What’s love got to do with it? Understanding unique barriers in care workers’ labor organizing

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INTRODUCTION

• When a sacred value (e.g., love) is pit against a secular one (e.g., money) the tradeoff is seen as taboo (Tetlock, 2003)
• People react with outrage and demands for moral cleansing
• Care work (i.e., nursing, teaching) may be perceived as a taboo tradeoff, trading love for money
• Multiple theories justify/perpetuate low wages in care work and highlight a tension between love and money
• Low wages for rewarding jobs (compensating wage differentials; Filer, 1989)
• Low wages protect characteristics that give care work meaning (fear of commodification; England, 2005; Deci et al., 1999)
• These theories do not yet explain the outrage that care workers engender when organizing
• We expand the Sacred Values Protection Model (Tetlock, 2003) to include opposition to labor organizing as a consequence of perceiving taboo tradeoffs in care work

RESEARCH QUESTIONS & HYPOTHESES

• How do perceptions of care work influence support for labor organizing? (Study 1 & Study 3)
  • H1 & H3:
  - Perceptions of love and money
  - Does mere contemplation of going on strike elicit opposition to labor organizing for nurses but not medical technicians with equivalent skill, but no care responsibilities? (Study 2)
  • H2: Care work

PARTICIPANTS, DESIGN, & PROCEDURE

<table>
<thead>
<tr>
<th>Measures</th>
<th>Study Design</th>
<th>Care workers</th>
<th>N</th>
<th>Age</th>
<th>Gender</th>
<th>Race</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study 1</td>
<td>Correlational</td>
<td>Nurses</td>
<td>100</td>
<td>30.48</td>
<td>48.0%</td>
<td>64.0%</td>
</tr>
<tr>
<td>Study 2</td>
<td>Between-subjects</td>
<td>Nurses</td>
<td>172</td>
<td>30.60</td>
<td>48.3%</td>
<td>65.7%</td>
</tr>
<tr>
<td>Study 3</td>
<td>Correlational</td>
<td>Teachers</td>
<td>81</td>
<td>32.70</td>
<td>46.9%</td>
<td>66.7%</td>
</tr>
</tbody>
</table>

Procedure

• Support for organizing
• Moral cleansing
• Perceptions of love and money
• Demographics

RESULTS

Fig. 1. Increases in wage differentials, fear of commodification, and taboo tradeoffs are negatively associated with support for labor organizing

<table>
<thead>
<tr>
<th>Study 1 (Nurses)</th>
<th>Study 2 (Nurses)</th>
<th>Study 3 (Teachers)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support for labor organizing</td>
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<td>Support for labor organizing</td>
</tr>
<tr>
<td>Wage differentials</td>
<td>Fear of commodification</td>
<td>Taboo tradeoffs</td>
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</tbody>
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Fig. 2. Increases in wage differentials, fear of commodification, and taboo tradeoffs are positively associated with a desire for moral cleansing

<table>
<thead>
<tr>
<th>Study 2 (Nurses)</th>
<th>Study 3 (Teachers)</th>
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</thead>
<tbody>
<tr>
<td>Support for labor organizing</td>
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</tr>
<tr>
<td>Wage differentials</td>
<td>Fear of commodification</td>
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</tbody>
</table>

DISCUSSION

• The COVID-19 pandemic has highlighted how much society depends on care workers
• Yet, when care workers organize to improve their working conditions, they meet opposition
• We found that opposition is predicted by tensions between love and money in care work
• Labor organizing inadvertently highlights tensions and results in a desire for moral cleansing
• These results hold, even when accounting for differences in gender essentialism and beliefs in social roles
• This work expands the SVPM by hypothesizing that another consequence of perceiving taboo tradeoffs is a lack of support for high wages for those engaged in work that involves sacred values

CONCLUSION

We show that for some, care work may be perceived as a taboo tradeoff between love and money
• An unintended consequence of perceiving taboo tradeoff in care work is opposition to labor organizing
• Understanding the unique challenges that care workers face when organizing is a critical first step in increasing public support for care workers labor organizing

REFERENCES


Footnotes
1. Standard deviations are presented in parentheses below the mean
2. Our between-subjects manipulation did not work; there were no differences by condition. We present only the care work condition. Results and demographics were comparable to the full sample (N = 339)
3. Moral cleansing was only measured in Studies 2 and 3
4. Taboo tradeoffs was measured differently in Study 1. We plotted the new scales to increase internal reliability
5. The predictor and outcome variables are scaled for clarity of presentation. Shading represents Standard Error of the Mean (SE)