



# “I’m Not the Kind of Person to Just Call Off”: Workers’ Experiences Navigating Structural Barriers to Paid Time Off

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## Abstract

Access to paid time off in the United States is limited compared to most other nations due to lacking federal paid leave policies. Within the labor market access is unequal, with workers with less racial, class, and gender privilege having less access. In the absence of federal policy, most research compares the experiences of those with and without paid time off, building an argument for this important policy. However, research examining the experiences of workers with paid time off who are relatively unlikely to have it is lacking. Applying a critical ecological framework, the current study draws from interviews with 21 single parents working low paying healthcare jobs to extend the literature by examining how they experience workplace paid leave policies. The findings illustrate how the power of a beneficial workplace paid leave policy can be limited by interaction with other workplace policies, policy implementation practices, and the broader social ecology. This interaction transforms this universal policy into a racialized, gendered, and classed policy that can punish low-paid single mothers, who are primarily Black women, for using their earned time for caregiving, thereby contributing to employment instability. The findings of this study add nuance to the available literature and suggests that examining marginalized workers’ experiences of workplace policy implementation can reveal mechanisms by which institutional discrimination is maintained in workplaces.

**Keywords** Workplace policy · Implementation · Low-wage workers · Single parents · Healthcare · Paid leave

Internationally, the U.S. is one of few nations that federally guarantees no paid leave of any kind (Addati et al., 2014; Heymann et al., 2021; Raub et al., 2018). Lack of access to paid sick or vacation (hereafter Paid Time Off [PTO]) is most concentrated among low-paid workers, where women, particularly women of color and single mothers are disproportionately represented while access to PTO is disproportionately low (Bureau of Labor Statistics [BLS], 2019, 2022). Lacking PTO reduces access to medical care and is associated with disengagement at work and worse mental health (Clemans-Cope et al., 2008; DeRigne et al., 2016). In contrast, PTO is associated with benefits, including better individual and family health (Clemans-Cope et al., 2008; de

Bloom et al., 2011; Hruska et al., 2020; Pichler et al., 2021; Ruhm, 2017; Shepherd-Banigan et al., 2017), and having higher job commitment, less turnover, and reduced burnout (Hill, 2013; Ruhm, 2017; Storer et al., 2020).

Despite significant research establishing the consequences of having or lacking access to PTO, limited research has examined how the few low-paid workers with paid leave experience these policies (Clemans-Cope et al., 2008; Hill, 2013; Storer et al., 2020). We would expect that low-paid workers will have qualitatively distinct experiences from more privileged workers due to the classed, gendered, and racialized nature of their jobs and the broader political and community context in which they live and work (Glenn, 1992; Snyder & Schwartz, 2019; Wingfield, 2019). Thus, the available research, which focuses more broadly on comparing those with and those without access to PTO, may not be generalizable to this group. Additionally, without a critical theoretical framework, research may fail to identify gendered, classed, and racialized mechanisms that influence these workers’ experiences (Browne & Misra, 2003; Wingfield, 2019). Drawing from in-depth qualitative interviews, this study examines the experiences of low-paid single

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mothers using paid leave. Moreover, this study uses a critical ecological lens to uncover how workplace policy interacts with broader social forces to shape these experiences.

## Background

### The Cultural Context of Low-Paid Working Mothers

Throughout the history of women in paid labor, governmental and industry forces have worked to exclude them from the labor market and, within the labor market, divide them along class and racial lines (Abramovitz, 1996; Glenn, 1992). Cultural norms around work contribute to these divisions. A foundational labor norm is the ideal worker, a mythological archetype who is independent, unemotional, and completely committed to their employer (Abramovitz, 1996; Acker, 2006; Davies & Frink, 2014; Moss Kanter, 1977). It relies on the privilege of individual workers to be free from any distractions, passions, or obligations outside of work. This archetype is most easily performed by men whose privilege in a patriarchal culture excuses them from most reproductive labor, which encompasses the paid and unpaid labor that creates and sustains human life.

The ideal worker is intertwined with the nostalgic family model of a male breadwinner married to a full-time, female homemaker, a model reliant on patriarchy and white privilege, that continues as a hegemonic ideal despite the erosion of family wages and growing variation in family structure (Davies & Frink, 2014). In this cultural milieu, working women endure a “cultural contradiction” to completely separate work from parenthood while performing the domestic care norms of homemakers (Elliott et al., 2015; Hays, 1996). When women fail to achieve this full separation and must take off time for caregiving, they may endure flexibility stigma from supervisors and colleagues who may informally judge them or formally enact consequences against them for using their time off (Williams et al., 2013).

These norms have also contributed to racialized divisions in reproductive labor among women. As reproductive labor became increasingly commodified, the service industry mimicked the racialized division of labor in domestic labor, with women being preferred to do all service jobs and within service jobs, Black and Brown women being relegated to “dirty work” (Glenn, 1992, p. 8). This process has been well documented in the industry examined in this study: healthcare. Historically, medical teams were modeled after traditional patriarchal families, with male doctors as the unquestioned leaders and female nurses as their assistants who provided most physical care to patients (Glenn, 1992; Williams, 1989). As healthcare became more specialized and nurses worked to professionalize and balance the doctor-nurse power hierarchy, they worked to push “dirty”

work, such as toileting and bathing, to lower-paid, “nonprofessional” staff, reifying the racialized hierarchy between women in domestic labor.

Together these cultural and structural occupational forces drive workplace discrimination against mothers which varies by mothers’ positionality and may be most harmful in the lives of mothers who are Black or Brown, low-paid, and/or single (Jones & Shorter-Gooden, 2009; Moss & Tilly, 2001; Snyder & Schwartz, 2019). Supervisors of low-paid working women act on interpersonal prejudices against single mothers and, particularly, Black women (Kennelly, 1999; Moss & Tilly, 2001; Smith & Hunt, 2021). When supervisors perceive worker’s job performance differently and have varied expectations of them, they may provide some workers with more disciplinary consequences and provide differential access to transfers and promotions (Cole & Secret, 2012; Moss & Tilly, 2001; Smith & Hunt, 2021). Black women experience complex interpersonal workplace discrimination based on supervisor and coworker prejudices related to the intersections of their race, class, motherhood, and marriage statuses as well as institutional discrimination that further shapes their experiences (Cole & Secret, 2012; Jean & Feagin, 1998; Moss & Tilly, 2001; Smith & Hunt, 2021; Snyder & Schwartz, 2019).

Workplace discrimination and stress affect parenting. The literature suggests at least three inter-related pathways by which the stress of low-paid labor may be transmitted to children: material hardships (Okechukwu et al., 2012; Rodems & Shaefer, 2020), poor job quality (Johnson et al., 2012; Pilarz, 2021), and workplace discrimination (Cole & Secret, 2012; Gassman-Pines, 2015). These pathways may affect children directly or indirectly by affecting parenting or parental stress (Okechukwu et al., 2012; Paat, 2011). Overall, these mechanisms may be most intensely and commonly experienced by workers who experience one or more axes of oppression in the workplace. These pathways may be disrupted, but, specific to paid leave, research suggests that efforts may be too limited to eliminate their harmful effects (Henly et al., 2006; Jacobs & Padavic, 2015; Lambert et al., 2012).

### Theoretical Framework

This study uses a critical ecological theoretical framework that combines the strengths of ecological theory with a critical lens informed by intersectionality (Bronfenbrenner, 1977; Crenshaw, 1991). Ecological theory recognizes the inter-relation across levels of the social environment across time while recognizing the agency of individuals to influence their environments (Bronfenbrenner, 1977). In the current study, I use it to understand how low-paid work interacts across levels of the social environment to affect parenting and to help identify how the dominant “blueprint” of the

ideal worker and cultural contradiction affects the microsystem (Bronfenbrenner, 1977, p. 515).

However, ecological theory is limited in its ability to analyze the flow of power across the social environment and privileges the nuclear family without recognition of how parenting is a gendered and racialized process (Collins, 2000). 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 (Choo & Feree, 2010; Crenshaw, 1991). 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. Thus, I use intersectionality to explore standpoints of various groups as they are defined by socially constructed, hierarchical categories. Together these theories support analysis of the effect of power through workplace policy and practices and uncover how they create racialized, gendered, and classed experiences across the social ecology for low-paid healthcare workers who are single parents.

### Gaps and Significance

By focusing on the implementation rather than the mere existence of PTO, this study provides an example of how beneficial policies can be undermined through workplace practices. Specifically, this paper reveals the powerful role of punitive attendance policies, also known as progressive discipline systems or no-fault attendance policies (Bakst et al., 2020; Williams, 2006). This research is timely as punitive attendance policies are gaining more attention by labor advocates as evidenced by New York state recently banning any retaliation or consequence by employers for employees using time off (A Better Balance, 2022). Overall this research extends the current literature to not only examine how this under-researched labor sector uses paid leave but also how workplace paid leave policies interact with other factors, including how it interacts with punitive time and attendance policies, the implementation of workplace policies by supervisors, and how policies as implemented interact with the reality of the social ecology of these women's lives (Browne & Misra, 2003; Henly et al., 2006; Jacobs & Padavic, 2015; Lambert et al., 2012; Wingfield, 2019). To this end, the critical theoretical framework and the use of qualitative methodology to uncover nuances in lived experiences are strengths of this study.

## Method

### Design

The broader research project from which these data are drawn was designed to answer three broad, exploratory research questions: (1) What workplace policies and practices do single parents working relatively good, low-paying 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? and (3) How do single parents working relatively good, low-wage healthcare jobs navigate these perceived workplace supports and barriers to parenting? The research design and analysis were grounded in both the extended case method, a qualitative ethnographic approach that elaborates theories through reflexive analysis (Burawoy, 1998, 2009), and phenomenology, which uses an unstructured interview approach to understand people's experience of a shared life experience (Moustakas, 1994). Through this approach of comprehensively examining low-paid healthcare workers' experiences of how workplace policies affected their lives, workers consistently raised paid time off (PTO), a consolidated form of paid leave for illness and vacation, as a key supportive policy while indicating other policies and practices seemed to undermine its supportive power. The current paper investigates how parents experienced PTO as it was implemented in the broader context of their workplace and lives.

### Data Collection

Participants were recruited in Pittsburgh, PA through batched texts through union partners, snowball sampling, and flyering. All study activities were approved through the University of Pittsburgh Institutional Review Board. Potential participants contacted me directly to learn more about the study and complete a brief eligibility screener. Eligible parents were single,<sup>1</sup> had a job in the healthcare field, had at least one child in elementary school, and earned less than a living wage for their family size using the MIT living wage calculator (Nadeau & Glasmeier, 2018).

All participants each completed two, approximately 90-min interviews between August 2019 and March 2020. Most interviews were completed in person at a location of the participant's choosing, though two interviews were

<sup>1</sup> A few parents had romantic partners, but they considered themselves single parents. At least two parents speculated that the use of the term single in recruitment materials may have affected who reached out to participate. Future research should use a variety of terms and/or seek more inclusive terms.

**Table 1** Sample demographics

	Parents ( <i>N</i> =21)	Focus children ( <i>N</i> =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	–
Identified disability	–	8
	Mean (range)	
Age	30.7 (25–47)	8.2 (4–12)
Number of children	2 (1–5)	–
Hourly wage	\$14.88 (\$11.90–\$21.36)	–

completed via phone at the start of COVID-19 shelter-in-place orders. Interviews were audio recorded. I guided each interview using a semi-structured interview guide after completing the consent process. Participants also completed a brief demographic questionnaire and chose pseudonyms for themselves and their children. After each interview, I wrote detailed field memos and used these to identify any follow-up questions to optimize my understanding. Participants were compensated for their time on a debit card with \$30 for the first interview and \$40 for the second interview. Some parents shared artifacts with me by their own volition (e.g., reading out text exchanges), and I sometimes observed parent–child interactions. I drew on all these data sources for my analysis.

### Data Analysis

All interviews were professionally transcribed verbatim. I reviewed each transcript with the audio to correct them for accuracy. I used the commenting feature in Microsoft Word to complete line-by-line coding (Chesler, 1987). To develop themes, I printed and physically organized these codes. This process resulted in four initial themes, job quality, supervisors, workplace policies, and coworkers, which I then organized into subthemes. To complete the analysis, I used an iterative process of memoing and data visualizations to advance and test my developing conclusions (Birks et al., 2008; Miles et al., 2014). To ensure trustworthiness of my

conclusions, I used reflexivity, long-term field immersion, negative case analysis, triangulation, and thick descriptions (Cresswell, 1998; Denzin, 2007; Geertz, 1973; McCorkel & Myers, 2003).

### Sample

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 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, the sample is consistent with the racial disproportionality among low-paid service workers and is similar to qualitative research samples drawn from a similar population in Pittsburgh (Goodkind et al., 2019; BLS, 2022). All parents identified themselves and their children as cis-gender. I interviewed only one father who was not his child's primary parent,<sup>2</sup>

<sup>2</sup> Eligibility criteria for this study invited any single parent to participate and only one father asked to participate. It was not clear he only had his daughter a few days a week until I arrived at the interview. Though he is the only father in the sample, he was included as his insight into his daughter's mother's experiences validated comments made by mothers in the sample regarding their experiences co-parenting with their children's fathers. Additionally, staff in his depart-

**Table 2** Participants reasons for using time off

Participant	Job characteristics		Reason for using paid time off					
	Paid time off available	Affected by point system	Sick child	School closure	Vacation	School meeting/event	Appointment	Parent/family illness
Sara	Yes	Yes	X					
Roxy	Yes	Yes	X	X	X	X		
Alex	Yes	Yes	X	X	X		X	
Elisa	Yes	Yes	X		X			
Rachel	Yes	Yes	X			X	X	
Lee	Yes	Yes					X	
Nancy	Yes	Yes					X	
Lonnie	Yes	Yes					X	X
Marie	Yes	Yes	X				X	
Sasha	Yes	Yes	X	X		X	X	
Victoria	Yes	Yes						X
Ryan	Yes	Yes			X			
Nicole <sup>b</sup>	Yes	Yes						
Maya	Yes	Yes		X				
Lisa	Yes	Yes	X	X		X		
Amber	Yes	Yes					X	
Joy <sup>a</sup>	Yes	Yes	X					X
Jada	Yes	Yes	X			X	X	
Crystal	Yes	No	X		X		X	
Cheryl	No	No						
Tammy	No	No						

<sup>a</sup>Joy was unemployed at the time of the interview. This describes her status when she was working

<sup>b</sup>Nicole was recently employed and had not yet used PTO

so this study focuses primarily on mothers. 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 education after high school. 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 less than a living wage for their family size (range = \$11.90 to \$21.36 per hour; Nadeau & Glasmeier, 2018). About half the sample were in a union ( $n = 11$ ). They worked in three settings, hospitals, community health agencies, and nursing homes, and held a range of jobs including nursing aides or medical assistants ( $n = 7$ ), receptionists ( $n = 5$ ), clinical coordinators ( $n = 3$ ), patient transporters ( $n = 2$ ), food services worker ( $n = 1$ ), housekeeper ( $n = 1$ ),

sterilization technician ( $n = 1$ ), and rehabilitation aide ( $n = 1$ ).

## Findings

### Policies and Policy Implementation

#### Paid Time Off

All participants, except for two (Cheryl and Tammy), accrued paid time off (PTO) each pay cycle. With some variation, supervisors would consider PTO requests before finalizing the schedule, but the timeline varied significantly ranging from two weeks’ to three months’ notice. Caregiving was the primary reason for taking time off, specifically to care for sick children or take them to medical appointments (see Table 2). School was another common reason for asking for PTO, either due to school closure or needing to attend a meeting at school. Notably, these school-related reasons were usually identified after the schedule had been set. Most parents with PTO reported that they were able to access it;

Footnote 2 (continued)

ment had unique ways of dealing with the focal policy of the paper: the point system.

however, all but four mothers (Amber, Sara, Lonnie, and Crystal) reported difficulty accessing PTO or avoided using it for fear of flexibility stigma.

### The Point System

Most of the participants were affected by a punitive time and attendance policy that was colloquially called a point system (Table 2). Point systems were a mostly automated method of monitoring employee time and attendance, specifically calling off, running late, or leaving early. If a manager approved time off in advance, then PTO was applied without consequence. Otherwise, points were automatically triggered by the payroll system. The specific number of points, ranging from one to three, varied by “offense” (e.g., clocking in more than three minutes from the start time versus calling off), number of consecutive days of the “offense,” and employer. One employer offered a few incidents before employees incurred points.

The point system operated separately 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 used up PTO hours and gained the requisite points. Specific point levels triggered disciplinary action. For example, in one policy, 18 points resulted in a verbal warning and 24 points resulted in termination of employment and being barred from future employment in the healthcare network.

Mothers emphasized that there were no formal exceptions to this policy and dreaded having to take time off and experience this punishment. As Elisa explained,

People with kids and everything – you can’t really determine whether or not your kids 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.”

Shortly before her interview, Elisa’s daughter had had a seizure, and she had had to remain in the emergency department into her shift, resulting in three points being added to her record. Elisa believed medical emergencies should be exempt from points, 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.”

Lisa joined other mothers in suggesting school-related closures should also be exempt. She explained the stress on many mothers in her department during a particularly bad winter a few years prior:

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 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. She explained further:

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.

Through these comments, Lisa and Elisa suggest, like many of the other mothers, that the policy discriminated against them for caring for their children, associating their behavior with laziness or irresponsibility rather than balancing their commitment to their jobs with the necessary care for their young children.

### Supervisor Implementation

Like other scheduling policies, supervisor discretion seemed an important force in workers’ access to PTO (Henly & Lambert, 2005; Storer et al., 2020). In some cases, workers and supervisors found creative workarounds, such as flipping to a different shift for a day or Ryan’s approach of “forgetting” to clock in and then asking his supervisor for a manual clock-in. These strategies could only be used rarely and relied on supervisor discretion that is both an individual and an interactional factor based on the relationship between the worker and their supervisor.

Lee’s experiences illustrated the role of supervisor discretion in implementing the point system and its effects on mothers. Lee was a receptionist at a clinic where “they’re strict on points.” At the time of the interview, she explained 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. She reasoned, “I’d rather leave than get fired. Wouldn’t you?”

Lee shared that her office staff had a “Good Colleague Board” where they could post names to the board when they saw a coworker do something positive. Each week a name was randomly selected, and a half point was removed from the winner’s record. Lee used this to highlight the arbitrary nature of the point system saying:

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 [the supervisor] 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 the board, I can take half of a point away.’ So, it’s kind of in the supervisor’s hands.

Here Lee reveals the confusing 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 contest 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 stable employment. But still, she noted that the points were “part of the rules,” which highlighted a theme throughout my interviews with workers that indicated their feeling of powerlessness to question policies even when they seemed to punish them for caring for their children. Though no other participants shared experiencing a similar point-relief contest, many participants expressed confusion about the supervisor’s role in the point system, as they recounted observing their supervisors’ behavior ranging from full to no discretion over the time and attendance policy.

**Perceptions of Supervisors** In cases when 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 that also benefited employers (Ruhm, 2017). Mothers communicated this perception in a range of ways. 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.” Similarly, Crystal used the word “blessed” to describe her ability to access 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.” Here she also used the word “scared” implying that some people are afraid to use their own earned time. Rather than describing access to PTO as a guarantee, their word use describing PTO-granting supervisors as lenient or a blessing represented a larger trend in the data that mothers felt that if they asked for PTO they may incite flexibility stigma, where using flexibility policies stigmatizes the user as a worker with a poor work ethic (Williams et al., 2013).

This perception is further illustrated by these same mothers’ descriptions of their real experiences of accessing PTO through their supervisors. Joy, who described her supervisor as lenient, illustrated this trend. One day she had to leave her shift two hours early when her daycare provider’s father

suddenly died. She described the interaction with her supervisor, saying:

[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 it’s an unavoidable thing.

Here she acknowledges that even in the most unpredictable situations, supervisors reactions implied their flexibility stigma. 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 PTO in a labor sector that rarely provides it than it does to their experiences accessing their earned benefit.

## Navigating PTO Policies

### Invisible Labor

Most mothers in the sample perceived that using PTO triggered a flexibility stigma (Williams et al., 2013) through which their employer associated using PTO with a poor work ethic and thereby justifying punishment through time and attendance policies (Kennelly, 1999; Moss & Tilly, 2001). In response to the power supervisors had in determining parents’ PTO use, multiple mothers described patterns of invisible labor to justify their PTO use and separate themselves from “the type of person that would just call off.” A common practice in the sample was submitting doctor’s notes even though they had no bearing on points or consequences. For instance, Maya remembered when her youngest son had a stomach bug, saying “even though [my supervisor] doesn’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 leaving early to go party.” Mothers’ additional work to justify calling off suggests they are responding to manifestations of prejudices against lower paid workers, associating them with assumptions of irresponsibility (Dodson, 2013; Kennelly, 1999; Luhr, 2020; Moss & Tilly, 2001; Smith & Hunt, 2021).

### Resistance

In contrast, one mother purposefully refused to submit to pressure to justify her use of PTO by prioritizing her family (Goldberg, 2022). Roxy, a food services worker, explained:

Whenever I call off and I just say, “this is [Roxy], not coming in” I don’t give a reason. It’s none of your business. I have PTO for this purpose. 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.

This comment suggested that she felt that anything required or implied to be required beyond the policy was not only intrusive but infantilizing, which she discussed in her interview with frustration, saying “[we] are grown” thereby using a common colloquialism for maturity to suggest her employer's expectations, and by extension her supervisor's, to justify PTO use communicated their bias that employees may be irresponsible using their PTO. 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.

### Employment Instability

In addition to Lee (see above), who was preemptively changing jobs to avoid being fired, one mother was experiencing disciplinary action and one had been terminated due to having a high number of points. Their experiences illustrate the cruel potentiality of the point system that most mothers in the sample feared.

Shortly after starting her job, before she fully understood the point system, Sasha, a hospital receptionist, became seriously ill and was hospitalized. After being released from the hospital, she had enough points to trigger a written warning. While still recovering, she unfortunately vomited at her desk. She went home after being reassured by her supervisor to “take all the time you need.” She returned to more points, putting her one late clock-in away from termination. In her own words she said, “I had no choice but to leave! I was super sick! Did you want me spitting up on patients at the front desk!? You can visibly see that I am sick, and I still got a point for that.”

While Sasha had reached a high number of points but had so far been able to keep her job, Cheryl had lost her job due to the point system. When I interviewed her, she was working in a nursing home part-time where there were no benefits (even for full-time employees) and no career ladder. During her interview, I learned that Cheryl's need to work with such limited supports was in part due to a point system which had resulted in her termination from a better job. She explained that she was now permanently banned for life from working in that health network, a major employer in the region. When I asked her what kinds of things caused her to earn points, she exclaimed, “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.”

Cheryl lived in a majority Black community far from her workplace, a hospital which was in an area experiencing fast-paced gentrification. Thus, her long commute was due,

at least in part, to lack of affordable housing near her workplace, which was a result of racial segregation via redlining and ongoing gentrification that was contributing to a classed and racialized affordable housing crisis in Pittsburgh (Goodkind et al., 2019; Rothstein, 2017). Thus, Cheryl's experience of the intersection of the point system, a poor transit system, and ongoing racialized housing policy contributed significantly to her labor precarity.

### Interactions Between Employment and Ecological Factors Bring Challenges

Many other women in the sample faced similar challenges where work intersected with the broader social ecology, putting them at risk of employment instability. Like Cheryl, transit issues were common and added significant burden to mothers' lives, spending precious time and finances on long commutes and/or maintaining and insuring cars. Some mothers worked with their kin networks to facilitate transit. For example, Lisa and her father managed a complex routine to share one car and ensure she was dropped off at work and then, while she worked, he dropped her children at school, transported them from there to aftercare, picked her up from work, and then picked up the children. In another case, Jada circumvented district rules forbidding her from individually negotiating with the bus driver to pick up her children at a different location, so she could supervise her older children while dropping her youngest ones at daycare to speed up the morning drop off tasks and facilitate her timely attendance at work.

In some cases, schooling, transit, and family interactions all interacted. Maya moved across town in order for her mother to be able to help with school transportation and childcare. Elisa, who lived nearly a two-hour bus ride from work, chose to break district rules by registering her daughter's address with the grandmother to send her daughter to what she considered to be an unsafe city school only so that both she and her mother would be within a reasonable distance from the school in the case of an emergency. After this study, she switched to a more precarious hourly contracted job to reduce her commute. These women all paid high costs to pursue timely attendance in work, navigating the challenging classed and racialized realities of housing, transit, and schooling policies and in some cases straining their family systems all to try to get to their low-paying though secure jobs within the allowable three minutes of their start times.

### Drivers of Heterogeneity in the Sample

Mothers experienced variations in how easy or difficult it was to access PTO or avoid consequences for using it. Their experiences suggested a few key combinations of factors that may drive these effects. First, the combination of having a



flexible schedule with significant work autonomy seemed to increase access to PTO without consequences for using it. Crystal and Amber, both white clinical coordinators, experienced this (though only Amber worked for an employer with a formal point system). 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 8:00 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.

Crystal had no time clock that could measure the precise time she arrived and regularly took off about a half an hour early from her shift by voluntarily skipping lunch or starting early. 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-paid working parents (Henly & Lambert, 2005). As Crystal explained, “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.” However, autonomy alone is likely not enough to warrant this easy schedule. Nancy also had high autonomy at work; however, she had a regular daily schedule with no option to flex her hours and described more schedule misalignment for her children and more difficulty taking time off than Amber or Crystal. Marie, who was often left off early but did not have formal flexibility, also did not report positive benefits. Thus, the combination may be important.

Lonnie and Sara shared some important commonalities. Specifically, both women lived within walking distance of their jobs and had strong social support. Lonnie, who identified as Black-Latina, had a close relationship with her mother who was on disability but was able to provide round the clock childcare. Additionally, her oldest child was able to provide care to her youngest two. Sara, who identified as Black, worked part-time, had the strong support of her son’s paternal grandmother and father, as well as many of her female family members. She also lived in a local affordable housing program near her job, which limited the challenges of affording independent housing for her and her son while she worked part-time and pursued her nursing degree. Lonnie was also pursuing her nursing degree at the same community college as Sara, which happened to also be located in this same section of the city. After years interviewing low-paid healthcare workers, I had interviewed many women who dreamed of pursuing a nursing degree. Among them, Sara and Lonnie were the only two who ever were able to juggle childcare, working, and transit. For both

women, it appeared that the combination of strong social support and living within walking distance from work and school made a significant difference in their ability to manage their schedules, with Sara’s schedule further facilitated by her part-time status.

Again, it seemed to be the combination of factors, rather than just living close to work or having strong family support alone that facilitated access to PTO. Jada also lived close to work but was close to losing her job due to having to miss a significant amount of work to care for her six children nearly all of whom had disabilities. Meanwhile, mothers like Maya and Victoria also had comprehensive childcare through their mothers but lived far from work. None of these women had similar feelings about accessing PTO without consequence.

In addition to the interactions between mothers’ lives, the workplace policies, and the broader social ecology resulting in additional challenges described previously, mothers attributed differences in formal policies and their implementation for causing differential experiences with accessing PTO for them compared to higher-paid employees. For example, Sasha juxtaposed her supervisor denying her request to leave work early for her daughter’s doctor’s appointment to her allowing a nurse to leave when her cat was sick:

[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, [my supervisor] 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. 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.

Sasha felt her reliance on her low paying job increased the stakes for missing work. As she said, “I need money for bills, this apartment, car insurance, rent, gas, I need it! So, I’m going to be [at work]. It has to be something as to why I really cannot be there.” She felt prejudicial assumptions assumed the opposite: that she would take off without justifiable cause. In contrast, she felt more privileged workers could take off frivolously without judgment. She concluded that “it’s just different for different people.”

Other mothers made similar statements and my broader work in this labor sector and among these employers confirmed Sasha’s assertion was supported by real policy differences for nurses, who had a much more generous time and attendance policy, significantly more job security, and, as noted by some of the women in this study, were trusted by their coworkers and less likely to face flexibility stigma than the women in this study. Moreover, doctors, who were far more likely to be men than people in any other hierarchical category were not mentioned at all in conversations

regarding these policies. It was as though the distance in occupational privilege levels between low-paid healthcare workers and the doctors was so great that comparing their experiences was not worth discussing. Thus, as found in other research on hierarchical relationships in healthcare, experiences differed by wage level and occupational hierarchy with the top level being primarily male and in a league of its own while nurses and low-paid healthcare workers were primarily women and appeared to have differential occupational experiences that were both raced and gendered (Glenn, 1992; Williams, 1989; Wingfield, 2019).

This class-based difference cannot be disentangled from race. In this same region (as well as nationally), nurses are majority white, and lower-paid healthcare service workers are majority Black (U.S. Bureau of Labor Statistics, 2022). Historically and in the experience of women in this and other research I have done with this labor sector (Ballentine et al., 2023; Glenn, 1992; Williams, 1989), the structures of power and oppression among female workers within the healthcare industry mirror the racialized hierarchies of twentieth century domestic labor in the U.S. The broader literature suggests that intertwined with these differing policies, nurses, as higher paid, higher educated, and more commonly white workers, are trusted in the workplace, while lower paid workers struggle to earn and maintain trustworthiness (Kennelly, 1999; Williams et al., 2013).

## Discussion

Research has clearly established the importance of paid leave for the wellbeing of working people and their families (Clemans-Cope et al., 2008; de Bloom et al., 2011; Hruska et al., 2020; Pichler et al., 2021; Shepherd-Banigan et al., 2017). Yet, less is known about how workers experience accessing PTO policies, which is particularly unknown for those who are marginalized in workplaces, such as low-paid single mothers (Jacobs & Padavic, 2015; Lambert et al., 2012; Perry-Jenkins & Gerstel, 2020). Drawing on in-depth qualitative interviews from 21 single parents working low-paid health care jobs, I help to address this gap by examining their experiences with employer-provided policies.

Aligning with prior research findings, participating mothers reported that paid leave policies were certainly beneficial but fell short of sufficient to fulfill their caregiving responsibilities without consequence (Henly et al., 2006; Jacobs & Padavic, 2015; Lambert et al., 2012). Punitive time and attendance policies limit access to universal, employer-provided paid time off. By highlighting the experiences of these women in comparison to each other and their perceptions of their higher-paid nursing colleagues, this study shows how flexibility stigma, hierarchical organizational structures, and the broader social ecology that are all raced, classed, and

gendered combine to shape differential access to paid time off. These policies at once incentivize workers to avoid taking time off for work and punish them when they must or choose to take time off, despite the time off being earned and in many cases necessary for caregiving. These experiences may be exacerbated by strong workplace culture in healthcare settings, including healthcare workers' resistance to calling off (Szymczak et al., 2015), the hierarchical discrimination of Black and female workers (Khan, 2022), and the broader impact of the ideal worker archetype (Moss Kanter, 1977). Other research has shown that workplaces where the culture discourages calling off can result in differential punishment for those who use the policy (Thébaud & Pedulla, 2022). Overall, by punishing people for using PTO to address everyday emergencies, the point system reinforced problematic false dichotomies between good and bad workers and between 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.

Mothers in the study were vigilant against negative perceptions of them as workers. They described doing what I characterized as invisible labor where they worked to defend themselves as good workers, such as justifying why they took time off (Crain et al., 2016; Luhr, 2020). This behavior suggests workplace policy and practices served as measures of social control, wherein mothers felt the pressure of unspoken norms to perform as an ideal worker or, when they were unable, provide sufficient proof that they are “not the kind of person to just call off.” The paid leave policies and implementation most women in this study experienced allowed a one-way blurring of the mythical work-family divide. Mothers were expected to fully separate from their motherhood at the employer's door, but their employers seemed to feel entitled to cross the boundary, requesting the divulgence of private information for even the possibility of relief from consequences while expecting mothers to be far more flexible in abandoning their children to work extra hours than they ever were limiting her hours to care for them. This is evidence that their work to avoid punishment for taking PTO or mitigate the effects of resulting flexibility stigma on their employment likely adds to their cognitive load. Thus, these policies likely add burden to the already high cognitive and emotional load of navigating the intertwining realities of poverty, sexism, and racism (Ballentine et al., 2020; Lens et al., 2018).

Research on the social determinants of health shows that Black and bi-racial children from low-income households are more likely than children from other groups to suffer from poor health due to a variety of also racialized inequities, including increased exposure to environmental toxins, less access to and worse treatment from healthcare

providers, and the strain of surviving racism (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. At the same time, poor and Black parents are disproportionately surveilled and thus more likely than White parents to be referred to the child welfare system, thus increasing the potential consequences of failing to take time off for caregiving (Harris, 2014; Jimenez, 2006). For these reasons parents of children like those in this study may be the most vulnerable to the instability and stress created by the interaction of PTO with punitive time and attendance policies. Such policies further reinforce these problematic vulnerabilities, and, thereby, the related PTO policies are not universally accessible by employees, but rather their implementation is a further manifestation of the gendered, racialized, and classed values of hierarchical labor in healthcare (Glenn, 1992; Williams, 1989). Future research should explore the likely occurrence of the effects of these policies in other labor sectors, but there may be qualitative differences based on the history and contemporary reality of how each industry is raced, classed, and gendered.

Authorities overstepping boundaries into the lives of low-income families, particularly families of color, has been well-documented and tied to serious harm for families (Detlaff & Boyd, 2020). However, employers are not expressly a public service or family-serving system, as schools or child protection may be intended to be. Past research has documented how criticizing poor and Black mothers' reproductive labor is not uncommon for employers (Dodson, 2013; Moss & Tilly, 2001). This study begins to more strongly tie this critique to implications for family well-being and as an additional way that authorities intrude on families. Mothers in this study certainly faced additional stress due to navigating this policy and practice landscape, a mechanism by which parents and child well-being can be affected (Goldberg & Solheim, 2022; Okechukwu et al., 2012; Paat, 2011). Finally, for some mothers the intersection of these policies and practices resulted in real or imminent job loss, increasing stress and resulting in a loss not only in wages but in access to paid leave and other benefits. Findings such as these differential effects for a universal, beneficial policy like PTO indicates the need for more nuanced policies and research on policy implementation not only to ensure working mothers and their families experience the benefits of paid leave, but also to address one way that discrimination persists in workplaces (Joshi et al., 2021).

## Policy Implications

Given the intersection of workplace policies with the broader social ecology, research should explore the experiences of workers living and working in suburban or rural settings, where housing and transit policies as well as community supports are likely to be qualitatively different. There is a potential for community policy to mitigate the harm of punitive time and attendance policies on workers, particularly parents who experience marginalization at work and in the broader community for whom the implications of this policy may be most severe. If housing and transit policies were expressly anti-racist, for example, mothers in this study may have had access to the community supports necessary to comply with punitive attendance policies with significantly less labor and stress. Thus researching variability in the experiences of time and attendance policies across labor sector, across communities, and across hierarchies within workplaces with an eye to what factors protect workers from negative outcomes related to these policies will be important to further understand the boundaries of vulnerability to these types of policies and inform policy change.

Through another policy mechanism, labor policy advocates should continue to consider banning punitive attendance policies and combatting workplace discrimination. Fueled by the work of labor advocates and the widespread harm of these policies on workers, New York State banned punitive time and attendance policies and practice while I was working on writing up this research (A Better Balance, 2022). Future policy research should explore the impact of such policies and further explore what other policy interactions or practices must be legislated to protect workers.

## Limitations

There are several limitations to the current study that should be highlighted. First, this study focused only on the perspective of working parents. Future research should seek multiple perspectives and obtain official human resource documents 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 limited in its ability to document family effects. Future research should collect more precise data from multiple family members to better understand the effects of work-related stress on parent wellbeing, parenting, and child wellbeing. Similarly, this sample had limited heterogeneity, and the methodology is not well-suited to fully understanding the generalizability of findings. Future research should build on the theoretical advances made in this study to explore how widespread these phenomena are and differential effects by subgroup. Finally, I

did limited member checking, which could improve the accuracy of the data and analysis.

## Conclusion

While many low-paid workers continue to advocate for access to beneficial workplace policies like paid leave, this study examined how such workers experience the implementation of such policies. I argued that the interaction of paid leave policies with other workplace policies and practices resulted in racialized, gendered, and classed policy implementation that punished low-paid single mothers, who were primarily Black women, for accessing their earned PTO for caregiving and contributed to a variety of negative workplace outcomes, including invisible labor, stress, and employment instability. The findings of this study add nuance to the available literature and suggests that examining marginalized workers' experiences of workplace policy implementation can reveal mechanisms by which institutional discrimination is maintained in workplaces.

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**Data Availability** Due to the detailed and personal nature of the interviews, these data are not publicly available. Anonymized interview transcripts may be made available upon correspondence with the author pending further review and agreement by the University of Pittsburgh Institutional Review Board.

## Declarations

**Conflict of interest** The authors acknowledge the project is in full compliance with ethical standards. There is no potential conflicts of interest.

**Research Involving Human and Animal Participants** This research included human participants and all research processes were approved and monitored by the University of Pittsburgh Institutional Review Board and completed in compliance with this approval and research ethics for qualitative research.

**Ethical Approval** All research activities and protocol were approved by the University of Pittsburgh Institutional Review Board.

**Consent to Participate** Informed consent was obtained from all respondents.

**Consent for Publication** The author hereby provides consent for publication.

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