

Chapter 1 | Unpredictability and Unequal Control in a Web of Time

BECAUSE LIFE IS ROUTINELY UNPREDICTABLE, our control over time becomes a crucial resource for keeping a job and having a family—but control over time, much like income, is contested and powerfully shaped by gender and class inequalities. Those inequalities reverberate through a “web of time” in which our daily schedules are connected to the schedules of others, especially our employers, our coworkers, and our family members.

Take one example of a reverberating event that is both inevitable and unexpected: your child gets sick. All seemed well at bedtime, but at 5:00 AM your child is feverish and throwing up. It’s an important day at work, so what is to be done? Consider the responses of the people we interviewed for this book: a male surgeon (earning \$360,000 a year), a woman nurse (earning \$70,000), a male firefighter who is an emergency medical technician (EMT) (\$47,000), and a woman certified nursing assistant (CNA) (\$16,000). Although a child’s sickness could happen to any of them, the control they had, the ways they responded, and the people they can rely on were very different, with class and gender organizing those differences.

The surgeon, who performed elective surgeries, had access to the operating room (OR) only one day a week, and he had operations scheduled on a day when his child got sick. Although married to another surgeon, his wife worked only half-time, so there was a two-out-of-five chance she would be home for the day and could care for their sick kid. If it happened on a day when they both worked, the nanny would have taken care of their child; after all, that was why they had a nanny. In fact, the problem they worried about was not so much a sick child as a sick nanny. As the surgeon told us:

That's the biggest problem of all, because if the nanny calls on Wednesday, calls Wednesday morning, God forbid, and says (*in a hoarse voice*) "I'm sick, I can't come in." . . . Now, we both operate on Wednesdays—you know, what do you do on those days? And that's really hard, and we have some of our neighbors who have kids who sometimes we can call and say, "Can you do . . . ?" But if our kid is sick *and* the nanny's sick, we don't want to pawn our sick kid off on somebody else, so sometimes we have to call and cancel the day in the OR to accommodate that. So the kids really throw a monkey wrench into the whole schedule.

Later in the interview, he explained that he himself had never canceled a day in the operating room, but his wife had.

The child of the firefighter EMT, who was a paramedic, got sick in early December, a particularly bad time: from hunting season to the end of the year, his coworkers took their remaining sick days, so it was hard to keep the station staffed. Normally, the captain tries to get someone else to come in. If he can't find anyone, the captain mandates that an already on-duty EMT stay for another five-hour half-shift. The EMT didn't want to be the reason someone else was mandated, but he was confident that if the person mandated faced a serious problem taking the extra shift, then another coworker would volunteer to take the five hours. Sometimes the firefighter's wife would stay home if their child was sick, but as likely as not, he would. The EMT explained that if a child gets sick, "of course that's a reason to stay home." Under the union contract, staying home with a sick child was a legitimate use of sick days, and he didn't worry about being penalized.

The nurse's child got sick on a school vacation day, which meant that the unit was already short-staffed. If she called out and the hospital couldn't find a replacement, the nurses on the floor would be stressed and might be less willing to swap the next time she needed help. But for the nurse, the first point was that a sick child was her responsibility, even though she earned more than her husband. Asking her husband to stay home didn't occur to her. She explained that nurses don't want to call out and the managers at the hospital "really, really look down upon you calling in an hour before"; nonetheless, when nurses do call out, "nobody ever questions it." She felt awful about leaving her coworkers jammed up, but like her coworkers and even her manager, she just assumed that a mother has no choice but to stay home with her sick child and that it is the hospital that needs to be flexible.

The nursing assistant's problem was that in the span of six weeks she had already had to call out for a sick child twice. Although she had sick days left, if she called out four times over a ninety-day period, she would

be fired. Calling out that day would be number three: if she called out again over the next seven weeks, for any reason at all, she would be fired. The nursing assistant was a single mother with three kids, one of whom was periodically hospitalized for asthma. She had spent time in a homeless shelter before becoming a nursing assistant, she earned \$1,100 a month plus earnings from whatever extra shifts she could pick up—almost double what she got on welfare—and she was determined to keep the job. Normally, on weekdays her kids went to government-subsidized day care or school. “So for day care on the weekdays, I pretty much don’t have a problem, but if one of them is sick or let’s say he had a high fever the night before, day care won’t take them in, so I also have their dad and my aunt.” She also relied on her grandmother. This support system was important—but her vulnerability to being fired for excessive absences indicates the limits of even a pretty solid support system.

In this book, we look at these four occupations in the medical-health sector—doctors, nurses, emergency medical technicians, and nursing assistants—and examine how those in these occupations seek to control their work hours and schedules, which are routinely subject to interruption by unpredictable events. We chose to study medical occupations and organizations for a reason: in these settings, someone has to be on duty 24 hours a day, seven days a week, 365 days a year—no exceptions. A hospital or a nursing home can’t leave a patient unattended, not even for an hour. People in the medical-health jobs we focus on seek to control their schedules differently as they confront and create distinctive institutional realities on the job and at home and act on distinctive ideas about how they should organize time. These differences, however, are far from random. Quite the reverse: they are rooted in systems of inequality. People in these different occupations have unequal control not only over their own time but over that of those around them—on the job and at home.

Although little research has examined inequality in schedule predictability and control, plenty has been written about the total number of hours that Americans work and the time divide in those hours. First, research suggests, there are “sharply graded educational differences”: the more-educated work more hours, and the less-educated are unable to get enough hours. “Long workweeks,” note Jerry Jacobs and Kathleen Gerson, are “most common among professionals and managers.”¹ And that literature suggests that there is a gender divide as well: at 2,000 hours a year, men work substantially more paid hours than women, who work 1,729 hours. Assuming that people take two weeks off annually, on average men are working forty hours a week and women are working thirty-five.²

We designed our research with this time divide in mind. So the four

occupations form a classic two-by-two table of class and gender. Doctors and nurses are relatively advantaged and are professionals, and EMTs and CNAs are working-class. This class difference is one source of inequality. Gender is a second source of inequality: members of two of the occupations—nurses and nursing assistants—are overwhelmingly (more than 90 percent) women; members of the other two—doctors and emergency medical technicians—are predominantly (70 percent) men.³

In this book, we make three broad and largely novel arguments:

1. *Normal unpredictability*: The book identifies and analyzes the pervasiveness of routine disruptions. We argue that it is those events that are sure to happen sometime but not expected today that routinely throw schedules into chaos and create havoc in people's jobs and families. Such chaos happens now more often than in earlier decades.
2. *Control over unpredictability*: We argue that employers, organizations, employees, and their families all struggle to control basic schedules as well as the unpredictability that disrupts them. That control is negotiated, contested, and shaped by unequal relations at home and at work. These issues of control are tied to the *joint* operation (or intersection) of class and gender. Their operation indicates the socially patterned character of control over time.
3. *The web of time*: Although many see a schedule as an individual affair, we argue here that a schedule is also collective—it is based on relations within occupations and organizations as well as across them, within families, and among them. These relations together make up a "web of time" in which changes in one person's schedule cascade to create changes in the schedule of another person at the workplace and outside of it. The subsequent meshing of schedules leads to cooperation and accommodation, struggle and conflict—between employees and supervisors, among coworkers, between regular workers and per diems, among different organizations, between spouses, parents, and children, and with other kin. The character and power of relations in that web vary by gender and class.

NORMAL UNPREDICTABILITY

Normal unpredictability—events that are predictable in the aggregate but unpredictable in their particular timing—throws schedules into chaos. The problem is that such disruptions are common—even pervasive—in health care as elsewhere.

Scholars often write about hours and schedules in a couple of ways: the

first assumes a standard work week schedule of Monday to Friday, nine to five. The second, growing in prominence, recognizes the pervasiveness of nonstandard hours—outside of the “normal” nine-to-five frame. Both of these assume a fixed schedule—that people work at predictable hours on regular days scheduled in advance. We develop a third frame—one that assumes normal unpredictability. This perspective takes us into a dimension that is less often discussed but is central to understanding the problems that both people and organizations face in managing and negotiating work schedules.

Other researchers have emphasized schedule unpredictability in low-wage jobs, but we have found that unpredictability is also pervasive in relatively stable jobs, whether low-wage or well-paid.⁴ While others focus on employer actions that create schedule instability, we examine jobs with stable schedules whose unpredictability is often caused by employee actions—within an employer framework of lean staffing. The unexpected is, paradoxically, both routine and normal. We may not know when we (or our kids, or our partners, or our parents) will get sick, whether it will happen today, tomorrow, or not for a couple of months. We do not know when our coworkers will quit or stay home. We do not know when we will receive an unexpected bill that can be paid off only with overtime pay or when we will feel pressure to leave our job early or stay late. But we know that these things happen. We had access to records for one nursing home employer showing when people actually worked as opposed to when they had been scheduled to work. We found that for every two shifts employees worked according to the planned schedule there was one shift that went not according to schedule. Sometimes a schedule was changed by management and sometimes it changed because an employee couldn't make it into work. Unpredictability in this sense is entirely routine.

Anyone whose car has broken down, whose kid's school has called a snow day, or whose manager has made a request to stay several hours past the scheduled work day knows the challenge posed by these situations. These kinds of events become tests of our ability to manage our jobs and our lives: can we handle these disruptions with such ease that we barely notice them, like hiccups, or do they become a major stress, threatening our job and family, our health and happiness?

CONTROL OVER UNPREDICTABILITY

Employers want control over workers' time. Life for employers would be much simpler if they could be sure that workers would always show up as scheduled, that if asked to work extra hours workers would always put the job over their families without complaint, that workers would quietly

and cheerfully go home (without pay) whenever demand slackened, and that workers would never quit a job no matter what demands it made. Life for workers would be simpler and happier if they had control over their time—if they could work whenever they needed money and had an inclination to work, but could take off whenever they faced other demands or simply lacked enthusiasm for work. In practice these scenarios are pure fantasy for both employers and workers, but each group seeks to move toward these ends.

Some important research has examined control over time. Because it uses survey data, that research tends to treat control as an outcome instead of an ongoing set of interactions. We take a different approach, showing the ways employers and employees, coworkers and family members, continually negotiate and contest control over work hours and schedules.⁵

Some of the struggle for control over work hours and schedules is individually contested, some of it comes from social movements and organizations (like unions), some of it centers on legal regulations that resulted from past (perhaps long forgotten) protests, some of it stems from a changing local organizational culture and structure, and some comes from family members. These conflicts are resolved in several ways. Some solutions are win-win: ways are devised of enabling employees to deal with the unpredictable without inconveniencing the employer (and possibly even saving the employer money). Some impose minor costs on employers but enable them to retain valued employees. Other resolutions to these struggles are (largely) victories for employers that require employees to find some way to meet their employer's demands. And a few resolutions to conflicts over control of time are unequivocal victories for workers; many such victories for workers were won in past struggles and have become embodied in custom or law as rights.

Flexibility, a term we hear with growing frequency, is part of this continuing struggle over control. The term "flexibility" is typically used to imply something good—that a person or organization has the necessary leeway and resilience to deal with unexpected problems. Our terms "unpredictability," "disruption," and "churning" are different from this more widely discussed concept of "flexibility," but tied to it. "Unpredictability" implies an event that disrupts our routine and must be dealt with. One way to do so is to have a flexible job; another is to have a flexible family willing (and able) to adjust to our job demands. (Most discussions of flexibility at least implicitly assume that flexibility is rooted only in "family-friendly" jobs and that families and their divisions of labor are inflexible.)

Much of the recent academic literature and much of the political debate focus on flexibility for employees, but this often turns out to mean flexibility only for professionals and managers. Moreover, many employers have

taken over the term and now use it to mean that workers should be flexible in the face of employer schedule demands.⁶ One union official told us that flexibility is a “new management buzzword” and that “flexibility is the new word for control by management.” Another put it more forcefully: “For management, flexibility means the ability to do anything they want with their workforce without any obligation for the workforce to have their rights acknowledged.” The increasing deployment of the rhetoric of flexibility indicates a trend to unpredictability—while masking a struggle to control it.

Gender-Class Intersections

The solutions to unpredictable events vary by class and gender and indicate the collective character of control. Researchers have emphasized the ways in which gender or class shape hours and schedules. By contrast, we argue here that what matters is not just gender or class, but the ways in which gender and class intersect and the complications, even paradoxes, that result from those intersections.

Gender-class intersections affect not only the rules managers create and the ways they apply those rules but also the goals that workers seek. Male doctors, for example, work long hours and simultaneously complain, often bitterly, about those hours. Though they grumble, they also largely control those hours, or at least collaborate with their peers to determine them. Pamela Stone has uncovered what she terms a “rhetoric of choice” among women executives, but we find the opposite among male doctors: a widely shared “rhetoric of constraint.”⁷ To put it simply, male doctors make a lot of money that they come to believe they need; they also earn respect and honor from their peers when they work long hours because “the ones who work the most are looked up to.” Thus, the advantages sought by these doctors lead them to say that their schedules require that their wives (and hired caregivers) respond to demands at home. A paradoxical and disquieting pattern develops: most male doctors choose to be absent from home for long hours, but bemoan the fact that they must do so.

Nurses also have significant control over their work schedules, albeit considerably less than doctors. The widespread and extensive demand for nurses gives them leverage in choosing not to work (for pay) unless doing so creates a schedule that fits with their family needs. Organizations respond to nurses’ use of this leverage by, in effect, restructuring the workplace (in small or large ways) to accommodate nurses’ family responsibilities. We asked a nurse administrator what would happen if a nurse came to her and said: “I can’t do this schedule anymore.” She said she

would answer: “Well, let’s figure out what you *can* do, and we’ll look at the master schedule, and I’ll change the master if I can, to better accommodate you.” If a nurse needs to miss a day to stay home with a sick child, she typically does so with little resistance from her supervisor or director (who may very well share the nurse’s view that it is a woman’s job to take care of her family).⁸ If nurses have children or elderly parents with recurring health problems, they know about and make use of the Family and Medical Leave Act, which permits them, with few questions or repercussions, to take a day off to provide care, even if their director is convinced that they are abusing the law. A nursing director reported that she supervised a dozen employees who were taking FMLA leaves, that she believed probably six of them were abusing the FMLA, but that if nurses call up to say, “I’m not coming in tonight, I’m taking an FMLA day,” then “there’s not a thing I can say about it, it’s already approved. It doesn’t matter what the staffing is on the unit.”

Here we see very clearly something that most commentary misses: balance doesn’t just happen. Balancing work and family often depends on employee leverage and resistance, which are rooted in the power of the group, not just individual insistence. Nurses, at least in hospitals, challenge and replace the rigid gendered-male schedule practices with flexible organizational practices that are, in many ways, gendered-female.⁹ That is, nurses feminize organizations: both cultural schemas and organizational practices are reshaped to offer schedules that provide relatively well-paid employment that simultaneously makes possible devotion to family.

This organization of time looks very different from how time is organized not only for male doctors but also for women nursing assistants. At one nursing home, CNAs faced a highly punitive sick leave policy under which they could be fired even if they still had sick time available and even if they were taking an epileptic or asthmatic child to the hospital, a circumstance covered by the FMLA. Almost none of the nursing assistants knew of the Family and Medical Leave Act or the rights it offered them; indeed, the nursing home’s records showed that over a six-month period only a single missed day was recorded as an FMLA day. As a result of such policies, nursing assistants often go to work even when they are sick—with unfortunate consequences for the frail and elderly patients they care for—and sometimes leave their children home alone, with a healthy ten-year-old watching a sick eight-year-old. Nursing assistants repeatedly complained about the policy (to us), but they had little leverage or control. As one single mother noted: “Everyone thinks it’s crazy, or that it doesn’t make sense, but what are you going to do? You’re not going to be able to really change it. They do what they want, basically. I’ve been

here four years, and I know that. They change the rules when they want to change them and stuff, so, you just gotta sit back and deal with it."

The intersection of gender and class creates a paradox. Given the oppressive conditions they face on the job, it would make perfect sense for low-paid nursing assistants to use whatever schedule control they have to escape work. To the contrary, many of the nursing assistants we spoke with (more than in any of the other occupations) said that they used their job as a strategy to escape home. One reported, "I feel better when I'm at work. I feel, you know how some people, they drown themselves in the bottle because sometimes they'd be so miserable and unhappy? That's me. To me at work is . . . it's like a big old ice cream cone." Finding this pattern led us to draw on but recast Arlie Hochschild's broad argument about the time bind that turns work into an escape from home.¹⁰ Yes, sometimes work is more appealing than family. Paradoxically, in our study it was the low-wage women in particular who said that work was a kind of haven. They found it so because they developed strong relationships on the job with coworkers and residents but also because they faced stress at home—stress created in part by the conditions they faced at work. They sought longer hours because they needed the money from jobs that were difficult, even exploitative, but they also sought additional hours to escape their stressed and stressful families.

In concert, these cases reveal the intersection, or joint operation, of gender and class, but in ways rarely articulated. When class advantage gives people more control over their schedules, they often use that control in conventionally gendered ways. Male doctors use their control to devote themselves to long hours at their jobs; female nurses use their control to devote themselves to their families. Class disadvantage, on the other hand, restricts people's ability to behave in gendered ways. Nursing assistants may sometimes wish to be available to care for their families, but the need to earn enough to live on often requires them to make their job a priority; EMTs are led to make child care more of a priority than it might otherwise be. That is, class advantage reinforces gender expectations, while class disadvantage helps deconstruct gender.

Is Unpredictability Inevitable or Socially Created?

Some unpredictable events are acts of God or nature that happen to everyone: the snowstorm that drops an unexpected two feet, for instance, or your father's heart attack.¹¹ But today social trends—changes in the economy and in the family—are expanding and exacerbating the unpredictable events and problems with which we must contend.

Much of the chaos caused by unpredictability is created by an economic system in which employers increasingly squeeze workers and run on razor-thin staffing margins.¹² Much of what turns unpredictable events into mini-crises is created by staffing so lean that any absence creates a problem. The chaos is also driven by the growing number of organizations that hire irregular or contingent workers, like per diems and temps, to fill some of the holes left not only by disruptions in workers' lives but also by unexpected changes in demand for employer services. In effect, employers have outsourced some of the unpredictability to these irregular workers whose very livelihood depends on unpredictability, both in their own schedules and in the schedules of regular workers. While this practice may solve some of the problems for the short-staffed organization and help out regular staff, it leaves many problems unresolved, especially when the regular workers have specialized skills, knowledge of local routines, or personalized relations with clients. These increasingly common organizational practices—understaffing and the hiring of irregular workers—all too often create stress, conflicts, and divisions.

Workers are often aware of the difference between a natural necessity and an employer exerting control by squeezing workers. For example, at one for-profit ambulance company known among EMTs as "The Evil Empire," the company routinely held over workers, requiring them to stay an hour or more past the end of their scheduled shift (with no advance notice). When we made the (employer) case to one EMT that sometimes holding workers past the end of their shift cannot be helped, we got a sharp response:

INTERVIEWER: What about holdovers? I'll make the following argument to you and you make the response: "Well, holdovers, there's nothing we can do about them; they're just determined by what's out there and there's no choice about it. You may not like being held over, but how else could we do it, because these people need to be taken care of."

RESPONDENT: Which ones? Which ones? The ones that call 911 or the ones that have been sitting in a bed for three hours up at St. Mary's¹³ [hospital] because you couldn't schedule properly? If you're going to hold me over to go do a transfer out of the hospital, or to send every other truck up to the floor to do a transfer, and now you have no coverage for the city and you're making me stay an hour and a half past my shift? That's not fair—you're taking advantage of me. If a call comes in because every other truck is on a 911 and you need me to go do a 911, I won't say one word—I'll go do it.

New technologies further increase the sway of unpredictability. Some of that, as Leslie Perlow points out, is a result of the all-too-present emails and cell phones.¹⁴ But it is also the case that managers increasingly rely on technology that helps them wield control and create scheduling policies that intensify instability. The *New York Times* recently reported that “workers’ schedules have become far less predictable and stable” because

powerful scheduling software, developed by companies like Dayforce and Kronos over the last decade, has been widely adopted by retail and restaurant chains. The Kronos program . . . breaks down schedules into 15-minute increments. So if the lunchtime rush at a particular shop slows down at 1:45, the software may suggest cutting 15 minutes from the shift of an employee normally scheduled from 9 a.m. to 2 p.m.¹⁵

In concert with the increasing disruptions wrought by economic changes, broad trends in the family have made normal unpredictability even more common. In *The Time Divide*, Jacobs and Gerson suggest that as many wives and mothers entered the labor force in the past generation there was a substantial increase in the working time not of individuals but of families.¹⁶ This increase in hours produced more opportunities as well as more unpredictable schedules and strategies to control them. Today, with more and more women in the labor force as part of dual-earner couples, husbands are less able to “outsource” unpredictability to stay-at-home wives. In addition, the high rates of divorce and the increase in the number of babies born outside of marriage have led to many more people being single parents, especially single mothers. Solo parenting increases the number and impact of unpredictable events with which the parent must cope. Moreover, the rise in intergenerational households increases unpredictability (though the extended kin in these households may also serve as a resource to control or resolve that unpredictability).

Overall, these related trends in both the economy and the family create stress about “crazy schedules.” Normal unpredictability, then, has increased. How should we interpret this? As individual malaise or systemic failure? In the lead article of the *New York Times* “Sunday Review” section, Tim Kreider argued recently that “the ‘crazy busy’ existence so many of us complain about is almost entirely self-imposed.”¹⁷ We disagree. While many of us may live in a bubble where we see neither how our lives are part of broader patterns nor how our situation compares to the situations of others, unpredictable events stem not primarily from personal issues created by life’s vagaries but instead are produced by broad and unequal institutional factors in the market and in families. Moreover, for the mem-

bers of our four occupations as well as for others, these normal disruptions are simultaneously influenced by class and gender differences.

Suppose one of our respondents experienced a fender-bender in a parking lot, and as a result, his or her car could not be driven without a \$1,000 repair. A male doctor earning \$200,000 a year would have to use the family's other car, get dropped off by his wife, or rent a car. The car accident would be a nuisance and a hassle, but ultimately it would not be that big a problem and it would not cause him to miss even a day of work. For a \$20,000-a-year nursing assistant whose income as a single mother supports her family, this accident would be a disaster that might cost her the job. Unable to afford repairs and lacking insurance, she needs a car to get to her job and has no good options by which to deal with the situation.

These contrasting experiences lie at the heart of this book, much of which deals not only with the challenges of setting basic schedules, important as that is, but also with the ways in which disrupted schedules are fixed.

THE WEB OF TIME

Most research on time, whether it relies on time diaries or surveys, looks at disparate individuals. This literature does not (and cannot) take account of the ways in which the allocation and expenditure of time is collective—within and between occupations, within and between organizations, and within and between families. Together these relations compose a web of time in which the allocation, experience, and control of time is a collective project. Because people are linked, changes in one person's schedule often create changes in the schedule of another person, both in the workplace and outside of it. Sometimes relations in the web create problems by increasing unpredictability; sometimes they provide solutions. The web leads to both, since it depends on cooperation and accommodation. But it also creates struggles for control and other conflicts in and between occupations and organizations.

Consider one example. An emergency room night nurse realizes that she is going to have to stay late, maybe because a coworker hasn't shown up, or maybe because a critically ill patient arrived just before the end of her shift. If this nurse were married to a doctor—a fairly frequent pairing—it would be highly unlikely that her husband would pick up the slack at home. (In fact, a nurse married to a doctor might choose not to work in the highly skilled but highly unpredictable world of an ER.) This nurse, however, is married to a firefighter, and as we will show, some firefighters take significant responsibility for their children. She calls her husband to let him know she will be late getting home and he will have to see

the kids off to school. As a result, he will be late for his day shift at the fire station. He calls the station, talks to the outgoing crew, and one of them volunteers to cover for him until he can come in. This arrangement is made informally; no record is kept of it. In the web of time, a firefighter stays past the end of his shift because his coworker's wife had an unexpected patient. An unpredictable event at one point in the web reverberates throughout the web.

In *Patterns of Time in Hospital Life*, Eviatar Zerubavel stresses that "the structural components of the sociotemporal order are collectivities."¹⁸ Zerubavel studied a single organization, but the web operates to shape schedules beyond a single organization. Looking at relations among workers within as well as across occupations and organizations reveals how such decisions cascade, altering choices and institutional requirements for other workers at a range of sites and then affecting what happens in those families and jobs as well. For example, when some workers decide to stay late out of a concern for their clients or their coworkers on the next shift, other staff are sometimes required to stay as well. That initial decision to stay late cascades to affect both regular and irregular workers, since the use of per diem workers, who are supposedly at the bottom of the pecking order, allows institutions to fill shifts but also to cancel the shifts that full-time regular workers depend on. Overall, this web then has a number of components or substructures: it consists of those grouped in single occupations (nurses, for example), those in linked occupations (like doctors and nurses), and those relations that operate across units within a single organization (such as the ER and the medical floor). This web also operates across organizations as workers shape one another's schedules (as when a doctor at night tells a patient to go to an ER, or an ambulance moves a patient to a nursing home). So, too, families are increasingly an important component of this web operating across occupations and organizations. When a worker unexpectedly must add hours to the end of his or her day, a spouse must rush home, a child must take care of another child, or a grandmother must keep the kids as her adult daughter takes the double shift she needs to support her family. The web relieves even as it intensifies the chaos of unpredictability.

The Coworker Solution

Coworkers are a key part of this web of time, although they are often all but invisible in the research that examines work hours and schedules. When the work-family literature addresses the problem of a worker needing an exception to the normally required schedule, the emphasis is primarily on managers and supervisors, who may make special arrange-

ments for valued workers.¹⁹ A change in a worker's basic schedule almost certainly requires a manager's approval, but for the unpredictable events that can cost people their jobs—or at a minimum make the difference between high and low stress—we find that managers usually are not the key. Instead, one of the most important ways in which workers gain some control over their lives is through coworkers, who provide the solution whether the problem is seeing their child's school play or getting vacation time off when they want or need it.

If a worker's nine-year-old tells her that he has a big part in the school play, to be performed at 2:00 PM two days from now, the manager will tell her that this is not enough notice and she can't change her schedule. She could call out sick, but if a manager shows up at the same school event, she might face sanctions (as reported by one of the respondents in our study). But if a coworker exchanges days off with her and agrees to work that day for her, the problem is solved: she will make it to the play and will not face workplace repercussions. Management can solve the easy problems that come with plenty of advance notice. Coworkers, however, often solve the tough problems, the unpredictable events that need a solution right away. Employers gain from coworkers' reliance on each other, since they are the ones, rather than managers, who are filling the schedule hole. But this pattern also makes workers feel that management is rigid and uncaring, while coworkers are the people they can count on in a pinch.

Families as a Source of Compliance and Resistance

Family members shape one another's schedules by making it more or less possible to add or cut hours of work. The role of families in schedule flexibility has two sides. On one side, it is often said that families, and especially children, become a reason for workers to keep their heads down and go along with employer demands, even unjust and unreasonable ones, since they need to keep their jobs in order to provide for their families. In fact, this is often the case, as corroborated by workers themselves. For example, an experienced nursing assistant told a new aide to control her "attitude," and another reminded her, "When you have to feed your kids, you have to behave differently just to keep the job."

The other side to this story is implicit in the literature on work and family but often is less foregrounded: families are a key source of resistance. Families, and especially children, are central to the web of time; children are the single most important reason why workers refuse an offered schedule, why they demand another schedule, or why they fail to meet the official schedule. The scheduler at a nursing home noted that "the majority

of the call-outs are babysitting issues." Nurses, nursing assistants, and EMTs do not necessarily think of staying home with a sick kid as "resistance" to their employer's demands, but that choice is a clear statement of what is more important to them, and it is often accompanied by a firm assertion that, if push comes to shove, they are willing to risk—or lose—their job for their kids. For example, the nursing assistant discussed in our opening vignettes had a child with serious asthma, such that attacks sometimes required hospitalization. When that happened, "I mean, if they were to call me at work, I'm sorry, I don't care if my supervisor says no—if it's for my kids, I'm leaving." Sometimes there is no emergency but kids still come first—for example, on special occasions. As one EMT explained: "I missed Sidney's second birthday, and it killed me to not be there, and I vowed from that point on I would never miss another birthday, whether it meant calling out sick, or it was vacations, getting docked a day's pay." Going to a child's birthday party, attending the school play, or taking one's child to the hospital all require adjustments from employers and family members in a cascading web of time.

To be sure, family matters to both advantaged and disadvantaged workers, but who is considered family by these two groups? One way to understand the differing meanings of family is to look at who is and is not included in a respondent's typical web of time. All four occupations shared the dilemma of trying to deal with the unpredictable needs of children (who create unpredictable events far more often than spouses or other relatives), but "family" meant something different for those in advantaged and disadvantaged occupations. For the two professional occupations, doctors and nurses, family usually meant a spouse and children. For the two working-class occupations, EMTs and nursing assistants, family usually included extended family as well—grandmothers, siblings, cousins, and aunts or uncles. In our opening vignette, for example, the surgeon turned first to his wife for assistance, then to the nanny, and finally to neighbors; he made no mention of extended family. The nursing assistant's aunt and grandmother, on the other hand, were key parts of the solution to her problem. The content and impact of this web, then, is shaped by gender and class.

This book develops these broad arguments—about normal unpredictability, control over unpredictability, and the web of time—using a variety of data. Our focus is on the four occupations and eight organizations we studied in the medical sector, but we believe that the processes we identify and analyze apply far more generally. Since developing our analysis, we constantly remark in our own lives on the normal unpredictability of faculty life, the web of time for construction workers renovating our houses,

the struggles to control schedules at hotels, coffee shops, and restaurants, and a thousand other instances. We believe that although there are important variations from one occupation or organization to the next, our theoretical points apply in some fashion across a range of occupations and organizations. The next chapter briefly discusses our methods, and the following one provides background on the four occupations and eight organizations we studied.