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Stealing Time and Being There: Fathers, Class and Time

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STEALING TIME AND BEING THERE:

FATHERS, CLASS, AND TIME

A Thesis Presented

By

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ABSTRACT

STEALING TIME AND BEING THERE:

FATHERS, CLASS, AND TIME

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Although the conflicting demands between work and family have been documented for mothers, much less is known about fathers. Specifically, must less is known about how family and work influence the work hours and schedules of fathers and how these influences might vary by class. In this paper, I use multi-methods to compare a relatively affluent group of professionals (physicians) to a group of working class fathers (emergency medical technicians) in how work and family influence their hours and schedules. I find that, on the one hand, the working-class fathers, while saying that their children are not a great influence on the schedules, are more likely to manipulate their schedules in order to participate in the daily care of their children in response to spouses' employment, or perform "private fathering." Physicians, on the other hand, are more likely claim the importance of their children on their schedules, but prioritize work demands and participate with their children through their children's special events, or practice "public fathering." These differences are class-related, based on the work and family structures in place for each group of fathers.

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CHAPTER 1

INTRODUCTION

Many authors have noted that Americans work long hours, that most families now entail two rather than one earner, and that many have moved from working "9 to 5" schedules to "alternative" schedules in organizations which are increasingly operating 24/7. Sociologists have noted the many challenges these changes present to families (Bianchi, Robinson, and Milkie 2006; Coltrane 1996; Jacobs and Gerson 2004; Hochschild 1997, 2003; Presser 2002, 2003; Schor 1991). Although the conflicting demands of employment and family for mothers have been well documented (see, for instance, Bianchi 200; Blair-Loy 2003; Garey 1999; Gerson 1985; Hay 1996; Hochschild 1997; Hochschild 2003; Walzer 1997, among many others), much less is known about fathers (Lareau 2002a). In this paper, I examine the relationship between work and family for fathers, with a particular emphasis on work hours and schedules.

That many men emphasize employment as central to their identities both as men and fathers has been well established (Lamb 1995; Orloff and Monson 2002; Townsend 2002). Few researchers, however, have explored how fatherhood shapes men's employment (Lundberg and Rose 2000), even fewer examine how employment shapes fatherhood, and almost none compare the relationship of work and family for fathers in different class positions.

In this paper, I look at two groups of fathers: one in a relatively affluent, middle-class occupation (physicians) and one in a working-class occupation (emergency medical technicians). Both groups work in health care and are employed by organizations that

function 24 hours a day, seven days a week, making health care an excellent site to examine work time and family time conflict. Health care is in some sense the prototypical industry of our time: it accounts for more than one-seventh of the total GDP (U.S. Census Bureau 2006, table 119) and is part of the growing service sector rather than the diminishing manufacturing sector. Like an increasing number of workplaces, many health care organizations operate of necessity 24/7 (Presser 2003). As these medical organizations adopt practices to cut costs and increase revenue, demands for longer hours and alternative schedules for their employees intensify accordingly (Kuttner 1997; Robinson 1999; Weinberg 2003). As I will argue, these demands take different forms in different class locations.

Comparing the two groups of fathers who both work in the health field but in contrasting class positions, this paper asks: First, does fathers' class position – and the structure and demands of their jobs - shape their views and practice of family? Second, do the structure and demands of family shape men's hours and schedules and in what ways does this relationship vary by class? And, finally, as I will argue, what men say about their ideals of fatherhood does not always match their actual practices of doing fatherhood in daily life. Thus, I will ask: does this relationship between ideology and practice vary by class?

CHAPTER 2

RELEVANT LITERATURE

To inform this research, I first give an overview of the current literature on hours, schedules and families. I then turn to the limited literature on fatherhood and class. Finally, I conclude with a brief discussion of the influence of spouses on fathers' time.

Family, Hours, and Schedules

American workers have been cited as working longer hours than those in comparable countries. Juliet Schor (1991) was the first to note this trend. While Schor's findings are fiercely debated (even now), many agree that Americans work more annual hours that their European counterparts (Figart and Golden 2000). Though workweeks may not have changed dramatically, Americans are now working more hours over an entire year (Rones, Ilg, and Gardner 1997). More importantly, total family hours have increased because of women's increased employment (Jacobs and Gerson 2004). This is particularly true for parents: paid working time has increased especially dramatically for mothers since 1970 (Bluestone and Rose 2000), and the sum of estimated annual hours worked by American mothers and fathers is higher than those of parents in any other country (Bianchi, Robinson, and Milkie 2006). Such long hours can be particularly problematic for families with children, and often parents conform to more traditional roles to alleviate some of the stress. For instance, Jacob and Gerson (2004) noted that

after the birth of the first child fathers tend to work more while mothers tend to reduce their employment hours.

Importantly, class influences these hours, with managers and professionals working longer workweeks than other occupational groups (Jacobs and Gerson 2004; Rones, Ilg, and Gardner 1997) and working-class employees more likely to work alternative shifts (Presser 2003). Forty percent of employed Americans work nonstandard schedules such as evenings, nights, rotating or weekend shifts, and nearly 30% of dual-earning couples now work opposite schedules (Presser 2002). Such schedules often have implications for families: not only do such shifts often induce more participation of fathers in the household division of labor, especially parenting; these night or rotating shifts increase the odds of marital instability and work-family conflict when children are present in the family (Presser 2000; Barnett and Gareis 2002).

Moreover, the market tends to be unsympathetic to family demands, with workplaces establishing hours and schedules which give little or no regard to family responsibilities. Despite the increasing number of dual-earner families, many workplaces continue to assume that there is one economic provider and one family member who performs the family work, or even that workers exist without family responsibilities at all (Acker 1990; Becker and Moen 1999; Clarkberg and Moen 2001; Griswold 1993; Levin-Epstein 2006; Williams 2000). Dowd (2000:207) aptly notes the "hostility" of work structures to parenting, which often expect workers to show up on time (if not early), stay late, or work weekends, if necessary, despite family needs. In addition, cultural expectations of workers continue to privilege employment responsibilities over family responsibilities (Mennino, Rubin, and Brayfield 2005). Many workers have internalized

these powerful norms themselves, assuming that meeting family obligations could jeopardize their position at work (Levin-Epstein 2006).

As often noted in the literature, even when family-friendly policies exist on the books, workplaces tend to operate in ways that assume employees are without family responsibilities (Clarkberg and Moen 2001). This assumption is highly gendered and classed. As Scott Coltrane (1996) points out: employers are "ambivalent" about men's desire to participate at home and work-family policies are usually created mostly for working mothers and *not* working fathers . In addition to this assumption, there is a class dimension to *which* workers gets flexible schedules; Golden (2001) found that professional and managerial workers have access to greater flexibility. Hochschild (1997) found that, in one company, flextime policies were options for the professional workers, but not for the factory workers, who were more likely to be working-class. Thus, working-class parents are less likely to have available workplace policies that could help them in their parenting responsibilities. Are professionals, like physicians, more able to create family responsiveness among their employers than members of the working-class, like EMTs? This paper addresses this question.

Fatherhood and Class

Understanding that workers come to the worksite as individuals with family responsibilities requires an understanding of patterns of parenting. Research indicates that definitions of fathering fluctuate between two patterns: the dominant cultural model of economic provision with minimal involvement in the daily work of parenting (breadwinning) and the growing role of involvement in family work in addition to market

work (involved fathering) (Atkinson and Blackwelder 1993; Dowd 2000; Pleck 1998; Townsend 2002). These two patterns seem to be related to class.

For working-class men, some research suggests the priority of the breadwinner model. Provision is a highly valued characteristic of fatherhood (Townsend 2002), and several researchers have found that some working-class men often take multiple jobs or work a significant amount of overtime to ensure that they are the primary breadwinner of the family. Other research suggests that these men feel that their masculinity is threatened – to themselves and others – when they are not able to solely provide financially for their families (Clarkberg and Moen 2001; Gerson 1993; Hochschild 2003).

Some literature, however, indicates that a disjuncture exists between this ideology and the actual practice of fatherhood, especially for working-class men whose ability to fulfill the primary breadwinner role is waning (Williams 2000). With the recent restructuring of the economy and the subsequent decline in economic power of male employment, it has become increasingly difficult to support a family on one income (Weis, Proweller, and Centrie 2001), especially in the working class. Many working-class men, then, ascribe to the cultural values inherent in this family model despite their inability to "afford it" (Griswold 1993; Hochschild 2003). Deutsch (1999) finds that, among the alternative shift working-class couples she studied, men did much of the work of parenting even while insisting that their wives were the primary parents.

Research on middle-class fathers suggests an alterative pattern may be emerging. A number of qualitative studies suggest that many middle-class fathers espouse some version of egalitarian parenthood (LaRossa 1997). Based on studies of equal-sharing parents, both Risman (1998) and Deutsch (1999) found that couples who said they

believed in sharing equally tend to be professionals or "educational elite." Although couples who emphasize this new culture say they want to ensure that fathers are active participants in parenthood and mothers are able to participate more equally in employment (Deutsch 1999; Risman 1998), fathers often struggle with how to accomplish this and many continue to practice inequality in which the mothers continue to do far more than the fathers. Qualitative researchers note that many middle-class fathers *want* to have a deeper or more active involvement with their families, but find it difficult to do so given both the constraints of their employment and the culture of masculinity in which they still believe (Cooper 2000; Gerson 1993). Based on content analysis of media accounts and historical data, both LaRossa (1988, 1997) and Griswold (1993) suggest that fathers, particularly professionals, may speak in egalitarian terms, but do not act in ways that reflect these ideals. This is often exemplified with men's use of the word "parenting" (rather than mothering or fathering) or "we" (instead of I or she) as gender-neutral terms to describe and obscure their actual roles in the family (Lareau 2002a; Gerstel and Gallagher 2001; Townsend 2002; Walzer 1997). Based on observations of a small sample of professional men in Silicon Valley, Cooper (2000) found many insisted they believe in equality, but very few practiced equal parenting with their wives.

The work of Annette Lareau (2002a, 2002b) suggests that not only does the *level* of involvement of fathers vary by class, but that the *type* of involvement also varies. In her study she found that middle-class families are much more likely to participate in organized leisure activities than are working-class or poor families who tend to have "more free time and deeper, richer ties with their extended families" (p. 749). However,

Lareau bases her finding largely on the responses of the mothers because, she argues, fathers, in fact, know little about family life.

Although these studies provide an important framework for comparing working-class fathers to middle-class ones, few have actually made that comparison. Those that do tend to use one kind of data or another (e.g. intensive interviews or surveys). I will argue that using multiple methods is a much better approach for making such comparisons. More specifically, in this paper I use multi-methods to compare working-class fathers to professional fathers within the medical field in order to examine how family influences men's work schedules and hours, how work demands shape the amount and kinds of family participation, and the disjuncture between ideology and practice of fatherhood. Both occupations have significant work demands in terms of hours. Using multi-source data provides a unique opportunity to assess the class difference as well as the disjuncture between ideology and practice.

Influence of Mothers

Mothers shape fathers' hours and schedules simply by participating in the labor force. As Jacob and Gerson (2004) discuss, however, the increased entry of women in the labor force "did not induce many husbands to stay home, but rather increased the number of earners in most families" (p. 45). Yet, LaRossa (1988) attributes the shift in cultural discourses concerning fatherhood to the change in the conduct of motherhood; specifically the entrance of women into the labor market. Employed wives challenge the sole breadwinner identity and the rationales that keep their husbands from full participation in the domestic sphere, or as Griswold (1993) puts it, "Women's [paid]

work, in short, has destroyed the old assumptions about fatherhood and required new negotiations of gender relations" (p. 220).

While the cultural image of a "good" mother is one who devotes herself solely to the raising of her children (Hays 1996), as more women have moved into the labor force, mothers are attempting to "weave" together employment and motherhood (Garey 1999). Consequently, families that used to rely on the homemaker are now facing new pressures and time constraints and are more dependent on the labor of fathers to help with family work. On the one hand, a father's long hours typically influence a mother's choice to cut back her own hours. Even when the wife out-earns her husband, many couples do not even consider that he should be the one to decrease his employed hours when children are born (Bianchi, Robinson, and Milkie 2006). Indeed, Bianchi, Robinson and Milkie (2006) found that the length of work time for fathers was highly correlated with the length of childcare time performed by the mother. On the other hand, a mother's employment could influence her husband to reduce his hours of employed work (Lamb 1995). Brayfield (1995) found that, rather than fathers outright ideologically or otherwise rejecting a role in childcare, fathers' involvement in childcare varied dramatically according to the employment schedule of the mother.

Although we might expect the influence of mothers to vary by class, little literature examines this connection. In one important qualitative analysis of equal parenting across class, Deutsch (1999) finds that mothers explicitly influence the father's participation by either explicitly fighting for more equal participation (especially in the middle-class), or by using alternate schedules (especially in the working-class). Moreover, it is primarily among the affluent that wives can make the decision to

withdraw from the labor force to concentrate on mothering and free-up fathers for breadwinning (e.g. see Blair-Loy 2003). Extending these findings, this paper argues that wives influence fathers' involvement in parenting, but do so in ways that differ dramatically by class.

CHAPTER 3:

METHODOLOGY

This paper relies on data collected as part of the Study of Work Hours and Schedules[1]. This project examines the individual, organizational and familial processes influencing the schedules and hours of four health care occupations (nurses assistants, nurses, emergency medical service personnel, and physicians) in Massachusetts. Occupations in the larger study were selected to vary by class and gender (for a more detailed discussion of the research methodology of the larger study, see Clawson, Gerstel and Huyser 2007 and Gerstel, Clawson, Huyser 2007). I focus my analysis on male emergency medical service (EMS) personnel and physicians in order to do a class comparison – between members of the working-class and professionals – who are employed in gendered occupations[2]. This comparison highlights class and fathers in traditionally male occupations, but excludes fathers in predominantly female occupations. While it would be interesting to see how family and work influence decisions of fathers in predominantly female occupations, the sample size of fathers in these occupations is too small. Additionally, although the population area was representative to the U.S. racially, very few of the EMT and physician interview respondents were minorities. This may reflect the racial composition of these occupations. The AMA reports that only

[1] Funding for this project was from a National Science Foundation grant (#SES-0549817).

[2] While class is a highly contested concept, for purposes of this research, the selected groups differ on aspects considered central to class including occupation, years of education, and income. Although gender is typically conceptualized as a characteristic of individuals, it is also a characteristic of institutions (Acker 1990, 1992; Martin 2004). Gender "acts as an institution (both structurally and culturally) that shapes the regulations and rewards of occupations and organizations just as those occupations and organizations, in turn, help produce and maintain gendered workers" (Gerstel, Clawson, and Huyser, 2007).

16.16% of physicians are non-white (similar data is not available for EMTs). Thus, I will not include racial comparisons in this analysis.

A random sample of health care workers in Western Massachusetts was generated from state certification lists of EMTs and physicians. Because certification is required but not a one-time process, these lists are updated regularly, making it possible to generate a true random sample. The paper employs four types of data from the larger project: 1) quantitative data from mailed surveys; 2) intensive interviews; 3) observation site visits at five health care sites where respondents worked, including a fire department, private ambulance service and three hospitals; and 4) spousal interviews.

Surveys were mailed to 200 physicians and 200 EMTs[3] for a total of 400 potential respondents. The response rate for the surveys was 57.6% for physicians and 64.7% for EMTs (n=151). The survey contains data on demographic characteristics, the number of hours and the schedules that workers have, as well as some of the influences on their schedules and hours. These data will be used to compare fathers in two ways: 1) Fathers *across* occupations (physician fathers vis-à-vis EMT fathers), thus highlighting differences across class; and 2) differences between answers exhibited in the survey and interview.

Survey variables were selected to describe the hours and schedules worked by survey respondents as well as to capture some of the family influences on the respondents' hours and schedules. Hours were measured by both hours usually worked at

[3] While I use EMS and EMT (emergency medical technicians) interchangeably, I would like to recognize the diversity within the profession. EMS is comprised of three levels: EMT-B (basic), EMT-I (intermediate), and paramedics. Each of these levels requires different amounts of training and allows workers to help patients according to their level of skill. EMT-B can help with basic life support (BLS) while intermediates and medics can do advance life support (ALS). I have not overlooked these differences, but for shorthand, have opted to use EMT.

main job as well as hours worked at all jobs. Number of weekends worked in the last thirty days was collapsed into a dichotomous variable, *Worked Two Weekends in Past 30 Days*. Family variables included marital status, spousal employment status, and number of hours worked by spouse. *Marital Conflict* was a dichotomous variable indicating whether the respondent answered "sometimes" or "often" to "How often do you and your spouse/partner have disagreements about your jobs hours?" (the omitted category being "rarely/never"). *Children Influence* was a dichotomy that indicated whether the respondent felt his children were an important or significant influence on his schedule or hours. *Family Reduce* was a dichotomous variable indicating whether the respondent had family member who would like him to reduce his hours at work. Finally, the income variable, *Earnings*, was a ten income category variable, ranging from less that $20,000 per year to $250,000 or more per year.

Intensive interviews were conducted with fathers (EMS fathers, n=13 and physician fathers, n=12). The father interviewees were initially contacted through the survey sample (respondents indicated whether they were willing to be contacted for in-depth interviewing). Additional respondents were contacted through observation sites. The open-ended interviews lasted approximately 60 to 90 minutes. A small number of interviews with spouses (n=5) were conducted. These interviews covered areas central to hours and schedules, including what schedule and hours the worker worked and why, worker preferences for and perceptions of their hours and schedules, time off, breaks, organizational elements of hours and schedules, decisions relating to time and money, and relations with spouse and children about hours and schedules, including the spouse's employment schedule.

Observations were conducted at sites where the respondents worked, including Smalltown Fire Department, Medic-Route Ambulance Service, two floors in Outer City Hospital, two floors in Countryside Hospital and the emergency room of Rural Valley Hospital. These sites differed in terms of the public/private status and size. For instance, Outer City was a large hospital located just outside of a major city, while Countryside and Rural Valley Hospital were both small community-based hospitals. Smalltown Fire Department was a small local fire department staffed by 30 firefighters while Medic-Route was a private service with approximately 50 employees. Site visits included observing, shadowing individual employees, talking with workers, and formal interviewing. Because there was so much more downtime in the fire department and private ambulance service than the hospitals, I spent a majority of the site visit in conversations with workers about their hours and schedules. Observations in the hospitals involved more formal interviews and shadowing. Time spent in these sites ranged from four months in Outer City to two days in Rural Valley Hospital. Field notes for these visits were typed or recorded and later transcribed.

All interviews (with the exception of one) were recorded and transcribed. Interviews, interview notes, and field notes were all coded using NVivo Qualitative Software. Codes were developed from the literature and interview text and then revised after one round of coding was completed. I read and coded the interviews multiple times to ensure consistency (for the list of codes, see the appendix).

The advantage of this research is that the use of multi-source data offers a dynamic understanding of how family and work shape hours and schedules of fathers who are health care workers. Using multiple sources of data provides an opportunity to

examine the different factors that influence men's decisions about work and family including individual, family and workplace factors. Each source of data offers only part of the "story" of fathers, work and family. Taken together, they provide a fuller picture of the tensions and contradictions experienced by these men. They are particularly useful for understanding the disjuncture between ideology and practice.

Description of the Survey Sample

Median earnings for EMTs were $47,000. Physician median earnings were $166,000, with 45% of physician fathers reporting earnings of $200,000 or more and only 5% reporting earnings of less than $100,000. Among the EMTs, 39% had a high school diploma or equivalent and 33% had an associate's. Nearly all of the fathers were married (97.3%).

CHAPTER 4:

FINDINGS & DISCUSSION

Introduction

Physicians and EMTs both face high demands on their time from their jobs and their spouse and children. Many expressed commitments to their patients, yet still maintained a significant commitment to their families. Yet, overall, the family had a greater impact on the actual hours and schedules of EMS fathers than on physician fathers, while career and occupation were more imposing for physicians' families than for the EMTs'. At the same time, the survey data suggests that the physicians expressed a deeper commitment to involved fathering than did the EMTs. I suggest that there are three ways in which fathers' experiences of fatherhood were shaped: 1) in response to structural demands of work and individual commitment to work, 2) in response to children and fathering, and 3) in response to spouses, spousal employment and childcare responsibilities. The data present a complex picture of the influences on men's hours and schedules.

Structure of Their Time: Work demands

Given that medical fields operate 24 hours a day, seven days a week, it is not surprising that physicians and EMTs shared many aspects of their schedule and hours in common. EMS personnel, who worked either for fire departments or private ambulance services, often worked rotating shifts of 8, 10, 14, or 24 hours, days, nights, and weekends. Physicians worked either in offices for 8-10 hours, or they worked shifts in varying hospital units (emergency departments, critical care, anesthesiology, pediatric

neurology). As Cooper (2000) found in Silicon Valley, masculinity can emphasize long hours. Indeed, previous analysis of the survey data indicated that these male-dominated occupations were much more likely to report working longer hours than those female-dominated occupations of nursing or nursing aides (Clawson, Gerstel, and Huyser 2007). This seems to follow the masculine code of these jobs (Chetkovich 1997; LaRossa 1997; Williams 2000). How did this play out for these fathers?

In the survey, EMS fathers reported working an average of 45 hours per week, but close to 60 hours when including a second job. Especially in the fire departments, EMTs were likely to hold second jobs because they would have four to five days off. Over two-thirds of the EMS fathers reported having a second job, and this was significant when compared to physician fathers, only nine of whom held a second job. These second jobs were often worked at the discretion of the EMTs. Many worked per diem for other ambulance services, which allowed them to choose *if* and *when* they worked at their second job. Dave, for instance, worked fulltime in a fire department but picked up an evening shift at Medic-Route to supplement his income. The reported 60-hours, then, were more flexible, often scheduled during times when family was unavailable or was reduced by demands from family.

Shifts were organizationally mandated in fire departments, leaving EMTs little autonomy over the creation of their schedules. EMTs worked on crews who then worked two ten-hour day shifts followed by two 14-hour night shifts and then four days off or they worked one 24-hour shift, had 24 hours off, worked 24 hours and then had five days off. These schedules rotated, which caused problems for childcare for many of the EMTs. In a discussion with the scheduler at Medic-Route, she said that she tried to work

with their full-time employees to give them schedules that they wanted and was generally able to grant their requests. Another private service offered shifts and allowed employees to bid on them by seniority. Many of these EMS fathers work rotating shifts, nights, weekend, and holidays. Compared to physicians, EMTs were much more likely to report working two or more weekends in the last 30 days (almost all of the EMS fathers reported this compared to only half of the physicians). Once the shift was over, EMS fathers were generally free to leave.

At least at their main jobs, physicians worked longer hours, on average, than EMTs. Schedules and hours for physicians were often responsive to patient load, though many physicians had much more autonomy over their actual hours and schedules than EMTs. Private practice physicians typically came to their offices during the office hours (around 8 or 9 AM) and left sometime in the evening (between 5 PM and 7 PM). Survey sample physicians reported working an average of 48 hours a week, and 50 hours per week when including all jobs. While some private practice physician worked Monday through Friday, many physicians worked rotating 12-13 hours shifts in hospital units.

However, these reported hours and schedules are very misleading. As became clear through in the intensive interviews, many physicians do not include non-direct care or off-hours work in response to survey questions asking how many hours they work. Activities such as checking work-related email, participating in hospital committees, staying current in medical literature, or being on-call during specified nights or weekends were often omitted, not considered "work." Importantly, much of this work occurred before or after the shifts or during weekends; key moments when family is home or participating in activities. Unlike the EMTs who often worked part of their shifts

(usually a substantial chunk of their hours) while their families were sleeping, physicians were less available to their families during key hours of their days. Thus, the estimated work hours for physicians is a conservative estimate, at best.

Physicians expressed internal feelings of obligation to patients, external expectations from patients and training as reasons for these hours. Many physicians claimed that they felt compelled to be available to their patients or were loaded down with paperwork. As Michael, a private-practice physician, explained, "I mean, if you take care of people it's really…you're at their mercy and not yours. People don't choose when they get sick, and you have to take care of them when they're sick." Being available to patients was important to many physicians and availability often meant being on-call. While physicians were able to rotate their on-call status with their colleagues, it often interrupted their home lives. Mark, a physician at Outer City Hospital, described being on-call: "I mean, you can't do anything; you're basically…it's like a full day of work." For Ray, availability meant getting to the office early so he could ensure that he would be home for dinner with his family, but it also meant that Saturdays were available for rounds and that he was nearly always on-call. When Ray considered taking a position that would not require him to carry a pager, his family laughed at the idea. His kids replied that they would not know what it would be like to have their father without his pager.

Moreover, patients often *acted* as though physicians do not have families, not realizing that these demands often occurred at the expense of time spent with their families. After changing jobs and reorganizing his priorities to emphasize family over work (though, not changing his hours greatly), Michael encountered resistance from one

patient. She eventually "fired" him by letter, complaining that if he had problems with his children he should "have better childcare." David also noted the demands of patients: "The stereotypes about physicians [are that] they are giving persons, they are understanding, they try to help the best they can, they are devoted to the profession – which is true - but sometimes also this takes a toll." Thus, it is easy to see how patients' conceptualization of the availability of physicians contributes to their hours.

Even after seeing patients, paperwork demands could keep physicians at the office for hours afterward. Whereas EMTs were able to leave at the end of their shifts, many physicians stayed after shifts to finish with the mounds of paper that had accumulated throughout the day. These hours were hours during which their families were home or participating in extracurricular activities. Daniel and David both estimated that paperwork could easily keep them at the office for two additional hours after seeing patients. Daniel noted that one of his colleagues would come into work two hours before he saw patients to get paperwork done so that he would not have to stay late. Other physicians attempted to get paperwork done over "lunch" breaks so that they would not have to stay over in the evenings.

In the intensive interviews, EMTs reported that their training did not influence the hours and schedules that they work. In fact, many EMS fathers had simply considered the hours and schedules associated with the job as expected. Physicians, on the other hand, often agreed that the hours and schedules of medical school and residency helped lead them to this obligation, a way of socializing them to their current hours. George placed his socialization back in medical school: "I would study until midnight, and then I would wake up at 5:00 in the morning and start studying before class began. And so it

was a thing that you did, and that began, and it was very demanding. […] There was just no time for anything else." Others saw the 80-100 hour workweeks associated with residency and internships as primarily responsible for their thinking about hours and schedules now. Jack, a chief resident at Outer City hospital, said that his third-year residency schedule sometimes meant he would go a week without seeing his children for a week because of their schedules:

> ...I always talk to [my kids] about it's going to be a lot better, you know? It's tough because they know I'm gone a lot, I work a lot of evening shifts, I work a lot of 3:00-mindnights, so when they're in school, if I do five evening shifts in a row I might not see them for a week, which can be kind of…that's the hardest part.

While most agreed that they work fewer hours now than in residency, they still continued to feel obligated or dedicated to their work, and often at the expense of time with their families.

Much of this dedication and willingness to work long hours was influenced by the commitment built into the process of becoming a physician (Becker 1960), or what Blair-Loy terms a "work-devotion schema" (Blair-Loy 2003, 2004). Many years in school, long hours studying and in residency, and hundreds of thousands of dollars spent to get through training, push physicians to have enormous investments in remaining committed (if not successful) in their careers. The work devotion schema "defines and regulates everyday social processes" and "shapes respondents' personal aspirations, desires, and normative beliefs" (Blair-Loy 2003: 288). This schema was indeed very powerful in influencing the hours and schedules of physician fathers. George's statement that "there was just no time for anything else" sums up how these men think about their hours and schedules. Work demands clearly had a greater impact on the physicians' decisions of

how to spend their time. EMTs, while often very dedicated to patient care, do not face similar demands or internal obligations because their training did not entail the development of a work-devotion schema.

Ironically, it was the physician fathers who sometimes reported they chose their particular specialty because it would allow them to respond to family concern, while many of the EMS fathers indicated that they did not make a similar consideration when they chose their profession. For instance, Janesh described his selection of specialty. Early in his career, Janesh considered the demands of being a surgeon (long, irregular hours) and decided to instead become an anesthesiologist, a specialty that tends to offer more "regular" hours. Likewise, Peter considered his family responsibilities when he chose to go into emergency medicine, believing that it would afford him a more "family-friendly" schedule.

Finally, in addition to the difference in hours, the pace of the EMS and physicians' workday varied dramatically. EMS fathers often had shifts that included significantly more downtime, as much of their job included simply waiting for calls. While EMTs and medics in the fire departments did chores during their downtime, their days were peppered with breaks throughout the day and, at 4:00 PM, they were allowed to watch T.V. or workout. During many of my visits to Smalltown Fire Department, crews often took time to cook lunch or dinner for me. Private service EMTs and medics often waited for their calls while "hanging out" with their colleagues. During my visits, Medic-Route EMTs smoked, gossiped and kidded with each other while waiting for calls. Others watched movies or ran errands. While waiting for calls can be tiring, it is not at

tiring as running from call to call, or patient to patient, leaving EMS fathers to be more rested and able to participate in family activities.

Pace was higher for the physicians in the private practices, emergency rooms and medical floors. Many of the physicians described working through lunch and not having breaks during their shifts. Shadowing physicians showed the chaotic pace firsthand. We shadowed a resident in Outer City during one of his shifts. The resident ran from patient to patient, consulting with the attending physician and looking at tests in between patients. Likewise, when I shadowed Peter, the head ER physician at Rural Valley Hospital, he went back and forth from meeting with patients, to doing paperwork, reviewing new and old charts, or consulting with primary care physicians during his whole shift, rarely stopping. Unlike the EMTs who took time to make me lunch, simply getting lunch in the emergency department, whether in Rural Valley Hospital or Outer City, was a pretty rare event. For Roy, this hectic pace made him unavailable to his family after work:

> During the winter months I would average anywhere from five to ten kids in the hospital at any given day. So I would see patients until 5:00, make rounds at the end of…at 5:00, get home sometimes at 8:00 or 9:00. So it had a very strong impact on my family life back then. It was difficult because my wife would be home all day with the kids – we have four children and they're two years apart – and I would come home and I'd be wiped. There would be times where I just begged, said just give me some time to relax, and the kids would be waiting there all night for me to come home, and she's be waiting for somebody to relieve her, and it's hard, it was really hard, because it wasn't always a satisfactory situation.

The structure and pace of work made it difficult for Roy to participate as a father after work in a way that many EMTs did not face.

Fathering and Work Time

The literature on fathering suggests that professional fathers' time would be more greatly affected by their families' demands than would be working-class fathers, because their ideology is one that emphasizes involved fathering. Indeed, data from the survey suggest that physicians are more likely than EMTs to feel that their children influence their work hours. EMS fathers (44%) were far less likely than physicians (76%) to claim that their children were a significant influence on their work hours and schedules. The intensive interviews, however, revealed a different pattern.

In discussing hours and schedules, EMTs were much more likely to talk about manipulating their schedules to be available for their children and spouse so they could to help with childcare. They spent more time with their kids. Physicians felt more constrained by their work demands. Moreover, this difference is only part of the story. Not only did the amount of daily care vary but so too did the *character* of that care. While the EMS fathers were much more likely to talk about taking shifts that made it possible for them to stay home with their kids, the physician fathers were more likely to do what they could to attend special events with their children, such as sports games or school performances, rather than this everyday care. This suggests that physicians do more public parenting while EMTs do more private fathering. How was this possible?

Private Fathering: Swapping and Stealing Time

Unlike physicians, EMS fathers worked to create flexibility in their schedules, often in response to routine needs of their families, and many times because of childcare. EMTs were able to *create* flexibility in their seemingly inflexible, non-standard schedules

by their use of swaps, vacation days and discretion in accepting overtime and working their second job.

Swaps were a generally useful means of acquiring "off" time without using their limited vacation or sick days. Many of the EMTs, whether in private or fire service, would swap shifts with another EMT or cover for each other for a few hours if someone had something to do but did not want to use their vacation or sick time to get the time off. It worked on an "I-owe-you" system. The Chief at Smalltown Fire Department understood the demands of family responsibilities and valued swaps as an opportunity to build flexibility for the crews, while keeping down sick time or callout occurrences. Denny, an EMT at Smalltown, will often get someone to cover for him for a few hours either at the end of his daytime shift or the beginning of his night shift so that he can attend his teenage sons' sporting events. Others would swap when they have to take their kids to the doctor appointments or to go skiing or on field trips. Todd swapped his shifts at Medic-Route the week his son was born. Some of the older or childless EMTs covered for those with children on Christmas mornings, easing the pressure of missing an important holiday with their children. As EMTs highlighted during conversations at both Smalltown and Medic-Route, reciprocity was key to swapping, even for a few hours. When Luke was a single father, he was often on the receiving end of Christmas swaps. Now that his daughter is older, he happily returns the favor:

> So, I'm to that point where I can do that for the younger guys or girls that have the kids. Um – she is just older and it's nice to have that flexibility to give back to other people that was given to you, to be able to do things like that. I don't mind doing it.

EMTs used their sick or vacation time in response to last minute family responsibilities. This was particularly important for the single dads. For instance, both

Luke and Brad used sick time to take care of their kids, whether the children were sick or if their childcare backed out. When adopting his children, Rob used his long-term sick leave to go to court appearances and to make legal appointments.

Finally, EMTs also used considerable discretion in accepting or declining overtime, and their decisions often were in response to their families. Overtime is a particularly big part of Smalltown Fire Department's ability to function due to low staff levels. Smalltown FD relied on a callback system in order to remain fully staffed with five EMTs/firefighters on the floor at all times. Thus, EMTs were "called back" to the station when the ambulance or the fire engine went out to answer a call. This is voluntary and can generate a lot of overtime pay for those who answer the callback. Yet the EMTs consciously limited the overtime they would answer. They did so as a way to care for their families.

When they were offered overtime, monetary necessities and other obligations played into deciding whether they could or would take it, but also concerns over family responsibility. Ralph made part of his decision-making clear:

> I kind of pick and choose [laughs]. Most of the time actually…like when [my daughters are] in school, during their school hours, I come in a lot during the day. Weekends pretty much, this [working a Saturday] is a rarity for me, coming in on Saturday or Sunday unless it's later in the night, and early mornings – I'll come in early mornings, from midnight on.

Denny also said that he usually takes the callback when his family is sleeping, so as to not miss time with them. A paramedic with Smalltown Fire Department and father of two, Tim said that many times the phone would not stop ringing, but that he made choices about answering it. For Tim, taking callback during his day off meant that he may not be able to be home in time to pick up his youngest son from school, so he would often not answer callback so that he could be available to pick up his son. Luke, a single-

dad who only recently remarried, took his name off of the callback list for many years because his daughter "took precedence" and he was unable to leave her alone to answer a callback. Instead, to make up for the financial sacrifice, Luke worked a second job with more predictable hours that were scheduled while his daughter was at school.

Importantly, EMS fathers did not manipulate their time begrudgingly. In fact, many of them were *happy* with their current schedules *because* of their ability to participate in these activities. While most of the fathers reported being happy with their current schedules (91%), it was in the interviews that the EMS fathers discussed their families as a key reason that they were happy with their current schedules. Working two days, two nights and then having four days off enabled many of the Smalltown Fire Department EMS fathers to help with their family care. Rob, a paramedic at Smalltown Fire Department, appreciated having four full days off with his children: "I love the fact that I can be home with my kids a lot, because it's long hours at times, but honestly, I get four days off in a row with my kids. How many people get that much? It's a lot of time combined." Luke seconded this opinion. Having custody of his daughter from Sunday through Thursday, meant that when he had his days off he was able to spend it with his daughter:

> I like [my hours and schedule], because I am there during the days so I can get a lot of stuff done with [my daughter] during the mid-week when I have days off. […] You know, I like having the days off, because as soon as she got off the school bus, I was with her for a couple days. Other than two days a week, so three out of the five days [I have custody of her] I was with her during the day.

Others liked the ability to run errands during the week. Tim said that this schedule enabled him to help around the house:

> Well, obviously the day being a 10-hour day, it shortens the amount of time [with the family] in the evening. But anybody who works, you know, working a 9:00-5:00, 7:00-4:00, 8:00-4:00 job, whatever, you have a limited amount of time in

> the evening. The thing is that my two days […] are shorter with my kids; my two nights, my days are longer with them. They get home from school at 3:00; I've got 3:00 'til my wife comes home at 5:00, 5:30, whatever. I see her for a brief moment but, you know, there's six straight days where I'm around to take care of whatever needs. So that gives me more opportunity to take care of things.

Public Fathering: "Being There"

The opposite pattern pertained to physicians. While they were much more likely than EMTs to claim the primacy of family, they were less likely – in actual practice – to be as involved in the everyday work of marriage and family. But it is not to say that they were altogether absent as parents; instead, the physician fathers emphasized public fatherhood over private fatherhood.

Unlike the EMS fathers, physicians were puzzled when asked whether they took time off to care for their sick children. Most said that their wives would take care of that. For the physician fathers working in an office, taking an unplanned day off had greater ramifications than it would for the EMS fathers. When asked if he ever stays home with his kids when they are sick, Daniel replied that typically it was his wife that stayed home with them and then explained why:

> And we'd do call [out of work], but you feel that when you have a whole schedule of 24 patients schedules and you call in to cancel, you feel kind of a…and it's not like it's easy to reschedule, and sometimes there's people in there that you really wanted to see who you were worried about. So it is a pressure, it isn't an easy thing just to get up in the morning and say 'I'm not coming in.'

Ironically, Daniel felt an obligation for his patients whom he was "worried about" over caring for his own children if they are sick. Contrary to the EMTs who could swap as necessary, for many private practice physicians, short-term swaps were impossible. It would mean that they would have to "make up" that time on another day, increasing their already long hours. Adding to the dedication to patients is the fact that physicians, as

professionals, have no notion of "overtime," either conceptually or legally (Hewlett 2005; Rones, Ilg, and Gardner 1997). This lack of overtime tends to increase their availability to the job and to their patients, while decreasing their availability for other aspects of their lives. Roy discussed how much these career demands took away from his ability to be a father:

> And I tried…you know, it wasn't all work – we went places, we had a pretty good life. But I was a distant father. I wasn't necessarily distant emotionally, but I was not home very often in those days, and oftentimes I was either exhausted or worried about somebody [a patient], so there was something.

Physicians, because of their role in the health of their patients, were much less likely to be able to screen calls from work. When on-call, it was their duty to be available for their patients, which limited their ability to be available for non-work activities, including family. Many of the physician fathers spoke of the complications of being on-call when being at home. The home became another space of work and this interfered with family. When Daniel was on-call once a month, he said that he would stay away from his family because of the anxiety and stress that he felt about being on-call. He would go down to the basement of his house to keep his stress at bay, out of sight of his wife and children. The structure of work (being on-call) so that work comes home with Daniel every month interferes with his ability to interact with his family.

Despite the high demands of their jobs and careers, physician fathers often highlighted participation in or attendance at their children's events when discussing familial influence on time. Even with their long hours or hectic schedules, physician fathers made concerted attempts to ensure they would be at their children's events, sports in particular. EMS fathers also mentioned attending their children's sporting events, but this was usually in passing or in a list of typical activities. For the physician fathers,

however, attendance or participation in their children's activities was a symbolic act; it became "doing fatherhood," a sign of "*paternal* visibility" (Coltrane 1996; Garey 1999; West and Zimmerman 1987). They seemed to be saying to themselves and to the world around them, "Despite my long hours and the fact that I miss other activities with my kids, *I am there* for their games." Like Hochschild (1997), who found some executives at Amerco performing public fatherhood, physicians often spoke about their activities with their children in terms of attending and being there for "these well-bounded events in the 'careers' of their children" (p. 65). These activities are planned, predictable, and more easily scheduled in the busy work lives of physicians.

A surprising number of physicians talked about attending their children's games, and many participated by coaching their children's teams. For George, it required some creativity in scheduling:

> When my son was young, my older son, I coached his soccer, and the way I coached his soccer was I would book two hours in my afternoon and I would not have patients there, and I would go to [town] and coach his practice and do the work, bring him home and then go back to work, and then work 'til 9:00.

James would also build his schedule around his kids' sporting events to ensure he would make practices and games when he was coaching. Chief resident at Outer City and father of three children, Jack participated with his oldest son by coaching his little league team. Like James, Jack built his schedule around his son's games. Jack explained:

> I'm helping coach my oldest son's little league team. And I've worked my shifts around – another advantage of emergency medicine, so where I can make all the games for my coach-pitch and still make all my shifts. So my weeks go anywhere from, you know, I'll go in the mornings on the weekends to games or practices or whatever I need to do at home, go to the shifts, come home…

Yet, he later admitted that this does not always work out:

> [T]hat's a big reason I want to do overnights, because I'll be able to sleep while they're at school and kind of still make all their baseball games and stuff. And it's been hard, because I used to...in medical school I used to have a lot of time, I could make all their games. Like I've missed probably his last five little league...my older son, I'm coaching the coach-pitch, I can make all those, but for my younger son's like a coach-pitch team, […] who's 12, I've had to miss five or six of his last games and that's hard. They know, but I think they...you know, I still make time for fun stuff too.

"Being there" was an important practice of fatherhood for physicians. To a question about how his hours related to his ability for care of his children in a way that he would like, Daniel replied, "You know, I think that they know I've had these long days. I've usually managed to get there for the vast majority of their major events, but they know I walk in late [laughs]. But I show up, so I think they know that." For Daniel, the importance of caring for his children is in his presence at "their major events." Yet, even when the physicians were able to leave the office to attend their children's games, sometimes work followed. George had a $3,000 phone installed in his car so that he could return phone calls while watching his children's games from the car:

> [I would] sit at a parking lot by my kids' soccer games and answer my calls that I had to do, and still be able to see their games. [Before getting the cell-phone] I would go to their shows at night with a pocketful of dimes, and sometimes not see any of the shows that they had because I was back at the pay phone making calls. So the cell phone set me free as far as that was concerned, so it got me so that I could sit and watch them.

Though able to physically be present at the game, George's attention was divided between his family and his work. Yet to George, *being* at the game was what mattered.

A few physician fathers did explicitly reduce time at work, either by working fewer shifts, coming home earlier, taking more vacation time, or all-together changing jobs, in response to family needs. James, part of a group of physicians for an emergency department, has a lot of autonomy with his schedule; he requests the dates and shifts and then works out the details with his colleagues. He recently cut back on the number of

shifts so that he could participate as an assistant coach for his children's sports teams. This meant a significant time constraint at work. Indeed, when I met with him at Rural Valley Hospital, one of his colleagues who puts together the schedule laughed and told me that he often replied to James' schedule requests, "Geez, James, when *are* you available to work?" Another physician took more vacation time in the past year so that he could spend it with his family. Janesh changed jobs from Outer City Hospital (among the area's largest hospital) so that he could be more available for his family. Although his hours did not change dramatically, they have decreased slightly and he appreciated this change:

> And even a small change in your work hours in terms of the actual…for instance, my daughter has a soccer game at 4:00. Well, it's over at 5:00. If I get out of work at 5:00, I can't go; if I get out of work at 4:00, I'm there for her soccer game, and that's very important to her. So even though the actual change in work hours isn't that much, it's enough to make a big impact on my personal life.

Regardless of this appreciation, these physicians said that the decision to cut back on work time had financial ramifications with "tighter" budgets.

Although they were unavailable in many other ways, physicians seemed pleased that their schedules allowed them (most of the time) to make their children's games and this was important to them. While the EMS fathers were more likely to talk about participating in the daily activities of their children's lives, doing private fathering, physicians proudly discussed attending the sports games or school events of their children, doing public fathering. As with Lareau's (2002b) middle-class families, for physicians attending games was a form of interaction with their children, while the EMS fathers valued the free time with their children afforded by their jobs. This, of course, reflects the structures of both employment and family of these different classes.

Pushes and Pulls of Family: Spouses

Spouses were important to understanding the men's hours and schedules. There were significant differences by class in terms of whether the fathers had employed spouses and these differences influenced the fathers' use of time. According to the survey data, nearly 86% of EMS wives were employed whereas only 43% of physician wives were employed. This difference in the employment of their wives made a difference in terms of how much time the men could devote to work and how much they could devote to family. Because the EMTs were more likely to have an employed spouse, they were also more likely to share in childcare responsibilities. Additionally, as Gerson (1993) and Deutsch (1999) found, working-class parents (more than middle-class families) tended to be more averse to professional childcare, preferring that they raise their own children and not pass this onto some "stranger." Moreover, as researchers point out, the US childcare "system" yields expensive, unsatisfactory, and inadequate childcare for many working parents (Clawson and Gerstel 2002; Heymann 2005). Thus, the working-class families provided childcare themselves, both out of necessity and out of choice, while the middle-class families relied on traditional gender roles and professional care.

Many of the EMS fathers shared childcare, often alternating shifts with their wives. Eddy, a lieutenant at a local fire department, provided a majority of the care for his daughter and relied on his hours and schedule as a lieutenant and EMT at a fire department to help him accomplish this. He had to turn down a HAZMAT position when it became clear that accepting the promotion would complicate his family's childcare

situation. Yet, as his wife pointed out when I spoke with her, his schedule and childcare participation helped him to be an involved father.

Like many of the fathers in Francine Deutsch's (1999) work, many of the EMTs seemed happy with their schedules *because* it allowed them to participate in childcare. After his first child was born, Joseph arranged his schedule so that he would work alternate shifts with his wife. Though difficult because he hardly saw his wife, he enjoyed being one of the primary caregivers. Likewise, for Greg and his wife, working alternate shifts was the original solution to the childcare dilemma, but was also quite hard on their marriage and family:

> My wife and I never saw each other. We spent several years not going out to eat, not going to the movies, not doing anything because it was an exhausting schedule. I mean, we never saw each other; it put a lot of strains on the marriage. There was a lot of tension.

As a result, he switched jobs so he could provide for his kids and improve his marriage:

> And that was one of the reasons, when the job at [the private ambulance service] came up I jumped at it, was we needed to do something different. I need to do something different for my sanity, for the marriage, and I don't think it was very good for the kids because I'm not really a great person when I'm sleep deprived.

Other EMTs relied on extended family to help out. Doug, a fire service EMT, said that he had "definitely roped in" his mother or brother with last-minute childcare dilemmas for his son. When Tim was unable to pick up his son from school on his two daytime shifts, his mother would be there. In the middle of a divorce, Rob said that he relied on his parents to help with his two young children both before separating and even more so now. He expressed guilt in discussing this, but realized the limited options:

> It's a tough thing to ask your parents to do, but without them I don't know how we would do it. And we discussed all of this before we chose to adopt the children, because I knew that babysitting would be tough with her weirdo schedule.

When I met him at Smalltown Fire Department nearly a year after his initial interview, Rob told me about the current complications of balancing multiple childcare providers while going through the divorce:

> I haven't [considered using professional daycare] right now, because one, I don't know if I could afford it, and two, I have family watching them, so I love the fact that my family's the only one that watches these kids. Because it's such a mess, because they're watched by...so frequently because of my schedule, and you know, for 48 hours they're watched by different people, and it's either my mother-in-law, my father, my mother or my brother. That's already four people in the mix—I don't want to put strangers into it too. I feel bad enough that the kids are getting this mix, but sometimes they'll sleep over at someone's house, it's a mess. I wish it was a lot more stable but I'm working on these schedules so it is what it is. They're not affected by it, but I think it's more on me not thinking I'm doing right by them with this crazy schedule

Rob illustrates several points in his statement above. First, professional childcare is an expense that many working-class families are often simply unable to afford. Second, like many other working-class families, he prefers familial care to care from "strangers." This means that, while he would have difficulty finding professional care with his rotating schedule, he would prefer not to use it anyway. Rather, he would prefer to make a network of kin caregivers available for his children. Third, he relies on multiple people to help with care over each of his four shifts. Presser (2003) also notes this trend of workers with nonstandard schedules relying on multiple caregivers and pointed out that this type of care can be more vulnerable to disruption (p. 199). Indeed, during one conversation at Smalltown Fire, Rob expressed some anxiety that someone would fall through in the middle of his shift. Finally, despite saying that the influence of his job on his children is minimal, he does feel guilty about the schedule. Although he loves his current job as a paramedic at Smalltown, he was contemplating finding another

job that would make childcare a little simpler. These are some of the childcare dilemmas that face the working-class fathers.

Moreover, EMS wives often served to reduce the paid work hours of their husbands. EMTs often "screened their calls" to have more control over taking the overtime. Wives played a big role in these responses to callback; sometimes explicitly because they wanted their husbands to be home and other times implicitly by their own work schedules. Eddy often turned down daytime overtime when his daughter was young because his wife was at work and no one was available to care for their daughter. Matt, a father of two young girls, loves working on the ambulance and would like to answer more callbacks, but has learned to accept his wife's signals about accepting overtime:

> So there is that conflict where the phone will ring and we have the caller ID, she'll look at it and she'll be like, 'It's Smalltown Fire Department, what do you want me to do?' So sometimes we just let it ring. And that's our agreement. I'm able to read her now; I know where she's 'Don't do this to us.' But there'll be times where she's like, 'Hey, It's Smalltown Fire Department – do you want me to get it?' She'll let me know she's okay with it.

Tim keeps his pager off and his cell-phone on silent at night because his wife finds callback interrupts her sleep and she does not like him going in at night. Some EMTs found the night to be a more convenient time to accept callback so that they would not miss time with their families. Sometimes spouses were explicit in their influence. While eating lunch at Smalltown, I asked the EMTs and medics, "Do your families ever ask you to not come in?" One EMT responded by laughing and saying, "No, they tell you: You're not going in."

This is not to say that the EMS fathers were always happy to give up the overtime. Some EMS fathers discussed their guilt in having to "choose" between

spending time with their families and going to work overtime or callback. For Matt, the guilt he feels results from wanting or needing to go in for financial reasons, especially because his daughters are "only this age once" and "entitled to their father." Guilt was a common element when it came to choosing to accept overtime. When we first interviewed Rob, it was clear that he felt guilty when he had difficulty saying "no" to the extra hours because of his family:

> And its not fair to her or the kids, it takes my time like that. I have a hard time drawing the line a lot of the times between family and my moral obligation to the job. And a lot of people don't, I don't think, but like I said, it comes down to work ethic, I believe.

Childcare was much less complicated for physicians because of the role taken by their wives and their ability as well as a willingness to pay for professional care. As the survey showed, physician fathers were much more likely to have stay-at-home wives, part-time employed wives. In the interviews, they revealed that the often relied on professional child care as well. The qualitative data made the class difference even clearer. For instance, although they rarely relied on kin, many of the physician fathers reported that they relied on au pairs or nannies to help with childcare. Janesh, Mark, Ray and Peter all relied on a series of professional caregivers to help with the after school hours. This allowed their wives to pursue their own careers. Yet even with the help of professional childcare, many physicians relied primarily on the mother to provide care. Ray's wife was responsible for picking up the children from daycare when they were young. Janesh's wife, also a physician, worked part-time so that their children could have a parent who was "more available." While he highlights that he is involved "just as much as" she is, it is clear that there is a gendered division of labor that they both support:

> Quite honestly, on a day-to-day basis kids need mom more than they need dad, and I honestly think that's true. And we have four of them and that's the reality. I don't know whether…it's not meant to be a sexist statement or anything like that, but we both share in the house…I mean I'll do stuff for the kids just as much as she will, just not as frequently.

The physicians' wives' "decisions" to choose jobs, fields, or specialties that were less demanding, allowed them to work part-time or enabled them to be "more available" for their families also allowed their husbands to work the long hours "required" by their jobs. Here the spousal interviews were particularly revealing. Ray's wife, Cindy, knew when she married her husband that she would be primarily responsible for the children. She chose a career (nursing) that would be more responsive to having children than her husband's so that she could care for the children. Cindy felt primarily responsible for the children when they were sick, despite also being in healthcare:

> Well, you know, it's always difficult because it comes down to a discussion of whose job is more important. And when you're both in health care each of you have patients who are going to be disrupted by you canceling an appointment for them. What we finally negotiated was that most of the responsibility was on my shoulders, primarily because there were other people in my practice who could take the urgent cares and so forth. And my husband's [patients] travel the longer distance. Patients were waiting 3-4 months to see him. But if it was becoming...we had a rule that we switched off, but when push came to shove 90 percent of the time it was my responsibility

James' wife Aileen worked part-time as a high school science teacher, a position that allowed her to be more available for family needs, including calling out "sick" if she needed to care for the children. James explained that his wife had more flexible schedule with a "looser" call-in policy. Aileen agreed during her interview:

> I think...my job is flexible, so it's not really a problem, and I don't think I feel put upon by that because I work part time. I think when two people are working full time it's almost like "No, it's your turn," "It's your turn," whereas I pretty much do assume a lot of those kinds of domestic things because I am only working four hours a day, and summers off.

Others had wives who stayed home full-time. Michael's wife tried to work after having the children, but decided to stay home after one daughter became ill. He was happy with this outcome, despite the decrease in their income, and said, "I don't know how you could work and take care of children." Unlike many of the EMS fathers who struggled with childcare, Michael's willing spouse enabled him to concentrate more on his career and less on family care. Roy acknowledged that he relied a lot on his wife to care for the children, much to the detriment of his own relationship with his kids.

Because the physicians' wives did most of the care of the children does not mean that this was an easy bargain. Over half (54%) of physician fathers, compared to 39% of EMS fathers, in the survey sample reported that they disagree "often or sometimes" with their spouses over hours and schedules. Slightly more than half of the physician fathers reported having a family member who would like them to reduce their hours, a significant difference compared to EMS fathers (37% reported the same). Thus, to the extent that physicians could shape their work hours, many did so at the request of their spouse, rather than of their own volition. Daniel, the chief physician at a large medical center, said that he tried to come home "by 7:00," at the request of his wife. Some of their conversations centered on her telling him to restrict work and "to come home at a certain hours" but he found this to be difficult with the paperwork demands that piled up by the end of the day. For Fredrick, it was at his wife's insistence: "My wife said I needed to [come home by 3:30 PM], essentially, and I agreed with her. I didn't have the insight to see the impact of what not being home was having on people." After listing the many activities his wife does for the house and the children, he continued, "she basically

said, 'you're spending too many hours [at work]. It's too stressful to me, too stressful for the kids; you have to be home.'" He complied.

Ironically, despite the stress and difficulty caused by their long hours, none of the physicians considered taking fewer patients or hiring more physicians as solutions to their long hours. Instead, many saw the potential loss in income as an undesirable consequence. Michael said, "[I]f I wanted to see less [sic] patients I would see less patients. The problem is your income takes a hit. And there's so many things taking a hit on your income anyway." As Michael alludes, physicians could cut back on their hours, but many physicians had become accustomed to the lifestyle afforded by their incomes. While the demands of the job were high and typically viewed as important, many *could* choose to limit them by reducing the number of patients, hours, or shifts. Studies have found that primary care physicians who work reduced hours performed in patient care as well as physicians who work more than 40 hours a week, but appear to be more satisfied with their jobs (Murray et al. 2000; Parkerton et al. 2003). Moreover, other demanding professions, such as law or business (which also operate on demanding deadlines), have been able to accommodate flexible or part-time schedules without losing quality of work (Williams 1999).

Unlike EMTs who turned down overtime in exchange for time with their families, physicians considered the time/money tradeoff very carefully, and some said they would give up their time to have their large incomes. Even for those few who did trade money for their time with their families, they were quick to speak about the budgetary constraints that resulted. James, who on the survey reported yearly earnings of $200,000, said,

> Last year I cut back on my shifts some 12 to 11. So it's 12 fewer shifts I did in 2005 than I did in 2004, so it adds up. That comes off the top, you know? But my wife and I said that it would be better that I take that extra day and do something, be there for the kids…

When Janesh, who made $250,000 a year, moved from Outer City Hospital to Saint's Hospital, he found that the slight decrease in time commitment was matched by a slight dip in his salary:

> So I made more money working at Outer City, okay, but it was too stressful on my family, in my opinion, and that's one of the big reason I chose to leave there. I make less money [working for Saint's Hospital] but I work a little less too, and it's a little less stressful work than it was [at Outer City].

Others, however, found the time/money tradeoff to be in favor of money. David felt that he could not work fewer hours because his "income would suffer" and this would mean that he would have difficulty getting the things he wanted for his family. At a physicians' business meeting at Rural Valley, one physician made it clear that, while he was okay with hiring an additional physicians for the emergency room, he did not want his income suffer because of a loss of hours. From the discussion of the money/time tradeoff, it appeared that the physicians have adopted somewhat of a breadwinning ideology. Additionally, public fatherhood is more expensive than private fatherhood. Participation in sports and school activities requires monetary support from parents. This is not required for the EMTs. This might also reflect the "new consumerism" that Schor (1998) discusses in *The Overspent American*, which emphasizes competitive consumption. These fathers reported that they earned well over $100,000 yearly, some over $250,000 and some had working spouses as well. Compared to the EMTs who reported earning between $20,000 or less and $80,000 (one person) a year, these time/money claims were surprising. As Roy, who reported earning about $150,000

yearly, discussed how the schedule was made in his office, he showed the delicacy of the time/money tradeoff in why he cannot arrange his schedule to his own convenience:

> I don't believe that I'm particularly better at [being a physician] than anybody else, but I do need to make some money, and I have to protect myself too, and if you find yourself making it harder and harder for patients to come in they'll go elsewhere. That's the simplest thing about it. That sounds crass, and that isn't the main motivation, and my responsibility is to make it capable for them to come in and be seen when they feel they need to be seen.

As women increasingly enter this field, the time/money tradeoff may change. Women are more willing to work "part-time" hours (generally around 30-40 hours) as physicians in order to better mesh their work and family responsibilities. George noted this change from when he was in medical school:

> I think that medicine will change a lot as more women get into it. And the reason why I think that is, is that I have this feeling after med school that so many of the people I went to school with, they didn't mind putting in tons of time, but they demanded tons of money for it. And a lot of them gave up a lot. Now everyone's divorced, but even when they weren't divorced there were lots of doctors who got divorced and [had] very bad families and alcoholic wives, and children who ran into terrible problems way ahead of their time. So now the world caught up with them, and I think a lot it had to do with the time, and then with the money. And I think a lot women who are going into medicine, they're not interested in how much money they're making out of it, but more interested in what they're doing at home and being able to have the time to do that.

George, nearly 70 years old, points out that while his cohort of physicians was willing to give up their family responsibilities at the detriment of their families, women may be less willing to make such sacrifices. Male physicians do tend to work more hours than female physicians (Grant et al. 1990; Hinze 2000). Grant et al. (1990), for instance, found that the presence of children influenced a decrease in physician mothers' hours but not fathers. Hinze (2000) found that women do make sacrifices in their careers to be present at home to the detriment of their income. These sacrifices prevent women from working more demanding hours, but they also keep them from obtaining the more prestigious

positions. Indeed, two of the physician fathers were married to physicians, but their wives worked part-time in order to be available for their families. As women have entered the field, it causes one to question the inherent demands of a physician's hours: Do physicians have more ability to shape their hours than they feel or admit?

CHAPTER 5:

CONCLUSION

This research points to the importance of class when considering work and family for fathers. Though I found the importance of class in the influences on fathers' hours and schedules, there is limited literature that directly compares fathers by class. Moreover, those studies that do look at one class group and fatherhood expect that professional fathers will have greater participation in family care than working class fathers. This prior work on fathers often relies on one type of data. Contrary to the expectations from the literature, I found that while professionals were more likely than the working-class men to say that their children mattered to their hours and schedules, the working-class fathers were much more likely to participate in the daily care of their children than were the professionals. That is, class mattered for the ideology and practice of fatherhood and this was found through the use of multiple-methods.

Because of their work structures, their spouses' employment schedules, and beliefs about childcare, EMS fathers were more involved in family. These fathers used swaps and sick or vacation time to gain more time for their families, thereby creating much more flexibility in their inherently rigid schedules. They were also responsive to family when accepting or declining overtime. Some of them turned down promotions or found new jobs in response to their families. While their spouses' employment influenced this involvement, many of the fathers appreciated their schedules *because* they allowed this involvement. EMS fathers were more willing participants in the everyday care of their children. Finally, despite the indication that many workplaces tend to be

unfriendly to family responsibilities and though the fire department (and EMS) has typically been seen as a hyper masculine culture (Chetkovich 1997), Smalltown Fire Department was understanding of the family responsibilities associated with the working-class fathering.

Physicians, on the other hand, were much less likely to alter their work schedules in response to family demands, and thus participated to a lesser degree in the daily care of their children. Though according to the literature, professionals have more autonomy to shape their schedules, due to occupational and career demands, physicians often felt like they were constrained in terms of time. These fathers cared about their patients and their own families, but were also "stuck" on a structurally imposed treadmill of work. Oddly, many of the physicians recognized that they *could* limit their hours, but most did not because they had become accustomed to their earnings, even though these earnings were so much higher than EMS earnings.

Of course, physicians were involved with their children, but they emphasize public fathering, being there for their children's scholastic and especially athletic events. These well-bounded, predictable, and scheduled activities fit better in the lives of the physicians without intruding on their careers. The time commitment entailed by public fatherhood is much less than that of private fatherhood, yet the public recognition is higher because these activities occur outside of the private home. Because physicians could afford private childcare or had spouses stay home with their children, physicians were much less limited in the number of hours they could devote to their work. Moreover, to the extent that physician fathers did attempt to participate to a greater degree, it was many times at their wives' insistence.

It is important to note that these findings point to the importance of using multiple methods when looking at the work-family intersection. Previous research relying on a single source of data is much less likely to find the complexity inherent in fatherhood. Physicians were much more likely than the EMTs to report on the survey that their children were a significant influence on their schedules. Yet, in the interviews the reverse pattern seemed to be true. Thus, a disjuncture between ideology and practice was observed between both groups. Physicians seemed to take up breadwinning role, while EMTs emphasized a more involved role in the care of their families. Moreover, estimates of work hours for physicians were based on direct patient care or time at the office, rather than the time they spent on work-related activities. Thus, estimates of physicians' hours were, in actuality, underestimations.

For fathers, culturally dictated expectations of participation in family are changing and becoming more complex. Dowd (2000) highlights the difficulty that men have with this current shift: "Men are still creating and constructing something 'new', a role different from that of their fathers and grandfathers, but one that is ambiguous and unstable" (p. 41). Encouraging fathers' equal participation in work and family comes from their spouses, U.S. culture generally, and organizationally through the workplaces where these men work. To the extent that constraints on fathers' time were created by the structures of work, flexibility is important. This is a particular challenge to healthcare, which must operate by necessity 24/7. However, small changes can go a long way. Throughout training, physicians should be taught to create a work-family balance. Creating structures in which patients are not reliant on *one* physician, but perhaps a group of physicians would be helpful for decreasing the work demands for private practice

physicians. Finally, creating schedules that take into account family responsibilities and offer the ability and encourage men's participation in family care is clearly important for creating more equal partnerships at home and in the workplace.

APPENDIX

CODES FOR ANALYSIS

FAMILY DEMANDS

- Children
- Wife
    - Employed
    - Unemployed
- Spouses schedule mesh
- Childcare
    - Respondent/spouse care
    - Kin care
    - Other forms of care [professional, au pair, nannies, etc]
- Family influence on hours/schedule
    - Public private fatherhood
- Family influence on job/position/specialty choice
- Conflicts

JOB DEMANDS

- Hour/schedule
    - 10s/14s
    - 24s
    - Satisfaction with job, hours, schedule
- Holidays, weekends, nights
- Breaks
- On-call
- OT
- Time off
- Swaps
- Time/money tradeoff
- Hours/schedule influence on family
    - Loves job
- Training influences hours
- Autonomy, flexibility
    - Physicians
    - EMTs

MISCELLANEOUS

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