Supplementary Material for the Website

The material included here appears only on the book's website and not in the book itself.

Website Contents

Chapter 2 "Concepts and Methods"

Website Figure 2.1 Four Health Care Occupations, by Class and Gender, National Data

Gender	Class	
	Professional Occupation	Working-Class Occupation
Male-dominated	**Physicians** Percentage women: 30 percent Median income: $155,640–$225,390 (Family practice physicians and surgeons)	**EMTs** Percentage women: 27 percent Median income: $33,330
Female-dominated	**Nurses** Percentage women: 94 percent Median income: $66,720	**Nursing assistants** Percent women: 89 percent Median income: $25,140 (nursing assistants, orderlies, and attendants)

Source: U.S. Bureau of Labor Statistics (2010).
Note: The data for our study closely approximates the national data except for EMT incomes. This income difference is likely due to two factors: first, the percentage of our sample who were paramedics or firefighters; second, the higher proportion (62 percent) of our EMT's who worked second jobs.

Website Table 2.1 Description of Sample Area: Demographic Information for General Population in Our Study Area

Characteristic	Sample Area	United States
Median household income	$40,114	$41,994
Owner-occupied housing units	61.4 percent	66.2 percent
Married-couple families	45.3%	51.7%
Female-headed household	9.8%	8.3%

Source: Clawson and Gerstel (2014).
Note: Although race is less central to our analysis, the sample area was also close to the national average in the percentage of the population that was African American or Latino (sample area: 22.2 percent, national 24.8 percent).

Website Table 2.2 Face-to-Face Interviews by Occupation, Organization, Gender, and Race

Source	Doctors	Nurses	EMTs	CNAs	Other	Number of Interviews
Hospitals[a]	19	31	—	10	4	64
Nursing homes[a]	—	9	—	38	5	52
Doctors' offices[a]	6	2	—	—	3	11
EMT sites[a]	—	—	9	—	3	12
Random sample surveys[b]	11	14	19	8	—	52
All others[c]	3	8	2	—	4	17
Gender						
Male	28	10	21	3	14	76
Female	11	54	9	53	5	132
Race						
White	89%	88%	95%	42%		
Black	—	12%	5%	32%	—	
Asian	8%	—	—	—		
Latino	3%	—	—	25%		
N	39	64	30	56	19	208

Source: Clawson and Gerstel (2014).
Note: These figures do not include the interviews with workers and union staff; there were twenty-one such interviews, of which six were CNAs and seven were nurses.

[a]Organizations include the eight we observed: Nursing Homes (Berkman and Lucas Estates), hospitals (Outercity and Countryside), doctors' offices (OHS and EFP), and EMT sites (Longford Fire Department and Medic Route).

[b]This category includes respondents who volunteered to be interviewed in response to a question on the back of the mailed survey. They were distributed across a range of organizations. Although some worked in organizations where we later ended up doing observations, many worked at other sites. The work hours of the survey respondents we interviewed closely corresponded to the work hours of survey respondents who did not volunteer to be interviewed. The survey was mailed to 200 people in each occupation for a total of 800 mailed; 9.6 percent were returned as not having accurate addresses, a rate that indicated that the registration lists were current and well maintained. Of the surveys delivered, our overall response rate was 64.5 percent; the rates from the lowest to the highest were 53.9 percent (nursing assistants), 57.6 percent (physicians), 64.7 percent (EMTs), and 78.2 percent (nurses).

[c]Includes other settings such as union staff, owners of temp agencies, spouses, and others.

Chapter 3 "The Context: Occupations and Organizations"

Website Table 3.1 Shadowing a Charge Nurse in the Emergency Department for One Hour

From our fieldwork notes, here is a look at *one hour* in the life of an emergency room charge nurse at a major hospital:

9:53: The nurse answered the cell phone.

9:54: Someone came in and told her there was a problem with a client in the waiting room who had gone to the bathroom in his pants and he was drunk, and somebody had to change him. She said oh great, you give me this now. She said I'll try and find an orderly to change him. (The emergency room waiting area did smell very bad.)

9:57: The cell phone rang again and she talked to some people while she was writing on the whiteboard.

9:58: A psych nurse approached her for a follow-up for the trauma room.

9:59: She looked at some Girl Scout cookies and said, "Don't put down that we're looking at Girl Scout cookies." All of a sudden she received several reports from EMTs. There were five EMTs and one doctor with a patient who they thought was in cardiac arrest, and she filled out a form on this patient. So she spent less than 30 seconds on the Girl Scout cookies. She put a patient on the whiteboard and she discussed another patient.

10:00: She began to set up oxygen for a patient. She went to get the oxygen. She took the oxygen, a rather heavy piece of equipment [?], to that patient. She set up the patient with the oxygen in the hallway across from the psych room.

10:02: She documented the oxygen and wrote down that he was short of breath and filled out a form about it.

10:04: The secretary handed her an orange admit sheet of another patient arriving who she said had chest pain, and this is always an indicator for them that they need to do something dramatic. She asked someone to get an EKG. And then another nurse approached her and asked her a question about still another patient, and the charge nurse said I don't know, I have to look that up, then began discussing that patient's diet. And she looked up and she said they need to stop with these radio calls. The radio calls started coming at a faster and faster pace.

10:05: She helps a patient out of her bed in the hallway.

10:06: She received another orange sheet, and the orderly came up to her and said I'm going to clean up that patient. And then all of a sudden people started handing her a series of sheets; she ended up with three sheets in her hand, which are three different patients who are coming in.

10:09: She got a call on the cell phone from a patient who wanted her to release some information to a funeral home from somebody who had died yesterday. She was incredibly patient with this person who kept talking to her, and she kept saying I'll call you back, I'll figure out what you need, I'll call you back, I'll help you. She started walking around the room while she was talking to this person on the phone.

10:11: She moved to the front, got another orange admit sheet from an EMT. She was still on the phone while she was grabbing the orange admission sheet. She got another admission sheet while the EMTs were waiting. She was standing talking on the phone; there were two sets of EMTs waiting, she had two admission sheets in her hand, and she was still talking to the person about the funeral home who clearly didn't want to let her off the phone—although note that this has only been going on for a few minutes.

10:14: She begins looking at the orange admit sheets. She says to the EMT I can't take it here right now. There are a lot of patients on the stretchers, each one with three EMTs or so.

10:15: A nurse comes up to her and complains to her about another nurse that's not doing her job—another nurse who was saying I can't take another patient, you have to do it. And this one said I don't want to complain to you, but I want you to know that she's complaining.

10:16: The cell phone rang again. She said I can't talk, people are just coming in all the time. She then walks over to the bubble to check the patients in there.

10:17: The other charge nurse returns and looked up and she had her break. They immediately change hands and the first charge nurse, the one who's returned, asks what's going on and the second charge nurse shows her the list and says we've got all these patients coming in; here's what's going on. And the new charge nurse very patiently but very quickly starts moving to assign all the patients who are moving in. She starts circling people on the whiteboard, putting in their names, erasing discharges, circling people in red who are going to be assigned to the hospital. While she's doing this a patient's family member comes up and asks her if she can make a phone call. She says I'll get you a patient advocate. Immediately she walks over to the phone and calls for a patient advocate.

10:19: She talks to an EMT. She looks at the board and talks about where they're going to be able to send the patient, where they're going to walk to the patients because the EMTs always accompany the people on the stretchers who are incoming patients to hallways or to rooms that nurses assign them to. The charge nurse is in charge of assigning them to those rooms that EMTs then take them to, so the EMTs wait for the charge nurse to make the assignment. The EMT goes to the room she assigns him to, then the charge nurse begins filling in the orderly sheet. She also tells the orderlies what they need to do, and there's a sheet in the front that she fills out.

10:20: She's again filling out the whiteboard for a patient for a room; she asks an orderly to pull that patient in. She assigns another patient on the whiteboard. She erases a patient on the whiteboard. She immediately replaces that patient with another patient from an orange sheet.

10:22: She gives a sheet that she's filled out to the secretary. She goes into the trauma room to get some meds from the drawer. She enters into the computer that she's removed these drugs.

10:23: She writes a note for the orderly for supplies. As I'm standing there it looks to me like a nurse's aide, what I'm calling a nurse's aide, probably a TA, is wheeling a patient to a room. They just talk as if the patients aren't in the beds as they wheel them around. They start talking how it's Friday and they don't really want to be there. But the charge nurses don't typically talk that way.

10:24: The charge nurse checks the contents of some boxes. These were some boxes I talked about in an earlier observation or shadowing notes, that they've just recently received. They're now fully in play and they're discussing the contents of the boxes and worrying about whether the green lock is on the boxes because that means they haven't been used before.

10:25: She says oh my god, look at this list; oh man, are minors[?] coming in?

10:26: She goes to the medical machine in the bubble and talks to a nurse there.

10:27: She writes in red on the whiteboard. Writing in red, again, means they've been admitted to the hospital. She said it's so busy, if we only had some beds in the hospital we'd be okay, but we don't.

10:28: She moves to fill in some more forms that are required for admission. She fills them out, she puts them in the green folder. These are ones I've seen other nurses and doctors pull out to see what next to do with the patients. The RN completes this, the charge nurse completes the form after and she gives a copy of it to the secretary.

10:30: A doctor comes up to her and says so-and-so has a wrist fracture; this person's going to go into the ER at 2:00. One of the nurses complains that he has to wait that long, but the charge nurse says that's not so bad; 2:00's pretty soon.

10:31: She fills in some more information on the whiteboard. She says to the nurse we need to find out if we can send this person to the transition room. At this point I hear the other nurse calling back the person about the mortuary and the funeral parlor.

10:33: She discusses with a nurse another patient.

10:34: She gets a call about a baby. She says we need room for the baby in the pediatric emergency room, but somebody tells her there's no room in the pediatric.

10:35: She fills in an orderly order.

10:36: A woman comes over and says her dad needs to go to the bathroom. The charge nurse walks down the hall to help him, very calmly, asks him if he can walk, takes off the oxygen, helps him out of the wheelchair and calmly talks to his family.

10:37: She's already down the hall talking to another patient, and pulls the patient out of room 12 into the hallway, because this woman's going to be discharged and she needs the room for a patient who's just arrived. That patient asks for a cracker, so she asks another nurse to get the cracker for her, very calmly. At that moment an orderly walks up to her and asks her a question about two patients, what's going on in two rooms. She explains. She then pushes the empty stretcher into room 12, and while she's walking, doing that, she passes a patient in the hallway and she pulls the pillow off of the empty stretcher she's pushing into room 12 and she says to the patient she's passing in the hallway, I think you need a pillow. And she says, would you like a pillow under your head? And very patiently she puts it under his head, then she goes back to the whiteboard and she crosses out the person in 12.

10:42: She finds out about another patient. She finds out who's going to go into room 12. She listens to the radio and hears that an 8-year-old has been hit by a van; it was hit-and-run. A bunch of people start talking about the 8-year-old. Whenever a minor comes in the emergency they are very quick to attend. And then they get another message on the radio—these are calls on the radio from EMTs—it turns out two people were hit by the van, somebody 65 or older who's female.

10:44: She hands an orange sheet … she says this is an adult trauma. She discusses with the doctors and nurses what to do about the people that were hit with the van who aren't there yet.

10:47: She begins filling in the [whiteboard??] boxes again.

10:48: They get another call about another person hit-and-run by a van. She talks to another nurse about what to do about this person, and whether this person's going to need to go to the trauma van [*sic*]. Then a yellow light starts blinking and I ask her what that means and she says it just means a call is coming over the C-Med[?]. The room is now very full; there are people lined up in stretchers. Each stretcher has two EMTs waiting for the charge nurse to assign them to rooms, and there aren't many rooms in the emergency room—they've all been filled up. They've got to pull beds out. Orderlies have to go prepare the rooms. There aren't rooms in the hospital.

10:50: She talks to the orderly about boxes, begins checking them.

10:52: The kid comes in who's been hit by a van. They talk about how only his hand is hurt. The doctor goes up to him immediately and very gently talks to him, very patiently, but this is all in the hallway. He's lying on a stretcher. The charge nurse takes a walk over to him to see how he's doing. They very gently talk to him.

10:55: She calls pediatric emergency, which is a room around a corner. She says I've got a patient to send to pediatrics. She doesn't get a response, so she walks over to pediatrics.

Source: Clawson and Gerstel (2014).

Website Table 3.2 Shadowing a Physician in the Emergency Department for One Hour

10:09: Standing—Asks resident, what other patients do we share? Discusses another patient with resident. Homeless guy, schizophrenic with seizures, rowdy, security worked on. Think they gave him more drugs than they documented. He's in the ED.

10:15: Goes back to his list and we start walking downstairs to Dialysis floor. Tells me about next patient on the way; says this patient is funny; he doesn't take his medicine. It is too late now, he will be on dialysis soon. Patient keeps saying: "I have the meds at home, Doc, I have them all, I just don't take them."

10:16: Looks up patient in chart. Walks past a gaggle of nurses and a doc, who looks up and says, "I will ask him, he's my boss." A slight smile comes over his face but keeps looking at chart. Talks to another doc (resident?), asks some questions, introduces me: "Dr. Nemetz."

10:20: Goes to see patient in room 1034. Tells pt needs to go see his own doctor when he gets out. Patient says he has appointment on Friday. Doc says great, go see him, you really need to see him and have him take your blood pressure. Patient says I will call him. Then it turns out he meant he had appointment with him last Friday that he missed (because in hospital?) and Doc says, "Well, call him right away. If he gives you a hard time, I will call him for you." In room for three minutes.

10:23: Goes back to charting. Writes note on 1034.

10:25: Goes to computer. Makes phone call to Warnton to see if patient returned. Put on hold. Waits a bit and then hangs up before anyone comes to phone. (put on hold for two minutes)

10:27: Go to another floor. Go to patient's room. Not there because away at test. (wish I had gotten room number.) Tells me about a study at Northwestern of hospitalists, time motion study, says lot of time wasted, spend a lot of time on hold on phones, looking for charts, etc. This is exactly what I see (we should try and get study.) I think he said it was in *Journal of Hospital Medicine* which I think is a journal devoted to hospitalists. Found reference: (see notes above). He keeps up on literature and remembers it.

10:32: Another floor, another chart. Tries to find place to sit and look over chart. Finds chair. Can't read notes. (shows me illegible notes). He tells me that at the end of the calendar year, hospital will put notes in computer, will be able to read them but will take more time (I asked him about this in the interview that followed the shadowing and he gave me a very, very detailed answer.)

10:35: Goes into patients room, #?. Says, "Remember me. I guess not because I am probably one of about eight doctors you have seen. You look good. Take a deep breath." Asks CNA who is his nurse.

10:37: Goes to nurses' station. Asks question about oxygen. He (the nurse) explains that it is more than it seems, says another nurse explained this to him (see later, that nurse will explain more).

10:40: Back to chart.

10:41: Kidding with another physician about plane trip; plane did not take off for wedding he was planning to attend, so he missed a day at work. (Doc talks about this physician later in the interview. He works at a nearby clinic, has a private practice, and comes in occasionally as hospitalist.)

10:42: Back to writing in chart (about patient discussed with nurse and saw with illegible handwriting).

10:44: Writes in another chart. Other physician asks: "Is hospital super full?" Doc says "yes."

10:45: Still in nursing station. He is paged. Asks another doc to wait. Talks on phone re patient on another floor.

10:47: Asks other RN re oxygen who explains this complicated new system that has a reservoir. Used on mountain climbing. Works well. Says thanks.

10:49: Phone call in response to pager: tells where a patient is. Checks pages to see if he forgot to answer any of them. "Okay, I called everyone back." (I did not get down, I don't think, all the pages he got—he got a lot: study I cited above suggests this is typical).

10:50: Still in nursing station: Back to charting.

10:51: Goes to another floor. Says I think I will take elevator because floors are far apart. (we had walked up or down three flights before but the day was wearing on). Discusses value of teamwork. Says just a hypothesis but think teamwork will save time and help patient safety. Asked me if we were studying doctors' offices. He said they are so different. They make appointments. Can control flow of work. We can't. We can't keep patients out. It is the law (here is the law again …).

10:55: Arrive at floor—Warnton (again). Talk to resident. (I think he has a blue tag, I ask Doc about this later but he does not know what it means. Does not think it means resident. (thinks it might mean the badge is old, but since a resident has it on, probably doesn't mean that.) Says patient is still gone. I did not know they were taking him for a test. He is clearly upset that he was not consulted or at least informed. "I couldn't believe they did that."

10:55: Standing: Reads another patient's chart.

11:00: Goes to computer in another part of the room. Said, after this I have to go to the ED. Know it will be bad there. Can tell hospital is really full because the floor manager is walking around asking who we can move.

11:05: Goes to patient room Warnton 270. Asks: "Remember me? I am going to ask you some questions, they might seem dumb but I am just checking brain functioning. Where are you? What month is it?" (I always think this is a dumb question: people who stay in a lot and are sick often don't know what month it is.) "Tomorrow you will go home after dialysis. Four minutes with patient.

11:09: Standing: Back to charting (Still on Warnton).

Source: Clawson and Gerstel (2014).

Chapter 5 "Unpredictability and Churning: Is There a Fixed Schedule?"

Website Table 5.1 Person-shift Distribution: Berkman Nursing Home

Person-shifts in database	19,902
Shifts worked by non-long-term-leave employees working their regularly scheduled shifts	12,392
Shifts worked by per diem employees	1,021
Shifts worked by temporary help agency nurses	101
Shifts taken in long-term leaves of absence taken by fourteen employees	537
Shifts worked as regularly scheduled by those fourteen employees	810
Shifts picked up by those fourteen employees (above their regularly scheduled shifts)	230
Cross-outs not worked by the officially scheduled employee (other than the fourteen long-term-leave employees)	2,200
Pickups of a shift that was not part of someone's regular schedule set in advance (other than the fourteen long-term-leave employees)	2,611

Source: Clawson and Gerstel (2014).
Note: In calculating the person-shifts that were worked as scheduled, we included the 12,392 shifts worked as scheduled and the 810 shifts worked as regularly scheduled by employees who later took long-term leaves of absence. All other categories were counted as shifts not worked as originally scheduled.

Website Table 5.2 Reasons for Not Working as Scheduled: Berkman Nursing Home

Reason	Frequency
Call-out or sick (effectively the same: the employee called in the day of work, or the day before, to say he or she would not be able to report)	396
Employee-arranged schedule swap	216
"Off" or "health": a preplanned day off (for example, for a doctor's appointment)	190
Light duty (the employee reported for work but was assigned alternative or reduced duties, typically because an injury prevented them from lifting-supporting residents)	141
Vacation (includes one-day vacations and more extended vacations)	507
Holidays	291
All other listed reason codes ("no call no show," "special event day" [wedding, graduation], etc.)	95
No reason listed	352

Source: Clawson and Gerstel (2014).
Note: In some cases more than one code is listed.

Chapter 8 "Unequal Families: Class Shapes Women's Responses to Unpredictability"

and

Chapter 9 "Unequal Families: Class Shapes Men's Responses to Unpredictability"

Website Table 8.1 Family Characteristics of Four Occupational Groups

	Physicians	Nurses	CNAs	EMTs
Married	77%	71%	48%	60%
Lived with a partner	9	6	20	16
Spouse or partner was not currently working (for those with a spouse or partner)	39	18	10	10
Had children eighteen or younger	59	43	41	25*
Percentage of family income earned by respondent (median)	87	56	60	71
Often or sometimes disagreed with spouse-partner about own job hours	40	35	52	51

Source: Clawson and Gerstel (2014).
Note: On most items, the percentages on surveys and interviews are very similar; however, in this case there is a considerable difference: in interviews, the proportion of EMTs with children under eighteen was 52 percent, in part owing to purposive sampling of fathers.