

Doing, Negotiating, and Contesting Work Time:
A Preliminary Analysis of Class and Gender in Four Medical Occupations

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ABSTRACT

Time is a hotly contested issue, and a considerable literature focuses on how many hours the average American spends in paid employment, but very little has examined the processes producing those hours. To assess variation by class and gender, we use a random sample survey on job hours and schedules in four health care occupations--physicians, nurses, EMTs, and CNAs. We surveyed 800 respondents in Western Massachusetts with a response rate of 65%. Based on this survey, we make two arguments. First, to understand the "time squeeze," we argue it is necessary to consider the hours and schedules of individuals in the workplace as well the paid work experiences of their family members. Both individual and family time vary by gender and class. Second, most research on time has focused almost exclusively on the number of hours worked, but we consider the social processes that produce these hours--that is, the ways employers mandate and workers and their families accommodate or negotiate, resist and contest job hours. These processes also vary by gender and class. Overall, this paper seeks to broaden our understanding of the construction of work hours, by looking at individual and collective action, both at the workplace and in families.

INTRODUCTION

At both national and state levels, work hours have been the subject of some of the sharpest political conflicts of recent times, with the Bush administration, Congress, and the labor movement contesting who qualifies for overtime, the availability of family job leaves, the safety of long work hours and night shifts, and compensation for overtime. A burgeoning literature focuses on how many hours the average American spends in paid employment and whether average hours have increased or decreased during the past generation.

Our paper uses a random sample survey to examine work time issues in four health care occupations--physicians, nurses, EMS personnel, and nursing aides. Past research identifies class and gender as central components of inequality in work hours and schedules. They are thus central to our research design: the occupations we have selected to study vary by class and gender. Two of our occupations are predominantly male (physicians 70% men, Emergency Medical Service 73% men); two are predominantly female (nurses 94% women, nursing aides 89% women). Two are professional and two are working-class.

We make two main arguments--one about job time and the other about processes producing that job time. The first part of our analysis is primarily descriptive: we examine hours and schedules and show how these are shaped by gender and class. We suggest, however, that such descriptions of individual employees' work time tell only part of the story of job hours. Drawing on the work of Jacobs and Gerson (2004), we argue that to understand the recent time squeeze experienced in the U.S, we must attend not simply to employees in the workplace but also to their families outside of

it. To this end, we present initial data on work hours and schedules of the spouses/partners of workers in the four health occupations.

Second, our analysis turns to process. Most research on time focuses exclusively on the number of hours worked, but we argue it is crucial to consider the social processes and interactions that produce these outcomes--the ways employers mandate and workers do (or do not) negotiate and contest, accommodate and resist. We argue that these include not just labor unions' open and organized collective acts but also individual action--with some kinds of contestation fitting what Eric Hobsbawm (1959) called "pre-political" protests or James Scott (1986) called "weapons of the weak." Some negotiation and contestation takes shape inside the workplace and some of it away from the job--as partners and children react to the temporal organization imposed by the workplace. Both are shaped by gender and class. Overall, then, we advocate for a broad understanding of the processes entailed in the construction and maintenance of work time.

BACKGROUND

Juliet Schor (1991) argued in her widely cited The Overworked American that Americans not only worked longer hours than those in other countries, but also that work hours in the U.S were increasing. Although numerous authors have rebutted her arguments about historical trends, few rebut her argument that Americans now work long hours. Other research, most notably by Presser (1999, 2003), has argued that equally important is the large number of employees who work non-standard schedules, including evenings, nights, or weekends.

One issue influencing work hours is a time-money trade-off, and this is the focus of a considerable economic literature that seeks to explain work hours. In addition to,

and in some sense in opposition to, this time-money trade-off is Hochschild's (1997) argument about work and family. Prior to Hochschild, researchers tended to assume that, if people could afford to do so, they would prefer to spend time with their families rather than at work. Hochschild questioned that assumption, arguing that employees increasingly look to work not simply as a source of income to support their families but as an escape from their families. She argues that companies make it possible to work less time but workers prefer long hours to avoid the stresses of family life. They work long hours because paid work is more appealing than family.

Her position has been sharply contested (see for example Maume and Bellas 2001; Meiksins and Whalley 2002; and Messenger 2004) by those who find workers do not tend to prefer long hours. Although many have rebutted Hochschild's argument about workers' preferences, few have analyzed the interactive processes which produce those preferences; even fewer have examined employee contestation of work hours and schedules. Instead, most of the research on job hours accepts job hours as given, as mandated, as a set of constraints to which workers and their families—in the absence of large scale policy change—must and do defer. Although such policy change is clearly important, we argue here that such a view is too narrow as it removes the important agency and power that many workers and their families enact around job hours and schedules both on the job and at home.

THE ISSUE OF WORK TIME IN HEALTH CARE

Perhaps nowhere are these issues about time more important than in the health care field: many medical personnel work in settings that must operate 24 hours a day 7 days a week, necessarily entailing a range of day, evening and night schedules. The

need to provide continuous patient coverage in hospitals necessitates staff negotiation and coordination. The organization of health care is undergoing rapid transformation, and workers' decisions at all levels can have life and death consequences for patients. The organizations in which medical personnel work--especially hospitals and nursing homes--are increasingly adopting practices to cut costs and increase revenues which in turn seem to create growing demands for longer hours and alternative schedules for medical workers (Kuttner 1997; Robinson 1999; Weinberg 2003). Many unions, especially in health care, have initiated efforts to control mandatory overtime, either through union contracts or state regulation. Health care is probably the area that has seen the most contestation around hours of work, a contestation that has involved unions, employers, professional associations, law suits, and state regulation, especially but not exclusively for nurses and physicians.

More generally, health care is in some sense the prototypical industry of our time, just as automobiles were the prototypical industry of the 1930s. Health care accounts for more than one eighth of total GDP (U.S. Census Bureau 2000:108). The Service Employees International Union (SEIU, the healthcare union) is the most visible union today, just as autoworkers were the most visible union of the 1930s. Medical occupations operate within an industry where on the one hand costs are rapidly increasing, and on the other hand strong pressures exist to hold costs down. It is part of the growing service sector rather than the diminishing manufacturing sector. For these reasons, this paper focuses on health care occupations.

DATA AND METHODS

The key problem in many organizational studies is a sample selection bias both at the level of the organization and at the level of the individual. At the level of the organization, the employers who permit access may well differ significantly from the employers who refuse access. That is potentially true for a highly charged issue like overtime.¹ A second issue of sample selection bias concerns the individuals employed in stressful direct care positions. It is possible that many of those who enter these positions find the hours and responsibilities overwhelming, and leave for less demanding work. A study that examines only those *currently* doing such work will underestimate the extent of worker dissatisfaction with, and resistance to, hours and schedules.

To solve these problems we are studying four health care occupations that must be registered with the state. Consequently, we were able to obtain from the state complete lists of all those legally certified for each of four occupations: physicians, registered nurses, Emergency Medical Service (EMS) personnel, and nursing assistants. Certification is not a one-time process; to remain certified, all four groups of employees must update their listings periodically and the lists thus remain current. This makes it possible to draw a true random sample. An ample number of people are available for study within Massachusetts: the smallest group is EMS personnel, with 19,335 registered in Massachusetts; the largest group is Registered Nurses, with 121,878 registered in Massachusetts. Because our sample includes all the licensed practitioners, we are able to study not only those in direct care, but also those who have left such positions or moved from one position to another as a means to control

their work hours; as we shall see, some of our respondents commented they had done exactly this.

The four occupations we are studying create a classic two by two table, as seen in Table 1. Of course there is also variation *within* each cell: not all physicians or emergency medical service personnel are men nor are all nurses or nursing assistants women.

<Table 1 about here>

Our paper draws in part on a number of interviews we have done and limited ethnographic observation, and ultimately we intend those methods to be the major focus of the larger project, but here we focus primarily on analysis of a mail survey. For that survey, we drew a random sample from a restricted area of Western Massachusetts, chosen to be representative of the national population but also within easy driving distance of our location.² That survey area combines Hampden County and Northampton, an area of just under half a million people that closely parallels the national population. Key variables are laid out in Table 2. Although race is less central to our analysis, the sample area is also close to the national average in percent of the population that are African American or Latino (sample area 22.2%, national 24.8%).

<Table 2 about here>

Following Dillman (1978), we sent out three waves of the survey (from mid-October to mid-December 2004). Of the 800 surveys, 9.6% were returned as not having accurate addresses, indicating that the lists are current and well maintained. Of those surveys that were delivered, our overall response rate is an excellent 64.5%

percent (464 out of 719); we are encouraged that for every group the response rate was greater than 50 percent: from the lowest response rate for nursing assistants (53.9%, N=89) to physicians (57.6%, N=102) to EMTs (64.7%, N=119) to the highest rate which we obtained from nurses (78.2%, N=154).³ Our respondents are 61% women and 83% white; 66% are married and 12.5% live with a partner; 46% have children 18 or younger.

WORK HOURS AND SCHEDULES

A substantial proportion of these health care workers report putting in long hours: on average, they work 45 hours a week, and more than 1 in 5 (21.6%) work 50 or more hours a week. Gender shapes work hours. Women worked an average of 40 hours; men, an average of 52 hours. The large majority of men (87%) work 40 or more hours (with over half working more than fifty hours), while a slim majority (56%) of women work forty or more hours (and women (22%) are only half as likely as men to work fifty or more hours a week).

This gender difference rests, in part, on the occupational segregation of women and men. The two predominantly male occupations, EMS workers and physicians, are much more likely to work long hours. More than half the physicians (50.5%) and more than a quarter (25.7%) of the EMS personnel put in 50 or more hours a week, compared to less than one-twelfth of the nurses (7.8%) and nursing assistants (6.3%), differences that are significant at the .001 level.

By and large, class appears to hold sway over gender: that is, women physicians are not only likely to work longer hours than women in any of the other occupations (a difference that holds up in a multivariate analysis controlling for marital status and

children) but also much more likely to work 50 or more hours a week (44.8%) than are men nurses (9.1%) or nursing assistants (20.0%), although there are very few men in the latter two categories (11 men nurses, 5 men nursing assistants, compared to 29 women physicians). Interestingly, a higher proportion of women EMS workers put in 50 or more hours (43.5%) than men EMS workers (21.3%) (while women nurses, women CNAs, and women physicians all work fewer hours than their male counterparts).⁴

Turning to schedules, we find that our respondents frequently worked nights and weekends. In the previous week (seven days), almost two-thirds of them (65.2%) had worked at least one evening or night, slightly over half (56.4%) had worked two or more nights, and almost one-third (32.2%) had worked three or more evenings or nights. In accord with other research, we find these so called non-standard schedules varied by class, but here in the opposite directions of hours ($p < .001$): although a majority of the professionals worked no or few evening or nights (most nurses, 56.6%, worked no evenings or nights and a majority of physicians, 57%, worked no more than one), a majority of those in working class occupations did work these non standard schedules (a majority--57%--EMS personnel worked two exactly, and a majority--53.8%-- of nursing assistants worked three or more evenings or nights).

Respondents also routinely worked weekends on their main jobs. Less than a quarter (23.6%) had not worked any weekends in the last 30 days, and more than 6 out of 10 (63.0%) worked two or more weekends. Again this varied by occupation. In the two professional occupations, a majority of respondents worked zero or one weekend in the last month (physicians 57.0%, nurses 53.8%); in the two working class occupations that was true of only one out of seven respondents (14.5% of nursing assistants, 12.4% of

EMS personnel). Almost half (46.1%) of nursing assistants work exactly two weekends a month, and four out of ten (40.0%) EMS personnel work four weekends a month.

What about overtime? The pattern is complicated. Nurses and nursing aides are more than twice as likely as EMS not to have worked any overtime (40.8% and 44.6% versus 18.9%). On the other hand, nurses were twice as likely as nursing assistants and EMS personnel to have worked 11 or more days of overtime out of the last 30 days (11.2% versus 4.8% and 5.6%). These differences were statistically significant ($p < .001$).

But these data need to be understood in relation to the social construction of what constitutes “overtime.” Physicians work the longest hours, but they understand those hours as part of the basic job, not as overtime; based on a pre-test we decided that physicians would be confused and give misleading answers to a question specifically asking about overtime (as opposed to total hours). Similarly, social construction may in part explain the higher proportion of nurses who report working overtime 11 or more days in the last month. Imagine two people, one a nurse and one a nursing assistant, each of whom is scheduled to work three 8-hour shifts, and each of whom twice during the week was required to stay and do an extra 4 hours of work. Based on their union contract, nurses at one local hospital receive overtime pay for any work stretch beyond their usual hours, even if the nurse works less than 40 hours in a week. Nursing assistants, however, usually do not have such a provision in their contract.⁵ The nurse might thus count herself as having worked overtime twice during the week, while the nursing assistant working exactly the same hours would report she did not do any overtime. The extra overtime reported by nurses may at least in part be a result of the strength of their union contract, not simply of the hours they work.

In sum, our respondents look like a growing number of Americans: they work extremely long hours and often on non-standard schedules. Taken together, our findings show that social class is a key source of variation in the temporal organization of work. Hours and schedules squeeze at opposite ends of the class structure: professionals, especially physicians (who tend to be men) tend to work long hours but often on standard schedules; those in the working class (both women and men) work fewer hours but tend to do so on non-standard shifts.

The Role of Families: As Jacobs and Gerson (2003) have forcefully argued, the time squeeze is not simply a result of individuals' jobs but of the constellation of family jobs. Looking at the combined partner/spousal hours among those coupled (who make up 78% of the sample), we find almost half (47%) work more than 80 hours, the equivalent of two full time jobs. Indeed, about a fifth (19%) work more than 101 hours a week.

Focusing on the partners of these medical employees, we find substantial variation--to a large extent organized around class and gender. A majority (53.8%) of physicians have partners who work less than 29 hours a week (indeed half of the male physicians have spouses who do not work for pay at all though only 17% of the women physicians do). In every other group, less than half of respondents have partners who work part-time or not at all. Looking at the other extreme, we find the simultaneous power of class and gender: nursing assistants are the most likely (34%) to have a partner working 50 or more hours a week while both physicians and EMTs are least likely (19%) to have partners with such long work hours (22.6% of nurses fall into this group).

Clearly, many of these families are feeling a time squeeze. But the extent of the squeeze is dependent on class and gender. On the one hand, men health care professionals

who work long hours on the job are especially likely to have someone at home who can cover, pick up, and care for the home front while they are on the job. It is especially working class women who are likely to have spouses who are spending many hours on the job. This, presumably, reduces the sense of a time squeeze among the very people--affluent professionals--who are most likely to work long hours but increases it among those in the working class who are likely to be employed in non-day schedules. So how do workers and their families respond to this time on the job?

MANDATE, ACCOMMODATION, NEGOTIATION, AND CONTESTATION

Work hours are not simply a given. On the one hand, employers often try to mandate long hours and seek, often successfully, to create a culture where workers accept whatever demands employers make, or better yet workers self-generate the pressure to put in extra effort and hours. On the other hand, workers negotiate their hours, contest them, and resist. These processes take place at multiple levels: in the formal and informal rules established by the organization, in daily relations between supervisors and workers, in negotiations among co-workers as well as with family members.

In many cases, of course, overtime is mandatory. About 1 in 5 (19.7%) respondents report that overtime is mandatory; this does not vary by gender or occupation. Those who report it is mandatory work significantly more hours than those who can choose whether to take overtime. Those for whom overtime is mandatory are twice as likely to work 50 or more hours a week (24.1% versus 11.4%).⁶ This indicates that one significant reason people work long hours is that they have little choice.

Whether or not people are asked to work beyond their usual schedule varies by gender: women are more than twice as likely as men not to have been asked at all in the

last month (46.4% to 21.5%, $p < .001$). It also varies by occupation: only 14.1 percent of physicians had not been asked, but in every other group at least 30 percent had not been asked (and among nurses 57.6% had not been asked; $p < .001$).

It is not only the total number of hours and mandatory overtime that employers impose; they also set in place other structures that deny worker control over hours. For example, employers reserve the right not to give notice. Our respondents get very little advance notice prior to working extra hours: a majority (53.9%) receives a few hours or less and this does not vary much by occupation. One nursing assistant complained that “After working your 8 hour shift you can be ‘mandated’ and are ‘mandated’ 5 min before you leave. Frustrating and upsetting to workers.” A nurse noted a similar problem that may look to an observer like the routine flow of hospital work but is in fact a result of employers’ action: “When admissions are allowed anytime, they frequently arrive at 2:45, as I am trying to chart and leave. Once started they take an hour to complete.” The lack of notice makes it extremely difficult for workers to plan ahead and make good arrangements for their children.

Although there may be mandates to work overtime at unexpected, unpredictable times, relatively few respondents feel that their supervisor explicitly pressures them. Only 1 in 9 respondents (11.3%) agree or strongly agree that “My supervisor pressures me to work additional hours,” compared to 7 in 10 (70.1%) who disagree or strongly disagree. This suggests that workers overlook the controls of the workplace or come to believe that such control and constraint is simply a natural or necessary fact of work life. Such acceptance is a classic example of hegemony.

Although few felt they were subject to explicit pressure, employers clearly succeed in creating an atmosphere that workers should put in every possible minute. One nurse noted subtle pressures at the workplace “Overtime is not mandatory but management looks down at you or gives you a hard time if you refuse.” Another indication of that pressure is breaks during the day--certainly an important part of time on the job. Less than half our respondents could count on an uninterrupted lunch or dinner. A majority (55.5%) report that they often or always work through meal breaks, another substantial group (30.5%) do so sometimes, and only about 1 in 7 (14.0%) rarely or never work through part or their entire lunch or dinner break. This varied by both gender and class: in each case respondents in the predominantly male occupation were substantially more likely to work through meals, and in each case the professional group was slightly more likely to do so than the working class group (although men EMS are much more likely to take a break than women EMS).⁷

An indicator of employers’ success in creating both organizational and cultural mandates for long hours is that while most workers say they are not pressured to work long hours by supervisors, most also say they want to put in fewer hours than they actually working. When comparing preferred hours to the number of hours people report actually working, we find little to support Hochschild’s argument that employees prefer to spend long hours at work: the majority (66.9%) are working more hours than they would like, while only 1 in 5 (19.5%) is working just the number of hours they would choose, (and of the remaining, only 1 in 7 (13.5%) would like to work more hours than they actually do). Men are slightly more likely than women to say they want to work fewer hours (70% of men vs. 65% of women). And among the occupational groups, it is

the physicians who stand out: they are significantly more likely than any other occupational group to want fewer hours on the job. Note that these two groups who want to cut back--men, especially professional men--are precisely those who work the longest hours.⁸

Although as shown above, few respondents feel that their supervisor explicitly pressures them, some do agree that “I sometimes try to find a way out of working extra hours when my supervisor asks me,” (14.7 percent agree or strongly agree, compared to 61.2% who disagree or strongly disagree). One nurse distanced herself from other nurses by remarking: “I do not feel obligated to work OT, although I see a lot of nurses work OT because they can’t say no for whatever reason that is.” She is right: those who go along outnumber those who resist by more than 4 to 1.

Hours and schedules, however, are not simply announced by employers. Co-workers often negotiate: one way of handling the time squeeze is to find a worker who is willing to cover for you, either in exchange for a promise to cover for them at some point or for other reasons. As one nurse commented: “Staffing is usually at minimum levels – can’t change day off or get extra time off usually without switching with another nurse.” More than 4 out of 5 (82.4%) respondents at least sometimes negotiate with co-workers; more than 1 in 4 (26.0%) do so frequently. Men do so more than women: 35.2 percent of men, versus 20.4 percent of women, do so frequently ($p=.001$).⁹

If work hours are a problem, and negotiating with co-workers offers only a partial solution, another way to contest hours is to leave a job. Over a third had thought about leaving their job (29% often and 6.4% sometimes). When it comes to *thinking* about leaving, there are no statistically significant differences based on occupation, gender,

having children, or being in a union--apparently such thoughts cut across most dimensions. But when it comes to *acting* on these thoughts, there are statistically significant differences. Women are twice as likely as men to say they have left a job because of the hours (32.6% to 16.0%, $p < .001$). That difference is also found among occupations: respondents in the predominantly women's occupations are more likely to have left than those in the predominantly men's occupations, and professionals are more likely to have left than those in working class occupations.¹⁰ An argument could be made that many people *want* to leave a job, but women feel more free to actually do so; that is, men are more constrained by a still resonant breadwinner ideology.

But these are individual solutions and not solutions that all individuals--whether men or women--can consider or afford. The main way workers address their problems collectively is through a union (or professional association). About one-third (33.8%) of our respondents are members of a union or an employee association similar to a union.

Being in a union may be a necessary first step, but it only becomes relevant if the union actively addresses time issues. We asked "Has your union/employee organization negotiated about work hours or schedules?" Almost three-quarters (73.6%) of union members answer yes. It's impressive that so many unions have taken up the issue, but a cautionary note is that men are more likely than women, and those without children more likely than those with children, to say that the union has negotiated about hours. That is, those we would expect to be most concerned about hours are least likely to say their union has addressed the problem. At least three factors might help explain this. One possible explanation is that unions have made only minimal efforts or won minimal victories; those who need most help (women and those with children) regard such efforts

as inadequate. Second, if unions are dominated by men, the policies that unions have won might be those of most interest to men--say, who gets the first chance to work overtime--and the union may not have made advances on the issues of most importance to women, say, staying home with a sick child (for discussion of union family-work policy and the gender of leadership, see Clawson and Gerstel 2002). A third explanation might be that this reflects differences in the extent to which different unions have addressed the issue: among EMS workers, 77.6% say the union has done so; for nurses it is 56.5% and for nursing assistants 31.8% ($p < .001$).

The Role of Families: To understand the processes that operate to extend (or retract) the long arm of the job, we need also to look beyond the workplace. For the past century, many argued that families sustained, even promoted, men's intense involvement in jobs while they reduced women's. But that may be changing. As it changes, we might want to consider the ways in which families across gender can serve as sites that promote negotiation, even resistance, to long hours on the job.

We asked several questions to determine how their families feel about respondents' work hours. The simplest and most straightforward of these simply asked "Does your partner want you to work: more hours than I work now, fewer hours than I work now, about the same number of hours that I work now." Only 1 out of 16 (6.3%) of our respondents believe their spouse wants them to work more hours, compared to almost half (44.4%) who believe their partner wants them to work fewer hours.

Not surprisingly, there is substantial variation by the hours the respondent actually works. That is, the job is a crucial factor explaining family preferences: the more hours the respondent works, the more likely it is that their partner wants them to work fewer

hours, a finding that is significant at the $p < .001$ level. The percentage of partners wishing the respondent would work fewer hours rises from 25.0% among respondents working up to 29 hours to 65.8% for respondents working 50 or more hours per week.¹¹

Importantly, these responses vary by gender in ways that may be contrary to the old breadwinner model. We find men (86%) are much more likely than women (58%) to have spouses who want them to work fewer hours. Of course, some of this “protest” is a result of the longer hours men work. Nonetheless, in the old masculinist breadwinner ideology, women put pressure on men to work longer hours or at least accepted it as inevitable that they needed to do so for “their families.” Here, we find at least indicators of resistance to that model.

But that still leaves many women whose family life calls them home. Though not asked explicitly, one nursing assistant, commenting on feeling pressured to work long hours, invoked her family life and the conflict that life evoked with her supervisor. “I don’t feel that nursing assistants are given the respect and recognition for what we do. My employer at times makes you feel guilty if you say ‘no’ to extra time. I feel uncomfortable when she does this. She makes cracks about when I say I can’t work any extra hours. She replies: ‘So what, you’re a newlywed. You and your husband see each other all the time. You live together for cryin’ out loud!’ I reply: ‘That’s my business! My life! NONE of anyone’s business!’ Very unprofessional.”

Such pressures often lead to contestation within the family. We asked: “How often do you and your spouse/partner have disagreements about your job hours?” with response choices of rarely/never, sometimes, and often. Answers to this question did not differ by gender, but they did differ by occupation. Respondents in the two professional

occupations reported quite low levels of disagreement while working class members reported higher levels. (The percentage who often disagree ranged from 4.7 percent among physicians and 5.9 percent among nurses, to 12.9 percent among EMS personnel and 19.6 percent among nursing assistants.)¹² Even controlling for hours worked, we find essentially the same pattern (i.e., among those working fifty or more hours, less than one tenth of physicians (9.1%) and nurses (8.3%) but 16.7% of nurses aides and more than a fifth of EMS (22%) often disagree.) One of the hidden injuries of class appears to be increased spousal disagreement about work hours, perhaps because the jobs command less respect, perhaps because the jobs are less flexible or perhaps because--as shown above--the spouses of those in the working class are themselves particularly likely to be employed, often for long hours. Consequently, there is less likely to be someone available to do the unpaid, but necessary, work of the home. In turn, however, this family pressure presumably acts as a constraint on employers' ability to require long hours. Although we do not yet have the data to support our view, we expect that family pressure about hours is probably one of the reasons workers leave jobs.

Within families, it is not just spouses who may help (or hinder) resistance to long hours of work. Children are, perhaps, even more important. Surprisingly, those with no children are more likely to negotiate with co-workers than those with children, a statistically significant difference. Perhaps a fear of antagonism between the childless and those with children along side of the private character of the nuclear family are particularly powerful when workers have children--they feel they have to conceal their familial responsibilities (Cooper 2002) and prove they can be "the ideal workers" who appears to have no outside obligations (Williams 2001).

Nonetheless, those who say they make it a priority to care for children work significantly fewer hours than those for whom this is not a priority. We asked parents, "To what extent did you choose your current job because the hours of work allow you to take care of your children in the way you would like?" Almost half (45.3%) answered that "my children were an important or determining factor." An initial multivariate analysis (with gender, occupation, marital status, and presence of children in the model) shows that overall, children are a significant ($p \leq .05$) determinant of hours spent on the job. Not surprisingly, there was a major gender difference on this question ($p < .001$): 56.9 percent of women, compared to 25.9 percent of men chose this response--but note that this is more than 1 in 4 men, itself a remarkable result. Among women, those with children worked substantially fewer hours than those without (37.83 versus 44.89, $p < .001$). Among men the difference is in the same direction (51.32 with children, 54.00 without) but it is much smaller and not significant.

CONCLUSION

As we have shown, health care workers are on the job for long often uninterrupted hours. To be sure this is shaped by gender: men are especially likely to work these long hours, but a significant proportion of women do so as well. The majority of health care employees also work on non-standard schedules, including evening, nights and weekends, especially (but not only) in the working class. They don't work such long hours because they want to: across class and gender, most would prefer shorter, more conventional schedules. They work long hours because they think they have to.

Central to that view is a time-money trade-off. None of our survey questions asked directly about this, but it was the most common issue in the comments people--

women and men--wrote at the end of the survey. An EMS worker noted: "The biggest deal is the pay rates--it's low necessitating a lot of overtime to get ahead/some money. I've been doing too much O.T. lately trying to save to go back to school." A nursing assistant wrote that "Working overtime on nights is hard on your body for various reasons, fatigue, muscle aches and injuries and lack of time with loved ones. When you need the money you'll do it just to survive." Somewhat to our surprise, physicians were as likely as others to focus on this, despite their much higher incomes. One wrote "You didn't ask about education related debt which is a huge issue and absolutely affects my ability to negotiate for fewer hours!!!! If I had no student loans to manage (>180,000) it would drastically alter my situation!" Another physician reported that "I need to work at this pace because my ex-husband took much \$ in our divorce, pays no child support because of my earning 'potential.'" A third had clearly explored the options: "My pay will drop drastically if I don't work 'full time.' If I worked 80% of my current hours, my pay would be 50%."

Gramsci's (1972) concept of hegemony helps illuminate our survey findings, and establish terrain that needs to be further explored. Hegemony is often referred to as a world view, a way of thinking that influences every action, making it difficult to even consider alternatives. But in Gramsci's analysis it is much more than this; it is a culture and set of institutions that structure life patterns and coerce a particular way of life. As such it cannot be changed simply through an alteration in consciousness. Thus we find that most health care workers put in long hours but would prefer to work fewer hours, on top of which their meals are interrupted or cut short by the demands of the job.

Nonetheless, an overwhelming majority insist that their supervisors do not pressure them to work long hours.

Workers try to evade and escape long hours and awkward schedules, but for the most part they do so in ways that combine accommodation and resistance. A substantial number of workers leave their jobs. Worker turnover and staff shortages are a constant employer complaint, especially when it comes to nurses--but quitting a job is in some sense accepting that it is impossible to change the hours and schedules. Workers negotiate with co-workers to re-arrange schedules. To the extent that they do so, workers rather than management determine who is on duty when. But this happens within a framework set by management, and in effect workers only change which particular worker bears the immediate burden. Respondents do shape their hours in response to the pushes and pulls of their partners and children. This, however, is again primarily a private rather than collective response (though it may have collective consequences—from creating conflicts between workers who do and do not have children to serving as an impetus to force revisions of workplace regulations). The most collective and open form of resistance is through unions, for that minority of respondents who are union members. Most union members report that their union has taken up the issues of hours and schedules--but the workers we would expect to be most concerned with the issues, women and those with children, are least likely to think their union is addressing the issue.

In conclusion, then, our preliminary research leads us to propose that if we are to understand the processes that lead to particular hours and schedules, we must attend to the apparently mandated structures as well as the culture of long work hours that operate

in so many workplaces. But we must also attend to the politics and culture of resistance that workers develop--both at the workplace and outside of it in their families. Although both sets of processes are shaped by class and gender, both also operate across class location and are enacted by women and well as men.

To address these issues, future research must go beyond the kind of closed ended survey we primarily relied on here. We are planning such research, consisting of three additional parts. We intend to draw a sample for in-depth in-person interviews with employees and a select group of spouses, to construct focus groups for each of the health care occupations, and to identify and conduct site visits with employers and organizations whose collective rules and practices structure time options available to the members of the four occupations. Each of these three methods will provide access to different kinds of data crucial to our understanding of work time. The focus groups can provide essential data on group interactions which are at the core of what we have seen are necessarily collective but often taken for granted decisions about time. The intensive interviews will, we hope, provide access to the meanings, expectations, and actions developed not only by workers but also by their spouses. Finally, work site observations will provide information on the collective character of time--the organizational opportunity structure and mandates within which decisions are made. Each will move us closer to an understanding of the social processes underlying the politics and culture of time.

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ENDNOTES

¹ There have been numerous class action law suits requiring employers to pay many millions of dollars for overtime that had not been compensated fully--or sometimes at all. *Forbes* magazine reported that an employer funded group "thinks employer liability in back-overtime cases could run as high as \$20 billion in the private sector alone" (Adams 1996 p. 154; see also Lewis 2003).

² Taking a random sample of the state population would have produced two problems. First, it would be time-consuming and expensive to reach respondents for follow-up in-person interviews or to drive to do observations at institutions where respondents work. Second, a limited sample size would give few

instances of multiple respondents working at the same facility, making it hard to analyze individual variation in an organizational setting.

³ To enhance response rates, and to indicate that this was a serious and non-commercial survey, we included a modest cash incentive. As an experiment, in half the surveys for each occupation we included a \$1 bill, and in the other half we stated that if they completed the survey within ten days we would send them \$5. The two alternatives apparently made no difference; we received slightly more responses from the \$1 cash letter than from the \$5 promise letter. Nursing assistants were slightly more likely to respond to the \$5 promise letter; every other group had a higher response rate to the letter that included \$1 cash.

⁴ Percentages of men versus women, by occupation, who work 50 or more hours in a week: physicians 55.6% of men, 44.8% of women; nurses 9.1% of men, 8.2% of women; nursing assistants 20.0% of men (but just 1 man out of 5 male nursing assistants), 5.4% of women; EMS personnel, markedly different, 21.3% of men and 43.5% of women.

⁴One nursing assistant wrote a comment explicitly complaining that she did not benefit from such a policy: “Whatever your normally scheduled hours are, if you work over that you should get paid overtime.” [emphasis in original]

⁶ They are also more likely to work 40 or more hours a week: 77.3% versus 53.8%.

⁷ Among physicians, 69.9% often or always worked through meals, compared to 48.9% of nurses, a gender difference among professionals of 21.0%. In the more working class jobs, 62.1% of EMS workers did so, compared to 39.2% of nursing assistants, a gender difference of 22.9%.

⁸ Most of those who would like to work more hours only want a few more hours: only 4.4 percent of the sample would like to put in 10 or more hours per week more than they currently work. At the other end, more than 4 out of 10 (43.5%) would like to reduce their hours by at least 10 hours a week (and 8.1% wish they could reduce their hours by 30 hours or more per week).

⁹ Among those with children, 19.6% never negotiate; among those with no children, this is only 12.3%; those without children are also 10 percent more likely to negotiate frequently (33.6% versus 23.1%). These differences are significant at the $p < .05$ level. Age is a much more powerful predictor: the younger the respondent the more likely they are to negotiate. For negotiating frequently: 44.3% of those under 30, 33.7% of those in their 30s, 26.1% of those in their 40s, 16.5% of those in their 50s, and 6.4% of those in their 60s.

¹⁰ Those who had left a job: nurses 36.7%, nursing assistants 29.4%, physicians 23.7%, EMS 13.6%.

¹¹ For those working 31 to 39 hours it is 31.9%, for those working 40 to 49 hours a week is 46.4%.

Interestingly, respondents with children are much more likely to have a partner who wants them to work more hours: among respondents with no children, only 1.3% have a spouse or partner who wants them to put in more hours; among respondents with children, 8.1% have such a spouse.

¹² The distribution of disagreements needs further exploration: Physicians work the longest hours, and long hours are associated with the spouse wanting the respondent to work less, but physicians have the lowest level of disagreements. This implies physicians who work long hours have spouses who want them to work less, but who don't disagree about job hours.