurance is an important example of this both because of the links between health insurance access and health, and the reality that all these workers were working in healthcare systems that also served as their insurer.

Only Lee and her daughter were not insured at the time of the interview. Lee reported that she had waited too long to re-enroll in the most recent enrollment period. It is regrettable that this happened, particularly for Lee’s daughter as all Pennsylvanian children can be covered by the state’s Children’s Health Insurance Plan, and she likely would have qualified for the no cost option.

However, she was not aware of this. This was also a problem for Lee herself, as she needed healthcare. Ultimately, she chose to go to the doctor, knowing she would be taking on medical debt. When she would be called to pay, she said she would “wing it” and said she wanted “to pay but...”, implying it was not a priority.

The remaining parents and children were insured, but only Nancy, Lisa, and Crystal had the whole family on their employer’s health insurance, as the remaining continued to be covered by Medical Assistance. Crystal expressed frustration that she no longer qualified for Medical Assistance and suggested that higher costs of insurance limited her access to healthcare and exacerbated her healthcare costs for her young children. She explains:

All my friends get [medical assistance], so it's like a little rougher for me because it's like I'm paying out of pocket, and I got to pay for everything. But the thing that kills me the most are copays. I have a baby. He's sick a lot. If he got an ear infection, I got to take him, it's \$20 if you take him, and then he got a \$20 prescription. That's when it's like-- after paying \$200 a month. But that's the only time where it's-- I mean I'm grateful that they have health insurance, but that's the only time when I'm like-- for me, I don't mind, but for them, it's like more often. So it's a little annoying. And with daycares and school, they want you to go to the doctor for them to go back. So it's like even if I know he could get better, I got to prove to them that he's going to get better!

Similarly, Roxy, Rachel, and Lonnie described the employer health insurance as too expensive for them to use, and they were grateful their children continued to qualify for Medical Assistance. Indeed, national surveys suggest that deductibles and copays are common reasons people cannot access healthcare (Hamel, et al., 2019). For example, Roxy shared that she had

recently been hospitalized after going to the Emergency Department. She said, “You don't know how thankful I was when I went to the ED that they admitted me to the hospital because I didn't have \$100 to pay. And since I got admitted, I didn't have to pay the copay.” Alex and her children had recently stopped qualifying for Medical Assistance and she was adjusting to having to pay co-pays. She described struggling to pay co-pays and using a strategy common among hospital workers of using her badge as a charge card, similar to how someone might have had credit at the company store in eras past. She explained:

I use the pharmacy here. I can swipe my badge. If I don't have the cash for it, I can swipe my badge. And it just comes out of my next check. So if I don't have the money for the medicines, I can just get it and pay for it later. So that kind of helps. But it's hard.

There seemed to be little extra money available for parents to use the available workplace benefits. Retirement matches went unmet, tuition options were largely unused, and healthcare was used with trepidation. Overall, availability of workplace benefits did not equate to access for this sample of working parents in low-wage jobs. Healthcare access challenges have a particular irony given that these workers all work for healthcare providers. Additionally, for workers in the main hospital systems who also function as health insurers and pharmacies, there is a disturbing aspect of paying and being in debt to an entity that is simultaneously your employer, your health insurer, and your healthcare provider.

#### 4.2.4 Autonomy

Autonomy over one's work, particularly the pace and method of working, has been shown to be associated with positive outcomes for workers and is an aspect of "good" jobs (Kalleberg, 2011; Yetis-Bayraktar, et al., 2013). A few participants in this study reported having autonomy at work. These workers tended to be the only person in their position at work and/or have non-public facing jobs. Workers described liking these aspects of their jobs, specifically not having to perform emotional labor at work and to have flexibility about when they did specific tasks. For example, Amber described being able to look and feel however she wanted if her work was completed, saying "if you're having an ucky day, that's a great place to be because you can just do your work and, "woe is me," and go home." Additionally, she appreciated being left alone. She said:

This job is fairly easy because there's not many tasks, and I'm left alone. This has been one of the few jobs I've had in my entire life where... the people aren't difficult to get along with. Everybody minds their own business. Everybody is respectful of personal space. And there's really no reason to tattletale on anybody.

Crystal did direct care work and office work and liked this balance. She was the only one at her office with her job title. She was grateful for this aspect of her work, saying "It's my work. So, I feel very blessed to have that position in my job." She was able to develop her own organizational systems and was knowledgeable about her work, having expertise that was hers alone at her office. For example, she described her process responding to a new regulatory requirement:

And my boss had me do it, and I'm like, "I don't know how to do this." And he's like, "Well, just figure it out." And then my supervisor, my other one, she's usually very good with the paperwork stuff. And I called her, and she's like, "Well, I don't

know how to do that." So, I'm like, "Oh my goodness." So, I found the website, and I looked at the bottom, and I called them and asked them, "How do I do this?" And I told my bosses I'm not teaching them

Some workers in the sample had some autonomy but did not describe it as a major positive aspect of their work. For example, Sasha had developed her own organizational system for her work, but this personal autonomy was a minor factor in her overall assessment of her job quality. Many more workers had relatively little autonomy. Some workers were expected to do work well beyond their job descriptions. For example, Victoria shouldered the ethical dilemma of leaving her desk to help with observing patients when the her floor did not have enough patient sitters (people who observe patients who may harm themselves). She described this situation and its potential implications on patient care:

There are some days where I can't even do my job because I get pulled to be a sitter, which is literally babysitting a patient...

Q. Okay, and do you have any rights to say, "No, I'm sorry. I'm a unit secretary"?

Legally I do, but at the same time, I feel like I'm letting my unit down.

Q. What are the implications for your real job for that?

They don't have a unit secretary, so that phone's ringing off the hook, nurses are with patients, they can't answer them. No one's answering that phone. So it could be the lab calling with a critical lab that one of the nurses need, they're not getting it until after the fact. Or it could be a doctor calling to tell us to prep a patient for

the OR. They don't know because they didn't answer the phone. If there is not a unit secretary there, that phone's not getting answered.

Other workers simply had no control over their work, such as patient transporters whose tasks and pace were defined by dispatchers through a beeper system. For aides and assistants, their autonomy was often disrupted when their floors were understaffed. Overall, autonomy was not a norm and was dependent on the type of job and the broader context of the work environment, which is out of the control of low-wage workers.

#### **4.2.5 Schedule**

The effect of schedules on child and family outcomes have been heavily researched, and associations between inconsistent schedules and worse outcomes have been documented (Agrawal, et al., 2018; Gerstel & Clawson, 2018; Nomaguchi & Johnson, 2016). In the low-wage market an additional challenge is accessing ample hours which is related to parent stress and financial hardship (Lambert, 2008; Lambert, et al., 2012). In comparison, workers in this study had some significant benefits as it related to schedule. First, workers did not have difficulty accessing ample work hours. In fact, many workers could work well beyond their base schedule through overtime fueled by understaffing. Second, both part-time and full-time workers had access to consistent hours and unionized part-time workers also had access to full benefits. Third, most workers had consistent schedules. A few had rotating schedules or start and end times that varied across the week which could be especially challenging when balancing childcare. Last, workers did have some voice in their schedules. Unionized workers had schedule participation built into their contract. Unfortunately, this was often based on seniority which often limited parent voice,

as parents tended to have shorter tenures. Additionally, these workers had paid time off which can support accessing one's hours and erases the negative financial impact of taking a day off experienced by those without this benefit.

Still, schedules varied in how well they matched with children's schedules. Largely parents agreed that no matter the schedule, they were missing out on something. For example, Ryan worked a night shift and slept during the day. If his daughter had a soccer game after school he could try to get up and drive across the city to attend, making him extra tired for his next shift, or he could skip it by sleeping. He argued that if he had a day shift, he would miss these late afternoon games outright. Meanwhile, Elisa's schedule, though set, went until later in the evening. Given that she is a bus rider on top of this, it meant that she did not get as much time in the evening to be with her child and made her wish she had an earlier shift.

While consistent schedules that did not align with children's schedules required accommodations, rotating or inconsistent schedules seemed to be the most challenging. A few parents had schedules that were routinely rotating or variable. Understaffing could also contribute to inconsistent schedules. For example, Roxy was being expected to work late because of being short-staffed which was disrupting her childcare. She connected this directly with poor management saying, "I told him [the supervisor] that I can't stay here if you all can't keep employees. I have to go somewhere where I know I'm going to get home at a decent hour because I still have to get my kid." Overall, consistent hours and schedules was a strength most workers' jobs had in this sample, though there were some exceptions that made balancing working and parenting challenging.

#### 4.2.6 Termination

Another element of job quality is the extent to which workers have control over when their employment ends (Kalleberg, 2011). This also relates to employer trust, which has been associated with child and family outcomes (Johnson, et al., 2012). During the period I have been doing research with hospital workers, there have not been any layoffs. In fact, workers were more commonly dealing with the effects of understaffing. Even through the pandemic workers who were able to cope with increased childcare obligations were able to keep their jobs. However, trust with the employer related to terminating the employment contract appeared in the sample in other ways. First, multiple workers felt they could not get the accommodations they needed to continue at the hospital though they would have preferred to remain with a large employer with benefits. Some workers were leaving or planned to leave because they could not earn enough, could not access a schedule that was better for their children, or could not transfer to a network location closer to their home.

Second, as I detail in subsequent chapters, termination was often determined through time and attendance policies that assigned points to workers after incidences of being late or taking time off. Workers were given points across time and if they exceeded a cutoff in a calendar year they were automatically terminated. Though one might imagine that this meant workers had control over their termination, parents of young children who earn low wages actually often have little control over when they are late (e.g., cheap cars, reliance on public transit) or when they need a day off (e.g., sick children, two-hour delays). Thus, even in a strong labor market, workers had some limitations in their ability to control their termination through more hidden mechanisms of workplace practices and policies rather than through widespread layoffs. On the balance, these parents had more control over when their jobs ended than those in more precarious industries.



#### 4.2.7 Personal Assessments

Most workers felt their jobs were the best they had had in their careers within the low-wage job market (Cheryl and Tammy were exceptions). Though Amber was in school to get a better job, she was thankful for the qualities of her current job. She described her job quality like this:

This job has been one of the few that have been like non-stressful. And I have bad anxiety. So, yeah, this really helps.

Q. What kinds of things about this job make it less stressful compared to other jobs?

Definitely the fact that it's close to where I live - it's only 15 minutes away from my house - is definitely a plus, parking is only \$20 a month, and the fact that everybody in my office gets along with each other. And my hours are a bonus. Honestly, if I had to take a pay cut, I would probably take it because I would still have the flexibility of the flextime, which means a lot. And I definitely feel, if I would have had this job when my children were little, I would have prospered much faster, much, much faster.

Amber's assessment shows how her feelings about her job go beyond Kalleberg's aspects into the realm of individual assessment. She highlighted proximity to her home, inexpensive costs for working (e.g., parking), and lack of stress at work related to interpersonal relationships. She noted that these qualities would have benefited her and her family across her life course but were previously inaccessible to her. Other parents who experienced their current jobs as less stressful than former ones agreed with Amber that this is an important job quality. In situations where jobs were actively stressful, parents identified this as a detractor from job quality. Stressors commonly

related to coping with understaffing or poor interpersonal relationships with supervisors and/or coworkers. These aspects are described more in Chapter 6.

Even though parents described these jobs as better than other jobs they had had with worse job quality, most felt they were not “good enough.” Almost all parents were working to improve their careers and access better jobs. Lee and Rachel had recently found new jobs they felt would have slightly better job quality. Nancy, Amber, Sara, and Lonnie were all in school to be able to access jobs they thought would be better. Though not in school currently, Marie, Crystal, and Alex all aspired to new careers that would give them access to opportunities for advancement at work. Ryan and Elisa were actively applying for new jobs that would give them more pay and better schedules. Based on their gratitude for aspects of their jobs coupled with their actions to improve their job quality, workers seemed to agree that these were jobs that fell somewhere in between bad jobs and jobs that adequately met their needs as working parents.

### **4.3 Conclusions**

Most of the jobs held by workers in this sample had good qualities. Other than Cheryl and Tammy, all workers had access to ample hours with some control over their schedule as well as fringe benefits including paid time off. These jobs were certainly better than jobs without these qualities. Mapping parents’ experiences onto identified dimensions of job quality and reflecting on parents’ own assessments both indicate that job quality in this sample was better than the average low-wage job but were still misaligned with parents’ needs.

Overall, the aspects of job quality defined by Kalleberg (2011), which summarize the most commonly used aspects in the broader literature, may not accurately reflect the job qualities valued

by low-wage working mothers. For parents, it may not be the specific aspects, but rather how they align with their ability to care for their children. A wage may be high in the scheme of the market, but if it does not provide enough to provide basic needs and routine luxuries of childhood, it is not sufficient. Having a schedule control policy may be helpful, but it is only meaningful for parents when they can have individual and day-to-day control over their schedule. As it is, parents work with tradeoffs, such as trading a higher, though still low, wage for a more flexible schedule. Subsequent chapters will suggest additional aspects of job quality that may better support this population of working parents.

## **5.0 Every Day is an Emergency: The Limitations of Well-Intentioned Workplace Policies**

A key aspect of navigating work and home was carefully accounting for the balance between time and money. When making recommendations to their employers in the interviews, mothers repeatedly wished for more time. Joy succinctly articulated this in her interview when she hypothetically asked her employer to “pay me more, work me less.” They indicated that workplace policies related to time, including scheduling, paid time off, and time and attendance policies, played a key role in how easily they could navigate life as a working parent. In some instances, they could indeed work less and fulfill other obligations or even participate in leisure time. The need for control over one’s time as an aspect of job quality is consistent with the literature (Kalleberg, 2011). Workers who were able to have this control over their schedules likely reaped the positive benefits found in the literature from having standard schedules, flexible schedules, and paid time off (Kratras, et al., 2015; Moen, et al., 2013; Perry-Jenkins & Gerstel, 2020).

I begin this chapter by describing the time-related policies experienced by workers in the sample. Next, I review the policies that seemed to make navigating work and parenting easier. I then describe how access to time off could be complicated by stigma in the workplace. I show how mothers would be grateful for time off and sometimes justify their use of paid time off (PTO) even when it was not required by policy. I argue that this may be a form of defensive motherhood and suggests the role of the cultural contradiction between ideal workers and intensive motherhood in people’s real lives. Last, I show how the time and attendance policy punishes mothers for using paid time off and how this punishment is worse for Black mothers at the intersection of structural discrimination in the workplace and community. Overall, I find that though PTO is a beneficial

policy, the stress of the related time and attendance policy that punishes using PTO may contribute negatively to worse family outcomes.

## **5.1 Key Policies**

### **5.1.1 Shifts & Paid Time Off**

Among low-wage workers consistent access to ample work hours is far from guaranteed (Lambert, 2008; Lambert, et al., 2012). In contrast, most of the parents in this sample were able to access complete full- or part-time shifts on a regular basis. As such, the majority of the sample includes workers with consistent and ample hours based on their choice to work part-time or full-time, and they likely reap the beneficial outcomes associated with having such schedules (Kratras, et al., 2015; Moen, et al., 2013; Perry-Jenkins & Gerstel, 2020). Nearly all workers worked full-time at the time of the interview, with two working a 3/12 shift that is considered full time despite being 36 hours per week. Only three workers, worked part-time. Slightly more than half the sample worked day shift, though three of those people had variable start and end times. Two people worked rotating night and day shifts, two worked evening shifts, and one worked only night shifts. About a third of the sample worked weekends while the rest typically only worked Mondays through Fridays. (Note: Tammy worked in the gig economy and is excluded from this part of the analysis).

In addition to consistent hours, schedule flexibility and control over schedule are associated with positive individual and family outcomes (Kratras, et al., 2015; Moen, et al., 2013). In this study, control over scheduling was affected by a few factors. On a basic level, the unionized

members of the sample were guaranteed a scheduling notice of at least two weeks, and scheduling preferences were based on seniority. As younger people in workplaces that skewed older, parents were unlikely to have seniority. Sometimes this was not an issue. For example, as a new employee, Rachel would have had to work an evening shift, which would have meant only spending time with her daughter on the weekends she did not have to work. Luckily, someone with seniority quit, and she was able to get their day shift. Others were not so lucky. Victoria explained how she frequently ended up with a difficult rotating night and day schedule. Though she and the three other unit secretaries in her unit “chose” their own schedule, her choice was trumped by the seniority of the others who had worked at the hospital for over twenty years. She explained:

It's not fair because they've been there longer, so they automatically get what they want...[If] she doesn't want to work, I'm placed to work, which I don't think is fair. If they pick a day they want, and I didn't pick to work that day, I'm automatically plugged in to work that day because I'm the newest one. The one lady, I know she prefers to work weekdays because her husband's off on the weekend, so she gets to spend the weekends with him...We have two people that strictly workday shift, do not work night shift at all. They don't have kids to worry about.

Victoria illustrated how a chosen schedule only works for those with seniority, and she highlighted that her coworkers “don't have kids to worry about.”

Additionally, the human resources department determined seniority and experience levels in a decision-making process that was not always transparent. Quite a few workers in the broader Pittsburgh Wage Study have complained to me that the determination did not adequately evaluate their work experience, negatively affecting their pay grade and voice in scheduling. In this study,

Roxy experienced this. Though she has worked for a hospital system for 12 years and in that way had seniority, she had only worked in her specific position for less than a year which seemed to have reset her seniority to zero, limiting her power to negotiate her schedule. Notably, Roxy was not a unionized worker and seemed to have no mechanism by which to contest this. Overall, seniority most clearly benefited older workers who have stayed in the same position or unit. This was limiting for younger people who perform valuable unpaid work to the community through parenting. Additionally, workers questioned the limited transparency of the seniority and experience determination policies.

All workers except for Cheryl and Tammy accrued paid time off (PTO) each pay cycle. Most supervisors would consider PTO requests before finalizing the schedule, but the timeline varied significantly depending on the duration of setting the schedule in a given unit, office, or department. Schedule duration seemed to range from two weeks to a quarterly, meaning the minimum time to access pre-approved PTO was two weeks.

### **5.1.2 The Point System**

The point system at the primary hospital system was a mostly automated method of monitoring employee time and attendance, specifically calling off, running late, or leaving early. If a manager had approved time off in advance in the payroll system, then PTO was applied without consequence. Otherwise, points were automatically triggered by the payroll system. From talking to nearly a hundred workers in this hospital system over the last few years I have learned most of

the ins and outs of the point system at the major healthcare network from which I recruited<sup>3</sup>. Any day off that was not formerly approved by a supervisor or the worker called off within a few hours of their shift resulted in three points. Any consecutive day was two points. Coming in more than three minutes early or three minutes late of the start time was a point. Leaving early after working at least half of a shift counts as a “late quit” and was worth two points while leaving before half your shift is an “early quit” and gave the worker three points.

The point system was separate from PTO. In other words, even if the worker had PTO hours to cover the missing time but needed to take time off without prior approval, the worker not only used up PTO hours but also gained the requisite points. Specific point levels triggered disciplinary action. At 18 points the worker was given a verbal warning with a written warning at 21 points. Accumulation of 24 points resulted in termination of employment and being barred from future employment in the healthcare network. Notably, these rules are more flexible for nurses and possibly other workers who have different unions, higher wages, and more substantial social capital in the hospital system. This differentiation in consequence across worker hierarchy is a point of contention for the lower wage workers I have interviewed.

## **5.2 Supportive Schedules**

Most workers faced some schedule misalignment with their children. This is common among working parents for whom school and childcare (e.g., day care, after school care) often does not match work schedules (Henly & Lambert, 2005; Heymann, 2000). Workers in this sample

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<sup>3</sup> A similar policy was used at the other major healthcare network and affected Roxy.



faced similar challenges. However, two scheduling situations seemed to enable some parents to attend to their children's needs more easily and have time for self-care during the day: having a highly flexible schedule with high autonomy and working part-time. Crystal and Amber comprised the first group and Ryan, Sara, and Cheryl the second. In contrast to the rest of the sample, these parents seemed able to freely take time off and/or had significant time in the week that they used for rest, leisure, or self-improvement activities that were not related to their children (e.g., distinct from a family movie night or attending a child's basketball game). Still, Crystal, Sara, Ryan, and Cheryl often worked overtime for extra money. In these situations, these distinctions were obscured, but when they chose not to work overtime, their free time did seem qualitatively different than other parents with different schedules.

### **5.2.1 High Flexibility, High Autonomy**

Crystal and Amber both had high job autonomy and highly flexible schedules. Amber described the best thing about her job as “definitely the schedule. This is the first job I've ever had with flextime to where I can come in as early as 6:00 but I'm late after 8 o'clock in the morning.” She would sacrifice a lot to keep this schedule, saying:

Honestly, if I had to take a pay cut, I would probably take it because I would still have the flexibility of the flextime, which means a lot. And I feel, if I would have had this job when my children were little, I would have prospered much faster, much, much faster.

This sentiment of prioritizing time and schedule flexibility over money has been found in other samples and speaks to control over schedule being an aspect of job quality for low-wage workers (Perry-Jenkins, 2020).

Crystal had even more flexibility at her job. First, she did not have a time clock, saying “we just write our hours on a time sheet.” Second, she regularly took off about half an hour early from her shift. She explained:

My schedule, like I'm allowed on the road, also, for my work. I do appointments and stuff out in the community. So sometimes my days end a little earlier, even though I did eight hours no matter what. So my normal shift would be 8:00 to 3:30. I've never been there until 3:30.

In part, she could do this because she was always available by phone. She said her boss informally credited her this time, “He don't mark me any hours gone because he knows if he needs me, I'm on call. So that will happen too.” Thus, when she was not working overtime, she would have a break between her shift ending at three o'clock and picking up her children from daycare:

During the week, I don't have to get my kids until 6:00. So I have time to absorb [the stress of work]. I literally come home and clean the house and then take a nap and then set my alarm too because I love naps, and my son like no naps after he was born. I used to go to the gym too.

She was also the only person in the sample who would step away from work to attend something at school, like a school party, and then simply return to her shift. Last, she noted that her autonomy at work contributed to this schedule flexibility:

I'm the only person in my position, so that's also a nice thing. If I need to be off, they don't have to cover me. It's my work. So, I feel very blessed to have that position in my job. Because if my kids are sick or something, of course, I'm missing my overtime, but I can take off.

Amber shared the autonomous quality in her job. She described it:

This job is fairly easy because there's not many tasks, and I'm left alone. ... If I wanted, I could probably take numerous breaks all day long. And no one would care because the work is still getting done. And sometimes you just have such extremely slow days. There's nothing to do. Sometimes I'm even allowed to do my homework there. But I'll still be respectful and ask my nursing manager like, "There's nothing on the board. I did this, or I did that. Do you mind if I [do homework]?"

Subsequently she explained that on the weekends or on a day off, no one covered her responsibilities. Instead, she would catch up with consults from the days she was absent. For example, just the day before our interview she had taken a day off due to a migraine. She was responsible for getting caught up when she returned:

Being that I called off yesterday, I was trying to hurry up and get in and get everything done to make everybody happy when they came in at 6:30 so nobody would-- people knew I called off yesterday. But as long as I have those papers together, everybody's like, "Hey, how -- oh, okay. Bye." And they're just gone [out to the floors] again. So that's why I came in today at 6:00.

In the same vein, Crystal and Amber both described taking time off quite easily, which seemed different than other parents who often defended their use of their PTO, which I describe subsequently. Since both worked jobs for which they alone were responsible, their autonomy and independence at work may have alleviated the resistance to them taking time off or flexing their schedule often experienced by single and low-wage working parents (Henly & Lambert, 2014). However, autonomy alone is likely not enough to warrant this easy schedule. Nancy also had high autonomy at work, working mostly alone and being the only worker to do her job. However, she had a regular daily schedule with no option to flex her hours. She described significantly more schedule misalignment. Thus, the combination of high autonomy and ability to flex one's schedule may be necessary to deliver this level of job quality.

### **5.2.2 Working Part-Time**

Opting out of work in part or in whole is a relatively common strategy for higher income parents but is often financially impossible for low-income workers (Stone, 2008). However, a few workers in this sample were working part-time, and it seemed to alleviate home-to-work conflict and enable slightly more time for leisure and other activities compared to workers working full-time. Sara, Ryan, and Cheryl all worked part-time, though Ryan was trying to find a full-time job. Despite being part-time workers, both Sara and Ryan were unionized and still had access to full fringe benefits.

Sara's case shows how working part-time was beneficial to her as a student and mother. She needed to work part-time because she was in school to become a nurse. She said her supervisor was accommodating of her school schedule each semester. She explained:

When it was school, I mean I know they have to be accommodating but he was pretty accommodating. I would just go and say this is my new schedule, I need this, this day [choosing hand gesture], and I just kind of pick my shifts.

She had considered getting a job that paid more money, but she did not want to sacrifice her flexible, part-time schedule, saying “I was thinking about doing monitor tech and stuff, but it was so easy to just arrange my school and work and whatever I had to do for his school.”

Additionally, not working five days a week was part of her long-term strategy to care for her son. This came up when I asked her about attending meetings at school:

Usually, they fall on my days off. So, it kind of worked out—or before work or something, if I could squeeze it in.

Q. So, working part-time sounds like it’s pretty important for you as a mom, is that true?

Yeah, it is.

Q. Do you expect that you’ll ever switch to full-time?

When I become a nurse, yeah. But they still do get like two to three days off because they do like three 12s or—I feel like it won’t be like a Monday to Friday thing. But it’ll change because my days will be longer though, so.

Many other mothers I have interviewed who have the three/twelve shift love the opportunity to have more time with their children, though it seems challenging if it is nights or rotating days/nights. Still, these shifts mean that there are full days where parents can provide childcare, accomplish housework and errands, and rest.

Cheryl also found that a part-time schedule worked better for her life. Cheryl was the most direct in expressing self-care and rest as a value. Working part time was one way she fulfilled this value, though it was not always easy as she worked to juggle her need for money, her commitment to self-care, and her significant parenting responsibilities as a newly single mother of four. She explained it this way:

I started off as part time because I didn't want to commit to full time and then I didn't like it or something or it's wearing me out. Because I'm real big on jobs wearing me out. I did all that when I was young doing overtime, putting in hours, body hurting, headaches, stuff like that...I mean, I need the money, but at the same time, I still got to live. So the full time is five days a week every other weekend. Part time is three days a week every other weekend.

She noted the challenge of times where she works more than this. For example, I interviewed her shortly before Christmas, and she had been picking up extra shifts, working full-time hours. The consequence was she was “never home” because when she works full time hours, she “never [had] two days off back-to-back.” She saw full-time work as over-committing herself, saying:

I haven't committed to a full-time job. I will work full-time hours when I want. But I haven't said, 'Hey, I'm going to come on full-time,' because I'm scared that, if I commit to it, I can't do it. And I know there's parents out there that got no choice but to do it, so. She described caring for her children and working too much as “impossible,” saying “I'd hear people saying, 'I work three jobs. And I worked 80 hours this week in one job.' There's *no* possible way I can do that. It don't matter how many bills I got to pay. It's impossible.”

For Cheryl, working part-time did not equate to an easy job or a good schedule. She did not have access to benefits and on the weekends she pulled a de facto double shift, caring for her children during the day and working a night shift at the nursing home (Hochschild & Machung, 2012). However, working part-time helped her feel like she could take time for herself. Each day she spent an hour regrouping after work:

I always tell [the kids] I need a second [when I get home], "Give me a second, please. I'm around people all day [laughter]. Then I come home, got to be around y'all." [baby cries] So I always tell them to give me a second. And I've got a red chair by my bed upstairs. I put my Steeler's blanket on it. And that's the first thing I do. I take off my scrubs and sit down. ...I'll sit, really sit, think about what they need to do, what I need to do for the evening. I'll look at my phone for a little bit. I'm real big on watching series. So if I'm already in a series, I'll turn that on for a little bit and watch a little bit of that. But pretty soon, it'll kick in like, "All right. Push pause. Go see what they're doing. They need to eat. Make them do their chores," stuff like that. But I do need at least an hour.

Still, given her financial pressures, she described mentally talking herself through feelings of guilt when she turned down extra hours to fulfill her commitment to self-care. She described encouraging herself, saying:

In my head, I'm like, "Just stay home and do you." And all I like to do is relax. If I could relax my body and my mind and everything, I could be re-energized for the next day. Yeah, so I'll do that. If they're all in school and I'm off, sometimes I'll go and get breakfast just for myself.

Despite the pressures against carving out time for herself, she felt it was important that she “stopped and smelled the roses for [herself].” In this way, Cheryl evokes Audre Lorde’s famous quote, “Caring for myself is not self-indulgence. It is self-preservation” (Lorde, 1984). Her time for herself is an act of resistance to the continuous hamster wheel of work and parenting described by most of the mothers in the study. Working part-time was a way a few parents could have time and energy to care both for themselves and their children.

### **5.2.3 Benefits of Supportive Schedules**

Overall, these schedules gave parents access to self-care and self-enrichment time not accessible to the rest of the sample. Crystal was able to coach girls’ soccer, took regular time off for herself and her children, and had a break after work to get caught up on sleep, housework, and exercise when she was not working overtime. Amber was attending school in the evenings to get her bachelor’s degree, and her flexible schedule meant she could leave work when she needed to take her son to appointments and pick him up from school before she herself went to school two nights a week. She credits her schedule for this, saying, “only because I was able to have that job full time and consistent daylight was the only reason, I’m able to go back to school in the evening.” Sara was able to take time for herself as well. She was in school full-time pursuing her nursing degree but still had time to play on a volleyball team and check in on her older family members. Ryan, cared for his daughter, for whom he had half custody, on some of his days off and enjoyed leisure time on his other days. Last, Cheryl, though she often worked overtime to make ends meet and in many ways had a bad job, her part-time schedule enabled her daily self-care time after work - a break between paid work and her unpaid work of caring for her four children. This access to



regular and fulfilling self-care seemed only possible for parents working less than full-time and/or who had significant flexibility in their schedules.

Conservation of resources theory suggests that these workers would have better well-being than workers who are required to work more and/or who must cope with rather than address home-to-work conflict (Hobfoll, 1989). If work occupies less time, more time is available for other tasks. However, energy also may play a role here. As I show in the next section, workers outside of these two supportive scheduling conditions struggled to defend their use of time off and had difficulty accessing leisure activities. Thus, these conditions precluded these workers from having to justify taking the time they needed to rest and complete caregiving activities. Meanwhile, being able to access rest and leisure was likely also protective and allowed workers to maintain and refill their resource supply. Unfortunately, these conditions are difficult to access and not possible for all workers. Most low-wage workers cannot afford to work part-time and few healthcare jobs afford this level of autonomy and flexibility. Thus, if working fewer hours or having more autonomy is important for workers health and well-being, then more creative solutions might be necessary to provide these working conditions to a broader group of workers.

### **5.3 “I’m not a person that just calls off”: Barriers to the Use of Paid Time Off**

A key time-based policy that was identified to support or complicate parenting among working parents was the Paid Time Off policy (PTO). PTO is associated with significant benefits for workers, including being associated with better health, improved employment participation, and, importantly, several positive outcomes for children ranging from reduced infant mortality to increased educational attainment (Ruhm, 2017). Paid time off is a form of schedule flexibility and

control that has also been shown to reduce the perception and implications of work-family conflict (Lott, 2020; Haley-Lock & Posey-Maddox, 2016; Moen, Fan & Kelly 2013). The United States remains the last industrialized country to have no federally guaranteed paid family leave policy, and one of only two countries to not have paid sick leave (Addati, et al., 2014; Raub, et al., 2018). Low-income workers are the most affected by this lack of access, with as many as 93% of the low-income workforce having no paid time off (Gupta, et al., 2018). Most participants in this study, then, are in the minority who have access to Paid Time Off (PTO; excluding Tammy and Cheryl who had no workplace benefits).

Almost all parents had asked their supervisor for time off to care for their children at some point (see Table 2). Caregiving was the primary reason for taking time off, specifically to care for sick children or take them to medical appointments. As Elisa said, “I assume [my last day off] was for my child, because that’s the only time I would call off, honestly.” Most parents with PTO reported that they were able to access it but having shared caregiving values with one’s supervisor and having autonomy at work did seem to make access to PTO easier. For example, some parents perceived their supervisors “understood” or deemed time off for children acceptable. Alex attributed the following quote to her former supervisor, “They’re your kids. You got to do what you got to do with them first.” Rachel said her supervisor “understands that I have a young kid and things are going to happen.” Lonnie claimed her supervisor understood “when you have to take off for doctor’s appointments – when you have whatever going on. She’s not like, ‘oh my God, you have to go to another doctor’s appointment,’ she’s just very understanding of life in general.” These parents suggested that they and their supervisor held a shared value to prioritize caregiving. For Crystal and Amber, whose jobs are marked by high autonomy and flexibility, taking days off

was relatively easy, particularly since their high level of individual responsibility for their work meant there was no issue of coverage.

**Table 2 Paid Time Off**

Participant	Paid Time Off Available	Reason for Using Paid Time Off					
		Sick Child	School Closure	Vacation	Meeting/Event at Schools	Appointments	Parent/Family Illness
Sara	Yes	X					
Roxy	Yes	X	X	X	X		
Alex	Yes	X	X	X		X	
Elisa	Yes	X		X			
Rachel	Yes	X			X	X	
Lee	Yes					X	
Nancy	Yes					X	
Lonnie	Yes					X	X
Marie	Yes	X				X	
Sasha	Yes	X	X		X	X	
Victoria	Yes						X
Ryan	Yes			X			
Nicole**	Yes						
Maya	Yes		X				
Lisa	Yes	X	X		X		
Amber	Yes					X	
Joy*	Yes	X					X
Jada	Yes	X			X	X	
Crystal	Yes	X		X		X	
Cheryl	No						
Tammy	No						

Notes

\*Joy was unemployed at the time of the interview. This describes her status when she was working.

\*\*New job, had not used time off yet

Even when workers could access PTO, supervisor's reactions to their requests seemed to interact with parents' internalized sense of the ideal worker affecting parents' feelings and behaviors around taking time off. In cases where mothers had to take off, some described their access to PTO as though it were a gift from a benevolent supervisor, rather than an earned employee benefit often used to maintain a workforce and limit absenteeism (Ruhm, 2017). Four mothers used the word "lenient" to describe their supervisor's permission to use PTO. For example, when Marie asked for a day off for an upcoming medical appointment for her daughter, she described her supervisor as "very lenient, she allowed me to take the day off." Lenient means "permissive, merciful, or tolerant," and its use suggests that parents see this as an extension of kindness (Merriam-Webster, 1991). Similarly, Crystal used the word "blessed" to describe her situation of being able to access her own time off, saying, "I'm blessed to actually not feel the stress of it as much as somebody else would. I could still be there for [my children]. I'm not scared to call off, you know what I mean?" Here she also used the word "scared" implying that some people are afraid to use their own earned time.

This word use was interesting in the context of workplaces where time off is earned and allowable by the contract between the employer and the employee. Rather than seeing PTO as simply a guarantee, these mothers described it as a kindness that at least in part was dependent on the individual attitude of the supervisor. Despite attributing benevolence to their supervisors, this did not seem to always align with their experience. For example, one mother who described her supervisor as lenient, noted that she felt a sense of "irritation" when she had to take emergency time off:

I had to get my son from daycare. Our daycare provider, her dad died. So, she needed to leave a little bit early, and it was just her, so obviously I have to come and get him. So I

had to leave work a couple hours early – it literally was like two hours early, so it wasn't super bad. [My supervisor's] like, 'well, I wish you would have let me know in advance.' I'm like, 'I can't let you know someone died in advance. They died.'...I could tell it was like an irritation for her, but like I said, it's an unavoidable thing.

These contradictions suggested that even “lenient” supervisors did little to truly support mothers when they needed to call off. The juxtaposition of mothers' descriptions of their supervisors as “lenient” with their experiences of taking time off revealed that these mothers themselves may be lenient: tolerant of their supervisor's irritation toward taking earned time off to care for children. Such a generous evaluation of supervisors may speak more to mothers' gratitude for having paid time off in a labor sector that rarely provides it, than it does to their experiences using it to address the ordinary emergencies of parenting young children.

In addition to generously evaluating their supervisors when granted access to PTO, most mothers reported working hard to avoid taking time off and/or doing work to justify their time off. This may be evidence of mothers using defensive motherhood to combat perceived stigma against their status as mothers (Elliott & Bowen, 2018). Parents reported avoiding taking time off when their children were sick and becoming stressed when they had to do so. Marie explained, “I try not to think about it, so many more years of her getting sick, playing hooky and things.” This comment suggested Marie was centering work, not care or parenting, in her comment, acknowledging that taking time for care might associate her with “bad” workers who “play hooky.” Similarly, Crystal expressed feeling stressed about her children getting sick and highlighted how she avoided trying to take too much time off from work to prevent getting behind:

And with daycares and school, they want you to go to the doctor for them to go back. So it's like even if I know he could get better, I got to prove to them that he's going to get better! [laughs]

Q. Yeah. That's a difficult policy. What kinds of things do they want you to have proof for?

Well, I try to send them back ASAP. [laughs] Because his daycare is like, if he poops two times in a row, he's sick. Come get him. And they're ridiculous. So, I'll politely take him to the doctor. He's not sick. One day they were like, "He sleepy," and he was up all night. But I'm like, okay. He actually had an ear infection. But with ear infections, he could go. Basically, if he's running a fever or throwing up or pooping too much, he can't be there. And what I usually do with my son and daughter, unless I really know they're sick, I'll send them and then have them call if they don't make it through the day, unless I said, if they have a fever or they're throwing up, then I'm not going to send them. But usually, it's easier for me at work to get in, do that, and then go out and pick up my kids than just call off the whole day.

It was clear that despite having a PTO policy at her job, she still avoided taking time off and felt that her son's day care had a "ridiculous" expectation for how much time and money working parents must spend when children are sick. This experience of valuing work over care is a common one in a capitalist society that values productivity and devalues care (Tronto, 1993). Thus, for these parents some of this work of avoiding and justifying time off was limiting their association with a "bad" worker or a person with a poor work ethic. For example, Jada was taking a lot of time off

using FMLA because of her children's disabilities and health issues. Despite this reality, she tried to separate herself from a person who would just take time off: "I'm not a person that just calls off. At least before everything started happening with the kids. I'm not the type of person that would just be like, I just can't make it in today, or I'm late." Thus, parents avoided missing work when they could.

When parents had to miss work, multiple mothers described justifying their time off to avoid being associated with a bad work ethic. For example, Marie explained, "I used sick time because [my daughter] is my dependent. Brought in a work excuse from her doctor... She had the flu, and I had to take two days off. But my boss was understanding of that." Similarly, Maya remembered:

My youngest was sick, throwing up everywhere. I had to go get him, but I took him to the urgent care. And even though they don't accept notes, I still gave her a note because I want you to know that that's where I was at. I wasn't just, 'Hey leaving early to go party' or anything.

With this statement, Maya joined the trend of working mothers attempting to separate themselves from "the type of person that would just call off." Both women brought in notes for their supervisors even though doctor's notes were not recognized by the employer and did not alleviate consequences for taking time off without notice.

This additional work to justify calling off may be a manifestation of prejudices against lower wage workers, associating them with assumptions of irresponsibility (Dodson, 2013; Korteweg, 2003; Moss & Tilly, 2001). Some mothers felt higher wage workers could get off for any small thing without judgment, while they could not get off when necessary. One mother explained the juxtaposition which left her feeling exasperated:



[Our nurse] left today because her cat went blind. I know people are close with their pets, but for crying out loud if I tell you I have to go to a doctor's appointment with my daughter, you won't let me go. But she'll let [the nurse] leave in the middle of clinic with 16 patients in the waiting room waiting for her, but she'll let her leave....If I was coming and told her, crying, that my cat went blind, "Well, what are you going to do when you get off?" You know what I mean? It's just different for different people.

This story about the sick cat came up multiple times during both of this mother's interviews. This emphasized to me her frustration with how the nurses could get time off without consequence for something she found frivolous, while lower-wage employees' needs were not respected and their justifications for time off were not trusted. She described this as one of the many ways parents in this study were misunderstood, saying, "I need money for bills, this apartment, car insurance, rent, gas, I need it! So, you know what I mean. I'm going to be there. It has to be something as to why I really cannot be there." While she felt her reliance on her low-wage job that only barely met her basic needs increased the stakes for missing work, she felt prejudicial assumptions assumed the opposite: that she would take off without justifiable cause. In contrast, she felt that more privileged workers could take off frivolously without judgment.

However, not everyone prioritized the feelings and needs of their supervisors. One mother took her PTO without regret. In contrast to most of the participants who avoided taking time off and/or felt they had to justify taking time off, she participated in neither behavior. In fact, sometimes she would take a day off in defiance of her employer. For example, when her supervisor refused to guarantee a consistent schedule that would allow her to care for her daughter, she fought back with PTO, saying to herself, "'Okay. Cool. Screw me? I'll screw you.' And I had to be in at

5:00 AM the next day. I won't be in. And I had scheduled for a double too. I won't be doing it." She also went beyond avoiding justifying her reason for taking off, rather she avoided sharing any details at all. She said:

Whenever I call off and I just say, "this is [name], not coming in" I don't give a reason. It's none of your business. I have PTO for this purpose. You know, [the manager is] like, "Well you didn't come to work the day before." "I know." "Why?" "Because I didn't." Like I just feel like I don't have to explain to you. No. Because we had to sign an attendance policy. It never said I had to explain to you why I'm not coming in. It just said I had to tell someone that I wasn't coming in.

She seemed to use the policies to her own advantage and did not adjust her behavior to pacify her supervisors. She alluded to going beyond these policies to justify one's use of them as intrusive and at one point explained that this would be unnecessary because "they are grown." This comment suggested that she felt that anything required or implied to be required beyond the policy was not only intrusive but infantilizing. There is likely a connection between intrusiveness and devaluation, distrust, or infantilization of lower wage worker's use of PTO compared to those in more privileged positions.

### **5.3.1 Employing Defensive Motherhood at Work: Section Conclusion**

Other research has shown that discrimination by managers against single and Black mothers is common (Dodson, 2013; Elliott, et al., 2015; Moss & Tilly, 2001). In a paper examining work-family conflict among low-wage single mothers, Dodson (2013) wrote about the implications of needing time off for caregiving. She wrote:

When moms run into this kind of trouble, the critique of their behavior often moves beyond work performance talk and leaks into talk about reproduction. Longstanding biases against poor women's reproduction in general, and in particular against childbearing by single mothers, women of color, and immigrant mothers often intrude into, and derail, recognition of these parents' need for living wages, sick leave, and flexibility at work. (Dodson, 2013, p. 258).

Working mothers in this sample seemed aware of these judgments and actively worked to prove themselves as good mothers and workers. In some cases, they appealed to their supervisors' values of caregiving. In other cases, though, they seem to have participated in defensive motherhood (Elliott & Bowen, 2018). Defensive motherhood describes rhetorical and behavioral work mothers do to prove themselves as good, caring, and effective mothers to authorities. I found mothers to not only work to "not be the type of person who calls off" but also to justify their good motherhood, showing that they were taking off to participate in necessary caregiving. In this way they defended themselves as good workers *and* good mothers.

It is interesting to find these behaviors so far from a child-serving system. I argue that this speaks to the extent of their marginalization as mothers, where, in a society that often values the individual authority of parents, these parents are actively defending their motherhood not only to child-serving authorities, but to their bosses at work. Furthermore, this work speaks to their awareness that time off was violating the assumptions of an ideal worker and likely highlighting that their identities as single mothers automatically violate this archetype leaving them vulnerable to job loss, consequences, and judgement (Dodson, 2013; Elliott, et al., 2015). This finding adds credibility to the construct of defensive motherhood. Additionally, it suggests that not only is

motherhood enacted at work, further invalidating the work-home dichotomy, but also emphasizing that supervisors and other colleagues discuss and affect motherhood in the work environment.

These experiences also indicate an overall workplace climate inhospitable to taking time off, which is negatively associated with utilizing “family friendly” workplace policies (Grzywacz & Marks, 2000). This further suggests that mothers perceive and often react to pressure to maintain an impermeable work-home divide. In sum, and ironically because they are caregiving institutions, these healthcare employers still treat their low-wage employees who do paid and unpaid care work with judgment rather than support. Mothers used defensive mothering to cope with this, working to prove that they are responsible workers and mothers (Elliott & Bowen, 2018).

#### **5.4 Punishing Everyday Emergencies: Paid Time Off & Point Systems**

Perceptible judgment against taking time off was not the only barrier workers described to deter them from taking time off. Rather, for the majority of the sample, PTO coexisted with a time and attendance policy commonly called “the point system” (described previously). This policy worked to dissuade workers from taking off at the last minute even when employees had PTO available. The interaction between PTO and the point system punished workers for experiencing the normal emergencies of life and motherhood, including taking time off for sick kids or inclement weather.

Children are commonly sick and require care. One mother noted the unpredictable nature of caregiving saying:

People with kids and everything – you can’t really determine whether or not your kids kind of get sick or anything like that... it’s stressful because you think, “I hope

my daughter doesn't get sick or anything like that because then I won't have to call off."

Her daughter had recently had a seizure and had to go to the emergency room. She had earned three points the next morning when she could not go to work since she was still at the hospital with her daughter. She believed that you should not get three points for medical emergencies saying, "It shouldn't be three points just for a call off, and I don't call off a lot, but a medical emergency it shouldn't get three points, you have an excuse. I don't feel like that's fair." Notably, all children get sick and some parents noted that this was worst when children were little as their immune systems strengthened through exposure to their peers at daycare and school. One said: "I've been here for a long time and in the beginning, it was kind of hard. My daughter had first started school, she's been sick and stuff, cold and stuff, but I managed to keep it up. Haven't been late in a while."

Beyond routine illness, some children had severe or chronic illnesses. Lisa, Joy, and Jada all had kids with asthma. Two mothers had children who had just been diagnosed with sleep apnea and were scheduled for surgery. Another's son had been hospitalized for two weeks with a rare but life-threatening disease the year before. Other children were demonstrating difficult behaviors at school that disrupted parents' workdays and had to take emergency time off to meet with school staff regarding behavioral issues on a regular basis. This should not be surprising given the lessons from research on the social determinants of health, which shows that Black and bi-racial children from low-income households are more likely than children from other groups to suffer from poor health (Bailey, et al., 2017; Flores, 2010; Landrine & Corral, 2009). Similarly, Black and African American children are more likely to experience disciplinary action at school, often punished for behaviors for which White youth are not similarly disciplined (Monroe, 2008; Young & Butler,

2018). Thus, parents in this sample may be more likely than workers more privileged by class and race to need to take emergency time off for their children.

Another common occurrence was needing to call off or be late due to school delays and closures. One mother explained her frustration in the context of an inclement weather day the previous winter:

My mom's not home. Someone needs to watch my child. She's not of age to watch herself. I said, "what part don't you understand? Someone could call [child protective services] on me and I'm not losing my kid because of y'all in this building." So two times in the wintertime I had to go through that and when those two happened I just thought, "I'll just call off." I don't even go through [my supervisors] to ask for a favor because they're real quick to throw it in your face.

She highlighted the lack of understanding and support from her workplace when school was canceled. She was not the only mother who found inclement weather a major stressor. Lisa explained the stress on many mothers in her department during a particularly bad winter a few years back.

And it was stressing all the moms out here. It was really rough. So I wish that [our employer] would listen to us and just give us a little bit more help in that area. I don't know exactly what they could do, but if it's something relating to school, I feel maybe that shouldn't be a point maybe. Or something else because it's not like we're just – it's not like we woke up late. We're ready. We're trying to drop the kids off, but we can't do anything if school's closing or there's a two-hour delay.

In her comment, Lisa pointed to what she perceived as a disconnect between the intention of the policy and the outcome. When she said, “it’s not like we woke up late,” she made a distinction between her earning a point because she was a “bad” worker or irresponsible person and between her being quite responsible, both up for work on time and needing to care for her children. Another mother connected this concern directly to the point system, particularly the winter before when she was close to having the 24 points that would have terminated her employment.

Then two-hour delays. And like I said, I'm a mom, I'm a single mom, so what am I going to just drop my daughter off? There's nowhere to take her, I have to take a two-hour delay with her because where the hell is she going to go? You know what I mean? So I would get points for that because I was like, I would get points for that because she was late. I remember one time, I had to come to work because I was at like 22 [points], I had to come to work, clock in, and then leave in two hours, to take her back to school. It was just like, I had to do so much, and it frustrates you because I had to do all of this just so I won't get a point and don't get terminated.

Similar to the other mothers who commented in this vein, she raised the real issue of her single motherhood which meant, for her and others, that the mother is individually responsible. While the norms of intensive motherhood mean this is often true in married and cohabiting couples as well, there may be an assumption based on the brief and privileged hey-day of the nuclear family with a stay-at-home parent, that other family structures have ample support to keep children home from school (Dodson & Luttrell, 2011; Hays, 1996). Though this is likely not the case, multiple mothers pointed to their lone responsibility when it came to coping with emergencies.

Though likely experienced by all parents, parents with less class, race, and gender privilege are more likely to experience these everyday emergencies and less likely to have the resources to

downgrade them to inconveniences. The point system seemed to contribute to maintaining stigma against single mothers and Black mothers, emphasizing that they were late or taking off work not that they were doing essential caregiving. Given the reality of social determinants of health rooted in racism and poverty, parents in this sample are more likely than more privileged workers to need to take off for child illness (Bailey, et al., 2017; Flores, 2010; Landrine & Corral, 2009). At the same time, these parents may face greater potential consequences if they are not perceived as adequately caring for their children, as poor and Black parents are disproportionately surveilled and thus more likely than White parents to be referred to the child welfare system (Harris, 2014; Jimenez, 2006). Meanwhile at work, employers and supervisors have been documented to judge single mothers and Black women as lower quality workers in part because they may be more likely to be late or must take off for their children (Moss & Tilly, 2001). Thus, single mothers are stigmatized no matter what they do by one or multiple systems. They spend energy trying to mitigate the stigma and working to keep their jobs. By punishing everyday emergencies, the point system enumerates mothers' failures to fulfill the ideal worker archetype. More importantly, it added to the stress mothers felt about work and factors outside of their control, like the weather. Thus, this added to the stress working parents' experience, which likely has implications for family well-being (Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017).

#### **5.4.1 Supervisors & the Point System**

One might hope that supervisors could recognize how some points were assigned unfairly, punishing responsible mothers rather than allegedly lazy workers. The extent to which supervisors could adjust the point system was frustratingly unclear to many of the workers in the study. In some cases, it seemed that supervisor intervention was possible, though not directly in the point



system but through various workarounds. A few people mentioned that they would ask their supervisor to change their shift if they need to be late due to a child's appointment or delayed school. Another strategy was to "forget" to clock in and then ask for a manual clock in from a supervisor. However, this could only be used on a limited basis and when you are a moment late, not late due to a two-hour delay or other more time-consuming issue. These strategies relied on supervisor discretion that is both an individual and an interactional factor based on the relationship between the worker and their supervisor. In most cases, the point system was applied automatically through the payroll system and discretion seemed quite limited.

Lee's experiences illustrated the varied role supervisors took in implementing the point system and its effects on mothers. When Lee had worked as a patient transporter with Sara and Elisa, she concurred that her supervisor was flexible, saying, "In my last job my manager was kind of cool. He kind of compromised with me." However, in her new job "they're strict on points." She also acknowledged that her current supervisor could be lenient too, stating "in the wintertime when we were late due to weather, she compromised with that. There's no [points] because the roads were bad." Unfortunately, however, it seemed this lenience had not been enough to protect Lee from potentially losing her job. She admitted that part of the reason she was having to switch jobs again was because she was "kind of up there" as far as the number of points she had. Further, she said, "I think that's another reason why I considered leaving too because I'd rather leave than get fired. Wouldn't you?"

Lee also pointed out the arbitrary nature of the point system. Her office had a "Good Colleague Board" where fellow employees could nominate each other to be on the board when they saw a coworker do something positive or other evidence of being a good worker. Each week

the nominees' names were thrown into a hat or bowl, one woman was selected, and a 1/2 point was removed from her record. She said:

I feel like [the point system] is kind of hard for moms. But then, I feel like it's a part of the rules, there's nothing you can do. But then you can't say, 'Oh, I'm going to write you up and give you a write-up or a point for this.' But if you're nominated on a board [referring to the Good Colleague Board], I can take half of a point away. So, it's kind of in your hands to me. I think it's in the supervisor's hands.

Through this quote, Lee revealed the confusing set of values represented by her experience with the point system. On one hand, the point system had been strictly enforced to the point that she was preemptively changing jobs to avoid being fired. On the other hand, a simple lottery could erase half a point. By juxtaposing these experiences, Lee suggested that the existence of the Good Colleague Board program poked a hole in the rigidity of the point system, making it clear that her administrators could choose not to enforce it and, thereby, help mothers maintain employment. But still, she noted that the points were "part of the rules" which highlighted a theme throughout my discussions with workers which points to their feeling of powerlessness to question policies that seem to be punitive to individual groups, such as working parents.

#### **5.4.2 Consequences of the Point System**

In a few cases, mothers were facing serious consequences due to the point system. In these cases, the point system had been used to conclude that a mother had or was in the process of failing to be a good enough worker to remain employed in the healthcare network. These experiences

illustrate the cruel potential of the point system that most mothers in the sample feared. For Sasha and Cheryl the potential had become a reality.

Sasha had become seriously ill only a month after starting a job at one of the large hospitals in the city. Her story was marked by the irony of being punished by your employer who is also caring for you as a patient: “[The hospital] has this stupid old point system. So it’s like God forbid you’re sick. Do you think they will give you points because you’re sick and it’s a hospital, so they understand? But no, you still get points.” She connected this, as other parents did, to her perception that doctor’s notes should excuse points: “And it’s like if you give them notice it’s like it still doesn’t matter. Like doctor’s excuses doesn’t matter which is so backwards because I work in a hospital. Doctors’ notes, doctors’ excuses, it doesn’t work.” Sasha described her hospital admission close to when she first started.

And I had just started [date]. [The next month] I went to the emergency room that Friday after work. And I got admitted. So, I was in there Friday, Saturday, Sunday. And then, of course, ...I had to get like a lumbar puncture done – and I couldn’t get it done because it was the weekend. So, I had to wait until that Monday to get it done. So of course, I couldn’t go to work. And like, I had notes, doctor’s notes. I was explaining everything to [my supervisor] about basically what happened and everything and it was just like you still get points. Like I said, I had just started. I didn’t know nothing about the point system and how it worked. So, I started [date] and when I came back [at the end of the next month], I had like 20 points.

One striking aspect of this story was that she was admitted to the hospital where she worked. She noted that she could not get her lumbar puncture done “because it was the weekend.” Specifically,

the doctors who would have done that procedure were off for the weekend, preventing her from getting the lumbar puncture and extending her hospital stay into the following week. The class-related unfairness within the closed system of the hospital is laid bare in this example. Sasha was a low-wage worker with a low level of privilege in this hierarchical workplace. However, her job, the funds from which barely cover her basic needs, were further threatened through the point system due in part to more privileged workers having the weekend off.

Later in the interview, Sasha shared her exact text exchange with her supervisor during this period of illness. The exchange illustrated a few key points. First, she was incredibly transparent with her supervisor about what was happening to her. Second, it revealed that her supervisor did not at any point mention to her any of the potential consequences of taking off. Instead, she simply reassured her to take time off and get better. Sasha admitted that she did not know about the point system yet because she was a brand-new employee. Hence, she suggested her supervisor was deceitful, being reassuring and comforting while all the time racking up points that put her job in jeopardy.

Then another thing. She'll make like everything is okay. That's one thing I hate about her like, "Oh you're worried. Don't worry about it. Get back to your health. Make sure everything's good. Make sure everything's okay with you." And then you get back to work, and it's like you're bombarded with all of these sick – [here she goes into her phone to find the text exchange to illustrate this]

Sasha: "Hey [Ms. name] I just got discharged from the hospital I was admitted Friday after leaving work. Overall I just did not feel good at all. I don't want to call off. I just started. Will I lose my job."

Sasha's Supervisor: "Sasha, this sounds serious. Please take care of yourself. You will not lose your job. I will talk to [the big boss] in the morning regarding how we can help you. God bless you and don't worry."

So I'm already thinking that's a weight off my shoulders. I got my job, I'm good to go. (Sasha says this, not written in the text exchange).

Sasha: "Thank you so much. I'll talk to you and [big boss]."

Sasha's Supervisor: "Hi, Sasha, Sorry to bother you. If you need to be off tomorrow can you please let me know as soon as possible. I have a training scheduled."

Sasha: "Yes, ma'am. I'll let you know as soon as possible."... Later that same day, "Hey [Ms. Name]. My procedure's scheduled for tomorrow at 8:15."

Sasha's Supervisor: "Hi Sasha. Just checking on you to see how your procedure went. Also, for staffing reasons, do you know when you will be returning back to work?"

Sasha: "So I just got done with it. I'll be here for two more hours to recover. They drained 22 ounces of fluid off my spine."

Sasha's Supervisor: "Thanks, Sasha."

This text exchange made it clear that the supervisor never mentioned the point system at all. Unfortunately for Sasha, she was still sick when she returned to work and ended up vomiting on her desk. She had to go home and still the supervisor did not mention the potential consequences – not that Sasha could have done anything about it, she clearly needed to be off. She described this exchange from her memory:

So I'm just lying back for a half an hour [she had gone to lie down in an exam room], and I spit up again. I'm like, "I got to go home. I just can't be here. I'm super sick." So I leave, she's like, "Oh you're fine. Take all the time you need." I get back to work that Tuesday with more points for an early quit. I'm like, I had no choice but to leave! I was super sick! Did you want me spitting up on patients at the front desk!? So things like that. You can visibly see, you can see that I am sick and I still got a point for that.... She makes like everything okay and she's fully aware of everything that happens. Never told me [about the potential consequences].

Unfortunately for her, her illness was not the only thing that added to her points that year. Rather, like the other mothers, she had to cope with everyday emergencies.

The point system sucks, especially when you can't control it. If I'm telling you it's a two-hour delay, I shouldn't get no [points] – you know what I mean? I should get a – okay, a point. Okay. But don't one, one, one, one, one adds up after a while? There's two hour delays all week. That's like five points. Those total lates, Monday through Friday because the weather is so bad. That's five points in one week. If she has school Monday and so I got five points last week then Monday come, and it was so bad over the weekend and have to call off. It was eight points! So that's like it adds up so quickly, when wintertime comes, I hate when wintertime comes, and I got to work because it's like – I'll shovel the walkway at her school, so she could come to school so I can go to work.

Additionally, when I interviewed her, her daughter was about to have surgery due to sleep apnea. She was going to try to change her shift slightly to dovetail with her mother's work schedule, so

they could take turns caring for her daughter for the two weeks after her surgery. She was going to use FMLA but clearly did not realize that it is an unpaid benefit until I was talking with her. It seemed a repeat of history to me, where before her supervisor did not tell her about the point system, now again her supervisor failed to talk with her about FMLA.

The potential consequences of the point system were significant. Sasha had reached a high number of points and worked in an office where she had poor relationships with her supervisor and some of her coworkers (see chapter 6). It is possible that the point system was more heavily enforced for her because of these poor relationships. While she wished she could transfer to a new job that might be a better match, the point system trapped her because employees cannot transfer with points on their record.

While Sasha had reached a high number of points but had been able to keep her job, Cheryl had not been so lucky. When I interviewed her, Cheryl was working in a nursing home part-time where there were no benefits (even for full-time employees), and there were no opportunities for raises or promotions. During the interviews, I learned that Cheryl's need to work with such limited supports was in part due to the point system. Specifically, Cheryl had maxed out her points at the two different hospital systems in the city who are also two of the largest employers of healthcare workers in our region (and in one case of workers overall). Cheryl remembered getting off to the wrong foot with the point system at the second hospital system:

That orientation day, I got a point. I didn't even know that... The orientation wasn't even at the hospital. It was at the sports center right there by the Gateway Clipper. Yeah. And since I came a minute late, they docked that. I'm like, 'y'all been docking me since the beginning.'

A year and three months later, she lost her job because of time and attendance. She explained:

And [my points] were about to turn over because, I guess, every year on that day... it resets. And I didn't make it to that. Yeah. And [my supervisor] was like, 'You're a good aide and everything, but that's the rules.' And so I'm not ever allowed to work at [that hospital] or [the health network].

Q. At all? Ever!?

Yeah. That's what the letter said, I guess.

Q. I thought maybe there'd be a grace period.

Yeah. That's what I thought. So at [the other hospital system], I worked there for a month, eight, nine years ago. I think [Stella] was little. I only worked at [that hospital] for a month, and I didn't leave with a two weeks' notice. So I don't even know if I could go back there... The one man said he got fired 25 years ago, and he still can't go back... And I mean mostly the whole Pittsburgh probably blackballed from [the first hospital system] now because everybody I talk to said they're blackballed...

Q. What kinds of things do people get blacklisted for?

Quitting, getting fired, time and attendance! Yeah....

Q. What kinds of things caused time and attendance issues for you?

The bus! The time that my bus came in. And by the time I got into the hospital, got on the elevator, went upstairs, it was like two minutes past my time. And I used to be like, "oh my gosh." Sometimes, every now and then, I would go to the director of nursing that was on the floor, and I'd be like, "look. I was already in the hospital.



Can you please get that point off?” But at the end, she was to the point where, “I can’t keep doing this for you.”

And now in a nation with an ever shrinking and quite limited social welfare safety net, a mother of four, recently abandoned by her husband, is blackballed from two of the primary healthcare employers in the Pittsburgh region. The consequence – though not articulated by Cheryl – seemed clear: she was stuck with the precarious jobs she had had since then – gig economy jobs in home health and nursing home jobs with no benefits - because she was a few minutes late for work having had to take two buses to and from work every day. This long commute was due, at least in part, to lack of affordable housing near her workplace, which if traced even further back is a result of racial segregation via redlining and ongoing gentrification (Rothstein, 2017). Thus, she is at risk of poverty and severe hardship and working at jobs with few protections and no investment for the future. This emphasized the worries of the other parents and the cruel potentiality of this policy for poor mothers.

### **5.4.3 Section Conclusion**

Of the policies discussed by participants in this study, the point system was the primary policy that was described repeatedly as a stressor for parents. While it did not affect all parents negatively, a subgroup of parents reported having to change their behavior and caregiving choices to avoid earning too many points, and a few parents faced serious consequences, including termination or inability to transfer due to the point system. Some of the issues that parents associated with the point system – including having a worse relationship with supervisors (and thereby less flexibility) and longer commutes on public transit may disproportionately affect Black

mothers due to interpersonal and systemic racism. Other issues may be more likely in single parent, working class, and poor families where many family members need to work, the ability to retire may be limited (i.e., grandparents may not be available to provide care), and only one parent may be available to provide childcare (Presser, 2003). Indeed, though most of the sample relied on extended kin networks to care for children, some families had no one available to help.

Lastly, while all people face some unpredictability in life, young children like the ones in this study are particularly unpredictable and needing of care, putting their parents at greater risk of earning points that at best are stressful and at worst threaten or result in termination and exclusion from a major employer. These interacting factors translate to the point system seeming particularly punitive for single mothers, particularly single Black mothers. As such, mothers working at these caregiving institutions must often prioritize caring for patients at the hospital over caring for their own children in order to be able to continue providing for their children. This forced choice highlights the exploitive power of employers in the lives of parents earning low-wages in a society with limited alternatives to this type of labor.

In the context of paid time off, the point system is a snag in a potentially supportive system. While parents technically do not *have* to justify why they are off, (1) I have shown that people do that to justify themselves and hope for fairness or try to align with the ideal worker ideology (see previous section) and (2) the employer has no policy to acknowledge appropriate justification. This seems to let the employer off the hook and only stress the worker. Given that parent stress is positively related to a range of negative child outcomes, any policy that stresses parents is concerning for child and family well-being (Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017). To add to the stress of mothers who are already experiencing structural oppression in many spaces especially when those mothers gain skills of caregiving through their motherhood seems

particularly cruel. In other words, why would a hypothetically caregiving institution like a hospital want employees so callous that they left children home alone when they were sick or when the weather was dangerous? As Lisa said, “It would be nice if they kind of had a heart.”

By punishing people for using PTO to address everyday emergencies, the point system reinforced problematic false dichotomies between good and bad workers and work and home. In the context of structural oppression, Black and/or single mothers earning low wages may be the most likely to pay the consequences of policies implemented with seeming blindness to their role in perpetuating oppression. Lisa emphasized the dehumanizing nature of such policies, reducing her from a dedicated worker to a “body” that punches in and out of work:

I mean, if you look at my attendance, I’m always here. If I’m off, I request off.

Anything that I’m asked of, I do. I’m a whole team-player around the whole office.

I work with any doctor. I help out with any procedure that you need done or anything. It’s just when it comes to the school part, they don’t care.

Q. Right. And you could be one bad winter from being automatically terminated.

Yes.

## **5.5 Chapter Conclusion**

Workers in this sample had much more consistent time-related workplace policies than many in the low-wage labor sector (Henly & Lambert, 2014; Lambert, 2008; Lambert, et al., 2012). Consistent with other research, access to these policies was a clear advantage over worse low-wage jobs, and workers reported being grateful for consistent hours and PTO (Burton, et al., 2005;

Johnson, et al., 2013). However, like other low-wage parents in worse jobs, these workers were punished in various ways for using paid time off or asking for schedule flexibility (Dodson, 2013; Henly, et al., 2006). Working part-time and having highly flexible jobs seemed to reduce the need for time off, while having a highly autonomous job coupled with schedule flexibility minimized the stress and actual punishment for asking for time off. Outside of workers with these supportive schedules, mothers described feeling stress about the prospect of having to take time off and, when it was necessary, worked to distance themselves from being labeled as bad workers and bad mothers. I argued that this behavior is a form of defensive motherhood (Elliott & Bowen, 2018), where mothers are working to deflect stigma against low-wage working single mothers.

Additionally, the way that the point system punished emergency use of PTO aligned with lines of privilege and oppression. Policies were less rigidly enforced for more privileged workers and often more easily navigated. Meanwhile, the less privileged workers in this sample were rarely given a break at work or in the broader world, where everything from housing to schooling to healthcare is differentiated along the lines of systemic oppression. Thus, the punitive nature of the point system reinforced the false dichotomy between work and home, threatening the livelihoods of heads of household that already struggle to make ends meet due, at least in part, to their low wages.

## 6.0 “Got My Guard Up”: Workplace Relationships

Workplace stress is another way that work can spillover into home life (Greenhaus & Beutell, 1985; Perry-Jenkins & Gerstel, 2020). Workers in this study explained that the challenges of their jobs could be made easier or, in more cases, harder based on the way workers worked together. Though most workers reported a few workplace relationships as helpful, almost all reported some workplace relationships as being challenging. Overall, workplace relationships - whether with coworkers or supervisors - seemed to create a new set of barriers for about half of the sample. I begin this chapter by outlining the aspects of supervision that workers associated with poor supervision. Next, I describe the effects that supervision had on working parents and argue that poor supervision contributes to work-related stress that likely affects workers beyond the workday. Third, I describe how workers coped with this stress, including limiting relationships and maintaining clear boundaries. I then describe the few cases when working mothers had supervisors who helped them alleviate stress. Finally, though this chapter focuses on workers' experiences in relationships with coworkers and supervisors, I conclude the chapter by discussing how these relationships exist in a broader work environment and society that devalues the work of low-wage workers. I use workers' insight and the social justice lens informed by the ethic of care to theorize how relationships within individual workplaces may be affected by these broader factors.

## 6.1 Qualities of Poor Supervision

About half of the sample evaluated their supervisors as ineffective. Workers identified three main aspects of ineffective supervision: violating boundaries, avoiding or having poor communication, and failing to address problems in the workplace. Some supervisors seemed individually helpful but failed to be effective overall. For example, Alex felt her supervisor was a good communicator in their one-on-one interactions. She said when describing how she was evaluated at work:

We do one-on-one little evaluations and stuff and even if there's an issue or something, she'll pull us to the side and be like, "Hey." She'll break it down to us and everything, so she's really-- I think she's really good when it comes down to stuff like that.

Similarly, Elisa liked that her supervisor would let her adjust her shift if she had to take her daughter to a morning appointment. However, these individual positive relationships did not preclude supervisors from being ineffective. Both women found their supervisors to be ineffective at maintaining safety and accountability in their units. Other parents evaluated their supervisors as being ineffective at individual and group supervision and relationship-building. Whether they were judged as partially or completely ineffective at building effective and supportive workplace relationships, workers described consistent aspects of ineffective supervision and associated them with stressful effects on them as workers.

Workers associated boundary violations with poor supervision. Some boundary violations were related to sharing workers' personal information. For example, Sasha's manager over-shared employees' personal information. Regarding her supervisor she wondered:

Why are you spreading everything? If she's pregnant or if she had a miscarriage.

Why are you telling people's business? You're a manager. It's called privacy. I'm telling you something for a reason.

Other boundary violations involved having to do work for the manager beyond one's job description. For instance, Crystal's boss would have her do some of his work for him: "Then there's some things like billing and sales I do. And that's totally him. I literally log in under his name and do the billing and sales for our company." She became frustrated with this when he then turned around and was combative with her. As she said, "I'm helping you out. [You] don't get to be so mean to me."

In contrast, people identified respecting boundaries as a positive aspect of effective supervisors. For example, Joy described her supervisor as being private regardless of the topic of conversation:

She'll put you in her office and talk to you, good or bad, just keeps it one on one so very private about it because you don't want someone to hear if you're not having a good day or – and then sometimes people don't want to hear, 'Oh, I got a \$100,000 raise.' So, her approach is good. I like it that way.

Similarly, rather than expecting front-line staff to address difficult or out of the ordinary situations, workers who had effective supervisors reported their supervisors "going to bat" for them. As Jada said regarding her supervisor intervening in a difficult patient situation, "[My supervisor will] deal with the aftermath afterward because people are people, and all people need to be seen and cared for." Thus, effective supervisors maintained boundaries by protecting people's privacy and taking the lead when necessary. Ineffective supervisors did the opposite.

Low accountability seemed intertwined with poor communication, since enforcing rules and addressing issues almost always requires assertive communication. For example, one worker shared that the designated time for communication, the daily huddle, was often wasted on unimportant information such as sharing about a food truck for lunch or talking repeatedly about a single worker satisfaction survey. The supervisor did not even administer the huddles, but rather one of the veteran transporters, adding another layer of distance between the transporters and their boss. She reviewed some of the things she felt should have been discussed that would have reduced her stress at work:

I feel like we should probably talk about how we can all come together and respect each other because we don't talk about that. And there is a lot of disrespect that goes around in the hospital in general. You get people with attitude problems and things like that...Other staff. Our staff too. So [coworkers] will take things out of people's cubbies. So we have things that we should definitely talk about that haven't been brought up yet. We all just push it under a rug or things like that.

While both workers from this department that I interviewed reported bullying and theft occurring in the breakroom, nothing was done. Similarly, one of the aides had repeatedly told her supervisor that aides are leaving the floor, leaving a few of them to carry the whole floor. However, she reiterated that her supervisor was unable to hold them accountable:

She just says that she'll take care of it-- she'll handle them, but she does go speak to them like, "Why aren't you guys on the floor," you know, "This person's cleaning this by themselves, this is unacceptable." She kind of does make it a point, but they'll finish for the day and be okay but tomorrow they do it all over again.



Many workers concluded that poor communication and low accountability was both a cause and consequence of poor supervision. One mother explained it this way:

[My manager] would be the one that can solve or talk to someone about [things we're having issues with], but he doesn't really communicate with us that much, ever...I don't go talk to him because I don't think that it will get done. I know people have come to him about problems and nothing was done. So I don't feel like if there was a problem, how's it gonna get done if I say something?

### **6.1.1 Effects of Poor Supervision**

Workers associated ineffective supervision with negative effects on their experience of work-related stress. Lack of accountability exacerbated already high workloads. For instance, one mother and the few coworkers she identified as hard workers were often stuck with extra work due to her supervisor not holding the staff accountable for their work.

A lot of times the aides will disappear and I'm doing five, six rooms by myself picking up six or seven patients and it's just like-- I just want to break down and cry. I should not have to feel this exhausted when there's 12 people that should be here doing this stuff, so I just get really emotional and just feel like I just want to quit my job and just go back to school and not deal with it anymore, but I can't do that with kids.

Poor supervision could also make workers less prepared to do their work, making their job more stressful overall. Sasha noted that poor supervision had contributed in multiple ways to her negative experiences in the office. When she began working, she had worked with two other

(White) patient access coordinators. These women not only treated her badly (see Chapter 7) but also did not support her as coworkers. For example, she felt that neither her coworkers nor her supervisor helped to make sure she was trained in all the tasks required of her. She described her negative experience of trying to learn:

The one day [one of my coworkers] complained about me asking the same questions, I said, "Well, how am I supposed to learn how to check a patient in if I'm always in the back? I don't check a patient in from the back." You know what I mean? Y'all are the two check in people. I don't check patients in. So I would never learn the everyday task if I don't check a patient in. So we started on a rotating schedule. Twice a week or once a week, I would seat at the front. Then when they started having a problem with that? Like, "I don't want to move. Why can't she sit there and why can't she sit there?" I'm like, "You know what? I'll just stay back here." And whatever I don't know, don't have a problem with me asking then.

This seemed like a situation where the supervisor could have easily stepped in to train or set expectations that these colleagues contribute to Sasha's training. She did neither. This lack of training was particularly difficult when both of the other front desk workers quit and Sasha was responsible for the work of three people for three months.

Workers described these situations as contributing to their overall stress level. Alex said that her supervisor's failure to hold staff accountable was "exhausting" for her and made her "want to break down and cry." To cope, she would take a break:

I'll just go be by myself. I'll go sit around and be on my phone or just kind of take a minute away from everybody because they're the reason that I'm mad, so I kind

of just go, be by myself for a little bit, and then I calm down and then it's perfectly fine, so.

Notably, Alex used the phrase “perfectly fine” a few times during her two interviews. All the other times it was in reference to her middle daughter, whom she described as “me in a smaller body,” calming down after a temper tantrum. Her use of that phrasing here suggested that in these situations she was calming down from a high level of frustration and possibly anger. Similarly, another mother reflected on the effect of her supervisor’s failure to address theft and bullying between coworkers:

It affects me because I feel like-- the people that I work with, we should be able to trust each other because we see each other every day. We're working together. So I don't feel like anyone should do something behind someone's back. That's kind of cruel to me.

In contrast to those with more supportive workplace relationships, these workers may have limited opportunities to use work as a space for expanding their social support. Worse than failing to provide a source of support, these relationships may cause additional stress. Despite their role as caregiving institutions, these workplaces seemed to adhere to the archetype of the “ideal worker” where, though workers were expected to work on teams, the ideal of independence was prioritized. Additionally, supervisors ignoring emotions at work, such as ignoring bullying in the break room or sharing about a coworkers’ miscarriage without a second thought, was consistent with this problematic archetype where supervisors neither acknowledged nor intervened with emotions.

## 6.2 “You Just Don’t Know Who’s for You”: Navigating Workplace Relationships and Stress

Workers used a range of strategies to navigate their workplaces and mitigate the effects of negative relationships. Most workers identified clear boundaries with coworkers and in some cases limited relationships with them altogether. Some Black workers reported role flexing and participating in emotional labor to hide their true feelings. Some workers even changed jobs to avoid negative relationships.

Most workers used the strategy of setting careful personal boundaries at work. Crystal articulated her boundary clearly, showing how she was willing to be close and how she was not:

I mean, at work we're close. We know about each other. A lot of them too-- like I said, they're a little bit older. So the new electronic stuff, they need my help a lot. So I help them with their personal things, even filing for benefits and stuff. Them, not even the clients, because they don't know how to do that. So a lot of them do-- I think they confide in me more. But in my years of working there, so many people turned on me. So much craziness happened that I've kind of-- it's like me. I'm the one that got my guard up. I'm nice to everybody. I'm friendly. I'm welcoming. They could tell me whatever, but I don't really share my life with them as much.

Here she described a one-way relationship, where she was helpful and welcoming but she limited the amount that she shared with others. She did not trust her colleagues as much beyond work. As she said:

I don't know what it is, but I don't want to get that personal with any of them. I don't know why. I guess because that is how work friends are like. After work, they're not your friend.

Jada described her similarities to her colleagues but acknowledged that on a deeper level she could not connect with them and did not really want them around her children. Jada described their commonalities, but highlights the limitation:

We communicate for work very well. I think that I can talk to them about things. As far as family life and things like that they can understand. They're women. We have natural things in common like we're African-American, or we're women, we're all in the medical field, or we're-- what are other things that I can say we are? Or we're around the same age group. So there's things we kind of-- sometimes we'll talk about throwback things....So sometimes I do feel like we can communicate on-- or we'll have kids the same age. So we can communicate in that sense, but on a deeper level, on a higher level, we're not the same.

She noted feeling different than them, even though they “communicate work for work very well.” Much of their difference seemed rooted in their expression of their racial identity. She discussed how she felt increasingly called to only do natural hair and potentially become a practitioner of natural medicine. She was concerned about her colleagues’ ignorance of these values:

So that's kind of why I-- that's where I get conflict at because a lot of their daughters do. I've done a lot of their daughters' hair. So they're asking for extensions and all of this and stuff.

She shared strong values related to trying to live naturally and spiritually in a secular world. For example, she made a point of noting that she avoided any interaction with Disney and Marvel franchises for her children. For her, avoiding deeper relationships with others at work helped her protect the lifestyle she wanted for herself and her children. Most of the other women who felt this distance seemed to be like Crystal, avoiding negativity at work while also trying to maintain their privacy.

In some cases, workers went beyond boundaries to actively limit relationships at work. Roxy described avoiding relationships due to the negativity of her colleagues: “I had to shut [my coworkers] off for the longest – you are all too negative, and I don’t want to be around that.” She permitted herself to have one friend, but even that she worried it would affect her mood and performance at work:

Because we are friends, you feel like you could take advantage it to an extent. ...

It's just like she'll take something personal or I'll take something personal due to the fact that we are friends. You know you see me doing that, and you know not to take advantage of me. If you walk off, I'm going to walk off too because this is your station not mine. But that comes with any job, you'll make friends and sometimes you'll take what they're doing at work too personally.

For Roxy, friendship at work was a careful dance between enjoying having a friend and getting hurt. She also limited her free time with coworkers by listening to music during her breaks. Similarly, Sara often ate lunch in her car rather than using the breakroom. Her coworker, Elisa, also avoids this breakroom saying, “honestly, we have a room with all of our coworkers. I actually stay out of the room because I just like to be alone sometimes because it could be annoying... I try to stay to myself.”

A few women accepted this avoidance of friendship as more of a personality trait or lifestyle approach, labeling themselves as “antisocial.” Amber reported purposely being anti-social both in her home and work lives. She described herself as a “very private person” and that she was not close to anyone at work “by personal choice.” She explained;

You might share something personal with one of the coworkers, and the other coworker knows about it. I don’t like stuff like that. I’ll talk to [the manager] about stuff, but the other employees, no because you just don’t know who’s for you.

While Amber did seem very private and isolated, Alex also said, “I’m real antisocial, so it’s just like me and my kids.” Unlike Amber, Alex seemed incredibly social. The day we met at the pool she seemed to know everyone there and trusted them to watch her kids while we talked in the adjacent playground. She had a few close colleagues at work (while her other colleagues stressed her out), and she had some close friends outside of work that helped to watch her children. It seems that these mothers are trying to carefully bound their lives to protect their emotional resources and, relatedly, their children. Alex would not be close with just anyone, but rather with people who were on her side, whom she could trust not to spread her business while supporting her in meaningful ways.

Joy shared the feelings of other mothers who described the importance of avoiding “drama” and protecting her “personal life.” She said it this way:

Professionally, I guess, yeah, you know. But I just try to keep it just with work you know. Sometimes it’s hard because you do like meet certain people and you guys click well.

Q. What do you think is the benefit of being private in that way?

I guess it just keeps a lot of drama down for you. And you don't have to worry about any of your personal life being displayed at work or discussed at work, especially when you didn't bring it up. But I don't know. I'm just kind of like private in my work life and my personal life.

This was a common approach for most, if not all, of the participants in this study. They were extremely careful about whom they chose to relate to, and this helped them navigate their life.

In some cases, however, it seemed no trusting people were to be found. For example, Sasha was in an office she felt was hostile. She did not relate to or trust the White people in her office. Rather, she tried to do her work while being herself. This was not well taken by her White colleagues, who labeled *her* as antisocial in a disciplinary discussion. This begins to suggest the potential consequence of avoiding harmful relationships at work when in the context of a hostile, racist office; tokenized, minoritized, and/or devalued workers may be excluded from building the social capital known to support upward mobility in workplaces (Ciabattari, 2007). Unfortunately, building that social capital is connected to performing as an ideal worker, which is heavily defined by Whiteness and toxic masculinity. For Sasha, this consequence was obvious, but she is unlikely to be the only one affected by it. Based on research about the role of stigma against single and Black mothers in workplace relationships (Dodson, 2013; Moss & Tilly, 2001), I surmise that these consequences exist for minoritized and devalued workers who are affected by various combinations of racism, sexism, and classism even when the role of these forces is not as obvious as they were in Sasha's case. Thus, minoritized and devalued workers walk a tightrope between protecting their energy, being able to keep their jobs, and accessing transfers or promotions to better jobs.



Another strategy was to use role flexing and participate in surface acting to avoid sharing one's true emotions. As Roxy put it:

I have never dread walking into a place as much as I do every single day because I have to put on a face because I never want what's going on in my head to come out through my mouth at work.

Sasha participated in surface acting, forcing herself to smile no matter how excluded and persecuted she felt to the point that patients call her "smiley."

Last, a few workers managed to get a highly autonomous job with two positive effects: allowing them more freedom to work autonomously while preventing them from having to bother about workplace relationships. Both Amber and Nancy left workplaces marked by negative relationships and harassment to ones with limited to no office drama. Nancy described her new workplace:

I work independently, for the most part, I'm really-- there's no one else in there that does them besides me...I keep to myself because I have to stay focused, if I chit-chat then, before you know it, all my cases will build-up, and so I just chit-chat and we're cordial and respectful, so. I talk to the secretary more because her and I are in the same space all day. The other ones I don't see as much. We communicate through email, so.

Q. Okay. How do you feel about that setup?

This is probably best setup. As far as a job, I like it.

Q. What do you like about it?

I work at my own pace. No one is on my back. I'm not micromanaged. So that's what I love about it.

Similarly, Amber connected autonomy and positive workplace relationships:

The people aren't difficult to get along with. Everybody minds their own business. Everybody is respectful of personal space. And there's really no reason to tattletale on anybody. If I wanted, I could probably take numerous breaks all day long. And no one would care because the work is still getting done.

She highlighted that since no one was around to “tattletale” on her, she could work when work was needed and rest when it was not, either doing homework or playing on her phone. Later she reiterated this saying that a benefit of her job was “the fact that there is a lot of respect, and there’s no sabotaging and backstabbing in that office.” In her previous workplaces, she might have been labeled as the mythical “lazy” worker, rather than a committed worker for whom performative work was not required. Working autonomously, for the few who managed it, seemed consistently positive which aligns with the broader research (Kalleberg, 2011; Yetis-Bayraktar, et al., 2013). Nancy and Amber’s experiences leaving negative workplaces for better ones where they had more autonomy shows how policies like the point system that limits workers’ ability to transfer can add to the harm to workers in hostile offices. By blocking this strategy, working parents have one less strategy to pursue to reduce their stress levels.

### 6.3 Supervisor Support

In a few cases accepting support from a supervisor seemed to be a strategy. Closer analysis revealed that this only occurred when two factors aligned: a trusting relationship with an effective supervisor and an incident of significant home-to-work conflict (i.e., the worker's "home" life affected their "work" life with negative consequences for work).

Rachel appreciated emotional support when her anxiety began affecting her performance at work. She explained that she had severe anxiety and was prone to panic attacks at work. But she felt her supervisors were there for her, saying,

It's one thing to be a supervisor and work-related, but to be there for you, as an employee, to help you work better. So one supervisor I had also had anxiety, so she knew what it was like, and she would sit me down in the office and give me water or something because she knew. It's little things like that that I appreciate because it's not just work-related.

Later in the interview, she explained that it was not just about anxiety, but a few personal problems that she could go to her supervisors about. She said, "If I had a personal problem that was affecting my work, if there was something that I just was upset about, sometimes I would go and tell her about it just so they know that this is why I'm crying. They'll [supervisors] listen to you and try to talk to you about it." Additionally, one of the supervisors helped her get certified in her job – as a sterilization technician – by obtaining a certification book for her, saving her over \$100. Rachel was clear in all her discussions about this during her interviews that this boundary was only crossed when work was affected.

Like Rachel, Lee experienced some emotional support as well as material support. She described having a fraught and somewhat unreliable relationship with her mother and had few other adult mentors. Her supervisor, it seemed, became a mentor to her and also occasionally provided instrumental support. The relationship seemed to be strong because of mutual respect. Lee explained, “She is just mellow and nice. I don’t know [why we hit it off]. You know how you just vibe with someone? She likes the way I handle situations.” She had recently been stressing out about school starting and the expense of purchasing school clothes and ended up confiding in her manager. “She just seen that I was down, and it took for her to see me not in my regular mood, and I just broke down. Talking to her was helpful.” The day of our second interview, her manager and another coworker had chipped in to buy her a car battery without which she had been wavering between being stranded or depending on her unreliable mother for help. Hence the car battery was a significant help for her personally, while also helping her get to work. Notably, help was targeted at helping her get to work, versus simply personal stressors such as not having enough money for school clothes - even though both concerns had been discussed with her supervisor.

While Lee was having a difficult time getting to work without a car battery, Jada was commonly having to leave work or take whole days off when her eldest son’s school became unable to manage his behavior and when her younger children needed frequent appointments to address illness and childhood disabilities. She credited her supervisor with helping her maintain some income by helping her sign up for FMLA. She said:

[My supervisor] is God’s gift to earth. I’ve never met another person who’s so compassionate about other people – caring. She’s really awesome. Literally, I would not have a job right now [without her]. Seriously, everything that’s going on with my kids.

Amber also had difficulty getting to work due to domestic violence perpetrated by an ex-partner right at the time she was starting the job she was doing when I interviewed her. She had just transferred from another office in the same healthcare network. She was hoping her ex would not know where she was after she switched jobs, but as it turned out one of his family members worked at the new work site and told him. Meanwhile, her ex-partner, against whom she had a PFA (Protection from Abuse Order), began to stalk her. He was driving past her house and asking if she needed anything. He was slashing her tires or smashing her window overnight, making her late for work. As she said,

I had to tell her because a couple of times, I told her, 'I'm running late. I just woke up late' but no it's because he smashed my car window the night before, and I just found it when I woke up.

Q. So you would not tell her the truth? You would just tell her you were coming late?

In the beginning, I would just tell her I was coming late, and then she had called me into the office one day and was like, 'Amber, we have to talk about this is there something wrong?' But she didn't have a clue there was anything wrong. She just thought I was just blowing off my job. And it was in that moment that I started crying and showed her the PFA and everything, and I told her, "I don't want sympathy, but I don't really like to share things like this with people because this is not who I am. That's how he is. He was jeopardizing my job horribly.

She explained how the manager helped her after finding this out.

I gained a lot of respect with her because she could have fired me because I was still on [work] probation (within the healthcare network where she had worked for years). I believe so because they don't have to give you a reason in the first 30 days to let you go. They just say that you're not a good fit for their department... So once she found this out – and she didn't treat me like a sympathy case. That was totally cool. But once she found that out, she was more like, “Amber, you have to let me know what's going on, and I can put you in touch with people that can protect you more here at the hospital.’ I didn't know that, the [workplace] security people needed to be notified that I had a PFA so, if he is on the premises, they can call the police.

These experiences grew a strong relationship between Amber and the manager, who reported having trouble building trustworthy relationships through the interview. She says, “If I was close to anybody, it would be my one direct manager because she's very transparent. She's very genuine. She has always been so polite and kind.” She seems to connect these to aspects of someone who can be trusted and with whom, ultimately, she was able to build trust. Still, she only shared this when the situation became disruptive enough that she worried it would threaten her job, since she was on probation, and when she felt that she could trust her supervisor with this confidence.

#### **6.4 Beyond Supervisors**

While much of this section focuses on individual or group interactions, it is important that these interactions not be seen as solely individual. Just like social constructs of race and racism, valued versus devalued work, and sex and sexism affect the experiences of the workers in this

study, these and other pressures also affect their supervisors, their upper management, and the broader swath of society that constitutes their healthcare employers. A few workers in this study actively acknowledged not only the pressures they were experiencing but those of their managers. Elisa noted that her supervisor was under a lot of pressure managing a much larger department, housekeeping (around 100 workers), than their department (transport, approximately 20 workers). Elisa explained that her supervisor “has a lot under his belt” and implied that he felt he had to focus on the housekeepers more, saying, “I trust you guys, but I have to worry about the housekeepers more.” However, Elisa “would love for him to communicate with us more” especially things that “he would be the one that can solve or talk to someone else about them.” With too many workers to supervise, her supervisor feels overwhelmed and likely cannot supervise either department effectively beyond working out the schedules and time off, which Elisa identified as his primary work.

Crystal’s boss also did not feel well supported to the point that she was avoiding continuing to seek promotion to avoid the additional stress she observed her supervisor experiencing. She explained her supervisor’s struggle to get “backed up” when addressing an employee issue:

He will have to coach and counsel them. Like, say he had to coach and counsel someone-- after he's done doing exactly what the directors themselves told him to do, what it's written to do, the coaching and counsel, they'll take him to HR saying they didn't like the way he was talking to them! [she says this loudly and faster with frustration. After this sentence she slows down] It's weird. I don't know. But that's part of the reason though that's stopping me from moving up into the company. Because I'm like-- and I make decent money where I'm at. So I'm like, "Do I really want all of that when you don't even get backed up?" Right now I could say,

"[Name], you do this for me." But if I'm up there, I'm going to have to do it, and I just-- I don't know. Maybe when I'm a little older.

Importantly, she connects the director's lack of support of her boss to additional strain on her. In this situation, Crystal felt that her boss should have helped mediate a situation at work, but she ended up having to handle it. She described an incident where she was reviewing each person's medical situation in her routine part of their monthly staff meeting. Each time she would talk two new employees would cough. She recounted what happened after the meeting:

And our director and everything was there. So I'm like, "This is so ridiculous." So I just continue to like, "Okay. My boss knows they don't like me." So after the meeting, my director calls me into my boss's office, and I'm thinking, "It gotta to be about how they were treating me." He tells me that they said I'm bullying them. And I'm like, "What?" And he's like, "I know this sounds crazy, but it's easier to work with you than to work with them. So I'm trying to come to you about the problem. So hopefully, you could fix it instead of me having to go to them, and it just get blown up." And it's really-- that don't even make sense. But my boss told me-- my director's kinda like – he don't stand for himself either. So I don't know. It's goofy.

I cannot confirm who might have been “bullying” whom, but the key point here is that the situation was not managed or mediated. Rather, without support from the director and potentially without adequate training in management techniques, Crystal and her coworkers were left on their own to manage what seemed to have become a hostile work environment. Crystal, at least in part, attributed this to poor relationships in upper management that trickled down to the caseworkers.



In addition to overwork and a lack of support, high stress levels can trickle down. Rachel described this phenomenon well:

Oh [the Operating Room staff has] said horrible things. To not just me, but to my co-workers. I remember we had one trainee that was back there, and they had changed the name of a tray - it was called Heckler's white plastics tray. And I forget what the old name was, but it turned to Heckler's white plastics tray. And [the OR staff] had asked for this tray with the old name, so this trainee, he knew that this was the same tray, it just had a different name, so he sent it up. And I don't know if it was a surg tech, I don't know who it was that he spoke to, but the person that he spoke to just freaked out. Not realizing that they changed the name. It's the same tray, they just changed the name thinking that he just sent up some random tray. And told the trainee that, "I have a patient on this table, and if this patient dies, it's going to be your fault" which is horrible. You don't say that. Because it wouldn't be his fault. It wouldn't. So it's stuff like that. It's just horrible things.

One can imagine the stress coming through the surgery down to sterilization. Surgeons are notoriously demanding and likely that demanding nature passes to the nurses, to the surgical technicians and aides, and all the way to another related department in sterilization. Though lives are certainly on the line and sterilization is incredibly important to patient outcomes (Weber & Rutala, 2013), it is hard to argue that surgeons and sterilization technicians carry equal responsibility for patient survival, particularly given the huge differential in pay and social capital accompanying each job. Regardless of the logic, stress seems to be passed around and Rachel describes going home tired largely from this stress. She is likely not the only one in this stressful ecosystem who feels this way.

All of these pressures and the experiences they produce point to a failure to care. It may be direct or projected, a product of interpersonal or structural oppression, but it is all a lack of care. Cheryl acknowledged this when she connected the lack of care her daughter experienced at school to her feeling that care was not valued at her work with nursing home residents:

The guidance counselor told me that she would stop and check on my daughter during the school day. Because I'm like, "She's having a hard time. Can you just check on her?" No, my daughter said she never seen that lady. So that's why I said I don't think it's important no more! Yeah, I don't think it's important to really take that time. But I see that working in the healthcare field, being a CNA. It's all about get it done. And then no one never stops to talk to the residents and stuff like that. I just think a lot of places lost that compassion.

Q. Why do you think places of caregiving are losing that caring part?

Because the job put so much on you. Well, first off, we walk in, we got 10 residents a piece. Five of them need to be up at 8:00, so I cannot sit there and talk to you in the morning, ask how your morning is, "Good morning," any of that. You got to get up, you got to get dressed, that [she says this in a tone that's sort of insistent, like you would use when frustrated with a child who is going slow]. So when I do that, I'm behind. So yeah, I don't think that's fair that they do stuff like that.

As Cheryl said rather than her caregiving work being about care, it is "all about get it done." This statement and the experiences of workers in this study show that poor workplace relationships are both a tool and a product of an under-resourced system relying on exploitive labor practices (e.g., low-wages, understaffing, racism/sexism in the workplaces) rather than a system of care. A re-

imagined system based on the ethic of care would show evidence not only of patients experiencing care but also their caregivers. Caregivers would feel that they could provide ample care and that they worked in a culture of care. This is not currently the case, and it is not without consequence for the workers in this study and likely those in similar positions. Workers in this study commonly described experiencing physical and emotional exhaustion when they were overworked, abandoned by supervisors and coworkers. Many care workers experience devaluation of their labor and additional discrimination and harm in the workplace based on prejudice against their identities. These daily experiences mean workers in these positions who are also parents have less energy, higher stress, and are often attempting to heal from discrimination, each of which has been shown to have negative consequences for individual, child, and family outcomes (Gassman-Pines; 2015; Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017).

## **6.5 Conclusion**

Workplace relationships were identified as an additional factor working parents had to navigate that were associated with stress and additional emotional labor. Workers identified poor supervision as a cause and a product of poor workplace relationships. Though I found workers to have some friendly relationships with coworkers, I found no evidence that coworkers provided meaningful support to relieve home-to-work conflict. This contrasts with other literature that has found coworker support to relieve home-to-work conflict when coworkers supported emergency caregiving (Kossek, et al., 2011; Tews, et al., 2013; Zacher, et al., 2014).

I also found that a few supervisors mitigated home-to-work conflict if they were aware of family issues (Kossek, 2005; Kossek, et al., 2011). This seemed limited to close relationships

developed only with effective supervisors. Given the significant role of stigma against single, particularly Black, mothers in low-wage work environments, I question how easily such findings and the workplace interventions they inform can be generalized to single mothers working in the low-wage job sector. Addressing this stigma may be a prerequisite to intervening at the supervisor level to alleviate stress and related work-family conflict in this population. Unfortunately, alleviating stigma related to problematic meta-narratives may be too tall an order for a workplace intervention.

## **7.0 “For him it was more the white picket fence”: Experiencing and Navigating Discrimination against Black and Single Motherhood**

Workplace racism has been identified as an aspect of job quality by working Black women (Bacchus, 2008; Hughes & Dodge, 1997). Additionally, single motherhood, particularly Black single motherhood, has been identified as a stigmatized identity in the workplace (Moss & Tilly, 2001). Thus, the experiences of discrimination at the intersections of race, gender, class, and family structure may contribute as a meaningful aspect of job quality. Unfortunately, despite having relatively “good” jobs in caregiving institutions, working mothers in this sample experienced discrimination based on their status as Black and single mothers. In this chapter I begin by describing workers’ experiences of gendered racism via microaggressions, policing of self-expression, and tokenization. Then I show evidence of discrimination based on mothers’ status as single mothers. Finally, I demonstrate how these experiences are a material experience of the cultural contradiction between the ideal worker and the intensive mother and suggest holistic motherhood as a strengths-based framework to better understand mothers’ experiences and needs.

### **7.1 Gendered Racism in the Workplace**

Racism contributed to negative workplace relationships and worker stress. Racism against Black mothers in this study had demonstrable effects not only on the mothers as individuals but also, in many cases, on their families. In this section, I analyze mothers’ stories of experiencing the violence of racism at work and its connection to their inability to access upward mobility via

career ladders. I never directly asked any parents about their experiences of racism at work. Rather it was raised repeatedly by mothers themselves ranging from experiencing a general uncomfortable feeling at work to overt racism and sexism in the workplace.

Racism against these mothers was often linked to their behavior as gendered workers (service, clerical, or nurses) and in their self-expression as Black women. As such, their experience of raced, classed, and gendered work combined with prejudice relating to single motherhood (particularly Black single motherhood), situated the Black mothers in my study at a particularly oppressed social location in their organization and the microcosms of society encompassed by their offices or units. A few mothers also experienced tokenization as the only Black person (and thereby the only Black woman) in their office. In both cases they were not the only, but the first Black women to ever be hired in their offices where others had worked for decades, increasing the scrutiny and stress they experienced.

Lastly, the women in this study were relatively young (average age=30, range=25-47). Age was raised by multiple mothers as an additional prism through which their experience at work was negatively affected by discrimination, as most of these mothers were the youngest in their office. This was also true for the two women who were the first and only Black women in their office – they were also the youngest by nearly 20 years. Here I document the experiences of Black mothers in this study including the experiences that they articulated directly as racism/sexism/ageism and those that were not directly characterized as such but embedded in social patterns and documented effects of discrimination at work are likely a result of discrimination. I also describe how workplace discrimination may affect family outcomes.

### 7.1.1 Microaggressions

Multiple workers described having very uncomfortable or “weird” relationships with their supervisors. In multiple cases this involved being ignored by the supervisor on a regular basis. For example, two mothers shared a manager who could be described as “awkward” as he did not talk to people regularly. Both women described him walking past them without acknowledging them. One said:

My supervisor is fine. He doesn't really bother you. He is kind of awkward.

Q. What makes you say that?

He will see you in passing, but he won't say nothing until you say, “hey.” He will just look at you and keep walking.

Another mother had a similar experience as far as communication. She reported that “We literally just started speaking three months ago. I don't know why, [the manager] would speak to everyone but me. The supervisor was the same way.” She later said,

I just started talking to [the manager] after Mother's Day weekend. I don't know if they got some type of epiphany, but she came in that morning and said ‘good morning’ and I'm like, ‘hi.’ I really don't like that because I feel like that's fake. I was perfectly fine with her not speaking to me at all because I can respect that she showed me her true colors. Now that she speaks to me, I feel like there's something going on. It seems fishy. I started in October, you stopped talking to me by my second week, now it's May and you're speaking to me; I don't like that.

All the workers who reported this in the sample were Black and working in predominantly White workplaces. Being socially isolated and ignored by management has been documented as a common workplace microaggression by other workplace scholars (Holder, et al., 2015). As such, I came to recognize these “weird” interactions as likely microaggressions.

Another common microaggression in the literature is having to prove one is a good worker (Holder, et al., 2015; Wingfield, 2019). As previously described, a common aspect of this was the length to which some people seemed to have to work to transfer within a large hospital system that promised a career ladder. Workers in this sample and the broader study struggled to climb the career ladder, often applying repeatedly for years and having no support from supervisors. However, even within jobs, Black workers felt they had to prove their worth. For example, Cheryl found herself in many uncomfortable interactions with her new boss - the Director of Nursing - at the nursing home where she was working. It seemed he was testing her. She described her uncomfortable interactions when she first started:

I get along with everybody. But the director of nursing is kind of-- he comes off wrong, so [laughter].

Q. What do you mean by that? Can you give me an example?

If he come on the floor, he's not saying hi to no one, "What are you doing? Why you over there?" And when I first started, I didn't know it. Everybody say he's like that, but he's just playing around. And I didn't know that. And I'm like, so my first day there, he stopped me, "Why don't you have a name tag on?" And I'm like, "They didn't give me one yet. I just started." Like, "Oh, well, that's not an excuse." And then everybody like, "Well, he's playing. You know, you just got to get to know



him. You can just brush him off." It really drove me crazy for the first month because he kept stopping me about a name tag when their machine wasn't working. Or he'll stop me, "Oh, you going on break early?" Stuff like that. But now, I guess the one day he did it, and I was just like, "You ain't going to say hi? Good morning." And I think every day since then, he's kind of stepped back a little bit because I don't like that. Don't do that. And don't say good morning, none of that. You don't know how my morning went, so.

She found this off-putting and chose to assert herself in an attempt to stop such interactions:

This Director of Nursing be on it. And he will pop up on it. You don't even see him coming on the floor. He'll be standing right there, "Come on. Let's go room to room. Let me see what you been doing all day." And I'd be like, "Oh my gosh," but.

Q. How does that feel to you?

And I told him one day, I said, "You're doing this to the wrong person because I'm a good aide. I care about the residents. I take care of them." So when he went in my room, there was nothing. He was picking out-- they're not allowed to have cups on the table because of the mice problem. That's not nothing. That's, damn, actually, [the residents] live here. So if they want to have a cup of juice, you can't just take it from them. So he didn't find nothing really big to be like, "Oh, this is not under code. You're going to get us a tag for state." None of that. It makes me feel like you're putting me in this box of bad aides, and I'm not one of them. So the one day, I told him, I'd say, "I'm a good aide. You shouldn't be saying that to me."

Q. What did he say?

He was like, "Oh, really? Oh, really?" And I'm like, "Yes." And then the nurse was like, "Yeah, she is." So I was happy she backed me up.

For context, this Director of Nursing was trying to turn around a facility that had a long and notorious history. Cheryl came on after he started and credited him for improving their state inspections. Though she understood what he was trying to do and supported it, she felt competent and felt she did not deserve his scrutiny.

Though these workers did not use the term microaggressions or even racism, these interactions are consistent with others' descriptions of microaggressions (Holder, et al., 2015; Wingfield, 2019). I believe that these were indeed microaggressions and, if so, contribute to a negative workplace climate and potentially to poor worker outcomes.

### **7.1.2 Policing Self-Expression**

A few mothers shared the experience of being discriminated against due to their self-expression. Both Roxy and Sasha experienced specific discrimination related to their hair, nails, and jewelry choices as Black women. Other women commented on their nails being a potential issue and being occasionally asked to comply with a nail-length policy despite wearing gloves or complying with handwashing protocol. For example, Lisa said:

Usually, when we have an audit, my supervisor, she tells me to get them-- I have to take [my nails] off. So I'll get them cut extremely short, and then they'll grow out. She tells me that, but she's lenient with me as long as the patients aren't complaining or anything like that. So everything I have to do-- I have gloves on anyway. But I haven't had-- any write-ups with it yet. She's kind of lenient, but I do know that

they're very frowned upon... When my supervisor's boss will come in, she looks at us. She makes sure if any of us have tattoos, everything has to be covered. So I have 13 tattoos, but everything's covered...I've never been without nails. I've done this since I was 18 years old. It's just something for me, but if it will cost me my job, then I will definitely, most certainly, get rid of them and keep them off. But I haven't really run into any issues or problems with it. I do shorten them every time I go. So until [my supervisor] snaps out and says, "No more nails," then I just kind of play with fire a little bit.

Lisa's compassionate supervisor allowed her to keep her nails, but still, it was clear that her nails and her overall appearance were actively evaluated, including having to shorten her nails for audits and being subjected to a visual review by a higher administrator. Still, Lisa, like other women, noted that this is part of her self-expression and her self-care. Being able to get one's nails done is an important ritual for many women, particularly Black women, and was commonly reported as the only self-care women can afford in this study and the broader Pittsburgh Wage Study. Not being able to get one's nails done or maintain nails based on personal preference may have deeper effects as it may prevent women from engaging in the only self-care that gives them a break from being a worker and mother.

Roxy also connected her self-expression to her self-esteem at work. At her old job she experienced demeaning prejudice from her boss because of her hairstyle. She recounted this story:

I say about three years ago, I went fire engine red, and I didn't mean to. I just wanted to color my natural hair so it could match the weave I knew I was going to get in that weekend. And my boss came to me-- no, he didn't come to me. It was the director. He was having a meeting, and he was just like, "Oh my gosh. You look

like bozo.” Took everything in me not to say nothing, because I was like-- by that time I was changing how I responded to people. So I just told him, "Have a good day." So then my boss-- after the meeting, my boss came. He was just like, "Yeah. You need to tone that down because you look like a bag of flaming hot Cheetos." And it was just like if I didn't teach myself to really bite my tongue, I would have lost my job, you know what I mean? And I don't think people realize I'm just trying to cute at work. Let me be, you know what I mean?

Roxy highlighted being compared to both Bozo the clown and a bag of Flaming Hot Cheetos. Comparing Black people to clowns has deep connections to racism through the history of minstrel shows and assertions of savagery and inferior intelligence used to justify human rights violations, including enslavement, segregation, and White terrorism, of Black people (Bernstein, 2011). Comparing her to a bag of Flaming Hot Cheetos is certainly objectifying and dehumanizing, but it may also have racist undertones (Ed Reform Anonymous, 2013; Eng, 2012). Both men, specifically men with power over her and her job, objectified and dehumanized Roxy through their choice of terms and both terms were likely racist/classist/sexist.

Being able to express herself physically was an important part of job quality for Roxy to the point that she transferred to a new job with a more lenient dress code within the hospital system. She explained how she transitioned to her new job at Starbucks within the hospital due to their “be yourself policy” that allowed freer self-expression at work.

Q. What made you transfer?

I'm allowed to get my nails done. That's the only reason I transferred. I'm allowed to get my nails done and I'm allowed to wear earrings.

Q. So because of your service job, at other place you were not allowed?

Well, they were both food service because it is Starbucks they have to follow Starbucks policy and Starbucks has this whole “be yourself” policy, and started this whole be yourself policy. So we're allowed to-- that's the only reason [laughter]. There was no other reason. And I feel like because I work in food service, like at [other network hospital], the hair net, you have to wear a hat, can't wear earrings. I feel like you're stripping me of everything that makes me a woman. And I'm like, "These earrings are only--" and I mean, if you go to Starbucks now, you will see the big earrings. I don't do the big earrings. I'm like, "Why can't I wear these, especially when I never even touch the food?" I was just a cashier. I say, "You're stripping me of everything that makes me a woman. I cannot feel pretty at work." Everyone else, when they leave their house they want to feel pretty, whereas I was like I feel like an inmate. I can't do this." So when I have found out that they allow you to be yourself at work, I was just like, "I'll do it." Whatever. I just want to feel pretty wherever I go.

When her job did not allow her self-expression, it made her feel trapped to the point that she equated this dress code to “stripping” her of her womanhood and making her feel like an “inmate.” Her wording is important as it emphasizes the extent to which she experienced these policies as controlling not only her dress but her sense of self and freedom. This is a distinct experience for Black women that might not be experienced in the same way by people with other identities and highlights how she experienced this policy as discriminatory specifically against Black women.

Notably, Roxy made a significant sacrifice that affected her whole family when she changed jobs. She described regretting losing her consistent daylight schedule and working in the

same workplace as other members of her family, which translated to being able to easily switch shifts:

And I never regret transferring, but this I regret. When I was at the [other network hospital] I worked solely Monday through Friday, 9:00 to 5:30. Every other weekend, 6:00 to 2:30. And that schedule was perfect. ... There's times I just go to bed and cry. I do. I just cry all out, and I'm just like, "What did I do to deserve this? Is getting my nails done and wearing earrings really worth this?" And then, I think of my self-esteem, and I say, "Yes."

She believed the transfer had a significant effect on her daughter as well. When I asked her what her daughter would tell me if I asked her about how her job affected her, she said, "My schedule. She hates it. She does. And she says a lot of the time she gets to me and she's like, 'Why did you leave? Why'd you leave?'" Her decision to transfer despite this schedule change spoke to the importance of self-expression to her sense of self.

Despite her sacrifices, the "be yourself" policy did not necessarily protect her from managerial prejudice against Black women. Still, Roxy seemed to appreciate that this policy helped her resist racist and sexist policies regarding self-expression.

[My director's] really anal about Black girls and their certain hairstyles that they wear. He can't stand it. And even though he's the director of Starbucks, he can't touch me because we've got to follow Starbucks policy.

Q. But how do you know he's mad about it then?

Because he'll come and he'll be like-- when he'll see me-- we'll see each other in passing because we're in the same hospital, and he'll be like, "Really? You just had

to go brighter? You can't tone it down? You can't go straight?" Because I refuse to get a perm. He'll be like, "Are you just going to let that sit on top of your head?" I sure am, and I'm going to embrace every bit of it. I'll pass through, and he's just like, "So when is your hair appointment?" "Six months from now. How can I help you?" He just does that. He don't like that at all. And I love that he can't do nothing about it. And I told, "You do know I'm allowed to wear purple hair if I want?" Just to put that out there. Because we had to sign-- when Starbucks changed their policy to be yourself, we had to sign it. So it's just like I've signed this policy that says I can have any hair color I choose to. If I want to get a nose piercing, I can get that done. So he really hates that with a passion.

Though the policy did not eradicate her experience of interpersonal discrimination, it did empower her to speak back to these critiques and be able to express herself based on her preferences, not those of managers in her predominantly White institution. Still, these experiences were almost definitely not experienced by her White colleagues and not only added a layer of challenge to her daily life but were incredibly personal for her. This is important in the context of the trope of the ideal worker where one is asked to separate one's personal life from work. The White mainstream maleness of this is highlighted when managers try to police workers' bodies - the only part of the ideal worker that has no choice but to live in both halves of the false dichotomy.

The relatively recent and unexplained inconsistency of enforcement of these policies added to the evidence that these policies are rooted in something other than patient safety. Roxy noted this change in her experience working in food services within a single healthcare system:

I've been at [hospital system] for 12 years. And they really just started getting strict about the earrings and the nails maybe five years ago. So, before that, when I worked in food service, and I dealt with the patients<sup>4</sup>, they weren't strict.

That this policy was not always in existence and inconsistency across food services policies suggests that this policy is not necessary for patient health and safety but is likely more related to the prejudices of hospital administration and the tradition of enforcing Whiteness in medical spaces.

Lisa's experience - though differing from Roxy's as she had a compassionate supervisor - suggested a similar lack of connection between personal expression, policy, and patient safety. Her supervisor was documented by both Lisa and Jada to highly value patient safety and care. And yet, she only asked Lisa to cut her nails in advance of an audit. She noted that she would also have to cut them if a patient complained, but implied that this has never happened as she's always been able to keep her nails. Sasha, a nonclinical worker, also had been critiqued for her long, bejeweled nails. Unlike Lisa, her self-expression was mentioned in a disciplinary write-up where a coworker at the front desk suggested her nails and long lashes were "distracting" to patients as they gave their information at the front desk.

Having talked to a number of these women since the start of the pandemic, those who continue to work in the medical field have not experienced any increased risk of spreading disease because of their nail length, suggesting that this policy may be more discriminatory than connected to health outcomes or spread of disease. Though I am aware that many of these policies relate to health (e.g., bacteria spreading under nails, or hair getting into food), there are many policies in

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<sup>4</sup> She had previously worked as a nursing aide.



the healthcare field that have been critiqued as being heavily gendered and/ or raced (Williams, 1989; Wingfield, 2019). These experiences also may connect to the ongoing advocacy movement against raced and gendered dress codes in schools where Black people, especially Black girls, are heavily policed for what is perceived as “unprofessional,” “ethnic,” and/or “sexual” choices in personal expression.

In reality, Sasha and other women in the sample described patients loving their self-expression and often commenting positively on their appearance. For example, Sasha reported that the patients “just love” her nails and the way she presented herself. In fact, she believed that presenting herself well was good for customer service. The accusation that nails, hair, lashes, or earrings may be a source of customer complaint, seems a veiled assumption that the patients are White. Or at least that the patients whose customer service *matters* are White and/or share the racist/sexist/classist values of the administrators.

Among higher-level medical workers, professional organizations are recognizing the benefits of having more Black professionals in the field (Sewell, 2015; Skrentny, 2014). Meanwhile, Black women have been disproportionately represented in low wage, devalued positions within the medical field, and their diversity has not been valued or sought out (Berrey 2013). One of many aspects of their devaluation includes not recognizing the comfort and trust that is built through greater diversity across all levels of hospital staff.

### **7.1.3 Tokenization**

Marie was the first, youngest, and only Black woman to work in her hospital clinic. She was a specialized medical assistant who worked at a medical school before coming to the hospital system so she was both well trained and experienced in her work. Yet, she still worried about

speaking up to her colleagues. Marie explained that “sometimes [talking to coworkers] doesn’t come out how I actually want it to come out.”

She shared a story of feeling like her coworker (the only other specialized medical assistant) was overbearing. She felt this way for months until her boyfriend finally spoke up, encouraging her to act. Given her concern that it would not “come out how I actually want it to come out” she “prolonged it for maybe two to three months. My boyfriend's like, ‘You need to say something. You're taking it out on me. I don't even work with you.’” She also seemed concerned about her relationship with the coworker, specifically that the coworker would feel she was trying to “outshine her” which Marie explained she was explicitly not doing. Though she ultimately did speak up and get the accommodations she needed at work so she could be more independent, she avoided it for “2 to three months,” which suggested she felt uncomfortable about asking. As she said – she was worried that her request would not come out right.

Another tokenized worker reported being disciplined for her unwillingness to fake positive interactions with exclusionary coworkers. She explained:

I literally got wrote up-- "Oh, well, the girls made a remark how you don't say good morning." Because when I say good morning, y'all don't say good morning back. Bet I never say it again. And that's how it was, "Oh, well, you're not social enough with them." I don't care about her cat, her dog [banging on the table for ]. None of that. I just don't relate to y'all, so I'm just going to sit back here and shut up. Especially when everything is well, me and her, me and her, me and her instead of us, us. I don't got to click with y'all. I'm born to stand out. I don't got to fit in with y'all. I'm good to not fit in with y'all. I'm good. And all the patients always call me

smiley because I never talk because I just don't like y'all, basically. I didn't like y'all. I didn't vibe with y'all. I didn't like y'all.

While she struggled to be included at the front desk of her office, she also felt that she was being barred from a friendship with the only other young worker at her office. She explained:

We have a [Medical Assistant]. She's like 29, and me and her kind of click. And it's so funny because it's a problem when we talk, but when the other girls who were there talked to other nurses and doctors, it was never a problem. But it's a problem when me and her talk.

We're the youngest two. Who the hell am I going to talk to--? Oh, sorry. Who the heck am I going to talk to in here that understands what I'm talking about? Not any of these ladies in here. They look at me like I'm crazy like, "What, Sasha?" I'm like, "Nothing. Nothing." They don't understand me, what I'm saying. They're all older than I am. They're 50s, 60s. They have been here for-- they have been here before I was even born, so none of them relates to or understands what I say, so.

Q. What do you think-- why do you think people see your relationship with the MA differently?

Because we're both young, and we're both Black. Well, I'm Black and she's like Italian and-- but she's kind of gangster a little bit, but they're just like, you know.

We're not them and they're not us. Basically, is what it all is.

Her discussion of race/ethnicity here was interesting. Though she acknowledged that her friend is not Black, but Italian and "kind of gangster a little bit," her description highlighted the

intersectional racism, classism, ageism, and sexism in her office and suggested that norms of Whiteness were being heavily enforced in her office. As we wrapped up the interview and she continued talking after the recorder was off, she shared that she had been described as “an aggressor” in her disciplinary write-up. Again, semantics are important here where this term is often in the context anti-Black racism, connected to the racist association of Blackness with aggression and the negative implications for Black employees expressing anger or similar emotions in the workplace (Wilson, et al., 2017; Wingfield, 2010). Together her experiences suggest that she was routinely a victim of sexist, classist, racist comments, and disciplinary actions at work. Combined with the disciplinary points she had received both related to her interactions with coworkers and her being sick and sometimes tardy, it meant she was ineligible to transfer to another position, trapping her in this job until she either chose to leave the hospital altogether or was terminated.

These experiences of racism and misogyny illustrate two important points. The first point is obvious: Black women in this study experienced a range of racist/sexist/classist experiences regularly in their workplace. These functioned through interpersonal and structural discrimination. Second, there was no evidence that these “good” caregiving jobs do anything to acknowledge, much less alleviate, these experiences.

## **7.2 Mothers and the Ideal Worker**

Working mothers also experienced discrimination based on their status as single mothers. These experiences have been documented to be common in worse jobs (Moss & Tilly, 2001) and seemed unfortunately common despite these workers having better jobs in caregiving institutions.

Notably, stigma against single mothers is grounded in heteronormativity that enshrines married, heterosexual couples as the ideal parents, but also in Whiteness as discrimination against Black single mothers functions as a unique intersection of racism, sexism, and heteronormativity. Thus, I incorporate racism when applicable in describing mothers' experiences of discrimination based on their status as single mothers.

Before I describe the discrimination these mothers experienced, I want to highlight the centrality of motherhood to these mothers' identities. Quite a few wore physical symbols of their motherhood, including necklaces and tattoos with their children's names, pictures of their children tucked into their name badges at work, and jewelry charms associated with motherhood (e.g., baby shoe charms). For many of them work was a necessity of motherhood, consistent with Collins' (1994) work on Black motherhood. Most mothers and Ryan expressed working as a way to demonstrate how work is a tool to achieve independence and maintain one's dignity. A few mothers regretted being single parents. Most valued it, associating their single motherhood status with independence in their parenting - being able to buy what they wanted for their children and make decisions in their parenthood without having to work it out with another person. Thus, their values about work and parenthood were somewhat intertwined.

In contrast, the archetype of the ideal worker works to encourage separation of work from parenthood, an experience described as a cultural contradiction (Hays, 1996). The mythical ideal worker is independent, unemotional, and completely committed to the work of the employer (Abramovitz, 1996; Acker, 2006; Moss Kanter, 1977). Many mothers attempted to perform the latter goals by compartmentalizing their work from their home lives. As Lonnie had said, "I try not to bring my home problems to work because it's nobody's fault at work." However, it was

impossible for single mothers to be independent when they had dependent children at home. For example, Alex said this about her children calling her for help during the workday:

I get really frustrated when I'm at work trying to get stuff done and then they're calling me, or when they call me when they're crying because there's an issue. And it's like, I don't want to step away from work, but then again, I don't want them to be upset. It's just, it's a lot to juggle.

While mothers found fully separating from their children during the workday impossible, they perceived their administrators believed that this separation was possible. For example, Rachel's boss had tried to prevent parents from answering their cell phones during their shift, causing her to miss a phone call that her daughter had not arrived at school. In reflecting on why this policy was made, she said, "I don't think [the department head] understood what it was like as far as single parenting. So, I think for him it was more the white picket fence." Maya noted that finding trustworthy childcare is more difficult than people at work may believe. She explained:

Just to be more understanding and take it into consideration that everything is not in our control, and that some people are single parents and have no other option or help. [The supervisor] might have help. They might have family, but everybody does not. I don't feel like a lot of people take that into consideration. They're like, "Well, why can't you just send them over here and here?" And I don't trust my kids around a lot of people. You can't just send your kids anywhere. They have to be safe in my eyes, and if I don't feel like they'll be safe there, of course I'm not going to send them there.

In these examples and throughout the sample, mothers directly connected the marginalization of their needs and experiences not just to their motherhood but specifically to their *single* motherhood. Mothers seemed to suggest that their experiences or their bosses' perceptions of their needs would be better if they were married. This supports other research that finds that supervisors of low-wage workers discriminate against single mothers, particularly Black single mothers who comprised the majority of this sample (Moss & Tilly, 2001).

Despite their acknowledgment that they could not be ideal workers but that they tried their best, mothers felt that stringent rules, like consequences for being more than three minutes late for their shift, could be loosened to help them (see Chapter 5). Mothers felt that this was only right given that they often gave beyond the contract, such as working extra after their shift was done, coping with understaffing, or pulling more than their weight on teams. As one mother explained:

Put your feet in my shoes, and then you would tell me how would you please your child and still come to work. It's a hard balance but if you can't be mindful of me trying to be a good mom then I have to get out of this equation of this job. ...

Q. Now one of the big counterarguments that people like to make, particularly people who are in business like to make about that comment is well, it's not your employer's problem that you're a parent. And so what would you say to that? Now, I agree with you but [laughter]. Why should an employer care that you are a parent?

I don't think they should care. No one has to care about anything that goes on in life. But I also want you to be mindful. Because just like when you're short-staffed and I'm hearing you asking me to stay late because you want to leave and do whatever you want in your personal life, you have to be fair because then there's

times - and it's not like me being a mom is everything that will hinder my job every day. But just like you want me to take time from my child because you can't keep your employees. It's more or less a give and take.

Q. It's part of the contract is what you're saying.

Yeah, yeah. It's like, "Wait. You want me to stay late, but you can't let me leave early or come in at a later shift this one day for my child. But you want me to take away from my child and stay late for the job."

Q. I think that makes sense as an answer because you're working together to make sure that shifts are covered, that the people are there during those times. So that's a two-way situation.

Yeah, because then I can just be rude and like, "You're on your own. I'm out of here. I did my eight hours."

Having to support the employer to the exclusion of one's family is a feature of the ideal worker (Abramovitz, 1996; Moss Kanter, 1977). The ability to seem like one is contributing all of one's energy and passion to work is a function of countless hours of unpaid labor by a spouse, documented in heterosexual, middle-class families. This standard was always unfair and rooted in problematic norms of White masculinity and heteronormativity. Applying it in contemporary times with a much greater variety of family structures and work arrangements among caregivers is discriminatory. For the mothers in this study, it fueled the exploitive situation that mothers were already navigating where they frequently had to prioritize their paid over their unpaid labor.



### 7.3 “Every day is not a party”: Trying and failing to be an intensive mother

Outside of work, mothers described grappling with aspects of the intensive mother archetype. When discussing finances, particularly what forced them to “stretch” their finances beyond their comfort level, they often reported expensive toys that were popular in the year I was collecting data. They also regretted the expense of items that are not only essential and constantly needed, but also are status symbols, particularly sneakers. Additionally, parents described the challenges of helping their children participate in structured activities that might be associated with the norms of intensive motherhood. For example, Nicole wanted her son to play basketball but could only afford to enroll him on the community team about every other month. Lee worried about what it meant that she did not have the time, energy, consistent transportation, or money to enroll her daughter in dance or other activities she observed other parents doing. Lee described how she worried she might be “boring” as a parent:

I feel like I could be doing a little bit more with her. I see some parents-- they're able to have their kids involved in activities and stuff like that. Like dancing and stuff like that. But again, she's shy also too, so. I don't know. I mean, I don't beat myself up about it, but I don't know. I just feel like I'm just a boring parent [laughter]. Like, we do stuff, and every day is not a party. Every day is not a circus. Every week is not a circus or a party. We do stuff when we can. I mean, I'm trying.

Another aspect of intensive motherhood was apparent in the sample: that mothers are individually responsible for child-rearing. Even when mothers had family support, they reported feeling the full weight of parenthood. Roxy’s parents and brother regularly cared for her daughter.

Still, Roxy described her constant worry about her daughter and how she felt it was her responsibility to care for her. She said:

But my friends aren't moms, so they don't understand that. It's just like, wait until you become moms, you'll under-- they're like, "But she's with your mama there" And? She could be with Jesus, himself. I need my kid under my roof. If she's not with me-- my brother, he put me on his block, because he got tired of me calling. But that's the reason why she has her phone, too. So I can get a hold of her at any given moment. So my biggest, what I worry the most is her safety.

To achieve this level of care mothers sacrificed their selves in many ways. Alex, for example, was a very active mother. She and her mother saved up to make sure they had passes to the local amusement park, water park, and zoo to keep her three girls occupied and active all summer long. In an example of truly inventive motherhood, her mother also bought food passes for her girls, so they could eat for free at the parks which was a creative solution to addressing food insecurity when school was out of session (Randles, 2020). Though she dearly loved her girls and wanted them to have so much fun in the summer, working and then supervising three young children each night took a lot of energy from Alex. She described it this way:

No, it's just frustrating trying to manage both. I never realized how hard it was until I was doing it. So it's just I never have time for myself, but then it's like I'm always trying to make sure we have time for this, make sure we have time for this, or just getting to places. Or just even when I work, I'm like, when I get off work, I'm tired. They still want to run. It's just, I don't want them to have to sit in the house because I'm tired. So I just push through and let them do what they want. We go play or

whatever, then we come home. But it would just be lovely to not have to do so much.

Other mothers also put themselves last. Lisa put it this way, “you just have to make sure that you’re just making sure you put the kids first and make sure that they’re handled first before you do anything else with yourself.” A few mothers were even putting off school - which would require a huge amount of time and energy but provide a better job - due to a lack of resources.

Overall, parents felt that other people had no compassion for what they were going through and were not willing to acknowledge it. When asked what she would want teachers to know about being a single working parent, Jada summarized her feelings that her experiences were not understood, saying:

You have no idea. Seriously. You have no idea what it takes. The energy, the headspace, the self-control, and the passion and the love that I have to have in my heart to love all five of these kids, get up, take care of them, dress them, feed them, change them, clothe them, drive them to and forth to their destinations, make sure that I send all of my positive energy to them that I can. That I’m releasing that into their spirits before they leave me praying that nothing comes over them to hurt them.

Despite their hard work and sacrifice, mothers seemed to feel that they were failing to achieve at both home and work. Many mothers seemed to want others to understand that they were human - not super-human (Gill & Orgad, 2018). Marie expressed frustration about: “Not being able to be in two places at once. Not being able to drop the dime and be there when she needs me. I sometimes have to have someone else step in for me.” Crystal was even upset when she got sick:

The days that I beat myself up is if I'm sick. If [my son] is sick for a week, and I'm [home] for a week, then I beat myself up more when I'm not doing a lot. Then I'm like 'oh, I'm missing work.' I stress myself out about that more than when I'm going, going, going.

She and other parents expressed a cycle of not resting for long periods, avoiding the realities of their bodies. For example, Joy said "Sometimes when you finally do stop and you get to sit down, you don't realize how exhausted you are. And then your body reminds you, 'oh you got to rest. You got to regenerate.' And I can't get back up." This constant feeling of having to be productive and avoiding rest is consistent with the norms of capitalism and neoliberalism embedded in the ideal worker and intensive mother archetypes (Gill & Orgad, 2018; Lorde, 1984; Odell, 2020).

In addition to judging themselves, parents worried about others judging them. Mothers had experienced scrutiny due to their single parent status. Lonnie described feeling judged by others when compared to "the stereotypical single parent, 'Oh, she doesn't have a-- the kid doesn't have a dad or she's not married,' so it's just looked down upon." Parents worried that their children's behavior would be blamed on their failures as mothers. For example, Roxy said regarding her daughter, "So the least you could do is behave in school. And let these people know, 'No, my mother is trying her best.'" Similarly, Marie said:

Sometimes it seems that I don't have a grip on things. But also with my persistence, you know, calling, making sure, seeing what's going on, [the pre-school] sees that, you know, I care, and I'm not just sending her there just because I have eight hours to work. It's not easy getting there when problems arise.

Alex even worried that someone might judge her for not being active enough in her parenting, despite the huge amount of energy she exerted. For example, she worried someone might notice if one of her daughters did not attend a party or an evening event at school. She said:

It's like, 'I had to work. I was tired. I have an extra child [to supervise].' ... So don't ever think that I'm not giving them the time or doing something. That I do try my best. So if there's ever an issue or anything, just please come to me, and I'll explain why she wasn't able to do this, or we wasn't able to do this or something.

Mothers did not invent this association. Rather they had experienced it in judgmental looks and comments by other people in public and through direct communication from the schools. For example, Cheryl explained the message she had gotten from her children's school:

[It] is still our responsibility because they're our kids, but [schools] really put it like, 'oh, it starts with the parents,' everything. And sometimes it's not like that.

Q. Can you tell me what you mean more?

The kids act out because it starts with the parents in their home.

Q. Is that the message you get?

Yeah. [The school] said that before. And I understand that because it do. But at the same time, you can have a perfectly fine kid at home, and they go to school and act crazy. So now what? So I don't know. I don't feel like they're understanding. And I don't feel like their discipline policy is right. I don't like that.

They experienced it also through expectations they felt were unfair and willfully ignorant of the common experiences of single parents. Many parents noted that schools did not communicate

clearly or with enough notice about school events, which meant that many working parents would not be able to attend. Homework was another challenge especially for parents of multiple children in multiple grades. Amber explained that sometimes there is simply not time to complete all the tasks that experts might recommend for children:

So experts will say you need to do A, B, C, and D. And as single moms, single dad, you're like, 'there's not time to do that.' But not doing that doesn't make me a bad parent because I'm still hands-on with - it all comes when people say, 'I'm doing the best I can with what I have.' And then, at one point, people might think you're being crappy.

Lee felt that schools and others were aware of the plights of single parents but did not care to intervene saying, "They know that there's a lot of single parents and everything...Some people feel like, I mean they want to help the kids, but then that's kind of a *personal* problem" [emphasis added]. Overall, parents were doing their best to address their "personal problem" born of problematic norms and structural inequities with no relief in sight.

#### **7.4 "There's a Price to Pay": Coping with a Cultural Contradiction**

Most parents described feeling fatigued and burned out accomplishing their paid and unpaid care work. As Alex put it, "there is a price to pay." Mothers' paid work was in many cases physically and mentally draining. Lonnie compared her feelings at her old job as a nursing aide and her current job as a medical assistant. She said:

It feels different because I don't have to worry about being at work for 12 hours, and it's less strenuous on my body. I would be so exhausted when I would leave

here, like literally my feet would be hurting so bad or my back's hurting. Everything's hurting. And so it's less strenuous and less mental stress and just not feeling like I'm undervalued, and I'm way down here on the [hierarchy] and so it's a big difference honestly.

Notably, it was not just the physical strain, but she connects her devaluation to the mental stress she experienced. Though a few parents said some days were worse than others, among the majority of the sample who described being “exhausted,” “drained” or “tired” after work, most said that they were tired no matter how the workday went. As Maya said, I'm always tired when I get off. It's just a long day. Even if it's an easy day. When it's easy, it's slow, and when it's slow, you get tired, so yeah, it's pretty much the same.” Others never really got an easy day, like Elisa said, “It's just overall I'm tired. You're on your feet every day from 10:00 to 6:30.”

Also, this work can be intellectually straining. Jada described feeling more drained on days where she worked with “her doctor” versus a nurse practitioner who handled fewer and less complex patients. She explained, “I have to use my brain more. I have to focus more. When I'm with other doctors, it's not that I don't have to focus more, but I might not have as many patients.” After such days she needed her children to be calmer and she describes herself as needing care, as she said:

I'm just like, “Argh! Come on. Let's just all cuddle and snuggle and let's not do anything. I almost turn into one of them [the children]. It's like, where are we going to eat, mom? Where are we going to eat? What are we going to do?”

Of course, children's needs persist no matter how exhausting the workday, and many parents felt like they need to do much more than just feed or hang out with their children - in part because of all of the responsibilities of adulthood, in part because they were single parents, and in

part because of the stress imposed by intensive mothering standards. Parents described having to “find this burst of energy” and launch themselves into care work. To cope with this, some people, like Sasha, worked to contain any stress from the day. She said, “because at the end of the day [care work] still needs to be done. If I’m stressed out, I try not to let it get to me because everywhere I go I still have to do my responsibilities. So, I try not to let [stress] get to me or bother me.” On Saturday mornings after his night shift, Ryan was responsible for getting his daughter to her required tutoring as part of her private school scholarship and then to afternoon activities at a local museum. He described keeping awake so he can do this after getting off at 6 AM. “I just want to hop in [my bed] but then I remember it’s like I can’t get comfortable because I have to get up to make sure I take her, but she’s old enough she sets her own alarm to get up and make breakfast, so I’ll be in the car and then we get rolling.”

This exhaustion may create an obstacle for parents who feel they need to always be entertaining their children as part of intensive mothering. As Victoria said,

I mean [my job] affects her because there’s times where I get off, and then I work a night shift. Then I get off, and I’m off that day. But we can’t do anything because mommy’s exhausted. I don’t even want to walk up the street. I don’t want to do anything. So, it affects her in that way.

Even if some days were worse than others, almost all parents described being tired after their shift.

Some parents admitted that this strain affected their children. I asked all parents how their children might respond if I asked them how their job affects them. Some stated they would shrug it off, but others acknowledged that their children felt negative about their work. For example, Victoria claimed her daughter who had a diagnosed anxiety disorder and was struggling in school would say “Mommy’s tired. Mommy’s mean. Mommy yells.” She connected her mood at home



at least in part to working a difficult rotating shift which sometimes meant she would not see her daughter for days at a time. Victoria was concerned that this time away from her daughter and her exhaustion when she was home was having negative implications for her ability to care for her daughter. Additionally, it meant she had to often rely on her mother as a parent-figure which concerned Victoria since she often disagreed with her mother regarding parenting approaches. Other parents made similar statements about stress affecting their interactions with their children. Regarding her feeling of exhaustion after work, Lee said:

I don't really take it out on [my daughter] unless she gets smart with me, and then I'll yell at her or something, but I try not to. Unless she gets smart. I don't know. I'm just tired. I just want her to eat, like when I'm ready to cook, eat, so I can lay down. Like get in the tub and stuff so I can lay down.

Crystal shared a similar sentiment, saying:

I shouldn't be mean to my kids because of the fact that my clients were getting on my nerves all day. But I'm really not. I really am not, but everybody has bad days. And there are some days where I'm just like, "could you give me" [uses angry/frustrated voice] because as soon as I walk in the door they want a million things. And it's like, "please, you survived all this time without me. Could you give me a couple more minutes?"

In these situations, she said, "if I'm too frustrated, they go to bed." Cheryl described her children being worried about her which she believed was happening "because [my daughter will] be like, 'mom, are you tired?' or 'mom, you want your heating pad?' because I'll always use my heating pad."

These effects on parents have implications for children. Parents' experience of work-related physical and mental strain has been found to affect family outcomes through parent health and well-being as well as through the effect of stress on parenting processes (Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017). Additionally, while the work-family literature has highlighted the role of feeling overwhelmed and intellectually tired as a meaningful contributor to work-family conflict (Kelly & Moen, 2020), less research has documented that this is an experience among workers whose labor is often devalued and considered "unskilled."

A few parents described an effect on their ability to keep up with other child-related responsibilities, such as struggling to keep up on communications from the school. Cheryl was exhausted from her new job which required day shifts during the weekdays and night shifts on the weekends. She said, "Now that I'm tired, I forget a lot." She had recently forgotten about her daughter's dance which she had attended for years with her and her older children. Similarly, Nancy said that if she could stay home or have a better schedule to match her parenting that:

I can probably have the time to get them to school and be home more and remember to - because sometimes, honestly, from being at work all day and then pick up the baby, sometimes I forget to search my son's bookbag or I forget to remind my daughter "Did you work on your senior project?"

Additionally, some parents may have limited resources with which to cope with these stressors. For example, regarding coping with the significant stress in her life including financial hardship, family strain, and complicated grief from the murder of her child's father the previous year Lee said, "I sleep. I don't, I haven't found a way to, like an outlet for stress or anything. I don't know. And I don't talk to a lot of people, so I just suck it up. A lot of things are held in." Though these experiences of strain may be common experience for parents generally, it may be

worse for low-wage single parents for a few reasons. First, single mothers, particularly Black and/or poor single mothers, are distant from the ideals of an ideal worker or intensive motherhood, archetypes that promote White masculinity, women's essential selflessness, and heteronormativity. Striving toward these ideals depletes them as they experience judgment for falling short at the same time as they are further depleted through exploitation by capitalist employers that benefit from undervaluing both their paid and unpaid labor. Second, holding low-wage jobs in single-earner families means that many families are simultaneously coping with material hardships, which are associated with worse family outcomes and high parent stress (Huang, et al., 2010; Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017). Last, as Black and low-income women, these mothers are affected by broader discrimination. For example, segregation and gentrification put Black mothers at greater risk of earning points that could cost them their jobs (see Chapter 5), and they endured the daily effects of microaggressions, tokenization, and policing of their self-expression.

Mothers navigated this range of hardships daily, but they felt their hard work to balance parenting and work was misunderstood. Whether their hard work was criticized and minimized based on their race or family structure alone or, more commonly, the intersectional experience of being poor, Black, and/or single mothers, they reported experiencing the stress of the cultural contradiction. As they worked to fulfill two archetypes coded by gender, race/or, and class privilege, their labor to be good workers and mothers at best went unacknowledged, at worst they were judged for their "failure" in work or parenthood. Most mothers in the sample shared these feelings.

While mothers faced judgment from all sides largely due to their positionality as low-income, single, and/or Black working mothers, mothers felt they were doing well and were

certainly pillars of strength in their families. Lonnie described the contrast between others' judgments and her own experience as a mother, "It just kind of makes you feel bad, but I mean, they try to make me feel bad, but I feel like I'm very strong. I feel like it's made me into a stronger woman." These women were providing essential, paid and unpaid caregiving labor central to the missions of their employers. Despite their experiences of exploitation, they worked hard to care for their patients and serve their employers, striving to be the ideal workers who could access elusive career ladders and maintain good quality jobs. Despite their experiences of parental judgment, they cared for their children with resourcefulness and love.

### **7.5 A Holistic Motherhood**

Through this dissertation I have argued that mothers in this study navigated the world in a state of tension, pulled in opposite directions by the norms of intensive motherhood and the ideal worker. I argue that the tension of navigating the cultural contradiction between the ideal worker and intensive motherhood significantly contributes to their sense of stress and exhaustion, though it is certainly not the only factor. Additionally, it can negatively affect their ability to provide for their families when they must take time and energy away from work for unpaid caregiving, which may limit their chances of maintaining their employment or accessing promotions that might pay them a living wage. Mothers knew they worked as hard as they could, often coping with challenging workplace conditions. They also saw themselves as "dedicated" single mothers and "trying their best," though many also seemed to internalize the judgments of others that hinted at their failure to be intensive mothers. Each day mothers navigated this game of tug of war between performing as ideal workers and intensive mothers. Sometimes they pulled extra from one side to

accommodate the other, such as working overtime to pay for popular Christmas gifts while sacrificing time with their children. They expressed constantly thinking through these tradeoffs and often sacrificing their selves to avoid drawing their employers' ire or causing their children to be disappointed. Thus, the contradiction between intensive motherhood and ideal worker is not just cultural but also material.

Most other frameworks of motherhood describe coping with intensive motherhood and do not acknowledge work as a prominent part of mothers' lives. Some frameworks, including inventive and defensive motherhood, are not comprehensive (Elliott & Bowen, 2018; Randles, 2020). Though I found instances of both in my study, I argue that these frameworks describe coping behaviors in the context of hegemonic intensive motherhood and in surviving intersections of poverty, racism, and sexism. These behaviors are too limited to adequately describe the many ways mothers in my study navigate their motherhood. Additionally, like intensive motherhood, they fail to acknowledge paid labor, particularly paid care work, as a meaningful part of mothers' lives that contribute to and affect their motherhood.

Moral motherhood and motherwork acknowledge work (Collins, 2000; Lavee, 2016). However, I posit that even these do not adequately describe the way that mothers in this study articulated their experiences. Moral motherhood directly engages with how mothers choose to participate in capitalism, including stopping working even when it means falling into deeper poverty (Lavee, 2016). Motherwork encompasses a wide range of activities including kin care, political action, and paid work (Collins, 2000). Though both of these encompass work, they do not understand it as a source of identity and meaning making in women's lives as described by the women in this study. Plus, work facilitates independence from some oppressive systems through financial compensation. This may be particularly true for the working parents in this study who

contribute to care work. Other research with this population demonstrates the critical role this care work plays in individual dignity and in sharing one's strengths (Goodkind, et al., 2020; Wexler, et al., 2020). Thus, for employees of caregiving institutions, work may play a more powerful role in their conceptualization of their overall contribution to care as workers and as mothers.

Additionally, the devaluation of both paid and unpaid care work, particularly when accomplished by people in marginalized identities, complicates mothers' experiences. This study showed that low-wage workers in the space between the worst and the best jobs may have significant commonalities with both groups. For example, they may experience worse material hardship than those in better jobs, while experiencing the intellectual exhaustion of higher-paid jobs. Meanwhile, they may experience devaluation like lower-paid, less-skilled workers despite contributing a significant and essential skillset to their jobs. Thus, being at this intersection of job qualities may make these workers have a unique experience in the labor sector and warrant additional study to understand how best to intervene to alleviate the effect of work-family conflict. Moreover, the intersection of devaluation as both paid and unpaid caregivers means that equity for these mothers would require not only a strengths-based approach to an understanding of their motherhood, but also a strengths-based understanding of them as workers and the interrelationships between work and home life. Though various frameworks have sought to replace intensive motherhood by defining strengths-based behaviors, they are still limited in describing only some aspects of mothers' multi-faceted approach to raising their children in a capitalist society that demands work.

I found that intensive motherhood did not describe the experiences of the mothers in my study. This is not to say that they were failed mothers – rather I argue that these mothers were effective mothers, workers, and community members. Their experience of motherhood seemed

tainted by the omnipresent atmosphere of intensive motherhood, causing them to express guilt or shame, and sometimes exercising inventive or defensive motherhood to cope. Instead of further elaborating or confirming intensive motherhood or its correlates, this study can be used to extend current theorization on motherhood.

The mothers in this study countered intensive motherhood point by point. First, though they certainly felt responsible for their children, others shared in the responsibility for providing and caring for children, including family members and, to a lesser extent, institutions like work and school. Second, though children were a priority, mothers described doing what they could as being evidence of their effective and dedicated motherhood. They did not apply the deficit lens embedded in intensive motherhood and resisted others who did, often using defensive mothering as a strategy. Last, mothers saw their motherhood as one important part of their lives, but their work, their health, their education, and their rest were also important to many of the mothers in the study. Thus, many of them resisted the completely child-centered and self-sacrificial norms embedded in intensive motherhood.

By exploring mothers' feelings about their work, motherhood, and interaction with the community, I found that mothers parented from work. Alex mediated sibling conflict over the phone, and Roxy monitored her daughter on the bus via video chat. Marie called the school each day at lunch to check on her daughter's behavior. In other instances, mothers participated in mothering behaviors while at work. Many wore symbols of their motherhood and some participated in defensive motherhood behaviors to deflect critique of their status as single mothers and/or the impact it had on their work. Whether mothers were at home, work, or in the community, no setting seemed to help facilitate motherhood. Mothers described feeling on their own and felt misunderstood by members of just about every setting they inhabited.

Working for a caregiving institution was not an exception to this unfortunate norm. Still, unlike intensive motherhood which is often all-consuming or motherwork which minimizes the role of paid labor, work was meaningful to these mothers. Whether their employers valued or devalued them, trusted or distrusted them, were flexible or inflexible, stress-alleviating or stress-inducing made an impact on mothers' overall stress level and, thereby, their well-being. Mothers articulated prioritizing care work and going out of their way to care for patients whether it be across the reception desk or at the bedside. For them being a caring person was important regardless of setting and reflected in their values and actions in work and motherhood. Thus, work is an important setting in these mother's lives. Mothers' experiences at work are more complex than "somewhere where one makes money" or "somewhere where one spends x hours away from children."

To this end, I suggest the term holistic motherhood to describe mothers' experiences in this study. Holistic motherhood acknowledges that work is necessary to understand contemporary motherhood and work toward family well-being. Additionally, it acknowledges that though mothers seemed aware of the intensive motherhood ideal and sometimes participated in behaviors to uphold it, it was not necessarily the primary way they defined their motherhood since it left out so many aspects of their life which could not be separated from their motherhood. Thus, holistic motherhood encompasses both their motherhood and their paid care work to better describe their experiences. Additionally, this framework could provide opportunities to change policy and practice to value their strengths and relieve the tension they experience navigating the cultural contradiction.



## 7.6 Conclusion

In this chapter, I demonstrated how gendered racism and stigma against single mothers affected mothers at work and their ability to navigate home and work responsibilities. Experiencing racism and sexism at work contributed to their stress and affected their family's well-being, which is supported by the broader literature (Gassman-Pine, 2015; Hall, et al., 2012). As workers, mothers in this study coped by defending their quality as workers, changing jobs, or avoiding workplace relationships, all of which may have implications for family well-being. As mothers, they coped with guilt about not performing intensive motherhood and used their last remaining energy each day to pursue an impossible and unfair, idealized motherhood. In some cases, they seemed to try to resolve the cultural contradiction by being both ideal workers and intensive mothers, though their material reality made this impossible. In other instances, however, they acknowledged their awareness of intensive motherhood and ideal work while carving out their own path for motherhood that encompassed both their work and mothering responsibilities and their skill in achieving both. Thus, the current study points to a necessary reimagining of work and motherhood to support working parents. I suggested such a framework termed holistic motherhood.

## 8.0 Implications & Conclusions

The current context of work in the U.S. is concerning. Over the last half century workers' rights have been lost as work has become more demanding. Specific to care work, caregiving jobs in the service sector have exploded but intersections between labor inequities, racism, and sexism mean that the mostly female workers, who are primarily Black and Brown, earn low wages, have poor benefits, and have limited labor rights. The current study examined workers in this sector with some of the "better" jobs, having consistent and ample hours, fringe benefits, and wages well above the minimum wage.

The goal of this study was to take a holistic look at the experiences of work and parenting among single parents in this sample of healthcare employees. I examined workplace policies and practices that parents identified as supports or barriers to family well-being, how these factors interacted with the broader social environment to affect parenting, and how parents navigated the identified supports and barriers. To answer these questions, I completed two in-depth interviews with 21 parents of elementary-aged children and analyzed their stories using techniques drawn from phenomenology and extended case method approaches.

I found that a number of workplace policies were helpful. Consistent with policy work and research advocating paid leave, fair scheduling, and expanded benefits, workers appreciated having access to these policies (Burton, et al., 2005; Henly, 2004; Henly & Lyons, 2000). The few workers with high autonomy and high flexibility or who worked part-time seemed most free to enjoy leisure time and reported appreciation at being able to balance work and home life. Overall, most parents reported that these relatively good jobs felt less stressful than other jobs they had held in the past. However, most still reported high levels of stress that affected family well-being

directly or indirectly through parent stress and parenting interactions based on the research literature examining the effects of parent stress on family outcomes (Okechukwu et al., 2012; Paat, 2011; Slack, et al., 2017).

It is concerning that workers were still reporting high work-related stress despite having relatively good jobs. Thus, I examined the barriers parents reported. Some were related to material hardships. All but one worker in the sample reported experiencing material hardship, which is one pathway through which parent stress may affect family well-being (Cook, et al., 2008; Huang, et al., 2010; Okechukwu, et al., 2012; Yang, 2015; Zilanawala & Pilkauskas, 2012). This meant that most workers could not take full advantage of available benefits, such as being unable to use healthcare because of co-pays or not having enough extra money to contribute to the retirement account.

I then examined how workplace factors interacted with the broader social environment to support or complicate parenting. To do this, I used a theoretical framework informed by ecological, feminist, and work-family theories. Consistent with other research, policy implementation played a part in how employees experienced workplace policies and practices (Lambert, 2000). For example, though workers had a voice in determining their schedule, the power of their voice was determined by worker seniority. This often meant that parents of young children, like those in this study, were last in line and might be more likely to have worse schedules, like rotating shifts, that are associated with worse child outcomes (e.g., Johnson, et al., 2012; Li, et al., 2014). Like many others in this job sector, parents had to cope with the fact that childcare and school schedules were misaligned with parents' work schedules, often even when they had their preferred shift (Henly & Lambert, 2005; Heymann, 2000). So, most workers also relied on familial supports for childcare and transportation for their children. This is consistent with the broader research that shows the

importance of extended family and kin for raising children when dealing with poverty and working in the low-wage job sector (Agrawal, et al., 2018; Carillo, et al., 2017; Katras, et al., 2015; Presser, 2003).

Intersections between workplace policies and structural oppression seemed to play a critical role in parents' experiences. I demonstrated this through the juxtaposition of the benefit of paid time off with the implementation of time and attendance policies, colloquially called the point system. I showed how the point system undermined the potential benefits of paid time off by punishing workers who took off time for emergency caregiving. I documented how most mothers in the study were worried about accruing too many points and triggering disciplinary action that might cost them their ability to transfer or, worse, their job. Mothers reported earning points for everything from a two-hour delay at school to the city bus being moments late to having to call off when a child was admitted to the hospital. When these experiences are seen in the broader social context, it became clear that the point systems reinforced structural oppression. For example, it was more likely to punish workers with long bus routes that are related to historical segregation and ongoing gentrification – social problems to which some of their workplaces have contributed (Rothstein, 2017).

Next, I considered the role of social relationships in the workplace. Some research has found this to be a beneficial source of support (Kossek, et al., 2011; Tews, et al., 2013; Zacher, et al., 2014). Others have found toxic workplaces to add stress to workers' lives (Sloan, 2012). A few workers had close relationships with their supervisors and were able to get support to mitigate home-to-work conflict. Beyond this, workers had surface-level relationships that did not provide support or relationships that actively stressed them, including teammates who did not complete their work or even coworkers who might steal from their locker. Supervisors did not seem to

intervene effectively to hold workers accountable or resolve conflict. Given the commonality of stressful or negative relationships at work, workers in this study described carefully bounding relationships at work to prevent any workplace toxicity from exacerbating their stress or affecting their family life. Some mothers worked to avoid workplace relationships altogether, while others maintained surface-level relationships, casually mentioning their children but ensuring workplace relationships remained in the workplace.

The level of interpersonal discrimination in the workplace emerged as an aspect of assessing job quality. Gendered racism affected workers in a few ways. First, interpersonal discrimination played a role in how supervisors interacted with workers and implemented workplace policy. Black mothers reported experiencing microaggressions, like being ignored by their supervisors, as well as overt racism, often policing their self-expression (Holder, et al., 2015; Wingfield, 2019). Notably, the Starbucks “be yourself” policy helped relieve this for one worker, allowing her to express herself through her hair and earrings and resist expectations to conform to White norms of physical presentation in the workplace. Some workers changed to jobs that had some aspect to reduce this stress or dealt with disciplinary action related to failing to perform Whiteness. For most workers experiencing discrimination at work, however, they used role flexing to perform conformance to White norms. In some cases, I found evidence that interpersonal discrimination functioned through workplace structures, such as how supervisors implemented the point system or made the schedule. Some evidence suggested that discrimination played a role in transfers and promotion, which is supported by other research (Hall, et al., 2012). Finally, a few workers experienced structural discrimination through tokenization. Consistent with other research that shows low-wage workers are left out of diversity initiatives, no workers reported any

intervention or training to address workplace discrimination despite its commonality (Wingfield, 2019).

Workers also faced discrimination due to their stigmatized status as single mothers. I found that mothers used a workplace version of defensive motherhood, defending their worth as mothers and workers (Elliott & Bowen, 2018). Mothers distanced themselves from the “kind of people who call off” and defended their use of time as justifiable based on using it to care for their children. The appearance of this strategy in a workplace rather than a child-specific setting like a school or pediatrician’s office is interesting. It may be evidence that mothers in these jobs perceived critique of their reproduction by supervisors, which has been found in workplaces paying worse wages and with fewer benefits (Elliott & Bowen, 2018; Lavee, 2016; Moss & Tilly, 2001). Additionally, this provides evidence that mothers were not only striving to be good workers, but to cope with the cultural and material contradiction between being an ideal worker and an intensive mother, as their discussions of both roles were intertwined. This also further supports resistance to the false dichotomy between work and home given that all domains of working mothers’ lives are affected by both roles. I proposed the term holistic motherhood to encompass motherhood across settings, including home and work, rather than further theorizing of how mothers cope with the problematic norms of intensive motherhood. I discussed holistic motherhood in relationship to other available frameworks and argued that it provides a more accurate and strengths-based framework through which to understand the motherhood of workers like those in this study who contribute to care work in their paid and unpaid labor.

Overall, three key conclusions were identified through this study. First, though unionization and individual employer choices provided better policies and wages for these workers than in the broader low-wage job sector, these jobs still fell short of “good” jobs. There was

evidence that workers still experienced material hardship, poor job qualities, and discrimination at work, all of which are pathways through which work can negatively affect family outcomes. Second, despite these negative aspects, mothers worked to be tolerant of their jobs, accepting that for the time being these jobs, or jobs very similar to them, were the best jobs they could get, and the priority was to maintain them. Thus, mothers strived to be perceived as ideal workers and minimize the effect of their work on their motherhood. For example, they avoided taking time off for caregiving whenever possible and, when it could not be avoided, participated in defensive mothering behaviors (Elliott & Bowen, 2018). Last, in the broader context of interpersonal and structural oppression, workplace policies and practices commonly reinforced neoliberal values, the false dichotomy between work and home, and the effects of intersecting racism, sexism, and classism. Thus, even in these relatively good jobs, there is significant work to do to improve working conditions for families.

## **8.1 Implications for Practice**

### **8.1.1 Implications for Workplace Practice**

Despite having paid time off, when single parents used it for emergency caregiving, they were punished with a time and attendance policy. One way to change this policy would be to value care by restoring medical time off or providing a new “caregiving” time off that could also cover time off from school. These types of specialized paid time off could be allowable in the time and attendance policy, thereby reserving points only for situations where someone just calls off unexpectedly. Additionally, given that many healthcare employers have been recommitting to a

goal of equity, this policy could be used to address known issues around equity in healthcare. For example, poor and Black children are known to have worse health in the area where this study was completed due to social determinants of health (Bailey, et al., 2017; Flores, 2010; Landrine & Corral, 2009). Given their stake in providing healthcare and the reality that most hospital systems are benefiting from non-profit status, healthcare systems could provide additional medical time off to low-income and Black parents in their employ. Additional groups would also benefit, including those who are caring for elders or those with chronic illnesses or disabilities. This is one mechanism through which healthcare employers could address their contribution to social determinants of health as major employers who participate in the exploitation of low-income and Black workers.

Several workers described coworkers as not being accountable for their work or experiencing understaffing. Another worker, Cheryl, described having so much work to do that she was in a perpetual rush, making it difficult for her to be truly caring toward her patients. These situations resulted in working parents feeling overwhelmed at work and contributed to their overall stress levels, which has implications for individual and family well-being. Workplace policies could be developed to actively mitigate stress amongst workers, such as requiring adequate staffing and improving staffing ratios. This is an area of policy advocacy among nursing unions (Myers, 2020) but has not yet been accomplished by lower-wage workers, like nursing assistants, who also participate in direct patient care.

Additionally, many relationships with supervisors were tense and seemed to be a pathway through which interpersonal discrimination stressed parents. Supervisors working in low-wage units, such as transporters or housekeeping, may have limited training in supervision and teambuilding. Training on these topics may improve workplace relationships. Hospital settings also have steep hierarchies based on skill and education that often reinforce schisms created by



oppressive forces of race, gender, and class (Acker, 2006; Wingfield, 2019). In these healthcare settings, low-wage workers commonly work with workers who are much higher in the workplace hierarchy. For example, Rachel described the stress of patient survival being passed down from surgery to a low-level worker in sterilization. Thus, hospital settings may need to create system-wide team-building efforts to improve teamwork across the raced, classed, gendered hospital hierarchy.

Others have shown that workplaces are less inclined to invest in workplace policies and practices for low-wage workers. Much of the business literature around supporting people's "home" lives is based on social exchange theory (Blau, 1964). This theory is grounded in a simple transaction: if a supervisor provides support, then the employee who received the "gift" will respond in kind (Dasgupta, et al., 2013). Moreover, these interventions are often reserved for higher income employees considered valuable due to their talent or training and, relatedly, employers' cost-benefit analyses comparing the costs to retain versus replace. Employers devalue the skills of the workers like those in this study and recognize that, with little training, they are inexpensive to replace. Thus, they choose to replace over retain and have little incentive to invest in such employees (Moss & Tilly, 2011). This reality belies the job growth promises of many large companies when defending their tax breaks or, in the case of healthcare employers, their non-profit statuses. Though they may employ them, their care for regular working people is limited, as they see them as expendable.

However, there may be a window for change. Many workplaces are committing to equity particularly in response to the reinvigorated movement for racial justice in the last year (Friedman, 2020). One way to pursue equity would be to examine the interaction of time and attendance policies and other disciplinary policies to consider how they may reinforce workplace

discrimination against parents, particularly for workers documented to experience workplace discrimination (Jones & Shorter-Gooden, 2003; Moss & Tilly, 2001; St. Jean & Feagin, 1998). Additionally, some intervention has been shown to be effective at alleviating worker stress. For example, interventions where workers inform how to redesign work, such as how work is completed and evaluated, have been empirically verified to improve worker well-being among higher-wage, professional workers (Correll, et al., 2014; Kelly, et al., 2011; Kelly & Moen, 2020). Work could be done to extend such interventions to lower wage workers.

### **8.1.2 Implications for Social Work Practice**

This study has a few implications for micro-intervention in social work. Most especially, it shows that work significantly affects parents' stress and has implications for family well-being. Thus, social workers working with families in a variety of settings should take into account how work-related stress may affect parent well-being and their interactions with their children. Micro-interventions related to work may sometimes be warranted, such as supporting clients to address workplace discrimination or prepare to confront supervisors. Finally, working mothers in this study explained feeling misunderstood in many settings, including child-serving settings. For example, multiple parents reported that school communication was often too late for them to be able to take off from work and that children's supports, such as free or affordable after school programming, were hard to find. So social workers serving children and families could do more to provide support to children of working parents, who comprise a large portion of children (Henly & Lambert, 2005; Heymann, 2000).

However, micro-interventions will do little to solve the problems facing working families. In fact, I would argue that focusing on micro-interventions reinforces the neoliberal focus on

individual responsibility that plays a role in exacerbating parents' stress. Additionally, mothers in my study did not identify needing individual support; they were sacrificing a lot to keep everything afloat and had many skills to raise their children. Instead, mothers described a general environment that did not support them; one where their wages were too low, their copays too high, their hours too long, and their work too demanding. In the community, they struggled to find affordable housing near their work. Thus, to really support working mothers, social work would need to contribute to broader collective action to build a movement to support mothers and develop the infrastructure necessary to support them. Some of this work is happening, however, it is not always led by social workers. Thus, social workers should move to join and invest in ongoing social justice work around affordable housing, paid family leave, investment in child well-being rather than child welfare, and the work of the labor movement. Social work educators can also do more to acknowledge the necessity of macro social work for supporting families and train more macro-level social workers to contribute to this movement. This study demonstrates some of the many connections between the racial and gender equity movements and the labor movement. These movements are working toward fundamental change not possible through incremental policy adjustments or the workings of employers in the labor market. Social work could do more to support these movements that will ultimately make the social environment one that is more supportive of families and their well-being.

## **8.2 Implications for Policy**

The historical evidence of divestment from working people is clear (Cooper, et al., 2019; Kalleberg, 2011; Presser, 2003) and the pandemic has laid bare the harsh effects of our economy

on essential workers like those in this study. When we see mothers and families holistically, we see how much is necessary to support families to participate in the economy. While mothers in this study accepted poor treatment and minimized the stress it had on them, I suggest that this was not an endorsement of the status quo. Rather, it was a way that mothers coped with the cultural contradiction while seeking to resolve the material contradictions it creates by getting better jobs or working toward becoming a nurse. However, even these goals were difficult in the context of discrimination and lack of support for childcare and balancing work and school.

I also showed how easily policies at relatively good jobs were undermined by structural oppression and poverty – low wages made health care copays a struggle and lack of affordable housing near work made getting to work within three minutes of their start time a challenge. These challenges can leave mothers unhealthy or without work, threatening their ability to care for their children. Mothers in this study feared or experienced these consequences. Widespread policy change would be needed to adequately invest in families: expanded and affordable quality childcare, affordable and effective health care, affordable and safe housing, living wages, efficient transit, and fair schedules. Though extra money each month through a child subsidy is an absolute step toward progress, money will likely not address all of these needs (American Rescue Plan Act, 2021). Additional, widespread social policy change is needed.

Furthermore, discrimination against Black women and single mothers played a key role in mothers' experiences. For one, mothers' labor was devalued, as evidenced by their low wages despite the physically and emotionally draining nature of their work and their poor treatment by coworkers and supervisors. Overall, service work is low paid work, despite its essential nature. Additionally, mothers' important work of raising children is not well recognized in our society. I showed how stressors and workplace practices, like long hours and low wages necessitating extra

hours or jobs, had implications for motherhood and family well-being. To better support this, mothers need to be adequately compensated for their paid and unpaid labor as well as supported to relieve the stress of conflicting values of care versus the neoliberal labor market. For example, new laws in New Zealand actively evaluate the financial value of a range of tasks, such as being detail oriented when cleaning, to fairly compensate work traditionally dismissed as “women’s work” (Sussman, 2020). Comparable worth laws and childcare subsidies, such as the one recently passed (American Rescue Plan Act, 2021), are other potential solutions to adequately valuing mothers’ paid and unpaid care work.

More can also be done to address identity-based discrimination. Demonizing single mothers was a key feature of welfare reform and based on a false assumption that welfare guided people’s reproductive choices and the structure of people’s families. Based on these ill-advised assumptions, reforms attempted to influence family structures by limiting support for single mothers and encouraging heterosexual marriage as a solution to poverty (Mink, 1998; PRWORA, 1996). This heterosexist approach has not been effective at addressing poverty, in fact it may have intensified poverty for some women, while forcing others into doing devalued, low-wage labor, and forcing others to stay in abusive marriages (Falk & McCarty, 2016; Hays, 2003; Lens, 2002). Despite its discriminatory features and its failure to alleviate poverty or deliver financial security to poor mothers, it remains the law of the land. A new welfare reform with widespread social policy expansion and support of diverse families would be needed to help alleviate poverty and support financial stability for working families.

In addition, a variety of people require and provide care. Focusing on mothers or parents alone will not adequately compensate caregivers and build a culture of care. Targeted universalism is a policy approach that could be consistent with a social justice framework guided by the ethic

of care. Targeted universalism begins with the end in mind (Powell, et al., 2019). A goal might be that all people - children, elders, people with disabilities, and others - are cared for and caregivers have ample time and resources to provide for them. Then, policy advocates identify disparities and their causes. The results of this study might suggest that interpersonal and structural discrimination against single and Black mothers is one key contributor to disparities in family well-being among low-wage workers. Finally, interventions are developed to address the causes of the disparities. This study might suggest interventions to address interpersonal discrimination at work, to change policies that reinforce structural discrimination in the workplace, and to correct racialized inequities in the community, such as gentrification. Other working caregivers may need other interventions; some may be unique to a group and others may be shared. This process would address parents' needs and support caregiving better than any one universal or group-specific policy.

### **8.3 Implications for Research**

This study showed that common conceptualizations of good quality jobs may fall short of providing ample benefits and safe working environments that support rather than stress family well-being. To continue to inform the labor movement, additional research may be needed, focusing on the remaining needs of workers in relatively good jobs who have met a minimum standard of ample and consistent hours, wages above the minimum wage, and access to fringe benefits. Working parents in this study suggested additional aspects of job quality, including work environments free from discrimination and harm (e.g., theft or bullying), low workplace costs (e.g.,

parking), and proximity to home and school. Research to better understand aspects of job quality for working parents could inform future advocacy.

Additionally, this study also showed how fairly routine workplace policies were punitive to women in the context of racism, sexism, and classism within their workplaces and in the broader social environment. For members of this sample, their supervisors were the primary people who implemented these policies, and mothers were either grateful for their leniency or frustrated with their willful ignorance to mothers' needs depending on the behavior of their supervisor. However, frontline supervisors in these large healthcare networks do not devise the policies, and some evidence suggested they had limited discretion to adjust the policies for individuals. This study only collected data on mothers' interactions with supervisors and could not account for the broader workplace context, though some hinted at their supervisors experiencing pressure from upper management or having a large workload that undermined their ability to be effective managers. To better understand where to intervene in such workplaces to improve working conditions and reduce stress for workers like those in this study, additional research is needed. Studies should utilize a similar theoretical framework that will be sensitive to the intersections of workplace and community policies with oppressive forces, but they should expand the scope of understanding by speaking with workers, their supervisors and coworkers, and likely multiple levels of upper managers. This perspective may help uncover how workplace policies and practices ultimately reinforce oppression against Black and single mothers in order to determine where and how to intervene.

Last, I encouraged an expanded theorization of holistic motherhood that acknowledges the integrated importance of both work and motherhood in mothers' lives. More research would be needed to continue to build on this framework to develop a fundamentally strengths-based

motherhood framework. This study critiqued the division of work and motherhood in research and motherhood theories, but more research would be necessary to fully flesh out a new framework. For example, one reason this framework was relevant in this sample was that workers in caregiving institutions value their paid and unpaid care work. In other words, their paid labor is a valuable part of these mothers' personal meaning-making (Goodkind, et al., 2020; Wexler, et al., 2020). However, more research would be needed to determine if this is a framework for understanding labor and motherhood just for care workers or if this is a relevant approach to navigating work and motherhood for workers in other industries.

#### **8.4 Limitations**

There are several limitations to the current study that should be addressed. First, this study focused only on the perspective of working parents, who described their experiences with a variety of stakeholders including coworkers, supervisors, and their children. Future research should interview from multiple perspectives to get a clearer picture of how these phenomena occur and are experienced.

Second, though I use theory and established literature to predict the effects of working parents' experiences on them and their family members, the current methodology is a poor one to document family effects. Future research should collect more precise data from multiple family members, such as interviews, measures, or observations of multiple respondents to better understand the effects of work-related stress on parent well-being, parenting, and child well-being.

Third, I also have limited knowledge of official workplace policies. I continue to be perplexed by to what extent supervisor discretion is allowable in the major health network from



which this sample is drawn. In future research, I would work to obtain official documentation of workplace policies or interviews with a range of supervisors and upper managers to better understand the formal policies and the extent to which informal implementation was allowable.

Fourth, I chose to allow a sample that sometimes extended beyond my official sampling frame. For example, Nancy earned significantly more than what most researchers would call a low wage and Cheryl was working in an unequivocally bad job. The final story largely excluded Ryan as the only father and Tammy as a gig economy worker. However, in analysis, I found this variation in the sample incredibly helpful for verifying conclusions and understanding the range of workers' experiences. Still, in future research, there may be significant benefits to maintaining a tight sampling frame to specifically understand the experiences of subgroups of workers.

Finally, I did very limited member checking. Though I had initially proposed doing focus groups for this purpose, the financial resources were somewhat limited and the challenge of doing zoom focus groups during the pandemic proved a difficult barrier. I did some member checking when I talked to a few of the parents in this study for another study for which I have been collecting data during the pandemic. However, I did not share the final results with my participants. There are mixed views about how to handle member checking, particularly with final analyses (Carlson, 2010), but in future studies, member checking could improve the accuracy of the data and potentially reveal additional depth to the results.

## **8.5 Final Thoughts**

This dissertation finds that mothers were not only striving to be good workers but to cope with the cultural and material contradiction between being an ideal worker and intensive worker.

This further emphasizes the importance of resisting the false dichotomy between work and home, given that all domains of working mothers' lives are affected by both roles. I suggested acknowledging that the cultural contradiction between the ideal worker and the intensive mother as well as other typologies of mothering, such as defensive or inventive motherhood, ignore the material contradiction that mothers cannot fulfill both archetypes and when they use other types of motherhood to pursue it, it requires a concerning amount of energy. Moreover, as advocates of social justice, we must work to dismantle the embedded White and masculine privilege embedded in these norms.

Rather than continuing to elaborate on how mothers creatively cope with these problematic norms, I argue that we work toward a new theorization of motherhood altogether, centering care. The theory of the ethic of care guides this reconceptualization of work and care, centering poor Black mothers as experts in paid and unpaid care work. By privileging their needs and epistemology, social justice advocates could work to create a new goal for social justice among working parents. As Collins wrote more than twenty-five years ago, we must center Black motherhood to achieve equity and value care for all mothers (Collins, 1994). The current research aims to center marginalized motherhood and suggests that maternal stress – though valiantly coped with – depletes mothers of precious energy and the implications of this reality are minimized and ignored.

Encouraging us to move toward dramatic change, social justice activist, Grace Lee Boggs (Britten, 2016) once said:

The time has come for us to reimagine everything. We have to reimagine work and go away from labor. We have to reimagine revolution and get beyond protests. We have to reimagine revolution and think not only about the change of our institutions

but the changes we have to make in ourselves. ...And it's up to us to reimagine the alternatives and not just to protest against them and expect them to do better.

I believe that the results of this study point to such a reimagining. Many of the workers in this study have fought for and gained higher wages, better workplace policies, and labor rights. However, not only do they continue to face challenging workplace conditions, but employer policies and practices cause hardships for parents and reinforce discrimination and stigma. Parents struggle to have time and money to care for their children. They are punished for caring for their children and experiencing gendered racism. In a just society, mothers would not be expected to cope with failing each day as ideal workers and intensive mothers. Rather, they would be celebrated and rewarded with equitable pay and working conditions that facilitated their valuable paid and unpaid care work. This study is one small step in understanding these injustices and pushing social work as a field to a reimagination of work and motherhood.

## Appendix A Interview Guide

### Interview 1

**1. Family Description:** I want to start by learning about your family. Can you tell me about your family?

**2. Typical/ Atypical Day:** Can you take me through a typical day in your family's life? Think of yesterday evening when you got home. Can you take me through the evening? Was last night a usual night?

a. If typical – what makes it a typical night? Can you tell me about a recent night that you'd say was out of the ordinary? Have you had a special day with your family recently? Like a holiday, or event, or birthday? What did that look like?

b. If atypical – what made last night out of the ordinary? Did you have a night recently that was pretty ordinary (e.g., night before last)? Can you walk me through that evening as well?

c. NOTE: I am using last night and evening here – obviously adjust based on when this was, people work all kinds of shifts, may have been off, etc.

**3. Child Care:** How do you manage childcare for your child(ren)? Who all helps you take care of your kid(s)?

**4. Spending on Kids:** What kinds of things do you find yourself spending money on for your children? Are there any things you ever need to forgo that your children want or that you wish you could afford for them? What about things they need? How do you feel about this?

a. **Stretch:** Can you think of a time recently when you had to buy something for your kids that seemed a stretch for you financially? Can you walk me through your decision making when you need to decide how to spend your money on something they want or need? [try to bring the participant to a specific incidence.]

Now we are going to focus a bit on one of your children. You can mention any and all of your children, but since this study is focusing on elementary school children, I want to really learn a lot about your child/ one of your children who is in elementary to learn about their experiences and your thoughts on them. [If you have more than one elementary school child, is there one that you spend more time and attention on? If so, let's focus on that child.]

5. Can you start off by just telling me about TK?

**6.Current Goals:** What are your current goals for TK? Can you tell me about a recent time when K was making progress toward [that goal]? What was your role in that progress? How are you feeling about this?

**7.LT Goals:** What are your long-term goals for TK? Can you tell me about a recent time when K was making progress toward [that goal]? What was your role in that?

**8.Mistakes:** Making mistakes is part of growing up. Think of a recent time when TK made a mistake. What happened? What did you do? What was going through your mind?

**9.Connected:** Can you tell me about a time recently when you felt really close or connected to K? What happened? What were you thinking when this happened?

**10.Worries:** Most parents worry about their children, and I am just curious what this has been like for you regarding K.

a.**Recent:** When was the most recent time you were worried about K? What made you worried? What did you do?

b.**Future:** When you think of K, do you have any fears or worries about their future? Can you tell me about that?

c.**Coping:** What kinds of things do you do to cope with these fears or worries?

**11.Lessons:** Can you tell me about a time when you felt like you taught K something really important about growing up?

a.Can you walk me through what happened? What went through your mind during this situation?

b.What made you feel like this was an important moment between you and K?

Thank you for sharing all of that with me. Now I want to focus in on K's school and the experience you and K are having with the school.

**12.School History:** First, let me get some basic information from you about K's schooling so far. When did K start going to school? What kind of school was that? And where did s/he go from there? What school does K go to now? Explore any transitions.

**13.General abt last year:** Okay, so thinking now just about the last school year [in the fall they can think about this school year], how did the school year go for K? Explore response.

a.What about specials' teachers? Counselors? Others?

**14.School expectations:** What does K's school expect of parents? Explore response. How did you find out about [expectation they mention]? What goes through your mind when you get such a message? How do you respond to these expectations?

15.In my experience, elementary schools contact parents pretty frequently. I'm going to ask you about some of the ways I know parents might be contacted and I am just curious if these have happened to you in the last school year and, if so, hearing about what those experiences were like for you. In the last school year...

a.For all:

i.What happened?

ii.If you are at work, what did you have to do to respond to this request?

iii.What went through your mind as you were deciding what to do?

b.Have you been invited to a school or classroom event during work time?

c.Have you been asked to volunteer?

d.Has K's teacher called or contacted you when you were at work? Has a school administrator called or contacted you when you were at work?

e.Has anyone at K's school asked you to come in for a meeting about K?

f.Has K gotten in trouble at school?

**School programs:** Are there any programs at school that you or your kids use? These might include IEPs, gifted programs, speech, OT, ESL, reading specialists, after school or summer programs. Tell me about that/ those. How do they help you/ how do you use them?

**17.School Resources:** Are there any resources at school that you or your kids use? Tell me about that/ those. How do they help you/ how do you use them?

**18.Schoolwide Rules:** Are there any formal rules at school that you have to comply with? Are there any formal rules that K has to comply with? Tell me about your/ K's experience with these rules. Are there any school policies that you are aware of?

a.Uniforms? Report cards? Security measures? Coming into the school to observe? Medical needs/ fevers/ etc? Communication programs/ plans?

**19.Classroom Rules:** What about K's classroom teachers, do they have any rules or expectations that you have to comply with? What are they/ explore

a.Behavior systems, how do they deal with behavior/ mistakes/ what consequences

**20.Homework:** Do K's teachers assign homework or reading on the evenings? On the weekends? [time – e.g last night] how did you handle that?

**21.Barriers:** Explore any barriers they mentioned. Maybe summarize for them here – you mentioned [barriers/ challenges]. Thinking of the most recent time when [barrier/ challenge occurred], can you take me through what you did to manage to take care of K with as much detail as you can? How did you feel through this? What things were going through your mind?

a.Note: look for holes here – e.g. have there been any times when this plan might have failed? What did they do then? How frequently? Have there been any times when they did something different/ used a different plan? What does that look like?

**22. Challenges:** Are there any other things you find challenging about managing both working and parenting? [explore, try to get them to share a recent time when this happened]

Thank you for all of this information. It is very helpful to hear about your experiences. Now we are going to complete two forms and schedule the next interview. Before we do that, is there anything else lingering in your mind that you want to tell me? How was this interview for you?

## Interview 2

*At the beginning of this interview, I want to learn a lot about your job. So we will start there and then get back to parenting and being a working parent in a bit.*

1.What is your job title?

2.Can you walk me through a day in your job? How about [today/ yesterday]?

a.Get pace, tasks, try to get skills here using exploring questions

### **3.Aspects of their job**

a.How do you decide how to organize all the tasks you have to accomplish each day?

b.How much does your work change from day to day? How much can you change how you do various tasks each day? Or over time?

c.Has there ever been a situation where you felt or saw something that was just not “up to code” or could be done better? What did you do?

d.Can you tell me about a recent situation when you felt really positively about your job?

e.How about a situation when you felt really negatively about your job?

**4.Supervisor Relationship:** What's it like working under your supervisor?

- a. Do they let you know how you are doing? What does that look like?
- b. Have you ever gone to them with a problem or concern? Tell me about that.
- c. Do they have any “unwritten rules” for the people who work under them? How do you feel about those?
- d. Have you ever had to talk to your supervisor about something you needed because of your kids? What happened?

**5. Co-Worker Relationship:** What’s it like working with your co-workers?

- a. Are you close with anyone at work? How did you all get to be friends? Can you think of a time recently when something came up with one of your kids? Did you tell [the friend(s)] about it? What happened?
- b. Can you tell me about a time when you talked to anyone at work about your kids?

*For a moment I want to specifically talk to you about how you built the skills you use in your job.*

- 6. When you first got into this field, what training did you go through?
- 7. Since you’ve been working in this particular job, have you received any training? Explore

*Now I want to ask you a few questions about your pay and benefits.*

- 8. What is your wage? \_\_\_\_\_
- 9. What is your take home pay? \_\_\_\_\_
- 10. Do you have any other sources of income?

**11. Livable income:** How do you feel about this amount of income? Is this amount of income “livable” for your family? Explore

- 12. Benefits:** Which benefits do you participate in? [provide list]
  - a. If they are not participating in a benefits, what was your decision making process when you decided to participate or not in X benefit?

**13. Time Off:** What are the time off policies like here? (PTO or sick time, call off policy, etc.)

- a. What was the situation the last time you needed a day off?
- b. What did you do the last time one of your kids was sick?



c.What did you do the last time the school called off for weather?

14.**Schedule:** What hours do you work? What days do you work? Is this consistent?

a.If inconsistent – What all do you have to adjust for your family in order to be able to work the varying hours? How do you feel about this? How do your kids react? [bring them to a specific incident]

b.Do you ever have to stay late? Explore effects/ adjustments

c.Do you work overtime? Explore effects/ adjustments

15.**Afterwork Feelings:** How do you feel when you get home from work? Can you describe what your transition from work to home was like yesterday/ the last day you worked?

a.Would you say that day was a pretty easy or a pretty stressful day at work?

b.Can you think of a pretty [the opposite] day at work recently? What was it like getting home from work that day?

16.**Work and Child Care:** Last time you told me about [after school/ school expectation/ child care need], how do you manage that after work? Before work? During work? [depending on their schedule] [This will be specific to K – explore differences across kids]

*Next I want to go through some situations that might happen when you are at work and ask you some questions about what happened if and when you've been in these situations. Let's start by thinking about the last year and if any of these situations occurred. [If not, ask about a longer time period/ ever]*

17.Do you have any contact with your children when you are at work? Can you tell me about a time when you needed to communicate with them or they needed to communicate with you during work? What happened?

18.Have you ever needed a day or part of a day off to do something with your children? What happened?

19.Have you ever had to answer a phone call from the school during the day? How did you handle this? What about for TK?

20.Have you ever had to respond to an emergency with one of your children? Walk me through what happened.

21.Are parents in your child's school ever expected to go to a meeting during the workday? What about right before or after a workday? Has this happened to you? What was that like?

22. Has work ever affected your ability to do something for or with your children?

***We are getting to the end of the interview now. I appreciate you answering all of these questions. I want to finish up by asking you some questions to connect and reflect on everything we've talked about.***

23. If you could tell TK's school or teachers one thing about being a working single parent, what would you want them to know?

24. If you could tell your employer one thing to help you parent or just be there for your kids, what would you want them to do?

25. Is there anything about this specific job that makes taking care of your kids easier? Explore

26. Is there anything about working this particular job that makes it harder for you to care for your kids?

27. Last time we talked a lot specifically about TK. If I asked TK how your job affects her/him, what do you think they would say?

28. How would you describe the benefits of being a working parent? What are the challenges?

29. Imagine the perfect job for caring for your kids. What would it look like?

30. Was there anything else you were thinking about while we were talking that I didn't ask you about? If no – Is there anything else I should know?

Preferred Pseudonym for them and kids:

## Appendix B Demographic Form

Item	Response
Age	
Race	
Ethnicity	
Gender	
Relationship Status	
Number of Children	
Age, Grade Level, Gender, & Relationship to Child - TK	
Age, Grade Level, Gender, & Relationship to Child	
Age, Grade Level, Gender, & Relationship to Child	
Age, Grade Level, Gender, & Relationship to Child	
Age, Grade Level, Gender, & Relationship to Child	
Age, Grade Level, Gender, & Relationship to Child	
Household Composition	
Highest Level of Education	
Household Monthly Income	
Individual Monthly Income	
Wage Level	
Job Title	
Preferred Pseudonym for Self	
Preferred Pseudonym for TK	

## Appendix C Strengths & Difficulties Questionnaire

	Not True	Somewhat True	Certainly True
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches, or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other youth, for example books, games, or food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well-behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other youth or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Often lies or cheats</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Picked on or bullied by other youth</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Often offers to help others (parents, teachers, children)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Thinks things out before acting</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Steals from home, school, or elsewhere</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Gets along better with adults than with other youth</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Many fears, easily scared</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Good attention span, sees work through to the end</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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