

Professional Constraints and Precarious Autonomies: How Gender and Race Shape Gig Health Care Worker Experiences



A Qualitative Study examining Employment Decisions Around Gig Work



COVID-19 accelerates the use of 'travel nurses'



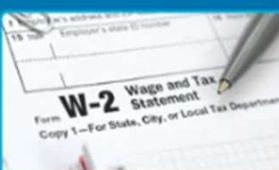

Disconnected/burned out



1

Precarity Creep

- The movement of precarious work from unskilled labor to **skilled & trained** workers.
- Gig Workers are Independent Contractors
- Reduced access to work related benefits, especially health insurance.
- Gig Work=unit labor

W-2 vs. 1099 Employment	
	
W-2 EMPLOYMENT	1099 EMPLOYMENT
<ul style="list-style-type: none"> ✓ Tax withholdings ✓ Structured work ✓ Employee status ✓ Employee benefits ✓ Stable income ✓ Less autonomy 	<ul style="list-style-type: none"> ✓ No withheld taxes ✓ Self-employment tax ✓ Independent contractor ✓ Competitive compensation ✓ Project-based work ✓ Flexibility & autonomy

2

“Gigicare”

Gigification of Work

Ravenelle (2019), Kalleberg, A. L. (2011)

Care Work/The Managed Heart/Dirty Work/Emotion Work

Racialized and Gendered Work: Temporary, undervalued, and Underpaid Work

Arlie Hochschild (2012), Wingfield (2021), Duffy (2007), England et al. (2002), Agarwala and Chun (2018)

3

Methods

30 Interviews

50 Qualtrics Surveys

Recruitment ongoing

Grounded Theory

4

Gig Work

Harper, RN: “you don't know anything, you're walking into this place. And you just have kind of your package of skills that you got in college, that you hope are going to be the skills that you need in this location.”

Bailey, RN: “when you have a traveler mindset, um, it's not that you want to purposely isolate yourself, but there is a joy and a benefit to not knowing everything that's going on the unit.”

5

Interviewees Experiences: Corporate pressure leads to precarity creep

Harper, RN :“I feel like COVID taught big hospitals administration that we can crank out three times as much work with three times less the amount of people.”

Kai, RN: “they [hospitals] create this term like the ‘nursing shortage;’ there's always a shortage of nurses. I don't believe there is a shortage of nurses... I believe that they say that so they can under work us or overwork us and understaff us.”

6

Interviewees Experiences: Working Hard

Eden, RN: “I’ve talked about in therapy a little bit, but I think I had this, like feeling like I wasn’t doing enough, even though I was doing all the things like that I could, and that’s kind of a ridiculous thought, right?”

Devon, RN: “a lot of the nurses I worked with in critical care were black, and...they felt like they needed to work harder to get to the position where they were at working in critical care as, like a black female.”

7

Gig + Gender

Vale, DO: “there’s something to be said for the gendered nature of healthcare, in that there’s still that kind of assumption that you can run a hospital in a rural area, that you don’t really treat your people well, because those people are stuck there, because they’re wives mothers, and because healthcare is so gendered that in the past, you could just assume that you could oppress your workers because they were stuck. “

“There’s like a disquiet across, vertically, horizontally, and I will say, like, gender wise, no matter where we go, they are the doctor and I am a nurse in every healthcare setting I’ve ever worked at, I’m always presumed the nurse, even if I come in and introduce myself as the doctor and do a full history and talk about the plan that I’m going to do and what I’m going to order, and then I ask them, do they have any questions? And they will look me dead in the face and say, Yeah, when’s the doctor going to come in? And it’s just something that I knew going in, and I knew it was gonna be a thing. I didn’t think it would be as much of a thing, but it is a constant, constant thing.”

8

Race + Gig

Bailey, RN: “People are going to be forced to hire either travelers or, you know, people of color, because the pool is going to be so short, because this is what happens: the white girls with ponytails, they don't stay in that ICU long, they are there to either find their husband... a doctor, and this is being stereotypical...or go to school to be a nurse anesthetist.”

Sage, RN: “There's no brown people. There's no Black people in administration there. There's no color, there's just white.... Eventually, they got rid of all of us (nurses). There was about 10 nurses that year tenured, identifiably native nurses, that got fired for the same reasons. We were all making noise about things that shouldn't happen”

9

This is ongoing dissertation project, still in recruitment phases. Know a healthcare worker?
Please refer.

References

- Charmaz, Kathy. 2006. *Constructing Grounded Theory*. London: Sage Publications.
- Duffy, Mignon. 2007. “Doing the Dirty Work: Gender, Race, and Reproductive Labor in Historical Perspective.” *Gender and Society* 21(3):313–36. doi:10.1177/0891243207300764.
- England, Paula, Michelle Budig, and Nancy Folbre. 2002. “Wages of Virtue: The Relative Pay of Care Work.” *Social Problems* 49(4):455–73. doi:10.1525/SP.2002.49.4.455.
- Hochschild, Arlie Russel. 2012. *The Managed Heart: Commercialization of Human Feeling*. Berkeley: Univ. of California Pr.
- Kalleberg, Arne L. 2009. “Precarious Work, Insecure Workers: Employment Relations in Transition.” *AMERICAN SOCIOLOGICAL REVIEW* 74:1–22.
- Ravenelle, Alexandra J. 2019. *Hustle and Gig: Struggling and Surviving in the Sharing Economy*. Univ of California Press.
- Wingfield, Adia Harvey. 2021. “The (Un)Managed Heart: Racial Contours of Emotion Work in Gendered Occupations.” doi:10.1146/annurev-soc-081320.

10